Medi-Cal Managed Care Advisory Group Meeting

June 9, 2022 – (Webex Only)

Webex Event Number (Access Code): 2591 039 9208

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DHCS

June 2022

Agenda

- Welcome and Introductions
- Public Health Emergency Unwinding – Communication Strategies
- Behavioral Health Integration (BHI) Incentive Program
- Managed Care Updates:
  - Updates for Dual Populations
  - Cal AIM Updates including Enhanced Care Management and Community Supports
- Student Behavioral Health Incentive Program
- Incentive Payment Plan (IPP)
  - Anthem Blue Cross
  - Santa Clara Family Health Plan
- Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)
- Gender Affirming Postcards
- Providing Access and Transforming Health (PATH) Updates
- Open Discussion
- Next Meeting: September 8, 2022

Welcome and Introductions

Public Health Emergency Unwinding – Communication Strategies

Yingjia Huang

Assistant Deputy Director, Health Care Benefits and Eligibility

DHCS

PHE Unwinding: Resuming Medi-Cal Redeterminations

- DHCS is committed to maximizing continuity of coverage for Medi-Cal beneficiaries through the course of the PHE unwinding period as the Department works with local county offices to resume normal eligibility operations.
- A key goal is to keep the PHE unwinding process as simple as possible.
- When the continuous coverage requirement expires, CMS guidance provides that states will generally have up to 14 months to return to normal eligibility and enrollment operations.
- To simplify the complexity of the PHE unwinding process, DHCS will maintain the Medi-Cal beneficiaries' current renewal month in their case records and conduct a full redetermination at the next scheduled renewal month following the end of the PHE.

Transitions to Covered California

- Once the PHE ends, many Medi-Cal and Children's Health Insurance Program (CHIP) beneficiaries may become ineligible and move to Covered California. Currently, DHCS and Covered California are collaborating to implement Senate Bill (SB) 260 (Chapter 845, Statutes of 2019) which authorizes Covered California to enroll individuals in a qualified health plan when they lose coverage in Medi-Cal, the Medi-Cal Access Program (MCAP), and the County Children's Health Initiative Program (CCHIP) and gain eligibility for financial assistance through Covered California.
- The auto-plan selection program is anticipated to launch once the PHE ends and will seamlessly transition individuals into Covered California once Medi-Cal discontinuances resume at the conclusion of the PHE.

DHCS Coverage Ambassadors

- **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for beneficiaries
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available
- Medi-Cal COVID-19 PHE Operational Unwinding Plan released May 17, 2022

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information.**
  - **Already launched.**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
  - Flyers in provider/clinic offices, social media, call scripts, and website banners.

- **Phase Two: Watch for renewal packets in the mail. Remember to update your contact information.**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Behavioral Health Integration Incentive Program

Sa Nguyen

Health Program Specialist II, Managed Care Quality and Monitoring

DHCS

Program Objectives

- The Behavioral Health Integration (BHI) Incentive Program is designed to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and patient experience while aiming to continue integration activities after the end of the program.
- The goal of the BHI Incentive Program is to:
  - Increase managed care plan (MCP) network integration for providers at all levels of integration (those just starting behavioral health integration in their practices as well as those that want to take their integration to the next level).
  - Focus on new target populations or health disparities.
  - Improve the level of integration or impact of behavioral and physical health.

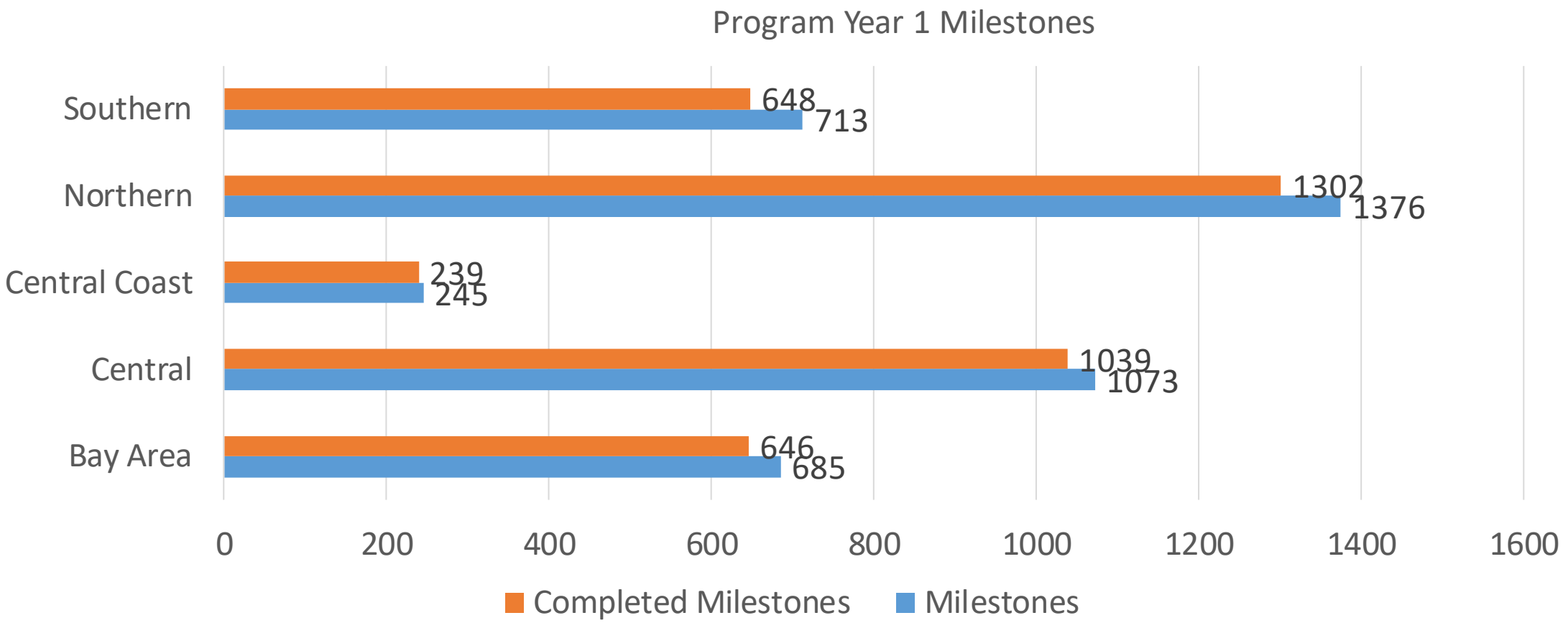
Project Options

- 3.1 Basic BHI
- 3.2 Maternal Access to Mental Health and Substance Use Disorder Screening and Treatment
- 3.3 Medication Management for Beneficiaries with Co-occurring Chronic Medical and Behavioral Diagnoses
- 3.4 Diabetes Screening and Treatment for People with Serious Mental Illness
- 3.5 Improving Follow-Up after Hospitalization for Mental Illness
- 3.6 Improving Follow-Up after Emergency Department Visit for Behavioral Health Diagnosis

Overview

- Proposition 56 allocated $190 million to the BHI Incentive Program.
- The awardee list was posted on the BHI webpage on April 9, 2021.
  - The awardee list is a point in time snapshot of the voluntary participation by MCPs and providers
  - 22 MCPs participating in 57 counties
  - 129 providers implementing 374 projects
- The program period consists of:
  - Program Year 1 (January 1, 2021 – December 31, 2021) and
  - Program Year 2 (January 1, 2022 – December 31, 2022)

Program Year 1 Project Impact



Program Year 1 Payment Schedule

Report	Reporting Period	Payment Schedule
PY1-Qrt1	01/01/21 – 03/31/21	September 2021
PY1-Qrt2	04/01/21 – 06/30/21	December 2021
PY1-Qrt3	07/01/21 – 09/30/21	April 2022
PY1-Qrt4	10/01/21 -12/31/21	Expected June 2022

Performance Measures

- Measurement Year (MY) 2020 baseline data is required reporting and was due to DHCS by August 27, 2021. MY2019 is optional reporting.
- 2021 Program Year 1 Performance Measure Annual Report was due to DHCS by March 31, 2022.
- For data not previously reported on, MCPs will establish MY2021 as their baseline. MY2021 Baseline data is due August 27, 2022.
- 2022 Program Year 2 Performance Measure Annual Report is due March 31, 2023.

Next Steps

- Milestone Invoice and Reporting

Report	Reporting Period	Due Date
PY2-Qrt1	01/01/22 – 03/31/22	05/30/22
PY2-Qrt2	04/01/22 – 06/30/22	08/29/22
PY2-Qrt3	07/01/22 – 09/30/22	11/29/22
PY2-Qrt4	10/01/22 – 12/31/22	03/01/23

- Performance Measures

Report	Reporting Period	Due Date
MY2021 Baseline	01/01/21 – 12/31/21	08/26/22
2022 Program Year	01/01/22 – 12/31/22	03/31/2023

Thank You and Resources

- Website: https://www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx
- Email Address: DHCS-BHIIPA@dhcs.ca.gov

Managed Care Updates for Dual Populations

Anastasia Dodson

Deputy Director
Office of Medicare Innovation and Integration
California Department of Health Care Services

DHCS

Medicare Medi-Cal Dual Eligibles

- 1.6 million individuals with both Medicare and Medi-Cal coverage in California, out of 6.6 million total Medicare beneficiaries in the state.
- Dual eligibles have higher rates of chronic conditions, higher utilization, social drivers of health, and lower quality measure scores. They must also navigate between two health programs and multiple delivery systems.
- Integrated care programs for dual eligibles address the specialized needs of these patients.

2023 CalAIM Policies related to Dual Eligible Beneficiary Enrollment

- Mandatory Medi-Cal managed care enrollment for duals, statewide, effective January 2023 (currently effective in Coordinated Care initiative (CCI) and County Organized Health System (COHS) counties already).
- Long-term care (LTC) carve-in to Medi-Cal managed care, statewide effective January 2023 (currently effective in CCI and COHS counties already).
- Establishment of Exclusively Aligned Enrollment (EAE) Dual Special Needs Plans (D-SNPs) and Cal MediConnect (CMC) transition, effective January 2023.

2023 Cal MediConnect Transition

- CMC is a federal demonstration in 7 large counties and combines Medicare and Medi-Cal benefits in one health plan for integrated care.
- On January 1, 2023, beneficiaries in CMC plans will be automatically transitioned into exclusively aligned D-SNPs and MCPs operated by the same parent company as the CMC plan.
  - There will be no gap in coverage.
  - Provider networks should be substantially similar.
  - Continuity of care provisions for Medicare providers.
- Beneficiaries will begin to receive notices from their CMC plan about the transition starting in October 2022.
- Beneficiaries will continue to have the choice to voluntarily enroll in the Medicare coverage of their choice, including Original Medicare, Medicare Advantage (MA) plans, D-SNPs, Program of All-Inclusive Care for the Elderly (PACE).

Dual Eligible Special Needs Plan Definition

- D-SNPs are Medicare Advantage (MA) health plans that provide specialized care for dual eligible beneficiaries.
- D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
- DHCS can choose whether to contract with specific D-SNPs.
- EAE D-SNPs are integrated with Medi-Cal. These types of plans will be in seven counties in 2023, and expanding to more counties in future years.

Integrated Care Coordination & Materials

- Enrollment in EAE D-SNP and the Medi-Cal MCP owned by the same parent organization will allow similar integration and care coordination as members in CCI counties saw in CMC.
  - For example, integrated member materials and coordination across Medicare and Medi-Cal benefits and services.
- Integrated materials are a benefit of EAE D-SNPs. DHCS is working closely with CMS on their development.

Integrated Grievances & Appeals

- In 2024, EAE D-SNPs will also be required to provide integrated grievances and appeals at the health plan level. This is currently a requirement for CMC plans.
- For appeals, this allows members to be notified of all applicable Medicare and Medi-Cal appeal rights through a single notice.

Medi-Cal Matching Plan Policy for Dual Eligibles - Key Principles

- Medicare is the lead plan.
- Dual eligible beneficiaries who are enrolled in a Medicare product must be enrolled in a matching Medi-Cal managed care plan, **if one is available.**

2022: Matching Plan Policy

- In 2022 and ongoing, in the 12 "matching plan" counties, Medicare plan choice determines Medi-Cal plan at the Medi-Cal prime level.
  - **Non-CCI**: Alameda, Contra Costa, Fresno, Kern, Sacramento, San Francisco, and Stanislaus counties.
  - **CCI**: Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara counties.
- In all other counties aside from the 12 counties (including COHS, non-COHS, non-CCI), there is no Medi-Cal matching plan policy.

2023: Matching Plan Policy

- In 2023, in CCI counties, Medi-Cal plan alignment with Medicare choice extends to Medi-Cal delegate plans with full-risk for all Medi-Cal managed care benefits.
- In 2023, in the remaining non-CCI counties (Alameda, Contra Costa, Fresno, Kern, Sacramento, San Francisco, and Stanislaus counties), aligned enrollment will continue at the Medi-Cal prime level.

LTC Carve-In

Goal: Make coverage of institutional LTC consistent across all counties and members.

- Medi-Cal MCPs in **all** counties will cover LTC benefit for following facility types:
  - **January 2023: Skilled Nursing Facility (SNF),** including a distinct part or unit of a hospital (estimated 28,000 beneficiaries);
  - **July 2023: Subacute**
    - Subacute Facility;
    - Pediatric Subacute Facility.
  - **July 2023: Intermediate Care Facility (ICF);**
    - Intermediate Care Facility for Developmentally Disabled (ICF-DD);
    - ICF-DD/Habilitative;
    - ICF-DD/Nursing.

Guiding Principles for LTC Carve-In

- **Transition should be seamless for members**
  - No disruption in access to care or services
  - MCPs conduct timely review and authorization of services
- **Ensuring Continuity of Care**
  - Provide timely data to plans to guide contracting and facility/member outreach
  - Require plans and facilities to coordinate through transition to support members

Topics to Address in Policy Guidance

- Separate All Plan Letters for each facility type
  - Three APLs: SNFs, Subacute, ICF-DDs
  - SNFs to be released this month

- Continuity of Care
- Network Adequacy
- Directed payment policy
- Operational guidance including
  - Leave of Absence and Bed Hold,
  - Care Management policies already included in MCP contracts

CalAIM: Enhanced Care Management Community Supports

Neha Shergill
Staff Services Manager II, Managed Care Quality and Monitoring

DHCS

ECM and Community Supports

- Updated ECM Policy Guide
- Updated ECM LTC-related Populations of Focus definitions
- Updated ECM Policies for dual eligible members in 2023 and Beyond
- Newly Added ECM and Community Supports FAQs
- Updated ECM and Community Supports Model of Care (MOC) template submission process

ECM and Community Supports

ECM Implementation Timeline

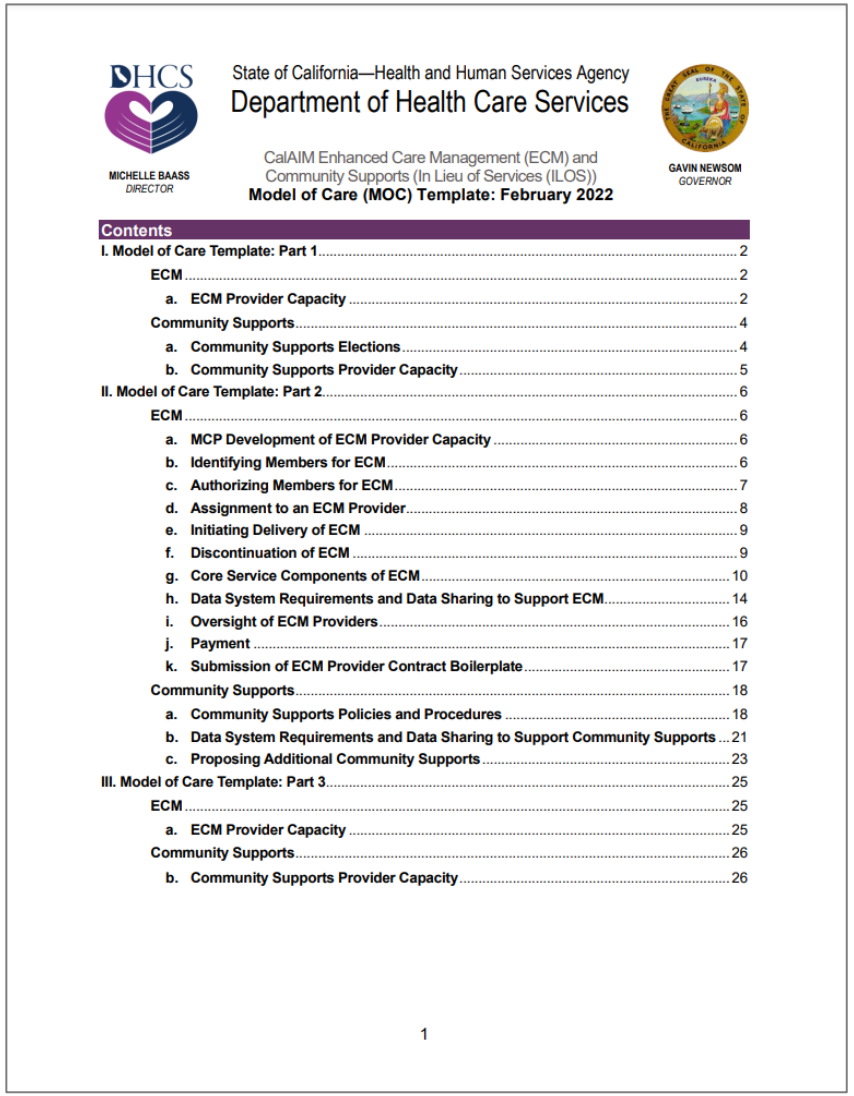
Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD) 4. Transitioning from Incarceration (some WPC counties)	January 2022 (WPC/HH counties); July 2022 (all other counties)
5. Adults Living in the Community who Are At Risk for LTC Institutionalization **6. Nursing Facility Residents Who Are Candidates and Want to Transition to the Community**	**January 2023**
7. Children / Youth Populations of Focus	July 2023

+ Individuals Transitioning From Incarceration statewide: TBC as more information available

Updates to the ECM & Community Supports MOC Template Submission Process

MOC Template Submission Process: *What's Changed?*

- **The process for MOC submissions is changing.**
- Moving forward, MCPs are required to submit updates and changes to ECM and Community Supports material via **separate** MOC template submissions.



DHCS

MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services

CalAIM Enhanced Care Management (ECM) and Community Supports (In Lieu of Services (ILOS))
Model of Care (MOC) Template: February 2022

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Contents

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MOC Template Submissions: *Deadlines*

Spring	*Summer*	*Fall*	*Winter*	*Winter*
2022				2023
» **ECM MOC Addendum I for January 2023 Populations of Focus** published May 27th » **Community Supports MOC Template** published May 27th	» **ECM MOC Addendum for January 2023 Populations of Focus** due to DHCS July 5 » **Community Supports MOC** due to DHCS July 5 *(every 6 months)*	» **ECM MOC Addendum re: Provider Network** due to DHCS September 1 » **Community Supports MOC re: Provider Network** due to DHCS September 1	» **Community Supports MOC Questions** due to DHCS December 31 *(every 6 months)*	» **ECM Live for New Populations of Focus (LTC & Nursing Home Residents)** on January 1

DHCS will release another MOC template addendum in fall 2022 with submission instructions and questions pertaining to the Individuals Transitioning from Incarceration and Children and Youth Populations of Focus.

Looking Ahead

CalAIM Updates – Webinars and Upcoming Meetings

Community Supports Webinar Series

Sobering Centers and Day Habilitation

Wednesday, June 15th
1:00 – 2:00 PM PT

Register here

Asthma Remediation & Environmental Accessibility Adaptations

Wednesday, July 20th
12:00 – 1:00 PM PT

Register here

Short-Term Post-Hospitalization & Recuperative Care

Thursday, August 18th
1:00 – 2:00 PM PT

Registration link forthcoming

ECM Webinar Series

A New Vision for Whole Person Care

Thursday, June 2nd
10:30 AM – 12:00 PM PT

Slides available here

Supporting Rural Providers

Tuesday, June 14th
11:30 AM – 1:00 PM PT

Registration link forthcoming

Intersection of ECM & Community Supports

Tuesday, June 21st
10:00 – 11:30 AM PT

Registration link forthcoming

Upcoming 2022 MCP Milestones

Population Health Management (PHM), ECM, Community Supports, IPP & Homelessness Incentive Program, and PATH Supports

Jan 1, 2023

- **PHM Launch/ PHM Service Test Launch with Multiple Partners**
- **ECM Additional Adult Populations of Focus Launch**
- **Community Supports Implementation Phase**

July 1, 2023

- **ECM Children/Youth Launch**
- **PHM Service Statewide Launch & Scaling**
- **Community Supports Implementation Phase**

	Date*	Initiative	
Q3	*7/1*	**ECM & Community Supports**	**» ECM Go-Live (non-WPC/HHP Counties)** » New Community Supports Elections (every 6 months)
	7/5	**ECM & Community Supports**	**» MOC updates due**
	July	**PATH**	**» Application period for Round 1 of Justice-Involved Planning and Capacity Building Initiative closes** » Application period for Round 2 of Justice-Involved Planning and Capacity Building Initiative opens
	8/15	**ECM & Community Supports**	**» Quarterly Implementation Report DUE (2022 Q2)**

*Dates are subject to change with notice by DHCS

Continued

	Date*	Initiative	
	August	**PHM**	» 2023 PHM Program Guide and 2023 PHM Strategy Readiness Deliverable Template released
Q3	*9/1*	**ECM & Community Supports**	» **MOC updates due**
	9/1	**Incentive Payments**	» **MCP Program Year 1 Submission 2 due to DHCS**
	Sept.	**HHIP**	» Initial payment issued to MCPs
	Q3	**ECM & Community Supports**	» ECM Policy Guide updated to include guidance about POFs that Go-Live in July 2023
	8/15	**ECM & Community Supports**	» **Quarterly Implementation Report DUE (2022 Q2)**
	Q3	**PATH**	» Initial launch and application windows for Collaborative Planning and Implementation, Capacity and Infrastructure Transition, Expansion, and Development, and Justice-Involved Planning and Capacity Building Initiatives

*Dates are subject to change with notice by DHCS

Upcoming 2022 MCP Milestones (2)

PHM, ECM, Community Supports, IPP, Housing & Homelessness Incentive Program, and PATH Supports

Jan 1, 2023
- **PHM Launch/ PHM Service Test Launch with Multiple Partners**
- **ECM Additional Adult Populations of Focus Launch**

July 1, 2023
- **ECM Children/Youth Launch**
- **PHM Service Statewide Launch & Scaling**

Date*		Initiative	Milestone
Q4	*Oct.*	**PHM**	**» MCPs MCP 2023 PHM Readiness Submission due**
	11/14	**ECM & Community Supports**	**» Quarterly Implementation Report DUE (2022 Q3)**
	Nov.	**PHM**	» 2023 Supplemental Reporting Guidance for PHM published
	Dec.	**PHM**	» Amended APLs regarding IHEBA/SHA and Individual Health Assessment released, which include but are not limited to, APL 08-003, APL 13-001, APL 13-017
	Dec.	**Incentive Payments**	» Second Incentive Payment paid to MCPs
	Q4	**PATH**	» Preliminary launch of Technical Assistance Marketplace **» Application period for Round 2 of Justice-Involved Planning and Capacity Building Initiative closes**

*Dates are subject to change with notice by DHCS

Student Behavioral Health Incentive Program

Lisa Risch

Health Program Specialist II, Managed Care Quality and Monitoring

DHCS

SBHIP Overview

QUICK FACTS

Who: Medi-Cal (MCPs) will partner with:

- Local Educational Agencies (LEA)
- County Offices of Education (COE)
- County Behavioral Health Plans

What: A voluntary program that will make incentive payments to MCPs that meet predefined goals and metrics.

Focus Area: TK-12

Authority: AB 133, Welfare & Institutions Code Section 5961.3

When: January 2022 – December 2024

Amount: $389 million

SBHIP Goals

- Break down silos and improving coordination
- Strengthen relationships
- Building capacity and infrastructure
- Increase number of TK-12 students receiving preventive and early intervention BH services

SBHIP Duration and Sustainability

SBHIP Design Period (August 2021–December 2021)

SBHIP Implementation Period (January 2022–December 2024)

Post-SBHIP (January 2025 and beyond)

SBHIP Timeline

	SBHIP Timeline	Date / Deadline
1.	**Letters of Intent:** MCP Letters of Intent due to DHCS	Jan 31, 2022
2.	**Identify Partners:** MCPs work with the COE to select collaborative partners and target student population and submit information to DHCS	Mar 15, 2022
3.	**Intent to Submit Accelerated Project Plan (Milestone One):** MCPs indicate intent to submit accelerated Project Plan (Milestone One) and implement targeted interventions in 2022	Apr 1, 2022
4.	**OPTIONAL: Accelerated Project Plan (Milestone One):** MCPs develop and submit accelerated Project Plan(s) for each targeted invention and each county to DHCS	Jun 1, 2022
5.	DHCS reviews and approves accelerated MCP project plan for each MCP and each targeted intervention for each county	Aug 31, 2022
6.	**County Needs Assessment:** MCPs conduct Needs Assessment and submits to DHCS	Dec 31, 2022
7.	**Project Plan (Milestone One):** MCPs develop and submit Project Plan(s) for each targeted invention and each county to DHCS	Dec 31, 2022

SBHIP Timeline

	SBHIP Timeline	Date / Deadline
8.	DHCS reviews county Needs Assessment package, requests additional information as needed, and approves Needs Assessment package	Feb 28, 2023
9.	DHCS reviews and approves MCP project plan for each MCP and each targeted intervention for each county	Feb 28, 2023
10.	**Bi-Quarterly Report**	Bi-Quarterly
11.	**Project Outcome Report (Milestone Two):** MCPs submit project outcomes for each targeted intervention for each County	Dec 31, 2024
12.	SBHIP operations close	Dec 31, 2024

SBHIP Deliverables

- Needs Assessment (12-31-2022)
- Project Plans (12-31-2022)
- Bi-Quarterly Reports (2023-2024)
- Project Outcome Reports (12-31-2024)

SBHIP Findings (as of 6/1/22)

	Category	Preliminary Findings*
1.	County Coverage	23 MCPs, covering 58 of 58 counties
2.	COE Partnerships	57 of 58 counties
3.	MCP Partnerships	MCPs are partnering in all 46 counties where multiple MCPs operate
4.	LEA Partnerships	306 LEA Partners (exceeds minimum 10 percent requirement)
5.	County Behavioral Health Partnerships	57 of the 58 counties

***Note:** SBHIP partnership information is subject to change given MCPs are still formulating their approaches.

SBHIP will Enhance Coordination and Collaboration Among Medi-Cal MCPs, County BH, and LEAs/Schools

SBHIP Roles and Responsibilities:

MCPs	**<u>Collaborate with DHCS, COEs, LEAs, County Behavioral Health, and other stakeholders to:</u>** » Perform county-level needs assessment to determine gaps, disparities, and inequities » Coordinate the design and implementation of targeted interventions » Develop MOUs with selected partners » Report SBHIP project status and project impact to DHCS
COEs	**<u>Collaborate with DHCS, MCPs, LEAs, County Behavioral Health, and other stakeholders to:</u>** » Help MCPs select collaborative partners and student population(s) » Assist with required county-level needs assessment activities, as appropriate » Address project-related implementation questions, as appropriate » Sign MOUs with MCP partners
County BH	**<u>Collaborate with DHCS, MCPs, LEAs, and other stakeholders to:</u>** » Assist with required county-level needs assessment activities, as appropriate » Address project-related implementation questions, as appropriate » Sign MOUs with MCP partners

Source: SBHIP Overview and Requirements

SBHIP TA Resources

1. **SBHIP Office Hours:**

Every 2nd Tuesday of the month
3:00-4:00 pm PDT
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only)
+1 323-457-5649,,756199933#
Phone Conference ID: 756 199 933#

Every 4th Thursday of the month
9:00-10:00 am PT
Microsoft Teams meeting
Join on your computer or mobile app
Click here to join the meeting
Or call in (audio only)
+1 323-457-5649,,366823085#
Phone Conference ID: 366 823 085#

If you would like to receive a standing calendar invitation for these office hour sessions, please email Jackie Yim (hyim@guidehouse.com) and she will add you to the invitation

2. **SBHIP Deliverables Mailbox:** Email questions and deliverables to SBHIP@dhcs.ca.gov
3. **SBHIP TA Mailbox**: Email TA questions to SBHIP@guidehouse.com
4. **SBHIP Webpage:** https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram
5. **Individualized TA Support:** Available upon request, please reach out to the SBHIP mailbox

Incentive Payment Plan

Dana Durham

Division Chief, Managed Care Quality and Monitoring

DHCS

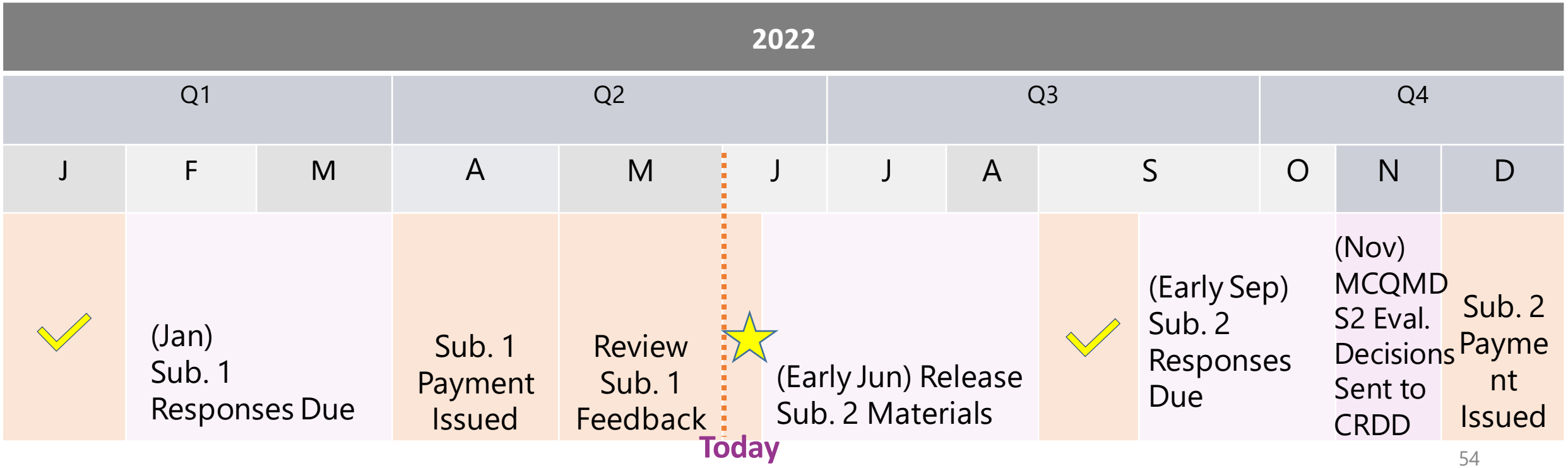
About IPP

The **CalAIM Incentive Payment Program (IPP)** is intended to support the implementation and expansion of Enhanced Care Management (ECM) and Community Supports by incentivizing managed care plans (MCPs), in accordance with 42 CFR Section 438.6(b), to:

- Drive MCP delivery system investment in provider capacity and delivery system infrastructure.
- Bridge current silos across physical and behavioral health care service delivery.
- Reduce health disparities and promote health equity.
- Achieve improvements in quality performance.
- Encourage take-up of Community Supports.

IPP Program Year 1 Timeline

In January, MCPs submitted their first responses to IPP and received initial payments in April. Since then, the Department has solicited feedback on the Submission 1 process and content to inform updates to the second submission of PY1, which will be released in early June.



Program Year 1 Payments

For PY1 (CY 2022), DHCS is following a bi-annual payment cycle to issue $600M to MCPs.

Submission 1: April 2022 Payment

- DHCS issued 50 percent of available PY1 dollars ($300M)
- Payments are tied to the completion of requirements related to assessing needs, identifying gaps and strategic planning efforts
- Submission 1 was completed and reported on in January 2022
- Submission 1 funds are subject to recoupment based on successful completion of and performance against certain Submission 2 measures

Submission 2: December 2022 Payment

- DHCS will issue 50 percent of available PY1 dollars ($300M)
- Payments are tied to the completion of progress measures, which aim to measure progress against gap-filling goals outlined in Submission 1
- Submission 2 materials will be submitted by MCPs in September 2022 and based on activity from January through June 2022

MCP Performance & Payments

MCP payment is based on the successful completion of and performance against IPP measures.

Priority Area	Mandatory Measures	Optional Measures (Quality Priority Area #4)	MCP Discretionary Allocations
1. Delivery System Infrastructure	Up to **200** points	None	Up to 300 points MCPs may allocate points across Priority Area 1-3. Discretionary points are earned proportionately based on performance. For example, if a MCP allocates 100 points to Priority Area 1 and earns 90% of the Priority Area 1 points, it will earn 90 of those 100 discretionary points.
2. ECM Provider Capacity Building	Up to **170** points	Up to 30 points	
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Up to **250** points	Up to 50 points	
Category Totals	Up to **620** points	Up to **80** points	Up to **300** points
TOTAL	Up to **1,000** points *If an MCP achieves only a subset of these points, it will earn a partial payment.*		

IPP Priority Areas

MCPs that elect to participate in the IPP must meet requirements set forth in the reporting template, which includes measures in each of the following priority areas:

1. Delivery System Infrastructure

Fund core MCP, ECM and Community Supports Provider HIT, and data exchange infrastructure required for ECM and Community Supports

2. ECM Provider Capacity Building

Fund ECM workforce, training, TA, workflow development, operational requirements and oversight

3. Community Supports Provider Capacity Building & MCP Take-Up

Fund Community Supports training, TA, workflow development, operational requirements, take-up and oversight

MCPs are **required** to report on a minimum number of optional measures

4. Quality

Optional measures with a set number of points allocated to Priority Areas 2-3 (ECM/Community Supports Capacity Building)

Submission 1: Overview & Goals

Components

- **Needs Assessment:** Baseline data about the status of delivery system infrastructure, ECM and Community Supports provider capacity, and Community Supports take-up.
- **Gap-Filling Plan:** Narrative that outlines MCPs' approaches to addressing gaps identified in the Needs Assessment. MCPs are expected to work closely with local partners to develop, vet, and iterate gap-filling plans.

Goals

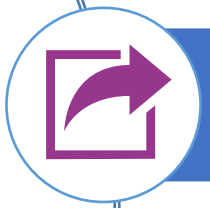
- **Landscape:** Provide a "point in time" understanding of the ECM and Community Supports infrastructure prior to launch. This landscape assessment is the baseline to measure programmatic growth.
- **Strategic Planning:** Create a common framework across MCPs and counties to facilitate long-term, sustainable planning.
- **Collaboration:** Establish collaborative relationships for MCPs and local partners.

Submission 1: Trends

- Overall MCPs provided concrete steps to address workforce and TA needs, including sharing assessments or meeting with their contracted providers.
- Most MCPs kept most of their overall points in the Community Supports Provider Capacity priority area.
- Overall commercial MCPs focused their discretionary points on ECM and Community Supports, while MCPs in single-plan counties tended to focus on delivery infrastructure.
- Many plans in former Whole Person Care (WPC) counties expressed they have provider capacity to meet the demand for Community Supports, specifically for housing-related Community Supports and medically-tailored meals.
- Capacity to meet the demand for ECM was varied, even across MCPs operating in the same counties.

IPP: Important Dates

June 3: Received feedback on Submission 2 updates



June 10: Submission 2 materials released

June 10: Submission 2 TA webinar (Registration Required)

September 1: Submission 2 responses due

Anthem Blue Cross CalAIM Incentive Payment Program

Beau Hennemann
Anthem
Director, Special Programs

DHCS

Anthem Blue Cross – IPP Goals

- Support long-term capacity and sustainability
- Allocate funds based on local priorities
  - Support contracted and potential ECM and Community Supports (CS) providers
  - Support county/community infrastructure development
  - Prioritize partners who are committed to building long-term partnerships
- Prioritize investments to close gaps related to health equity/disparities
- Support needs that align with DHCS-developed incentive measures
- Support partners in identifying alternate funding sources when applicable

IPP Gaps and Progress

Identifying Gaps/Needs

- 1:1 provider engagement
- ECM/CS provider readiness assessments
- Data/network analysis
- County collaborations
- Cross-plan stakeholder/roundtable meetings
- On-going gap identification

Current Progress

- Baseline measures completed and initial funds awarded to MCPs
- Program design developed
- MCP joint application process developed
- Consultants engaged to help facilitate/coordinate across plans
- Round 1 applications received in May
- Awards determined/funds distributed in July

Santa Clara Family Health Plan CalAIM Incentive Payment Program

Lori Andersen

Director, Long-Term Services and Supports (LTSS)

DHCS

Introduction

- **Santa Clara Family Health Plan (SCFHP):**
  - Enrolled its first members in 1997 – 25 years
  - Medi-Cal managed care membership - 271,000
  - Network of 19 ECM and 11 Community Supports providers, with 10 contracted to provide both ECM and Community Supports
  - Offering 5 Community Supports – Housing Navigation, Housing Deposits, Nursing Facility Diversion/Transition to Residential Care Facilities for the Elderly (RCFEs), Nursing Facility Transition to Home, Medically Tailored Meals/Supportive Food
  - Launched with 5,500 members either enrolled or eligible for ECM
    - Transitioned 2,094 members from Health Homes Program (HHP) and WPC to ECM
  - Transitioned 382 members from WPC to Community Supports Housing Navigation

IPP Process with Providers

- Hosted a town hall in November 2021 with interested providers
- Met with providers to discuss their situations and how best to utilize IPP funds
- Implemented a two-phase application process:
  - Phase 1 – Initial general application with provider request and justification (November)
  - Phase 2 – Request for Information (RFI) with targeted areas by provider, budget and outcomes measures (March)
- Developed an oversight model
  - Quarterly milestones with associated funding allocations
  - Payment based on achievement of quarterly milestones
  - Flexibility for providers to request to move milestones to subsequent quarters through quarter 4
  - Quarterly milestone and invoice template
- Provide 25 percent of annual allocation upon execution of an IPP contract

SCFHP Infrastructure + Capacity Building

- **Achievements to Date**
  - Expanded staffing for ECM and Community Supports operations
  - Outreach and training for SCFHP staff, providers, delegates and members
  - Developed Community Supports program models and pricing
  - Provider network development and support
    - Office hours, training plan, technical assistance (e.g., referral and authorization process, provider reporting, billing/claims),
    - Developed provider user guides for ECM and Community Supports
  - Established MOU with County Behavioral Health for data sharing
  - Developed internal systems for ECM and Community Supports operations (e.g., eligibility determination, member assignment, reporting)

Infrastructure + Capacity Building

Santa Clara Family Health Plan.

In Progress | On the Horizon – SCFHP

- Developing a member profile platform to:
  - Share care plans and clinical documents with contracted providers
  - House Community Supports referrals and eligibility determinations
  - Engage in closed-loop communication with referring entities
- Automating the Community Supports eligibility determination process
- Configuring claims system for ECM and Community Supports payment rates
- Collaborating with providers to provide trainings that support their work (e.g., trauma informed care, de-escalation techniques, cultural competency)
- Establish a referral system with the Reentry Center

Infrastructure + Capacity Building

In Progress | On the Horizon - Providers

- Upgrading systems to ingest data, care plans, clinical documents, and other supplemental reports
- Automating process to generate care plans and share with care team members
- Configuring billing systems to submit claims
- Hiring direct service staff (e.g., lead care managers, housing specialists, community health workers, outreach workers)
- Developing tribal landscape, determining outreach strategies, expanding provider network (if needed)
- Funding transportation costs to eliminate barriers to engagement

Build Infrastructure to Address Gaps in Community Supports

Expansion of Network Capacity

- Residential Care Facilities for the Elderly (RCFE)
  - Inventoried RCFE landscape (estimated bed count, comprehensive list of RCFE operators, price range for placing members)
  - Developed a targeted list and proposed a tiered payment system based on member needs and alignment with the Assisted Living Waiver (ALW) payment structure
  - Outreached to 113 facilities, of which 28 have expressed interest in contracting, 78 are pending a response, and 7 are schedule for a presentation
- Medically Supportive Food: Groceries and educational services
- Sobering Center: Medical triage, wound/dressing care, lab testing, treatment of nausea
- Recuperative Care
  - No support for members with Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL)
  - Plans to expand provider network to address needs

Collaboration with Anthem Blue Cross

- Executed MOU for ECM, Community Supports, IPP, Homeless Health Incentive Program (HHIP), and development of a Local Homeless Plan
- Connected Anthem to County Behavioral Health for similar data exchange
- Alignment on:
  - Collaborating with the county on delivering housing services
  - Provider network development for recuperative care and sobering center
  - Invoice development and submission process from county entities
  - IPP provider application process and timing
  - Eliminating overlapping requests from joint providers for IPP
- Collaboration on:
  - Health disparity identification and development of strategies to address them
  - Outreach to hard-to-reach populations

Thank you!

Contact Information:
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Non-Emergency Medical and Non-Medical Transportation Services

Laura Briones
Health Program Specialist II, Managed Care Quality and Monitoring

Cortney Maslyn
Staff Services Manager III, Managed Care Quality and Monitoring

DHCS

Transportation Benefits

DHCS is committed to improving access to the transportation benefit and has been working to address systemic issues in the delivery of Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) identified through the following DHCS monitoring activities:

- Quarterly monitoring,
- Annual medical audits,
- Targeted surveys,
- Stakeholder meetings
- Direct member complaints

NEMT and NMT APL Updates

DHCS has revised APL 17-010 NEMT and NMT services to clarify existing policies and address compliance issues related to the MCP administration of the NEMT and NMT benefit. Those issues include:

- Non-Compliance with Provider Enrollment Requirements,
- Quality and Access to Care Concerns
- Lack of Oversight and Monitoring of the Transportation Benefit and Transportation Brokers

Non-Compliance with Provider Enrollment Requirements

DHCS, through its monitoring activities, discovered the following concerns:

- A portion of NEMT and NMT providers are providing services to members while not enrolled in the Medi-Cal program when there was a pathway to enrollment.
- Unenrolled NEMT/NMT providers were not subsequently terminated from the MCPs' network, and MCPs are allowing unenrolled providers to remain in their network due to lack of follow up after the 120-day grace period had elapsed.
- MCPs were not properly overseeing their delegated transportation providers and brokers when they had delegated the provider enrollment function to the brokers to ensure compliance with provider enrollment requirements.

APL Updates to Address Non-Compliance with Provider Enrollment Requirements

DHCS, as a result of these findings, added a subsection outlining the MCP responsibilities for provider enrollment requirements which includes:

- Requiring MCPs to oversee and monitor enrollment of NEMT or NMT providers as Medi-Cal providers.
- Specifying that an MCP can delegate enrollment responsibilities to a subcontractor, but must do so in a written subcontract or agreement and comply with the requirements set forth in APL 17-004, APL 19-004, APL 21-011, and the MCP contract.

Quality and Access to Care Concerns

DHCS, through its monitoring activities, discovered the following concerns:

- Inappropriate modes of NEMT transportation being authorized/provided by the MCPs and/or the transportation vendors.
- Delays and difficulty with obtaining NEMT from transportation vendors specifically for hospital transfers to a long-term care setting.
- Late and no-show NEMT and/or NMT providers which caused members to miss appointments.

Lack of Oversight and Monitoring of the Transportation Benefit and Transportation Brokers

DHCS, through its monitoring activities, discovered the following concerns:

- A large number of grievances related to transportation broker activities.
- Incorrect use of the personal care services form by transportation brokers.
- Lack of monitoring done by the transportation brokers.
- Lack of MCP action when there were issues with the transportation brokers.

Lack of Oversight and Monitoring of the Transportation Benefit and Transportation Brokers

As a result of these findings, the following requirements and clarifications were added to the APL to address the lack of oversight:

- Specified what activities can and cannot be delegated to a transportation broker and the appropriate use of PCS forms.
- Tracking and monitoring requirements were added to identify specific drivers based on service date, time, pick-up/drop-off location, and member name.
- Requirement for MCPs to impose corrective action on transportation brokers and network providers if non-compliance is identified.

Transportation Corrective Action Plans and Sanctions

- In order to increase compliance and oversight of the transportation benefit, on March 25, 2022, DHCS sent a notice informing all MCPs that beginning July 1, 2022, violations identified during DHCS' 2022-2023 Annual Medical Audit reviews related to transportation will be subject to the imposition of monetary sanctions and a corrective action plan as authorized under state and federal law, and the MCP contract with DHCS.

Questions?

Gender Affirming Postcards

Priya Motz, DO, MPH

Medical Consultant II, Quality and Population Health Management

DHCS

A postcard resource guide that can be used by providers

GENDER AFFIRMING CARE: CULTURAL COMPETENCE (PART 1)

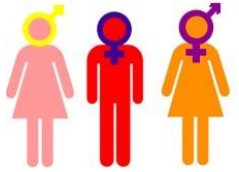
Cultural Competence is a foundational pillar for reducing health disparities through culturally sensitive and unbiased quality care. In the wake of COVID-19, culturally competent approaches to care are more necessary than ever. AHRQ and Boston Medical Center

Cultural Competence in caring for the LGBTQIA+ population

- Watch a panelist of doctors describe their experiences in engaging with Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual (LGBTQIA+) population.
- Learn about establishing relationships and avoiding communication missteps.
- Watch effective communication strategies and lessons learned.

Click on images

- Watch a webinar on strategies in addressing providers' unconscious and implicit bias.
- Learn more about health care approaches for LGBTQIA+ indigenous communities.
- Watch movie documenting the experiences of two spirit and third-gender indigenous people in California.



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Resources when Engaging with families

Children and Adolescents	▸ Learn evidence-based behavioral health care approaches including affirming techniques that can be used by providers (recorded webinar). ▸ Learn how providers can apply best practices in serving gender-diverse families by providing resources and appropriate referrals. ▸ Learn and understand the experiences of transgender and gender-diverse youth and their families when accessing health care services (recorded webinar).
Older Adults	▸ Explore strategies to engage internal and community resources to support gender-diverse older members during COVID-19 (recorded webinar). ▸ Learn how to support LGBTQIA+ older adults with housing and healthcare needs, provide affirming referrals for supportive services and offer inclusive health care environments.

A postcard resource guide that can be used by providers

GENDER AFFIRMING CARE: CULTURAL COMPETENCE (PART 2)

Cultural Competence is a foundational pillar for reducing health disparities through culturally sensitive and unbiased quality care. In the wake of COVID-19, culturally competent approaches to care are more necessary than ever. AHRQ and Boston Medical Center

Resources FOR Racial and Ethnic Minority Groups within the LGBTQIA+ Community

- Find out the unique challenges and barriers to care faced by racial and ethnic minority groups in the LGBTQIA+ community and how to provide culturally responsive care (recorded webinar).
- Learn ways of addressing the mental health needs of LGBTQIA+ impacted by COVID-19.
- Learn and understand the experiences of transgender and gender-diverse Black Indigenous and People of Color when accessing health care services (recorded webinar).

Training Resources for Providers on Gender affirming care

	Source	Topics
	Quality Interactions	Offers multiple cultural competency courses that include clinical certificates. Example of a topic includes Creating a Welcoming Environment for LGBTQIA+ individuals.
	National LGBTQIA+ Health Education Center	Offers multiple learning resources and provides individualized training on topics affecting LGBTQIA+ population in health care. Most courses are free.
	San Mateo Pride.Org	Offers LGBTQIA+ focused trainings in building cultural humility and creating more equitable environments.
	LGBTQIA+/2S Collaborative	Offers multiple infographic materials and brochures regarding health care issues affecting LGBTQIA+ populations.
	UCSF Lesbian, Gay, Bisexual and transgender Resource Center	Offers multiple articles, publishing and on-line trainings.

Providing Access and Transforming Health (PATH) Updates

Jillian Clayton

Health Program Manager II, Managed Care Quality and Monitoring

DHCS

What is "Providing Access and Transforming Health" (PATH)?

California has received expenditure authority as part of its section 1115 demonstration renewal for PATH program to take the state's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS received partial authorization for $1.85 billion in total computable funding for PATH to maintain, build, and scale the infrastructure and capacity necessary to ensure successful implementation of key features of CalAIM.*

**DHCS is still actively negotiating approval for $410 million in expenditure authority to support the PATH Justice-Involved Capacity Building Program*

Key Elements of PATH

1	Support the Implementation of ECM and Community Supports
2	Justice-Involved Capacity Building Program

PATH Key Element 1: ECM and Community Supports Implementation

PATH: ECM and Community Supports Implementation Initiatives

PATH Initiative Name	
Initiative #1	WPC Services and Transition to Managed Care Mitigation
Initiative #2	Technical Assistance Marketplace
Initiative #3	Collaborative Planning and Implementation
Initiative #4	Capacity and Infrastructure Transition, Expansion and Development

Initiative #1: WPC Services and Transition to Managed Care Mitigation

- Time-limited support to sustain existing WPC pilot services that have converted to Community Supports and that MCPs have committed to offer before 2024, until they are offered by MCPs
- Available only to former WPC Lead Entities
- Go-live implemented on January 1, 2022
- All WPC successfully transitioned to CalAIM
- 10 counties received transitional funding

Initiative #2: Technical Assistance Marketplace

- Technical assistance resources and hands-on support needed to implement ECM and Community Supports provided through a virtual marketplace
- Available to providers, community-based organizations, county agencies, public hospitals, Tribes, and others
- Will launch in December 2022 (tentative)

Initiative #3: Collaborative Planning and Implementation

- Support for regional/county-based collaborative planning and implementation efforts to promote readiness for ECM and Community Supports.
- Available to providers, community-based organizations, county agencies, public hospitals, Tribes, and others. MCPs are expected to participate in collaboratives, but will not receive direct funding.
- Applications periods will begin in June

Initiative #4: Capacity and Infrastructure Transition, Expansion and Development

- Support for the transition, expansion, and development of capacity and infrastructure necessary for the delivery of ECM and Community Supports services.
- Available to providers, community-based organizations, county agencies, public hospitals, Tribes, and others
- Will have multiple open application windows in each year beginning in June 2022 (tentative)

PATH Key Element 2:
Justice-Involved Capacity Program

PATH: Justice-Involved Capacity Building Program

PATH Initiative Name	
Round #1	Pre-release Medi-Cal enrollment and suspension **planning** support
Round #2	Pre-release Medi-Cal enrollment and suspension **implementation** support

Round #1: Pre-release Medi-Cal Enrollment and Suspension Planning Support

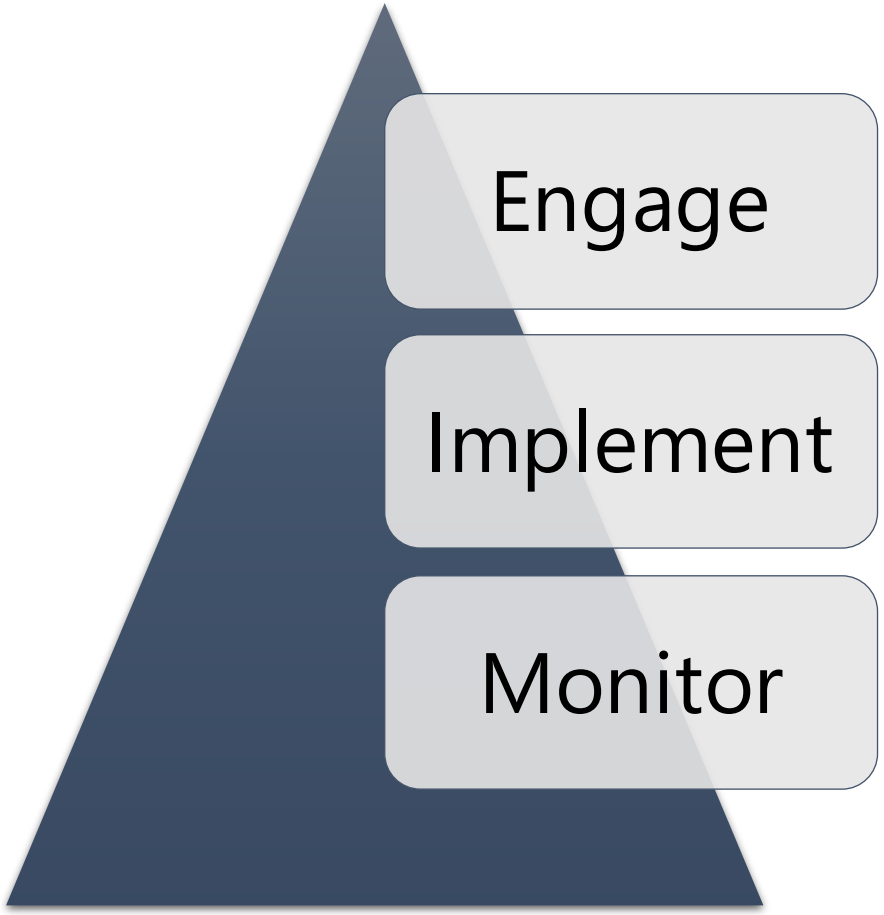
- Support for collaborative planning to identify processes, protocols, and IT modifications that are needed in order to implement pre-release Medi-Cal enrollment and suspension for justice-involved youth/adults
- Available to correctional agencies (e.g, Sheriff's Offices, Probation Offices, and the California Department of Corrections and Rehabilitation)
- Application window open from June – July 2022

Round #2: Justice-Involved Capacity Building

- Support for implementation of processes, protocols, and IT system modifications needed to operationalize pre-release Medi-Cal enrollment and suspension processes for justice-involved youth/adults
- Available to correctional agencies (e.g, Sheriff's Offices, Probation Offices, and the California Department of Corrections and Rehabilitation), and county social service departments
- Application window open from July – December 2022

PATH Third Party Administrator (TPA)

PATH: TPA Role



DHCS will retain a TPA to facilitate:

- Collaborative Planning and Implementation
- TA Marketplace
- Capacity and Infrastructure Transition, Expansion, and Development
- Justice-Involved Capacity Building Program

The TPA's overarching goals are to:

- Engage local entities and stakeholder groups to apply to and participate in PATH.
- Support implementation and management of PATH initiatives, including reviewing applications for funding and disbursing payments to entities
- Monitor use of PATH funds and support program oversight and accountability

PATH Resources

DHCS PATH Website: https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx

- PATH Initiatives Overview
- Guidance Documents
- Applications

DHCS PATH Email Inbox: 1115path@dhcs.ca.gov

- » General PATH Inquiries
- » DHCS Report Submissions

Q & A

Open Discussion

Next Meeting: September 8, 2022

If you have questions or comments, or would like to request future agenda items, please email:

advisorygroup@dhcs.ca.gov.