CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM) DEMONSTRATION (PROJECT NUMBER 11-W-00193/9)

SECTION 1115(A) WAIVER QUARTERLY REPORT

DEMONSTRATION/QUARTER REPORTING PERIODS:

DEMONSTRATION YEAR: TWENTY (JANUARY 1, 2024 - DECEMBER 31, 2024)

THIRD QUARTER REPORTING PERIOD: JULY 1, 2024 – SEPTEMBER 30, 2024

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INTRODUCTION

On June 30, 2021, California submitted a renewal request for the CalAIM Section 1115 demonstration to the Centers for Medicare & Medicaid Services (CMS). This Section 1115 demonstration requested a five-year renewal of components of the Medi-Cal 2020 Section 1115 demonstration to continue improving health outcomes and reducing health disparities for individuals enrolled in Medi-Cal and other low-income populations in the state. In tandem, the Department of Health Care Services (DHCS or the Department) requested authority through a renewal of the state's longstanding Specialty Mental Health Services (SMHS) Section 1915(b) waiver. This request would transition nearly all Medi-Cal managed care delivery systems to a single authority, streamlining California's managed care programs and applying statewide lessons learned from previous Section 1115 demonstrations, as described below.

On December 29, 2021, CMS approved California's 1115(a) "CalAIM" demonstration, effective through December 31, 2026. The approval is part of the state's larger CalAIM initiative which includes transitioning Medi-Cal managed care from the demonstration into 1915(b) waiver authority. The demonstration aims to assist the state in improving health outcomes and advancing health equity for Medi-Cal members and other low-income people in the state.

The periods for each Demonstration Year (DY) of the waiver will be as follows:

- DY 18 January 1, 2022, through December 31, 2022
- DY 19 January 1, 2023, through December 31, 2023
- DY 20 January 1, 2024, through December 31, 2024
- DY 21 January 1, 2025, through December 31, 2025
- DY 22 January 1, 2026, through December 31, 2026

The overview below outlines: (1) Medi-Cal 2020 Section 1115 demonstration initiatives continued via the Medi-Cal State Plan or CalAIM Section 1915(b) waiver; (2) Medi-Cal 2020 Section 1115 demonstration initiatives renewed in the CalAIM Section 1115 demonstration; and (3) Current CalAIM Section 1115 demonstration initiatives.

- **Medi-Cal 2020 Section 1115 Demonstration Initiatives DHCS Continued Under Other Authorities:**
  - **Medi-Cal Managed Care, Dental Managed Care, and DMC-ODS Delivery System Authorities** transitioned to the CalAIM Section 1915(b) waiver; the SMHS managed care program was already authorized under Section 1915(b) authority.
  - **Medi-Cal Coverage for Low-Income Pregnant Women** with incomes from up to

109 to 138 percent of the federal poverty level (FPL) transitioned from Section 1115 authority to the Medi-Cal State Plan. The sunset date for this authority was on December 31, 2021.

- **Dental Transformation Initiative (DTI)** authority as outlined under the Medi-Cal 2020 Section 1115 demonstration transitioned into a new statewide dental benefit for children and certain adults and an expanded pay-for-performance initiative to the Medi-Cal State Plan; DTI, as outlined under the Medi-Cal 2020 demonstration, was formally sunset at the conclusion of the Medi-Cal 2020 Section 1115 demonstration.

» Medi-Cal 2020 Section 1115 Demonstration Initiatives DHCS Renewed in the CalAIM Section 1115 Demonstration:

- **Global Payment Program (GPP)** to renew California's statewide pool of funding for care provided to California's remaining uninsured populations, including streamlining funding sources for California's remaining uninsured population with a focus on addressing social needs and responding to the impacts of systemic racism and inequities.
- **Substance Use Disorder (SUD) Institutions for Mental Disease (IMD)** authority to continue short-term residential treatment services to eligible individuals with a SUD in the Drug Medi-Cal-Organized Delivery System (DMC-ODS).
- **Coverage for Out-of-State Former Foster Care Youth** to continue Medi-Cal coverage for this population during the renewal period, up to age 26.
- **Community-Based Adult Services (CBAS)** to continue to authorize CBAS for eligible adults receiving outpatient skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, care coordination, and transportation, with modest changes to allow flexibility for the provision and reimbursement of remote services under specified emergency situations.
- **Tribal Uncompensated Care (UCC) for Chiropractic Services** to continue authority to pay Tribal providers for these services, which were eliminated as a Medi-Cal covered benefit in 2009.
- **Designated State Health Programs (DSHP)** Expenditures for DSHPs, which are otherwise fully state-funded, and not otherwise eligible for Medicaid matching funds. These expenditures are subject to the terms and limitations and not to exceed specified amounts as set forth in the CalAIM Standard Terms and Conditions (STCs).

» CalAIM Initiatives Currently Authorized in the CalAIM Section 1115 Demonstration:

- **Community Supports** to authorize recuperative care and short-term post-hospitalization housing services via the CalAIM Section 1115 demonstration; 12 other Community Supports were authorized via managed care authority and outlined in the CalAIM Section 1915(b) waiver.
- **Dually Eligible Enrollees in Medi-Cal Managed Care** expenditure authority allows the state to keep a member in an affiliated Medicaid plan once the member has selected a Medicare Advantage plan unless and until the member changes Medicare Advantage plans or selects Original Medicare. As part of CalAIM, DHCS is implementing policies to promote integrated care for members dually eligible for Medicare and Medi-Cal.
- **Providing Access and Transforming Health (PATH) Supports** expenditure authority to (1) sustain, transition, and expand the successful Whole Person Care (WPC) pilots and Health Homes Program (HHP) services initially authorized under the Medi-Cal 2020 demonstration as they transition to become Enhanced Care Management (ECM) and Community Supports; and (2) support justice-involved (JI) pre-release and post-release services and support Medi-Cal pre-release application planning and Information Technology (IT) investments.
- **Contingency Management** to offer Medi-Cal members, as a DMC-ODS benefit, this evidence-based, cost-effective treatment for individuals with a SUD that combines motivational incentives with behavioral health treatments.
- **Peer Support Specialists** authority via the CalAIM Section 1115 demonstration, as well as CalAIM Section 1915(b) waiver and Medi-Cal State Plan, to provide this service in DMC-ODS and Drug Medi-Cal (DMC) counties and county mental health plans (MHPs).
- **Justice-Involved** authority via the CalAIM Section 1115 demonstration waiver was most recently approved on January 26, 2023. DHCS will partner with state agencies, counties, and community-based organizations to establish a coordinated community reentry process which will assist people leaving incarceration to connect to the physical and behavioral health services they need prior to release.

The WPC Pilots and HHP, which were implemented under the Medi-Cal 2020 Section 1115 demonstration, concluded on December 31, 2021, following approval of the CalAIM Section 1115 demonstration renewal. Under CalAIM, California launched new ECM and Community Supports which built on the successes of the WPC Pilots and HHP. ECM is authorized through Medi-Cal managed care authority, and the Community Supports are authorized through a combination of CalAIM Section 1115 demonstration authority and Medi-Cal managed care authority as effectuated through the Section 1915(b) waiver.

Since the initial approval of the CalAIM Section 1115 demonstration, CMS has approved several amendments which can be viewed on DHCS' website. During DY 20-Q3, CMS and DHCS continued to negotiate additional approvals for CalAIM Section 1115 demonstration amendments, including expenditure authority for transitional rent services for Medi-Cal members during critical transitions or who meet high-risk criteria and authority for coverage of traditional health care practices. Approval for the Traditional Health Care Practices amendment is expected to occur during the final quarter of DY 20. Further, DHCS and CMS continue to finalize protocols and attachments related to CalAIM Section 1115 demonstration initiatives which were approved as part of the Section 1115 renewal.

GENERAL REPORTING REQUIREMENTS

Special Terms and Conditions (STCs) Item 15.8: Monitoring Calls

During September of 2023, DHCS and CMS mutually agreed to cancel the CalAIM 1115 portion of the monitoring call during the months of September and October and move forward with quarterly calls for the 1115 portion of the demonstration only. The summer quarterly monitoring call during DY 20-Q3 took place on August 12, 2024. DHCS and CMS discussed Contingency Management (CM) and PATH – Justice Involved (JI) Initiative/Stakeholder Engagement updates. As needed, separate CalAIM 1115 deliverable-specific calls also took place during the quarter.

STCs Item 15.9: Post Award Forum

In DY 20-Q3, a meeting was held to garner valuable input from the stakeholder community on relevant health care policy issues impacting DHCS. DHCS hosted a joint Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting on July 24, 2024. The purpose of the SAC and BH-SAC is for stakeholders to provide DHCS with input on ongoing implementation efforts for CalAIM, the state's Section 1115 waiver, and behavioral health activities. DHCS provided updates on: A Year of Medi-Cal Redeterminations, CalAIM Dashboard: Bold Goals, Behavioral Health, and Population Health Management, Medi-Cal Connect (Formerly the Population Health Management Service), Updating Medi-Cal Member Materials, Traditional Healers & Natural Helpers, and BH CONNECT Incentive Programs. To view past meeting agendas, visit DHCS' website at DHCS Behavioral Health Stakeholder Advisory Committee Past Meeting Archive or DHCS Stakeholder Advisory Committee Past Meeting Archive.

During this quarter, DHCS Consumer-Focused Stakeholder Workgroup (CFSW) meetings also took place on July 5, 2024, August 2, 2024, and September 6, 2024. The meetings included a discussion of DHCS programmatic implementation updates, such as: Medical Interpreter Pilot Project, Children's Presumptive Eligibility/ Newborn Gateway, Share of Cost (SOC) Reform, Continuous Eligibility for Children (SB 159), Health Enrollment Navigators Program, CalHHS Language Access Plan, Medi-Cal Dental Care Coordination, Continuous Coverage Unwinding, State Auditors Report – MEDs Alerts Monitoring, OIG Inspector General Report, Hospital Presumptive Eligibility (PE) Improvement Report, SOC Rebranding, Age 26-49 Expansion, Unwinding Outreach Campaign Lessons Learned, Homelessness, Call Center – County Wait Times, Intercounty Transfer (ICT), Hospital Presumptive Eligibility (HPE), Accelerated Enrollment – Program Fixes & UAT and Asset Limits Elimination: Look Back Penalty, MC 210 RV and MC 604 IPS. The purpose of the

CFSW meetings is to provide stakeholders an opportunity to review and provide feedback on a variety of consumer messaging materials. The forum focused on eligibility and enrollment-related activities and strived to offer an open discussion on Medi-Cal policies and functionality. Past meeting materials are available on the DHCS website: CFSW Meeting Archive (ca.gov).

Further, DHCS held a Managed Care Advisory Group (MCAG) meeting on September 12, 2024. DHCS discussed the following topics: Managed Care Organization (MCO) Tax – CA; 2025 Transitions; Focused Audits; Community Supports Updates to the Policy Guide; Enhanced Care Management (ECM) Prior Authorization; and Providing Access and Transforming Health (PATH) – Capacity and Infrastructure Transition, Expansion and Development (CITED). The purpose of the MCAG is to facilitate active communication between the managed care program and all interested parties and stakeholders. The MCAG meets quarterly to discuss an array of issues relevant to managed care and is attended by stakeholders, advocates, legislative staff, health plan representatives, medical associations, and providers. Past meeting materials are available on the DHCS website: MCAG archives.

The meetings were conducted in accordance with the Bagley-Keene Open Meeting Act, and public comment occurred at the end of each meeting. Stakeholder members are recognized experts in their fields, including, but not limited to member advocacy organizations and representatives of various Medi-Cal provider groups.

PROGRAM UPDATES

The program updates section describes key activities and data across CalAIM 1115 program initiatives for DY 20-Q3, as required in item 15.5[1] of the CalAIM 1115 demonstration STCs. For each program area, this section describes program highlights, performance metrics, outreach activities, operational updates, consumer issues and interventions, quality control/assurance activity, budget neutrality and financial updates, and progress on evaluations with interim findings. Key program areas described in this section include:

- Community-Based Adult Services (CBAS)
- Drug Medi-Cal-Organized Delivery System (DMC-ODS)
- Global Payment Program (GPP)
- Providing Access and Transforming Health (PATH) Supports
- Community Supports: Recuperative Care and Short-Term Post Hospitalization
- Dually-Eligible Enrollees in Medi-Cal Managed Care

[1] The Department of Health Care Services, CalAIM 1115 Demonstration & 1915(b) Waiver, March 6, 2024, CalAIM Provider Rate Approval.

COMMUNITY BASED ADULT SERVICES

Assembly Bill (AB) 97 (Chapter 3, Statutes of 2011) eliminated Adult Day Health Care (ADHC) services as a Medi-Cal program effective July 1, 2011. A class action lawsuit, *Esther Darling, et al. v. Toby Douglas, et al.*, sought to challenge the elimination of ADHC services. In settlement of this lawsuit, ADHC was eliminated as a payable benefit under the Medi-Cal program effective March 31, 2012, and was replaced with a new program called Community Based Adult Services (CBAS) effective April 1, 2012. DHCS amended the "California Bridge to Reform" 1115 demonstration waiver (BTR waiver) to include CBAS, which was approved by the CMS on March 30, 2012. CBAS was operational under the BTR waiver for the period of April 1, 2012, through August 31, 2014.

In anticipation of the end of the CBAS BTR waiver period, DHCS and the California Department of Aging (CDA) facilitated extensive stakeholder input regarding the continuation of CBAS. DHCS proposed an amendment to the CBAS BTR waiver to continue CBAS as a managed care benefit beyond August 31, 2014. CMS approved the amendment, which extended CBAS for the duration of the BTR waiver through October 31, 2015.

CBAS was a CMS-approved benefit through December 31, 2020, under California's 1115(a) "Medi-Cal 2020" waiver. With the delayed implementation of the CalAIM initiative due to the COVID-19 public health emergency (PHE), DHCS received approval from CMS on December 29, 2020, for a 12-month extension through December 31, 2021.

On December 29, 2021, CMS approved California's CalAIM Section 1115 demonstration waiver, effective through December 31, 2026, which included the CBAS benefit. The following information was included in the CMS approval letter: "Under the 1115 demonstration, the state will also continue the CBAS program to eligible older adults and adults with disabilities in an outpatient facility-based setting while now also allowing flexibility for the provision and reimbursement of remote services under specified emergency situations, i.e., Emergency Remote Services (ERS). This flexibility will allow beneficiaries to restore or maintain their optimal capacity for self-care and delay or prevent institutionalization."

Program Requirements

CBAS is an outpatient, facility-based program, licensed by the California Department of Public Health (CDPH) and certified by CDA to participate in the Medi-Cal program. The CBAS benefit is provided to eligible Medi-Cal members who meet CBAS criteria and includes the following services: professional/skilled nursing care, personal care, social

services including family/caregiver training and support, therapeutic activities, therapies such as occupational therapy, physical therapy, speech therapy, behavioral health services, dietary/nutrition services including a meal, and transportation to and from the CBAS members' place of residence and the CBAS center when needed. CBAS participants have chronic medical, cognitive, mental health, and/or intellectual developmental disabilities and are at risk of needing institutional care. The overarching goals of the CBAS program are to support community living, promote health and well-being, and prevent hospitalization and institutionalization.

CBAS providers are required to: (1) meet all applicable licensing/certification and Medicaid waiver program standards; (2) provide services in accordance with the participant's multi-disciplinary team members and physician-signed person-centered Individual Plans of Care (IPCs); (3) adhere to the documentation, training, and quality assurance requirements as identified in the CalAIM 1115 demonstration waiver; and (4) maintain compliance with the requirements listed above.

Initial eligibility for the CBAS benefit is traditionally determined by a Medi-Cal Managed Care Plan (MCP) by conducting a face-to-face assessment, using a standardized tool and protocol approved by DHCS. The assessment is conducted by a registered nurse with level-of-care determination experience. An initial face-to-face assessment is not required when an MCP determines that an individual is eligible to receive CBAS and that the receipt of CBAS is clinically appropriate based on information the MCP possesses. The eligibility for ongoing receipt of the CBAS benefit is determined at least every six months through a reauthorization process, or every 12 months for individuals determined by the MCP to be clinically appropriate. Reauthorization is the process by which CBAS providers reassess members to assess if their needs are being met with the services they are receiving.

The state must maintain CBAS access and capacity in every county where ADHC services were provided prior to CBAS starting on April 1, 2012[2]. From April 1, 2012, through June 30, 2012, CBAS was only provided as a Medi-Cal Fee-For-Service (FFS) benefit. On

[2] CBAS access/capacity must be provided in every county except those that did not previously have ADHC centers: Del Norte, Siskiyou, Modoc, Trinity, Lassen, Mendocino, Tehama, Plumas, Glenn, Lake, Colusa, Sutter, Yuba, Nevada, Sierra, Placer, El Dorado, Amador, Alpine, San Joaquin, Calaveras, Tuolumne, Mariposa, Mono, Madera, Inyo, Tulare, Kings, San Benito, and San Luis Obispo.

July 1, 2012, 12 of the 13 County Organized Health Systems (COHS) began providing CBAS as a benefit. The final transition of the CBAS benefit to managed care took place beginning October 1, 2012, into the Two-Plan Model, (available in 14 counties), Geographic Managed Care Plans (available in two counties), and the final COHS County (Ventura) at that time. As of December 1, 2014, Medi-Cal FFS only provided CBAS coverage for CBAS-eligible participants who had an approved medical exemption from enrolling in managed care. The four rural counties (Shasta, Humboldt, Butte, and Imperial) transitioned the CBAS benefit to managed care in December 2014.

Effective April 1, 2012, eligible participants can receive "unbundled services" if there is insufficient CBAS center capacity to satisfy the demand. Unbundled services refer to parts of the CBAS benefit delivered outside of centers with a similar objective of supporting participants and allowing them to remain in the community. Unbundled services include local senior centers to engage members in social and recreational activities; coordination with home-delivered meals programs; group programs; home health nursing and/or therapy visits to monitor health status and provide skilled care; and In-Home Supportive Services (IHSS), which consists of personal care and home chore services to assist participants with Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL). If the participant is enrolled in a managed care plan, the MCP will be responsible for facilitating the appropriate services on the members' behalf.

Beginning in March 2020, in response to the COVID-19 PHE, DHCS and CDA worked with stakeholders including the California Association for Adult Day Services (CAADS), CBAS providers, and the MCPs, to develop and implement CBAS Temporary Alternative Services (TAS). On October 9, 2020, CMS approved DHCS' disaster 1115 amendment, which allowed flexibilities pertaining to the delivery of CBAS TAS and permitted CBAS TAS to be provided telephonically, via telehealth, via live virtual video conferencing, or in the participant's home (with proper safety precautions implemented). These flexibilities are described in greater detail below. CBAS TAS was a short-term, modified service delivery approach, that granted CBAS providers time-limited flexibility to reduce day-center activities and to provide services, as appropriate, via telehealth, live virtual video conferencing, or in the home, if proper safety precautions are taken, and if no other option for providing services was available to meet the participant's needs.

However, in accordance with Executive Order N-11-22, issued June 17, 2022, and the CDPH All Facility Letter (AFL) 20-34.7, issued on June 30, 2022, all licensed ADHCs were required to be open and provide all basic services in the center as of September 30, 2022. CDA issued All Center Letter (ACL) 22-02 notifying all CBAS providers that CBAS TAS flexibilities in effect during the COVID-19 pandemic would end

on September 30, 2022. DHCS submitted an updated 1115 waiver Attachment H on July 8, 2022, requesting to end the TAS flexibility effective October 1, 2022, prior to the previously approved flexibility period of six months post the end of the federal PHE. In ending the CBAS TAS flexibility, the state did not alter or reduce the eligibility criteria, available services, or rate of payment for the CBAS benefit. All services included in the CBAS TAS flexibility are included in the core service package and additional services package. These service packages are what is included in the CBAS in-center services, which comprise the per diem rate.

On September 8, 2022, CMS approved California's request to revise the end date of the CalAIM demonstration authorities in the state's Attachment H to allow the state to resume normal operations for CBAS beginning on October 1, 2022. This was incorporated into the demonstration's STCs as an updated Attachment H and supersedes the June 9, 2021, Attachment H, which previously allowed TAS and virtual assessment activities up to six months after the end of the public health emergency. The authorizations the State requested in the Attachment H were effective from March 13, 2020, through September 30, 2022. These authorities applied in all locations served by the demonstration for anyone impacted by COVID-19 who received home and community-based services (HCBS) through the demonstration. CBAS TAS ended on September 30, 2022, and CBAS ERS were implemented as of October 1, 2022.

CBAS Emergency Remote Services (ERS) is a new service delivery method approved by CMS 1115 waiver renewal in 2022 to provide time-limited services in the home, community, via doorstep, and/or telehealth during specified emergencies for individuals already receiving CBAS. ERS are provided to protect continuity of care and provide immediate assistance to participants experiencing public emergencies caused by state or local disasters, such as wildfires and power outages; or personal emergencies caused by illness/injury, crises, or care transitions. CDA collaborated with DHCS, MCPs, and CBAS providers, to develop ERS policy guidance, reporting templates, and processes to support compliance with CalAIM 1115 waiver requirements, including compliance with the Electronic Visit Verification System (EVV) requirements for the provision of personal care services (PCS) and home health services in accordance with Section 12006 of the 21st Century CURES Act. The state incorporated lessons learned from the implementation and operation of CBAS TAS during the PHE to assist with constructing processes and parameters that keep the CBAS benefit as a congregate, facility-based service, while providing the ERS flexibility when specific criteria are met. ERS enable the facilitation of immediate interventions with CBAS participants and their caregivers at the onset of the emergency and for its duration, as needed, to promote a smooth transition back to the CBAS congregate program, if possible, with continued access to services.

Performance Metrics

CDA continued to facilitate the Quality Strategy Advisory Committee meetings in DY 20-Q3, which included members of the CDA Executive Team, CBAS staff, CDA providers, DHCS, MCPs, and other stakeholders. The committee meets monthly to develop performance measures required in STC 5.8. In addition, per STC 5.9, "The state will work on establishing the performance measures with CMS to ensure there is no duplication of effort and will report on the initial series within one year of finalization and from that point will report annually."

In DY 20-Q3, the committee furthered its efforts to develop performance measures. The CBAS Quality Advisory Committee members received the drafted performance measures for review, discussion, and to solicit feedback. On July 23, 2024, the Advisory Committee met and discussed the service plan performance measures. The committee requested that data be made available at the next meeting to better inform this measurement. On August 27, 2024, the committee reconvened to review the data and reached consensus on the service plan measurements. The four measures were sent to DHCS and CMS in draft form for review. The final category, health and welfare, was also discussed during the August 27, 2024, meeting. The committee requested more information to guide the purpose of this measurement. The final Q3 meeting took place on September 24, 2024. Health and welfare will be the committee's final performance measurement category for development. It is anticipated that completion will be reached by the Q4 deadline goal. Future updates and established performance measures will be forthcoming and communicated in future reports.

Enrollment and Assessment Information

Per STC 5.6(a), Figure 1 demonstrates the number of CBAS FFS and managed care beneficiaries, as well as the capacity of each county.

Each quarter, the MCPs self-report enrollment data, which results in data lags. In addition, some MCPs report enrollment data based on the geographical areas they cover, which may include multiple counties. For example, data for Marin, Napa, and Solano counties are combined, as these are smaller counties, and they share the same population.

See the next pages for Figure 1.

Figure 1: CBAS Unduplicated Participant and MCP Enrollment Data with CBAS County Capacity

County	DY 19–Q3		DY 19–Q4		DY 20–Q1		DY 20–Q2	
	Jul – Sept 2023		Oct – Dec 2023		Jan – Mar 2024		April – June 2024	
	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used
Alameda	417	67%	405	65%	382	66%	386	67%
Butte	20	20%	25	25%	21	35%	23	28%
Contra Costa	78	35%	80	36%	77	44%	76	42%
Fresno	1,062	48%	965	44%	1,092	66%	1,111	65%
Humboldt	112	19%	110	19%	94	18%	94	17%
Imperial	285	47%	122	20%	262	56%	260	57%
Kern	236	23%	225	17%	392	39%	419	41%
Los Angeles	20,099	45%	19,504	41%	25,662	67%	26,133	68%
Merced	119	57%	126	60%	115	64%	116	46%
Monterey	93	50%	110	59%	95	59%	104	64%
Orange	2,834	50%	2,992	53%	3,061	65%	2,972	62%
Riverside	653	38%	646	37%	589	40%	592	33%
Sacramento	460	52%	427	48%	390	57%	413	60%
San Bernardino	917	37%	997	41%	893	42%	1,005	47%
San Diego	2,055	51%	2,398	60%	1,916	49%	1,981	49%
San Francisco	950	61%	886	56%	730	62%	746	64%
San Joaquin	**	**	**	**	**	**	**	**
San Mateo	126	124%	133	32%	39	15%	45	15%
Santa Barbara	16	5%	13	4%	69	30%	71	31%
Santa Clara	462	33%	458	33%	632	50%	635	52%
Santa Cruz	77	51%	117	58%	92	51%	99	56%
Shasta	45	31%	50	35%	55	41%	50	40%
Stanislaus	**	**	**	**	**	**	**	**
Ventura	859	57%	840	56%	593	39%	494	33%
Yolo	246	65%	239	63%	261	75%	254	70%

Figure 1: CBAS Unduplicated Participant and MCP Enrollment Data with CBAS County Capacity

County	DY 19–Q3		DY 19–Q4		DY 20–Q1		DY 20–Q2	
	Jul – Sept 2023		Oct – Dec 2023		Jan – Mar 2024		April – June 2024	
	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used
Marin, Napa, Solano	54	14%	63	17%	130	39%	129	40%
Total	**32,288**	**45%**	**31,905**	**43%**	**37,657**	**61%**	**38,228**	**61%**
CBAS capacity data by County – FFS and MCP Enrollment Data								

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 1 data will be submitted one quarter in the rear due to the reporting delays.*

***Pursuant to the Privacy Rule and the Security Rule contained in the Health Insurance Portability and Accountability Act, and its regulations 45 CFR Parts 160 and 164, and the 42 CFR Part 2, these small counts are suppressed to protect the privacy and security of participants*

Figure 1 depicts a few fluctuations in the data for DY 20-Q2 as there are decreases greater than five percent in capacity used. Of note, when the average daily attendance (ADA) of a center changes, or a new center opens, there may be an increase in overall capacity. However, most new centers take a while to build up their ADA, so a new center may also bring utilization rates or ADA down temporarily until the center builds its census. Figure 1 presents several data points that warrant explanation. For instance, new centers opened in a few counties between DY 19-Q4 and DY 20-Q2 (e.g., Orange, San Diego, and Riverside). Additionally, Butte County only has one CBAS center which is a relatively small center, with an ADA of approximately twenty. This center experienced a COVID outbreak in June 2024, which explains the decrease in capacity used. For Merced, Riverside, and Ventura Counties, the fluctuation in capacity used from DY 20-Q1 to Q2 is related to participant discharges, overall low utilization rates, and capacity changes.

Figure 2: CBAS Participants Enrolled in Enhanced Care Management & Community Supports

Demonstration Year and Quarter	Number of CBAS Participants	Enrolled in Enhanced Care Management (ECM)	Enrolled in Community Supports (CS)	Enrolled in Enhanced Care Management (ECM) & Community Supports (CS)
DY 19-Q2 (Apr – June 2023)	34,183	993	959	54
		2.90%	2.81%	0.16%
DY 19-Q3 (July – Sept 2023)	35,945	1,514	1,396	219
		4.21%	3.88%	0.61%
DY 19-Q4 (Oct – Dec 2023)	38,571	1,810	2,082	390
		4.69%	5.40%	1.01%
DY 20-Q1 (Jan – Mar 2024)	39,776	2,482	2,224	613
		6.24%	5.59%	1.54%
				DHCS Data 03/2024

**Information is not yet reported for DY 20-Q2 or DY 20-Q3 due to a delay in the availability of the data, and it will be presented in the DY 20 Annual Report. For future reports, Figure 2 data will be submitted one or two quarters in the rear due to the reporting delays.*

Figure 2 displays the number of CBAS participants who also receive ECM and Community Supports through their Medi-Cal managed care plans. ECM and Community Supports are a new statewide Medi-Cal benefit as part of CalAIM. ECM is available to select "Populations of Focus" that will address the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services. It will meet members wherever they are (e.g., on the street, in a shelter, in their doctor's office, or at home). Members receiving ECM have a lead care manager who coordinates care and services among the physical, behavioral, dental, developmental, and social services delivery systems. Community Supports are designed to address social drivers of health (factors in people's lives that influence their health). All Medi-Cal managed care plans are encouraged to offer as many of the 14 pre-approved Community Supports as possible and are available to eligible Medi-Cal members regardless of whether they qualify for ECM services. As of DY 20-Q1, there were a total of 39,776 CBAS participants – 2,482 received ECM, 2,224 received Community Supports and 613 received both benefits. In addition, Figure 2 demonstrates no reported negative change greater than five percent from quarter to quarter and presents an increase in participants receiving benefits.

Figure 3: CBAS Assessments Data for MCPs and FFS

Demonstration Year and Quarter	MCPs			FFS		
	New Assessments	Eligible	Not Eligible	New Assessments	Eligible	Not Eligible
DY 19-Q3 (July – Sept 2023)	3,238	3,184	54	0	0	0
		98.4%	1.6%		0%	0%
DY 19-Q4 (Oct – Dec 2023)	3,352	3,285	67	0	0	0
		98%	2%		0%	0%
DY 20-Q1 (Jan – Mar 2024)	3,098	3,042	56	0	0	0
		98%	2%		0%	0%

Demonstration Year and Quarter	MCPs			FFS		
	New Assessments	Eligible	Not Eligible	New Assessments	Eligible	Not Eligible
DY 20-Q2 (April – June 2024)	3,717	3,686	31	0	0	0%
		99%	1%		0	0%
5% Negative change between last Quarter	No	No	No	No	No	No

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 3 data will be submitted one quarter in the rear due to the reporting delays.*

Assessments for MCPs and FFS Participants

Requests for CBAS are collected and assessed by the MCPs and DHCS. Individuals who request CBAS will be given an initial face-to-face assessment by a registered nurse with qualifying experience to determine eligibility. An individual is not required to participate in a face-to-face assessment if an MCP determines the eligibility criteria was met based on medical information and/or history the plan possesses.

Per STC 5.6(a), Figure 3 presents quarterly data for the total determined eligible and ineligible beneficiaries per county, with the addition of DY 20-Q2 data. DHCS FFS members in DY 20-Q2 present zero assessments performed for CBAS benefits, with zero percent for both eligible and ineligible. MCP members in DY 20-Q2 demonstrate a total of 3,717 assessments performed and 3,686 or 99 percent, being eligible. Additionally, DY 20-Q2 data displays 31 participants of 3,717 new assessments were determined to be ineligible. Figure 3 demonstrates no reported negative change greater than five percent from quarter to quarter. The data for participants who were ineligible has decreased from DY 20-Q1 to DY 20-Q2. Figure 3 displays an increase in new assessments, from 3,098 to 3,717 assessments, and an increase in eligible participants from 3,042 to 3,686 since DY 20-Q1 to DY 20-Q2. The number of CBAS FFS participants has been consistently low for the last four quarters, as a significant quantity of participants are in a managed care plan.

See the next page for Figure 4.

Figure 4: CDA and CBAS Provider Self-Reported Data

DY 19-Q4

CDA - CBAS Provider Self-Reported Data	
CA Counties with CBAS Centers	26
Total CA Counties	58
Number of CBAS Centers	294
Non-Profit Centers	45
For-Profit Centers	249
ADA at 294 Centers	26,097
Total Licensed Capacity	44,242
Statewide ADA per Center	89
CDA – Monthly Statistical Summary Report (MSSR) Data 12/2023	

DY 20-Q1

CDA - CBAS Provider Self-Reported Data	
CA Counties with CBAS Centers	26
Total CA Counties	58
Number of CBAS Centers	296
Non-Profit Centers	46
For-Profit Centers	250
ADA at 296 Centers	27,169
Total Licensed Capacity	44,853
Statewide ADA per Center	92
	CDA - MSSR Data 03/2024

DY 20-Q2

CDA - CBAS Provider Self-Reported Data	
CA Counties with CBAS Centers	26
Total CA Counties	58

CDA - CBAS Provider Self-Reported Data	
Number of CBAS Centers	300
Non-Profit Centers	46
For-Profit Centers	254
ADA at 300 Centers	27,840
Total Licensed Capacity	45,689
Statewide ADA per Center	93
	CDA - MSSR Data 06/2024

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 4 data will be submitted one quarter in the rear due to the reporting delays.*

The opening or closing of a CBAS center affects the CBAS enrollment and ADA. CBAS center closures decrease enrollment and ADA, while new CBAS center openings increase ADA and enrollment capacity. While a new CBAS center will increase overall center capacity for that county, most new centers take a while to build their ADA. Therefore, a new center opening may also bring utilization rates down temporarily. The CDPH licenses CBAS centers, and CDA certifies the centers to provide CBAS benefits. The CDA also facilitates monitoring and oversight of the centers.

Figure 4 identifies the number of counties with CBAS centers and the ADA for the past three quarters: DY 19-Q4, DY 20-Q1, and DY 20-Q2. The tables above reflect a change in methodology. The old methodology was the sum of the ADA of all CBAS centers divided by the sum of licensed center capacity of all centers. To more accurately reflect the data requested in Figure 4 on the previous page, the new methodology represents the sum of the ADA of all centers divided by the number of centers. The Statewide ADA per center reflects how many participants, on average, were served on any given day at an individual CBAS center. For instance, DY 19-Q4 ADA at the 294 operating CBAS centers was approximately 26,097 participants, indicating that, on average, 89 participants were served on any given day. In DY 20-Q1, ADA at 296 active centers was approximately 27,169 participants, indicating that, on average, 92 participants were served on any given day. For DY 20-Q2, ADA at 300 CBAS center was approximately 27,840 participants, indicating that, on average, 93 participants were served. The provider self-reported data identified in Figure 4 for the previous three quarters reflects data through June 2024.

The differences between DY 20-Q1 and DY 20-Q2 are: (1) the increase in the number of CBAS Centers from 296 to 300 and (2) the for-profit centers increased by four. Additionally, in DY 20-Q2 the total ADA at 300 centers increased by 671 compared to DY 20-Q1, increasing the ADA percentage by one percent. Lastly, the total licensed capacity increased by 836.

Outreach Activities

CDA provides ongoing outreach and program updates to CBAS providers, MCPs, CAADS, and other interested stakeholders via multiple communication strategies, including the following:

- CBAS Quarterlies
- CBAS ACLs and CBAS Updates
- CBAS webinars
- CAADS conferences
- CDA meetings with MCPs that contract with CBAS centers
- CDA meetings with the CBAS Quality Advisory Committee
- CAADS Education Committee Meetings

The following are CDA's outreach activities during DY 20-Q3:

- CBAS Quarterlies **(1)**
- CBAS Updates **(9)**
- CAADS Education Committee Meetings **(1)**
- CDA-MCP meetings **(1)**
- CBAS Quality Advisory Committee Workgroup Meetings **(3)**
- CDA DHCS meetings **(3)**
- CDA CDPH quarterly meetings **(0)**
- Responses to CBAS Mailbox Inquiries **(434)**

In addition to the outreach activities mentioned above, CDA also responds to ongoing written and telephone inquiries from CBAS providers, MCPs, and other interested stakeholders. Outreach, education, and training activities focused on the following topics: (1) notification to the CBAS centers regarding imminent excessive heat with resources to help mitigate impact; (2) Electronic Visit Verification (EVV) technical assistance and training opportunities; (3) resources for the CBAS centers to obtain personal protective equipment (PPE); (4) reminders for the centers pertaining to important ERS protocols; (5) Bridge to Recovery Grant funding opportunities; and (6) CAADS 2024 Fall Conference registration information.

CBAS Webinar Updates

CDA did not facilitate any webinars in DY 20-Q3.

CAADS Education Committee Meetings

In DY 20-Q3, CDA attended one monthly CAADS Education Committee meetings to discuss and assist with planning the CAADS Fall Conference 2024, CDA presentations, exhibitors/sponsors, pricing, and legislative updates. This meeting forum is also used to collaborate and plan future webinars.

MCP Meetings with CDA

CDA convenes meetings with MCPs that contract with CBAS providers to: (1) promote communication between CDA and MCPs on issues of concern by the MCPs; (2) update MCPs on CBAS activities, data collection, policy directives, and the number, location, and approval status of new center applications; and (3) request feedback from MCPs on CBAS provider issues that require CDA assistance.

During DY 20-Q3 CDA convened one meeting with the MCPs. The purpose of this meeting was to review frequent technical assistance requests CDA receives from the MCPs. CDA offered technical assistance to help curb common ERS related citations during onsite recertification surveys. CDA also requested that the MCPs consider if any additional subject matter experts from their organizations should be invited to these meetings. Going forward, this meeting cadence will change from monthly to quarterly with the Q4 meeting scheduled for October 14, 2024.

CBAS Quality Strategy Advisory Committee Meetings

The CBAS Quality Assurance and Improvement Strategy (dated October 2016) was developed through a year-long stakeholder process and was released for comment on September 19, 2016, beginning implementation in October 2016. This paved the way for CDA to establish the CBAS Quality Advisory Committee, to review/evaluate progress on achieving the Quality Strategy's original goals and objectives, as well as to identify new goals and objectives that will support and promote the delivery of quality services. This continuous quality improvement effort is designed to support CBAS providers in meeting program standards while continuing to develop and promote new approaches to improve service delivery.

This meeting series is comprised of various stakeholders, including members of the CBAS Executive Team, CBAS providers, MCPs, DHCS, and representatives from CAADS. The quality strategy has two overarching goals: (1) to assure CBAS provider compliance with program requirements through improved state oversight, monitoring, and transparency activities, and (2) to improve service delivery by promoting CBAS best practices, including person-centered and evidence-based care, which continue to guide CBAS program planning and operations.

Throughout DY 20-Q3, the CBAS Quality Advisory Committee provided input and feedback on the draft key performance measures (PMs) with a focus on the Service Plan category. The committee is scheduled to review the final Health and Welfare category into Q4. The committee continues to move the PMs forward, with submissions to DHCS and CMS occurring on an ongoing flow basis. The ongoing formal discussions and recommendations from the CBAS Quality Advisory Committee on prioritization and implementation of performance measures are to comply with the 1115 Waiver requirements.

CBAS Mailbox Inquiries

During DY 20-Q3, CDA responded to 434 CBAS mailbox inquiries. Some commonly submitted inquiries included: (1) requests from our managed care plan partners for technical assistance pertaining to Treatment Authorization Requests (TAR) and ERS authorization; (2) center requests for certification extension letters; (3) confirmation of the Peach Portal User Audit email requests; (4) COVID outbreak notifications at CBAS centers; and (5) inquiries regarding the CBAS reimbursement rate change.

Home and Community Based (HCB) Settings and Person-Centered Planning Requirement Activities

CDA, in collaboration with DHCS, continues to implement the activities and commitments required for CBAS centers to demonstrate compliance with the federal HCB Settings Final Rule as of March 17, 2023, and thereafter on an ongoing basis. CDA determines CBAS center compliance with the federal requirements during each center's onsite certification renewal survey process every two years. Per CMS' directive in the CBAS Sections of the 1115 Waiver, CDA developed the CBAS HCB Settings Transition Plan (CBAS Transition Plan/CTP), as an attachment to California's Statewide Transition Plan (STP*)*. On February 23, 2018, CMS granted initial approval of California's STP and the CTP, based on the state's revised systemic assessment and proposed remediation strategies. CMS requested additional revisions of the STP and CTP before granting final approval. CDA responded to additional revisions as requested. DHCS informed CDA in June 2023 that CMS granted the STP final approval.

Program Highlights

Compliance with CBAS EVV Requirements

Effective March 23, 2023, the CalEVV system began supporting CDA and CBAS providers to ensure compliance with CBAS ERS EVV requirements. The EVV system is utilized when providing participants with professional services such as clinical nursing services, personal care services to support activities of daily living, physical and occupational therapy, and a meal when prepared in the home.

The CalAIM 1115 Waiver directs the state to demonstrate compliance with the EVV requirements for the provision of in-home PCS and Home Health Care Services (HHCS) to CBAS participants utilizing the CBAS ERS benefit. To ensure continued compliance, EVV in-person training is in place. This includes several office hour sessions and in-person training at locations across California. The EVV Team held three virtual office hour events in July 2024, three in August 2024, and three in September 2024. These office-hour events hosted by DHCS are available to caregivers, providers, and Jurisdictional Entities (JE). Office hours are held to allow providers and JEs the chance to ask the EVV Team questions related to registration, capturing EVV visit data, how to navigate the CalEVV portal as well as other related topics of interest. In addition, the EVV Team continued its successful California "Training Road Show" over the course of DY 20-Q3 and traveled to Santa Barbara, Redding, Eureka, Santa Rosa, San Jose, and Los Angeles. The EVV Training Road Show offers live and in-person training and support

along with tools, resources, and state guidance on provider JE compliance, roles, and responsibilities regarding EVV.

Public and Personal Emergencies ERS Experience

The new ERS modality is in full operation. All CBAS centers can offer clinical support to CBAS participants who may be experiencing either a public or personal emergency as defined in the fully developed ERS policy. The ERS events are broken down into two categories: public emergencies and personal emergencies. In July 2024, CDA received 2,093 ERS events, 563 personal emergencies, and 1,530 public emergencies. The vast majority of personal emergencies were due to serious illness and a majority of the public emergencies were due to disease outbreaks. In August 2024, CDA received 1,621 ERS events, 594 personal emergencies, and 1,027 public emergencies with causation remaining similar to the previous month. As of September 17, 2024, CDA received 462 ERS events, 270 personal emergencies, and 192 public emergencies. Both categories were predominantly related to personal illness or infectious disease outbreaks. CDA continues to see the successful utilization, implementation, and value that ERS brings to the CBAS providers and participants.

Policy Development/Issues

Areas of operations were assessed, and it was determined that new applicants applying for CBAS initial certification would benefit by CDA streamlining internal initial certification processes. Process improvements are ongoing to support the initial CBAS certification application processes for applicants desiring to open a new CBAS Center. CDA also restructured the pre-screening phase of the initial certification application process. Desirable outcomes include greater efficiency and reduced timeframes to certify new centers, resulting in more CBAS participants being served more quickly and an increase in new centers being certified.

During on-site recertification surveys in DY 20-Q3, CDA identified CBAS centers that were not adhering to Emergency Remote Services (ERS) policy requirements. To ensure remediation of the deficient practices identified, specific issues were addressed with individual centers through the plan of correction process.

See the next page for Figures 5 and 6.

Figure 5: Data on CBAS Complaints

Demonstration Year and Quarter	Member Complaints	Provider Complaints	Total Complaints
DY 19-Q3 (Jul – Sept 2023)	0	1	1
DY 19-Q4 (Oct-Dec 2023)	0	3	3
DY 20-Q1 (Jan – March 2024)	3	0	3
DY 20-Q2 (April – June 2024)	0	1	1
			CDA Data – Complaints 06/2024

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 5 data will be submitted one quarter in the rear due to the reporting delays.*

Figure 6: Data on CBAS Managed Care Plan Complaints

Demonstration Year and Quarter	Member Complaints	Provider Complaints	Total Complaints
DY 19-Q3 (Jul – Sept 2023)	0	1	1
DY 19-Q4 (Oct-Dec 2023)	1	0	1
DY 20-Q1 (Jan – March 2024)	3	0	3
DY 20-Q2 (April – June 2024)	4	5	9
			Phone Data – Phone Center Complaints 06/2024

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 6 data will be submitted one quarter in the rear due to the reporting delays.*

Consumer Issues and Interventions

CBAS Member/Provider Call Center Complaints (FFS/MCP)

DHCS continues to respond to issues and questions from CBAS participants, CBAS providers, MCPs, and members of the Legislature on various aspects of the CBAS program. DHCS and CDA maintain webpages to provide information on CBAS to stakeholders. In addition, providers and members can submit inquiries to CBASinfo@dhcs.ca.gov for assistance from DHCS and CBASCDA@Aging.ca.gov for assistance from CDA.

The number of issues that generate CBAS complaints are minimal, and they are collected from both participants and providers. Complaints are received via telephone or email by MCPs and CDA for research and resolution. Complaints collected by MCPs were primarily related to the authorization process, cost/billing issues, and dissatisfaction with services from a current managed care plan partner. Figures 5 and 6 present complaint data received by CDA and MCPs from CBAS members and providers. Figure 5 shows there were zero member complaints, and one provider complaint received in DY 20-Q2, reflecting a decrease in member complaints and provider complaints compared to DY 20-Q1 data, which presented three member complaints and zero provider complaints. Figure 5 reflects there was no negative change greater than five percent between DY 20-Q1 and DY 20-Q2. Figure 6 demonstrates a negative change greater than five percent for provider complaints between DY 20-Q1 and DY 20-Q2, with five provider complaints recorded for DY 20-Q2. Additionally, Figure 6 presents a negative change greater than five percent in total complaints, from three complaints in DY 20-Q1 to nine total complaints for DY 20-Q2. The MCPs reported San Benito and Mariposa counties do not have CBAS centers. DHCS continues to work with the MCPs to uncover and resolve the causes of increased complaints identified within these reports.

Figure 7: Data on CBAS Managed Care Plan Grievances

Demonstration Year and Quarter	Grievances:				
	CBAS Providers	Contractor Assessment or Reassessment	Excessive Travel Times to Access CBAS	Other CBAS Grievances	Total Grievances
DY 19-Q3 (Jul – Sept 2023)	7	1	1	6	15

Demonstration Year and Quarter	Grievances:				
	CBAS Providers	Contractor Assessment or Reassessment	Excessive Travel Times to Access CBAS	Other CBAS Grievances	Total Grievances
DY 19-Q4 (Oct – Dec 2023)	7	1	0	4	12
DY 20-Q1 (Jan – Mar 2024)	10	1	0	7	18
DY 20-Q2 (April – June 2024)	5	0	0	8	13
					MCP Data - Grievances 06/2024

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 7 data will be submitted one quarter in the rear due to the reporting delays.*

Figure 8: Data on CBAS Managed Care Plan Appeals

Demonstration Year and Quarter	Appeals:				
	Denials or Limited Services	Denial to See Requested Provider	Excessive Travel Times to Access CABS	Other CBAS Appeals	Total Appeals
DY 19–Q3 (Jul - Sept 2023)	4	0	0	0	4
DY 19–Q4 (Oct - Dec 2023)	7	2	0	0	9
DY 20–Q1 (Jan – Mar 2024)	7	0	0	1	8
DY 20-Q2 (April – June 2024)	11	0	0	1	12
					MCP Data - Appeals 06/2024

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 8 data will be submitted one quarter in the rear due to the reporting delays.*

CBAS Grievances/Appeals (FFS/MCP)

The MCPs provide DHCS with grievances and appeals data. As recorded in Figure 7, there were 13 grievances regarding CBAS services in DY 20-Q2, a decrease from the 18 grievances reported in DY 20-Q1.

Figure 8 presents appeals data, with a total of 12 appeals being reported for DY 20-Q2. This change indicates an increase in the total received appeals since DY 20-Q1. Of the twelve appeals, eleven were identified as denials or limited services, and one appeal was listed in the "other CBAS appeals" column. The data demonstrates a negative increase in total appeals, specifically for denials or limited services in DY 20-Q2 compared to DY 20-Q1. DHCS continues to work with the MCPs to identify and resolve sources of increased grievances and appeals identified within these reports.

Figure 9: CBAS Centers Licensed Capacity

CBAS Centers Licensed Capacity						
County	**DY19-Q3 (Jul-Sept 2023)**	**DY19-Q4 (Oct-Dec 2023)**	**DY20-Q1 (Jan-Mar 2024)**	**DY20-Q2 (Apr-June 2024)**	**Percent Change Between Last Two Quarters**	*****Capacity Used**
Alameda	370	370	370	370	0.0%	67%
Butte	60	60	60	60	0.0%	28%
Contra Costa	130	130	130	130	0.0%	42%
Fresno	1,297	1,297	1,297	1,297	0.0%	65%
Humboldt	349	349	349	349	0.0%	17%
Imperial	355	355	355	355	0.0%	57%
Kern	805	805	805	805	0.0%	41%
Los Angeles	27,175	27,755	28,006	28,301	+1.0%	68%
Marin	0	0	0	0	N/A	N/A
Merced	124	124	124	175	+41.1%	46%
Monterey	110	110	110	110	0.0%	64%

CBAS Centers Licensed Capacity						
County	**DY19-Q3 (Jul-Sept 2023)**	**DY19-Q4 (Oct-Dec 2023)**	**DY20-Q1 (Jan-Mar 2024)**	**DY20-Q2 (Apr-June 2024)**	**Percent Change Between Last Two Quarters**	*****Capacity Used**
Napa	100	100	100	100	0.0%	44%
Orange	3,321	3,321	3,501	3,711	+6.0%	62%
Riverside	1,025	1,025	1,025	1,225	+19.5%	33%
Sacramento	520	520	520	520	0.0%	60%
San Bernardino	1,446	1,446	1,446	1,446	0.0%	47%
San Diego	2,359	2,359	2,359	2,439	+3.4%	49%
San Francisco	926	926	926	926	0.0%	64%
San Joaquin	0	0	0	0	N/A	0%
San Mateo	60	245	245	245	0.0%	15%
Santa Barbara	180	180	180	180	0.0%	31%
Santa Clara	820	820	820	820	0.0%	52%
Santa Cruz	90	120	120	120	0.0%	56%
Shasta	85	85	85	85	0.0%	40%
Solano	120	120	120	120	0.0%	37%
Stanislaus	510	510	510	510	0.0%	2%
Ventura	886	886	1,066	1,066	0.0%	33%
Yolo	224	224	224	224	0.0%	70%
SUM	**43,447**	**44,242**	**44,853**	**45,689**	**+ 1.9%**	**61%**

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 9 data will be submitted one quarter in the rear due to the reporting delays.*

****Capacity Used measures the average number of total individuals receiving CBAS at a given CBAS center daily (average daily attendance [ADA]) versus the maximum capacity available.*

As shown in Figure 9, in DY 20-Q2, Merced, Orange, and Riverside Counties had increases greater than five percent between DY 20-Q1 and Q2. Orange County had two new centers open in DY 20-Q2; one in April and one in June of 2024. Riverside also had a new center opening in June of 2024 which increased their capacity beyond five percent. In addition, both Orange and Merced counties saw licensed capacity increases in DY 20-Q2 which also speaks to the fluctuation in capacity overall.

Unbundled Services

CDA certifies and provides oversight of CBAS Centers. DHCS continues to review and monitor any possible impact on participants due to CBAS Center closures. For counties that do not have a CBAS Center, the MCPs will work with the nearest available CBAS Center to provide the necessary services. This may include, but not be limited to, the MCP contracting with a non-network provider, to ensure that continuity of care continues for the participants if they are required to enroll in managed care. Members can choose to participate in other similar programs should a CBAS Center not be present in their county or within the travel distance requirement of participants traveling to and from a CBAS Center.

Prior to closing, a CBAS Center is required to notify CDA and their contracted MCPs of their planned closure date and conduct discharge planning for each of the CBAS participants to whom it provides services. CBAS participants affected by a center closure and who are unable to attend another local CBAS Center can receive unbundled services in counties with CBAS Centers. The majority of CBAS participants in most counties served by CBAS can choose an alternate CBAS Center within their local area.

Figure 10: CBAS Center History

CBAS Center History					
Month	**Operating Centers**	**Closures**	**Openings**	**Net Gain/Loss**	**Total Centers**
Jun 2024	298	1	2	+1	299
May 2024	298	0	0	0	298
Apr 2024	296	0	2	+2	298
Mar 2024	295	0	1	1	296
Feb 2024	295	0	0	0	295
Jan 2024	294	0	1	1	295

CBAS Center History					
Month	**Operating Centers**	**Closures**	**Openings**	**Net Gain/Loss**	**Total Centers**
Dec 2023	293	0	1	+1	294
Nov 2023	291	0	2	+2	293
Oct 2023	290	0	1	+1	291
Sept 2023	286	0	4	+4	290
Aug 2023	284	0	2	+2	286
July 2023	283	0	1	+1	284
June 2023	283	0	0	0	283
May 2023	282	0	1	+1	283
April 2023	281	1	2	+1	282

**Information is not reported for DY 20-Q3 due to a delay in the availability of the data and will be presented in the DY 20 Annual Report. For future reports, Figure 10 data will be submitted one quarter in the rear due to the reporting delays.*

DHCS and CDA continue to monitor the overall utilization of CBAS, including the opening and closing of CBAS centers since April 2012, when CBAS became operational. According to the data in Figure 10 above, one center closed, and four centers opened in DY 20-Q2. Center openings included two in Orange County, one in San Diego County, and one in Riverside. Figure 10 shows there was no negative change of more than five percent in DY 20-Q2, therefore, no analysis is needed to address such variances.

Budget Neutrality and Financial Updates

The CalAIM Section 1115 Demonstration waiver, approved by CMS on December 29, 2021, will have no effect on budget neutrality as it is currently a pass-through, meaning that the cost of CBAS remains the same with the Waiver as it would be without the Waiver. As such, the program cannot quantify savings, and the extension of the program will have no effect on overall waiver budget neutrality.

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a program for the organized delivery of substance use disorder (SUD) services to Medi-Cal-eligible individuals with SUD who reside in a county who elect to participate in the DMC-ODS (hereafter referred to as DMC-ODS members). Under the DMC-ODS pilot program, all California counties have the option to participate in the program to provide their resident Medi-Cal members with a range of evidence-based SUD treatment services in addition to those available under the traditional Drug Medi-Cal (DMC) program.

The DMC-ODS program was originally authorized in 2015 by the Medi-Cal 2020 Section 1115(a) demonstration. However, as a part of CalAIM, on June 30, 2021, DHCS submitted a 1915(b) waiver renewal to CMS to consolidate Medi-Cal managed care delivery system programs previously authorized under California's Medi-Cal 2020 Section 1115(a) demonstration – Medi-Cal Managed Care, Dental Managed Care, and DMC-ODS – with Specialty Mental Health Services (SMHS) under the 1915(b) waiver in 2022. On December 29, 2021, CMS approved the reauthorization of DMC-ODS, shifting the managed care authority to the consolidated CalAIM 1915(b) waiver and using the Medicaid State Plan to authorize the majority of DMC-ODS services. The authority to provide reimbursable Medi-Cal services for DMC-ODS members residing in institutions for mental disease (IMDs), Medi-Cal Peer Support Services, and CM remain authorized under the Section 1115 demonstration through December 31, 2026. This CalAIM demonstration continues to provide the state with the ability to claim federal financial participation (FFP) for high-quality, clinically appropriate SUD treatment services for DMC-ODS members who are short-term residents in residential and inpatient treatment settings that qualify as IMD. Critical elements of the DMC-ODS continue to include providing a continuum of care, patient assessment, and placement tools modeled after the American Society of Addiction Medicine (ASAM) Criteria.

Contingency Management Updates

On March 28, 2023, DHCS approved the first site to offer CM services as part of the Recovery Incentives Program. Since the launch of the program through September 30, 2024, 3,599 members have received CM services.

DHCS has approved 24 counties for the pilot program. Currently, 19 counties are actively participating in the Recovery Incentives Program. These counties include Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Marin, Nevada, Orange, Riverside, San Bernardino, San Diego, San Francisco, San Mateo, Santa Barbara, Santa Clara, Tulare, Ventura, and Yolo. Collectively, these counties cover 80 percent of Medi-Cal membership. Four counties, Sacramento, San Joaquin, Santa Cruz, and Shasta are working on readiness and preparing to launch services. One county, San Louis Obispo,

has withdrawn from the program citing staffing issues as the reason they are unable to participate in the program. DHCS is working with the county to recoup start-up funds. There are 93 approved sites providing CM services to 1,471 active members, as of September 30, 2024. There are 96 approved sites and 93 providing CM services. Those not actively providing services are working on enrolling members. Figure 11 below describes each county and the number of approved sites in each.

Figure 11: Approved Sites Per County

County	Total Approved Sites
Alameda	1
Contra Costa	2
Fresno	1
Imperial	4
Kern	6
Los Angeles	48
Marin	3
Nevada	1
Orange	5
Riverside	8
San Bernadino	1
San Diego	3
San Francisco	4
San Mateo	1
Santa Barbara	3
Santa Clara	1
Tulare	2
Ventura	1
Yolo	1

In addition to these sites, there are 18 sites that have completed the required Implementation Training and are working to complete the Readiness Assessment prior

to launching CM services. Additional sites will be approved on a rolling basis as they complete the Implementation Training and Readiness Assessment process.

CM recognizes individual positive behavioral change, as evidenced by drug tests that are negative for stimulants, and reinforces that behavior through motivational incentives. As part of the Recovery Incentives Program, urine drug tests (UDTs) are used to qualify a member for motivational incentives. In Q3 2024, 20,817 UDTs were administered, of which 19,887 were negative for stimulants. As a result, $307,733.50 in gift cards (motivational incentives) were earned in DY 20-Q3 by DMC-ODS members for meeting the treatment goal of submitting a UDT negative for stimulants. DHCS' incentive manager (IM) portal allows members to redeem their gift card immediately when earned, or they can choose to 'bank' the incentive amount to save up for a larger gift card to be disbursed at a later date. Of the total incentives earned, $290,424.50 was disbursed in Q3. When a member chooses to redeem a gift card, they can choose from a list of pre-approved vendors. The most common gift card redemptions in Q3 include Walmart (53 percent), Nike (seven percent), and Chevron (6 percent). DHCS continues to process the intake of CM data, which will be used for incentive payment processing, evaluation activities, creation of reports, and dashboard metrics.

In August 2024, DHCS released Behavioral Health Information Notice (BHIN) 24-031, which supersedes BHIN 23-040. This revised BHIN allows any DMC-ODS county to participate in the Recovery Incentives Program following the submission of a new, streamlined Implementation Plan to DHCS and upon DHCS approval. Program expansion aims to not only include the remaining DMC-ODS Medi-Cal population but also reach populations of focus disproportionately afflicted with stimulant use disorder like rural and tribal populations.

Throughout Q3 of 2024, the DHCS Recovery Incentives Program team continued weekly planning meetings with the CM training and technical assistance provider, University of California, Los Angeles (UCLA), and the IM vendor, Q2i. Oversight and monitoring activities continued to include ongoing coaching calls, which provide support to CM providers, and fidelity reviews, which began in July 2023 with sites and counties participating to discuss adherence to the CM protocol. In September 2024, DHCS shared the Quarterly Progress Report Template with county leads and Behavioral Health Directors for tracking oversight activities. As part of the monitoring and evaluation efforts of the Recovery Incentives Program, the first of four Quality Performance Reports will cover October through December 2024 and is due by the counties to DHCS by January 31, 2025. Per BHIN 24-031, counties participating in the Recovery Incentives Program are required to complete quarterly reporting for a total of four consecutive

quarters.

The Recovery Incentives Program team continued to respond to questions from participating counties and provider sites, supported the refinement of training materials for counties and providers, and coordinated with CDPH for expedited processing of Clinical Laboratory Improvement Amendments waivers.

Recovery Incentives: California's Contingency Management Program – Training and Technical Assistance Activities, DY 20-Q3

DY 20-Q3 (July 1, 2024 – September 30, 2024)

Statewide CM pilot training curriculum, readiness review, and fidelity assessment tool development activities: Key activities accomplished during DY 20-Q3 included:

- **Ongoing Fidelity Monitoring:** Fidelity Monitoring occurs for all launched sites twice in the first six months of CM service implementation, and then once every six months thereafter for the duration of the Recovery Incentives Program. Fidelity Monitoring Self-Study and Interview #1 are completed 2-3 months following Program launch, Fidelity Monitoring Self-Study and Interview #2 are completed 4-6 months following Program launch, and Fidelity Monitoring Self-Study and Interview #3 are completed 8-10 months after Program launch. Copies of Fidelity Monitoring Self-Study #1, # 2, and #3 are on file at DHCS. Regularly required fidelity reviews (inclusive of both the Self-Study and Interview) ensure the Recovery Incentives Program operates consistently and rigorously over time and allows the UCLA Training and Implementation Team to gauge how well the sites are implementing their CM programs to fidelity. A total of five Fidelity Monitoring #1 interviews, 12 Fidelity Monitoring #2 interviews, and nine Fidelity Monitoring #3 interviews were completed during the reporting period.
- **Outreach Efforts:** To increase enrollment, sites were encouraged to utilize Sample Messages as outlined in the Provider Outreach & Communications Toolkit on the Recovery Incentives website. These messages include website text, email newsletters, and social media posts. Additional outreach materials include the Recovery Incentives Program flyer, wallet cards, and a FAQ document. Site specific recruitment strategies are discussed during the Fidelity Monitoring Interviews and during monthly coaching calls.
- **Site-Level CLIA Waiver/State Lab Registration:** A cumulative total of 133 State Lab Registration Applications and 122 Clinical Laboratory Improvement Amendments (CLIA) Certificate Applications are completed/approved. (NOTE: The cumulative number of CLIA applications decreased slightly from Q2 to Q3; in total, 16 sites

indicated that they will no longer be participating in the Program). A total of 140 Site Lab Directors have been identified for the Program.

- **Recovery Incentives Program Website:** The Recovery Incentives website was updated as materials were refined. Website updates included the Implementation Training registration links, slide decks, handouts, and meeting materials. The IM Portal gift card informational document and the Program Manual with Appendices also included updates from BHIN 24-031. Additional updates included the DHCS Approved UDT List, Implementation Plan Template and program expansion information, FAQs, and visually impaired aides such as MEDIL 19-18: Guidance for Alternate Formats Request Process for Visually Impaired Members as well as the translation of the program consent form to Braille.

- **CM Overview Training (On-Demand):** A total of 77 individuals completed the CM Overview Training on-demand course between July 1 and September 30, 2024.

- **Two-Part CM Implementation Training:** UCLA Integrated Substance Use and Addiction Programs (ISAP) conducted 13 implementation trainings (with 143 total participants) from 13 of the 24 counties.

- **Coaching Calls:** UCLA ISAP conducted 30 interactive Zoom Coaching Calls with a total of 427 attendees.

- **Readiness Assessment:** UCLA ISAP conducted eight Readiness Assessment interviews and six outreach calls for Readiness Assessment preparedness. Six sites initiated the two-step Readiness Assessment process using the link they received to the Qualtrics self-study.

Medi-Cal Peer Support Services Updates

Medi-Cal Peer Support Services is an optional behavioral health Medi-Cal benefit that can be implemented within DMC-ODS, DMC, and/or SMHS delivery systems. As of September 30, 2024, 4,108 individuals are certified as Medi-Cal Peer Support Specialists through the California Mental Health Services Authority (CalMHSA) certification program. CalMHSA is currently the sole county-selected and DHCS-recognized certification program for Medi-Cal Peer Support Specialists (see Figure 12 for a breakdown of new applicants by application/certification status). As of September 30, 2024, 52 out of 58 California counties provide Medi-Cal Peer Support Services, including 33 DMC-ODS programs, 52 MHPs, and ten DMC counties. DHCS provides the

opportunity for counties to opt-in to provide Medi-Cal Peer Support Services on an annual basis.

Figure 12: Medi-Cal Peer Support Specialist Applications and Certifications Status

Applications & Certifications per Quarter[3]	DY Q1 (1/1/24-3/31/24)	DY Q2 (4/1/24-6/30/24)	DY Q3 (7/1/24-9/30/24)
New Applications submitted	854	916	1027
New Certifications	508	520	573

Throughout DY 20-Q3, DHCS conducted stakeholder engagement on program implementation, addressed stakeholder questions on service delivery, billing, claiming, supervision, plan of care, scope of services, updates for Medi-Cal Peer Support Specialists in the Provider Information Management System, and coordinated regularly with CalMHSA to ensure responsiveness to stakeholders and alignment with policy. In DY 20-Q3, DHCS also developed a draft all-inclusive Medi-Cal Peer Support Services BHIN that incorporates stakeholder feedback, as well as accompanying FAQs, which are expected to be finalized and released in DY 20-Q4.

DHCS continued to gather feedback from internal and external stakeholders to inform policy development around requiring Medi-Cal Peer Support Specialists and other unlicensed providers to obtain a National Provider Identifier (NPI) number. NPI guidance is expected to be developed in 2025.

Performance Metrics

Prior quarters have been updated based on new claims data. The performance metrics below consist of preliminary data since California counties have 12 months to submit claims, which can lead to lower reported numbers when data is pulled prior to the claiming deadline. Accurate enrollment numbers are updated and provided in subsequent quarterly report cycles.

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[3] Source: California Mental Health Services Authority Peer Certification Data

Figure 13: Quarterly Count of Unduplicated DMC-ODS Members with FFP Funding

Quarter	ACA*	Non-ACA	Total
DY 19-Q4	10,082	3,356	13,438
DY 20-Q1	10,187	3,245	13,432
DY 20-Q2	9,722	2,867	12,589
DY 20-Q3	2,641	745	3,386

**Affordable Care Act (ACA)*

Figure 14: Member Enrollment

Population	Month 1	Month 2	Month 3	Quarter	Current Enrollees to Date
ACA	8,337	8,510	8,724	DY 19-Q4	8,904
ACA	9,066	9,274	9,444	DY 20-Q1	9,584
ACA	9,440	9,434	9,373	DY 20-Q2	9,632
ACA	9,351	9,289	9,246	DY 20-Q3	9,482
Non-ACA	3,431	3,360	3,259	DY 19-Q4	3,688
Non-ACA	3,069	2,930	2,816	DY 20-Q1	3,235
Non-ACA	2,785	2,756	2,763	DY 20-Q2	2,982
Non-ACA	2,757	2,764	2,752	DY 20-Q3	2,928

Figure 15: Aggregate Expenditures: ACA and Non-ACA

Population	Units of Service	Approved Amount	FFP Amount	SGF Amount	County Amount	DY
ACA	339,624	$89,952,418.89	$79,230,942.14	$10,063,188.79	$658,287.96	DY 19-Q4
Non-ACA	100,435	$26,452,878.66	$13,657,285.38	$11,378,644.47	$1,416,948.81	DY 19-Q4
ACA	343,634	$89,628,580.52	$77,713,243.17	$11,066,644.45	$848,692.90	DY 20-Q1
Non-ACA	93,787	$24,723,813.61	$12,371,700.66	$10,793,688.26	$1,558,424.69	DY 20-Q1
ACA	341,516	$85,919,746.64	$74,238,538.77	$10,883,333.85	$797,874.02	DY 20-Q2
Non-ACA	84,985	$21,373,628.69	$10,719,034.73	$9,250,438.27	$1,404,155.69	DY 20-Q2
ACA	73,153	$15,173,476.49	$13,235,564.05	$1,711,467.02	$226,445.42	DY 20-Q3
Non-ACA	17,773	$3,754,904.11	$1,882,312.94	$1,495,501.64	$377,089.53	DY 20-Q3

Performance Metrics Enclosures/Attachments

The attachment, CalAIM 1115 Waiver Progress Report DY20-Q3_ODS-RES_10-1-2024_V2, contains the Enrollment data, Member Month data, and Aggregate Expenditures data referenced in this section of the report. Additionally, the attachment contains the ACA and Non-ACA Expenditures reported for DY 20-Q3 as of September 30, 2024.

Outreach Activities

- DHCS held monthly calls with each participating DMC-ODS county to provide technical assistance and monitor ongoing compliance with contractual and regulatory compliance, including status updates on Corrective Action Plans (CAPs) and reports.
- DHCS issues weekly Behavioral Health Stakeholder Updates via email to stakeholders. The information provided includes announcements of finalized and draft BHINs, upcoming webinars, and other relevant information.
- DHCS held webinars through the monthly All County Behavioral Health Call to provide technical assistance and program updates regarding contractual and regulatory compliance. The dates of these webinars and the topics presented are as follows:
- July 17, 2024
  - Recovery Incentive Program
- August 21, 2024
  - Medi-Cal Peer Support Services
- September 18, 2024
  - External Quality Review Organization
  - Behavioral Health Quality and Healthy Equity Framework Update
  - 2025 Integrated Member Handbook Templates
  - Medi-Cal Mobile Crisis Services Benefit Data Elements
  - Medi-Cal Eligibility: Inter-County Transfer (ICT) Policy Reminder
  - CalAIM Behavioral Health Administrative Integration: Provider Integration

Operational Updates

CalAIM includes a suite of changes to the Medi-Cal behavioral health system to advance whole-person, accessible, high-quality care, including 1) updates to the criteria to access

SMHS; 2) implementation of standardized statewide screening and transition tools; 3) behavioral health payment reform; and 4) streamlining and standardizing clinical documentation requirements through documentation reform. DMC-ODS counties are utilizing policy guidance that was released from December 2021 through September 2024 (related to these items) to update and implement policies and procedures.

The following Behavioral Health Information Notices (BHINs) were updated during this quarter:

- 24-026 - Supersedes BHIN 23-024. Drug Medi-Cal Organized Delivery System (DMC-ODS) Treatment Perception Survey (TPS)
- 24-030 - 2024 CalOMS Tx Update to Demographic Reporting Requirements
- 24-031 - Updated Guidance for the Recovery Incentives Program: California's Contingency Management Benefit
- 24-032 - Update to the Servicemembers Civil Relief Act (SCRA) via Veterans Auto and Education Improvement Act of 2022 (H.R. 7939): To advise of the exemption of certain individuals from the California counselor registration or certification requirements following updates to the SCRA.

Consumer Issues and Interventions

DHCS continues to respond to issues and concerns related to DMC-ODS counties delivering DMC-ODS services. DHCS only received one issue during DY 20-Q3 and is currently engaging with the impacted county to resolve it.

Quality Control/Assurance Activity

During DY 20-Q3, DHCS scheduled and conducted two annual DMC-ODS compliance reviews. Figure 16 identifies the County DMC-ODS compliance reviews conducted during DY 20-Q3.

Figure 16: DY 20-Q3 Compliance Reviews

County	Month/Year
Santa Clara	July 2024
Tulare	September 2024

DHCS continues to provide technical assistance and support to DMC-ODS counties to resolve outstanding CAPs. There are no major activities updates to report regarding quality control/assurance during DY 20-Q3.

Budget Neutrality and Financial Updates

Nothing to report.

Evaluation Activities and Interim Findings

UCLA continued activities on the 1115 waiver evaluation, as described below:

Survey and Interview Data Collection

CM/Recovery Incentives Evaluation Activities

- During Q3 of 2024, UCLA continued disseminating Provider Surveys at approved/launched programs five months after their approval to launch. At the end of this reporting period, 205 surveys were received, with a 94 percent response rate.

- UCLA also continued the follow-up data collection of a small longitudinal study among DMC-ODS members enrolled in the Recovery Incentive Program (sample size: N=48). This sample was identified as part of the cross-sectional survey conducted in Q1 (Feb-March 2024) who were in weeks one or two of the Recovery Incentives Program at the time and agreed to be followed up with for further survey and/or interview opportunities. This small longitudinal study contacts these members at approximately weeks six, 14, and 28. Note: in Q3, UCLA shifted the third follow up data point from week 26 to week 28 to allow for a full 30-day period to occur following the full 24-week Recovery Incentive Program protocol. The week six surveys started dissemination in late March and were completed with a 69 percent response rate. The week 14 surveys began dissemination in late May and were completed with a 63 percent response rate. The week 28 surveys began dissemination in early August and will continue into October. Lessons from this effort will inform on the most viable methods for a larger longitudinal collection effort in the future.

- UCLA also continued to fine-tune the sampling processes to conduct qualitative interviews among selected clients/members as well as provider executives and/or county administrators with programs engaged in the Recovery Incentives Program protocol.

- The client/member interviews will collect insights from enrolled clients/members about their experiences across various points in time in the protocol but will also focus on clients/members who did not complete the program. The client/member interviews are anticipated to be conducted in Q4 and into 2025. Please refer to the attached Client Interview Guide, which is currently approved.
- The provider executive/county administrator interviews will collect insights about the implementation of the Recovery Incentives Program with an emphasis on startup costs, billing, and sustainability. It is anticipated these interviews will be conducted in Q4. Please refer to the attached Program Executive Interview Guide, which is currently approved.

1115 Waiver Evaluation Activities

- During Q3 of 2024, UCLA analyzed the County Administrator Survey to SUD/BH County Administrators of DMC-ODS counties. The survey aimed to continue measuring the impact of the DMC-ODS program on SUD service delivery as well as addressing priority areas addressed under CalAIM (e.g., health equity/racial disparities, contingency management, peers, harm reduction efforts, etc.). Findings related to the Recovery Incentives Program were included in the Contingency Management Mid-Point Assessment Evaluation. Findings relevant to the overall impact of the 1115 Waiver will be included in the Mid-Point Assessment Evaluation Report due in Q4.

Administrative Data Analysis

- During Q3 of 2024, UCLA continued to receive administrative datasets required to conduct the DMC-ODS Waiver Evaluation. Specifically, refreshed datasets received included: ASAM data, California Outcomes Measurement System (CalOMS) files, and Incentive Manager data. Analysis is underway and preliminary findings were summarized in the Contingency Management Mid-Point Assessment Evaluation Report and will continue in the Mid-Point Assessment Report in Q4.

Reporting of Initial Findings

- On July 12, 2024, UCLA submitted to DHCS the Contingency Management Mid-Point Assessment Evaluation Report, which included preliminary findings from the CA Recovery Incentives Program using client service administrative data as well as the survey and interview data through February 2024. This report will be updated and incorporated into the Mid-Point Assessment Evaluation Report addressing the overall DMC-ODS SUD 1115 Waiver Evaluation.

- On July 18, 2024, UCLA presented at the California Behavioral Health Directors Association Substance Use Prevention and Treatment in-person meeting in Sacramento, California. UCLA presented preliminary data from the Recovery Incentives Program Evaluation as well as some results from the County Administrator Survey that was conducted in Q2 of 2024.

- On August 13, 2024, UCLA presented preliminary data from the Recovery Incentives Program Evaluation at the DHCS Substance Use Disorder Integrated Care Conference, in Long Beach, California.

Statewide Perception Surveys

- Treatment Perception Survey (TPS)/Substance Use – During Q3 of 2024, UCLA continued preparation for TPS 2024 with a survey period of October 21-25, 2024. The latest updates and additional information regarding the TPS can be found on the TPS website.

Additional Activities/Technical Assistance

ASAM Assessment Interview Guide

- UCLA continues to work with ASAM to update the existing ASAM Criteria Assessment Interview Guide with the recently released 4th Edition of the ASAM Criteria.

- At the start of Q3 of 2024, UCLA reviewed the initial draft of the 4th Edition ASAM Level of Care Assessment Guide (not publicly available at this time), which was updated from the previously disseminated 3rd Edition Assessment Guide. UCLA provided feedback to ASAM which was incorporated to finalize the next draft. In August and September of 2024, UCLA initiated a feasibility study with the latest draft of the 4th edition ASAM Level of Care Assessment Guide. UCLA recruited SUD treatment professionals from rural and urban locations in four counties (Los Angeles, Riverside, Siskiyou, and Ventura) to test the Assessment Guide with patients in outpatient and residential care as well as a telephone-based intake center. UCLA, in partnership with ASAM, provided initial training, technical assistance, and surveys to county staff on the new 4th edition ASAM guide. Please refer to the attached ASAM 4th Edition Feedback Survey.

- Information gained from the feasibility study will be used to make improvements to the 4th Edition Assessment Guide. ASAM and UCLA are working with DHCS to coordinate the Statewide transition process to move from the 3rd Edition to the

4th Edition of the ASAM Criteria, which is used to determine the most appropriate Level of Care for SUD treatment under the DMC-ODS program.

Initial Placement Screener

- UCLA continues to support the utilization of the Brief Questionnaire for Initial Placement (BQuIP). The BQuIP tool is a fast and free web-based tool designed to generate recommendations for initial placement for adult individuals seeking SUD treatment. The BQuIP tool is not a replacement for a full assessment, and the appropriateness of the provisional placement decision made as a result of using this tool must be confirmed via a comprehensive ASAM assessment as soon as possible. In Q3, UCLA continued the process of translating the BQuIP to be available online for Spanish-speaking DMC-ODS members. Additionally, UCLA continued to support counties interested in connecting this tool with their Electronic Health Records. More information, resource support, and access to the BQuIP can be found on the BQuIP website.

GLOBAL PAYMENT PROGRAM

The Global Payment Program (GPP) assists public health care systems (PHCS) that provide health care to the uninsured. The GPP focuses on value rather than the volume of care provided. The purpose is to support PHCS in their key role of providing services to California's remaining uninsured and to promote the delivery of more cost-effective and higher-value care to the uninsured. In addition to providing value-based care, the GPP incorporates services that are otherwise available to the state's Medi-Cal members under different Medicaid authorities with the aim of enhancing access and utilization among the uninsured, and thereby advancing health equity in the state. Under the CalAIM waiver, GPP continues the work accomplished under the Medi-Cal 2020 waiver and has added services that aim to address health disparities for the uninsured population, as well as align GPP service offerings with those available to Medicaid members.

The funding for GPP is a combination of a portion of California's federal Disproportionate Share Hospital (DSH) allotment and Uncompensated Care Pool (UC Pool) funding.

Performance Metrics

Nothing to report.

Outreach Activities

Nothing to report.

Operational Updates

On February 23, 2024, CMS published Final Rule 2024-03542, which clarified the Consolidated Appropriations Act (CAA), 2021. The final rule's impact increased the Non-Designated Public Hospitals' FFY 2022 DSH allotment allocation, thereby reducing the GPP budgets for both FFY 2022 and FFY 2023 allotments. On July 11, 2024, DHCS implemented the final GPP adjustments for program years (PY) 7 and 8.

Consumer Issues and Interventions

Nothing to report.

Quality Control/Assurance Activity

Nothing to report.

Budget Neutrality and Financial Updates

Figure 17: Budget Neutrality and Financial Updates

Payment	FFP Payment	IGT Payment	Service Period	Total Funds Payment
PY 7 Final Rule	$1.38	$1.37	DY 17	$2.75
PY 8 Final Rule	$55.62	$55.62	DY 18	$111.24
PY 10 Quarter 2	$337,993,978.11	$337,993,978.11	DY 20	$675,987,956.22
Total	**$337,994,035.11**	**$337,994,035.10**		**$675,988,070.21**

DY 20-Q3 reporting activities include payments made in July 2024 for GPP PY 7 Final Rule, PY 8 Final Rule, and PY 10-Q2.

In GPP PY 7 Final Rule, the PHCS received $1.38 in federally funded payments and $1.37 in intergovernmental transfer (IGT) funded payments. DHCS recouped $16,401.07 in total funds from PHCS and returned IGT funds in the amount of $8,216.09. In GPP PY 8 Final Rule, the PHCS received $55.62 in federally funded payments and $55.62 in intergovernmental transfer (IGT) funded payments. DHCS recouped $15,056.40 in total funds from PHCS and returned IGT funds in the amount of $8,155.69.

In addition, PHCS received $337,993,978.11 in federally funded payments and $337,993,978.11 in IGT-funded payments for the PY 10-Q2 payment round.

Evaluation Activities and Interim Findings

Throughout DY 20-Q3, DHCS collaborated with the University of California on behalf of its Los Angeles campus (UCLA-RAND) and the California Association of Public Hospitals and Health Systems (CAPH) by meeting regularly to discuss evaluation activities and reporting.

PROVIDING ACCESS AND TRANSFORMING HEALTH

California's Section 1115 waiver renewal includes expenditure authority for the Providing Access and Transforming Health (PATH) initiative to maintain, build, and scale services, capacity, and infrastructure necessary to ensure successful implementation of the CalAIM initiative. PATH funding aims to support community level service delivery networks to participate in the Medi-Cal delivery system as California widely implements ECM, Community Supports, and Justice-Involved Services under CalAIM. PATH funding is available for various entities such as providers, counties, cities, local government agencies, former WPC Lead Entities (LEs), community-based organizations (CBOs), hospitals, Medi-Cal Tribal and designees of Indian Health Programs, and others as approved by DHCS.

PATH is comprised of two aligned programs:

- Justice-Involved (JI) Capacity Building to maintain and build pre-release services to support implementation of a full suite of statewide CalAIM JI initiatives in 2023, and
- Support for implementation of ECM and Community Supports (previously known as In Lieu of Services (ILOS)), which are foundational elements of CalAIM at the community level, and support for the expansion of access to services that will enable the transition from Medi-Cal 2020 to CalAIM.

PATH includes the following four initiatives:

1. WPC Services and Transition to Managed Care Mitigation Initiative – PATH funding will directly support former WPC Pilot LEs to pay for existing WPC services before those services are transitioned to be paid for by Medi-Cal MCPs under CalAIM on or before January 1, 2024. PATH funding will also directly support former WPC Pilot LEs to maintain reentry services currently provided through former WPC Pilots that do not transition to managed care until January 1, 2023, or later. Medi-Cal services for JI populations will launch starting October 1st, 2024 based on county.
2. Technical Assistance (TA) Marketplace Initiative – PATH funding is available for the provision of TA for qualified applicants that intend to provide ECM and/or Community Supports.
3. Collaborative Planning and Implementation Initiative – PATH funding is available for community stakeholders to work with the PATH Third-Party Administrator (TPA) to establish collaborative planning and implementation efforts that support the CalAIM launch.

4. Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative – PATH funding will enable transition, expansion, and development of ECM and Community Supports capacity and infrastructure.

The anticipated implementation timelines for the PATH Initiatives are as follows:

Figure 18: PATH Implementation Timelines

PATH Initiatives	2022				2023				2024				2025				2026			
	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4	Q 1	Q 2	Q 3	Q 4
WPC Services and Transition																				
TA Initiative																				
Collaborative Planning and Implementation																				
CITED																				
JI Planning and Capacity Building																				

Performance Metrics

In DY 20-Q3, TA Marketplace recipients and vendors submitted progress reports for the period of DY 20-Q2. During this reporting period, 34 TA Vendors responded across 261 projects and 116 TA Recipients responded across 259 TA projects. Of the 261 TA Projects, 167 had successfully achieved milestones on time. A majority of the projects were identified as completed or on track for completion, with 18 projects facing challenges.

The PATH CPI collaboratives have supported DHCS' action plan for driving improvements for ECM and Community Support implementation. They have organized deliberate collaboration at the local level working with Managed Care Plans and provider partners to support activity driving streamlining referral and authorization processes, expanding provider networks and streamlining payments, strengthening market awareness, and improving data exchange. In DY 20-Q3, the TPA and CPI facilitators submitted the Q2 Progress Report. For example, one collaborative is engaging the local Continuum of Care to

improve and coordinate CalAIM initiatives among housing partners. In the participating counties, there has been a 53-120 percent increase in ECM enrollment and a 50-102 percent increase in Community Supports utilization. While the increase in utilization may not be attributable solely to these collaborative efforts, it has been instrumental in accelerating implementation.

Throughout DY 20-Q3, the TPA and DHCS review project activities and milestones of active CITED awardees to assess whether CITED Round One awardees are on track to complete their projects by the end of their award term. For example, if a awardee has not begun activities relevant to specific milestones tied to the progress report, the TPA and DHCS conduct outreach to understand their status for meeting their immediate milestones as well as project goals; and what barriers or challenges they face. If for any reason an awardee determines they will be unable to complete all components of their awarded project, they are required to submit an updated project and return unused funding. According to the Round One Quarter six (6) progress reporting period, 43 awardees or 31 percent of awardees, have fully completed their projects. 88 awardees or 63 percent are on track to completing their projects; and nine awardees or six percent have received targeted outreach as described above.

Operational Updates

WPC Services and Transition to Managed Care Mitigation Initiative

WPC Transition funding was available to support former WPC Pilot LEs to pay for existing WPC services before those services are transitioned to be paid for by Medi-Cal MCPs under CalAIM on or before January 1, 2024. Funding was also available to support LEs to pay for existing WPC services to the Justice-Involved population prior to release before those services are transitioned into managed care, which will not launch until October 2024.

There were seven LEs with services adopted in CalAIM earlier than originally anticipated in DY 18, and only one LE is currently providing pre-release services that has not fully transitioned to CalAIM. During DY 20-Q3, one payment was made to this currently active awardee. One awardee requested an extension to submit their PATH Utilization Report to DHCS for activities from July 1, 2023, to December 31, 2023.

TA Marketplace

The PATH TA Marketplace initiative provides funding for providers, CBOs, counties, and others to obtain TA resources to establish the infrastructure needed to implement ECM

and Community Supports. The TA Marketplace allows organizations to “shop” for TA support by vendors (“TA Vendors”) vetted and approved to participate in the TA Marketplace.

Organizations interested in receiving TA (“TA Recipients”) must complete an initial Recipient Eligibility Application. This application is standardized and allows entities to establish an online account for each applicant organization. Once approved, entities can shop the website for TA resources, select a Vendor, and apply for a Project. Applying for a TA Project requires the applicant to fill out the standardized TA Project Eligibility Application on the TA Marketplace website. The TPA and DHCS will then review the submitted applications. Once approved, entities will be able to contract with the selected TA Vendor to develop a Scope of Work (SOW) that describes the requested project along with corresponding budget, deliverables, and milestones.

The TA Marketplace website went live in January 2023. Recipient registration and project applications windows will remain open throughout the duration of the TA Marketplace and are reviewed on a rolling basis.

As of September 30, 2024, 461 entities have registered and have been approved by the TPA to actively pursue projects through the TA Marketplace. As of September 30, 2024, 648 projects have been approved or fully executed, 200 which were approved in DY 20-Q3.

During DY 20-Q3, DHCS and the TPA worked to procure “On-Demand Resources” to be made available through the TA Marketplace, including “ECM for Children and Youth Involved in Child Welfare.” The On-Demand Resources are expected to be made available through the PATH TA Marketplace website in DY 20-Q4. Additional On-Demand Resources are planned to be procured in DY 21.

As of DY 20-Q3, there are 526 approved off-the-shelf projects and 117 vendors approved to provide hands-on TA projects.

Currently, there are 117 approved vendors from four rounds of vendor procurement. In DY 20-Q2, during the fourth round of vendor procurement, there were both new entities added to the Marketplace and existing TA Vendors which expanded their offerings available through the Marketplace. These Vendors may now:

- Provide TA in additional TA domains, including Hand-On projects.
- Offer new off-the-shelf TA projects in the TA domains in which they are already qualified.

- Qualify as a TA vendor that meets the cross-cutting competency for rural communities.

TA Vendors are able to offer support across the seven TA domains as listed below.

- Domain 1: Building Data Capacity: Data Collection, Management, Sharing, and Use
- Domain 2: Community Supports: Strengthening Services that Address the Social Drivers of Health
- Domain 3: Engaging in CalAIM through Medi-Cal Managed Care
- Domain 4: ECM: Strengthening Care for ECM "Population of Focus"
- Domain 5: Promoting Health Equity
- Domain 6: Supporting Cross-Sector Partnerships
- Domain 7: Workforce

Each domain must also incorporate a focus on rural communities to support technical assistance and capacity building in rural and frontier areas, which are typically underserved or have limited provider capacity.

Collaborative Planning and Implementation (CPI) Initiative

Collaborative Planning and Implementation (CPI) provides funding and support for planning efforts to drive implementation of ECM and Community Supports, including identifying needs and gaps, surfacing solutions, and sharing best practices across regions. There are 26 regional collaborative groups throughout California, which are led by nine facilitators selected by DHCS and administered by the PATH TPA. The collaborative groups were established based on regional location, size, and with consideration to preserving existing collaboratives. The TPA and facilitators continue to meet monthly to review updates, provide outreach, discuss deliverables, address gaps in services, share ideas, and discuss challenges and successes. Facilitators hold roundtables with their collaborative groups monthly. From August 2022 through September 2024, the TPA registered a total of 1,305 organizations to participate with CPI. CPI participant registrations are accepted on a continual basis and participants are connected with selected facilitators.

In DY 20-Q3, DHCS and the TPA collected and reviewed 182 Q4 Facilitator deliverables. A DY 20-Q2 lookback analysis indicated the TPA collected and reviewed 182 Q1 deliverables, conducted 34 one-on-one coaching sessions with facilitators, and held 78

collaborative convenings across the state, plus 78 collaborative office hours.

For DY 20-Q3 DHCS and the TPA hosted three CPI Monthly Facilitator Support Meetings on July 9, August 13, and September 10, 2024, for all PATH CPI Facilitators to discuss implementation challenges, solutions and best practices learned. CPI Facilitator Support meetings covered topics, such as operationalizing measurement strategies for CPI, identification of core measures to standardize across CPI, performance measurement tools, best practices, and discussions on hospital engagement, sobering centers, and data measurement.

CPI Facilitators have developed job aids, resource guides, provider rosters, and convened workgroups to identify training and capacity development needs of participating organizations.

CPI Facilitators continue to meet with stakeholders monthly and quarterly to request feedback from providers during PATH CPI meetings and surveys. The collaboratives have highlighted the Children & Youth population through several methods including provider spotlights, connecting children and youth community providers, and hosting Child and Youth – focused workgroups/task forces. Facilitators are working diligently to connect with regional hospitals in their collaborative. Some collaboratives are working on mapping tools to identify common referral partners (to/from), micro-geographies, network validation by the type of service, and Population of Focus identity service goals.
Visualization products map who providers refer to and where they receive referrals from, helping stakeholders understand who provides ECM or Community Supports in a specific area of the county.

Capacity and Infrastructure Transition, Expansion, and Development (CITED) Initiative

The Capacity and Infrastructure Transition, Expansion and Development (CITED) initiative provides funding to enable the transition, expansion, and development of ECM and Community Supports capacity and infrastructure. Applicants are encouraged to coordinate applications with local MCPs that they contract with or intend to contract with to provide ECM/Community Supports services. Applicants who wish to receive CITED funding must submit an application and funding request to DHCS' TPA describing how they intend to use CITED funding. The DHCS-contracted PATH TPA will support the administration and management of the CITED initiative.

On August 30, 2024, DHCS awarded a total of $146.6 million to 133 applicant entities in Round Three. A total of 421 applications were received, with a total request of $641 million.

Awardees included hospitals, non-profit community-based organizations, local government agencies, tribal entities, cities, and counties. The average awarded amount was $1.1 million, the minimum awarded was $50,000, and the maximum awarded was $6 million.

Awardees that receive CITED funding must be actively contracted with the Medi-Cal MCP to provide ECM/Community Supports or have a signed attestation from the MCP that they intend to contract with to provide ECM/Community Supports in a timely manner. MCPs are not eligible to receive CITED funding.

Starting in DY 19-Q3, DHCS implemented a round of CITED funding for entities eligible for Inter-Governmental (IGT) funds. This CITED-IGT funding round was intended specifically for cities, counties, hospitals, and other local government agencies to further their efforts to develop and expand infrastructure as they implement ECM and Community Supports. To be eligible for CITED-IGT, applicants must be able to contribute the non-federal share through IGT.

Through CITED-IGT, a total of $85 million in total computable unencumbered funds ($42.5 million from federal funding and $42.5 million non-federal share contributed by IGT eligible entities) are available. In DY 19-Q3, DHCS awarded 15 entities via CITED-IGT funds for approximately $48.8 million. In DY 20-Q3, DHCS awarded 24 entities via CITED-IGT funds for approximately $25 million. As of DY 20-Q3, seven entities have declined their CITED-IGT awards, and the new total awards across both rounds of CITED-IGT is $33,893,258.27 For both Round Three and Round Four together, a total of eight entities declined the CITED-IGT awards. Awardees will complete the progress report for CITED-IGT Round Two in DY 21-Q4 and Round Three in DY 21-Q4.

JI Capacity Building Program

The application period for PATH JI Round Two closed on March 31, 2023, with $151 million allocated for the round. A total of 42 applications were received with an initial total funding request of $62.6 million. The PATH JI Round Two award notifications were released on a rolling basis. As of the end of DY 20-Q3, $65.1 million has been approved and awarded. PATH JI Round Two awardees submitted their Interim Progress Report on March 1, 2024. DHCS continued review of the Progress Reports in DY 20-Q2 and DY 20-Q3.

The application period for PATH JI Round Three is still open with $410 million allocated for the round. DHCS and the TPA completed review of all applications received to date and are pending final items for approval. DHCS is now working with stakeholders to develop implementation plans for the Round Three funding. As of the end of DY 20-Q3,

DHCS and the TPA have reviewed a total of 133 applications for Round Three and have approved applications for 128 agencies for a total of $350.8 million in awarded funds. In DY 20-Q3, DHCS and the TPA reviewed implementation plans and provided targeted TA assistance to Behavioral Health and Correctional partners, including; Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Los Angeles, Madera, Marin, Marin, Mariposa, Mendocino, Merced, Monterey, Napa, Nevada, Orange, Placer, Plumas, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco , San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Shasta, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, and Yuba counties.

DHCS and the TPA will make office hours available to these entities in 2025 to provide another avenue to obtain direct TA assistance.

DHCS will release an updated Policy and Operational Guide for planning and implementing the CalAIM JI Reentry Initiative for stakeholder comment in DY 20-Q3. DHCS is reviewing additional comments and feedback on the new draft guidance. The draft guidance updates are intended to provide clarification on stakeholder feedback and comments.

TPA Support Activity

Public Consulting Group (PCG) LLC serves as the TPA to administer, market, facilitate, develop support tools, and implement the following PATH initiatives:

- TA Marketplace
- CPI
- CITED
- JI Planning and Capacity Building- Reentry Demonstration Initiative Planning and Implementation Program

The TPA has been actively working with DHCS as the TPA to ensure the various PATH initiatives are implemented in a timely manner. The TPA has provided communication to stakeholders about funding opportunities, and organized informational webinars relating to application processes, timelines, and deliverables. The TPA has kept track of applications and held weekly meetings with DHCS on status updates for each of the initiatives, sent documents out for reviews, addressed questions from stakeholders and organizations, and updated stakeholders on products the TPA has been developing.

Stakeholder Engagement

As part of the Outreach and Engagement workstream efforts conducted by the TPA, the following activities were conducted:

- The TPA published and distributed three monthly CalAIM PATH Newsletters in DY 20-Q3. The newsletters are provided to all TA vendors and recipients, CITED awardees, CPI facilitators and participants, PATH JI participants, and other subscribed stakeholders to provide a snapshot on activities and opportunities to engage through PATH. Each edition announces news, upcoming events, funding opportunities, new resources, and more, ensuring all PATH stakeholders are well-informed and up-to-date. The TPA released a quarterly MCP Toolkit to support MCPs with sharing PATH engagement opportunities with their networks.
- In DY 20-Q3, nine email blasts were sent out through DHCS' Office of Communications to DHCS' extensive stakeholder Listserv to communicate key opportunities to engage in PATH.

JI Initiative

- DHCS and the California Department of Corrections and Rehabilitation (CDCR) meet on a monthly basis to discuss the pre-release application process, policy and technical issues, concerns, and barriers to the implementation of mandatory pre-release processes.
- The JI Pre-Release Application Sub-Workgroup meets bi-weekly as of January 2024 but previously met monthly beginning in September 2022. The workgroup participants include county agencies, advocates, and stakeholders. DHCS uses this forum to provide additional guidance and technical assistance to implementation partners to support the ongoing efforts regarding the broader pre-release Medi-Cal enrollment and suspension processes mandate. The sub-workgroup participants include county agencies, county correctional agencies, advocates, and stakeholders.
- The Inmate Workgroup meets monthly and consists of county sheriffs from all 58 counties, representatives from the California Statewide Automated Welfare

System, California Work Opportunity and Responsibility to Kids Information Network (CalWIN[4]), and the Chief Probation Officers of California.

- The Data Sharing Workgroup meets with county social services departments (SSDs) throughout the state and all Medi-Cal providers to gain knowledge on issues relating to data-sharing among agencies. The feedback from these agencies is assisting in the drafting of a new data-sharing agreement in compliance and alignment with the HIPAA rules and regulations.
- DHCS and the TPA conducted review of PATH JI Round Three implementation plans during months of May and June. Office hours will also be available beginning in January 2025 to begin discussion of PATH JI Round Three progress reports and provide an avenue for TA.
- In DY 21-Q1, DHCS will release the updated Policy and Operational Guide for Planning and Implementing the CalAIM JI Initiative Guide, which includes DHCS policy updates to Pharmacy and Readiness Assessment requirements for correctional facilities.

CITED Initiative

- During DY 20-Q3, the TPA and DHCS hosted four virtual progress report office hours for Round 1 and 2 award recipients, both prior to and during their quarterly progress reporting period. The structure of these office hours consisted of providing a brief formal presentation about the resources that are available to CITED awardees, including where to find important announcements, reference materials, and guidance documents for progress reports. In addition, the presentation includes guidance to address commonly asked questions. The office hours address questions that are raised by individual awardees regarding their specific circumstances and provide an opportunity to provide real-time TA.
- During the open application period for the CITED and CITED-IGT Round 3 application, the TPA hosted ten (10) office hours sessions. These sessions included open time for applicants to ask questions as well as provided

[4] CalWIN is an online system that administers public assistance programs which include but are not limited to Medi-Cal, employment services, childcare, in-home support services, general assistance, foster care, and food stamps.

collaboration opportunities with CPI, TA Marketplace, and JI who presented at office hours. DHCS and the TPA are actively working on identifying opportunities for engagement of historically marginalized populations. DHCS and the TPA continue to implement the outreach and engagement plan geared toward optimizing engagement efforts to tribal entities.

TA Marketplace

- » On September 26, 2024, DHCS and the TPA hosted a quarterly TA Recipient Webinar. During this webinar, a refresher of the TA Marketplace overview and processes, a live demo demonstrating shopping on the TA Marketplace, a guide for submitting a successful TA project, and a spotlight of success stories were reviewed. The TA Recipient Webinars are open to all currently approved TA recipients and eligible organizations interested in applying to receive TA services.
- » On September 20, 2024, DHCS released a new video resource for organizations seeking assistance with applying to qualify for free services on the TA Marketplace website. The step-by-step video walk-through will help organizations navigate the TA Marketplace, create an account, and submit a TA recipient eligibility application.
- » Starting in DY 20-Q4, additional TA Marketplace Virtual Vendor Fairs will be held to highlight new vendors and projects on the Marketplace.

CPI Initiative

- » The TPA launched a monthly Facilitator Newsletter that is sent to all nine facilitators on a weekly basis. It is a vehicle for information sharing and includes information on upcoming webinars, meetings, notice of comment periods, updated resources, TPA requests, reminders, policy updates, cross-PATH initiative updates, and other relevant information.
- » DHCS and the TPA host monthly facilitator support meetings to discuss implementation challenges, potential solutions, and facilitate communication and collaboration between DHCS, the TPA and the facilitators. In DY 20-Q3, these meetings were held on July 9, August 13, and September 10, 2024.
- » On June 27, 2024, DHCS and the TPA hosted the third Best Practices Webinar titled "Tools to Better Engage Eligible Members in CalAIM." The webinar is part of a biannual series of PATH CPI webinars designed to highlight best practices for implementing ECM and Community Supports, increase providers' successful

participation in CalAIM, and improve collaboration between MCPs, state and local government agencies, and others to build and deliver quality support services to Medi-Cal members. Over 1,500 individuals registered to attend this webinar.

- DHCS and PCG work with CPI facilitators to address stakeholder inquiries and concerns on the implementation of ECM, Community Supports, and the Justice-Involved initiatives. PCG continues to track lessons learned raised in collaborative workgroups related to community referrals, CalAIM education, contracting barriers, and duplication of services for welfare-involved youth. CPI collaborative workgroups also offer ideal opportunities for providers in the county to network, discuss best practices, and elevate more complex concerns that may be brought to a more diverse gathering, such as a monthly collaborative meeting.

Enhancements to Improve Usability of the PATH Website, TA Marketplace and CITED Application Process

A series of enhancements went live on the TA Marketplace website in January 2024. To attract applicants that have not engaged in the TA Marketplace, the webpage layout was changed, and several new features were added: advanced filtering capability, and updated Vendor Profile Cards.

The TA Marketplace On-Demand Resource Library launched in DY 20-Q2. This library contains static resources which are available directly through the PATH website for organizations looking to learn more about CalAIM and PATH. On-Demand resources are suitable for organizations at all levels of readiness for ECM and/or Community Supports. Additional material will be added to the On-Demand Resource Library on an ongoing basis.

The TPA team regularly updates the website to share additional stories and testimonials as they are received from various stakeholders. This ensures that the content remains current and reflective of the latest experiences. For instance, in September 2024, the PATH website featured stories on how the TA Marketplace supports and CITED funding helped increase outreach and enrollment and hired the necessary staff to provide services.

In addition, on June 17, 2024, the PATHways to Success web portal was launched. This web portal features on-the-ground testimonials from organizations across California participating in the PATH initiative. DHCS collects success stories from organizations engaged in PATH to showcase how they are making the investments needed to better serve Medi-Cal members. These success stories are also featured in the PATH newsletters and

other channels, including DHCS' social media. The testimonials and videos are shared on social media and on the website capathsuccess.com. These resources assist entities participating or interested in participating in CalAIM in navigating the CalAIM environment by engaging in various PATH initiatives and funding opportunities. Awardees learn how to leverage PATH opportunities to deliver ECM and Community Supports effectively to their communities. As of DY 20-Q3, PCG published 23 PATH success stories to the PATHways to Success web portal.

To prepare for the launch of the CITED Round Four funding round in DY 21-Q1, the TPA and DHCS are reviewing informative feedback from previous applicants to make the CITED application more accessible. Feedback is routinely gathered from prior and potential applicants through meetings with external stakeholders, CPI Monthly Facilitator sessions, and other stakeholder meetings. For example, previous CITED funding rounds have seen a low number of applications from tribal providers. Feedback from CPI collaboratives indicate tribal providers remain interested in delivering ECM and Community Supports; however, they have faced barriers to applying in previous cycles.

Quality Control/Assurance Activity

The TPA conducts ongoing cross-initiative collaboration to ensure there is no duplication or inappropriate use of funds. For example, upon review of CITED applications there is a review step to track whether the applicant has applied or received funds from CITED prior. Moreover, there is a check on whether the applicant has applied for the TA Marketplace. In some instances, an applicant's request may be better suited for the TA Marketplace. Such applicants are referred to apply to the TA Marketplace. Additionally, when reviewing TA Marketplace project applications, there is a review to ensure no aspects of the project are funded through CITED. Applicants awarded for CITED are also directed to view the TA Marketplace to explore any additional resources that can support with activities approved through CITED and are encouraged to join local CPI collaboratives to build relationships with other local providers to support the referral network.

Budget Neutrality and Financial Updates

For the WPC Mitigation Initiative, services are claimed through invoicing biannually. Out of the ten Lead Entities (LEs) involved, three are still eligible to submit claims through this initiative. During DY 20-Q3, a payment of approximately $15.7 million was made for one entity for the period covering July through December 2022. This entity is in process of submitting their invoice for the period January through June 2023.

For the CPI Initiative in DY 20, there are nine facilitators, and one policy improvement

coordinator contracted to oversee 26 collaborative planning groups. Some facilitators oversee multiple collaboratives across different counties/regions. During this quarter, payments for meeting milestones were made to facilitators for approximately $6.2 million.

The CITED Initiative awarded funds are only disbursed for completed milestones. Awarded applicants are required to submit quarterly progress reports detailing movement toward goals, purchases made, challenges encountered, and milestones accomplished. During DY 20-Q3 DHCS reviewed and approved CITED Progress Reports for Round 1A/1B, and Round 2 approved applicants. As of September 30, 2024, about $116 million has been paid out to Round One entities. As of September 30, 2024, approximately $134.2 million has been paid to Round Two entities. DHCS announced Round Three awards in DY 20–Q3.

During DY 20-Q3, payments totaling $6.7 million were made to vendors for completion of milestones for approved TA projects via the TA Marketplace Initiative.

PATH JI Capacity Building efforts have awarded over $4.5 million across 39 counties, including CDCR, to support initial planning efforts in Round One of the initiative. In DY 20-Q3, approximately $10.6 million in funds have been approved for distribution to Round Two approved applicants and over $80.4 million have been approved for distribution to Round Three approved applicants for completion of milestones. DHCS is also still reviewing remaining applications for JI Round Three and ongoing awards are expected to be announced in DY 20-Q4.

Figure 19: PATH Initiative Amounts

PATH Initiative Amounts				
PATH Initiative	**Approved Amount**	**Federal Financial Participation**	**State**	**Intergovernmental Transfer**
DY 18-Q1				
n/a	$0	$0	$0	$0
DY 18-Q2				
n/a	$0	$0	$0	$0
DY 18-Q3				
JI	$775,000	$387,500	$387,500	$0
DY 18-Q4				
JI	$3,775,952.95	$1,887,976.50	$1,887,976.48	$0
WPC Mitigation	$16,314,792.73	$8,157,321.37	$0	$8,157,321.37
Collaborative Planning	$1,450,000	$725,000	$725,000	$0
CITED	$0	$0	$0	$0
DY 19-Q1				
JI	$0	$0	$0	$0
WPC Mitigation	$0	$0	$0	$0
TA Marketplace	$0	$0	$0	$0
Collaborative Planning	$2,610,000.00	$1,305,000.00	$1,305,000.00	$0
CITED	$207,433,952.46	$103,716,976.23	$103,716,976.23	$0
DY 19-Q2				
JI	$2,115,577.90	$1,057,788.95	$1,057,788.95	$0

PATH Initiative Amounts				
PATH Initiative	**Approved Amount**	**Federal Financial Participation**	**State**	**Intergovernmental Transfer**
WPC Mitigation	$19,778,113.42	$9,889,056.71	$0	$9,889,056.71
TA Marketplace	$0	$0	$0	$0
Collaborative Planning	$5,220,000.00	$2,610,000.00	$2,610,000.00	$0
CITED	$0	$0	$0	$0
DY 19-Q3				
JI	$16,209,737.68	$8,104,868.84	$8,104,868.84	$0
WPC Mitigation	$0	$0	$0	$0
TA Marketplace	$0	$0	$0	$0
Collaborative Planning	$2,610,000.00	$1,305,000.00	$1,305,000.00	$0
CITED	$1,604,311.50	$802,155.75	$802,155.75	$0
DY 19-Q4				
JI	$55,219,451	$27,609,725.50	$27,609,725.50	$0
WPC Mitigation	$0	$0	$0	$0
TA Marketplace	$569,777	$284,888.50	$284,888.50	$0
Collaborative Planning	$3,142,538,47	$1,571,269.24	$1,571,269.24	$0
CITED	$41,241,845	$20,620,922.50	$20,620,922.50	$0
DY 20-Q1				
JI	$10,955,296.36	$5,477,648.18	$5,477,648.18	$0

PATH Initiative Amounts				
PATH Initiative	**Approved Amount**	**Federal Financial Participation**	**State**	**Intergovernmental Transfer**
WPC Mitigation	$0	$0	$0	$0
TA Marketplace	$1,680,501.85	$840,250.93	$840,250.93	$0
Collaborative Planning	$3,677,251.93	$1,838,625,96	$1,838,625,96	$0
CITED	$26,387,135.00	$13,193,567.50	$13,193,567.50	$0
DY 20-Q2				
JI	$4,303,541.20	$2,151,770.60	$2,151,770.60	$0
WPC Mitigation	$17,573,156.09	$9,670,545.04	$0	$7,902,611.05
TA Marketplace	$991,050.25	$495,525.13	$495,525.13	$0
Collaborative Planning	$2,043,307.21	$1,021,653.8	$1,021,653.8	$0
CITED	$16,628,555.78	$8,314,277.89	$8,314,277.89	$0
DY 20-Q3				
JI	$90,986,419.67	$ 45,493,209.84	$45,493,209.84	$0
WPC Mitigation	$15,698,223.77	$8,822,401.76	$0	$6,875,822.01
TA Marketplace	$6,753,260.37	$3,376,630.19	$3,376,630.19	$0
Collaborative Planning	$6,188,538.46	$3,094,269.23	$3,094,269.23	$0
CITED	$38,481,305.60	$19,240,652.80	$19,240,652.80	$0

Figure 20: Total Approved Amounts by PATH Initiative, DY 20-Q3

PATH Initiative	Total Payment
JI	$90,986,419.67
WPC Mitigation	$15,698,223.77
TA Marketplace	$6,753,260.37
Collaborative Planning	$6,188,538.46
CITED	$38,481,305.60
TPA	
Public Consulting Group LLC	$6,210,523.50
TOTAL	**$164,318,271.37**

Evaluation Activities and Interim Findings

CMS requires DHCS to contract with an independent program evaluator to conduct an evaluation of initiatives authorized under the CalAIM Section 1115 waiver. This requirement is part of the STCs that accompany the waiver. On February 7, 2024, DHCS submitted evaluation designs to CMS for the four CalAIM initiatives: the Providing Access and Transforming Health (PATH) Initiative, Global Payments Program (GPP), Dually Eligible Beneficiary Satisfaction in the Medi-Cal Matching Process (Duals), and the and the Reentry Demonstration Initiative (REENTRY). On June 5, 2024, DHCS received a revised evaluation design from CMS including comments and questions for the state to consider. DHCS has been working to address these comments and submit a final evaluation design to CMS by the required due date, which is December 5, 2024.

COMMUNITY SUPPORTS: RECUPERATIVE CARE AND SHORT-TERM POST HOSPITALIZATION

California's Section 1115 waiver renewal includes expenditure authority for two of the state's fourteen preapproved Community Supports. MCPs can cover alternative services or settings that are "in-lieu" of services covered under the Medicaid State Plan to address their members' physical, behavioral, developmental, long-term care (LTC), oral health, and health-related social needs more effectively and efficiently.

Community Supports are optional for MCPs to offer and for members to utilize. MCPs cannot require members to use Community Supports instead of a service or setting listed in the Medicaid State Plan. Pursuant to 42 Code of Federal Regulations (CFR) 438.3, MCPs cannot provide Community Supports without first applying to the state and obtaining state approval to offer the Community Support and demonstrating the requirements will be met. MCPs may voluntarily agree to provide any service to a member outside of an approved Community Supports construct; however, the cost of any such voluntary services may not be included in determining the MCP rates. Once approved by DHCS, the Community Support will be added to the MCP's contract and posted on the DHCS ECM & Community Supports website as a state-approved Community Support.

The full list of Community Supports includes:

1. **Housing Transition Navigation Services** - Assistance and support for individuals in transitioning from homelessness to stable housing.
2. **Housing Deposits** - Financial assistance for housing deposits to help individuals secure stable housing.
3. **Housing Tenancy & Sustaining Services** - Services aimed at helping individuals maintain their housing stability, such as ongoing support for rent and tenancy-related needs.
4. **Short-Term Post-Hospitalization Housing** - Provision of temporary housing for individuals who require it after a hospitalization.
5. **Recuperative Care (Medical Respite)** - Care services for individuals who need a safe and stable place to recover after a medical procedure or illness.
6. **Respite Services (for caregivers)** - Temporary relief and support for caregivers of individuals with disabilities or special needs.
7. **Day Habilitation Programs** - Programs that provide structured activities and support for individuals with disabilities during the day.
8. **Nursing Facility Transition/Diversion to Assisted Living Facilities or Residential Care Facilities for the Elderly** - Support for transitioning individuals from nursing facilities to assisted living facilities like Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF).

9. **Community Transition Services/Nursing Facility Transition to a Home** - Assistance for individuals transitioning from nursing facilities to community-based living arrangements.
10. **Personal Care and Homemaker Services** - Assistance with personal care and homemaking tasks for individuals who need support to remain independent in their homes.
11. **Environmental Accessibility Adaptations** - Modifications to homes to make them accessible and safe for individuals with disabilities.
12. **Medically Tailored Meals** - Provision of specialized meals or food for individuals with specific medical conditions.
13. **Sobering Centers** - Facilities that provide a safe environment for individuals under the influence of alcohol or substances to sober up and receive support.
14. **Asthma Remediation** - Services and support aimed at addressing environmental factors that contribute to asthma.

In conjunction with the authority to provide the state-approved Community Supports under 42 CFR 438.3(e)(2), the demonstration provides separate authority for Short-Term Post-Hospitalization Housing and Recuperative Care services delivered by MCPs consistent with the other Community Supports. These two services both play an important role in California's care continuum to provide cost-effective and medically appropriate alternatives to hospitalization or institutionalization for individuals who otherwise would not have a safe or stable place to receive treatment. These alternative settings can provide appropriate medical and behavioral health supports following an inpatient or institutional stay for electing individuals, who are homeless or at risk of homelessness and who may otherwise require additional inpatient care in the absence of recuperative care.

Demonstration monitoring covers reporting of performance metrics data related to the state's Recuperative Care and Short-Term Post-Hospitalization housing services, and where possible, informs the progress in addressing access needs of communities that have been historically under-resourced because of economic or social marginalization due to race, ethnicity, or other factors.

The evaluation of the Recuperative Care and Short-Term Post-Hospitalization Housing Community Supports will focus on studying the impact on member health outcomes and will include an assessment of whether the services lead to an avoidance of emergency department use and reductions in inpatient and LTC. The state will also conduct a thorough cost-effectiveness analysis of these Community Supports, as required.

Monitoring and evaluation efforts are supported by data collection and analyses

stratified by key subpopulations of interest to inform a fuller understanding of existing disparities in access and potential impacts of these community support on addressing access barriers.

Performance Metrics

To monitor ECM and Community Supports implementation, DHCS developed the Quarterly Implementation Monitoring Report (QIMR), which MCPs are required to report to DHCS across multiple domains. For Community Supports specifically, MCPs must report Community Supports that were requested, approved, utilized, and/or denied, in addition to provider capacity. The data from this report is designed to provide DHCS with information to monitor the initial rollout of ECM and Community Supports and inform the implementation of MCP performance incentives. DHCS continues monitoring MCPs offering and implementation of Community Supports, including as it relates to the 2024 MCP transition in certain counties.[5]

From July 2023 to July 2024, DHCS has seen a steady uptake of Community Supports offered by MCPs statewide, with an additional 81 services elected across multiple different plan-counties as part of the July 2024 implementation phase. Figures 21 and 22 on the next page show a substantial proliferation of counties with at least one MCP offering all 14 community supports – with 11 counties as of July 2023, 19 counties as of January 2024, and 24 counties as of July 2024.

[5] See the list of 2024 Medi-Cal MCPs (https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx).

Figure 21: Number of Community Supports, by County, Live as of July 2023 and January 2024

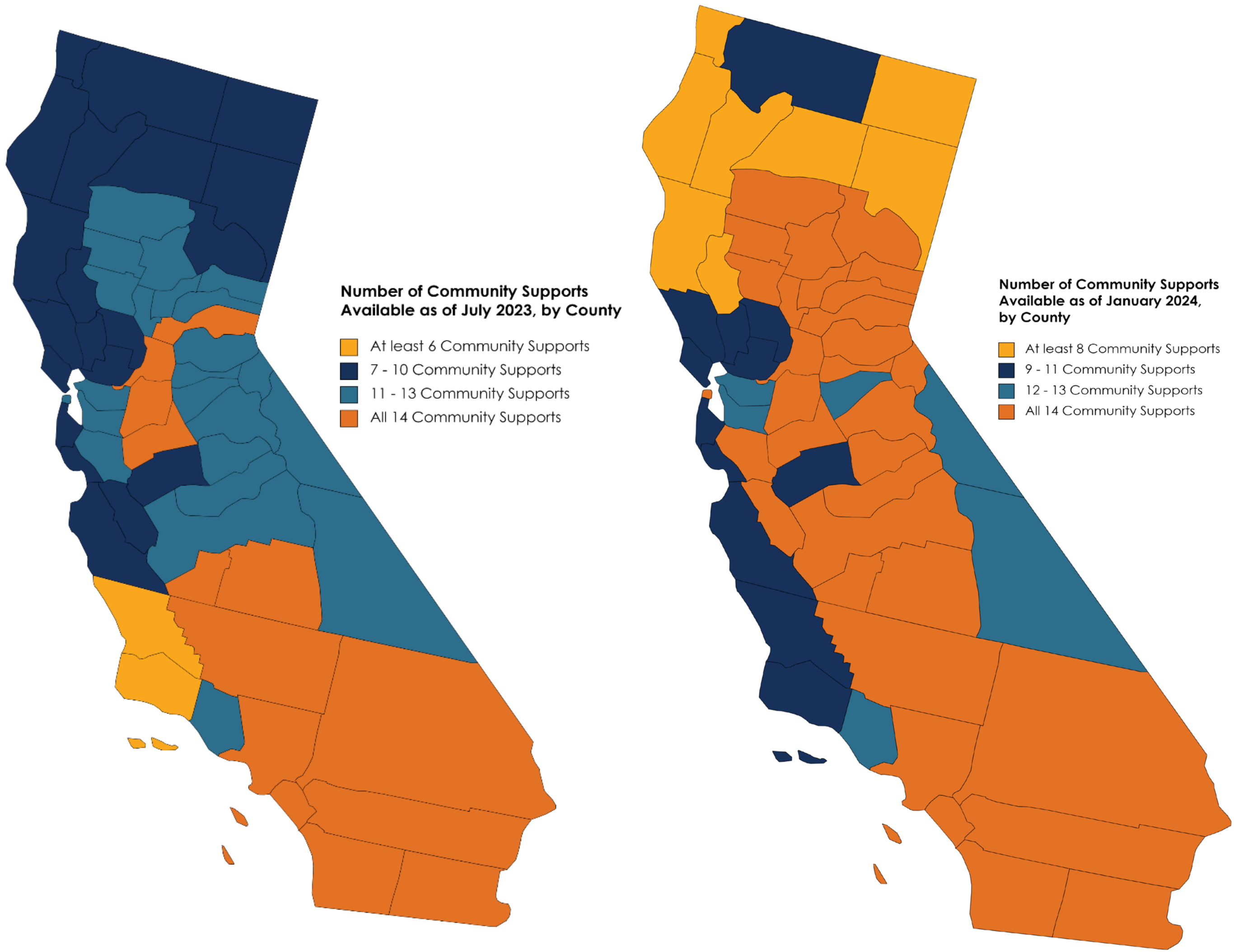


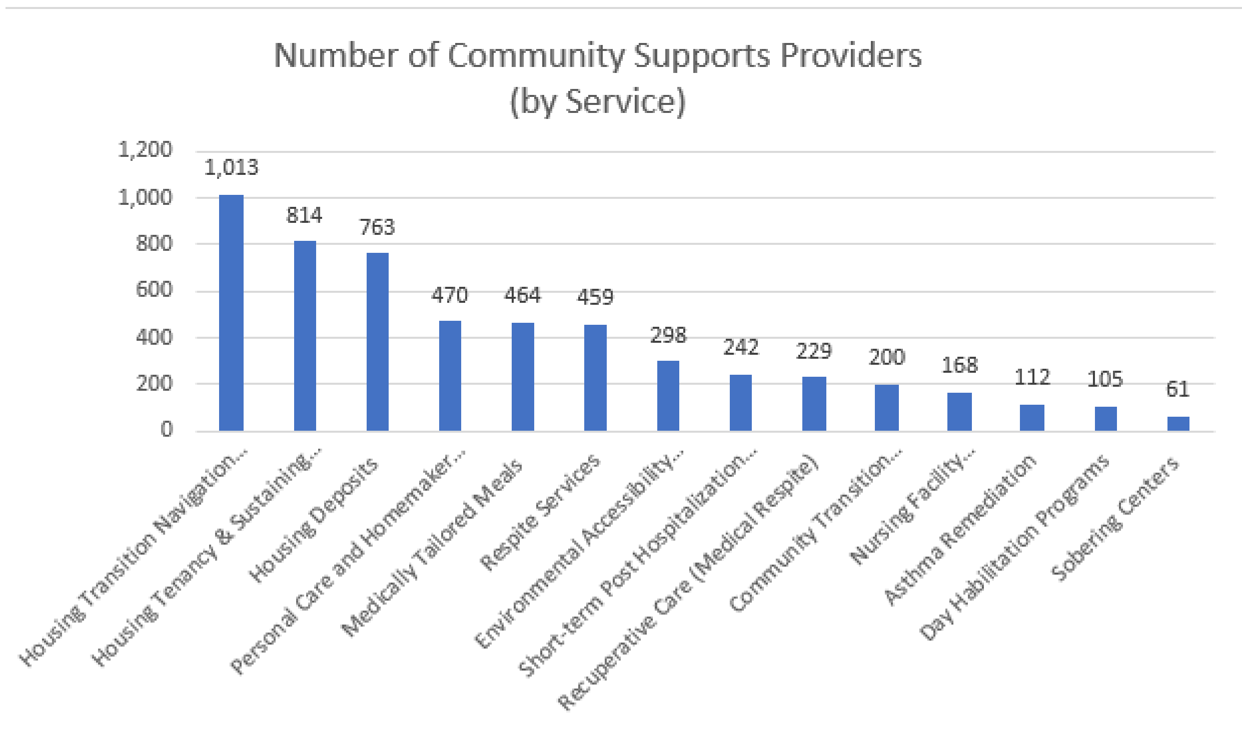
Figure 22: Number of Community Supports, by County, Live as of July 2024

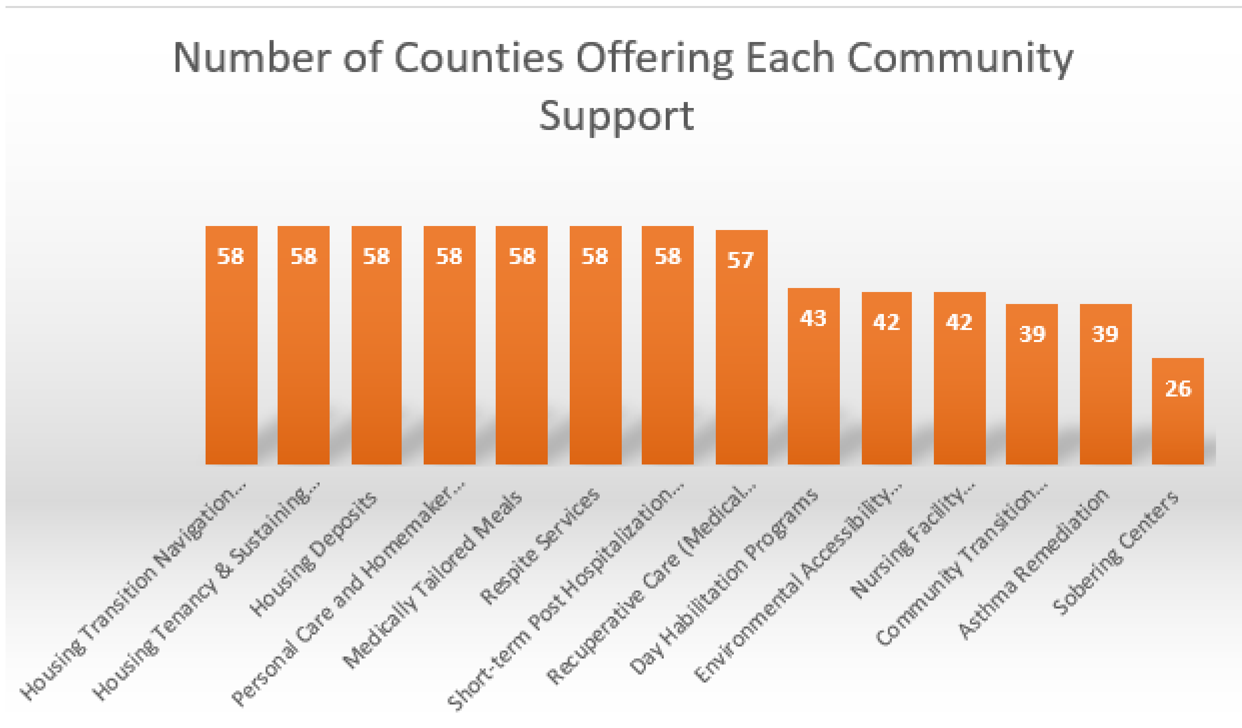
Figure 23 below displays currently available data as of June 2024, indicating the number of providers and counties where services are available throughout California for the following Community Supports:

Figure 23: Number of Providers and Counties Offering Community Supports, as of June 2024

Community Supports	Number of Providers	Number of Counties Offering the Community Support
Housing Transition Navigation Services	1,013	58
Housing Tenancy & Sustaining Services	814	58
Housing Deposits	763	58
Personal Care and Homemaker Services	470	58
Medically Tailored Meals	464	58
Respite Services	459	58
Short-term Post Hospitalization Housing	242	58
Recuperative Care (Medical Respite)	229	57
Day Habilitation Programs	105	43
Environmental Accessibility Adaptations	298	42
Nursing Facility Transition/Diversion to Assisted Living Facilities	168	42
Community Transition Services/Nursing Facility Transition to a Home	200	39
Asthma Remediation	112	39
Sobering Centers	61	26

Source: Quarterly Implementation Monitoring Report (QIMR) data submitted by Medi-Cal Managed Care Plans to DHCS for the Q2 2024 reporting period.





At least one plan in all 58 California counties has elected to offer seven, or half of all available Community Supports services, including all three of the Housing Supports, Respite Services (for caregivers), Medically Tailored Meals, Short-Term Post-Hospitalization Housing, and Personal Care and Homemaker Services. Recuperative Care elections have continued to expand and the service is now available in 57 counties (only in San Mateo

does the service remain unelected), and further progress with Day Habilitation Programs elections has resulted in that service now being accessible in 43 counties, up from the 30 counties that were available in at the beginning of the year.

From the data, we can see that robust networks continue to be developed and enhanced for all of the services, especially for the housing trio of Community Support services: Housing Transition and Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services.

All 58 counties now have at least eight services live in different combinations, with multiple MCPs within 23 counties having already adopted all 14 preapproved Community Supports.

Utilization Data for Community Supports

Figure 24 below reflects current available data indicating the following number of unique individuals served across DY 19 (Q2 2023 – Q1 2024) for DHCS' available Community Supports.

Figure 24: Unique Individuals Served Across DY 19 Q2 – DY 20 Q1:

Community Support	2023 Q2	2023 Q3	2023 Q4	2024 Q1
Housing Transition/ Navigation Services	18,602	20,918	23,921	24,637
Housing Deposits	669	1,028	1,301	1,597
Housing Tenancy and Sustaining Services	14,431	16,334	17,067	11,258
Short-Term Post-Hospitalization Housing	305	442	521	749
Recuperative Care	1,644	1,845	1,613	2,689
Respite Services	139	278	404	550
Nursing Facility (NF) Transition/Diversion to Assisted Living Facility	245	377	370	481
Community Transition Services/Nursing Facility Transition to a Home	128	150	172	183
Personal Care and	443	806	1,287	2,009

Community Support	2023 Q2	2023 Q3	2023 Q4	2024 Q1
Homemaker Services				
Day Habilitation Programs	301	474	535	1,268
Environmental Accessibility Adaptations	39	135	665	431
Medically Tailored Meals/ Medically Supportive Food	21,027	29,713	42,924	65,281
Sobering Centers	620	818	952	811
Asthma Remediation	937	615	758	567
Grand Total of Unique Members	**55,887**	**68,442**	**85,995**	**104,968**

Source: Quarterly Implementation Monitoring Report (QIMR) data submitted by Medi-Cal Managed Care Plans to DHCS for the Q2 2023 to Q1 2024 reporting periods.

As indicated by Figure 24, there has been steady increase in the unique number of members who have used Community Supports each quarter indicating that the services have expanded significantly over the course of the year. Notable increases include:

- Medically Tailored Meals/Medically-Supportive Food, which had a 210 percent increase in member use from Q2 2023 to Q1 2024.
- Personal and Homemaker Services, which had a 353 percent increase in member use from Q2 2023 to Q1 2024.
- Environmental Accessibility Adaptations also increased by over 1,000 percent from Q2 2023 to Q1 2024, with the most dramatic single quarter increase (393 percent) occurring from Q3 2023 to Q4 2023.

Medically Tailored Meals/Medically-Supportive Food showed the most substantial growth in both absolute numbers and percentage increases, highlighting a significant rise in demand and availability of the service. Utilization numbers consistently trended upwards and presented a significant increase of 210 percent from Q2 2023 to Q1 2024. Factors explaining this trend may include increased demand, accelerating awareness, program expansion, operational improvements, and even seasonal factors such as an increased need during colder months or holiday-related demands. It also highlights a significant expansion of the service and response to needs or opportunities. The

increased utilization of this service suggests that the program is meeting its goals and adapting to changing demands, setting precedent for future growth and sustainability.

Some of the rapid increases in Personal Care and Homemaker Services and Environmental Accessibility Adaptions may be attributable to the go live of ECM for populations of focus for nursing home transitions in January 2023, for which these specific Community Supports services were well-positioned to provide enhanced support. These increases also may indicate a heightened emphasis on delivering these services and broader awareness within communities.

The Housing Trio also continues to see, for the most part, steady increases, with Housing Deposits increasing most substantially during this period. These services have shown consistent growth throughout 2023, suggesting steady demand and ongoing program expansion. This growth and expansion can be attributed to counties further building out and enhancing their social service networks and as treating providers and members become more aware of available service options. The temporary decrease seen in utilization of Housing Tenancy and Sustaining Services does include members graduating but is mostly attributable to the 2024 MCP Transition which saw various MCPs exiting and/or entering multiple different counties effective January 1, 2024. Exiting MCPs worked with MCPs newly entering these counties to transition members to alternate available services and ensure continuity of care protections wherever possible. All transitioning members were able to maintain their authorizations across the MCP Transition if they chose to do so. DHCS anticipates these numbers will stabilize over time with no further drastic decreases in quarter-to-quarter utilization, however, we will investigate this delta further to uncover any potential barriers or disruptions in service delivery.

Both Recuperative Care and Asthma Remediation showed ebbs and flows in their utilization, reflecting possible variations in service demand and/or availability, and potentially influenced by external factors or variations in community needs. For Recuperative Care, utilization fluctuated but spiked sharply in Q1 2024, which may suggest seasonal demand and/or expanded capacity. Unlike other services, Asthma Remediation has shown an overall decline in utilization over this period, dropping from 937 in Q2 2023 to 567 in Q1 2024. The utilization decline points to lower awareness or barriers in accessing the service, which DHCS is actively working to address. These fluctuations underscore the importance of MCPs’ ability to adjust and respond to potential changes in demand.

For Respite Services, a clear and steady increase in utilization reflects possibly enhanced accessibility or increased caregiver awareness. For Personal Care and Homemaker Services, utilization has grown dramatically, more than quadrupling from Q2 2023 to Q1 2024. This sharp rise could indicate a strong increase in demand and/or expanded service availability.

Short-Term Post-Hospitalization Housing utilization has shown steady growth over this one-year period, suggesting rising demand for transitional care options that support recovery after hospital discharge, particularly for individuals who may not have a stable home environment. As MCPs and healthcare providers become more familiar with the benefits of the service, there's been a corresponding rise in referrals. Healthcare providers are recognizing the importance of stabilizing housing for patients post-discharge to prevent readmissions and improve overall health outcomes. The service's interaction and integration with other Community Support services, such as Recuperative Care and Housing Transition and Navigation Services, may also have contributed to the increased utilization. Individuals who transition from these housing services often require further support to ensure a safe recovery environment, making post-hospitalization housing a vital link in the care continuum. With California's ongoing housing crisis and a large population of individuals experiencing homelessness or housing instability, Short-Term Post-Hospitalization Housing services are filling a critical gap for individuals who lack a safe place to recover after a hospital stay, which is particularly important for those navigating complex health needs or chronic conditions exacerbated by unstable housing. The steady growth over this year suggests that the service is becoming an increasingly relied-upon resource in California's healthcare and social services landscape.

DHCS is conducting further analysis on certain identified trends to assess whether external factors or changes in policy might have influenced these trends. Increased focus is being paid to high-growth areas such as Medically Tailored Meals/Medically-Supportive Food, Recuperative Care, and Personal Care and Homemaker Services. DHCS continues to monitor and analyze trends to identify opportunities to adjust and enhance the focus of future technical assistance or guidance as appropriate.

Outreach Activities

During this reporting period, DHCS continued to strategize and discuss the implementation of Community Supports and drafted responses to questions pertaining to the suite of benefits, which were submitted by various stakeholders. DHCS continues to accept stakeholder feedback and intends on continuing to refine guidance on this

unique set of services. A few of the webinars and meetings hosted by DHCS for this quarter included:

- CalAIM Implementation Advisory Group – This group, composed of a select group of MCPs and counties participating in ECM and Community Supports, plays a critical role in ensuring that DHCS maintains visibility into the rollout of newly launched benefits. In addition, this group helps DHCS identify and work through transition challenges, provides critical review of decisions and documents before DHCS releases them more broadly, provides input on infrastructure needs to be supported by new performance incentives and PATH funding opportunities, and advises on TA needs in the market.
- Topics of discussion include:
  - Experience with implementation
  - Member experience of ECM and Community Supports
  - Progress of contracting between MCPs and providers
  - Referrals and authorization of members into Community Supports
- Monthly MCP TA and Guidance webinars geared towards health plan executives and personnel, who have a significant role in the implementation of Community Supports.
- Weekly meetings with the Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP) to provide TA and receive regular updates on the implementation of ECM and Community Supports.

Over the course of the reporting period, DHCS also met with several MCPs to reconcile differences found in their member noticing policies for Community Supports. These calls helped in reducing variation between policies across plans/counties and ensuring eligible members can easily access Community Supports.

On July 23, 2024, DHCS hosted its July CalAIM Monthly MCP Technical Assistance meeting where staff spent some time with the group reviewing policy on FFS enrollment requirements for Justice-Involved ECM Providers. This meeting also included a showcase of CPI 2024 Highlights as well as a year three strategic planning look-ahead session for that group.

On July 25, 2024, DHCS participated in a California Wraparound Advisory Committee (CWAC) meeting to provide a briefing on Community Supports and answer any

questions from participants. The CWAC collectively makes recommendations, identifies and shares solutions, and promotes best practices related to Wraparound policies and programs. All counties and service providers with Wraparound programs are invited to attend this quarterly meeting. Their work is informed by the California Wraparound Steering Committee.

Also on July 25, 2024, DHCS met with representatives from the National Academy for State Health Policy (NASHP) to help answer some questions they were getting from other states in the Health and Housing Institute about ensuring nonduplication of services while implementing their Health-Related Social Needs waivers. DHCS provided details on how possible duplications were identified, outlined the decisions regarding which services can or cannot be layered, and shared its processes with their team for preventing duplication.

On August 5, 2024, DHCS hosted its quarterly CA PATH CPI DHCS/Facilitator meeting, which is intended for all PATH CPI Facilitators and DHCS stakeholders. DHCS staff provided program updates on both ECM and Community Supports, including a highlight of its recently released Q4 2023 Quarterly Implementation Report utilizing ArcGIS StoryMaps and updates on its ECM and Community Supports Action Plan. DHCS also fielded feedback from the facilitators on Community Supports definitions and standards, which it took back for consideration as it finalized planned clarifications in service definition language. Both DHCS and the PATH CPI Facilitators had opportunities to ask questions and provide answers ahead of time, which were discussed in length during the call.

On August 15, 2024, DHCS' Quality Incentive Pool Program staff presented out on a survey to public hospitals about their challenges and successes in implementing ECM and Community Supports. Hospitals were asked to respond to questions both on referring to ECM and Community Supports and related to being ECM and Community Supports providers themselves. Results were shared back with ECM and Community Supports staff for synthesis and to have as an ongoing reference.

On August 19, 2024, DHCS hosted the California Health Care Foundation (CHCF) for its monthly CalAIM meeting series, where CHCF discussed fostering the creation of several fact sheets and reference tables on the overlaps and gaps between the California Community Transitions, Assisted Living Waiver, and Home and Community-Based Alternative waiver services with Community Supports. The group also discussed new sobering center tools and the landscape for that service, and touched on other guidance CHCF was developing around emerging hub models.

On August 22, 2024, DHCS hosted its monthly CalAIM Implementation Advisory Group meeting. The meeting featured an overview of closed loop referrals implementation guidance for ECM and Community Supports, as well as a preview of future Community Supports service definition refinements.

On August 27, 2024, DHCS hosted its August CalAIM Monthly MCP Technical Assistance meeting. Topics for this meeting included a release update on the Transitional Rent Concept Paper, sharing of the 2024 DHCS PHM Strategy Deliverable Template, communication of available office hours, a first look at the Community Supports service definition refinement work, JSON transition updates, ECM referrals and authorization guidance, an announcement for the release of the ECM and Community Supports Q4 2023 Quarterly Implementation Report, updates on the Incentive Payment Program (IPP), and finally a summary of the recently released CPI Facilitator progress report.

On September 12, 2024, DHCS hosted its Managed Care Advisory Group Quarterly Meeting where it presented attendees with a preview of pending updates to the Community Supports Policy Guide, including the service definition clarifications and refinements pending release for public comment the following week. DHCS also highlighted the recently released ECM and Community Supports Quarterly Implementation Report which includes program data through Q4 2023, and covered updates on the JavaScript Object Notation (JSON) transition planned for its January 1, 2025, implementation phase.

On September 17, 2024, DHCS provided the draft update to the Community Supports Policy Guide to Managed Care Plans, certain Community Supports providers, advocates, and other stakeholders (such as in the housing community). Stakeholders were provided the opportunity to review proposed refinements to seven Community Supports service definitions by October 7, 2024. The seven Community Supports services include Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Nursing Facility Transition/Diversion to Assisted Living Facilities, Community Transition Services/Nursing Facility Transition to a Home, Medically Tailored Meals/Medically-Supportive Food, and Asthma Remediation. The updates were based on input and questions raised by Managed Care Plans, providers, and other stakeholders over the last year. The updated Policy Guide includes proposing targeted clarifications to a select subset of definitions with the aim of improving standardization and increasing the utilization of these Community Supports. DHCS included a memo that provided the background, overview, and rationale of the refinements. .

On September 24, 2024, DHCS hosted its September CalAIM Monthly MCP Technical Assistance meeting, which included sharing forward a Transitional Care Services

technical assistance resource for Medi-Cal Members with LTSS needs. Other topics of discussion included looking at new ECM referral standards and presumptive authorization requirements, a review of ECM referrals standards and form templates, upcoming technical assistance opportunities, and a review of the Community Supports service definition refinement work that DHCS has been working toward. The meeting ended with an overview of PATH CITED Round 3, including award summaries and highlights from CPI facilitators involved with the statewide learning collaboratives.

On September 25, 2024, DHCS hosted its monthly CalAIM Implementation Advisory Group to feature a discussion on the recently released Transitional Rent Concept Paper. The concept paper summarizes the design of transitional rent, a new initiative under the CalAIM Section 1115 waiver demonstration to cover rent/temporary housing for Medi-Cal members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria.

2024 MCP Transition

DHCS' expectation as it pertains to the MCP Transition, effective January 1, 2024, was that transitioning members actively receiving Community Supports would not face disruption. Receiving MCPs were to honor existing authorizations and maintain continuity of care for Community Support services. The Receiving MCP must maintain all authorizations for no less than the length of time originally authorized by the Previous MCP; however, the Receiving MCP is not required to maintain the authorization for more than 12 months beyond January 1, 2024, unless it chooses to do so. These, and related expectations were outlined in Section V, Continuity of Care of the Transition Policy Guide[6]. In some instances, the Transition Policy for Community Supports offered enhanced protections beyond those for other services.

DHCS closely monitored MCP adherence to this Transition Policy for Community Supports to prevent disruptions in Community Supports authorizations, provider relationships, and/or services in affected counties. As of the end of Q2 2024, MCPs have fulfilled their obligations under this policy and have confirmed automatically authorizing services for eligible members and contracting with all eligible out-of-network (OON)

[6] Transition Policy Guide available at: https://www.dhcs.ca.gov/Documents/Managed-Care-Plan-Transition-Policy-Guide.pdf

providers who had already previously been providing the same services within the county under a previous MCP.

Quarterly Implementation Monitoring Report

DHCS works to produce program data and make it publicly available at the earliest opportunity, while factoring in member privacy concerns. It takes the Department, on average, approximately six months to validate, fully process the quarterly data it receives, visualize it through Microsoft Power Business Intelligence (BI), an enterprise business performance management solution, as well as develop and review materials for public reporting.

Dashboards are currently internal and for Department use only, but DHCS has created external versions utilizing the ArcGIS StoryMaps solution to share program data publicly through the newly established Quarterly Implementation Report reporting cycle.

DHCS continues working to ensure a high level of data quality covering the first two years of implementation and recognizes the gaps that continue to exist in new providers' reporting capabilities, which MCPs are helping to address. DHCS currently has nine quarters of data available for Community Supports and is still processing and validating Q2 2024 data, but MCPs have consistently communicated caution due to the significant data lag they are experiencing with their providers, many of whom are brand new to Medi-Cal and/or the managed care delivery system.

DHCS is improving data availability by: (1) beginning to leverage claims and encounter data in addition to QIMR data, and (2) improving cycle time of implementation data by transitioning data collection to JSON electronic file types.

JavaScript Object Notation (JSON) Transition

The transition to JSON began in January 2024, when DHCS officially began transitioning the quarterly reporting performed via the QIMR Excel Reports by requiring additional monthly JSON file submissions. JSON, or JavaScript Object Notation, is an open standard file format that streamlines the collection and transmission of implementation data and is utilized by the Department for other mandatory reporting purposes. Currently, QIMR data lags real-time implementation by approximately four to six months; the transition to JSON is expected to significantly reduce lag on data collection.

The introduction of JSON monthly reporting does not remove Excel-based reporting requirements. MCPs must continue reporting as normal through the QIMR process within 45 days of the end of each quarter. MCPs must adopt the JSON monthly process

as it is implemented and continue reporting via both JSON and QIMR Excel for at least 12-18 months, or until DHCS determines the data is robust enough to support the discontinuation of the QIMR in favor of receiving all program reporting via the monthly JSON file. The next QIMR, which will include data through DY 20-Q3, is due to DHCS by November 15, 2024.

The transition from QIMR to JSON is occurring across several phases:

- Phase One (January 2024): Limited data elements specific to ECM and Complex Care Management (CCM) enrollment status.
    - Phase One was successfully adopted in January 2024 and all MCPs have been producing and submitting monthly JSON files beginning on February 10 (for the reported month of January). DHCS has worked with MCPs to identify and address technical issues and continues to provide additional technical assistance.
- Phase Two (July 2024): ECM Populations of Focus, Eligibility, Outreach, Authorizations, and Provider Networks.
    - Phase Two was successfully implemented in July 2024 and all MCPs have been producing and submitting monthly JSON files with the additional required data elements beginning on August 10 (for the reported month of July). DHCS continues to work with MCPs to identify and address technical issues and continues to provide additional technical assistance in preparation for Phase Three.
- Phase Three (January 2025): All remaining QIMR data elements specific to Community Supports, including member-level details, utilization, authorizations, and provider networks.
    - Phase Three design elements are fully developed and are undergoing validation by DHCS' internal teams. MCPs will be able to submit "practice" files for testing beginning in November for the simulated reported month of October.
- Phase Four (July 2025): Closed Loop Referral reporting elements for ECM and Community Supports; additional reporting elements for ECM around presumptive authorization.

- Phase Four design elements are in development, with teams still discussing the best methods for obtaining necessary data in support of closed loop referrals.

DHCS has produced accompanying Technical Documentation through an available Technical Assistance Companion Guide, containing technical information (including data dictionaries, file layouts, JSON Schemas, and details on response files) required for MCPs to be able to submit one data file to DHCS monthly. A data dictionary is also available, describing the required data values as well as the validation edits performed on specific data elements.

Operational Updates

DHCS regularly updates its ECM and Community Supports webpage with guidance materials and program documents, in timely response to stakeholder and consumer feedback. DHCS restructured the page in April 2024 to ensure key policy and guidance documents are highlighted while at the same time archiving some of the older, more outdated guidance. All program documentation, including historic documentation, remains, and will continue to remain accessible to the general public.

On July 1, 2024, DHCS received final updated Models of Care (MOCs) and final January 2025 Elections from MCPs implementing Community Supports in all 58 California counties, including proposed networks and estimated capacities for services. Revised Community Supports elections are posted on the DHCS website once DHCS issues its final approval for all outstanding MCP MOCs. DHCS will continue to update Community Supports elections semi-annually. Technical assistance and guidance webinars are recorded and hosted on the DHCS website and are updated regularly. DHCS also maintains a regularly updated FAQs document on its ECM and Community Supports webpage, which highlights several FAQs from MCPs, providers, and stakeholders. The FAQs document also includes answers and policy clarifications provided by DHCS.

Moving forward, DHCS will be aim to publish its Quarterly Implementation Reports on a regular cadence to relay data publicly on Community Supports, including member characteristics, service utilization metrics, and network development. On August 2, 2024,

DHCS publicly released its ECM and Community Supports Quarterly Implementation Report for Q4 2023[7] along with the following message and press release:

SUCCESS OF MEDI-CAL TRANSFORMATION CONTINUES AS LATEST ENHANCED CARE MANAGEMENT AND COMMUNITY SUPPORTS DATA REPORT SHOWS PROGRESS

SACRAMENTO *- The Department of Health Care Services (DHCS) today released the latest quarterly update on Enhanced Care Management and Community Supports data, showing a significant increase in the use of these benefits and services by Medi-Cal members. Enhanced Care Management is a statewide Medi-Cal benefit available to members with complex needs who can receive comprehensive care management for all of their health and health-related care, including physical, mental, and dental care and social services. Community Supports are services provided by Medi-Cal managed care plans (MCPs) to address Medi-Cal members' health-related social needs.*

"We're seeing a significant increase in Medi-Cal members using Enhanced Care Management and Community Supports, which reflects our commitment to both meeting the needs of members who require more intensive health care services and closing health equity gaps," said ***DHCS Director Michelle Baass****. "We're pleased to see more members accessing these vital benefits and services."*

Enhanced Care Management and Community Supports improve Medi-Cal members' overall health and well-being by addressing both medical and social factors that can impact a person's health, including housing assistance, medically tailored meals to support short-term recovery, services for individuals who need assistance with activities of daily living and instrumental activities of daily living who could otherwise not remain at home, and personal services to create a person-centered approach to care (includes house cleaning, meal preparation, laundry, grocery shopping, personal care services, accompaniment to medical appointments, and protective supervision). These holistic services help members live healthier lives and avoid higher, costlier levels of care.

WHAT THE DATA SHOWS: *The data report shows an increase in the availability and use of Community Supports, with more counties offering services and reaching more Medi-Cal*

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[7] Report available at: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

members under age 21. Overall, between Quarter (Q)3 and Q4 2023, Community Supports recipients rose 26 percent to 86,000 members. In the program's first two years, about 140,000 unique Medi-Cal members used Community Supports, totaling more than 350,000 services delivered.

Additionally, the number of members served by Enhanced Care Management quarter over quarter continues to rise; in Q4 2023, approximately 96,000 members received Enhanced Care Management, a 40 percent increase from Q4 2022. The number of members under age 21 nearly doubled in Q4 2023 from the previous quarter, from 6,400 to 12,000 members, many of whom were newly eligible for Enhanced Care Management in July 2023. Altogether, more than 183,000 Medi-Cal members across the state received Enhanced Care Management in the first two years of the benefit.

As of January 2024, 19 counties across California offered all 14 Community Supports. At least eight Community Supports are offered in all counties, a significant expansion from the year before.

"Every individual deserves health care services that respect their unique needs, ensure fair access to resources, and prioritize their health and well-being," said ***State Medicaid Director Tyler Sadwith****. "Every child deserves the opportunity to thrive without financial barriers hindering their access to medical services and support."*

WHY THIS MATTERS: *The latest Enhanced Care Management and Community Supports Quarterly Implementation Report update shows continued growth in utilization as eligibility is expanded to reach new Populations of Focus (POFs) and as additional Community Supports services are offered in more counties across the state. DHCS expects to see a further increase in enrollment in Enhanced Care Management and Community Supports in the next quarterly report, which will reflect the expansion of Medi-Cal eligibility to adults ages 26-49 that occurred in January 2024. As California continues transforming Medi-Cal, Enhanced Care Management and Community Supports play a critical role in supporting whole-person care for Medi-Cal members with complex medical and health-related social needs. DHCS is committed to supporting and sustaining this growth by watching programs closely, making informed improvements, increasing standardization, and providing direct technical assistance.*

WHAT THEY ARE SAYING: *"Seeing the improvement in health care equity for kids from low-income families is truly heartening," said* ***Contra Costa County Public Health Officer Dr. Ori Tzveili****. "It shows we're working to make sure every child gets the care they need, no matter their financial situation."*

"We have expanded our Community Supports services this year and are committed to ensuring even more Medi-Cal members have access to the quality, equitable care and resources they need for a healthier future," said ***Monica Dedhia, Director of Community Health at the Children's Institute****. "We steadfastly believe that housing is health care, and we are pleased to provide both Community Supports services and Enhanced Care Management benefits to stabilize housing needs, in addition to addressing all social drivers of health."*

ABOUT THE BENEFIT AND SERVICES: *The Enhanced Care Management benefit provides high-touch, person-centered care management to Medi-Cal members with the most complex medical and social needs. Members receiving Enhanced Care Management have a single lead care manager who helps coordinate health-related care and social services, making it easier for them to get the right care at the right time in the right setting—often where they are located. Community Supports are 14 services provided by Medi-Cal MCPs to help members address their health-related social needs, such as access to safe housing or healthy meals to help them recover from illness, avoid more serious health care conditions, and stay well.*

TAKING ACTION*: DHCS and its MCP partners are working to expand access and use of Enhanced Care Management and Community Supports in 2024 and beyond. This work includes:*

- *Expanding access to the Enhanced Care Management benefit, with additional POFs qualifying for Enhanced Care Management starting January 1, 2024, and increasing the number of available Community Supports services in each county across the state.*
- *Refining program operations and policies to eliminate barriers to provider contracting and service use through an Enhanced Care Management and Community Supports Action Plan that includes streamlining authorizations and referral processes, expanding provider networks, and improving data exchange.*
- *Providing grant funding and technical assistance to support providers in implementing and expanding capacity for Enhanced Care Management and Community Supports through Providing Access and Transforming Health, a $1.85 billion initiative.*
- *Hosting regular listening sessions, including PATH Collaborative Planning and Implementation workgroups for providers and community members across the state, welcoming feedback on the implementation of Enhanced Care Management and Community Supports from diverse stakeholder groups.*

- *Encouraging MCPs to further increase use of Enhanced Care Management and Community Supports through the Incentive Payment Program.*

- *Expanding the variety of methods that assist MCPs in identifying members who may benefit from Enhanced Care Management and Community Supports. This includes proactively ensuring contracted networks of providers are aware of the Enhanced Care Management benefit and Community Supports services, what the eligibility criteria are, and encouraging and making clear the pathway for submitting referrals to MCPs.*

- *Ensuring MCP public-facing websites, member handbooks, and provider directories include the most up-to-date information about the Enhanced Care Management and Community Supports offered and how to access them.*

BIGGER PICTURE: *DHCS is transforming Medi-Cal to ensure Californians can get comprehensive care to improve their health and well-being. Medi-Cal members have access to enhanced services that address physical and mental health needs, extending beyond traditional medical settings. These improvements establish a more coordinated, person-centered, and equitable health system that serves everyone equally, regardless of race, ethnicity, gender, sexual orientation, disability, immigration status, location, or health needs. With this transformation, Medi-Cal is providing Californians with the care they need to build a healthier and more equitable state.*

DHCS additionally finalized further policy to clarify several ongoing, planned, and future activities specific to updating Community Supports policy and facilitating a higher degree of standardization of services and service delivery between counties where appropriate. Over the last year, DHCS has undertaken a broad effort to increase standardization across the ECM and Community Supports programs, with the aim of reducing administrative burden, increasing uptake, and ensuring consistency for the delivery of services.

Other Monitoring Activities

DHCS is committed to ensuring that members and providers can easily access information about ECM and Community Supports. As such, it has established clear requirements for making information about the programs publicly available. Per the Community Supports Policy Guide, MCPs' websites must include the following easily accessible member- and provider-facing information:

- **Community Supports**: As required in A.B. 133 14184/206(e), Cal Assembly, 2021 Reg. Sess. (CA 2021), up-to-date information about Community Supports services being offered by the MCP, including, at minimum:
    - A short description of each available service that is consistent with the service definitions listed in the Community Supports Policy Guide (terminology should not differ from DHCS' terminology).
    - The eligible population(s) for each service
    - Member and provider facing information about how to access the Community Supports offered by the MCP.
- **Community Supports Provider Networks**: MCPs are required to list all Community Supports providers in their provider directories as follows:
    - MCPs are to list all Community Support providers in the provider directories as "Other Services Providers," and should specify if a provider is an ECM, Community Supports provider, or both.
    - MCPs must add a disclaimer in their provider directory stating that Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.
    - MCPs may use symbols denoting Community Supports providers that may be listed in other sections of their provider directories in lieu of listing providers multiple times.

DHCS conducts focused reviews of MCP websites to ensure that all required information relevant to Community Supports is available and accessible to members and providers. Reviews for all MCP websites are conducted on a semiannual basis as Community Supports elections are updated. The latest reviews, completed in October 2023, confirm:

- Up-to-date member and provider facing information about Community Supports and how to request access to Community Supports.
- Up-to-date information about all Community Supports being offered by the MCP, including, at minimum: A short description of each available service that is consistent with the service definitions listed in the DHCS Community Supports Policy Guide. Terminology should not differ from DHCS' terminology.

- The eligible population(s) for each service. Beginning on January 1, 2024, MCPs were required to fully align with the DHCS Community Supports service definitions and had to remove any language about previously approved modifications and/or restrictions from its website.

In March 2024, DHCS issued a Community Supports Monitoring Request for Information (RFI) to select MCPs based on their Community Supports implementation for CY 2023. In April 2024, DHCS published ECM and Community Supports implementation data for Q3 2023, including statewide, county-level, and MCP-level data. Using this data, DHCS examined the degree of MCPs' implementation of Community Supports based on the utilization of Community Supports services. MCPs received this RFI if they provided zero, or relatively few, Community Supports services for a Community Support service that they elected to offer in a county where they had an average of 10,000 or more Medi-Cal MCP members and where they continue to operate in CY 2024.

The purpose of this Monitoring RFI was to understand specific service uptake issues and solutions the MCP has implemented, or plans to implement, in order to address low uptake. DHCS scheduled follow-up meetings with each MCP, as needed, to further discuss uptake issues and the approach for addressing these issues. MCPs were required to submit responses for each Community Support service flagged in an email they received from DHCS and were encouraged to highlight county-specific uptake issues or strategies in their RFI responses.

Over the 11 full quarters of Community Supports implementation, the number of Community Supports elected by MCPs across California's 58 counties has significantly increased. Now that MCPs have had sufficient time to ramp up their processes, DHCS' primary focus is increased monitoring in addition to the following regular activities:

- Data monitoring, aggregation, and analysis;
- MOC reviews (every six months);
- Surveys/interviews to discuss IPP investments;
- Fact sheets and program report development
- Ad hoc meetings with MCPs based on individual plan needs;
- Oversight of IPP earned funding and provider investments;

- Workgroups/Office Hours with MCPs (with a focus on sharing best practices as well as providing support and technical assistance).

DHCS and its MCP partners are working to expand access, use and utilization of Community Supports in 2024 and beyond. This work will include:

- Refining program operations and policies to eliminate barriers to provider contracting and service use through an ECM and Community Supports "Action Plan," which includes streamlining authorizations and referral processes, expanding provider networks, and improving data exchange.
- Hosting regular listening sessions, including PATH CPI Initiative workgroups for providers and community members across the state, welcoming feedback on the implementation of Community Supports from diverse stakeholder groups.
- Expanding and utilizing a variety of methods as required in MCP contracts to identify members who may benefit from Community Supports. This also includes proactively ensuring contracted networks of providers are aware of Community Supports services, what the eligibility criteria are, and encourage and make clear the pathway for submitting referrals to MCPs.
- Ensuring MCP public-facing websites, Member Handbooks, and Provider Directories include the most up-to-date information about Community Supports offered and how to access them.

Opportunities for Improvement and Implementation of the Action Plan

DHCS has identified several outstanding challenges facing Community Supports through the feedback loops it has created, including:

- CBOs being unfamiliar with billing or Medi-Cal requirements.
- Scarcity of infrastructure and resources in some parts of the state.
- Fewer contracted providers than needed to meet the current demand for some community support services
- Broad need for alignment in authorization processes.
- Protected data exchange.

- Variation in outreach and engagement.
- MCPs engagement of local CBOs to serve as contracted providers

To address these concerns, DHCS has developed an ECM and Community Supports Action Plan[8] that addresses the following key areas:

- Clarifying eligibility
- Streamlining and standardizing referral/authorization processes
- Enhancing service definitions
- Strengthening market awareness
- Improving data exchange

The goal of all these efforts is to increase the availability and uptake of Community Supports for Medi-Cal Members who need them.

Examples of activities that align to the Action Plan include:

- Promote ongoing education of staff, Community Supports providers, community partners, and provide outreach efforts. MCPs are actively working on creating robust training and educational platforms to help identify eligible members and refer them to Community Supports. DHCS maintains a resource library of all Community Supports webinars on our public website.
- Directing CBOs and Providers who may be eligible for PATH Technical Assistance, engagement through Collaborative and/or for CITED funding to those resources.
- Direct MCPs to engage members with flyers, notices, open forums, and other methods to enhance member awareness.

[8] Available at: https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Community-Supports-Action-Plan-03192024.pdf

- From January 2022 to December 2024, the CalAIM IPP provided payments to MCPS totaling $1.5 billion, to expand capacity and infrastructure to support CalAIM implementation.
- Direct engagement with contracted Community Supports providers on ways to improve utilization of Community Supports services among members. For example, DHCS has developed guidance to streamline authorization processes for time sensitive Community Supports (i.e., medical respite) by promoting best practices for presumptive authorizations. These refinements to guidance were made based on input from providers as well as MCPs to reduce barriers to care.
- Exploring methods by which to further integrate Community Supports into the overall continuum of care for members in each county.

Action Plan Updates

As noted, DHCS is finalizing an updated Community Supports Policy Guide which clarifies service definitions for seven Community Supports. These updates are intended to standardize services that MCPs authorize statewide and address questions raised by the field. DHCS is synthesizing all comments and feedback received on the package of revised service definitions and will aim to release the update Guide by the end of 2024.

DHCS is currently developing mechanisms and processes to proactively monitoring MCPs coverage and administration of Community Support services. These include key performance metrics, performance thresholds, and approaches to take enforcement actions, such as requiring corrective action when appropriate.

Other General Updates

DHCS continues to track stakeholder feedback and indicators in the marketplace, including comments received from providers and members of the public, to effectively gauge the amount and severity of any challenges presented. DHCS has also created provider feedback loops and conducted a Statewide Listening Tour which continues to inform ongoing work in 2024 and 2025. DHCS Leadership is undertaking a Statewide Listening Tour during the Q4 2024-Q12025 to inform CalAIM implementation.

DHCS continues to monitor data quality and has begun analyzing the differences between the plan-submitted data on the QIMRs and the encounters/claims to start visualizing how accurate the data received via the QIMR process is relative to Post Adjudicated Claims and Encounters Systems. The transition to JSON will further

accelerate this reconciliation process and enable better overall data quality and integrity for the program.

DHCS continues to invest in Community Supports provider education, expanding opportunities to connect with prospective Community Supports providers and utilizing the experience of current Community Supports providers to knowledge-share and orient non-traditional providers to Medi-Cal and Community Supports. The Department frequently fields requests for provider TA and provides additional guidance to both its contracted MCPs and Community Supports providers.

DHCS continues to work with MCPs and community-based organizations/providers to spread awareness of Community Supports and understand any barriers to increasing access for services. Feedback from MCPs and CBOs will continue to inform further development and enhancement of DHCS guidance, in order to further define expectations and requirements and clarify Community Supports service definitions.

Consumer Issues and Interventions

Nothing to report.

Quality Control/Assurance Activity

Nothing to report.

Budget Neutrality and Financial Updates

Nothing to report.

Evaluation Activities and Interim Findings

The Centers for Medicare and Medicaid Services (CMS) requires DHCS to contract with an independent program evaluator to conduct an evaluation of initiatives authorized under the CalAIM Section 1115 waiver. This requirement is part of the STCs that accompany the waiver. On February 7, 2024, DHCS submitted evaluation designs to CMS for the four CalAIM initiatives: the Providing Access and Transforming Health (PATH) Initiative, Global Payments Program (GPP), Dually Eligible Beneficiary Satisfaction

in the Medi-Cal Matching Process (Duals), and the and the Reentry Demonstration Initiative (REENTRY). On June 5, 2024, DHCS received additional guidance from CMS to incorporate the Community Supports. CMS advised DHCS on the timing and content of required the Community Supports evaluation reports on June 5. DHCS executed a contract amendment with UCLA-RAND for this effort on September 11 and began drafting the evaluation design immediately thereafter. DHCS was required to submit an evaluation design to CMS by October 3, 2024. However, in its final review phase DHCS leadership identified substantive concerns and requested a 2-week extension from CMS. DHCS submitted the Community Supports Evaluation Design to CMS on October 17, 2024.

Enclosures/Attachments

Community Supports Elections (by MCP and County) – PDF chart showing the Community Support Elections MCPs have elected to offer, current as of July 2024.

Community Supports Policy Guide – The operational document for CalAIM's Community Supports, which builds on the contractual requirements for Community Supports, and outlines Community Supports policies, including member eligibility criteria, and contains DHCS' operational requirements and guidelines. DHCS updates the Community Supports Policy Guide.

DUALLY-ELIGIBLE ENROLLEES IN MEDI-CAL MANAGED CARE

California's Section 1115 waiver includes flexibilities to support the state's effort to integrate dually eligible populations statewide into Medi-Cal managed care through the 1915(b) waiver prospectively, as well as support integrated care by allowing the state, in specific counties with multiple Medicaid plans, to keep a member in an affiliated Medicaid plan once the member has selected a Medicare Advantage (MA) plan.

Members impacted by this expenditure authority are able to change Medicaid plans by picking a new MA plan or Original Medicare once a quarter. A dually eligible member's Medicaid plan is aligned with their MA plan choice, to the extent the MA plan has an affiliated Medicaid plan. This policy is known as the Medi-Cal Matching Plan policy. In 2022 and 2023, DHCS implemented the waiver authority provisions for this policy in twelve counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, San Bernardino, Sacramento, San Diego, San Francisco, Santa Clara, and Stanislaus. Starting January 1, 2024, DHCS expanded the Medi-Cal matching plan policy to also apply in Kings, Madera, Orange, San Mateo, and Tulare counties, to align with changes in Medi-Medi plans described below.

In 2022, DHCS developed a webpage to provide stakeholders with more detailed information about the Medi-Cal matching plan policy. In addition, DHCS updated the member notice regarding this policy to explain it more clearly, effective January 1, 2023.

In a separate but related policy, on January 1, 2023, members of the federal financial alignment initiative known as Cal MediConnect (CMC) transitioned into Exclusively Aligned Enrollment (EAE) Dual-Eligible Special Needs Plans (D-SNPs) and matching MCPs, in the seven Coordinated Care Initiative (CCI) counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. Under EAE D-SNPs, (known as Medi-Medi plans in California), members can enroll in a D-SNP for Medicare benefits and will be enrolled in an MCP for Medi-Cal benefits, both operated by the same parent organization for better care coordination and integration. For these plans, DHCS is committed to implementing integration through integrated member materials, integrated appeals and grievances, and care coordination that extends across Medicare and Medicaid benefits. Aligned Medicare and Medicaid plans may also reduce inappropriate billing, improve the alignment of Medicare and Medicaid networks, and improve access to care. For the contract year 2024, beginning January 1, 2024, DHCS expanded the availability of Medi-Medi plans to five additional counties: Fresno, Kings, Madera, Sacramento, and Tulare.

Two other related policy changes were implemented on January 1, 2023: 1) all dually eligible members statewide were required to enroll in Medi-Cal managed care, except for those with a share of cost (SOC) who were not in a LTC facility; and 2) all dually

eligible members residing in LTC facilities, including those with a SOC, were required to enroll in Medi-Cal managed care. As of 2022, most dually eligible members in COHS counties and the seven CCI counties were already enrolled in Medi-Cal managed care plans. Expanding this policy for the remaining 31 counties is intended to help meet the statewide goals of improving care integration and person-centered care for dually eligible members, under both CalAIM and the California Master Plan for Aging.

As a result of the policy changes described above, the Medi-Cal matching plan policy applied to more members in 2023, as more were enrolled in Medi-Cal managed care. Also, for the Medi-Cal plans in CCI counties in 2023 with delegated Medi-Cal plans affiliated with an EAE D-SNP, the Medi-Cal matching plan policy applies to the delegated Medi-Cal plans. This policy change also results in additional members where the Medi-Cal matching plan policy applies.

DHCS developed member notices for these transitions, in coordination with CMS and stakeholders. DHCS also conducted stakeholder meetings to discuss all aspects of these transitions related to member communication, TA impacts on any system changes, continuity of care, and provider network adequacy and reporting requirements.

As part of post-transition monitoring, DHCS is reviewing feedback from the Medi-Medi Ombudsman program, the successor to the Cal MediConnect Ombudsman. DHCS is also continuing stakeholder meetings as part of the monitoring efforts.

Performance Metrics

DHCS reports annually on the matching plan policy and on the number of members enrolled in MA plans that request to change MCPs and are referred to the MA plan in the matching plan counties.

Outreach Activities

DHCS hosts and participates in various meetings to engage with stakeholders about the current matching plan policy and future Medi-Medi plan expansion counties. DHCS also meets regularly with California's State Health Insurance Assistance programs, known as the Health Insurance Counseling and Advocacy Program (HICAP) in California, as well as Medicare agents and brokers, to provide information about the Medi-Cal matching plan policy.

Operational Updates

DHCS implemented the waiver authority provisions to enroll a member in an affiliated Medicaid plan once the member selected a MA plan in the 17 counties identified above.

Consumer Issues and Interventions

DHCS continues to meet monthly with advocates and health plans regarding any reported consumer issues with the Medi-Cal matching plan policy, and resolves any reported issues promptly. No widespread issues have been reported in 2024.

Quality Control/Assurance Activity

Nothing to report.

Budget Neutrality and Financial Updates

Nothing to report.

Evaluation Activities and Interim Findings

Nothing to report.