Medi-Cal Managed Care Advisory Group Meeting

December 3, 2020 – (Webex Only)
Webex Meeting number (access code): 145 333 5899
Meeting password: MCAG

Join by video system: Dial 1453335899@dhcs.webex.com
You can also dial 173.243.2.68 and enter your meeting number.
Join by phone: +1-415-655-0001 US Toll
Access Code: 145 333 5899

Agenda

- Welcome and Introductions
- DHCS COVID-19 Updates
  - Medi-Cal Enrollment Trends
  - Encounter Data Trends
  - Managed Care Flexibilities
- MCP COVID-19 Response
  - Adapting to a Novel Virus
  - COVID-19 Response Strategy
- Behavioral Health Integration
- Children's Preventive Care
  - Utilization Report Update
  - Outreach Campaign Phase 2
- Updates
  - Managed Care Project Updates
  - Ombudsman Report
  - Sanctions
- APLs and DPLs Update
- Open Discussion
- Next Meeting – March 11, 2021

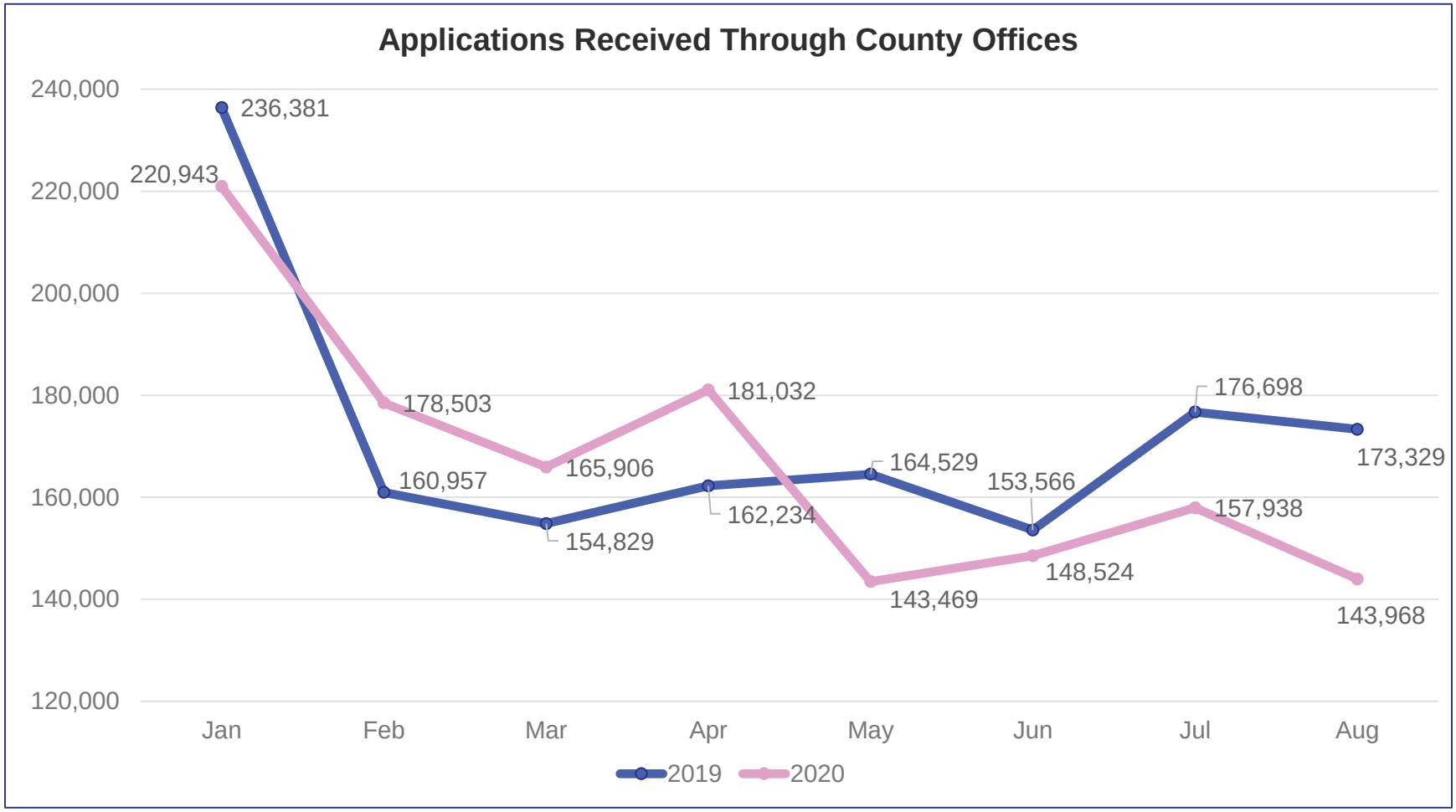
Welcome and Introductions

DHCS COVID-19 Updates

Medi-Cal Enrollment Trends

Yingjia Huang
Assistant Division Chief
Medi-Cal Eligibility

Medi-Cal Applications



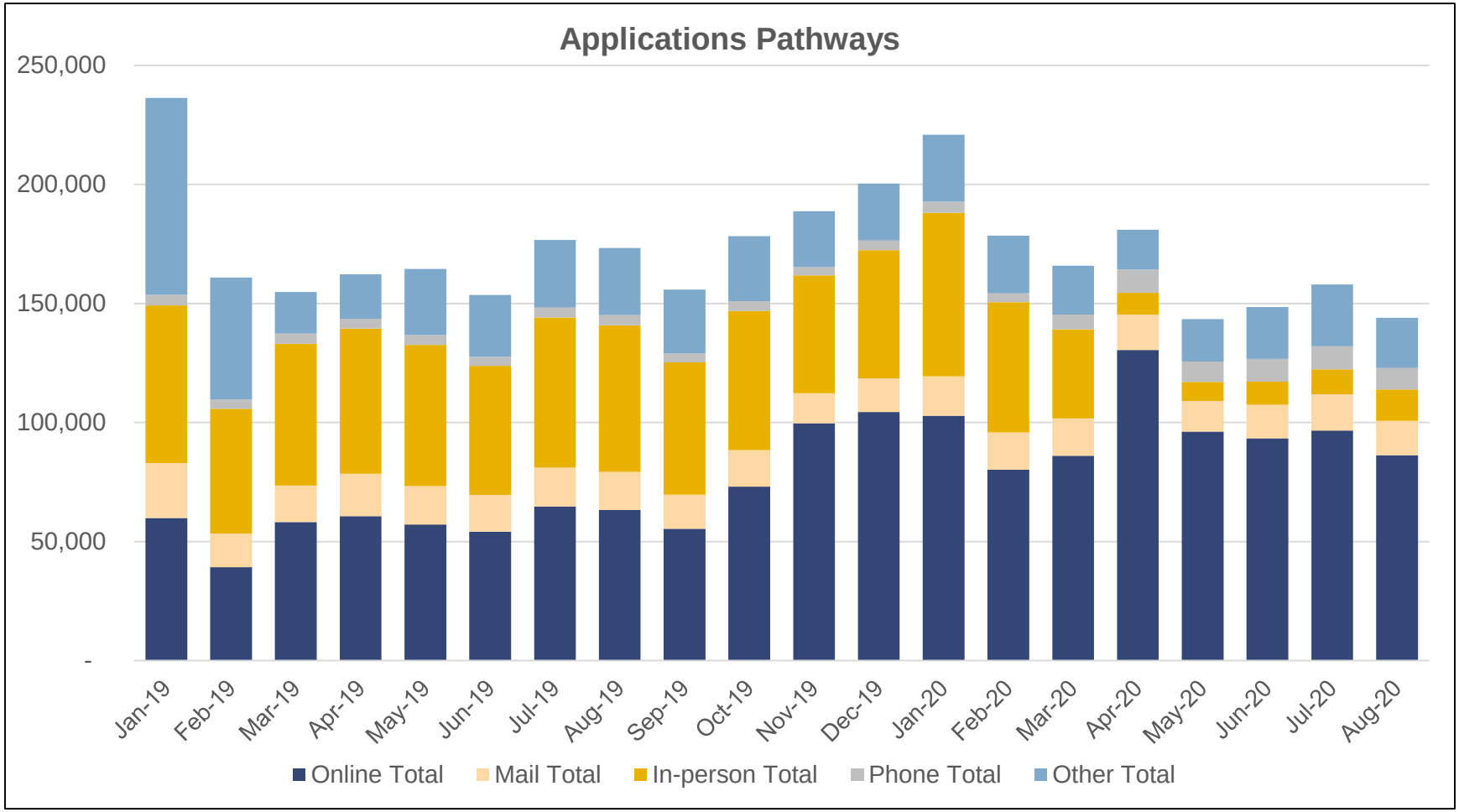
Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

County Application Pathways

- Online
- In Person
- Phone
- Mail/Fax
- Other
  - Includes applications received from sources not included in the above categories, such as those received by IHSS, and CBO(s) referrals, etc.

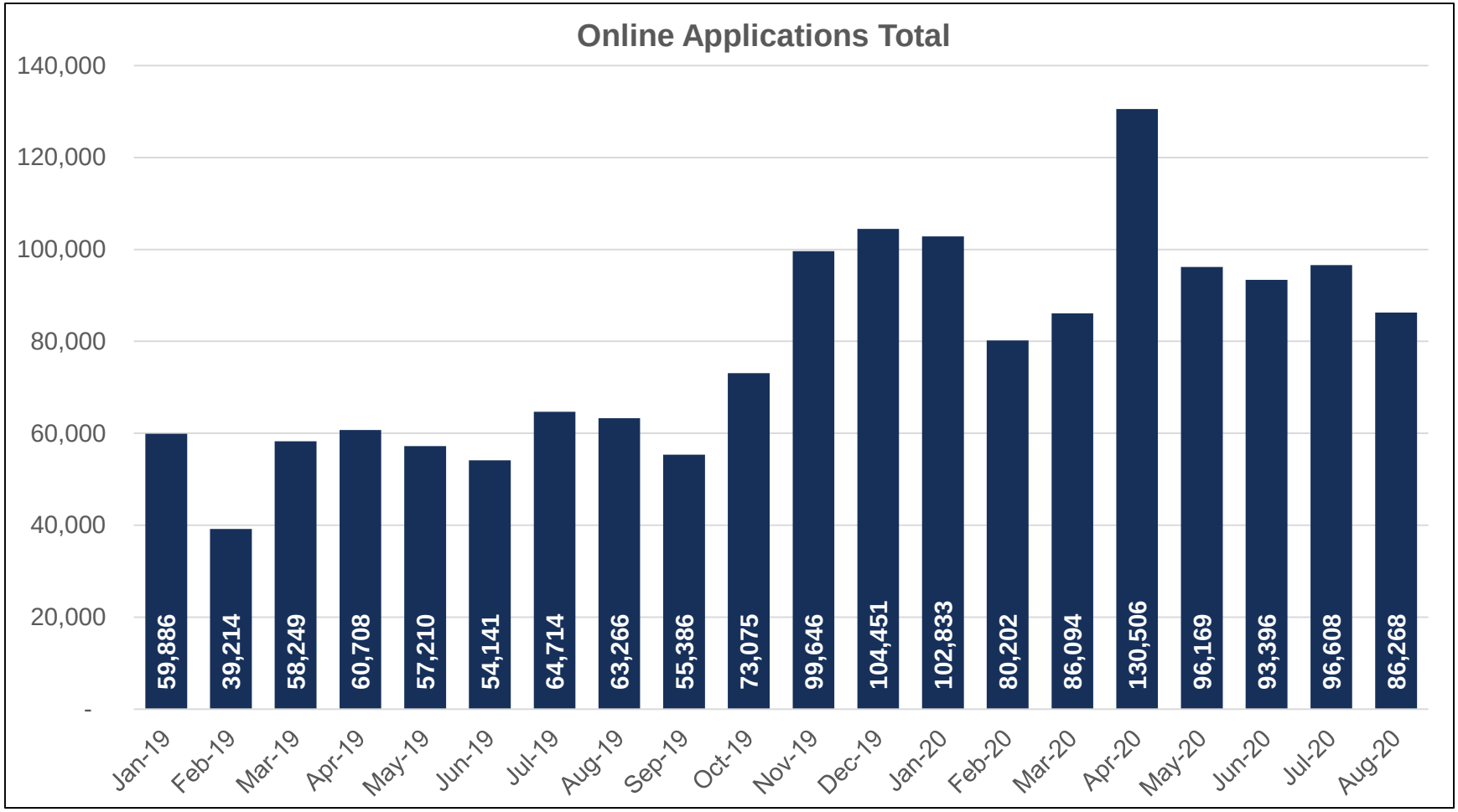
Note: This data is reported at the application level, with a single application potentially including more than one person (for example, a parent and two children are likely to apply for health coverage on a single application).

County Application Pathway - All Pathways –



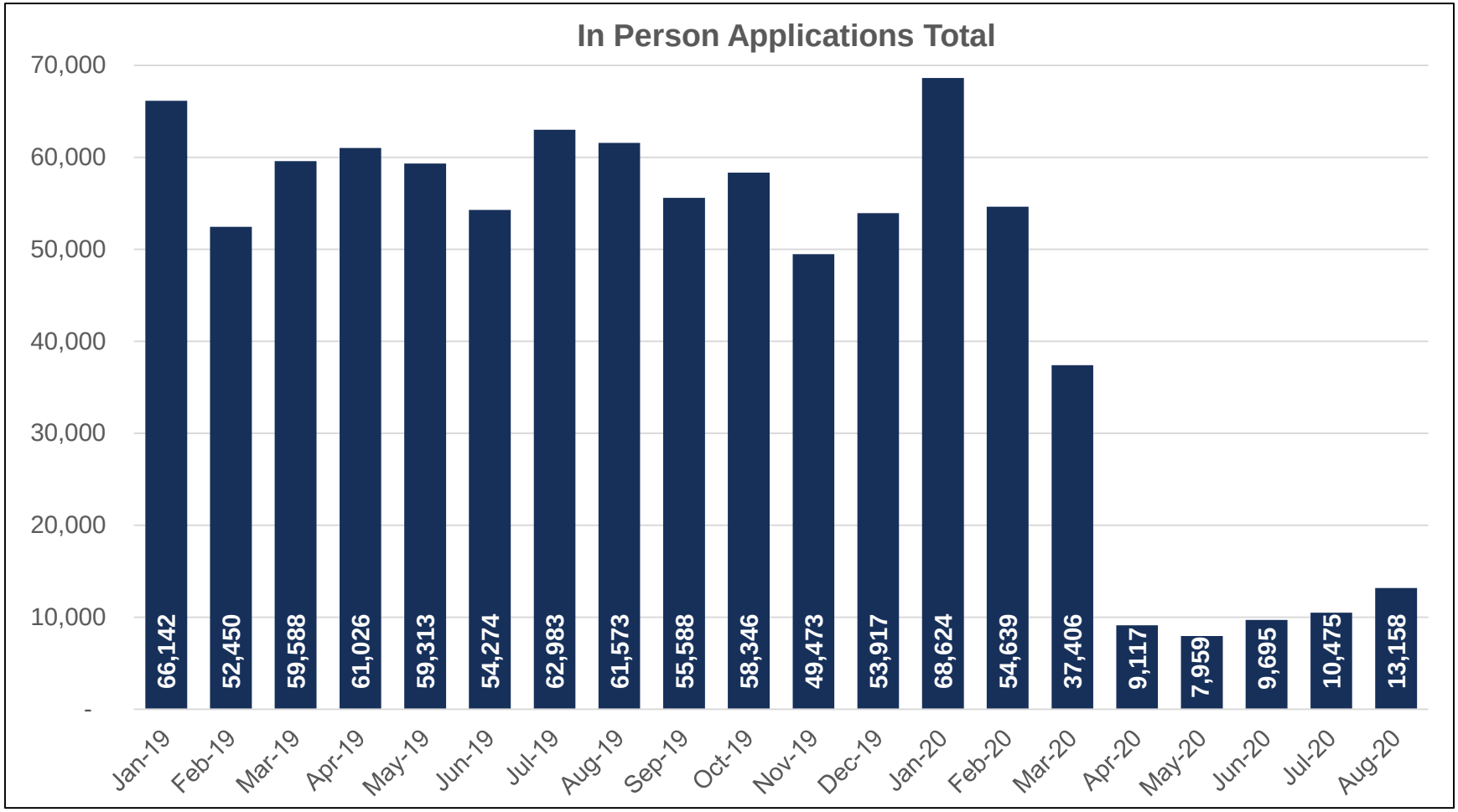
Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

County Application Pathway - Online Applications -



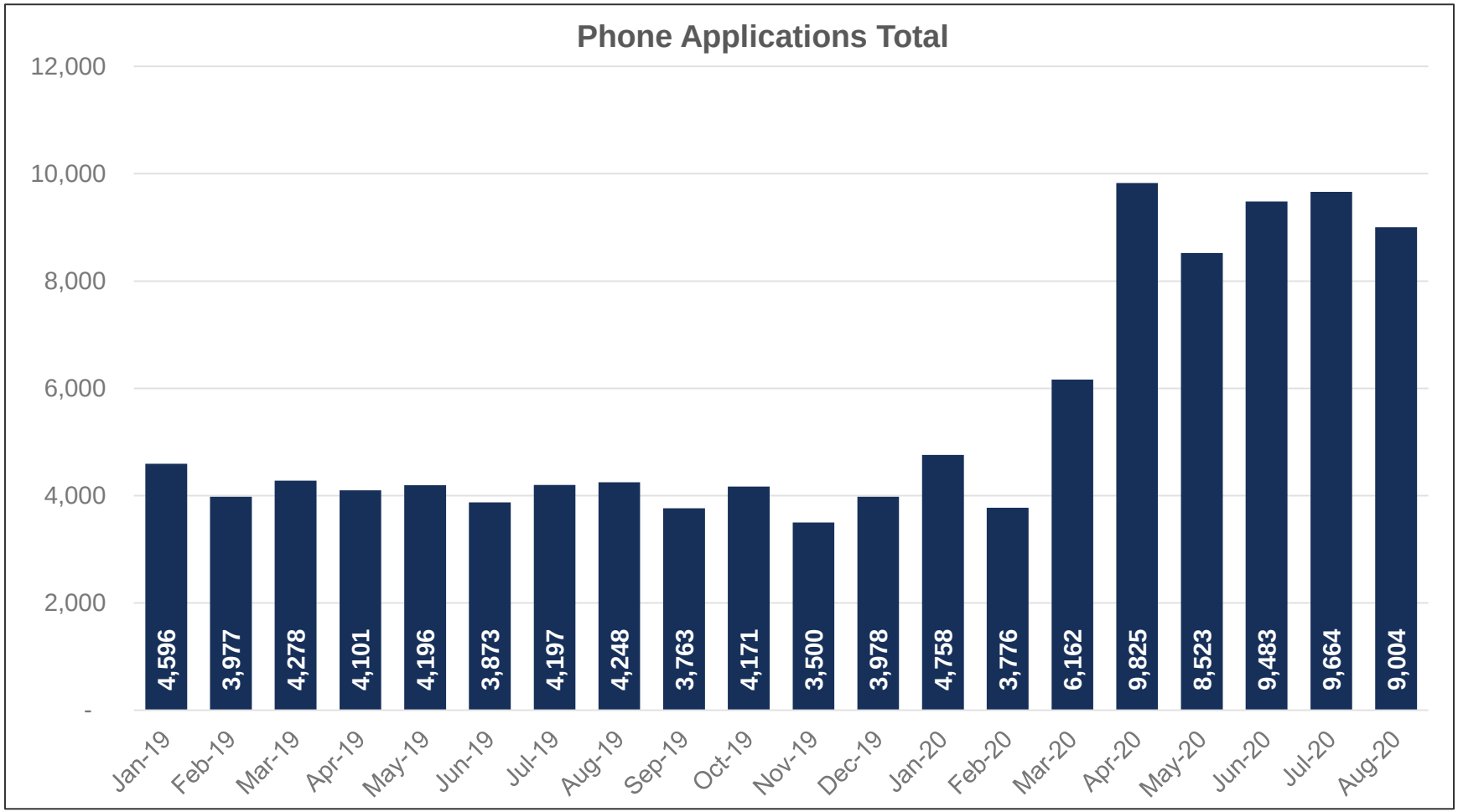
Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

County Application Pathway - In Person Applications -



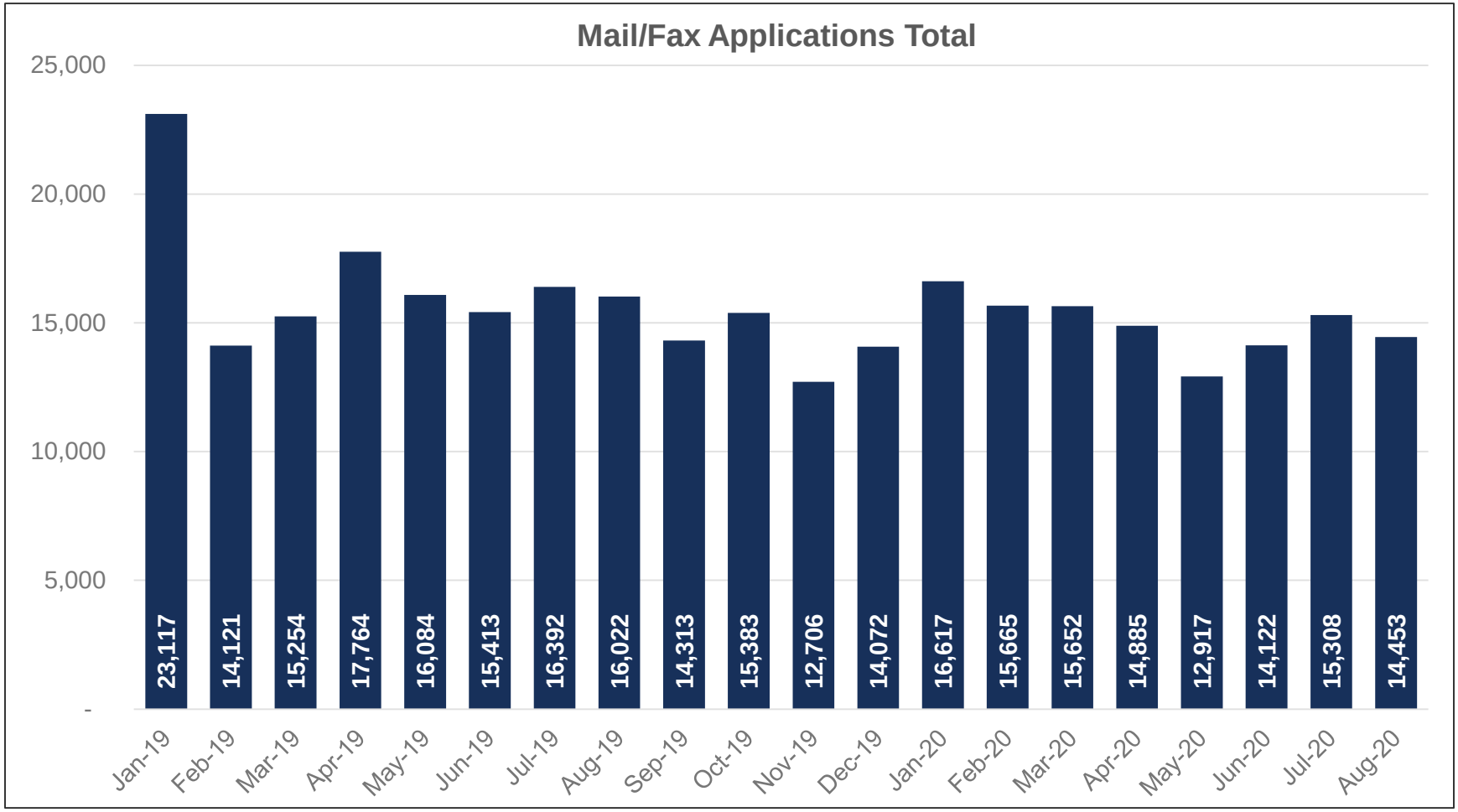
Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

County Application Pathway - Phone Applications -



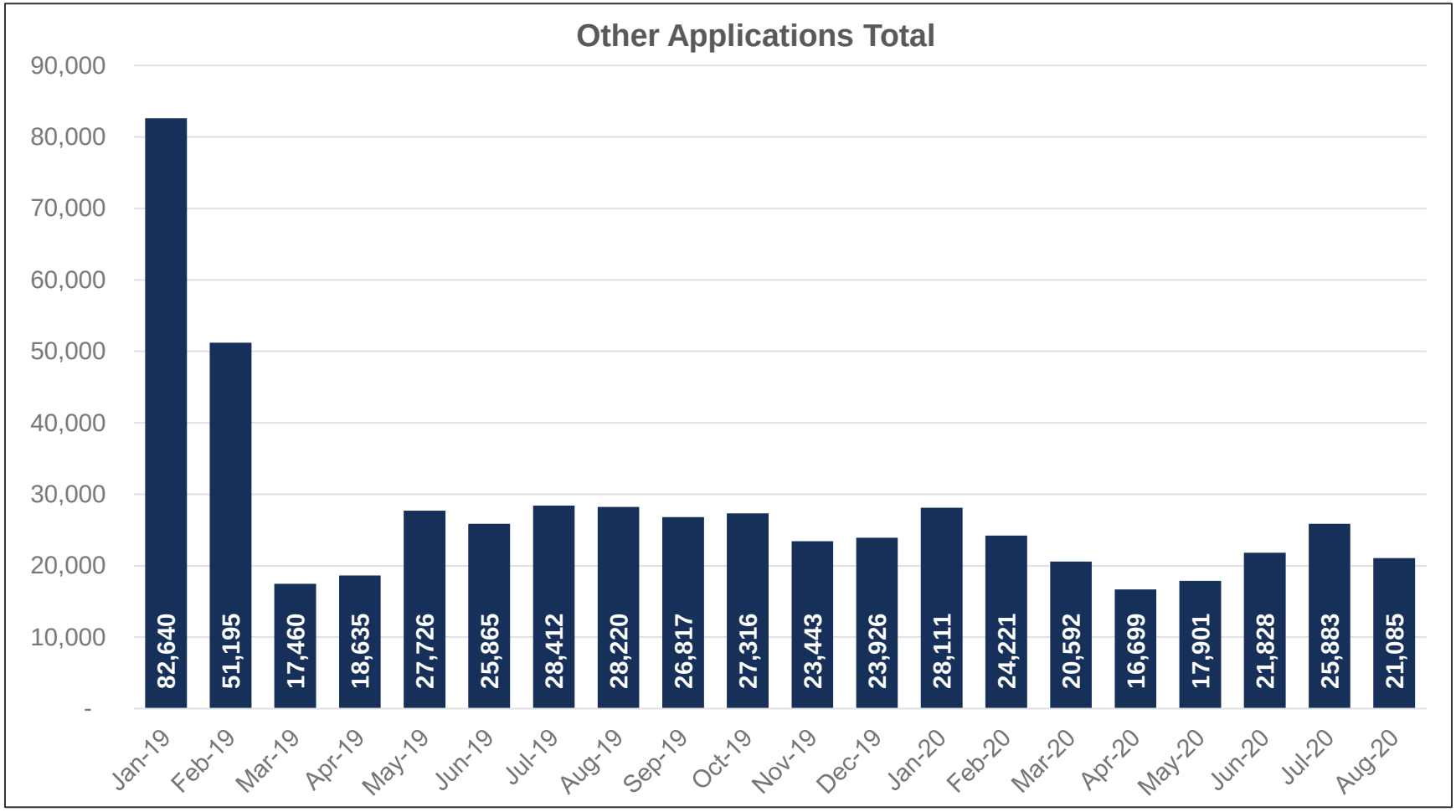
Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

County Application Pathway - Mail/Fax Applications -



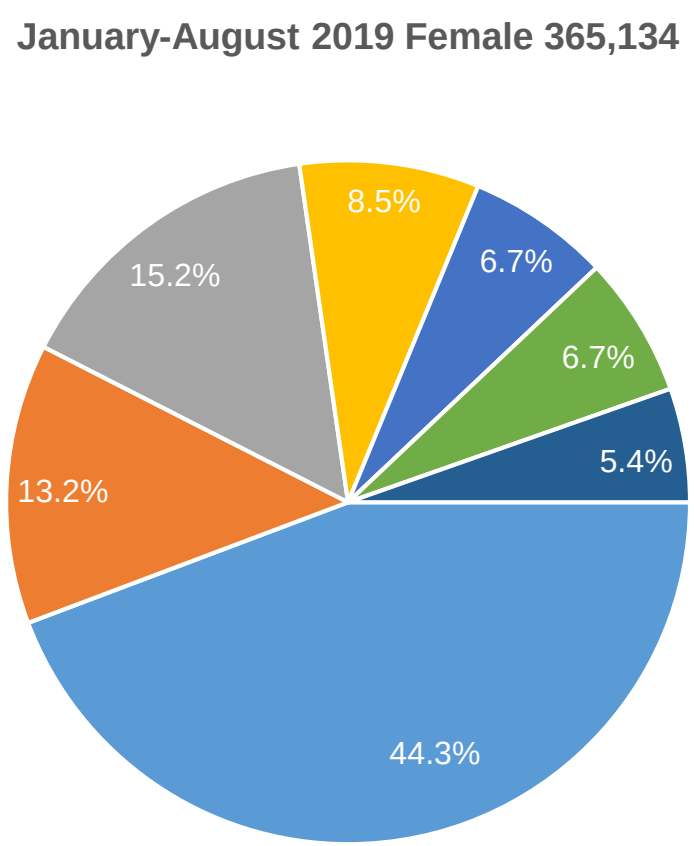
Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

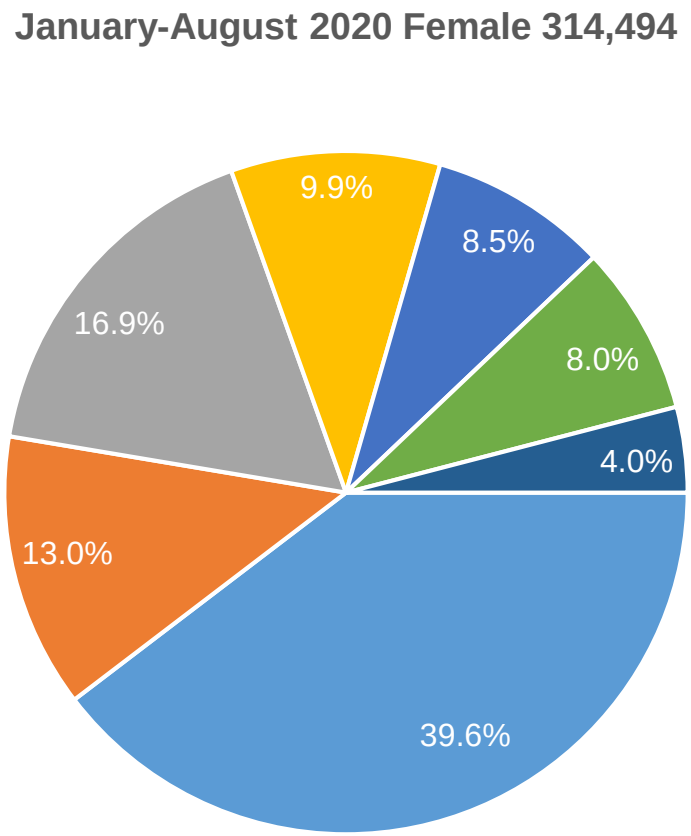
County Application Pathway - Other Applications –



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month

Medi-Cal New Enrollments Female by Age



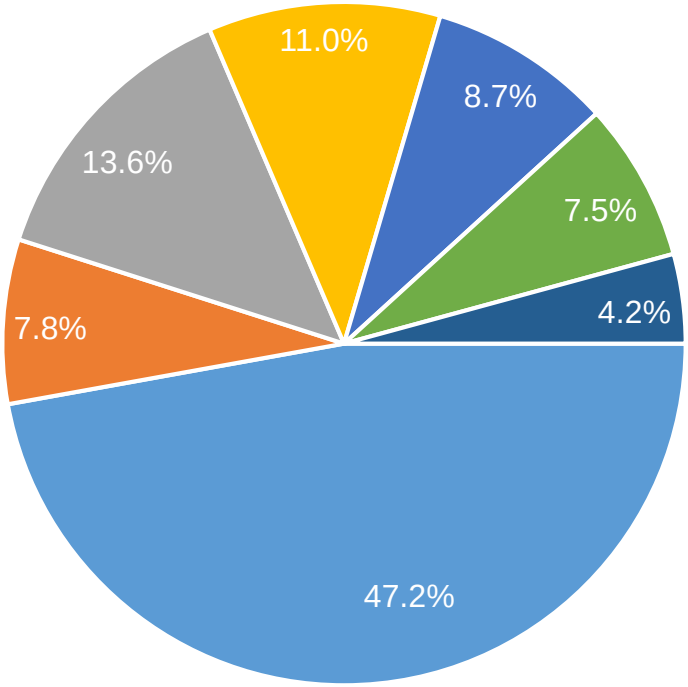


0 to 17 18 to 25 26 to 34 35 to 44 45 to 54 55 to 64 65+

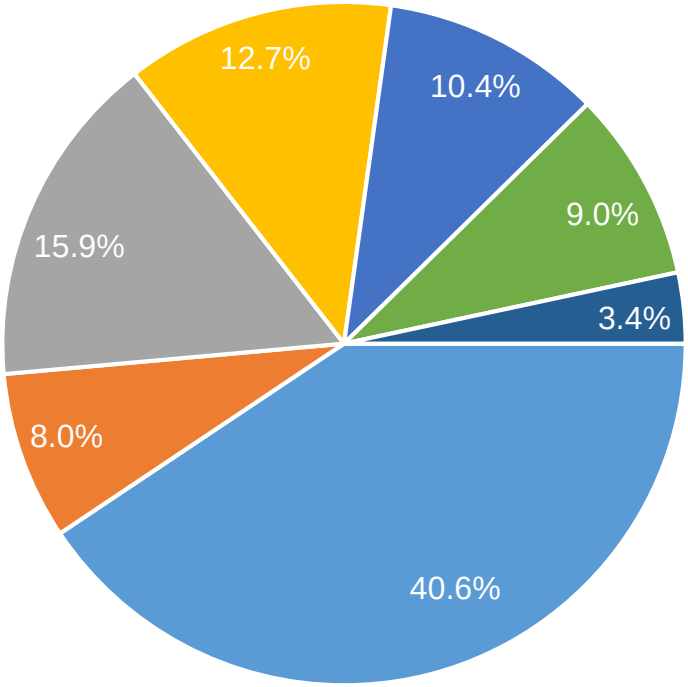
Data Source: Extracted from MIS/DSS on 14SEP2020

Medi-Cal New Enrollments Male by Age

January-August 2019 Male 359,119



January-August 2020 Male 316,767

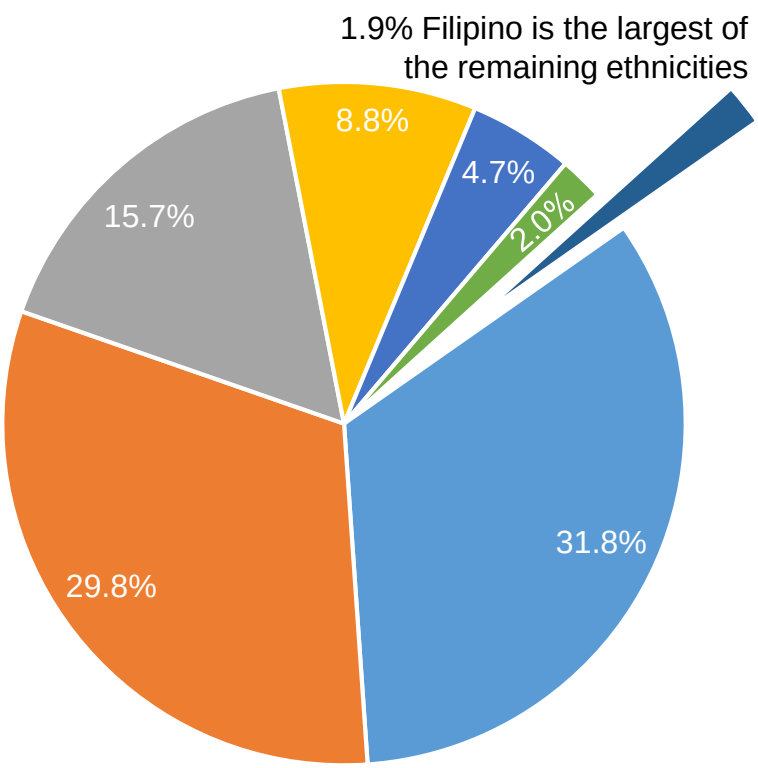


0 to 17 ■ 18 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

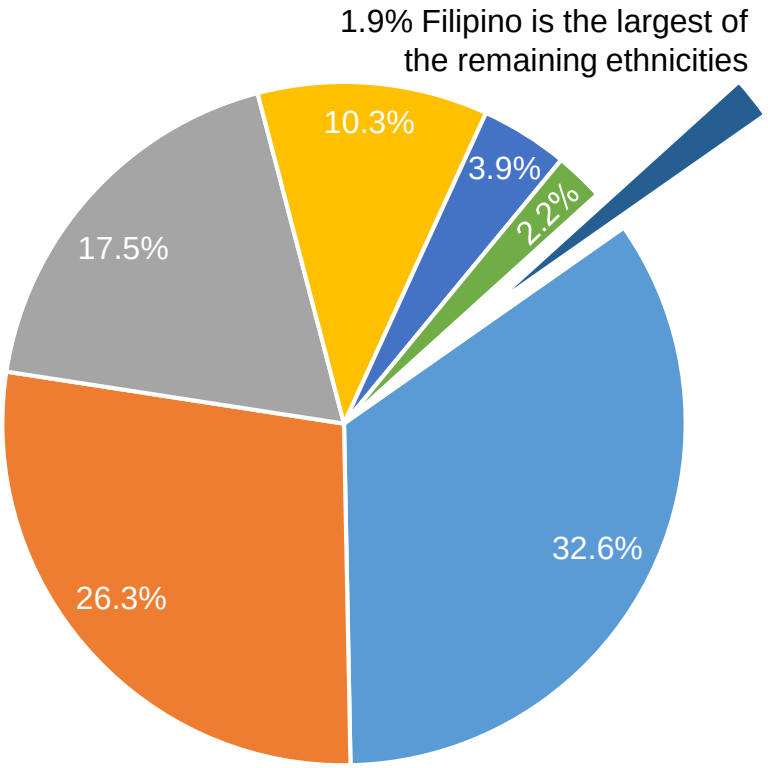
Data Source: Extracted from MIS/DSS on 14SEP2020

Medi-Cal New Enrollments Ethnicity

January-August 2019 Total 724,253



January-August 2020 Total 631,261



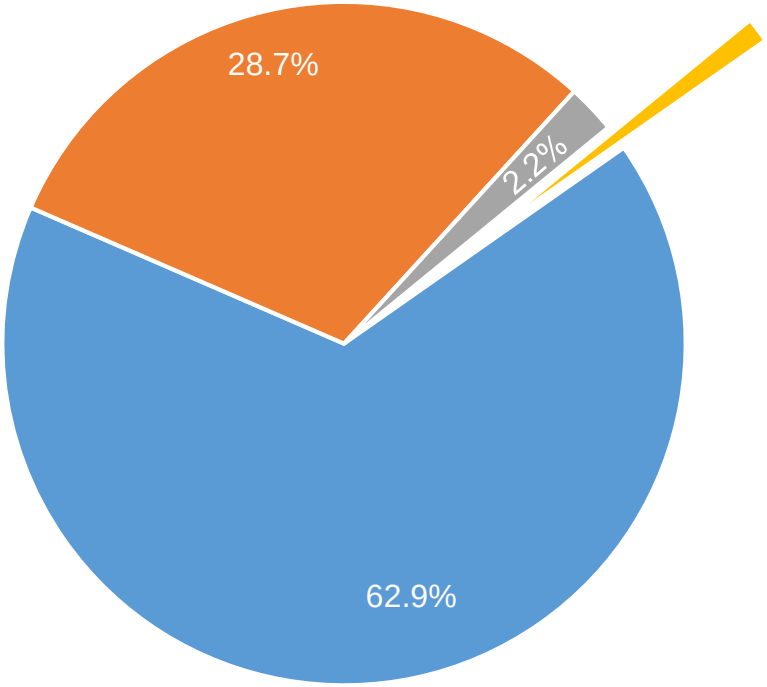
Not Reported ■ Hispanic ■ White ■ Other ■ Black ■ Chinese ■ Filipino

Data Source: Extracted from MIS/DSS on 14SEP2020

Medi-Cal New Enrollments Primary Written Language

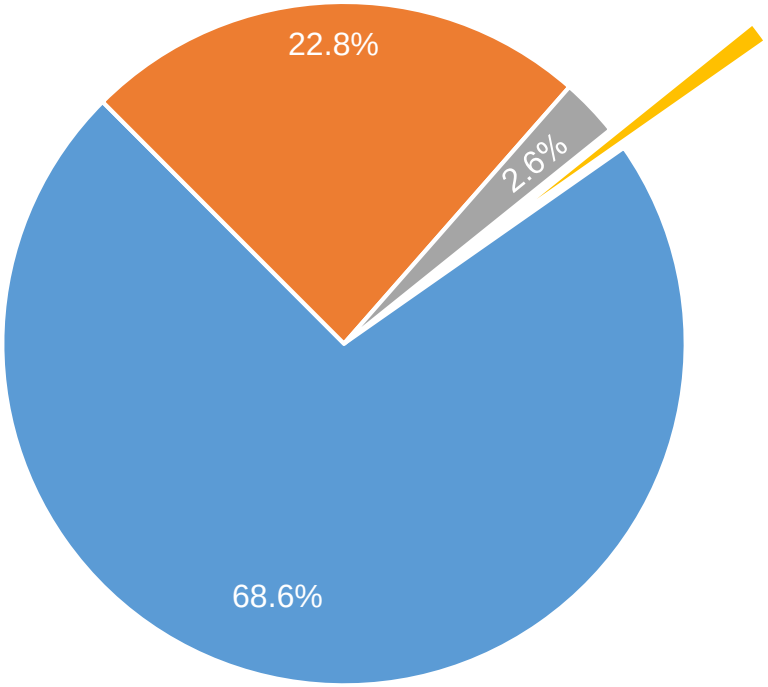
January-August 2019 Total 724,253

1.1% Vietnamese is the largest of the remaining languages



January-August 2020 Total 631,261

1.0% Vietnamese is the largest of the remaining languages



English Spanish Not Reported Vietnamese

Data Source: Extracted from MIS/DSS on 14SEP2020

Medi-Cal New Enrollment Data

Medi-Cal New Enrollment Data includes the following cohorts:

Total NEW Enrollments - The sum of *Newly Enrolled* and *Re-Enrolled* individuals (the Universe).

Newly Enrolled - Individuals with no prior history of Medi-Cal coverage.

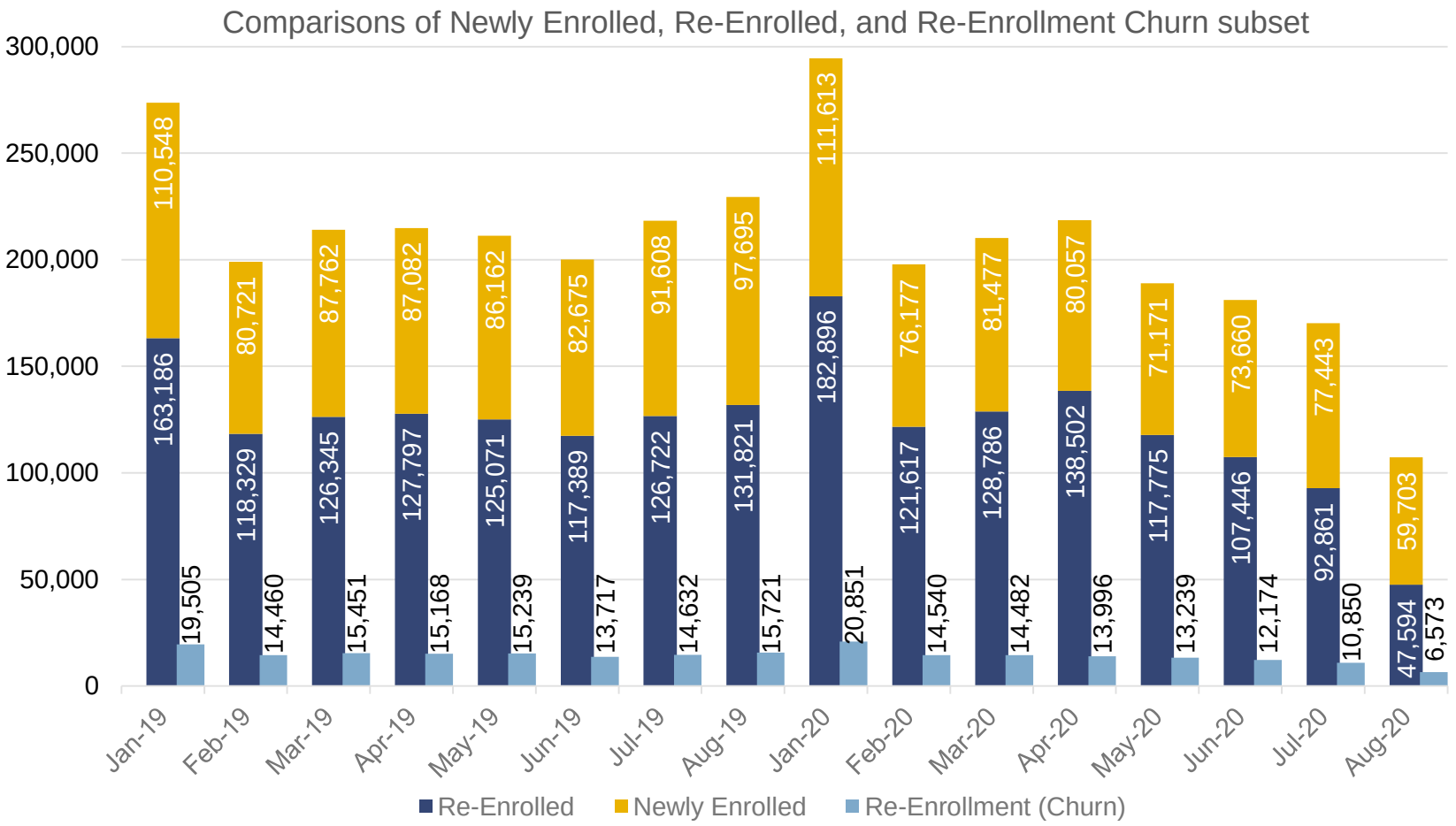
Re-Enrolled - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.

- Different from *Newly Enrolled*, these are individuals with a prior history of Medi-Cal coverage within the previous 15+ year period, but whose Medi-Cal was subsequently discontinued at some point in the past, thereby requiring the individual to reapply.

Re-Enrollment *Churn* (A subset of *Re-Enrolled)* - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.

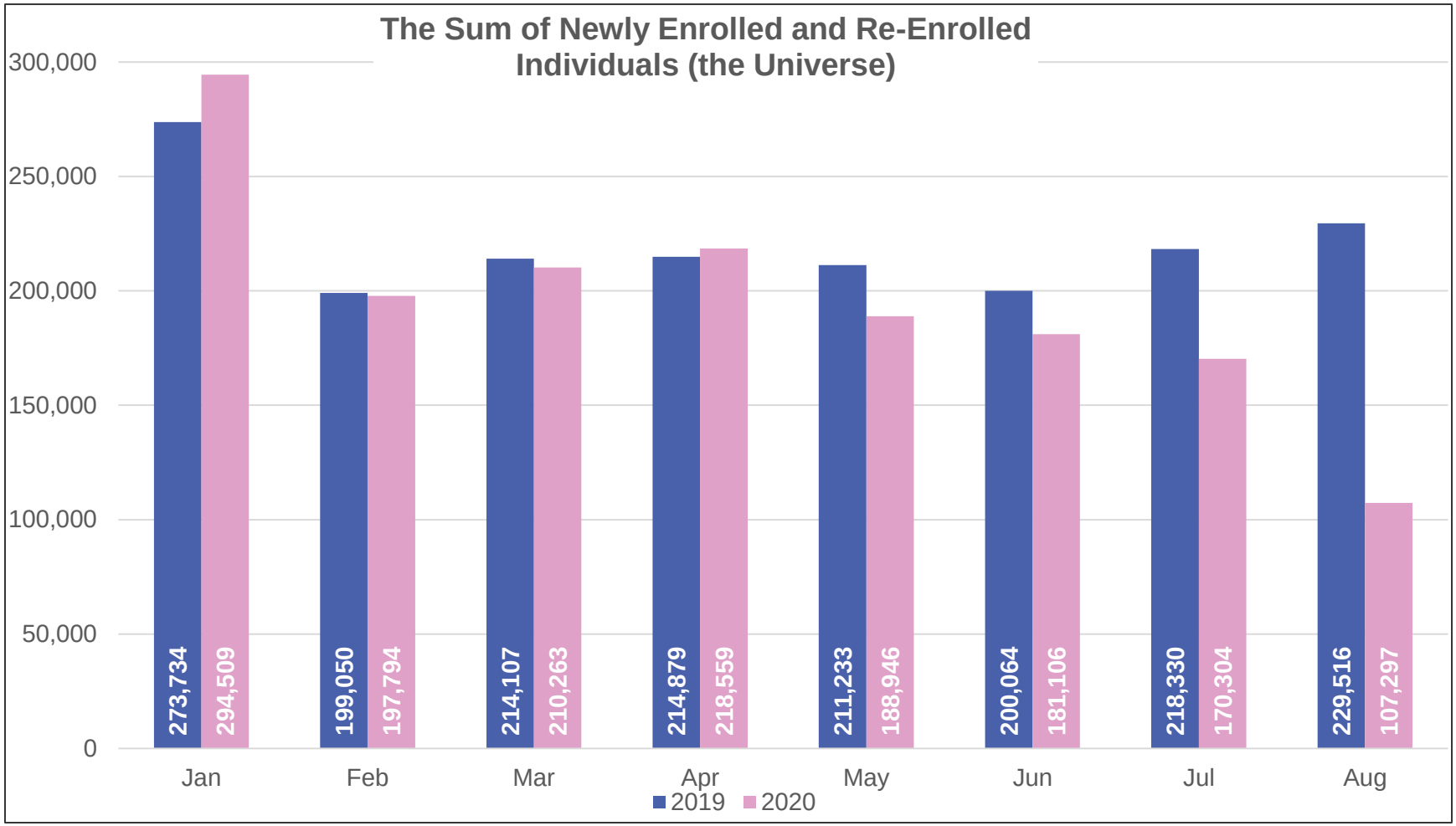
- This subset of *Re-Enrolled* individuals have a prior history of Medi-Cal coverage within the previous 12 month period**,** but whose Medi-Cal was subsequently discontinued at some point in that 12 month period, thereby requiring the individual to reapply.

Medi-Cal
New Enrollment Cohorts



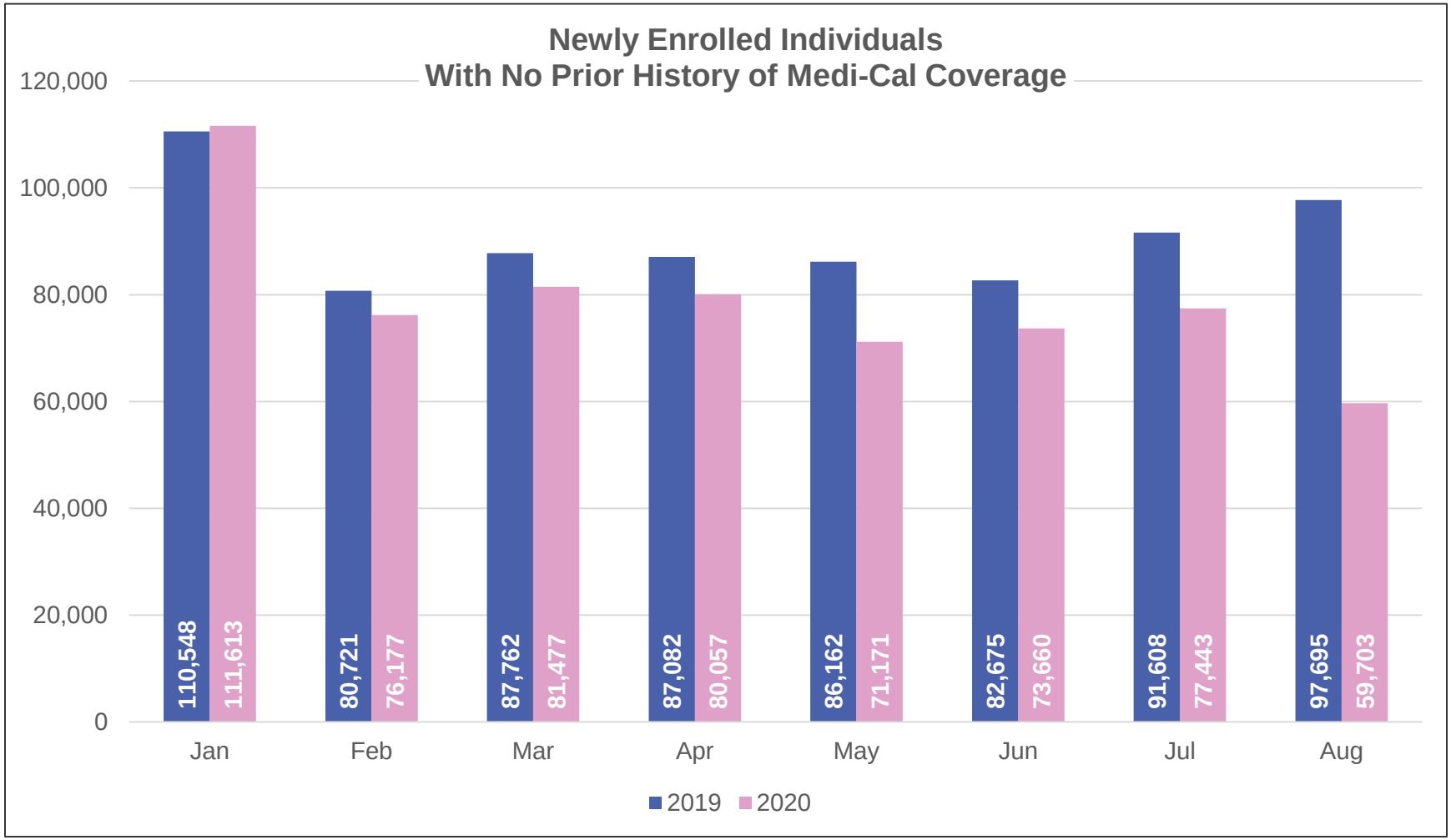
Data Source: Extracted from MIS/DSS 09SEP2020

Medi-Cal
Total NEW Enrollments



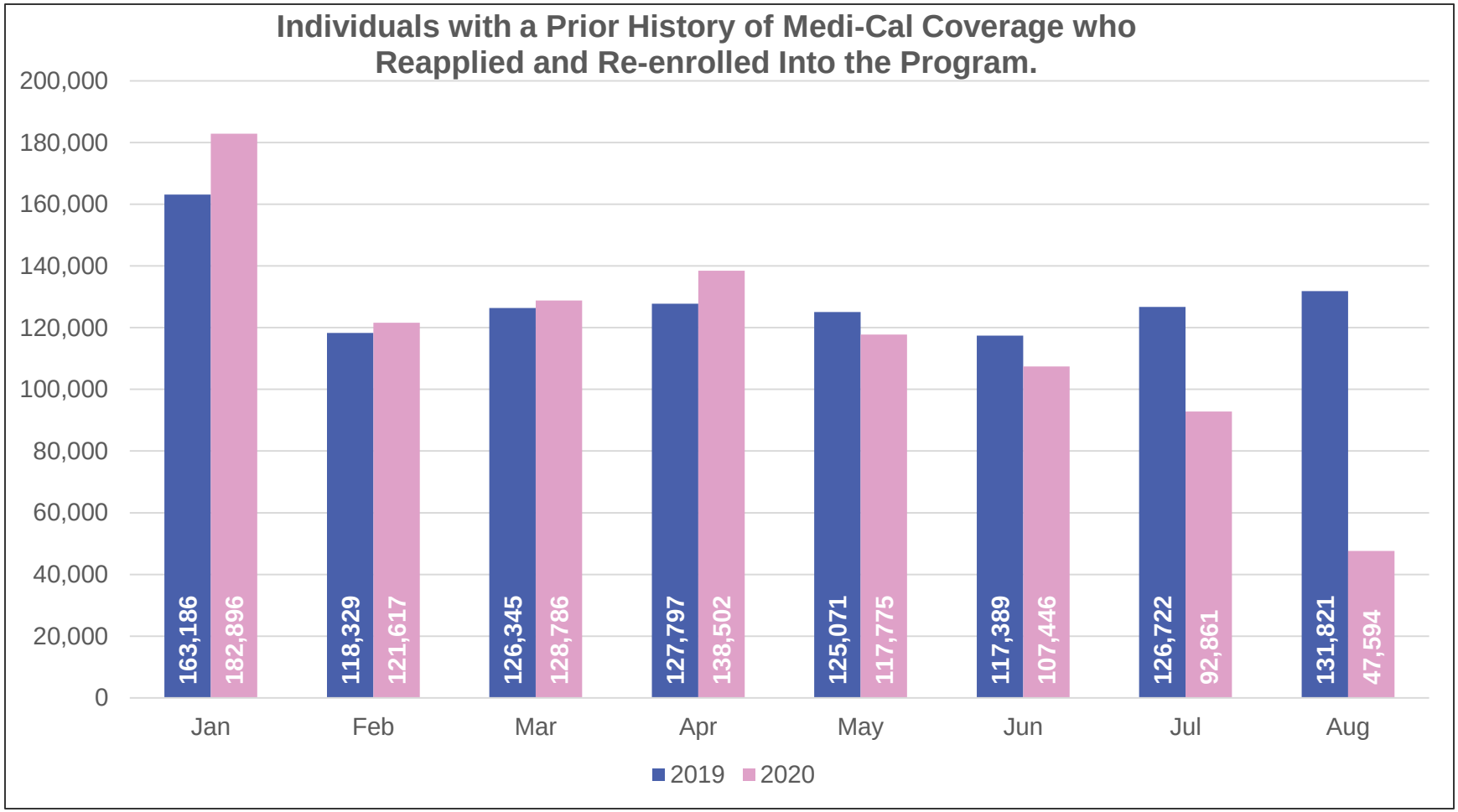
Data Source: Extracted from MIS/DSS 09SEP2020

Medi-Cal Newly Enrolled



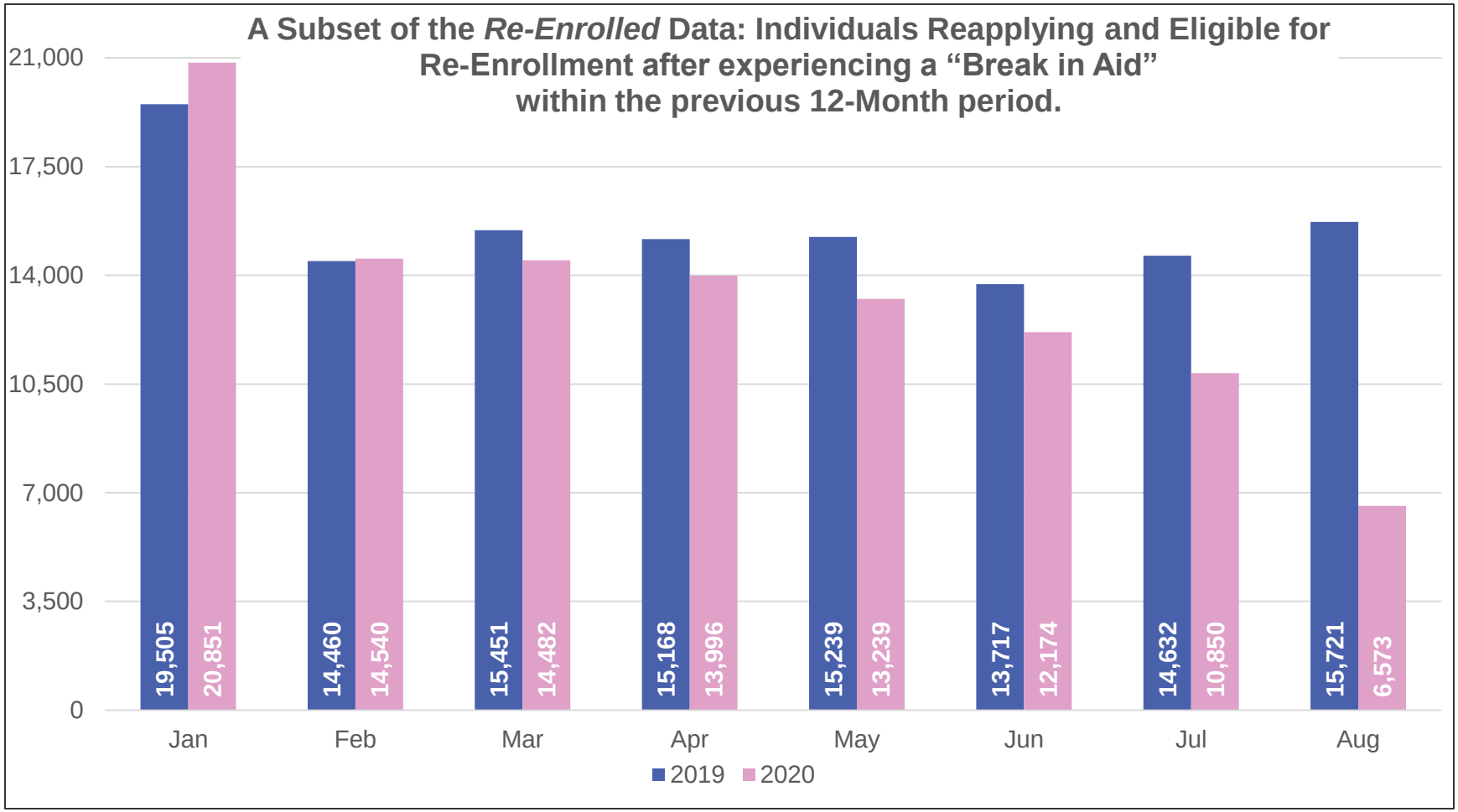
Data Source: Extracted from MIS/DSS on 14SEP2020

Medi-Cal Re-Enrolled



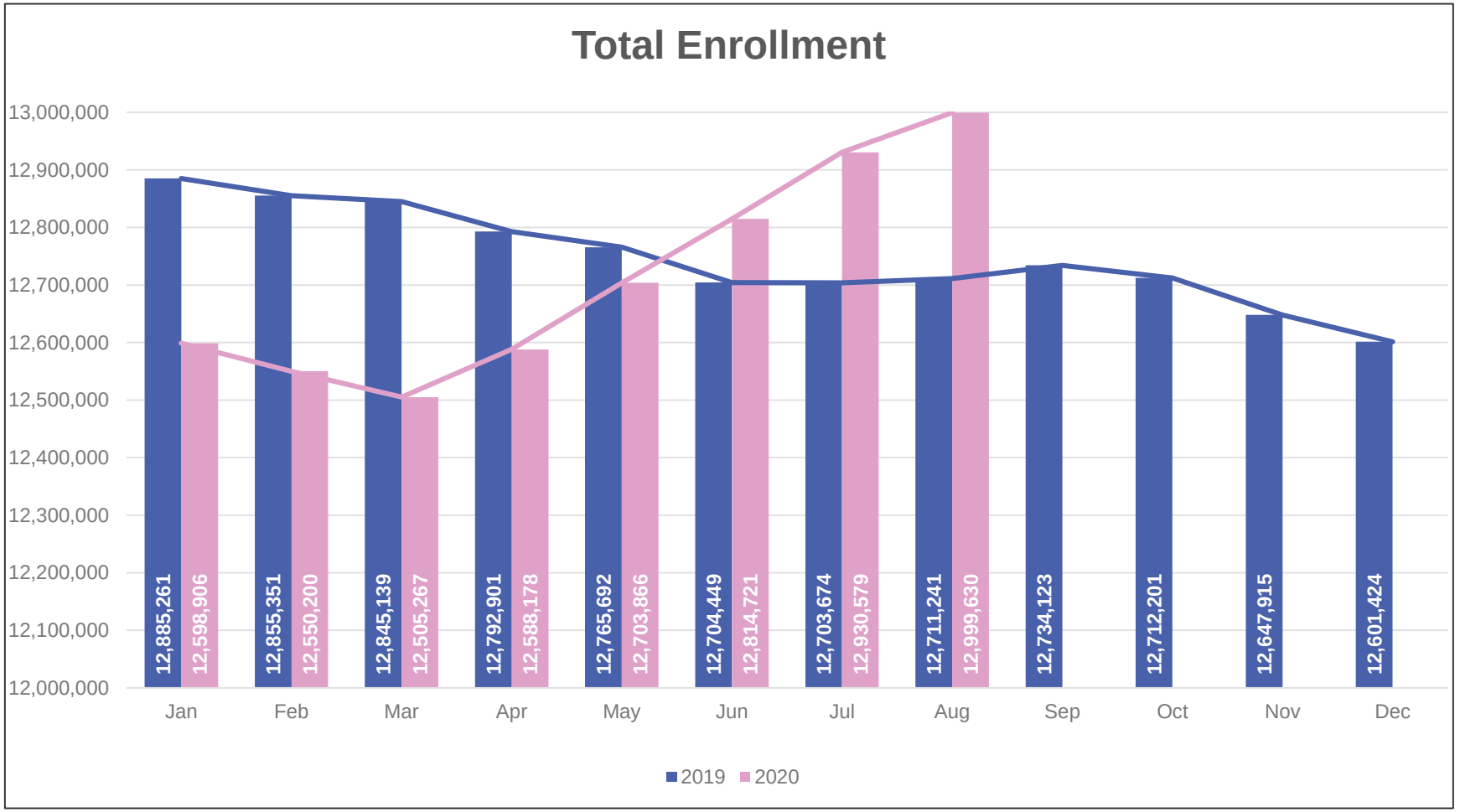
Data Source: Extracted from MIS/DSS on 09SEP2020

Medi-Cal Re-Enrollment Churn



Data Source: Extracted from MIS/DSS on 09SEP2020

Medi-Cal
TOTAL Enrollment



Data Source: Extracted from MIS/DSS *August 2020 Data is Preliminary

All presented data between 09/2019 and 08/2020 in this report have been updated as of 09/29/2020. The presented eligible counts are subject to change due to delays in Medi-Cal eligibility data updates. Eligibility counts for a specific month are considered complete for statistical reporting purposes 12 months after the month's end.

Continuous Medi-Cal Coverage Through the Public Health Emergency

- To ensure Californians continued to receive Medi-Cal health coverage during the public health emergency (PHE), per Executive Orders N-29-20 and N-71-20, DHCS issued guidance directing counties to delay the processing of Medi-Cal annual renewals, and to defer discontinuances and negative actions, effective March 16, 2020, through the duration of the PHE.

- Exceptions to the moratorium on discontinuances/ negative actions are:
  - voluntary requests for discontinuance,
  - death of a beneficiary, or
  - individuals who move out of state.

COVID-19 Uninsured Group

- COVID-19 Uninsured Coverage Group (aka COVID-19 PE):
  - For uninsured individuals
  - Services limited to medically necessary COVID-19 testing, testing-related, and treatment services
  - 12-month enrollment period or end of public health emergency, whichever comes later
- COVID-19 Uninsured Application Pathways:

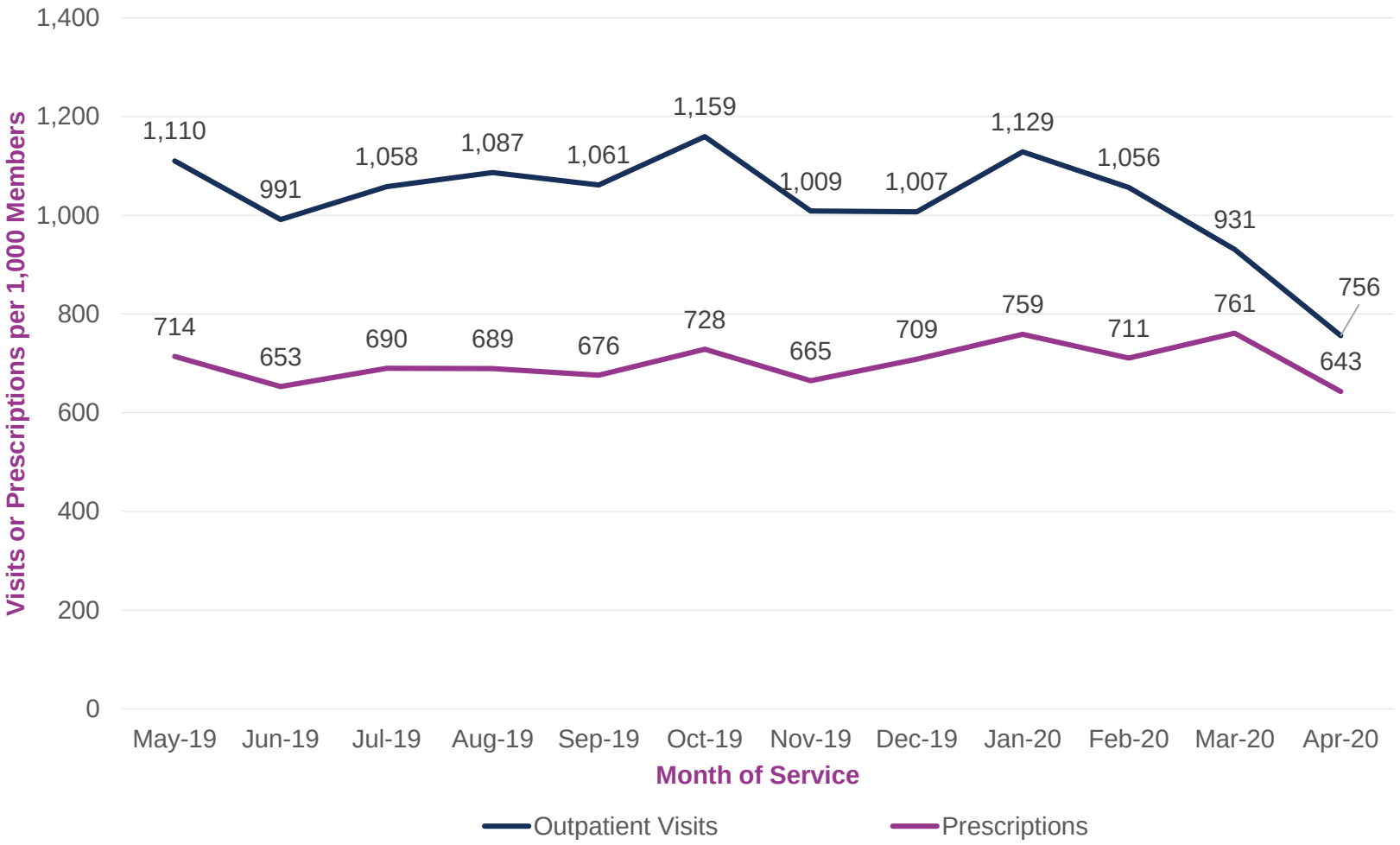
  All PE Qualified Providers, including:
  - Hospital PE
  - Child Health and Disability Prevention Gateway
  - PE for Pregnant Women

Questions?

Encounter Data Trends

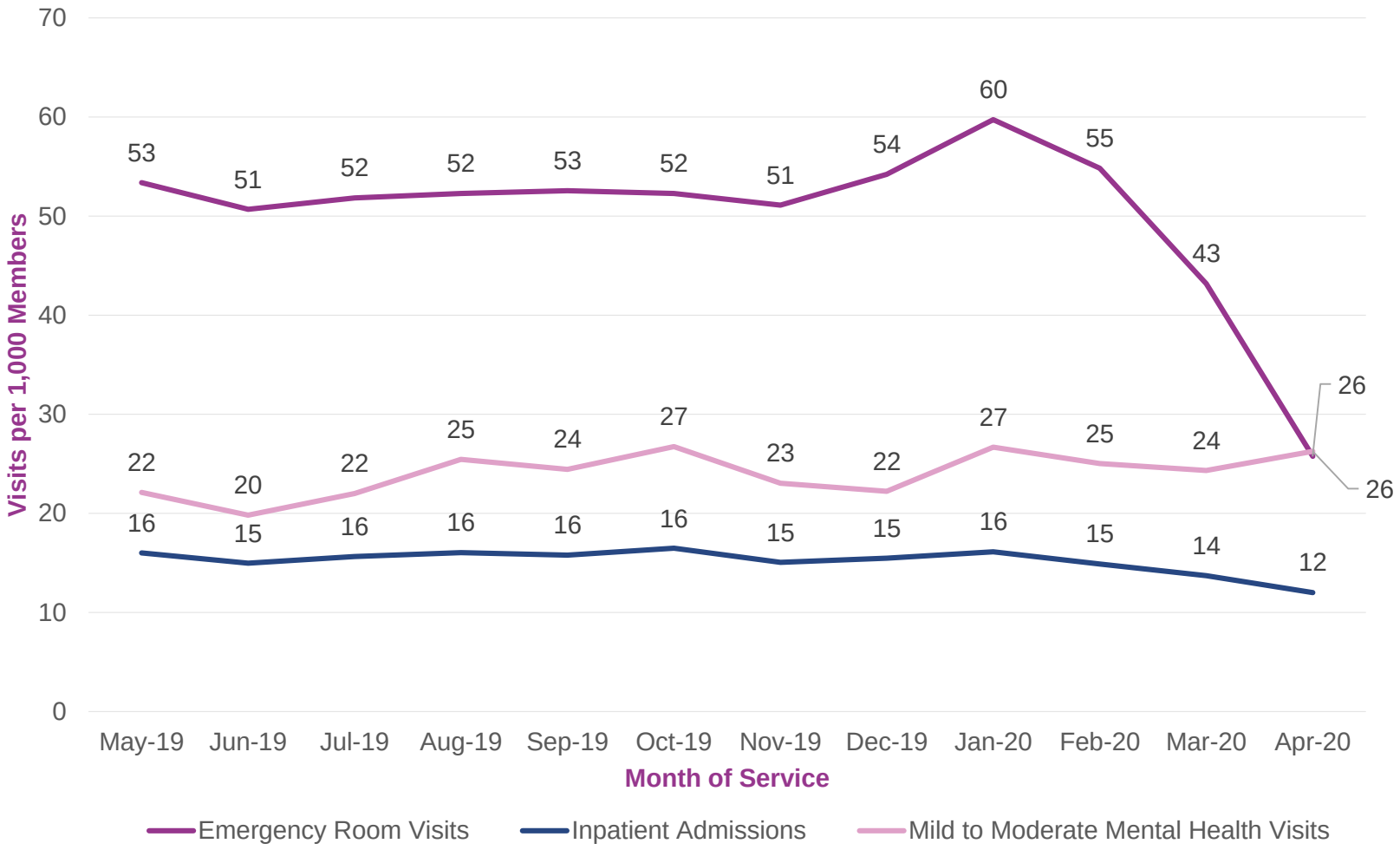
Andrew Wong
Program Data Section, Chief
Data Analytics Branch

Outpatient and Prescription Utilization Trends



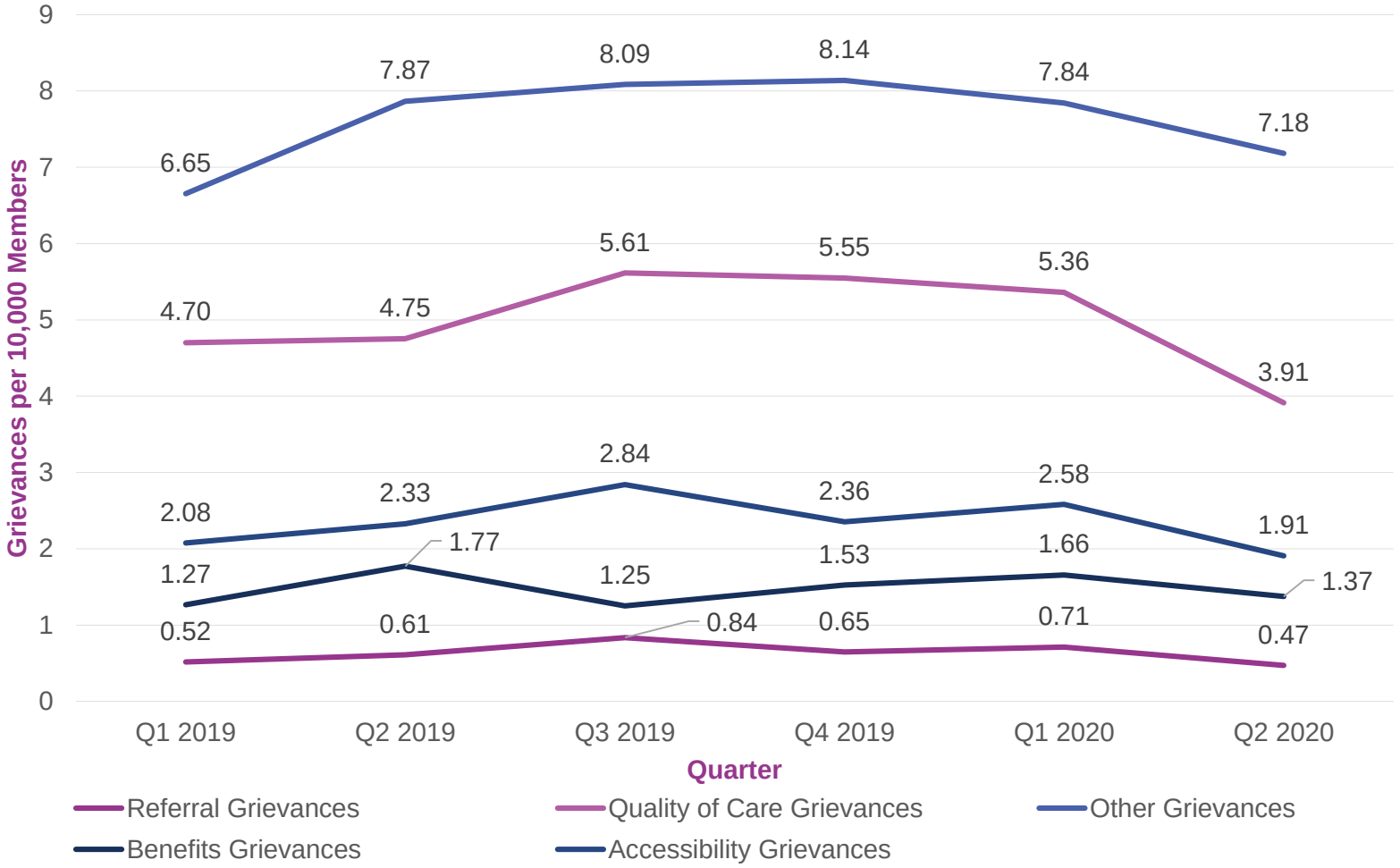
Data Source: MIS/DSS | Data Represents: May 2019 – April 2020 | Date Downloaded: 11/10/2020

ER, Inpatient, and Mild to Moderate Mental Health Utilization Trends



Data Source: MIS/DSS | Data Represents: May 2019 – April 2020 | Date Downloaded: 11/10/2020

Grievances Trends



Data Source: Enterprise Performance Monitoring | Data Represents: January 2019– March 2020 | Date Downloaded: 11/24/2020

Questions?

Managed Care Flexibilities

Mike Dutra
Branch Chief
Policy, Utilization & External Relations

Managed Care Flexibilities

- **State Fair Hearing**: Extend timeframes to request SFH
- **Provider enrollment/screening**: Emergency Medi-Cal provider enrollment application/process
- **Prior Authorization**: Waive PA for COVID-19 testing and services (MCPs encouraged to implement expedited PA processes for other services)
- **Provision of Care in Alternative Settings, Hospital Capacity, and Blanket Section 1135 Waiver Flexibilities for Medicare and Medicaid Enrolled Providers Relative to COVID-19**: Various flexibilities to requirements in types of services and locations

Managed Care Flexibilities

- **Pharmacy**: Off-label and/or investigational drugs used to treat COVID-19 and/or related conditions and Subcutaneous Depot Medroxyprogesterone Acetate during PHE
- **Telehealth**: Expand use of telehealth services
- **Well-Child Visits**: Expand telehealth provided services
- **Encounter Data**: Pause the State Fiscal Year 2019-2020 Encounter Data Validation (EDV) study
- **Health Homes**: Allow telehealth and suspension of face to face assessment

Managed Care Flexibilities

- **Initial Health Assessment**: Suspension of IHA requirements
- **Quality Monitoring, Programs & Initiatives**:
  - MCP do not need to respond to certain items on the Quarterly Monitoring Response Template (QMRT)
  - Extend the compliance deadline for the Managed Care Program Data Improvement Project (MCPDIP)
- **File and Use**: COVID-19 documents and scripts used for member communication
- **Temporary Reinstatement of Acetaminophen and Cough/Cold Medicines**

Managed Care Flexibilities

- **Addition of Provider Types at FQHCs and RHCs**: Temporarily add Associate Clinical Social Workers (ACSWs) and Associate Marriage and Family Therapists (AMFTs)
- **MCP Site Reviews and Subcontractor Monitoring**: Temporarily suspend the contractual requirement for in-person site reviews, medical audits, and similar monitoring activities that would require in-person reviews. Requirements suspended through the duration of PHE and an additional six months following the end of the PHE
- **Annual Medical Audits**: Suspend the A&I annual medical audit; however, this does not negate MCPs' responsibility to comply with all currently imposed CAP requirements
- **Health Risk Assessments**: Extend the timeframes specified in W&I Code section 14182(c)(12)(A) and APL 17-013 for completing HRA surveys for newly enrolled SPDs (Within 135 days for higher risk and 195 days for lower risk)

Questions?

MCP COVID-19 Response

COVID-19 Medical Condition Risk Stratification

Gordon Arakawa MD PhD
Medical Director
Central California Alliance for Health

Background

- Central California Alliance for Health
  - COHS MCP serving Santa Cruz, Monterey, Merced Counties
  - ~ 370,000 members
  - Demographics:
    - ~ 38% of population in the three counties
    - Hispanic 70%, White 16%, Asian 9%, Black 2%

Background

- My Background
  - Trained as a Diagnostic Radiologist specializing in PET/CT
  - Health Officer in San Joaquin, Merced Counties
  - Graduate degree in Data Analytics

Project

Adapting to a Novel Virus:

Using Claims Data to Measure Risk and Design COVID-19 Member Outreach

Goal

- Create Outreach Program during (initial) stages of COVID-19 pandemic
  - Define Population for Targeted Outreach
  - Construct/Perform Messaging

Goal

- Create Outreach Program during (initial) stages of COVID-19 pandemic
  - **Define Population for Targeted Outreach**
  - Construct/Perform Messaging

Defining the Population

- Initial Metric
  - Business Intelligence (BI) Tool
    - Member Score
      - “Chance” of high cost/expenditure in the future based upon historical payed claims data
    - Member Index
      - Stratification result based, in part, upon the Score described above

Defining the Population

- Initial Metric
  - BI Tool Issues
    - Member Score
      - Rather agnostic with respect to COVID-19 infection risk
    - Member Index
      - Influenced by member score
      - Each category included too many members

Defining the Population

- Foundations of a New Metric
  - CDC released in March/April 2020 guidance regarding underlying medical conditions that predispose a person to severe illness from COVID-19

Defining the Population

Medical Condition	
Pulmonary	COPD
	Asthma
	Tobacco Use
Immunocompromised	Chemotherapy
	Steroids
	Biologics
	Transplant
	HIV
Diabetes	

Defining the Population

Medical Condition	
Renal Disease	
Liver Disease	
Heart Disease	
Other	Age
	Sex
	Obesity
	Pregnancy

Defining the Population

- Develop a different metric
  1. Assess the chronic conditions of Alliance members relative to COVID-19 risk
  2. Create ranking of medical conditions
  3. Capture combinatorics

Defining the Population

- Assess chronic conditions of Alliance members
  - BI Tool revisited
    - Build medical condition profile for each member based upon claims data

Defining the Population

Risk Factor	
Age	
Asthma	
Cancer Rx	
COPD	
Diabetes	A1c < 9
	A1c > 9
Disabled	
Gender	Male
Heart Disease	
HIV	
Immunocompromised	
Liver Disease	
Organ Transplant	
Pregnancy	
Severe Obesity	
Steroid Therapy	
Tobacco Use	

Defining the Population

- Create ranking of medical conditions
  - Some conditions are more severe than others, e.g.
    - Chemo vs Biologics
    - COPD vs Asthma

Defining the Population

- Create ranking of medical conditions
  - Approach based upon previous work as Health Officer
    - Risk factors for developing active TB
    - Medical conditions: COPD, smoking, Diabetes, etc.

Defining the Population

- Create ranking of medical conditions
  - Scoring for conditions (range 1-5)
    - Chemo=2, Biologics=1.5
    - COPD=3, Asthma=2
    - Age: exponentially increasing function after age 60

Defining the Population

- Capture combinatorics
  - Combination of medical conditions should to reflect increased risk compared to singular conditions

Defining the Population

- Capture combinatorics
  - Formal calculation of cumulative risk from multiple conditions not (yet) possible
  - Use simple counting procedure
    - Addition versus multiplication

Defining the Population

- Capture combinatorics
  - Formal calculation of cumulative risk from multiple conditions not (yet) possible
  - Use simple counting procedure
    - Addition versus **multiplication**

Defining the Population

- Build rank list of (entire) membership
  - Identified the 5,000/10,000 members most at risk for targeted outreach

Defining the Population

- What's next?
  - Compare BI Tool Metric and New Metrics
    - Results did NOT match
  - Compare calculated risk to true outcomes
  - Re-examine Metric

Questions?

COVID-19 Response Strategy

Shelly LaMaster, MSW
Director of Integrated Care
Inland Empire Health Plan

Target Population

- IEHP's 1.3 million Members, our Providers, health care workers, and community partners
- 2,200+ Team Members and their families
- Our most vulnerable populations and those directly impacted by COVID-19, including:
  - All Members admitted to inpatient acute care
  - All Members transitioned to a lower level of care (post-acute and custodial)
  - All Members in hospice, palliative, transplant and ESRD programs
  - All Members in the community settings impacted by COVID-19

Removal of Barriers to Care

- Created innovative, best-in-class funding mechanisms to make sure our Providers have resources to care for patients
- Created first-of-their-kind emergency amendments with our county hospitals to make sure they have cash flow
- Purchased PPE for local hospitals, Providers and counties
- Teamed up with FQHCs to provide a $100,000 grant to support COVID-19 testing
- Supported county homeless initiatives, community food bank and delivery systems, and a first-of-its-kind county-211-Nurse Advice Line strategy to support 400,000 uninsured residents

Member Outreach Campaigns

- In response to DMHC APL 20-012, we organized and implemented a Member live Outbound Call Campaign, which launched on April 8th.
- We utilized GIS mapping to identify geographic regions of other high-risk Members in COVID hotspots for outbound call campaigns.
- To date, our Teams made live outbound calls to more than 43,000 of our most vulnerable Members, successfully making contact with 45% of these Members.
- During the month of May, a total 92,393 Members received robocalls.
- Our new social isolation texting program helped us reach out to the more than 94,000 Members who are seniors and have disabilities.

COMMUNITY OUTREACH EFFORTS

GOVERNING BOARD *Meeting*

- **Food Distribution** – To date, more than 593 tons of produce, meat and dairy products have been distributed, valuing $1,378,368.

- **Harvest Festival Riverside** – Drive through event and visit from Super Nutricia with glow in the dark balloons to bring joy to children's faces!

COMMUNITY OUTREACH EFFORTS

GOVERNING BOARD *Meeting*

- **American Cancer Society** – Community scavenger hunt at all 3 CRC's, in honor of Breast Cancer Awareness month.
- **City of Riverside** – Movies in the Park/Drive-Ins on 10/2, 10/9 and 10/16.
- **First 5 San Bernardino** – San Bernardino and Victorville held drive-thru literacy tours on 10/3 and 10/24. Over 1000 books distributed.

Isolation in Skilled Nursing Facilities (SNFs)

- In collaboration with our partners at Molina, have reached out to SNFs in Riverside and San Bernardino Counties to assess Member needs for social support
- Distribution of activity books
- Card campaign – continue to distribute greeting cards handmade by IEHP Team Members and their family members
- Have partnered with La Sierra University for a “Warm Line” service staffed by student volunteers
- Arranged for live entertainment via Facebook
- Conducted multiple “IEHP Parades” where Team Members and their family Members drive to SNFs and greet the Members while remaining in their vehicles

Questions?

Behavioral Health Integration

Dana Durham
Branch Chief
Quality & Medical Policy

Objective

- 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 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, and
  - improve the level of integration or impact of behavioral and physical health.

Overview

- Proposition 56 allocated $190 million to the BHI Incentive Program.
- Due to COVID-19, the original April 1, 2020 start date was deferred to January 1, 2021.
- Determination letters were sent to MCPs in early November 2020.
- The program period consists of:
  - Program Year 1 (01/01/21 – 12/31/21), and
  - Program Year 2 (01/01/22 – 12/31/22).

Project Options

- 3.1 Basic Behavioral Health Integration
- 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

Application Vetting Criteria

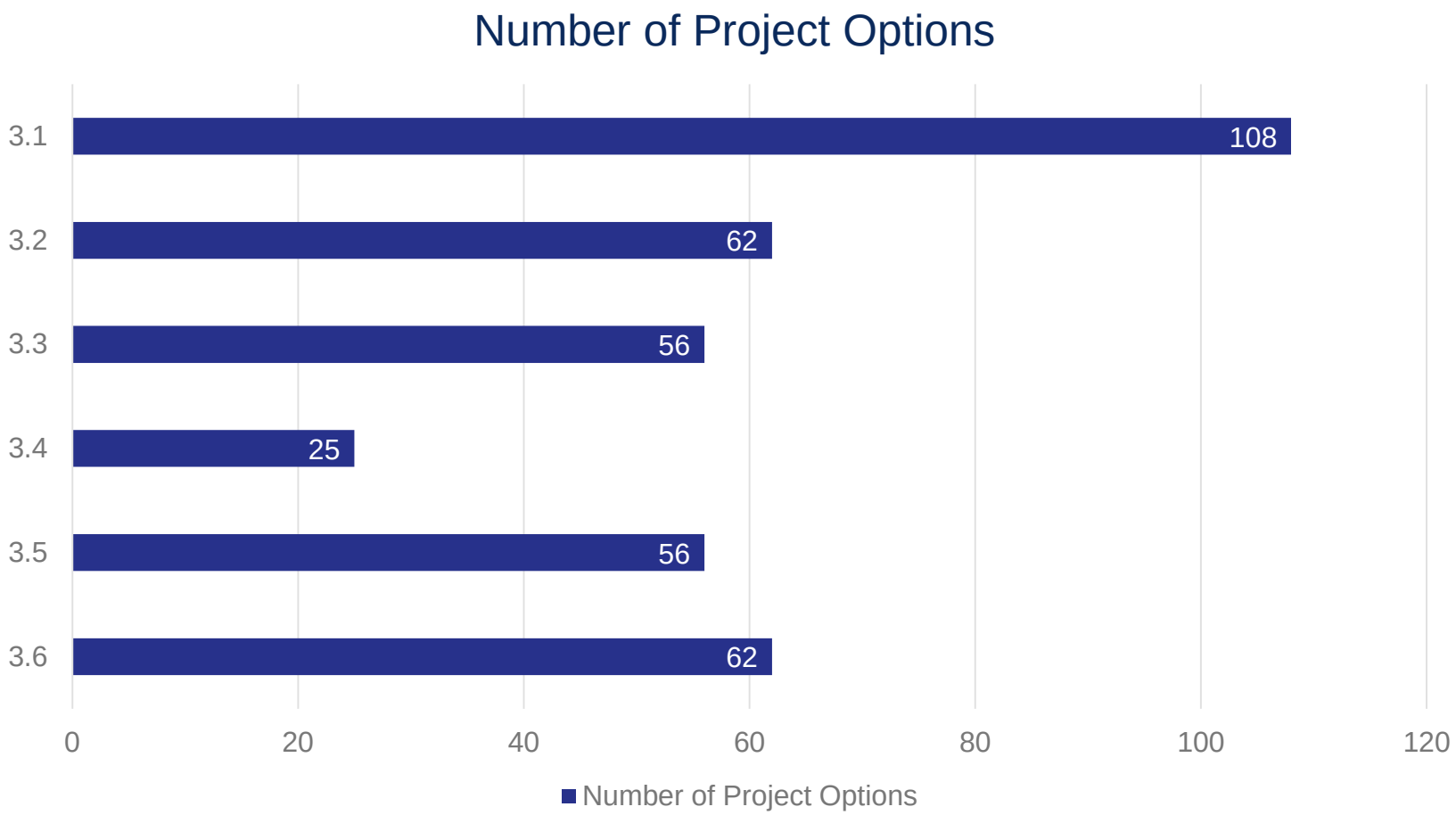
Examples of criteria used to evaluate applications:

- Information provided in the BHI Incentive Program applications,
- Other plan-submitted supporting documentation,
- MCP scoring,
- Number of project options submitted,
- The number of beneficiaries that will be impacted, and/or
- The cost to implement the project option across the state.

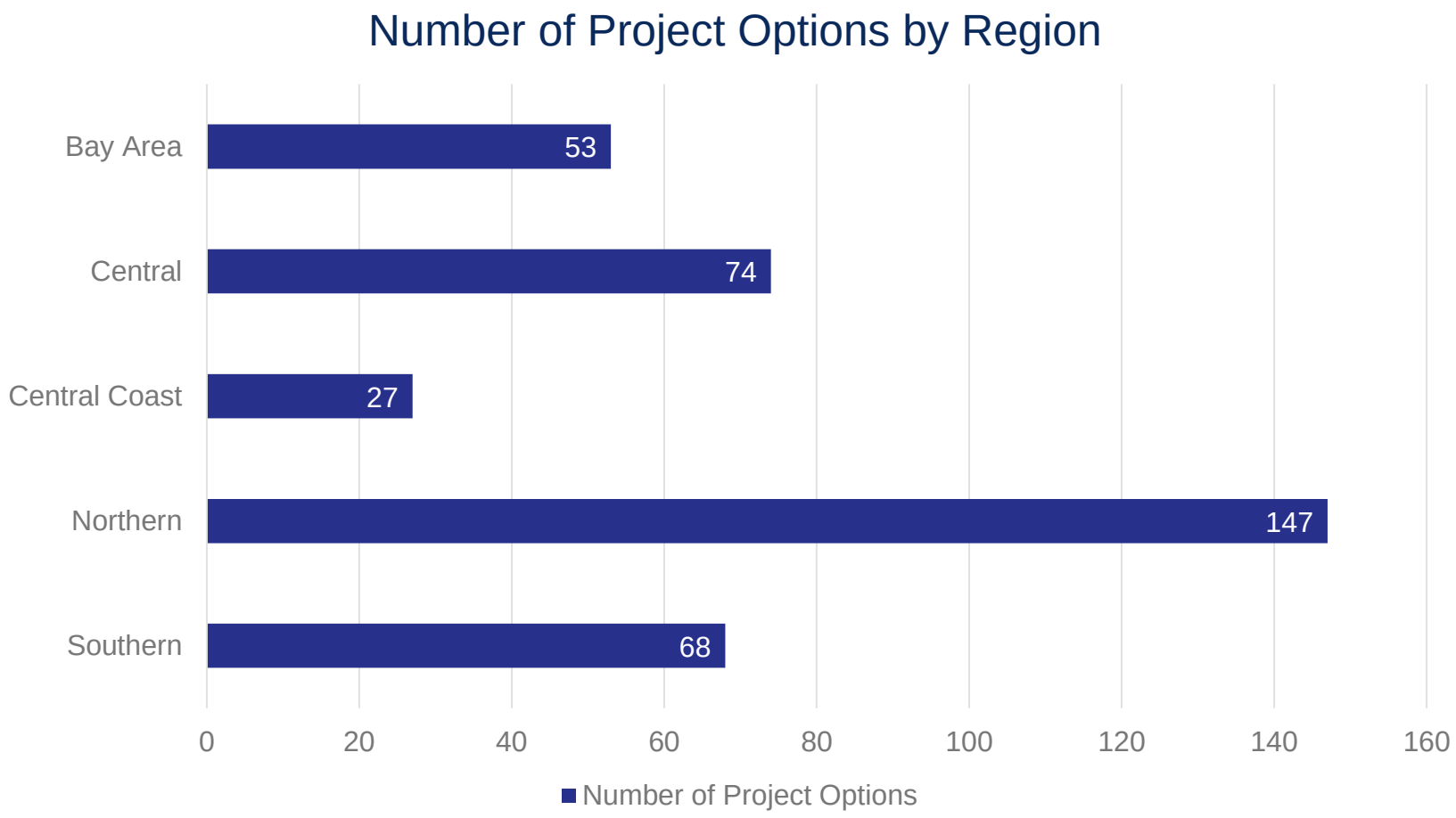
Application Awardees

- MCPs determined final awards to providers.
- Aiming to approve as many projects as possible, DHCS reviewed and recommended approval of 369 Projects from 131 providers.
- 22 MCPs submitted over 500 Project Options from 160 providers.

Awards


Number of Project Options
3.1
108
3.2
62
3.3
56
3.4
25
3.5
56
3.6
62
0
20
40
60
80
100
120
Number of Project Options

Awards


Number of Project Options by Region
Bay Area
53
Central
74
Central Coast
27
Northern
147
Southern
68
0
20
40
60
80
100
120
140
160
Number of Project Options

Thank You

For more information, please visit the BHI Incentive Program Webpage

Questions?

Children's Preventive Care

Preventative Services Report December Updates

Mike Dutra
Branch Chief
Policy, Utilization & External Relations

Ongoing Work

- PSR remains on target with an expected release date to be toward the **end of December 2020**
- As a reminder, the Report will be released in 2 phases.
  - The **1st part** of the Report will contain statewide and regional reporting of the rates.
  - The **2nd part** of the Report will be released in February 2021 and will serve as an Addendum with MCP-level rates.
- COVID-19 continues to have a significant impact on CDPH and resources needed from CDPH for this Report.

Indicators for PSR 2020

Final Measures for PSR 2020	
Alcohol Use Screening	Developmental Screening in the First 3 Years of Life
Blood Lead Screening	~~Immunizations for Adolescents-Combo 2*~~ **(MCAS)**
Child and Adolescent Well Care Visits	Screening for Depression and Follow up Plan
~~Childhood Immunization Status-Combo 10*~~ **(MCAS)**	Tobacco Use Screening
Chlamydia Screening in Women*	~~Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment for Children/Adolescent*~~ **(MCAS)**
Dental Fluoride Varnish	Well Child Visits in the First 30 Months of Life

Subsequent Reports

- Overall, this new level of analysis and reporting will allow DHCS to do a deeper dive and better understand patterns and trends in underutilization so we can deploy targeted interventions and ensure children are receiving the right care at the right time.

- This Report will be used to develop alternative indicators to track utilization for areas of the Bright Futures recommendations that are not currently captured in existing performance metrics.

Questions?

Outreach Campaign Phase 2

Heather M. Jones
Senior Manager, Center for Health Literacy

Nicole Donnelly
Senior Director, Center for Health Literacy

Updates

Managed Care Project Updates

Michelle Retke
Division Chief
Managed Care Operations

Ombudsman Report

Michelle Retke
Division Chief
Managed Care Operations

Sanctions

Nathan Nau
Division Chief
Managed Care Quality & Monitoring

APLs and DPLs Update

Nikki Fogarty Rengstorff
Unit Chief
Policy & Regulatory Compliance

Blood Lead Screening of Young Children

- **Date of Issue:** 09/29/2020
- **Revised:**11/02/2020
- **APL 20-016** *(Revised)*
- **Supersedes:** APL 18-017

This APL describes Medi-Cal managed care health plan (MCP) requirements for blood lead screening tests and associated monitoring and reporting. Along with clarifications of existing requirements, it includes new requirements aimed at improving compliance with state regulations. Starting no later than January 1, 2021, MCPs will be required to quarterly identify members under the age of six years who have no record of receiving a required blood lead screening test and notify the network provider who is responsible for the care of an identified child member of requirement to test that child. The APL was revised to address the passage of Assembly Bill (AB) 2276 (Chapter 216, Statutes of 2020).

Requirements for Reporting Managed Care Program Data

- **Date of Issue:** 10/14/2020
- **APL 20-017**
- **Supersedes:** APL 14-012 and APL 14-013 *(Revised)*

This APL provides guidance to MCPs on the updated requirements for submitting program data to the Department of Health Care Services (DHCS). Program Data includes:

- Grievances data;
- Appeals data;
- Medical Exemption Request denial reports and other continuity of care data;
- Out-of-Network request data; and
- Primary Care Provider assignment data.

Requirements for Reporting Managed Care Program Data *(continued)*

- **Date of Issue:** 10/14/2020
- **APL 20-017**
- **Supersedes:** APL 14-012 and APL 14-013 *(Revised)*

MCPs have historically submitted Program Data via various Microsoft Excel templates. Beginning no later than July 1, 2021, MCPs will instead be required to report Program Data to DHCS using standardized JavaScript Object Notation (JSON) reporting formats, in compliance with the most recent "DHCS Managed Care Program Data (MCPD) Primary Care Provider Assignment (PCPA) Technical Documentation" and the associated JSON schema files, on a monthly basis.

Ensuring Access to Transgender Services

- **Date of Issue:** 10/26/2020
- **APL 20-018**
- **Supersedes:** APL 16-013

This APL reminds MCPs of their obligations to provide transgender services to members. It also reminds MCPs of laws prohibiting discrimination against individuals based on gender, gender identity, and gender expression. The APL is a clarification of current policy and does not represent a policy change.

MCPs are contractually obligated to provide medically necessary covered services and reconstructive surgery to all members, including transgender members. APL 20-018 clarifies DHCS policy in regard to analyzing transgender service requests, with consideration of nationally recognized clinical guidelines, under both the applicable medical necessity standard for services to treat gender dysphoria and the statutory criteria for reconstructive surgery. The APL further clarifies DHCS policy regarding permissible utilization management.

Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits From Managed Care to Medi-Cal Rx

- **Date of Issue:** 11/4/2020
- **APL 20-020**

  This APL describes MCP requirements related to the transition of Medi-Cal pharmacy services from the managed care delivery system to the Fee-For-Service delivery system known as Medi-Cal Rx, effective January 1, 2021, as required by Governor Gavin Newsom's Executive Order N-01-19.

  This APL details specific MCP pre- and post-transition responsibilities that span across a variety of topics.

Questions?

Open Discussion

Next Meeting: March 11, 2021

For questions, comments or to request future agenda items please email:

advisorygroup@dhcs.ca.gov