

**Providing Access and Transforming Health (PATH Supports):**  
**All-Comer Webinar**  
*January 28, 2022*  
**Transcript**

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<b>VISUAL</b>	<b>TIME AND SPEAKER</b>	<b>AUDIO</b>
Slide 1	00:00:00 - Julian Taylor	<p>Hello, welcome. And I'm Julian, and I'll be answering any Zoom technical questions. If you experience difficulties during the session, please type your question into the Q&amp;A and a producer will respond. We encourage you to submit written questions for our speakers at any time using the same Q&amp;A panel. During today's event, live closed captioning will be available. You can find a link in the chat field.</p> <p>With that, I'd like to produce Michel Huizar, Chief of the Value-Based Quality Branch at the Department of Healthcare Services. Michel, you now have the floor.</p>
Slides 1 – 12	00:00:43 - Michel Huizar	<p>Thank you so much. Good afternoon, one and all. My name is Michael Huizar, and again, I'm one of the Branch Chiefs at the Managed Care Quality and Monitoring Division, over the value-based quality programs branch. Today's all comer webinar is meant to orient attendees to the three PATH initiatives outside of the Whole Person Care Services and Transitions Managed Care Mitigation initiative, which has been previously covered. But the topics for today will include the Technical Assistance initiative, the Collaborative Planning and Implementation Planning initiative, and finally the Capacity and Infrastructure Transition Expansion and Development Initiative, or what we call "CITED." And I will be referencing CITED going forward, so I don't have to do the long mouthful.</p>

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Slides 1 – 12	00:00:43 - Michel Huizar	<p>We can go to the next slide. As a quick reminder about the Providing Access and Transforming Health program, or PATH initiative. The program is one component of the broad CalAIM vision, which allowed California to receive targeted expenditure authority as part of its Section 1115 waiver to take the state's system transformation to the next level. And we received authorization for \$1.44 billion in total computable funding to support PATH, to maintain and build and scale the capacity necessary to ensure successful implementation of the CalAIM initiative. You can go to the next slide, please.</p> <p>So, as I mentioned earlier, the aim of today's webinar is to home in on the PATH initiatives, which are the technical assistance initiative, the collaborative planning and implementation initiative and the CITED initiative. The TA initiative provides focused assistance to providers, community-based organizations, county agencies and public hospitals, tribes, and others for a variety of activities, which we'll get into in a moment. This initiative will begin in the third quarter of this year, which is calendar year 2022, via the application and associated funding processes.</p> <p>The Collaborative Planning and Implementation initiative provides support for collaborative planning and implementation efforts among plans, providers, community-based organizations, county agencies, public hospitals, tribes and others to promote readiness for ECM and community supports. And this initiative also launches in the third quarter in 2022 with the application and funding processes.</p>

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Slides 1 – 12	00:00:43 - Michel Huizar	<p>And lastly, we'll cover the CITED initiative, which enables the transition, expansion and development of capacity for providers, CBOs, county agencies, public hospitals, tribes and others, and similar to the prior two, will be launched in the third quarter of this year, 2022. We can go to the next slide. Okay. Yeah. Thank you.</p> <p>Okay. So, for the overview of the Technical Assistance initiative, as I said, it provides funding for technical assistance activities for applicants that intend to provide ECM and community supports. And qualified applicants may register for one -- for one-on-one TA support from vendors, and access what we're calling off-the-shelf TA resources in predefined domains. Some of the examples of the TA will include hands-on trainings for ECM and community support providers for billing and reporting requirements, contracting with health plans and other relevant ways that may be tailored to the needs of the organization or the communities they operate in. And the TA can also include guidance for data-sharing processes, accelerated learning sessions for community-based organizations, and strategic planning consultations for entities going live with ECM and community supports and also customized project-specific support through vendors registered with the TA marketplace.</p>
Slides 1 – 12	00:00:43 - Michel Huizar	The TA Marketplace will serve as our one-stop-shop situation where qualified applicants can access resources and will be designed and launched and managed by a third-party administrator. And lastly, the TPA will contract with other vendors to provide TA services to eligible applicants as part of the marketplace. Go to the next slide.

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Slides 1 – 12	00:00:43 - Michel Huizar	<p>Okay. So, eligibility criteria. So the qualified applicants for TA initiative include entities that are contracted with, or intend to contract with, Managed Care Plans to provide ECM and community support services. This includes county, city, and local government agencies, public hospitals and providers, other community-based providers and organizations, other ECM and community supports providers, tribal and designees of Indian Health Programs and other entities approved by DHCS. Managed Care Plans are not eligible to receive TA marketplace resources. You can go to the next slide.</p> <p>Okay. So, for the role and obligations of the third-party administrator, as you see on the screen, a variety of different activities, DHCS will set the criteria to be met to be eligible for the funding and will oversee the TPA and ensure they're meeting contractual obligations. The type of roles the TPA will take on is contracting with DHCS to administer the marketplace, designing and implementing the TA marketplace, developing standard electronic applications, sharing best practices, promoting the marketplace and by providing the off-the-shelf resource and other activities that you'll see on the screen. I won't read them all, but they're posted here. We can go to the next slide.</p> <p>Okay. So, for the application process for the TA initiative, eligible applicants seeking technical assistance will fill out a standardized electronic application form and submit it to the third-party administrator for review of the request.</p>

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Slides 1 – 12	00:00:43 - Michel Huizar	<p>The application form will collect information on the applicant. So types of -- their type, their contact information, information about the request, and other funding sources the entity is accessing, and an attestation and information regarding other funding received that may overlap, and commitment to contract with the Managed Care Plans to deliver Enhanced Care Management and community supports.</p> <p>For the application review process, the third-party administrator will review the TA requests on a rolling basis and provide the necessary support in accessing the right types of technical assistance services and/or vendors and providing those services in the marketplace. And the TPA will ensure the nonduplication with other initiatives, such as through the review of relevant Incentive Payment Program and needs assessment and gap filling plans which were required to be submitted last month, and other PATH funding initiatives.</p> <p>For the approach to the TA and the funding distribution. The applicant seeks technical assistance that will either access one of the off-the-shelf resources available through the marketplace or identify an appropriate vendor that is registered with the marketplace and can provide specialty TA services to the applicant.</p>

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Slides 1 – 12	00:00:43 - Michel Huizar	<p>In addition, the applicant seeking technical assistance and a selected marketplace vendor will develop working side-by-side will develop a scope of work that describes the project corresponding deliverables. And the TPA will pay the vendor upon completion of the deliverables articulated in the scope of work, and for off-the-shelf resources we're expecting the TPA will pay the vendor directly based on an agreed rate and/or fee schedule. We can go to the next slide.</p> <p>So, technical assistance domains. The preliminary priority TA domains will be determined by DHCS with input from stakeholders and the TPA and may include contracting between MCPs and providers, collecting, documenting and exchanging data between MCPs and providers, billing for ECM and community support services, building provider capacity and developing the care plans to support ECM and community supports service delivery and designing new work flows, supporting preliminary applicants applying for the CalAIM collaborative planning and implementation efforts, organizational strategic planning, promoting health equity through the delivery of ECM/Community Supports, engaging with the communities to support the implementation of the same, and aiding entities in understanding and navigating the CalAIM program requirements. And finally, supporting applicant compliance with monitoring, oversight, and program integrity requirements. Next slide, please.</p>

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Slides 1 – 12	00:00:43 - Michel Huizar	<p>Okay. So, for the oversight, we're expecting that the TPA will track and report funding on a routine basis to DHCS. And we're expecting that the TPA will monitor the payment amounts by region to ensure there's a fair distribution of technical assistance resources and asking that they review the plan incentive payment program and needs assessment and gap filling plans, and other PATH funding documents as available, and identifying the gaps in the regions or applicant type that might not be applying for or receiving TA and conduct outreach to those regions and applicants. And we want them to publicly document which organizations are receiving the TA services and types of services they are receiving, troubleshoot issues as they arrive, register any complaints and grievances, and report them to DHCS in a timely manner. And we'll establish the process to register grievances directly from the applicants if they have a concern with the TPA. And we expect the TPA will share information on the utilization of different resources by domain and by entity.</p> <p>Next slide. So, for the timing for this initiative, the registration they set earlier will open in the third quarter of this year. And the marketplace will accept rolling applications from then on through Quarter 4 of 2024. And from here on, I think I will hand it off to Dana Durham.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>Great. Thank you so much, Michel. Really appreciate you going over that with us. I'm going to talk about the Collaborative Planning and Implementation Initiative. And we really feel like this is part of the backbone of what we're doing to make CalAIM successful and so community stakeholders will work with the PATH TPA to establish collaborative plans and implementation efforts that really support the launch of CalAIM. And what will happen is stakeholders in the region will work with our third-party administrator. And that will include MCPs, counties, providers, CBOs and others. And the idea behind it is to convene and facilitate collaborative planning efforts. And the local groups will work together to identify, discuss, and resolve topical implementation issues and really identify how PATH and other CalAIM funding initiatives, that includes the incentive payment programs, will be used to address the gaps that were identified by the community and the Managed Care Plan and the MCP needs assessment and gap filling plans while avoiding duplication. So, the idea is that there's a lot of cross talk. And if there is something missing in the community, we work together to solve it. And the TPA will help to facilitate those groups.</p> <p>So, nobody's going to be required to participate in the collaborative planning efforts in order to receive the CITED funding -- or the PATH "Capacity and Infrastructure Transition Expansion and Development" funding. But we highly encourage it because collaborative planning really is intended to build off the collaborative planning efforts that are existing in Whole Person Care or other ways in the community to the extent that's helpful. Next slide, please.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>So to be eligible for the collaborative planning, participants include -- as I said -- Managed Care Plans, the county, city and local governments, providers, CBOs, public hospitals, Medi-Cal, tribal and designees of Indian Health Programs, as well as Enhanced Care Management and community support providers and others as approved by DHCS. All really are encouraged to participate in the local collaborative planning group.</p> <p>So if you really feel like you need to be at that table or can contribute at that table and we didn't list your organization, reach out because the goal is to include as many voices as we can, because we really want to make sure that this effort really meets the needs of the community. And the third-party administrator is going to work with key stakeholders in each region to identify and invite entities to participate. So, they're going to reach out too to make sure we proactively identify who can and should be at the table.</p> <p>Managed care plans are expected to participate in the collaborative planning groups and support the third party administrator's efforts to develop robust local collaboratives by identifying providers that really helped with the development of the incentive payment program, and needs assessment and gap filling plans, as well as contracted Enhanced Care Management and community support providers that really can benefit from the participation. Because if the conversation's happening, we can really understand what the needs are and how we can work together to fill them.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	Managed Care Plans can help satisfy specified incentive payment program measures by participating in the PATH collaborative planning and implementation initiative. Collaborative planning groups can go forward if a Managed Care Plan does not have to participate, but we really believe it's a better conversation if we have all the parties that we can have at the table. Entities that are contracted with the Managed Care Plans to either provide Enhanced Care Management or community support or both are going to be invited to participate. And other entities that intend to contract with Managed Care Plans to provide that ECM and community support may register to participate. All entities that apply for CITED funding will be invited to, but not required to, participate. Next slide, please.
Slides 12 – 29	00:11:28 - Dana Durham	So, as I said, MCPs will be encouraged to support local collaborative planning efforts. Managed Care Plans - we really want them to be at the table, but participation is not required and will not impact where the, whether a collaborative planning group is launched. Managed Care Plans will work with the third-party administrator to identify entities that participated in the development of the incentive payment program needs assessment and gap filling plans, as well as contracted enhanced care management and community support providers. And that third-party administrator will invite these entities to join the collaborative planning effort. So once the collaborative planning groups are established, participants will help to identify critical issues that are addressed through the collaborative planning process and that's really based on experience to date and also what people bring as far as their experience in the community has gotten them.

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Slides 12 – 29	00:11:28 - Dana Durham	<p>So to explain a little bit more about how this part of PATH or the Collaborative Planning and Implementation works with the incentive payment performance measures, they're actually directly tied together because in IPP there are measures that really are about collaboration with local providers and other participants as well as the Managed Care Plans to support the implementation of CalAIM. Those measures are 2.1.7 which requires Managed Care Plans to support how they successfully collaborated with all the Managed Care Plans in the county to enhance and develop needed Enhanced Care Management and the community support infrastructure. And 2.1.6, 2.2.6, and 2.2.7 require collaboration with participants that can be engaged through the collaborative planning processes such as this. So, participating in the PATH collaborative planning and implementation initiative really will help the MCPs earn credit for the incentive payment program measures that are tied to those collaborations. But at the same time as I said before, I'll repeat that Managed Care Plans are not required to participate in the PATH collaborative planning efforts. Next slide, please.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>So, what will the third-party administrator do with this collaborative planning and implementation? So as DHCS finds that third-party administrator they're going to help us to meet criteria that DHCS sets to be eligible for funding and will oversee the TPA and ensure that they're meeting contractual obligations. So, you'll see on the screen several roles and responsibilities for the initiative. The TPA will work with stakeholders to identify and invite entities to participate in local collaborative planning and they'll identify vendors to facilitate regional collaborative implementation support groups. They'll develop a standardized registration form and review and approve registration for collaborative planning, and they'll drive content development that kind of sets the state for collaborative planning. They'll help make sure we have public facing documentation to really memorialize and get people interested in that planning. They'll troubleshoot issues as they arise. They'll help with reporting on best practices and help us socialize those best practices, including reporting on CMS-required progress reports. They'll help on reporting on CITED funding requests and disbursements, including CMS-required progress report. They'll serve as the fiscal intermediary for payments and monitor progress against collaborative planning and implementation goals. And work with participants to understand and provide guidance on how PATH and other CalAIM funding opportunities can support the implementation of CalAIM. So, they're going to kind of be the area that really has some of that expertise to make sure we focus on this collaborative planning effort overall. Next slide.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>So, the registration process. Entities that are not identified and invited to participate will still be able to register on an ongoing basis via the PATH TPA. And that begins with all these initiatives that we're talking about, in the third quarter of 2022. So, if you're interested in participating in a collaborative planning process, you'll complete a simple standardized registration form that indicates your interest and intent to join in the collaboration and the community that you operate in. You can participate in more than one collaborative if you operate in multiple counties.</p> <p>Community based organizations and other under-resourced entities will be supported by the TPA throughout the registration. If you have questions about registration, the TPA will assist in answering those questions or if you need some help, let the TPA know they'll assist through the process. As we look at distributing funding for this process, the funding will be used to convene and facilitate collaborative planning groups.</p> <p>The TPA may also use the funding to hire facilitators they identify or identify collaborative planning participants if needed. Individual participants will not receive direct funding from the third-party administrator. Next slide, please.</p> <p>This is an example of some of the collaborative planning and implementation activities. But I really want to focus on the fact that the needs of the local providers will shape how we go about this collaborative planning and implementation process either by county or by region.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>So below you'll see and I'll go over some potential activity, for instance, if you're talking about identifying Enhanced Care Management, community support needs and gaps within the community, the participants may take stock of what's going on in the community as far as Enhanced Care Management and community supports provided in the county or region. And the third-party administrator can work to help identify pressing needs and gaps.</p> <p>They can work with Managed Care Plans to review the incentive payment program needs assessment and gap filling plans and the participants may look at those, refine that, and really talk about how they can work together to fulfill that. And also, the third-party administrator may work to help participants understand how PATH and other CalAIM funding may be used to address the needs and gaps within the region or county.</p> <p>And as far as identifying and resolving topical implementation issues we all know when something starts it doesn't go out as immediately as we would hope at first. So, the facilitators or the TPAs may host regular convenings for entities to really identify, discuss, and resolve local implementation issues that arise while CalAIM rolls out in a county or region. They may also work with participants to identify opportunities to use PATH and other funding sources to address some of the issues that arise through implementation.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>And then as far as monitoring how PATH funds are used to address implementation issues and disseminating best practices, they'll actively monitor how the funds are being used and regularly report on the use of those funds to local collaborative planning groups. And we'll make sure as best practices are identified in one area, that they are really shared within an and among different collaborative planning groups. Because you will know what works in your area and if it fits the in another area we want to make sure that that area or that county has access to what you've done so they cannot have to go through some of the same growing pains that you have. Next slide.</p> <p>So as far as overseeing this initiative, information on who's participating in the collaborative will be made public, available through the third-party administrator and the third-party administrator will be submitting an annual progress report to meet CMS requirements. The progress report may include things such as who's participating and at what rate they're participating, some of the things that have gone well and some of the things that have been challenging through the collaborative planning initiative. Some lessons learned and some best practices identified by the MCPs, CBOs and other participants in the collaborative planning group, and finally, results from a participant survey assessing satisfaction with collaborative planning facilitators and recommendations for future collaborations. Next slide, please.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>So, as we've talked before. The timing of this initiative is on the same track as the other initiatives. We expect it to start in the third quarter of 2022. And then be rounding it out in the second quarter of 2025. And next slide, please.</p> <p>So next I'm going to talk about the collaborative -- the Capacity and Infrastructure - or as we refer to it as CITED. And this is really funding that engages the transition, expansion and development of Enhanced Care Management and community support capacity and infrastructure.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	We're really excited about being able to really work with the whole individual and make sure their care management and things that enable that care management are available throughout the state. And to do that, we're focused in this area on that capacity and infrastructure that will get us where ECM and community supports can be throughout the state. So qualified applicants who wish to receive CITED funding must apply to the PATH TPA on how they're intending to use that CITED funding. Qualified applicants will be required to coordinate applications with the local Managed Care Plans they contract with or intend to contract with to provide ECM or community support. CITED funding recipients will be invited to participate in that collaborative planning and implementation that I just spoke about a minute ago. And so applicants and funding requests should consider identified needs in the Managed Care Plan's gap assessment and gap filling plan, and needs that are identified in the collaborative planning initiative we just discussed, and other needs that may have arisen and include strategies to avoid duplication and displacement of other funding sources. Such as if you have the incentive payment program funding something, this isn't intended to fund the same thing but to make sure we can maximize the use of both funds through each community.

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Slides 12 – 29	00:11:28 - Dana Durham	<p>Next slide, please. So, who is eligible? So qualified applicants may include, but aren't limited to, the county, city and local government agencies, public hospitals, providers -- community Based organizations and Medi-Cal tribal and Designees of Indian health programs and others as they are approved by DHCS. Former WPC lead entities may use this funding to transition infrastructure developed under Whole Person Care to support Enhanced Care Management and community supports another managed care contract CalAIM service. Qualified applicants must be either actively contracted with the Managed Care Plan for the provision of ECM community supports or have a signed an attestation that they intend to contract with one or more Managed Care Plans to provide ECM and community supports in a timely manner. Managed Care Plans are not eligible to receive CITED funding.</p> <p>Next slide, please. So, as we talked about, we're going to hire this TPA and the way they relate to this particular initiative is they will really enable the transition, expansion, and development of capacity and infrastructure that's necessary to support CalAIM, focusing on Enhanced Care Management and the community support services.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>What they'll do in that role is they'll review applications and funding requests and they'll score those applications according to the criteria that's developed by DHCS and then they'll recommend those applications for approval to DHCS. Ultimately DHCS will be making decision on each, but it's just that first screening that they'll do. They'll serve as the fiscal intermediary, they'll troubleshoot when issues arise, they'll maintain public facing documentation and report on best practices, and they'll report on approved application and funding disbursement and they'll prevent and monitor the duplication of funds.</p> <p>So, they're just going to help administer overall but they will assist as DHCS administers the CITED funding. Next slide, please.</p> <p>The application process -- so if you were interested in CITED funding must submit the application with information on what you're going to do. That request will indicate how you will use the CITED funding. The application will collect information regarding the applicant's experience to date providing Enhanced Care Management and community support - or something that's very much like it prior to the start of CalAIM - and as well as the applicant's intended use of funding. Qualified applicants must clearly state their names, what they intend to do to meet that need and how the funding that would allow them to do that.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>We really want applications to also describe how the funding will align with local Managed Care Plans incentive payment programs and needs assessment and gap filling plans, and finally funding requests should be coordinated with the local Managed Care Plan and include strategies to avoid duplication and displacement of funding sources.</p> <p>Application will be reviewed and approved during the prespecified periods established by DHCS and during these periods the PATH third-party administrator will collect, review and score applications according to that criteria developed by DHCS and they'll make a recommendation about who should be approved. But again, DHCS will ultimately decide which applications are approved.</p> <p>Some criteria for evaluations may include how the CITED funds will be used and the strength of the justification, how the applicant intends to coordinate with the managed care plan to ensure alignment and avoid duplication, and potential breadth of impact and whether the person has been serving an underrepresented or underserved community. As we talk about approaching the funding distribution, the TPA determines whether to distribute funding to qualified applicants following the receipt, review and approval of fund requests by the department of health care service. Next slide, please.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>Some samples of activities that we think fall nicely into these categories and again, these are the initial samples and it is not meant to include everything. So, some things that may be proposed in the area of increasing provider workforce are the assessment of current organizational capacities and infrastructure and systems, and the capacity to deliver Enhanced Care Management or community support.</p> <p>It could include the identification of critical gaps and needs to be addressed for the seamless provision of pilot services to enrollees to ensure that successful community support participation. It could also support the initial hiring and recruiting and onboarding as well as training staff who have a direct role of Enhanced Care Management and our communities supports responsibilities, increasing capacity to delivered new services above and beyond the current capabilities -- so offering something that may not have been previously offered -- so that's part of where we really want to focus on providing, increasing the provider workforce. But it does not capture everything, of course. And then there's also developing the necessary infrastructure or systems to carry about Enhanced Care Management and community support, and that can be things such as supporting the implementation of a closed loop referral system purchasing enhanced billing systems or services, enhancing existing systems to support those core monitoring or data reporting needs, and transitioning former whole person pilot care infrastructure for integration into ECM and community supports.</p>

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## **All-Comer Webinar**

*January 28, 2022*

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<b>VISUAL</b>	<b>TIME AND SPEAKER</b>	<b>AUDIO</b>
Slides 12 – 29	00:11:28 - Dana Durham	<p>And then an example of supporting the delivery of ECM or community supports would be modifying existing physical infrastructure at provider sites that are essential for the ability of an organization to deliver ECM or community supports. An example of that would be with replacing infrastructure that refrigerated fresh food.</p> <p>And then finally evaluating and monitoring Enhanced Care Management or community supports. That's the time devoted to today the collection and the establishment and oversight of ECM and community support. Next slide.</p> <p>As far as the oversight of the initiative, recipients will provide reports to the Department of Healthcare services documenting the progress that operationalizes CITED funding that's received and other milestones or metrics that are required by DHCS or CMS and the frequency of that's going to be determined at a later date.</p> <p>CITED funding cannot be used to support capacity and infrastructure that are duplicative of the incentive payment program or other PATH capacity and infrastructure funding initiatives. All funding recipients will be required to sign an attestation that they will assess and take steps to prevent duplication of funding.</p>

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Slides 12 – 29	00:11:28 - Dana Durham	<p>And as I said previously the TPA will assist in helping you identify that there might be duplication if you don't know about it. So, we just want to ensure that you're doing your best to make sure that we're not duplicating funding and we'll work with you on that. Next slide. The timing once again is the same. Which is going to start in the third quarter of 2022. And will go through the second quarter of 2025. And with that I'm sure there are a lot of questions. (Chuckling) So I will turn it over to Mandy Ferguson who will help us go through those questions.</p>
N/A – Q&A	00:38:10 - Mandy Ferguson	<p>Thank you, Dana and Michel. We do have a ton of questions so just thank you so much for your presentation on all three of those initiatives.</p> <p>Before we jump into some of the substantive questions we are getting a couple of questions related to the use of ECM and community supports, would you mind just saying one more time either Dana or Michel what ECM stands for and what we're talking about and then with community supports is it the same thing as ILOS or is it different or are those terms used interchangeably.</p>
N/A – Q&A	00:38:47 - Dana Durham	<p>That's a great question and maybe a place to start off. ECM is Enhanced Care Management and what that really is -- is care coordination which is intended to go to a Medi-Cal beneficiary who needs some extra care coordination and has health issues and potentially some other social issue that may complicate what their needs are. There are particular Populations of Focus for Enhanced Care Management, they include things such as those who are homeless, or at-risk of homelessness, those who have chronic conditions -- there are several of them and if I start going into them I know I will miss some, so I will encourage you to go to the website instead of going all over all of them.</p>

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N/A – Q&A	00:38-47 - Dana Durham	<p>Community supports on the other hand is voluntary -- they're voluntary initiatives that replace state plan benefits. So neither the Managed Care Plan has to do a community support nor does a beneficiary actually have to elect to have a community support if it's offered, but they're really intended to help recipients address some of their social needs that help a recipient towards better health. And an example of a couple of those are medically tailored meals or medically supportive food -- if someone is having trouble with nutrition appropriately. And another example is asthma remediation where someone might go into an individual's house and help remediate some of the risks for asthma that are endemic in their house. And the final one that I'll go over -- and there are 14 -- so I won't go over them all because I would miss some again, but another example is housing navigation because there are times where that is really something that someone needs and it puts an individual at additional health risk, so want to make sure that we address that as much as we can. Because it is important to someone's ability to stay healthy, to be housed. So, I hope that kind of covers an overview and Michel, feel free to add anything you'd like to add.</p>
N/A – Q&A	00:41:14 - Mandy Ferguson	<p>Incredibly helpful, Dana thank you for the overview on those two important programs. Let me start at the top. Michel, you told us a little bit about the different domains that might be covered in the technical assistance marketplace, could you give us some examples of some projects that we might expect to see folks doing with TA resources from the marketplace?</p>

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N/A – Q&A	00:41:42 – Michel Huizar	Yes, there's a variety of different things as I said. So hands-on training for Enhanced Care Management and community supports, for billing and reporting requirements, guidance for data sharing processes, learning sessions, strategic planning consultations, there's some customized projects specific supports by vendors registered with the TA marketplace that can be provided, and others.
N/A – Q&A	00:42:11 - Mandy Ferguson	Great. Thank you. Dana, a couple of questions about how the collaborative planning initiative and CITED are linked together or not linked. Is it required that folks participate in the collaborative planning initiative to get CITED funding?
N/A – Q&A	00:42:33 - Dana Durham	<p>It's not required but it really is highly encouraged, of course we want to have as many people at the table as we can. I do want to note that the gap filling plan and needs assessment will be online. And that's going to be somewhat of a living document. So, you know, we want to make sure that we understand what's going on in each community and the more voices that are involved in that process, the better it will be.</p> <p>So no, it's not required but I do want to once again say if you're interested, please do it. Because it will be so much better -- but not required. So, thanks for the question. (Chuckling)</p>
N/A – Q&A	00:43:09 - Mandy Ferguson	Thanks Dana, and one follow up to that we do have a couple of questions about what if there's already an ongoing collaborative in a region or in a county? Can this initiative build on top of what's already there and build on what's on that infrastructure?

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N/A – Q&A	00:43:28 - Dana Durham	Yes, it can build on top of that infrastructure. I want to augment that and make sure we're involving as many people at the table as possible. Probably with that we'd leverage some of the lessons learned but also do what we could to increase the number of people who were involved. And make sure that we have the voices there that can help us know how we can best serve each community. But we are very excited about what's going on in some of the communities already and don't want to replace it, just to make it more robust.
N/A – Q&A	00:44:04 - Mandy Ferguson	Excellent. Thank you. And speaking of how different programs are linked together, I know you gave a brief overview of this but wondering if you can go just a step deeper to tell us a little bit about how the PATH collaborative planning and implementation initiative intersects with the collaboration requirements for the health plans, for our MCPs, in the incentive payment program or IPP.

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N/A – Q&A	00:44:33 - Dana Durham	<p>So, one of the things that is in the incentive payment program are some measures that are really tied to collaboration and this forum really opens the door for that collaboration to be ongoing. So, to be successful in the incentive payment programs, Managed Care Plans -- this is a venue or the preferred venue -- probably not the only one but the preferred venue -- by which some of that collaboration can take place. And there's the measures, I'll go over them again because I just want to make sure that the Managed Care Plans if they're on are aware of that. And I know they already are and I've seen the great work they've been doing, but for working with other Managed Care Plans it's 2.1.7 and working with the community as a whole they're measure is 2.1.6, 2.2.6 and 2.2.7. And I do want to say having worked with managed care plans they really do want to collaborate and the ways we can bring people to the table to meet more of the community needs are of really high interest. I think they complement each other well and that's the intent of the department is to have them complement each other and work hand in hand - the incentive payment program and PATH -- to make sure we meet the needs of the local community.</p>
N/A – Q&A	00:45:56 - Mandy Ferguson	<p>Great. Thank you. And a couple of questions left, maybe Michel, you could take this one. Just to remind folks of the timing and when we anticipate that these three initiatives will be launching in 2022.</p>
N/A – Q&A	00:46:11 - Michel Huizar	<p>Yes, it's a good one and we said it so many times I think I'm starting to confuse myself on the timing. But they're slated to launch in the third quarter of 2022. The first application period for the CITED planning will open in the third quarter of 2022. And there will likely be other windows where qualified applicants can apply for funding, as well as for the TA marketplace and the collaborative planning and implementation.</p>

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N/A – Q&A	00:46:40 - Mandy Ferguson	<p>Excellent and to remind folks the state received the waiver approval kind of on the final days of 2021 -- so to remind folks why it can't start right off the bat in January of this year. Because the waiver approval was at the end of December and it takes some time to do the program design and get the, our third party administrator up and running and get these programs implemented as expediently as possible while maintaining quality assurance across the different initiatives, so just wanted to give folks a little detail on that.</p> <p>Okay. Let's see here -- we're getting a lot of questions about how the MCPs factor into this initiative funding. And how they factor into PATH. Maybe two questions together for Dana. Do qualified applicants need to be actively contracted with MCPs in order to participate in PATH or receive initiative funding? And a follow on to that, you know, how to do MCPs really fit into the PATH funding mix. Can they themselves receive funding directly?</p>

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N/A – Q&A	00:47:57 - Dana Durham	<p>I'm going to start with your second question which is can the Managed Care Plan receive the funding directly? And the answer to that is no.</p> <p>They do have a venue to receive funding that's very similar and that's the incentive payment program that I talked about. So, there is a -- way for that funding to go to the Managed Care Plan but all of it really is designed to drive down to the community.</p> <p>And your second question or the second question of or the first question, sorry I'm getting them out of order. The first question is whether you must be in an active contract. You don't have to be an active contract. But we have to actually know that you're working with your Managed Care Plan. So, the intent to do a contract or an attestation from the plan -- something that will make it make it where we know that there is that relationship and that intent is what would be needed. I hope that kind of clarifies that question.</p>
N/A – Q&A	00:49:00 - Mandy Ferguson	<p>Great. Thank you. Okay. So why don't we take a few more questions. I know we have about ten minutes left or so. Michel would perhaps you be able to tell us -- we have a question in the chat asking if one -- what if an entity applies for one initiative, are they allowed to apply for funding in the other initiative?</p> <p>You might be on mute, or at least I can't hear you. I think we lost your audio. Maybe I can turn that one to Dana?</p>
N/A – Q&A	00:49:46 - Dana Durham	<p>Sure, the intent is to make sure that we use the funds in the best way and there may be times where different of these initiatives are appropriate for the same entities, so there is no prohibition against someone applying for different aspects of PATH.</p>

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N/A – Q&A	00:50:12 - Mandy Ferguson	Great. Thanks Dana. While we're still getting Michel back on the phone maybe can I send you one more question your way. Can you tell us a little bit about what the process is to procure the TPA, the third party administrator, will there be a formal procurement and when do we anticipate doing that and how does that stack up against the third quarter of the year when we anticipate some of these TPA administered initiatives go live?
N/A – Q&A	00:50:45 - Dana Durham	Yeah. That's a good question. We're actively working towards procuring a TPA. It is -- I know this is going to surprise people on the call but things at the state take a little bit of time. So, we have entities who are interested in contacting to be the third-party administrator but we have some processes within the state that make that process a little lengthy. We do believe that we'll be able to have the TPA up by the third quarter so that's why we're going live in the third quarter. I hope that answers your question.
N/A – Q&A	00:51:25 - Mandy Ferguson	That definitely answers my question. And Dana or Michel maybe we got you back. Will you be able to let us envision multiple TPAs - such as one for each county - or thinking about the TPA as a statewide administrator?
N/A – Q&A	00:51:44 - Dana Durham	The goal is to have a statewide administrator who can help us in every county and part of that I as I talked about the collaborative planning process – really having that birds' eye view of how best practices are happening in one county and can then potentially be socialized or thought of in ways that can be replicated or at least part of the tool box in another county. As well helping to administer overall funds for PATH so that we're looking at things in the same way as people apply for things, and really thinking in a statewide way about the funding overall. So, the goal is to have one administrator for our TPA.

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N/A – Q&A	00:52:30 - Mandy Ferguson	Thank you. One other question about the total waiver amount, we said it's \$1.44 billion approved in the state's 1115 demonstration waiver. Now does that cover the Whole Person Care transition and mitigation initiatives that we did not talk about here today, but that we've talked about in other webinars and in other forums?
N/A – Q&A	00:52:58 - Dana Durham	It covers that initiative as well as our justice involved initiative, plus the three we covered today. So, anything that is under PATH is part of that amount.
N/A – Q&A	00:53:10 - Mandy Ferguson	Great.
N/A – Q&A	00:53:14 - Dana Durham	Sounds like a lot of money but we're aware we have to be -- I hope we run out of money or have enough requests so we can make sure that we're able to leverage all the financing that's there, that is our goal. But it does cover all those programs.
N/A – Q&A	00:53:35 - Mandy Ferguson	Great. And I think we have just one more question for this evening. Wondering if you can tell us a little bit more about some of the reporting requirements and what oversight will look like. And I'm wondering either Dana or Michel if one you can say more about the protocols we're developing for CMS to satisfy our federal requirements and how we might be releasing more information to the field on -- on program integrity and monitoring and on reporting in the coming months?

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N/A – Q&A	00:54:13 - Dana Durham	<p>Great. And we'll see if Michel has his audio back. We cannot hear you.</p> <p>So, we're still working with CMS on the protocols for reporting. But we're developing those in a way that we really are working hard to make sure that this program is as transparent as possible. We are in negotiations with CMS about what those protocols will be and we'll release as much information about reporting as soon as we can. Through this presentation we've gone over it a really high level some of the things we expect that to include. Some of that would be that we expect for who's participating to be included, what the funding is going towards, and any outcomes that really have to -- that are associated with that funding.</p> <p>Like if you're applying for an increase in capacity, how have we grown it? What has been successful? And really taking those things that we're doing in the different areas and making sure that the information about what we've done is available, who we have supported is available and who's been involved is available. And I wish I could give you more details. I will let you know that the details as we have it and it's developed will be publicly available but we're just not quite there yet.</p>
N/A – Q&A	00:55:42 - Mandy Ferguson	<p>That makes a lot of sense Dana, okay I think that brings us towards the end of our questions for this afternoon. Dana and Michel, thank you both for your time and for presenting on these three initiatives. For any questions that that we didn't take up today or get to our team will taking them back, we'll be thinking through them so we'll be excited to present a little bit more detail on these three initiatives and the other PATH initiatives as its available.</p>

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N/A – Q&A	00:56:16 - Dana Durham	And thank you for being on this webinar, we really appreciate the support and want to learn from you guys about how we can move forward in this and we covered a lot. But you know in these types of things as much as you cover you leave some things out too. So really appreciate your patience and look forward to working with you on these items.
N/A – Q&A	00:56:36 - Mandy Ferguson	Great looking forward to future engagement, thank you, all, have a great weekend.
N/A – Q&A	00:56:42 - Julian Taylor	Thank you for joining, you may now disconnect.