2025 DHCS PHM STRATEGY DELIVERABLE TEMPLATE

SUBMISSION INSTRUCTIONS

OCTOBER 2025

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

OVERVIEW

On January 1, 2023, the California Department of Health Care Services (DHCS) launched the Population Health Management (PHM) Program, which is a cornerstone of California Advancing and Innovating Medi-Cal (CalAIM). As part of the PHM Program, Managed Care Plans (MCPs) are required to submit the PHM Strategy Deliverable to DHCS annually. The purpose of the annual PHM Strategy Deliverable is for MCPs to demonstrate their engagement in local health jurisdictions' (LHJs) community health assessments (CHAs) and community health improvement plans (CHIPs) and provide other updates on the MCP implementation of the PHM Program to inform DHCS' monitoring efforts.[1] The 2025 DHCS PHM Strategy Deliverable is intended for MCPs to:

- Share updates to the shared goals and specific, measurable, attainable, realistic, and time-bound; (SMART) objectives developed in collaboration with LHJs for the 2023 DHCS PHM Strategy Deliverable;
- Share how they are meaningfully participating on LHJs' CHAs and CHIPs, including bright spots and challenges;
- Share updates on progress towards the 14 Behavioral Health Goals;
- Attest to completion of the National Committee for Quality Assurance (NCQA) PHM Strategy (inclusive of annual NCQA population assessment) and provide updates since last submitted to DHCS;

If DHCS has concerns about MCPs' DHCS PHM Strategy Deliverable submissions, DHCS will engage in monitoring and compliance efforts to drive improvement in these PHM program elements, as specified in the PHM Policy Guide.

[1]This deliverable Template is aligned with requirements established in the 2024 Contract, the PHM Policy Guide, and the PNA and PHM Strategy All Plan Letter (APL 23-021).

DIRECTIONS

All Strategy Deliverable responses are due by February 2, 2026. The 2025 PHM Strategy Deliverable will be submitted electronically, using this Survey Monkey form. This PDF template and instructions are a preview of the questions MCPs will respond to in the online submission. MCPs are not to submit these PDF versions back to DHCS. **MCPs are required to submit one online form per LHJ. The online survey cannot be saved mid-progress, we strongly recommend preparing responses in advance using the PDF template before beginning the submission.**

Part 1 includes questions related to activities with LHJs in the county or city in which they operate. MCPs must complete one online form for each LHJ in the MCP service area.

Part 2 includes questions related to activities with county Behavioral Health Plans, in each county which the MCP operates, focused on improving the 14 statewide behavioral health goals, using county-level data. MCPs must complete one online form for each LHJ in the MCP service area.

Part 3 includes overarching questions that are not specific to any one LHJ or Behavioral Health Plan. These questions need to be answered only **once** by the Prime MCP. The online form will allow you to skip part 3 if you have already submitted answers in another form.

Please note that MCPs within the same LHJ service areas shall each complete the PHM Strategy Deliverable Template for the service area(s) it covers, ensuring that any populations served by Subcontracted MCPs[2] are included in the responses and that their input is considered as appropriate. Subcontracted MCPs are not required to complete and submit these deliverable templates separately. All Prime MCPs are responsible for ensuring that their Subcontracted MCPs and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance (e.g., APLs, Policy Letters, PHM Policy Guide, and DHCS Comprehensive

[2] Medi-Cal Managed Care Boilerplate Contract, Exhibit A, Attachment 3, Section 4.3.2 Population Needs Assessment

Quality Strategy), including all relevant requirements on health education and cultural and linguistic needs.

For questions and additional information, please email PHMSection@dhcs.ca.gov (Subject line: Questions re: 2025 PHM Strategy Deliverable Template).

MCP Contact Information

Please provide the name, title, and email address of the MCP's single point of contact (POC) for this MCP's PHM Program (i.e., decision maker) and the individual submitting this form, if different. Please note, this contact information will be shared with key partners, such as LHJs.

Name of Prime MCP: [Text Box]

First name of POC: [Text Box]

Last name of POC: [Text Box]

Job Title of POC: [Text Box]

Email Address of POC: [Text Box]

If the individual submitting the deliverable is different from the POC, please complete the contact information below.

First Name of Individual Submitting Deliverable: [Text box]

Last Name of Individual Submitting the Deliverable: [Text box]

Job Title of Individual Submitting Deliverable: [Text box]

Email Address of the Individual Submitting the Deliverable: [Text box]

PART 1

LHJ Contact Information

Name of LHJ Referenced for this Submission: [Text box]

Name of LHJ Representative: [Text box]

Email Address of LHJ Representative: [Text box]

Job Title of LHJ Representative: [Text box]

Did the MCP collaborate with other MCP(s) within this LHJ's county/city to develop the shared goal/SMART Objective? (Please note this was not a requirement.) Yes/No

Part 1A: Shared Goal/SMART Objective

In 2023, MCPs were required to collaborate with LHJs to identify mutual priorities for advancing health equity and develop at least one shared goal and a SMART objective related to these priorities to promote collaboration between MCP and public health entities (see examples here). The shared goal/SMART objective must have:

- Had a start date of, or prior to, January 2024 and should be achievable in 1-2 years.
- Aligned with DHCS' Bold Goals initiative as described in DHCS' Comprehensive Quality Strategy[3]
- Supported a related county LHJ project that was in the process of being implemented or was about to be launched.
- Qualified as SMART: Specific, Measurable, Achievable, Realistic, and Time-bound

For the shared goal and SMART objective your MCP submitted in the 2024 PHM Strategy Deliverable process, please provide an update on progress towards achieving the goal by answering the following questions:

1. Has your shared goal and/or SMART objective changed since it was submitted in the 2024 PHM Strategy Deliverable? Yes/No

[3]Please note the Shared Goal/SMART Objective was a separate 2023 DHCS PHM Strategy Deliverable activity intended to help support collaborative relationship-building among MCPs and LHJs. There is no requirement that LHJs' CHAs/CHIPs must align with DHCS' Bold Goals

2. If Yes, what best describes the reason for the change? (Select all that apply)
    - ☐ Goal was no longer feasible
    - ☐ Change in MCP or LHJ priorities
    - ☐ Other (please specify): _____ (50 words or fewer)
    - ☐ NA
3. Please enter your current shared goal and SMART objective: Note: If the goal has not changed since 2024, please re-enter the original version for reference. (300 words or fewer)
4. Please select the category(ies) and sub-category(ies) most applicable to your shared GOAL (Select all that apply)

Categories	Sub-categories
MH/SUD	» Follow up » Data sharing » Other
Birthing care	» Doula Services » Health disparities
Child wellness	» Well-child visits » Lead screening » Immunization » Health disparities » Dental care
Access to Care	
Other	

5. Select all DHCS Bold Goals to which the shared goal/SMART objective applies. (Select all that apply)
    - ☐ Close racial/ethnic disparities in well-child visits and immunization by 50%
    - ☐ Close maternity care disparity for Black and Native American persons by 50%
    - ☐ Improve maternal and adolescent depression screening by 50%

- Improve follow up for mental health and substance use disorder by 50%
- Ensure all health plans exceed the 50th percentile for all children's preventive care measures

6. Has the shared goal and SMART objective developed in collaboration with the LHJ been achieved?
   - Yes, fully achieved
   - Partially achieved/in progress
   - No, no progress has been made
7. Describe your MCP's current progress on the shared goal and SMART objective. *(250 words or fewer)*
   - What actions has your MCP taken to implement or make progress towards the goal? Example: Held monthly MCP-LHJ workgroup meetings; launched a new referral workflow.
   - What measurable results or early impacts have you seen? *Example: Increased preventive screening rates by 12%.*
   - What phases or milestones have you completed? *Example: Finalized training materials.*

You may upload optional supporting materials (PDF, JPEG, or GIF), such as progress reports, evaluations, or data but not an extended written response.

8. Describe any challenges or barriers encountered in implementing the shared goal and SMART objective.
Include any strategies used to overcome them or plans to address unresolved issues. *(200 words or fewer.)*

9. [Optional] Did your MCP experience any unintended outcomes as a result of implementing this goal?
These may include outcomes that were not anticipated but helped shape your MCP's future PHM approach. *(200 words or fewer.)*

Part 1B: Meaningful Participation in LHJs' CHAs/CHIPs

Starting January 1, 2024, MCPs were required to begin to meaningfully participate in the CHAs and CHIPs led by LHJs in the service area(s) where they operate. MCPs are expected to reflect on how they have remained active collaborators with LHJs and met PHM policy requirements across the following three core areas of meaningful participation:

- **Stakeholder Engagement** – continued attendance and contributions to CHA/CHIP governance structures or key meetings (e.g., steering committees, workgroups).
- **Provision of Resources** – financial and/or in-kind contributions to support CHA/CHIP priorities (required beginning January 2025).
- **Data Sharing** – data must be shared in a timely manner when requested by the LHJ for mutually agreed upon priority areas to support the CHA/CHIP process (required beginning in Q2 2025).

MCPs should review Section II: PHM Program (pg 3) of the PHM Policy Guide to inform their responses to this section. MCPs are encouraged to describe progress across all three core areas.

1. Has your organization meaningfully participated with this LHJ in a CHA at any point since January 2024? Yes No

2. When did this LHJ complete its most recent CHA? (If you only know the month and year of completion, please put the 1st of the month. Ex: If completed May 2024 – Enter 05/01/2024) [Enter Date or N/A]

3. Has your organization meaningfully participated with this LHJ in a CHIP at any point since January 2024? Yes No

4. When did this LHJ complete its most recent CHIP? (If you only know the month and year of completion, please put the 1st of the month. Ex: If completed May 2024 – Enter 05/01/2024) [Enter Date or N/A]

5. If answered NO to any of the above, please indicate the reason below. (Select all that apply)

- ☐ LHJ does not currently have a CHA in development.
- ☐ LHJ does not currently have a CHIP in development.

- □ The CHA or CHIP was published prior to MCP engagement in the process.
- □ Lack of clarity on the MCP's role or contribution.
- □ Participation was initiated but not sustained (e.g., due to turnover).
- □ Other (please specify): *(*Text box, *50 words or fewer)*

Stakeholder Engagement

1. Has your organization continued to participate in the CHA/CHIP governance structure or attend any key meetings (e.g., steering committees, workgroups, etc.) as permitted/requested by the LHJ in 2025? Yes No
    a. If Yes, please provide the number of meetings your MCP attended in 2025 at the LHJ's request/permission (enter number).
    b. If Yes, please describe how your MCP has remained engaged in the CHA/CHIP governance structure and/or meetings in 2025 (e.g., regular participation, co-leading workgroups, offering technical assistance).
    c. If No, what are the reason(s) your MCP has not continued to engage in the CHA/CHIP governance structure or meetings in 2025? (Select all that apply)
        - □ Not invited to participate by the LHJ
        - □ Participation was limited due to MCP capacity or staffing
        - □ Scheduling conflicts or misalignment
        - □ Other (please specify): (Text box, 50 words or fewer)
2. How has your CAC remained informed about or involved in your plan's participation in the LHJ CHA/CHIP process in 2025? (Select all that apply)
    - □ CAC was informed via regular meetings
    - □ CAC was asked to provide input or feedback
    - □ CAC reviewed draft CHA/CHIP-aligned activities
    - □ Other (please specify): (Text box, 50 words or fewer)
3. Please briefly describe any notable CAC feedback or participation related to your plan's ongoing engagement with the LHJ's CHA/CHIP. If there was none, please explain why. (Text box, 250 words or fewer)

Resource Contribution

Starting on January 1, 2024, MCPs were required to work with LHJs to determine the funding and/or in-kind staffing the MCP would contribute to support the CHA/CHIP process. Beginning in January 2025, MCPs were expected to begin making resource contributions to these efforts.

1. Did your organization provide any funding or in-kind staffing to this LHJ to support CHA/CHIP activities in 2024, prior to the 2025 requirement? Yes/No
2. Funding: Since January 1, 2025, has your organization contributed funding specifically, to this LHJ to support CHA/CHIP development? Yes/No
3. If yes, what is the total funding your organization has contributed to this LHJ to support CHA/CHIP development? (For this response do not include planned funding) (Enter dollar amount. If none, enter $0.]
    - Please enter the date when your organization first provided funding in 2025. (Enter date only)
    - Is any additional funding planned for 2026? Yes/No
    - If Yes: Enter the planned date your organization expects to provide funding (Enter date only)
    - If No: Please describe why no funding is planned for this LHJ (Text box, 250 words or fewer.)
    - Please describe what CHA/CHIP-related activities are being supported by the funding provided. *(250 words or fewer)*
4. If no, please describe why no funding has been provided for this LHJ.
    - Is any funding planned for 2026? Yes/No
    - If Yes: Enter the planned date your organization expects to provide funding (Enter date only)
    - If No: Please describe why no funding is planned for this LHJ (Text box, 250 words or fewer.)
5. In-Kind Staffing: Since January 1, 2025, has your organization contributed in-kind staffing to this LHJ to support CHA/CHIP development? Yes/No
    - If yes, Please describe the in-kind staffing or support your organization has provided to the LHJ in 2025. (Text box)

- □ If No: Please describe why no in-kind support has been provided for this LHJ (Text box, 250 words or fewer.)
    a. If yes, What was the start date for this in-kind support in 2025? (Enter date)
    b. If yes, What is the estimated value of the in-kind support (in dollars)? (Do not include planned in-kind support) (Enter dollar amount. If none, enter $0.)
    c. Is any additional in-kind support planned? Yes/No
    d. If Yes: Enter the planned date your organization expects to provide in-kind support (Enter date only)

6. What is the total value of both funding and in-kind contributions your organization has made to this LHJ's CHA/CHIP as of the date of this submission? (Enter total dollar amount.)
7. Please describe how your organization assessed whether this total contribution is commensurate with your Medi-Cal population share in this LHJ. (Text box, 250 words or fewer.)
8. Have you encountered any challenges in making or coordinating contributions to the LHJ's CHA/CHIP efforts in 2025? (Text box, 200 words or fewer.)

Data Sharing

Beginning in 2024, MCPs were expected to work with each LHJ in their service area to identify priority areas for data sharing, such as claims, encounters, or other health and social service data. Beginning in Q2 2025, MCPs must start sharing the agreed-upon data in a timely manner, using appropriate formats and mechanisms aligned with LHJ capacity and priorities.

1. Have the data-sharing priority areas identified with this LHJ changed since your 2024 PHM Strategy Deliverable submission?
    - □ No, they remain the same
    - □ Yes, they have changed
2. If Yes, please state the updated shared data priority area and briefly explain the rationale. (Text box – 200 words or fewer)
3. Has your organization begun sharing data with this LHJ based on the priority areas identified in 2024?
    - □ Yes, data sharing is underway and aligned with agreed-upon priorities

- □ Not yet, but data sharing has been planned and will begin soon
- □ No, legal or policy issues are delaying data sharing (e.g., DSA approvals, privacy concerns)
- □ No, technical or infrastructure issues are preventing data sharing (e.g., incompatible systems, lack of standard formats)
- □ No, data priorities have not yet been finalized with the LHJ
- □ Other (please describe): [text box]

4. a. If Yes, or Not yet, please indicate the types of data shared or will be shared.

   Select all data types that apply:

   - □ Utilization
   - □ Encounter
   - □ Quality
   - □ Demographics
   - □ HEDIS
   - □ Other (please specify):

b. For each type of data selected, indicate: frequency of sharing (e.g, monthly, quarterly, annually, or other) and format of sharing (e.g., static report, dashboard access, secure data transfer, or other)

Example: Utilization, monthly, Static Report; Quality, annually, secure data transfer

[Text Box]

5. Has your organization encountered any legal, technical, or operational challenges in planning for or implementing data sharing with this LHJ? (Select all that apply)
   - □ Legal or privacy-related concerns (e.g., DSA delays, unclear data use policies)
   - □ Technical challenges (e.g., incompatible file formats, system limitations, interoperability issues)
   - □ Operational challenges (e.g., staff turnover, lack of standard processes, misaligned timelines)
   - □ Difficulty identifying or agreeing on shared data priorities
   - □ No challenges encountered
   - □ Other (please describe): (text box 50 words or fewer)

General Feedback

1. Please describe any bright spots encountered while participating in this LHJ's CHA/CHIP process. (200 words or fewer)
2. Please describe any challenges encountered while participating in this LHJ's CHA/CHIP process. (200 words or fewer)
3. Please share any other observations not otherwise captured by the above questions. (200 words or fewer)

End of Part 1

PART 2

Statewide Behavioral Health Goals

The state is committed to boldly taking action to provide Californians with quality, culturally responsive behavioral health services when, how, and where they need them.1 Under Behavioral Health Transformation (BHT), DHCS is taking a population health approach to align expectations across California's behavioral health delivery system; establishing a vision for quality and equity and setting statewide goals to drive progress across the behavioral health delivery system; and using data to support continuous quality improvement.

DHCS, in consultation with stakeholders and subject matter experts, identified 14 statewide behavioral health goals focused on improving wellbeing (e.g., quality of life, social connection) and decreasing adverse outcomes (e.g., suicides, overdoses). These behavioral health goals (shown in Figure 1) will inform state, county behavioral health, and MCP planning to improve behavioral health.

Figure 1. Statewide Behavioral Health Goals

Goals for Improvement	Goals for Reduction
» Care experience	» Suicides
» Access to care	» Overdoses
» Prevention and treatment of co-occurring physical health conditions	» Untreated behavioral health conditions
» Quality of life	» Institutionalization
» Social connection	» Homelessness
» Engagement in school	» Justice-Involvement
» Engagement in work	» Removal of children from home

Note that health equity, defined as the "reduction or elimination of health disparities, health inequities, or other disparities in health that adversely affect vulnerable populations," will be incorporated in each of the statewide behavioral health goals. In addition to identifying disparities, DHCS is asking counties and MCPs to work together to address the statewide behavioral health goals and disparities in the communities they serve.

For more information on the statewide behavioral health goals, please see the BHSA County Policy Manual Chapter 2, Section C.

MCP PHM Strategy Requirements

The statewide behavioral health goals and associated population-level behavioral health measures must be used in MCP PHM Strategy to inform resource planning and implementation of targeted interventions to improve outcomes. Each County BH Plan must also use these population health goals and measures to inform their community planning process and resulting Integrated Plan.

Review the status on each of the primary and supplemental measures for each of the 14 statewide goals in the county in which you operate using DHCS-provided instructions and the County Population-Level Behavioral Health Measure Workbook; please see this site for resources. As part of this review, MCPs must evaluate disparities. MCPs are encouraged to use their existing tools, methods, and systems to support this analysis and may also incorporate local data sources to strengthen their evaluation.

Priority Statewide Behavioral Health Goals

MCPs are required to address the six priority statewide behavioral health goals in this section.

1. What county are you submitting this behavioral health section for? (if different from the corresponding LHJ in Part 1) [textbox]
2. After reviewing your county's performance on the primary and supplemental measures, assess which are the three priority goals where your county's performance is lowest compared to the statewide rate or average. (Please select three of the following)
    - ☐ Access to Care
    - ☐ Homelessness
    - ☐ Institutionalization
    - ☐ Justice Involvement
    - ☐ Removal of Children from Home
    - ☐ Untreated Behavioral Health Conditions

2. Please briefly describe your plan to improve the **three** statewide goals you selected in the previous question. [narrative box, limit 200 words, please state which goal you are addressing for each one]
    1. [Goal 1] [text box, limit, 200 words]
    2. [Goal 2] [text box, limit, 200 words]
    3. [Goal 3] [text box, limit, 200 words]
3. Identify the populations in which you identify the largest disparities observed, please provide a written summary of your findings, including the measures and population groups experiencing disparities and a description of the data that supported your analysis (you may use publicly available data or locally supplemented data). Please consider the following disparities: age, gender, race or ethnicity, sex, spoken language: [narrative box, limit 250 words]
4. County Behavioral Health Plans (BHPs) are responsible for planning to improve 6 priority goals (listed in question #1 above) and one additional county-identified priority goal. Are you partnering with your BHP/BHPs to work together on improvement on these priority goals? (Yes/No)
    a. If Yes, please briefly describe your partnership with your BHP/BHPs to improve on the priority goals. *Note: If you operate in multiple counties, please address the status of your partnership in the specific county you are submitting for*. [narrative box, limit 250 words]
    b. If No, please briefly describe the steps you will take to engage your BHP/BHPs on these priority goals. *Note: If you operate in multiple counties, please address the status of your partnership in the specific county you are submitting for*. [narrative box, limit 250 words]

<u>End of Part 2</u>

Have you already submitted a Strategy Deliverable for another LHJ and completed **Part 3: NCQA Accreditation Attestations**?

(Yes – End Survey / No – continue to Part 3)

PART 3

NCQA Accreditation

These questions need to be answered only **once** by the Prime MCP.

Per contract requirement, starting on January 1, 2023, all MCPs were required to demonstrate to DHCS that they met the PHM Standards section of the NCQA Health Plan Accreditation requirements. By January 1, 2026, all MCPs must obtain Medicaid NCQA Health Plan Accreditation and NCQA Health Equity Accreditation.

As part of Health Plan Accreditation, NCQA requires plans to develop an "NCQA PHM Strategy" describing how it will meet the needs of its members over the continuum of care. Certain aspects are measured and updated annually. As part of its NCQA PHM Strategy, each plan must annually meaningfully participate in the completion of a "Population Needs Assessment" (PNA) of member needs and characteristics.

1. Please attest to one of the following statements regarding the MCP's PHM Strategy that meets the NCQA PHM Standards:

    a. The PHM Strategy that meets NCQA PHM Standards that was submitted by this MCP to DHCS in 2023 or 2024 has been updated. A new version that is valid for 2025 is attached. [Please attach the document]

    OR

    b. The PHM Strategy that meets NCQA PHM Standards that was submitted by this MCP to DHCS in 2023 or 2024 has NOT been updated and is valid for 2025.

2. If applicable, please explain why the PHM Strategy has not been updated since the MCP's last submission to DHCS. [Text box 150 words or fewer]

3. Please attest to one of the following statements regarding the MCP's NCQA population assessment that is required by NCQA to be included with the PHM Strategy that meets the NCQA PHM Standards:

    a. The annual NCQA population assessment update to be included with PHM Strategy that meets NCQA PHM Standards has been updated since it was submitted by this MCP to DHCS in 2023 or 2024. A new version that is valid for 2025 is attached. [Please attach the document.]

    OR

b. The annual NCQA population assessment update to be included with PHM Strategy that meets NCQA PHM Standards has NOT been updated since it was submitted by this MCP to DHCS in 2023 or 2024.

4. If applicable, please explain why the NCQA population assessment has not been updated since the MCP's last submission to DHCS. [Text box 150 words or fewer]

End of Part 3

Thank you for your completion of the PHM Strategy Deliverable Template by February 2, 2026

For questions and additional information, please email PHMSection@dhcs.ca.gov
(Subject line: Questions re: 2025 PHM Strategy Deliverable Template)