Community Supports After Year One:
Implementation Progress and DHCS Policy Refinements

August 18, 2023

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VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Emma Petievich – 00:00:31	Hello and welcome. My name is Emma and I'll be in the background answering any Zoom technical questions. If you experience difficulties during today's session, please type your question into the Q and A. We encourage you to submit written questions at any time using the Q and A, and the chat panel will be available for comments and feedback additionally.
Slide 1	Emma Petievich – 00:00:49	Finally, during today's event, live closed captioning will be available in English and Spanish. You can find the link in the chat field. With that, I'd like to introduce Susan Philip, deputy director of Healthcare Delivery Systems at the California Department of Healthcare Services.
Slide 1	Susan Philip – 00:01:04	All right. Thanks, Emma. Good morning everyone. Thank you all for joining today. It really is my pleasure to welcome you all to our webinar. The focus of this webinar is we will be providing an update on community support services. So we'll be providing the update on our implementation progress as well as policy refinements that the department is undertaking. We can move to the next slide.
Slide 2	Susan Philip – 00:01:31	Okay, before I get into that, I do want to provide a couple of important updates regarding unwinding of continuous coverage under the Medi-Cal program. So as you all know, continuous coverage requirements ended on March 31st, 2023 and Medi-Cal redeterminations began April 1 of 2023. And redeterminations will continue for all Medi-Cal members through May of 2024 based on the individual's renewal date.
Slide 2	Susan Philip – 00:02:00	So our goal is to minimize member burden and really ensure that members can have continuity of coverage. So members really need to understand what to expect and where they need to go and what they need to do to keep health coverage. And so most members will either remain eligible for Medi-Cal or qualify for tax subsidies that would make it affordable to enroll into Covered California. So we really want to make sure we're getting the word out there.

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Slide 2	Susan Philip – 00:02:33	DHCS has been plugging the coverage ambassadors program now for several months, but for those of you who might not be aware and wish to sign up, please do consider signing up. That information is on this website right here. We can move to the next slide.
Slide 3	Susan Philip – 00:02:51	And so really, anyone who's interested, who work with Medi-Cal members on a day-to-day basis can really sign up. We really consider our community ambassadors important partners to make sure we're delivering the message to our Medi-Cal members about maintaining Medi-Cal coverage. And so local county offices, CBOs, advocates, stakeholders, providers, can all sign up.
Slide 3	Susan Philip – 00:03:19	I do also want to point out that there's lots of great resources out on our website. We launched this very broad communication campaign February of this year. There's a targeted public information education outreach campaign to really raise awareness among Medi-Cal members about the return of Medi-Cal redetermination.
Slide 3	Susan Philip – 00:03:42	One really great resource is this Community Covered resource hub. It includes resources in 19 threshold languages, has lots of great information like messaging, social media graphics, et cetera, that you can take, you can customize and include your own branding and tailor it to specific populations. So please do take advantage of all of these great resources.
Slide 3	Susan Philip – 00:04:10	We also do have great, interactive information, a dashboard that really provides information about how a redetermination is going, enrollment, and renewal data. So that's all on our website as well.
Slide 3	Susan Philip – 00:04:25	And then finally, we have some easily accessible member-facing web pages. It's here on the last bullet here. That's in English and Spanish. That really again, provides resources for members to update their information, find their local county offices, and also allow them to sign up for email or text updates. So please do check out these resources. Okay, so you can move to the next slide.

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Slide 4	Susan Philip – 00:04:52	So for today's agenda, we are going to be reviewing recently released data on ECM and community supports, mostly focusing on community supports and delivery in 2022. And we are going to be focusing on policy refinements for community supports. And we do want to leave some time for next steps and Q and A. There are quite a lot of slides, so I'm going to try to speak as quickly as possible so we can provide some time for Q and A.
Slide 4	Susan Philip – 00:05:22	But I do want to also encourage folks to use the Q and A feature, chat feature, and we have team members that will be monitoring that and make sure we're collecting all of that, all of those questions so we can do our best to address them at the end or follow up and address them through other means, including through our websites and through frequently asked questions and provide updates to you all there. Okay, next slide.
Slide 5	Susan Philip – 00:05:52	Okay, so just a quick reminder, what are community supports? So community supports are 14 pre-approved services that are considered medically appropriate and cost-effective. Managed care plans are strongly encouraged to offer, but not required to offer these services as part of their benefit offerings. And conceptually, they're considered substitutes for utilization of other services or settings such as hospitals or skilled nursing facility admissions or emergency department use.
Slide 5	Susan Philip – 00:06:24	So just a quick example, if we take a look at recuperative care or medical respite care, that could really help folks who may no longer require hospitalization but still need a space to heal from an illness or an injury, but their living environment is not stable or safe and because of that could exacerbate their condition. So providing recuperative care can really reduce unnecessary length of stay at a hospital and also lead to better outcomes. So an example of community supports on this slide shows the 14 community support services that are available. Okay, we can move to the next slide.

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Slide 6	Susan Philip – 00:07:10	So as a reminder, community supports are administered by managed care plans, but are delivered by community-based providers. So as you all know, DHCS has contracts with Medi-Cal managed care plans to ensure that Medi-Cal covered services are delivered to our members. And our Medi-Cal managed care plan partners really work with providers to ensure delivery of care. So for community supports, managed care plans are to contract with community-based providers who really have experience and are skilled in serving members who need those community supports.
Slide 6	Susan Philip – 00:07:47	So for example, if you're thinking about housing transition and navigation services or housing tenancy and sustaining services, organizations that have experience in how to reach and work with individuals and families experiencing homelessness are the kinds of organizations that need to be engaged with managed care plans. And managed care plans would need to contract with those so that we can really ensure that we are reaching the members who really need the services. Yeah, we can move to the next slide.
Slides 7-8	Susan Philip – 00:08:22	Okay, so getting into the data. So earlier this month, DHCS released ECM and community supports Implementation Report. Really excited about this. This really provides a first full view of really how implementation is going. So this report summarizes data from the first year of both ECM and community supports and includes state level, county level, and managed care plan level data.
Slide 8	Susan Philip – 00:08:50	And the data really largely comes from quarterly reports that the managed care plans provide us. So you'll see that any trends that we provide are done on a quarterly basis. Ultimately, this is really here to provide transparency about how ECM and community supports are going and as part of our also larger CalAIM initiative.

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Slide 8	Susan Philip – 00:09:17	So today we want to provide a few slides on community supports and we do have ... The link is available here. I think I saw a couple of questions coming in through the chat. So we can definitely make sure to share the link, but it's also just available on this slide here as well. Okay, so we can move to the next slide.
Slide 9	Susan Philip – 00:09:41	Okay, so as I mentioned, community supports, managed care plans are encouraged but not required to offer it. So although community supports are optional, every managed care plan has opted to provide them during the first year. So in 2022, every county had at least two community supports available. And then in 2022, 16 counties had at least 10 community supports available, and three counties had all 14 community supports available. So that's 22.
Slide 9	Susan Philip – 00:10:19	So promising, good news and we're excited that plan partners are really seeking to offer community supports and we are seeing an upward trend. So in August of 2023, so as of now, we are continuing to see community support uptake or plans offering. So as of this month, 13 counties are offering all 14 community supports, and at least 6 community supports were available in every county across California. So that's good news and trending in the right direction. Okay, we can move to the next slide.
Slide 10	Susan Philip – 00:11:06	Okay, so this gets into a little bit more detail about member take-up. So this slide shows members who receive community supports on the left and on the right it shows a number of community support services.
Slide 10	Susan Philip – 00:11:23	So we're really excited to share 36,000 Medi-Cal members receive community supports in 2022, and we are seeing growth across each quarter. So we do expect this trend to continue in 2023 and beyond, especially as more managed care plans are electing to offer community supports to their members. So we do see a real increase in the last year. Okay, we can move to the next slide.

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Slide 11	Susan Philip – 00:11:58	So on this slide I just wanted to give a quick double click on housing related community supports. We're calling this the trio of housing related community supports, which includes housing transition navigation services, housing tenancy and sustaining services, and housing deposits. So in 2022, these were really the most commonly utilized services. So of course this does reflect an acute and real widespread need for housing services across the state.
Slide 11	Susan Philip – 00:12:30	And we have seen that over 40% of members who are receiving community supports are accessing housing transition and navigation services. So really is a good chunk of community support services that's focused on the housing related services.
Slide 11	Susan Philip – 00:12:49	We also did see really strong uptake of medically tailored meals and recuperative care or medical respite. That's another couple of community supports that had pretty wide uptake. Okay, we can move to the next slide.
Slide 12	Susan Philip – 00:13:05	Okay, so most of you may remember that prior to the launch of enhanced care management, ECM and community supports in 2022, there were 25 counties that had Health Home programs and Whole Person Care or Whole Person Care pilots. These were very important pilots that were really precursors to CalAIM and really helped drive a lot of the initiatives that are focused on care coordination and the health related social needs that are really established now through our ECM and community supports program.
Slide 12	Susan Philip – 00:13:42	So in the former Health Home program and Whole Person Care counties, Medi-Cal managed care plans who were already receiving services automatically transition to community supports. And this graphic shows that members who transition from Whole Person Care pilots and Health Home program really declined gradually over the course of 2022 while the number of newly engaged members increased.

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Slide 12	Susan Philip – 00:14:12	And so this is expected because we expect members to eventually graduate from services once their needs are met. But then of course there are members who need to newly enroll are then enrolled into community supports. So this essentially shows a drop-off of Health Home program and Whole Person Care individuals and an increase of new enrollment. Okay, we can move to the next slide.
Slide 13	Susan Philip – 00:14:43	Okay, and so this shows now a slide for growth in community supports in those counties that didn't have the Health Home program and the Whole Person Care pilot. So those are 33 different counties. So we did expect, frankly, slower uptake of community supports in these counties. These were counties that typically were less populous or more rural or just really didn't have the experience that Health Home program, the Whole Person Care Counties had.
Slide 13	Susan Philip – 00:15:18	But even despite that, we are seeing enrollment growth in 2022 and we really do expect to see continued enrollment growth in these counties as they're developing capacity infrastructure to provide community supports as managed care plans really contract with those providers and build out those networks and as those referral pipelines are really strengthened. Okay, we can move to the next slide.
Slide 14	Susan Philip – 00:15:52	Okay, so this slide shows the trends as it relates to community support providers in aggregate. So we're tracking member enrollment, but we also do have data on community support providers. So we're tracking the number of community support providers in two different ways.
Slide 14	Susan Philip – 00:16:14	First, a count of individual providers based on their unique organizational NPI number and then the count of provider contracts based on those unique organizational numbers operating in different markets and under contracts with different managed care plans.

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Slide 14	Susan Philip – 00:16:34	So in general, we see that the community support provider network size is really moving in the right direction, but of course there's really more room for growth. There was modest growth I would say, and it grew substantially in 2022, but we do expect more growth to happen of course in 2023, especially as there's new investments to build capacity and infrastructure in the community. And I'll talk about this a little bit later as we talk about the PATH program and IPP and how those investments are being infused into the community. Okay, we can move to the next slide.
Slide 15	Susan Philip – 00:17:17	Okay, so as I mentioned at the top of this presentation, community supports are really designed to be delivered by community-based providers who can really meet members where they are and really build trusting relationships. We need organizations that have that trust and can work successfully with Medi-Cal members. So this provides really just a snapshot of provider types really this segregates or categorizes, I should say, the different provider types.
Slide 15	Susan Philip – 00:17:52	And in the first year of community supports, other providers, which is the one at the bottom there, were really the most common provider type. And this is where we have CBOs that don't neatly fall into the healthcare provider buckets or the local governmental entity buckets would fall into this other category, which is good because this is where we do really want to see, again, CBOs that do have that trusting relationship with members to really be integrated into our delivery system and contracting with managed care plans. Okay, we can move to the next slide.
Slides 16-17	Susan Philip – 00:18:35	Okay, so I'm going to now switch gears a little bit and talk about ... Really this is the next piece and most of the remaining portion of the webinar. We really wanted to talk about what the department is doing with our plan partners to improve the program and really make policy updates and refinements.

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Slide 17	Susan Philip – 00:18:56	I think we wanted to show the data to show, okay, since we launched community supports and enhanced care management in January of 2022, there has been uptake, there has been capacity being built, but there's more work to be done. And so we really do want to make sure we are taking input from our communities, from our plan partners and making refinements.
Slide 17	Susan Philip – 00:19:24	And I do want to acknowledge that building capacity at the delivery system to support community-based organizations and providers to work with Medi-Cal takes time and investment. So I'll speak a little bit later about PATH and other investment opportunities that we have to really build that capacity. Okay, so we can move to the next slide.
Slide 18	Susan Philip – 00:19:50	So I did mention that we have been really working and are committed to understanding where we can improve. We've always envisioned ECM and community supports, after it went live, that we would make continuous improvements based on data and stakeholder feedback.
Slide 18	Susan Philip – 00:20:09	And so over the last several months, DHCS has really undertaken multiple approaches to hearing from our stakeholders, including our plan partners of course, our providers who are on the ground implementing ECM and community supports, as well as other stakeholders. We really want to understand implementation pain points. We've conducted surveys at providers, we've conducted interviews.
Slide 18	Susan Philip – 00:20:35	DHCS leadership has conducted listening tours throughout the state where we've heard directly from providers, county's plans of implementation, again, pain points and where we can smooth out some, and streamline processes, and of course data submitted by our managed care plans. Okay, we can move to the next slide.

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Slide 19	Susan Philip – 00:20:59	Okay, so all the stakeholder feedback, of course coupled with the implementation data is really what prompted us to really sit down and take a look at our processes and really think through how we can systematically evaluate options for improvement. So we're really focused on all the ways we can lower barriers to participation, of course for our members and families themselves, but of course to the providers, who really need to be partners with us to ensure that ECM and community supports are really provided in a way that's sustainable, scalable, and really ultimately embedded into Medi-Cal over time.
Slide 19	Susan Philip – 00:21:44	So we're really excited to be together today to acknowledge the tremendous progress and early successes of the program, but also eager to discuss these implementation changes and roll out of some of these policy improvements. And I also just want to acknowledge and thank all of you all today who are on the call who provided input and provided that stakeholder input. Really we're just very grateful for your engagement.
Slides 20-21	Susan Philip – 00:22:14	Okay, so this provides an overall framework of how we're going to be looking at each of the areas that we're going to be focused on refining policy changes. So these are different drivers of uptake. There are multiple, they're complex, but we've attempted to organize them thematically for each area. So we have points of focus and I'll be walking through each of these in detail. Okay, we can go to the next slide. Yeah, that one's good.
Slide 22	Susan Philip – 00:22:52	Okay, so the first theme here is really eligibility, a big bucket here. But one of the key issues that we've seen for community supports is the difference between the service definitions under community supports and how eligibility is actually being set up by managed care plans.

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Slide 22	Susan Philip – 00:23:15	So I do want to acknowledge that at the launch of community supports last year, beginning of last year, managed care plans were permitted to seek approval through their model care submissions on how to basically narrowly define eligible populations or restrict service definitions for the elected community supports that they are providing.
Slide 22	Susan Philip – 00:23:42	At that point, they were able to describe how they were restricting the criteria, but then they also had to describe their plan for expanding access to meet the full definition over time. And at that point, we had set an expectation for about three years for that ramp up.
Slide 22	Susan Philip – 00:23:59	Well, just given the need that we're hearing from providers, from the market about standardizing eligibility, we are really looking for much fuller fidelity to service definitions. So specifically we've provided guidance through our managed care plans that they must remove any previously approved restrictions or limitations and really adhere to the full community supports definitions by January 1 of 2024.
Slide 22	Susan Philip – 00:24:27	So what this means is that managed care plans would no longer have the option to narrow the eligibility criteria or impose additional limitations on the service definitions, which includes eligibility criteria. And so those types of restrictions must be removed by January 1, 2024.
Slide 22	Susan Philip – 00:24:49	I do want to mention that we are also looking to take a look at our community support service definitions the second half of this year. And so we will be working on getting stakeholder input and feedback and we're likely going to start working on refining community support service definitions as it relates to the housing trio that I mentioned earlier. So we really look forward to working with stakeholders to obtain that input.
Slide 23	Susan Philip – 00:25:21	Okay. Okay, so the next issue that I wanted to speak about is related to the cost-effectiveness. So we understand that some managed care plans may be feeling trepidatious to making long-term investments in community supports due to uncertainty on how cost-effectiveness for community supports will be evaluated and how the services would be funded moving forward.

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Slide 23	Susan Philip – 00:25:51	So prior to CalAIM launching, DHCS really assessed the cost-effectiveness and medical appropriateness of each of the community supports based on experience with our home and community-based services waivers. There's lots of great data and experience from those waiver programs.
Slide 23	Susan Philip – 00:26:09	As I mentioned, the Whole Person Care pilots was also how we evaluated some of these services. There was extensive stakeholder engagement, and there was a real thorough literature review of each of the community supports services on how community supports could impact healthcare utilization and outcomes.
Slide 23	Susan Philip – 00:26:31	And so that's really how the 14 community support services made it to that pre-approved list. It went through that rigorous process and then ultimately through approval through CMS. So just wanted to make sure to say that out loud.
Slide 23	Susan Philip – 00:26:47	And additionally, recent guidance from CMS emphasized that states should really look at cost-effectiveness in the aggregate and not at the individual member level or plan level. And the same principle applies to health related social needs services, which is the 1115 framework.
Slide 23	Susan Philip – 00:27:07	So moving forward, we've clarified that managed care plans don't need to actively assess or report on cost-effectiveness for community support at the MCP or individual level for the purposes of rate setting, and that would be in compliance with the federal requirements. Okay, we can move to the next slide.
Slides 24-25	Susan Philip – 00:27:32	Okay, so I do want to point out that we are recognizing that there's disparate timeframes for authorizations and reauthorizations for community support services. So for example, if an individual is authorized for housing navigation services, their timeframes for those authorizations. And there may be requirements for when those reauthorizations need to occur.

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Slide 25	Susan Philip – 00:28:00	We do recognize that this creates administrative burden for providers, especially those who are contracted with more than one plan, right? If they've got different authorization timeframes and reauthorization timeframes, it becomes administratively burdensome.
Slide 25	Susan Philip – 00:28:18	So we really are looking to engage with stakeholders to standardize that work and that's work we're going to be kicking off really later in 2023 and looking for implementation in 2024. So please, we'll do ... More coming on that, but that is work that we are looking to undertake, but recognizing that this is an issue that we've been hearing. Okay, next slide.
Slide 26	Susan Philip – 00:28:46	Okay, so the next issue really is related to presumptive authorization. So we have heard that there are some unnecessary barriers for certain community support services that are considered time sensitive. So DHCS really strongly encourages managed care plans to implement presumptive authorizations for these community support services that are appropriate.
Slide 26	Susan Philip – 00:29:17	So for recuperative care, and short-term post hospitalization. These are two community support services where that timely authorization is critical for individuals to have placement. So if authorization does not occur timely, that is really the difference between whether the individual has placement or not.
Slide 26	Susan Philip – 00:29:46	And we're also hearing that the eventual authorization for recuperative care, for example, is close to a hundred percent. So that's really good news. So to the extent that we could streamline the process to have the authorization really happen on day one and have it be presumptive, that could help providers really streamline that process. And we really do encourage managed care plans to look at ways to streamline that process and not create any unnecessary burden. Okay, next slide.

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Slide 27	Susan Philip – 00:30:25	Okay, so referral standards. We are hearing that there are disparate input forms and processes, again for referral and authorization processes across managed care plans, creating administrative burden for providers. So we also understand that managed care plans really are looking at their internal data, which is good, to identify individuals that could be referred to community support services.
Slide 27	Susan Philip – 00:30:57	However, we do also want to ensure that referrals are really coming in from multiple sources. So we want to make sure that individuals who really need the services are connected. And so while there's internal data that managed care plans can rely on, is a good source, they really do need to connect and really have community-based outreach and engagement and use those sources also as a form of referral. So wanted to emphasize that piece, really ensuring that referrals are coming in from all sources as appropriate, and managed care plans, we're really leveraging that.
Slide 27	Susan Philip – 00:31:40	We also want to make sure that we're taking a look at the referral and authorization processes to see how we can streamline that. So we are going to be looking at that really earlier in 2024 and developing statewide standards containing information needing to evaluate authorizations for community supports and really standardizing some of those processes. So more to come on that. Okay, we can move to the next slide.
Slides 28-29	Susan Philip – 00:32:18	Okay, so one, as I mentioned earlier, managed care plans really are to contract with community support providers that have the skills and expertise and really understand the members best. So our understanding is that the managed care plans may be missing opportunities to contract with community support providers that have, again, those special skills and expertise.
Slide 29	Susan Philip – 00:32:48	So we really are encouraging managed care plans to really make sure they're looking across their communities and identifying organizations. And we are emphasizing that managed care plans must contract with locally available community-based organizations, again that have that experience in working with eligible populations.

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Slide 29	Susan Philip – 00:33:11	So I think about community support services, individual organizations that have experience in working with populations that are looking to transition out of skilled nursing facilities and back into their communities.
Slide 29	Susan Philip – 00:33:28	So working with skilled nursing facilities or working with community supportive housing providers to help ensure that those community support services that again, that providers have experience in working with members are really optimized. So again, we are emphasizing that managed care plans must really work with community-based organizations to work with our members appropriately.
Slide 30	Susan Philip – 00:33:57	Okay. All right. Next we're going to get into a little bit of nitty-gritty as it relates to codes. So we have heard that DHCS, the community support HCPCS code sets. So DHCS has a set of codes that we have provided in guidance. We have heard that it's being applied differently by different managed care plans. And then some managed care plans are adding additional codes or modifiers beyond what is in the HCPCS coding guidance.
Slide 30	Susan Philip – 00:34:34	So we've heard that it's really creating an administrative burden for providers, especially those that are new to Medi-Cal coding and billing or those that are contracted with multiple managed care plans. And so that could lead to rejection of the claims or invoice and then delays in payment. So DHCS has already issued guidance that managed care plans must use the HCPCS coding guidance for community supports and ECM as defined by DHCS without additional codes or modifiers.
Slide 30	Susan Philip – 00:35:09	So that guidance has been released and again, the intent here is to really streamline these processes and ensure that ultimately that providers providing services are paid timely, which then leads us to issues on timely payment.

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Slide 31	Susan Philip – 00:35:28	We have heard widespread reports of non-payment or delayed invoice payments by managed care plans, again, especially to CBOs that are new to billing Medi-Cal. So we really are reinforcing that there are existing requirements for timely provider payments. So again, managed care plans are reminded that they must follow existing managed care standards and reimbursement timelines. And this applies to claims as well as invoices. Invoices for all intents and purposes are the equivalent of claims.
Slide 31	Susan Philip – 00:36:08	And so we did release and All Plan Letter earlier this year to reaffirm the responsibilities of managed care plans to ensure timely payment. And we have also explicitly outlined training requirements in that APL. Specifically, managed care plans are really required to train their contracted network of community support providers on how to submit a clean claim or invoice.
Slide 31	Susan Philip – 00:36:37	And then managed care plans can't just outright reject a claim, but really should work with their community support providers on educating them and really troubleshooting issues so they can work towards resolution. Again, recognizing that we have CBOs that are really just at the beginning of getting experience on how to do these billing processes. Okay, we can move to the next slide.
Slides 32-33	Susan Philip – 00:37:08	Okay, great. So I wanted to switch now to awareness. So one thing that we really wanted to make sure that managed care plans and partners are really increasing awareness of community supports and how to access these services. So we have clarified that managed care plans must ensure that their contracted networks are aware of enhanced care management and community supports and how to access them.
Slide 33	Susan Philip – 00:37:46	We really encourage active approaches to how managed care plans can educate and really provide information to community support providers on how they can access benefits, how they can conduct referrals using webinars, in-person roadshows, site visits, office hours, et cetera. So really make that information accessible, providing opportunities for training.

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Slide 33	Susan Philip – 00:38:19	We really are encouraging plans to obviously take a look at their websites. And they must also train call centers on how to take referrals for community supports. I do also want to just flag that the incentive payment program, there are specific measures that are really intended to incentivize increasing awareness and training of providers on enhanced care management and community supports.
Slide 33	Susan Philip – 00:38:47	So that is, there's specific dollars tied to incentivizing this activity and ensuring that managed care plans are really engaging with their partners and increasing that awareness and conducting that training.
Slide 33	Susan Philip – 00:39:00	Also do want to point out again that the technical assistance marketplace under PATH is also a good place to start and point organizations that are looking to become ECM and community support providers, to really build up awareness and expertise. We can move to the next slide.
Slide 34	Susan Philip – 00:39:21	So do also just want to remind folks there is an existing requirement in place that managed care plans really ensure that there publicly facing website and specifically also their member handbooks and provider directories must include the most up-to-date information on community support services and how to offer them. So for example, who are the providers that are offering community supports in the community?
Slide 34	Susan Philip – 00:39:51	And as part of our monitoring efforts, we are reviewing managed care plans' websites and handbooks to ensure compliance. Again, we do also want to encourage any additional creative ways to getting the word out and making sure providers and ultimately members and families are aware of these services and benefits. Okay, we can move to the next slide.
Slide 35	Susan Philip – 00:40:18	Okay, so I do want to talk a little bit about PATH. I mentioned that earlier. And so this is an initiative that is really designed to build capacity over the next couple of years for enhanced care management and community supports. I'm going to walk through four different initiatives and then at the end of this provide the website. There'll be a website on how to access this information.

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Slide 35	Susan Philip – 00:40:49	So the PATH initiative is really intended to ... they're dollars to the delivery system. So these are not dollars to plans, these are dollars that are available to organizations that are looking to build ECM and community support capacity and infrastructure.
Slide 35	Susan Philip – 00:41:10	So the first initiative I just want to talk about is Collaborative Planning and Implementation initiative. This provides support for again, planning and implementation. There are 25 collaborative groups currently across the state and right now there are over 600 participants. DHCS has engaged facilitators to run this initiative. And so the facilitators are really there to convene the collaborative groups and ensure that there's connections being made.
Slide 35	Susan Philip – 00:41:50	The idea is that managed care plans, providers, counties, other stakeholders really identify what are the implementation needs as it relates to ECM and community supports in their community. What are the gaps? What are implementation pain points?
Slide 35	Susan Philip – 00:42:06	So the collaborative planning groups are really a way that we can hear information, but also a way for the community to really come together and have that space to work together at a regional level to identify gaps and build capacity for ECM and community supports. So I really encourage folks, if you haven't signed up or you haven't been to a facilitated session, please do take a look at that. Okay, next slide.
Slide 36	Susan Philip – 00:42:43	Okay, the next initiative is related to CITED. This stands for Capacity and Infrastructure Transition, Expansion and Development. So this is an application-based program. It provides grants to really enable the transition, expansion, development of capacity and infrastructure for organizations that are looking to build ECM and community supports.
Slide 36	Susan Philip – 00:43:12	So we have already awarded over 200 million under the first round. We have opened up the second round and that closed earlier this year. We're currently in the process of reviewing applications for CITED round two. And so we really encourage you all to, if you haven't applied so far, take a look at that. But that is a vehicle specifically for organizations again that are looking to build ECM and community support capacity.

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Slide 37	Susan Philip – 00:43:49	They must intend to contract with a managed care plan and a managed care plan must sign an attestation as part of the application process. So I do want to say that that has to be ... it is a requirement of the application. We do want to make sure that organizations that really are going to be after ...
Slide 37	Susan Philip – 00:44:17	These are startup dollars. So we want to make sure that after the past dollars are run out, that you do have the capacity and can sustain ECM community supports and partnership with the managed care plans. So that is a requirement for CITED. Okay, we can move to the next slide.
Slide 37	Susan Philip – 00:44:38	So the next initiative is the Technical Assistance Marketplace. I do really want to plug this. This is a great resource for organizations that are looking for technical assistance and really have that hands-on support from vendors to help support them in that technical assistance.
Slide 37	Susan Philip – 00:45:02	So for example, if you're a C B O that's looking to build up a billing system, you can go to the TA Marketplace website, you can take a look at the list of pre-approved vendors in specific domains, reach out to the vendors, submit a registration, so then you can be connected, and then work together with that vendor on the project.
Slide 37	Susan Philip – 00:45:28	And then when you submit the application and say, okay, here's a project you want to work on, here's a technical assistance we need or here's off-the-shelf service that we need, once that's submitted, we have engaged a third party administrator to review that application and we pay for it.
Slide 37	Susan Philip – 00:45:47	So it's Technical Assistance Marketplace where CBOs can connect with vendors and find the technical assistance they need, develop the projects. And again, there's funding available through the TA Marketplace. So please do check that out.

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Slide 38	Susan Philip – 00:46:10	And then finally. Okay, so the justice involved capacity building, so PATH, is also providing funding to support implementation of JI initiatives and this includes a pre-release Medi-Cal enrollment and suspension processes as well as delivery of Medi-Cal services in the 90 days prior to release. So these dollars are available for a specific set of organizations that are looking to build capacity in the space.
Slides 39-40	Susan Philip – 00:46:49	So do check out our website for additional information there. Okay, and here's our website. So there's additional information there. Okay, so I did spend a bit of time on PATH, but I thought it was really important to make sure that we're all connecting the dots there. Okay, so a couple of other slides here, I'll try to run through them very quickly.
Slide 40	Susan Philip – 00:47:07	So now we're still on awareness, do want to make sure that folks are aware of a policy that we are implementing. So managed care plans have been delivering certain sets of services really intended to address members' social drivers of health through what would've been called value added services. And some plans are still doing this, right?
Slide 40	Susan Philip – 00:47:31	So these are plans that might've been providing medically tailored meals to certain patient populations. So those services are still maybe being offered right now, but they're not being provided through community supports. So we really are asking plans to take a look and really evaluate the feasibility of transitioning these services to the community supports program.
Slide 40	Susan Philip – 00:48:00	So we think doing that, we're really increase the awareness of community supports across communities where similar services are being provided and then we'll really drive enrollment into community supports. And this strategy will also allow managed care plans to take advantage of the funding DHCS is allocated for community supports.
Slide 40	Susan Philip – 00:48:21	As a reminder, really, our vision is to really have community supports become a Medi-Cal covered benefit. So moving these value added services into community supports and really utilizing community supports will help us move towards that vision. Okay, we can move to the next slide.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 41	Susan Philip – 00:48:39	Okay, so I want to talk a little bit about improving data exchange. So we really have heard reports, the providers, the CBOs being required to document the detail of ECM and community supports and plan-specific portals. We have clarified policy that managed care plans must not require community supports or ECM providers to use MCP specific portals for day-to-day documentation. It can't be a requirement.
Slides 41-42	Susan Philip – 00:49:15	So a managed care plan can certainly use your own portals to exchange member engagement lists and authorization information, but we are really looking for ways to minimize burden on the providers and CBOs and just looking to not putting additional burden on, again, organizations that might have to work with multiple portals, but managed care plans to really think of ways to streamline getting the information from community support providers as well as ECM providers. Okay, we can move to the next slide.
Slide 43	Susan Philip – 00:49:56	Okay, so we have been also thinking about ways in which we can really ensure that member information sharing is streamlined and standardized. For the first year of implementation, DHCS had issued standards for information exchange between managed care plans and ECM providers, but we had not done something similar for community support providers.
Slide 43	Susan Philip – 00:50:25	So we did do that earlier this year. In April of 2023, we released the new community support member information sharing guidance. And the intent here is to standardize community support member information exchange. And the requirement is that managed care plans working with their partners for community support providers must implement the community support member information standards by September 1 of 2023. So just in a couple of short weeks. So just want to make sure that everyone is fully aware of this and checks this out.

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Slide 44	Susan Philip – 00:51:08	Okay, and then in terms of the guidance, as I mentioned that in April we released the data sharing guidance, we do plan to also update the HCPCS coding guidance later this year. And so this slide provides a timeline of updated guidance related to data sharing that we have released and plan to release coming up later on in 2023 in the third quarter. Okay, so we can move to the next slide.
Slide 46	Susan Philip – 00:51:46	Okay, so I do want to just talk briefly about next steps so we can have some time for questions. So we all walk through these policy refinements. We have communicated these to managed care plans over the last couple of months here and all the managed care plans and providers must adhere to policy refinements, really effective immediately unless otherwise indicated, right? So that's clear in the guidance that we've been providing on when the implementation dates are, if it varies.
Slide 46	Susan Philip – 00:52:27	And then we are requiring managed care plans to complete an attestation form confirming to DHCS they're in compliance with the policies described in this presentation by September 8th. We are thinking about and have published ways in which providers and stakeholders can really understand what these updates and policy changes are. So we publish a cheat sheet to help providers and stakeholders really navigate the policy updates because as I mentioned, they're long, they're varied and complex. So we really try to streamline it into a cheat sheet that summarizes the key policies.

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Slide 46	Susan Philip – 00:53:06	And the other thing that cheat sheet does is really provide a distinction between here's where the state, we as DHCS, says that these policies must be standardized and where there's flexibility. So that way providers have visibility into understanding, okay, here's where managed care plans do have flexibility, and as a provider you can have a conversation with the managed care plan and really figure out how you want to and what's best in terms of implementation versus those policies where the managed care plan doesn't have flexibility and that they really must implement certain policies according to state standardized policies.
Slide 46	Susan Philip – 00:53:51	So that cheat sheet is really designed to provide some visibility into that process. And again, as I mentioned, further updates to the ECM policy guide as well as the ECM and community support HCPCS coding guidance are coming later this year.
Slide 47	Susan Philip – 00:54:09	Okay, so I think that's it. We have a few minutes for questions. I do see quite a lot here, so we do want to make sure to open it up. And Lori, I think you're going to help us with navigating some of the questions.
Slide 47	Lori Houston-Floyd – 00:54:24	Yes. Thanks so much, Susan. And hello everyone. Good morning. I'm Lori Houston-Floyd. I'm a senior manager with Manatt Health and support the department on the design and implementation of ECM and community supports.
Slide 47	Lori Houston-Floyd – 00:54:37	So there's a number of questions. We have about six minutes, so we're just going to go through rapid fire as many as we can. Let's just start with a couple of payment questions, Susan, that have come up. I think the majority of questions just have been about payment. So let's just start with one that's about the nursing facility transition, slash, diversion to assisted living community support. But I think the question is actually applicable across all community supports.
Slide 47	Lori Houston-Floyd – 00:55:04	And the basic nature of the question is, is there a standard rate for community support services? And Susan, I wonder if you could just elaborate a bit about how the department does not set rates for community support services and that's really up to MCPs and-

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Slide 47	Susan Philip – 00:55:21	Right, exactly.
Slide 47	Lori Houston-Floyd – 00:55:23	... and their providers to negotiate.
Slide 47	Susan Philip – 00:55:25	Right. So this is where we provide policy guidance and we're providing overall guidance in terms of billing and those sorts of ... That's where we can standardize. What we can't do is dictate the actual rate between the managed care plan and the provider. We can't dictate that and that is subject to the negotiation between the managed care plan and the provider.
Slide 47	Susan Philip – 00:55:50	And so that is also one of the reasons we wanted to provide that cheat sheet so that you can see where the plan doesn't have flexibility and where they do. So that could also be information that you have as a provider to use during negotiations, frankly. So that's information that we wanted to make sure that we provided to everyone so that there's visibility.
Slide 47	Lori Houston-Floyd – 00:56:19	Thanks, Susan. And then in the realm of standardizing the HCPCS codes, I know you just covered that the department is working on updating that guidance document. A couple of thoughts and questions that came up in the chat. The first is folks are wondering if the department is considering about developing codes for the outreach efforts for community supports services that's not currently in the guidance. Is that something DHCS is looking at?
Slide 47	Susan Philip – 00:56:46	Yes, that is something that we're looking at. It's definitely a theme that we've been hearing. Obviously, we know there's lots of time and effort being spent to especially say for example, who's unhoused, unsheltered, going out to members where they are and then all of that outreach and engagement effort before they're even enrolled and before billing can happen. So how is that information captured? So we are thinking through that and looking to engage with folks over the next few months to see how we can capture that information.

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Slide 47	Lori Houston-Floyd – 00:57:21	Thank you. A related question on HCPCS is the use of modifiers. This is the comment from a provider, the use of modifiers can be valuable from a data perspective. Can health plans and provider organizations mutually agree on the use of additional codes? And I'll just note here that this is something that the department and the Manatt team are really working on actively right now and more to come on the exact answer to this question.
Slide 47	Lori Houston-Floyd – 00:57:47	Moving towards another funding question, and I know we have our CRDD colleagues on the line. The question here is how likely do you all think that MCPs will continue to offer community supports in the long-term? So recognizing that they're optional and when all the incentive funding goes away, will there be continued funding from the department for the plans to offer community support services? And Susan, you could maybe start on this question and I'm not sure if we want to turn to Beau and David to opine further.
Slide 47	Susan Philip – 00:58:24	Yeah, I mean we are looking to ensure that we're building a sustainable program here and ultimately utilization. As we've shown, the data that utilization is slowly up-taking, but that does need to trend in a certain direction.
Slide 47	Susan Philip – 00:58:41	Ultimately, I would say this is where the data is so important. We do need individuals, we do need the community support providers to really use that billing and invoicing guidance document to ensure capturing that information because ultimately it's the data that is then used to ensure that we are building rates in a way that is rational and based on experience. So I'll just say that and let our colleagues add anything else.
Slide 47	Beau Bouchard – 00:59:10	Yeah, I can just hop in real quick. So I can confirm that we do intend to continue funding the managed care plans, as long as these community supports being offered are cost-effective, which we continue to ... As of right now, the department does see these 14 community supports as cost-effective.

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Slide 47	Beau Bouchard – 00:59:35	Also, as Susan just reiterating on the data perspective, that is very important. As our rates are developed using historical managed care plan costs, the current managed care plans rates are developed using historical data from the managed care plans and any of the, what we're calling non-covered value added services that were voluntarily provided by managed care plans, those costs are included in the managed care plan rates.
Slide 47	Beau Bouchard – 01:00:08	And then starting in calendar year 2025 rate setting, which will include data from calendar year '22 when community supports first came in, it'll include actual cost experience that plans have from all of the providers. So there's funding. The funding will continue and flow through the normal rate development process that DHCS and the MCPs have.
Slide 47	Lori Houston-Floyd – 01:00:34	Thank you so much, Beau and Susan. I know a little bit technical but so helpful to hear about the long-term investment that the department is making here. And so I know we're right at time and we didn't get to a lot, but Susan, I wonder if you'd like to just close with a few words of looking ahead if there's any other guidance or wisdom you'd like to impart to this audience today about the future of the implementation of community supports.
Slide 48	Susan Philip – 01:00:57	I just want to thank everyone for your engagement, for your input over the last several months. Please do continue to engage with us and the team, you know how to reach us. And as our guidance is being developed, please take a look again, provide input and feedback.
Slide 48	Susan Philip – 01:01:15	This launched January of 2022. Here we are about 18 months later, and ultimately we want to make sure that these services are completely embedded in our healthcare delivery system and it is sustainable and it is available to our Medi-Cal managed care plans. So thank you to you all for your engagement and your passion and commitment to this. Thank you all so much.