Medi-Cal Children's Health Advisory Panel

Thursday, November 2, 2023

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

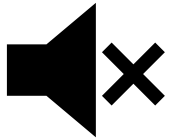
November 2023

Webinar Tips

- Please use either a computer or phone for audio connection.
- Please mute your line when not speaking.
- For questions or comments, email:

  SACInquiries@dhcs.ca.gov or

  MCHAP@dhcs.ca.gov.



Welcome and Introductions

Mike Weiss, M.D., Chair

DHCS

Director’s Update

Michelle Baass, Director, DHCS

Election of Chairperson for 2024

Michelle Baass, Director, DHCS

Student Behavioral Health Incentive Program (SBHIP)

Program Status Overview

Brian Fitzgerald, Chief, Local Governmental Financing, DHCS

DHCS

SBHIP: Background Information

- Senate Bill 75 (2019) – Charged California Department of Education (CDE) and Department of Health Care Services (DHCS) to convene one or more workgroups to identify barriers that may inhibit local educational agency access to federal Medicaid reimbursement for student health services.
  - Report published October 2021.
- Key findings were broad and focused on state-level resources, collaboration, and technical assistance. It was clear through discussions, that meaningful partnerships between local school partners and Medi-Cal Managed Care and Commercial plans must be a component to change.

SBHIP: Background Information Cont.

Ongoing stakeholder discussion both during the SB 75 work effort and after the final report submission revealed several key concerns at the local levels

- Schools simply don't have enough ongoing resources to be successful in maintaining care
- There has been very limited partnership between schools, school districts, county offices of education and Medi-Cal managed care plans
- Statutory requirements (HIPAA/FERPA) made sharing information on care of the children nearly impossible.
- Schools and educational advocates were significantly disadvantaged in understanding health care delivery systems and financing

SBHIP: Background Information Cont.

The recommendations from SB 75 and ongoing stakeholder engagement has led to state investments that seeks to reimagine the systems, regardless of payer, that support behavioral health for all California's children, youth, and their families.

- Children and Youth Behavioral Health Initiative (CYBHI)
  - FY 21/22
    - Student Behavioral Health Incentive Program (SBHIP)
    - BH Continuum Infrastructure Program
    - CalHOPE Student Services
  - FY 22/23
    - Scaling Evidence-based Practices Grants
    - School-linked Partnerships & Capacity Grants
    - Implementation of Dyadic Services Benefit
  - FY 23/24
    - BH Virtual Services and E-consult Platform
    - Statewide Fee Schedule & BH Provider Network
    - Pediatric and Primary Care Training

SBHIP Overview

SBHIP is a $389M State investment for infrastructure to increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

- Medi-Cal Managed Care Plans are required to partner with County Offices of Education and County Mental Health Plans to create a needs assessment.
- Based on the needs assessment, project plans detailing state defined technical intervention categories are submitted to DHCS. While broad TI categories were developed by DHCS, the Medi-Cal Managed Care Plans and County Offices of Education had flexibility in defining implementation criteria.
- Payments to Medi-Cal Managed Care Plans are made for:
  - Needs Assessments
  - Project Plans (Milestone One)
  - Incentive payments from DHCS based on achieving outlined milestones and performance metrics

SBHIP Overview: Participation

All 58 counties in California are participating in SBHIP.

Stakeholders involved in SBHIP include:

- **23** Medi-Cal Managed Care Plans (MCPs)
- **57** county offices of education (COEs)
- **58** county behavioral health (BH) departments
- **311** local education agencies (LEAs)
  - 30% of LEAs in the State**

Number of Schools Participating in SBHIP

3,798*

36% of schools in the State**

Approximate Number of School-Aged Children Impacted by SBHIP

1.4M*

24% of public-school enrolled youth in the State**

Approximate Number of School-Aged Medi-Cal Beneficiaries Impacted by SBHIP

870K*

~61% of the School-Aged Children Impacted by SBHIP are Medi-Cal Beneficiaries

*Values are estimates as reported by MCPs based on Project Plan Submissions.
**Guidehouse compared SBHIP values to LEA / School District, School, and Enrollment Counts on the California Department of Education Website (link).

Needs Assessment Findings

During the Needs Assessment process, SBHIP partners identified factors impacting student behavioral health that spanned from high rates of anxiety and depression to environmental factors such as family trauma and poverty.

Top Behavioral Health Needs*
1. Anxiety – 76% 236 LEAs across 50 Counties
2. Depression – 55% 171 LEAs across 46 Counties
3. Behavioral / Emotional Regulation – 20% 61 LEAs across 29 Counties
4. Suicidal Ideation / Self-Harm – 14% 44 LEAs across 18 Counties

Top Behavioral Health Service Delivery Gaps*

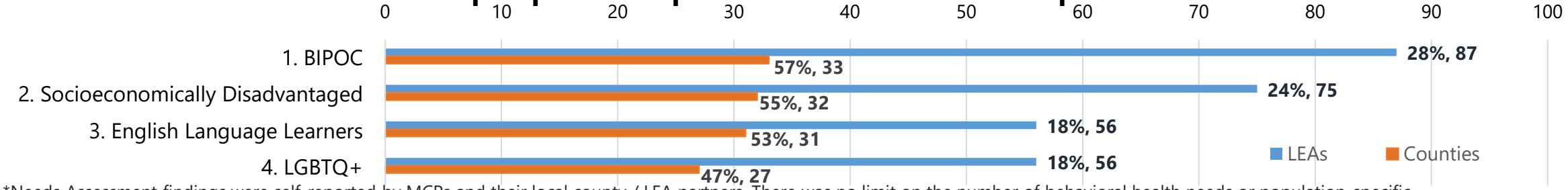
42% of LEAs identified a lack of **Available Behavioral Health Providers and Staff**

- Staffing / Community Provider Shortages
- Lack of Counselors at Small School Sites
- Specialized Clinicians
- High Staff Turnover / Burnout
- Diversity of Behavioral Health Workforce
- Bilingual Staff

31% of LEAs identified a lack of **Available Behavioral Health Services** by Quantity or Type of Service

- Services Provided In-House
- Tier 1, 2, and 3 Services
- Virtual Support / Counseling
- LGBTQ+ Supports and Services
- Culturally-Specific Care
- Intensive Support for Acute Crises

Top Population-Specific Behavioral Health Disparities*



*Needs Assessment findings were self-reported by MCPs and their local county / LEA partners. There was no limit on the number of behavioral health needs or population-specific disparities each county could report. MCPs could also opt to not respond to a question if it did not apply to the selected county / LEA.

Targeted Intervention Categories

Behavioral Health Wellness (BHW) Programs

- Telehealth Infrastructure to Enable Services and/or Access to Technological Equipment
- Behavior Health Screenings and Referrals
- Suicide Prevention Strategies
- Substance Use Disorder services
- Building Stronger Partnerships to Increase Access to Medi-Cal Services
- Culturally Appropriate and Targeted Populations
- Behavioral Health Public Dashboards and Reporting

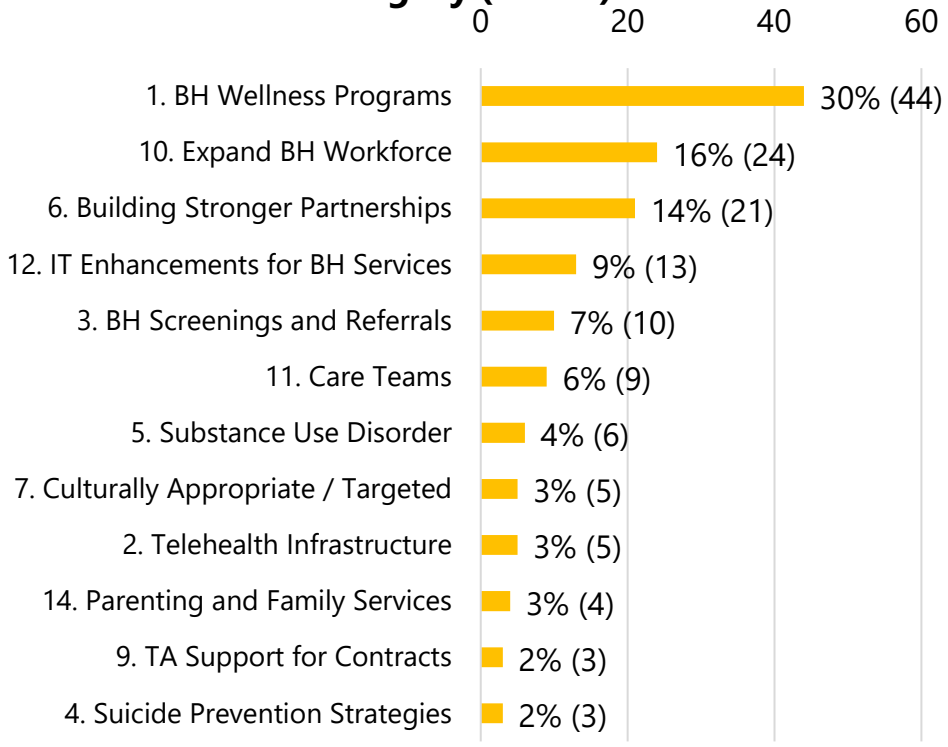
Expand Behavioral Health Workforce

- Technical Assistance Support for Contracts
- Care Teams
- IT Enhancements for Behavioral Health Services
- Pregnant Students and Teens Parents
- Parenting and Family Services

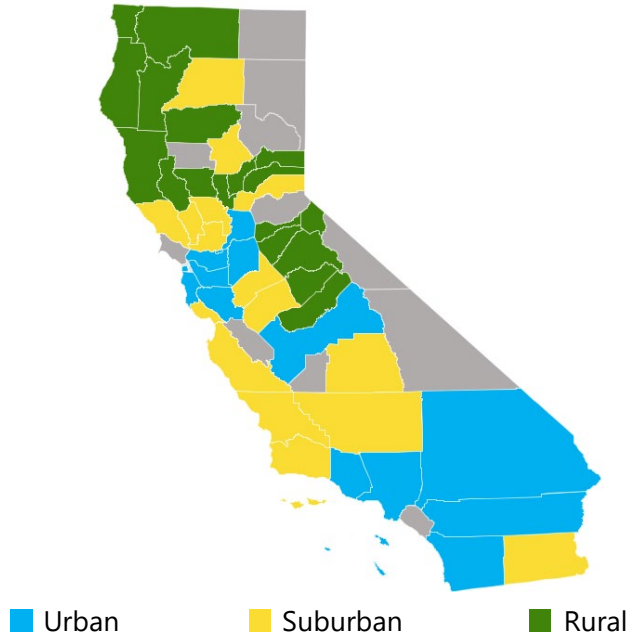
Project Plan Findings

Based on findings from the Needs Assessments, MCPs and their SBHIP partners completed Project Plans describing TIs they are implementing in their counties. SBHIP Partners developed 147 unique TIs across the State.

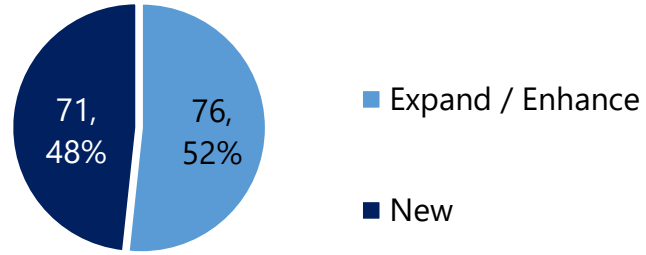
Percent of Total Project Plans by TI Category (Count)



Behavioral Health (BH) Wellness Programs (TI 1)
are being implemented in
75% of the counties across the State.*



Expanded or New Intervention



BH Wellness Programs (TI 1) was the Top TI Category across all regions and ruralities in the State.

- Of the 22 counties with a one TI minimum, 68% (15) selected to implement BH Wellness Programs.

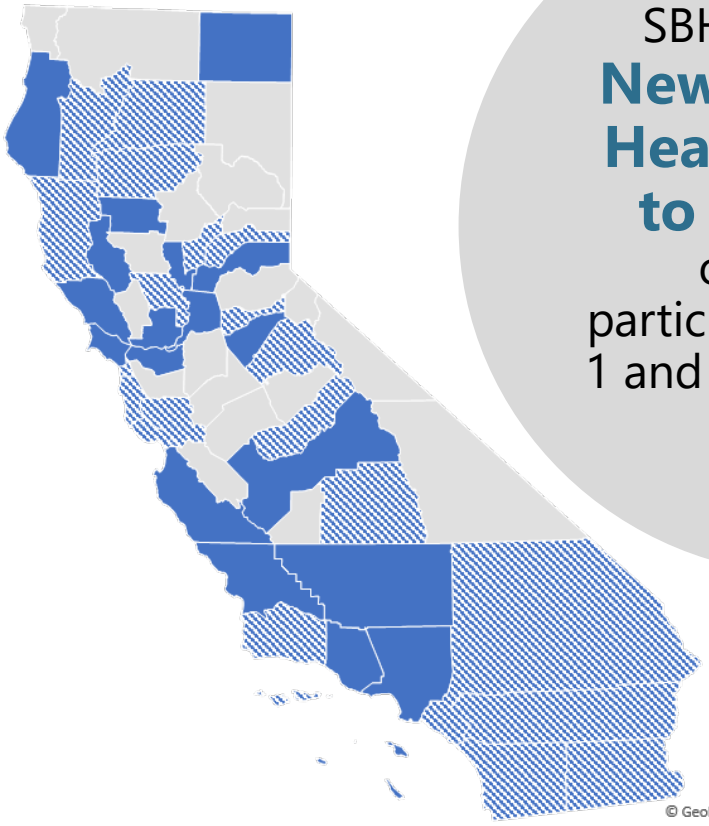
*BHW Programs are being Implemented in 44 of the 58 counties in the State.

SBHIP Continues to Expand School-Based Behavioral Health Services in California

Both SBHIP and the Mental Health Student Services Act (MHSSA) Grants are intended to increase student access to school-based behavioral health services. Review of the two initiatives confirmed that SBHIP TIs expand on existing MHSSA programs and introduce new school-based behavioral health services to counties across the state.

Relationship of SBHIP TIs to MHSSA Grant Programs by County

- SBHIP TI(s) introduce new school-based behavioral health services to the county
- SBHIP TI(s) Expand on MHSSA Grant Programs **AND** introduce new school-based behavioral health services to the county
- Counties with Phase 3 MHSSA Grants not included in the analysis



SBHIP TIs added **New Behavioral Health Services to 100% (38)** of counties participating in Phase 1 and 2 MHSSA Grant Programs

Progress Report

County and Plan partnerships have been formed and while it was challenging during the needs assessment process regarding roles and responsibilities this abrasion has eased.

Most partnerships are resulting in immediate access improvement for BH services (wellness centers & increased workforce)

Some partnerships have tackled the hardest and least “glamorous” technical interventions (IT Enhancements) which may lead to best practices for less sophisticated partnerships.

Future Forward

Ongoing sustainable working relationship

Leveraging partnerships to create smooth transitions in other areas (CYBHI Fee Schedule, Mandatory MCP engagement at school in 2024)

The analysis of remaining gaps in populations, partnerships and services between the many initiatives is currently underway

Questions?

SBHIP@guidehouse.com

Orange County

Carmen Katsarov, LPCC, CCM
Executive Director, Behavioral Health Integration, CalOptima Health

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

SBHIP Targeted Interventions

» Selection Rationale:

- Driven by the needs assessment completed by Orange County's 29 school districts.
- Builds a foundation for sustaining the delivery and billing for approved allowable school-based behavioral health services.
- Helps identify organizations to partner in the design of a new "whole" system of care for our Medi-Cal youth.

CalOptima Health's SBHIP Partners

Orange County Department of Education (OCDE)

All 29 Orange County Public School Districts

- Increase the Behavioral Health staffing
- Contracting and billing
- Technology infrastructure
- Enhance screening and referral process

Hazel Health

- Implement a Behavioral Health Telehealth platform for all 29 school districts' students to receive access to Behavioral Health counseling services

CHOC

- Build 10 new WellSpaces
- Emergency Department/Intensive Care School Transition Coordinator
- Mental Health services for deaf & hard of hearing students
- Autism Comprehensive Care Program
- Mental Health Crisis Clinic for direct linkage from school to CHOC for telehealth or in person

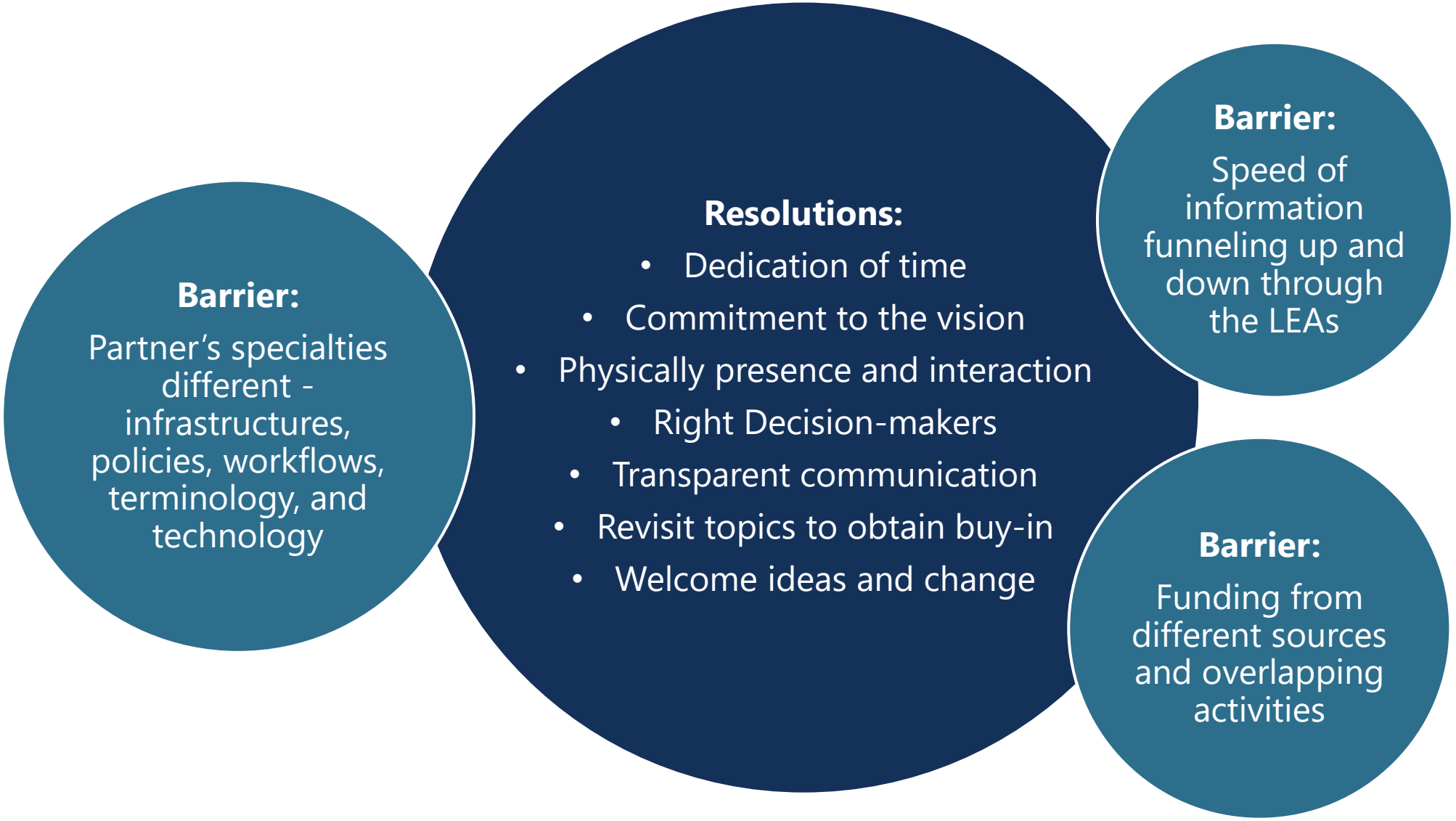
Western Youth Services (WYS)

- Develop a Behavioral Health Curriculum for the 29 school districts
- Train school districts on core clinical competencies, early intervention strategies, including screening tools
- Provide consultative support services post-training

Orange County Health Care Agency (OCHCA)

- Coordination of care for specialty Mental Health

SBHIP Barriers and Resolutions



CalOptima Health Funding beyond SBHIP

- CalOptima Health's leadership and our Board of Directors is committed to establishing long-term community and national partnerships to develop sustainable mental health services for our Medi-Cal youth

- In June 2023, CalOptima Health Board of Directors approved funding for Wellness and Prevention Center (WPC) who is partnering with the University of California, Irvine to develop the first allcoveTM mental health youth center in South Orange County
  - allcove™ will offer an integrated and holistic approach for the delivery of services for youth (ages 12-25) with mild-to-moderate needs
  - Core service streams of allcove™ include mental health care, physical health care, substance misuse support, youth peer and family support, and supported education and employment.
  - Every allcove™ is guided by an active Youth Advisory Group (YAG), composed of young people from the local community who represent diversity in race, ethnicity, gender, sexual orientation, lived experience, ability, and socioeconomic status.

Medi-Cal Redeterminations

Yingjia Huang, Assistant Deputy Director,
Health Care Benefits and Eligibility, DHCS

DHCS

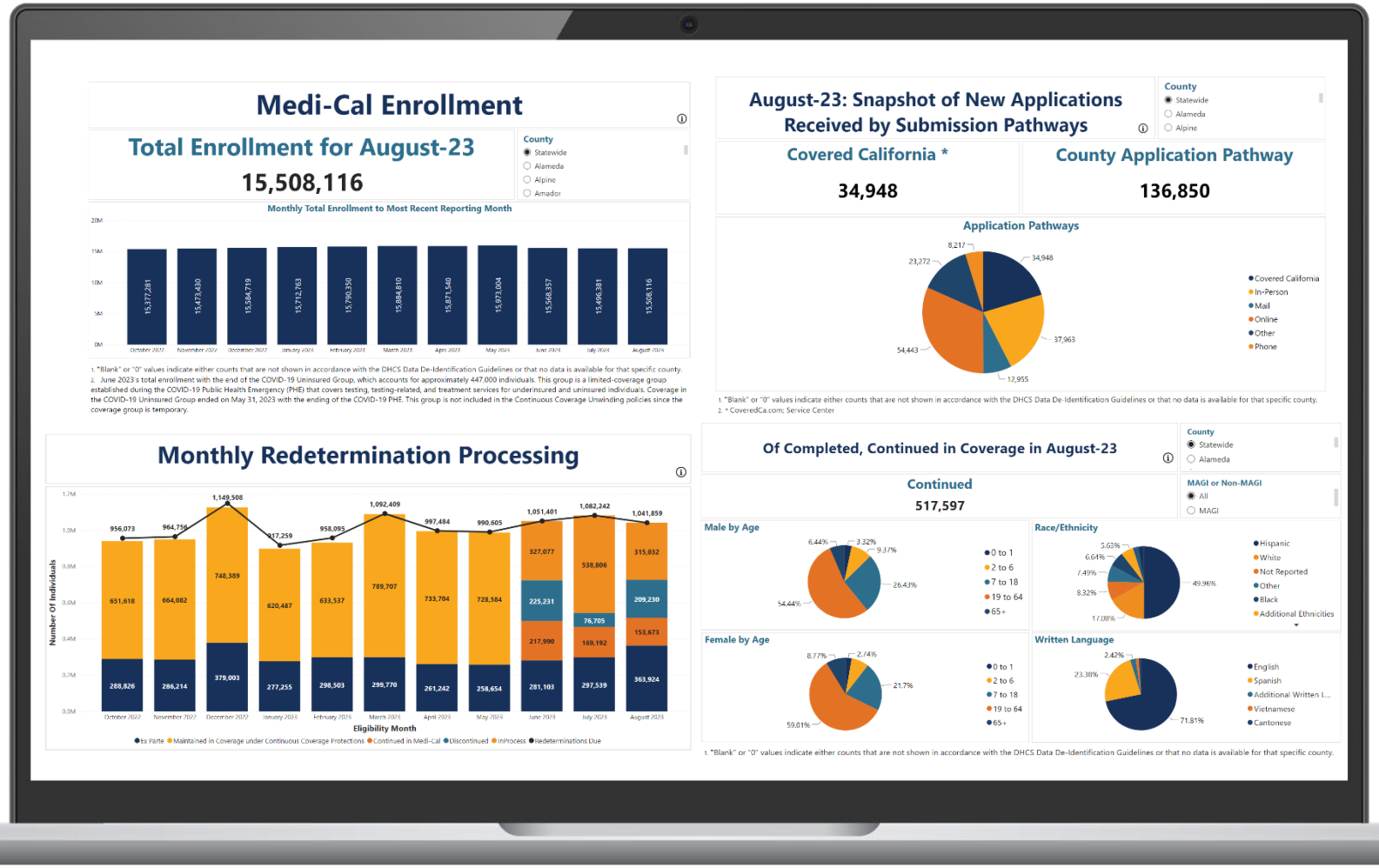
Federal Flexibilities and Continuing Improvements

DHCS has received approval of 17 “waivers and flexibilities“ from CMS.

California has already utilized many of these flexibilities, incorporating them throughout the continuous coverage unwinding period.

DHCS collaborated with the United States Digital Services (USDS) to increase California's successful ex parte renewal rates and facilitate a significant reduction in the number of procedural terminations experienced by Medi-Cal members.

Medi-Cal Continuous Coverage Unwinding Dashboard



Health Enrollment Navigators Redetermination Outreach Efforts

Health Enrollment Navigators are conducting outreach to enroll and retain members using the monthly renewals and disenrollment lists provided by DHCS

Navigators text and call members directly

Preliminary responses: reasons disenrolled Medi-Cal members did not renew their coverage:

- They have other forms of health insurance, specifically employer sponsored insurance
- They did not receive a packet from the county
- They need assistance filling out the packets

Redetermination Outcomes

	June 2023	July 2023	August 2023
Enrollment			
Monthly Enrollment	15.6 million	15.5 million	15.5 million
Number of new applications received	143,069	142,052	171,798
Newly Enrolled in Medi-Cal for the first time	53,836	63,443	72,569

Continued Redetermination Outcomes

	June 2023	July 2023	August 2023
Redeterminations			
Number redeterminations due	1.05 million	1.08 million	1.04 million
Percentage returned renewal packets for review or completed through ex parte	81%	80%	82%
Number of disenrollments as a result of renewals	225,231	76,705[1]	209,320
Percentage disenrolled (of total redeterminations due)	21%	7%[2]	20%
Ex parte percentage	27%	25%	35%

[1] 76,705 Medi-Cal members (7 percent of July redeterminations) were disenrolled for not returning information or because they were determined ineligible; disenrollments occurred on August 1 and would be tracked separately since the redetermination month would the same. This would not be reflected in August's data. DHCS will report final July disenrollment rates in late November 2023.

[2] Historically, California has seen a reinstatement rate of approximately 4 percent over the 90-day cure period. Medi-Cal members who were disenrolled in July have until October 30, 2023, to return needed information to have their coverage restored. DHCS anticipates the final disenrollment rate in July 2023 to be reduced by approximately 4 percent after the 90-day cure. DHCS will report on this final rate in late November 2023.

Break

California Children's Services (CCS) Quality Metrics and New Whole Child Model Implementation

Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems, and Cortney Maslyn, Chief, Integrated Systems of Care, DHCS

DHCS

CCS Redesign Performance Measure Quality Subcommittee

DHCS

CCS Redesign Performance Measure Quality Subcommittee Goals

Identify and implement quality metrics and outcome to drive improvements in health outcomes for children and youth

Collaborate with external stakeholders to create a dashboard that compares the two programs

Clinical and non-clinical outcome measures should be identified and compared among both programs

Authorizing Statute

Welfare & Institutions Code (WIC), section 14094.7 (b) requires DHCS to conduct the following activities by January 1, 2025:

- Annually provide an analysis on its website regarding trends on CCS enrollment for WCM counties and Classic counties, in a way that enables a comparison of trends between the two categories of CCS counties.
- Develop utilization and quality measures, to be reported on an annual basis in a form and manner specified by the department, that relate specifically to CCS specialty care and report such measures for both WCM counties and Classic counties. When developing measures, the department shall consider:
  - Recommendations of the CCS Redesign Performance Measure Quality Subcommittee established by the department as part of the CCS Advisory Group pursuant to subdivision (c) of Section 14097.17.
  - Available data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit.

Source: WIC Section 14094.7 (b)

Authorizing Statute (continued)

- Require, as part of its monitoring and oversight responsibilities, any WCM plan, as applicable, that is subject to one or more findings in its most recent annual medical audit pertaining to access or quality of care in the CCS program to implement quality improvement strategies that are specifically targeted to the CCS population, as determined by the department.
- Establish a stakeholder process pursuant to Section 14094.17.

Source: WIC Section 14094.7 (b)

Background

Efforts have previously been made to identify measures by which to measure CCS Classic and WCM counties.

GOAL:
To create a standardized set of performance measures for a variety of distinct children's programs

TEAM:
Composed of clinicians and program experts who drafted, reviewed, and discussed the viability and technical specifications of performance measures

CCS Redesign Performance Measure Quality Subcommittee to identify and create an actionable plan to implement metrics

The workgroup established standardized technical specifications for five distinct categories or domains:

- Timely access to specialty services
- Follow-up care
- Caregiver satisfaction
- Clinical care quality and monitoring
- Long-term transition planning

Next Steps

Next Subcommittee

Wednesday, November 29, 2023, at 1-5 PM

Topics to be discussed:

- Guiding Principles for Measure Selection
- Domains
- Measure Selection Process
- Preliminary Discussion of Feasible Measures by Domain

New Whole Child Model Implementation

DHCS

Kaiser 2024 WCM Implementation

AB 2724 (Chapter 73, Statutes of 2022) provided authority for DHCS to

"…commencing no sooner than January 1, 2024, expand managed care plans under the Whole Child Model program to also include the above-described AHCSPs."

(Kaiser Permanente)

Kaiser Permanente will implement as a WCM plan in the following existing WCM counties in which it will operate effective January 1, 2024:

- Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, Yolo

AB 118 (Chapter 42, Statutes of 2023)

- Delays implementation in all new County Organized Health System (COHS) expansion counties to January 1, 2025
  - Authorizes Kaiser to implement as a WCM plan in the four COHS expansion counties in which it will be operating
  - In alignment with proposed Trailer Bill Language (TBL) released in May Revise, AB 118 does not include expansion of WCM into the three new Single Plan model counties
- Adds new requirements for DHCS, MCPs and Counties

New WCM Implementation effective January 1, 2025

Central California Alliance for Health	Partnership HealthPlan of California		Kaiser Permanente
Mariposa San Benito	Butte Colusa Glen Nevada Placer	Plumas Sierra Sutter Tehama Yuba	Mariposa Placer Sutter Yuba

New Requirements and Protections included in AB 118

Case Management [WIC 14094.11]

In addition, the plan shall ensure that a CCS-eligible child has a primary point of contact who shall be responsible for the child's care coordination.

Enrollments [WIC 14094.12]

Support the established referral pathways in the non-WCM counties including but not limited to identifying children who may be eligible for the CCS program through internal reports, provider directed referrals, or direct referrals from the Medi-Cal managed care plan.

WCM Advisory Group [WIC 14094.17]

Extends the statewide WCM program advisory group requirement to operate through December 31, 2023, to December 31, 2026.

Kaiser WCM Plan Readiness

DHCS provided required WCM plan readiness deliverables to Kaiser on June 30, 2023.

- The WCM plan readiness deliverables reflect the SB 586 deliverables used during the initial WCM implementation and updated to account for new requirements and changes over the last several years as well as addressing requirements identified in AB 2724 and AB 118.
- There are total of 28 plan readiness deliverables required and due dates were provided for each deliverable. Kaiser has been proficient in meeting the due dates identified and responding to requests for additional information within the identified timelines.

County Readiness

DHCS provided required County readiness deliverables to the eight counties in which Kaiser is implementing on September 13, 2023.

The counties are required to make updates to existing policies and procedures to address coordination with Kaiser as an additional WCM plan in their county.

- Eligibility and Enrollment
- Case Management
- Intercounty Transfers
- CCS Advisory Committee
- Continuity of Care
- Data and Information Sharing
- Emergency Preparedness
- Dispute Resolution
- Neonatal Intensive Care Unit
- Quality Assurance and Monitoring
- Subcontractors.

Joint Deliverables and Noticing

- Joint Deliverables
- Joint Kaiser and County deliverables consist of the required plan/county WCM Memorandum of Understanding (MOU) and Transition Plan.
- DHCS updated the MOU template to address necessary changes/updates identified since WCM implementation and to address APL updates and new statutory requirements.
- The revised MOU was shared out for public comment and DHCS is finalizing the template for release to Kaiser and the counties.

- County Information Notice
  - Published September 2023
- Provider Notice
  - Published September 2023
- Provider Bulletin
  - Published mid-October 2023
- Provider Newsflash
  - Will go out monthly in October and November and four times in December

Collaborative Planning Meetings

Post Transition Monitoring

To ensure a smooth transition for the Medi-Cal CCS members transitioning to Kaiser, DHCS will require daily check-in reporting with Kaiser to monitor any access to care or technical issues.

DHCS will provide Kaiser with a reporting template identifying the specific reporting requirements prior to implementation.

Reporting Periods

- Weekly reporting during the month of January
- Monthly reporting starting in February through at least July but longer if determined necessary

2025 New WCM Implementation Planning

DHCS initiated monthly planning meetings in May/June 2023 with the expansion WCM plans and new counties and transitioned to quarterly (September and December) touchbase meetings following the July meeting.

» These meetings are planned to shift back to a monthly cadence beginning in January 2024.

DHCS will include a detailed update on the timeline for the 2025 New WCM implementation readiness activities during the January 2024 CCS Advisory Group meeting.

Public Comment

Member Updates

2024 Meeting Dates

- **Wednesday, February 21, 2024**
- **Wednesday, May 1, 2024**
- **Thursday, August 8, 2024**
- **Thursday, November 7, 2024**

Next Steps

Questions? MCHAP@dhcs.ca.gov

DHCS

Thank You

DHCS