



California Children's Services Advisory Group Meeting

January 25, 2022

Housekeeping & WebEx Logistics

Dos & Don'ts of WebEx

- » Participants are joining by computer and phone (link/meeting info on [DHCS website](#));
- » Everyone will be automatically muted upon entry
 - » CCS Advisory Group members: 'Raise Your Hand' or use the Q&A box to submit questions
 - » Other participants: Use the Q&A box to submit comments/questions or 'Raise Your Hand' during public comment period
- » Note: DHCS is recording the meeting for note-taking purposes

Closed Captioning

- » Live closed captioning is available – you can find the link in the Chat field

Today's Agenda

- » **Director's Remarks**
- » **CalAIM Waiver Approvals**
- » **CalAIM: Enhancing County Oversight and Monitoring**
- » **CCS Program: Planning for 2022**
- » **CCS Program Updates**
- » **Public Comment**
- » **Wrap Up and Next Steps**

Director's Remarks

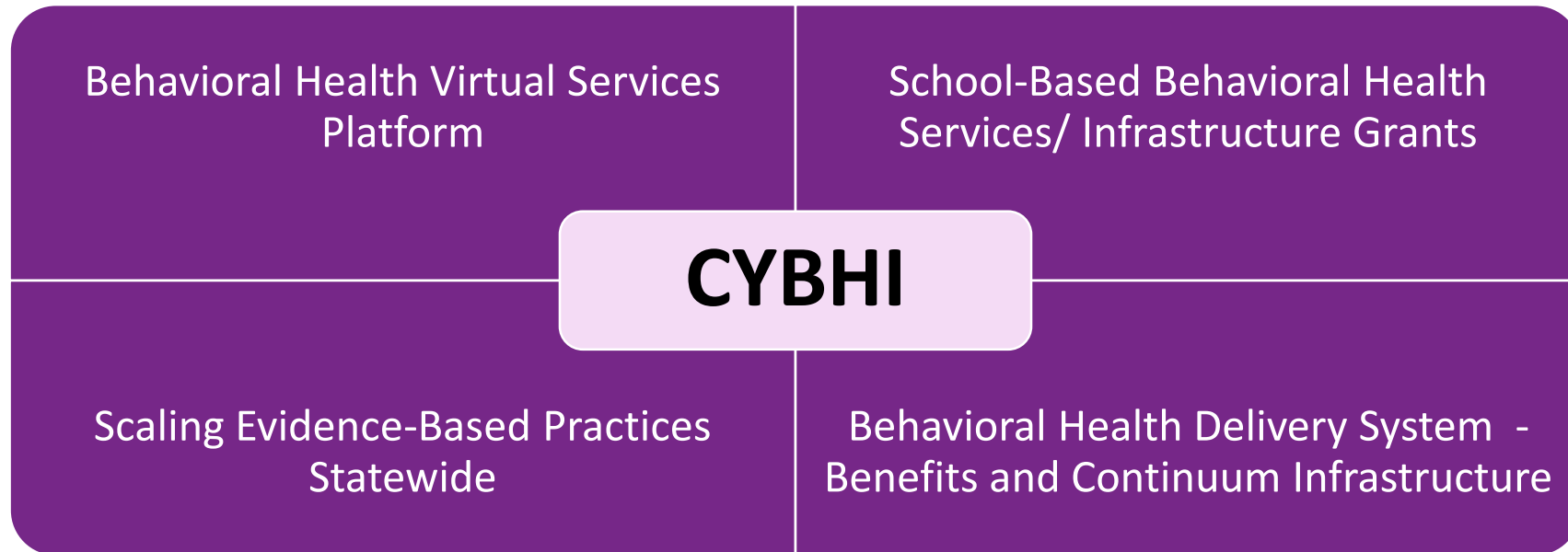
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**Michelle Baass, Director,
Department of Health Care Services**

Governor's Budget Proposal – Key DHCS Highlights

- » CalAIM
 - » CalAIM Justice-involved Initiatives
 - » Foster Care Model of Care
- » Equity and Practice Transformation Payments
- » Medi-Cal's Strategy to Support Health and Opportunity for Children and Families
- » Children and Youth Behavioral Health Initiative
- » Reduce Medi-Cal Premiums to Zero
- » Discontinue Child Health and Disability Program and Expand Children's Presumptive Eligibility
- » Telehealth
- » COVID-19

Children & Youth Behavioral Health Initiative



Announcement: Appointment of Autumn Boylan, Deputy Director, Office of Strategic Partnerships (OSP)

Advisory Group Discussion

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CalAIM Waiver Approvals

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**Susan Philip, Deputy Director
Health Care Delivery Systems**

Approved California Advancing and Innovating Medi-Cal (CalAIM) Waivers

DHCS has received federal approval from the Centers for Medicare & Medicaid Services (CMS) to authorize the CalAIM Section 1115 and CalAIM Section 1915(b) waivers through December 31, 2026.

[CalAIM Section 1115 Demonstration & Section 1915\(b\) Waiver Webpage](#)

- Section 1115
- Section 1915(b)
- Approval letters

[Approved CalAIM State Plan Amendments](#)

[CalAIM Homepage](#)

CalAIM Initiative

CalAIM's bold Medi-Cal transformation expands on the traditional notion of "the health care system." It is much more than a doctor's office or hospital; it also includes community-based organizations and non-traditional providers that together can deliver equitable, whole-person care.

CalAIM Transformation Means:

- » Meeting the needs of the whole person
- » Engaging health providers who are trusted and relatable
- » Expanding Community Supports and proactive upstream services
- » Promoting community engagement
- » Making the best use of partners and resources

CalAIM Supports Californians' Ability to Stay Healthy in All Areas of Life

Everyone has a stake in a better Medi-Cal program; many of us know someone whose health depends on it.

- » **Population Health.** One in three Californians are enrolled in Medi-Cal, with more than 65% of enrollees identifying as people of color
- » **Children & Youth.** Medi-Cal covers 50% of all births in California, with about two-thirds of children enrolled in Medi-Cal identifying as Black and Latino
- » **Complex Needs & Unmet Care.** More than two in three patient days in a California long-term care facility are covered by Medi-Cal
- » **Justice-Involved.** At least 80% of justice-involved individuals are eligible for Medi-Cal

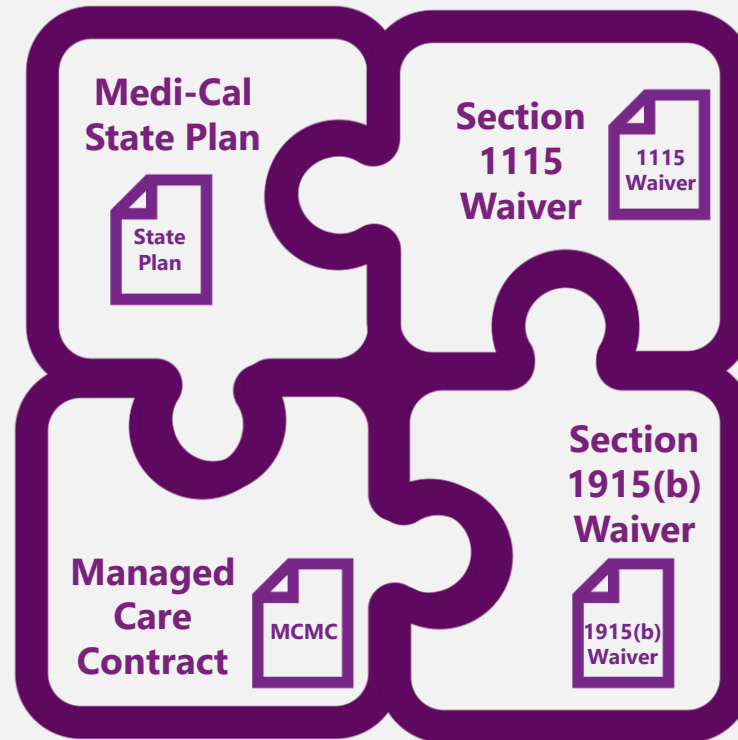
Advancing Health Equity Through CalAIM

- » DHCS is **innovating and transforming the Medi-Cal delivery system** by:
 - Meeting people where they are in life
 - Addressing social drivers of health
 - Breaking down the walls of health care
- » CalAIM moves Medi-Cal towards a **population health** approach that prioritizes prevention and **whole person care**, and extends supports and services beyond hospitals and health care settings directly into California communities
- » CalAIM offers Medi-Cal enrollees **coordinated** and **equitable access** to services that address their **physical, behavioral, developmental, dental, and long-term care needs**, throughout their lives, from birth to a dignified end of life

Approved CalAIM Initiatives

- » Aligned Delivery Systems
- » Enhanced Care Management
- » Community Supports
- » Providing Access & Transforming Health Supports (PATH)
- » Contingency Management in DMC-ODS Counties
- » Peer Support Specialists
- » Aligned Enrollment for Dual Eligibles
- » Global Payment Program
- » Community-Based Adult Services (CBAS)
- » DMC-ODS Services for Short-Term Residents of IMDs
- » Chiropractic Services for Indian Health Service and Tribal Facilities
- » Coverage for Low-Income Pregnant Individuals and Out-of-State Former Foster Care Youth
- » Preventive Dental Benefits and Pay-For-Performance Initiatives for Dental Providers

Multiple Federal Authorities Support the CalAIM Vision



Additional details for certain CalAIM initiatives will come from DHCS guidance (e.g., All Plan Letters).



Delivery Systems Changes

All four delivery systems – Medi-Cal Managed Care (MCMC), Dental Managed Care, Specialty Mental Health Services (SMHS), Drug Medi-Cal Organized Delivery Systems (DMC-ODS) – are now authorized via a single Section 1915(b) waiver.

Standardize & Streamline

- » **Standardize enrollment, benefits, and payment in managed care delivery systems by:**
 - Eliminating variation in MCMC enrollment and benefits based on a Medi-Cal enrollee's eligibility category and county of residence
 - Providing services available in the MCMC benefit package statewide, such as major organ transplants and institutional long-term care services
- » **Streamline SMHS and DMC-ODS policies and access by:**
 - Implementing payment reform for SMHS and DMC-ODS that will transition reimbursement to a structure more consistent with incentivizing outcomes and quality over volume and cost
 - Transitioning to new coding system that will allow for more granular claiming and reporting of services provided and allow for enhanced monitoring of plan performance



Oversight & Accountability

DHCS will implement robust monitoring and oversight focused on access to and availability of services, quality of care, and financial accountability within and across managed care delivery systems.

Oversight & Accountability

- » Improve the **consumer experience** by:
 - Continuing to meet quarterly with advocates and stakeholders
 - Establishing Member Advisory Committee
 - Conducting annual consumer satisfaction survey across all four delivery systems, starting in 2023
- » Submit **workplan detailing approach to strengthen monitoring and oversight of plans** to improve member access to care for Medi-Cal Managed Care, Dental Managed Care, SMHS, and DMC-ODS by June 29, 2022
- » Support **independent assessments on access to care** for MCMC, Dental Managed Care, SMHS, and DMC-ODS, including an independent assessment comparing MCMC networks with those in Medicare Advantage and private California commercial plans
- » **Collect and report on data** to create a comprehensive and transparent view of **access to care, provider network capacity, appeals and grievances, quality, and consumer experience**



Enhanced Care Management (ECM)

Leveraging its managed care authority, DHCS began implementing ECM for populations with complex health and social needs via the Medi-Cal managed care contract in January 2022 and will phase in through 2023.

Benefit Overview

- » ECM is a **new, statewide Medi-Cal benefit** providing intensive care management to address **clinical and non-clinical needs** of Medi-Cal's **highest-need enrollees**, primarily through in-person engagement where enrollees live, seek care, and choose to access services
- » ECM builds off the successful community-based care management programs piloted in the Medi-Cal 2020 waiver's Whole Person Care (WPC) Pilots and Health Homes Program (HHP)
- » In addition to ECM, enrollees may have connections to **Community Supports** to address social drivers of health (to the extent their plan elects to provide)

For more information and the full "populations of focus", see [DHCS' ECM webpage](#) and the [ECM Fact Sheet](#).

Community Supports

DHCS received federal authority to provide 14 State-proposed Community Supports beginning January 2022.

Service Overview

- » Community Supports refer to 14 **new services** proposed by DHCS and approved by CMS **designed to address social drivers of health and advance health equity**
- » Benefits will be offered by a local community provider as a **medically appropriate, cost-effective alternative to traditional medical services or settings**
- » Medi-Cal managed care plans are **encouraged to offer as many of the Community Supports as possible**, which are voluntary for MCPs to offer and for members to use

For more information on the Community Supports that managed care plans have opted to provide and when, see [DHCS' Community Supports webpage](#), [Community Supports Fact Sheet](#), and the [CalAIM Incentive Payment Program FAQ](#).

Community Supports (Cont'd)

Community Supports are authorized through different authorities, but will be operationalized and financed consistently.

Service Overview

- » The **CaAIM Section 1915(b) waiver approval and the MCMC plan contract authorize 12** of the 14 Community Supports:
 - Housing transition navigation services
 - Housing deposits
 - Housing tenancy and sustaining services
 - Caregiver respite services
 - Day habilitation programs
 - Nursing facility transition/diversion to assisted living facilities
 - Community transition services/nursing facility transition to a home
 - Personal care and homemaker services
 - Environmental accessibility adaptations
 - Medically supportive food/meals/medically-tailored meals
 - Sobering centers
 - Asthma remediation
- » The **CaAIM Section 1115 waiver and the MCMC plan contract** authorizes 2 of the 14 Community Supports:
 - Short-term post-hospitalization housing
 - Recuperative care (medical respite)



Dual Eligibles

DHCS received approval to better coordinate coverage for individuals dually eligible for Medi-Cal and Medicare, who often have the most complex health care needs.

Program Overview

- » Effective January 2022, **provide a more integrated experience** for dual eligibles by permitting Medicare plan choice to drive Medi-Cal plan choice
 - In certain counties, a member's **Medi-Cal plan choice will align with their Medicare Advantage or Dual Special Needs Plan (D-SNP)**, to the extent the Medicare plan has an affiliated Medi-Cal plan
- » Effective January 2023, **transition the Cal MediConnect demonstration to a D-SNP exclusively aligned enrollment model**, with plans that coordinate all Medicare and Medi-Cal benefits for dual eligibles
- » In future years, expand the D-SNP exclusively aligned enrollment model to **additional counties**

The federal authority is subject to improved care coordination across Medicare and Medi-Cal, integrated appeals and grievances, and integrated member materials for D-SNPs.



Other CalAIM Section 1115 Provisions

California received authority to continue the following Medi-Cal 2020 Section 1115 waiver initiatives in the CalAIM Section 1115 waiver.

CalAIM Section 1115 Waiver

- » **Out-of-state former foster care youth coverage** for youth up to age 26
- » **Community-Based Adult Services (CBAS) technical changes** to align with other Medi-Cal materials, allow flexibility for the provision and reimbursement of remote services under specified emergency situations, and clarify eligibility and medical necessity criteria.
- » **Chiropractic services for Indian Health Service and tribal facilities**



Evaluation

Consistent with CMS requirements for section 1115 demonstrations, the CalAIM 1115 demonstration will undergo a robust evaluation.

Waiver Evaluation

- » Evaluation will outline research questions and hypotheses to measure **the impact of CalAIM initiatives on enrollee access, quality of care, and health outcomes**, as well as **reductions in health disparities and advancement of health equity**, including:
 - Initiation and engagement with treatment, reductions in inappropriate emergency department utilization, and reductions in inappropriate inpatient hospitalization associated with DMC-ODS services
 - Effectiveness of the Contingency Management benefits provided to qualifying enrollees
 - Increased access to community-based providers of ECM and Community Supports, and improved access and utilization of health care services at the community-level associated with PATH
 - Health outcomes, reductions in inappropriate ED utilization, and reductions in inpatient and long-term care utilization associated with Community Supports



Services for Justice-Involved Populations

In anticipation of implementation in 2023, DHCS continues to negotiate with CMS for new Section 1115 authority to provide services for justice-involved eligible populations in the 90 days prior to release and support re-entry.

Waiver Request

- » To improve health and support re-entry, Medi-Cal-eligible individuals will be able to receive targeted Medi-Cal pre-release services 90 days prior to release from county jails, state prisons, and youth correctional facilities with warm handoffs to community-based providers
- » **Eligibility.** All youth (under age 19) in a corrections settings and adult inmates with at least one healthcare need criterion (e.g., serious mental illness, SUD diagnosis, HIV)
- » **Covered Services.** Care management/coordination, medications and DME to support re-entry, and targeted physical and behavioral health clinical consultations, medications for addiction treatment (MAT), psychotropic medications, laboratory/X-ray services pre-release, as needed
- » **PATH Funding.** Request to support capacity building and planning for effective pre-release care and re-entry supports for justice-involved populations and enable coordination between counties, prisons, jails, juvenile facilities, providers, and community-based organizations

For more information, see [Justice-Involved Initiatives Fact Sheet](#).

Advisory Group Discussion

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CalAIM: Enhancing County Oversight and Monitoring

**Katie Ramsey, County Compliance Unit Chief
Integrated Systems of Care Division**

CCS County Monitoring Goals

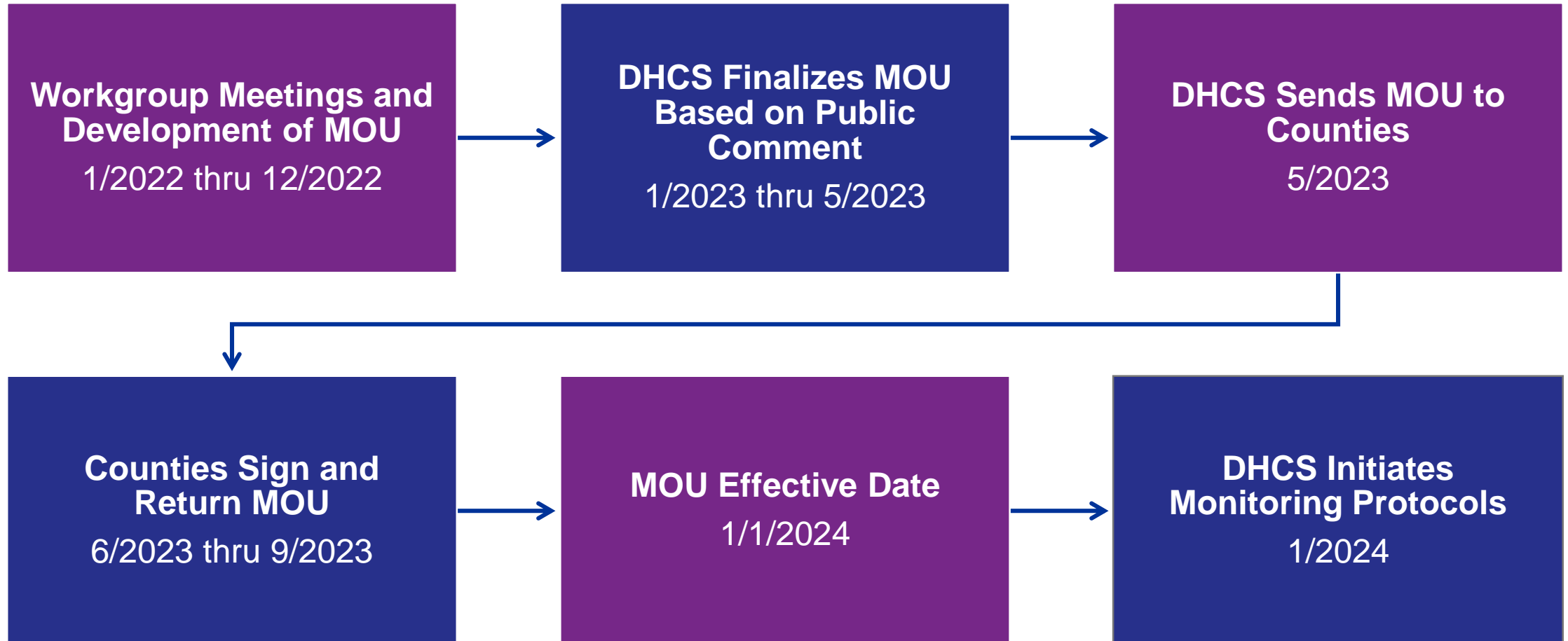
CalAIM Goals

- Identify and manage comprehensive needs
- Improve quality outcomes, reduce health disparities, and transform the delivery system
- Make Medi-Cal a more consistent and seamless system

CCS County Monitoring Goals

- Enhance Monitoring of County CCS Programs
- Execute a Memorandum of Understanding (MOU) with each County
- Establish statewide performance, quality, and reporting standards for county administration

MOU Development Timeline



Workgroup Membership Overview

- » In December 2021, DHCS received 40 nominations from interested parties and selected 27 individuals to serve as members of the workgroup
- » Workgroup includes:
 - » County California Children's Services (CCS) program representatives
 - » Independent, Dependent, and Whole Child Model (WCM) counties
 - » County associations
 - » Stakeholder advocates
 - » Families of present or past CCS beneficiaries
 - » Clinical providers and sites
 - » WCM managed care health plans

Workgroup Meeting Logistics

- All meetings to be held on Mondays from 12:00pm-4:00pm
- Meeting notices and materials to be posted to [DHCS webpage](#)

Workgroup Meeting Dates

- | | | |
|---------------------|-------------------|----------------------|
| » January 31, 2022 | » May 23, 2022 | » September 26, 2022 |
| » February 28, 2022 | » June 27, 2022 | » October 24, 2022 |
| » March 28, 2022 | » July 25, 2022 | » November 21, 2022 |
| » April 25, 2022 | » August 22, 2022 | » December 19, 2022 |

Proposed Meeting Topics

1/31/22

- Project kick-off; Workgroup charter; CCS program overview and authorities

2/28/22

- Recap prior meeting
- Numbered Letters, CCS Standards, and other CCS program documents

3/28/22

- Recap prior meeting
- MOU sections: Background and Purpose; Scope of Work; Organizational Structure; State and County Responsibilities - General

4/25/22

- Recap prior meeting
- MOU sections: State and County Responsibilities - Program Eligibility and Authorizations

Proposed Meeting Topics

5/23/22

- Recap prior meeting
- MOU sections: State and County Responsibilities – Case Management; Referrals; Service Definitions

6/27/22

- Recap prior meeting
- MOU sections: Data and Information Sharing; Business Associates Agreement (BAA) Requirements

7/25/22

- Recap prior meeting
- MOU sections: Program Budgets/Plan and Fiscal Guidelines; Technical Components of the MOU (e.g., Record Retention; Confidentiality; Liability and Indemnity)

8/22/22

- Recap prior meeting
- MOU sections: Appeals and Hearings; Quality Assurance and Monitoring; Quality Improvement; Reporting

Proposed Meeting Topics

9/26/22

- Recap prior meeting
- MOU sections: Monitoring and Corrective Action Procedures

10/22/22

- Recap prior meeting
- MOU sections: Monitoring and Corrective Action Procedures (continued); Enforcement Framework/Financial Sanction Policy; Audit Timeline and Tools

11/21/22

- Recap prior meeting
- Review Draft MOU Outline
- County Training and Technical Assistance

12/19/22

- Recap prior meeting
- Review Draft MOU

First Workgroup Meeting Agenda

- » Introductions
- » Meeting goals
- » Charter, timeline, and meeting topics outline
- » Legislation, authority, and background on the CCS program
- » Proposed MOU outline

Advisory Group Discussion

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CCS Program Planning for 2022

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Susan Philip, Deputy Director, HCDS
Autumn Boylan, Deputy Director, OSP

Purpose of the CCS Advisory Group

- » To advise the DHCS on the improvement of the CCS Program in serving the most vulnerable children and youth to ensure that children and youth who are in the program receive appropriate and timely access to quality care.
- » [CCS Advisory Group Charter](#)

CCS Program - Looking Back on 2021

» What are the key accomplishments of the CCS Program?

2021 CCS Advisory Group Priorities

- » COVID-19 Public Health Emergency
- » CCS Quality Oversight & Monitoring
- » CCS/Whole Child Model (WCM) Dashboards
- » WCM Evaluation and Data Collection
- » State Coordination/Medical Therapy Programs
- » Medi-Cal Rx Implementation
- » CalAIM: Enhanced Care Management Implementation
- » WCM CCS Referrals

CCS Program - Looking Forward in 2022

» What are your top six priorities (in the domains below) for the CCS program?

2022 Priority Domains

- » Access to Care
- » Equity and Quality of Care
- » Beneficiary (and Caregiver) Experience and Satisfaction

Advisory Group Discussion

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CCS Program Updates

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Autumn Boylan, Deputy Director, OSP

CCS Program Letters

Posted

- » Numbered Letter 03-0421: Whole Child Model
- » All Plan Letter 21-005: Whole Child Model
- » Information Notice 21-07: California Children's Services COVID Flexibilities Ending on December 31, 2021
- » Chapter 3.28.1 Aerodigestive Special Care Center Standards

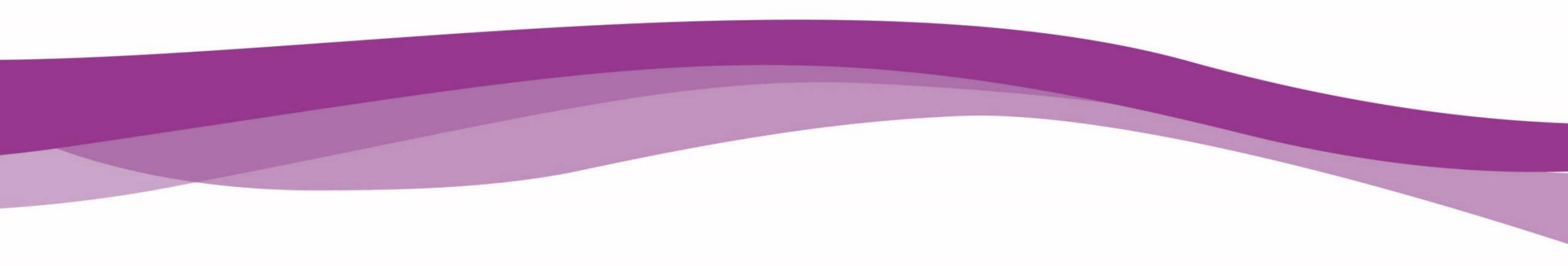
Child Health and Disability Program

- » Department is proposing to sunset Child Health and Disability Program (CHDP) by July 1, 2023 through trailer bill language
- » The proposal preserves:
 - » Presumptive eligibility enrollment activities currently offered through the CHDP Gateway,
 - » Activities under the Childhood Lead Poisoning Prevention Program (CLPP); and,
 - » The Health Care Program for Children in Foster Care (HCPCFC)
- » DHCS will launch the Children's Presumptive Eligibility Program to replace the CHDP Gateway. It will increase the number of children presumptive eligibility providers to include all Medi-Cal providers.
- » By 2023, the majority of children and youth under the age of 21 will be enrolled into a MCP, through which they will receive all medically necessary services.
- » This proposal aligns with the Department's goal under CalAIM to reduce administrative complexities. It will also enhance coordination of care and increase standardization of care across Medi-Cal by consolidating care responsibilities for children/youth under the Medi-Cal managed care plans.

Other Program Updates

- » Medi-Cal Rx Implementation
- » Next Steps on the CCS/WCM Dashboard(s) – combined dashboard [posted](#) on DHCS webpage
- » DHCS' Comprehensive Quality Strategy is [posted](#) for public comment – comments due on 10/27/22

Advisory Group Discussion



Public Comment

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Wrap Up and Next Steps

- » CCS Advisory Group Meetings (Wednesdays) in 2022:
 - » April 13, 2022
 - » July 13, 2022
 - » October 12, 2022

- » Meeting Summaries (**NEW**)

CCS Information

» For CCS Advisory Group information, please visit:

<https://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>

» For WCM information, please visit:

<http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>

» If you would like to be added to the DHCS CCS interested parties email list, or if you have questions, please email CCSRedesign@dhcs.ca.gov.