

2024 Annual Population Health Management Strategy Deliverable Template – Part 1

Introduction

This is the online 2024 Submission Template Part 1 that goes along with the instructions posted on the PHM Section website.

Please note that Managed Care Plans (MCPs) within the same Local Health Jurisdiction (LHJ) service areas shall each complete the PHM Strategy Deliverable Part 1, even when the MCPs collaborate with one another.

Each Prim MCP should complete this deliverable for each of the LHJ service area(s) it covers, ensuring that any populations served by Subcontracted MCPs are included in the responses and that their input is considered appropriate. Subcontracted MCPs are not required to complete and submit this deliverable template separately. All Prime MCPs are responsible for ensuring that their Subcontracted MCPs and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DDHCS guidance (e.g., APLs, Policy Letters, PHM Policy Guide, and DHCS Comprehensive Quality Strategy), including all relevant requirements on health education and cultural and linguistic needs.

For questions and additional information, please see the 2024 DHCS PHM Strategy Deliverable instruction document and/or email PHMSection@dhcs.ca.gov with subject line: Questions re: PHM Strategy Deliverable Template.

MCP and LHJ Contact Information

MCP

Name of Prime MCP submitting this Deliverable: _____

First Name of MCP Individual submitting this Deliverable: _____

Last Name of MCP Individual submitting this Deliverable: _____

Title of Individual submitting this Deliverable: _____

Email Address of MCP contact submitting this Deliverable: _____

LHJ

Name of LHJ Referenced for this Submission: _____

First Name of LHJ Contact Representative: _____

Last Name of LHJ Contact Representative: _____

Email Address of LHJ Contact Representative: _____

Did the MCP collaborate with other MCP(s) within the LHJ's county/city to develop the shared goal/SMART Objective? (Please note this collaboration was not a requirement.)

☐ Yes ☐ No

1 A: Shared Goal / SMART Objective Information

As part of the 2023 DHCS PHM Strategy Deliverable, MCPs were required to collaborate with LHJs to identify mutual priorities and begin to develop at least one shared goal and a specific, measurable, attainable, realistic, and time-bound (SMART) objective to promote collaboration between MCP and public health entities. Per the 2023 DHCS PHM Strategy Deliverable submission instructions and attestations previously submitted by your plan, the shared goal/SMART objective must have:

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

(For more details, see the Submission Instructions)

Please enter Shared Goal (100 words or fewer and the file names of any attachments) MCPs may share data via JPEG, GIF, or PDF in addition to the text box.

Please enter SMART Objective (250 words or fewer and the file names of any attachments) MCPs may share data via JPEG, GIF, or PDF in addition to the text box.

Goals/objectives: Please share your current progress on this shared goal/SMART objective activity. (250 words or fewer and the file names of any attachments.) MCPs may share data via JPEG, GIF, or PDF in addition to the text box.

Goals/objectives: Select all DHCS Bold Goals that apply to shared goal/SMART objective.

- ☐ Close racial/ethnic disparities in well-child visits and immunization by 50%
- ☐ Close maternity care disparity for Black and Native American persons by 50%
- ☐ Improve maternal and adolescent depression screening by 50%
- ☐ Improve follow up for mental health and substance use disorder by 50%
- ☐ Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Goals/objectives: Is this shared goal/SMART objective activity required based on MCAS performance, under the DHCS Quality Improvement and Health Equity Framework?

- ☐ Yes ☐ No

Goals/objectives: Is this shared goal/SMART objective activity a required CMS Performance Improvement Project?

- ☐ Yes ☐ No

Goals/objectives: Where is the targeted impact location of this shared goal/SMART objective activity? (Select all that apply)

- ☐ Hospital based ☐ Clinic based ☐ Community based
- ☐ School based ☐ Other targeted impact location

Goals/objectives: If Other Targeted Impact Location was picked, please describe. (25 words or fewer)

Goals/objectives: Select entities (other than LHJs) that your organization is partnering with for this shared goal/SMART objective activity. (Select all that apply)

- ☐ Aging
- ☐ Caregiver resource center
- ☐ Child Welfare Departments
- ☐ Continuum of care programs
- ☐ First 5 programs & providers
- ☐ HCBS waiver agencies & providers
- ☐ Justice-involved partners & providers
- ☐ Local educational entities
- ☐ Local county BH departments for specialty MH Care & SUD treatment services
- ☐ Regional Centers
- ☐ Social Services
- ☐ WIC Supplemental Nutrition Program
- ☐ Other Entity

Goals/objectives: If Other Entity was selected, please describe. (25 words or fewer)

Goals/objectives: Are you leveraging existing memorandum of understanding (MOU) with the LHJ or any of the entities selected above for shared goals/SMART objective activity?

- ☐ Yes
- ☐ No

Goals/objectives: Please describe how this leverages an existing MOU for shared goal/SMART objective activity. (250 words or fewer and the file names of any attachments you will be sending.)

Goals/objectives: Please describe any future plans to leverage an MOU for shared goal/SMART objective activity. (250 words or fewer and the file names of any attachments you will be sending.)

1 B: Meaningful Participation on LHJs CHAs/CHIPs LHJ

Starting January 1, 2024, MCPs were required to begin meaningfully participating in LHJs’ CHAs/CHIPs in the service area(s) where they operate. MCPs should review Section 2 (PHM Program) of the PHM Policy Guide and the 2024 MCP-LHJ Collaboration Worksheet to help develop responses for this section. DHCS published the MCP-LHJ Collaboration Worksheet as a tool for MCPs and LHJs to build relationships to support the CHA/CHIP process. DHCS required this Worksheet be completed by August 1, 2024. However, MCPs do not have to submit the Worksheet to DHCS. MCPs may reference their Worksheet to inform the completion of this section. DHCS expects MCPs to coordinate with LHJs within their service area before finalizing responses. For more details, see the Submission Instructions.

Is your organization currently meaningfully participating with this LHJ in CHA? ☐ Yes ☐ No

If Yes, please enter the anticipated CHA completion date. _____

Is your organization currently meaningfully participating with this LHJ in a CHIP? ☐ Yes ☐ No

If Yes, please enter the anticipated CHIP completion date: _____

If answered No to any of the above, please provide an explanation why your organization is not meaningfully participating on this LHJ’s CHA or CHIP or both. (150 words or fewer)

When did this LHJ complete its most recent CHA? _____

When did this LHJ complete its most recent CHIP? _____

Stakeholder Engagement

Has your organization participated in the CHA/CHIP governance structure or attended any key meetings (e.g., steering committees, workgroup, etc.) as permitted/requested by the LHJ?

☐ Yes ☐ No

If Yes, please provide the number of meetings you attended at the LHJ’s request/permission. _____

If Yes, please describe how you have participated in the CHA/CHIP governance structure and/or key meetings at the LHJ’s request/permission. If No, please describe why you have not participated in the governance structure or attended any key meetings. (200 words or fewer)

Did your organization report its involvement on this LHJ’s CHA/CHIP to its CAC?

☐ Yes ☐ No

If Yes, please provide a summary and record, including dates, of that communication (e.g., a presentation or discussion on LHJ CHA/CHIP involvement at CAC meeting). If No, please describe why your organization has not reported involvement on this LHJ’s CHA/CHIP to its CAC. If nothing is yet to be reported, how do you intend to do so in the future? (200 words or fewer)

If Yes, What advice/input has your organization received from your CAC on the LHJ CHA/CHIP findings?
(250 words or fewer)

Have you discussed with your CAC how they could be involved in this LHJ's CHA/CHIP process (e.g., answer survey questions, participate in focus groups, workgroups, etc.)?

☐ Yes ☐ No

If Yes, please describe your CAC discussions on how they could be involved in this LHJ's CHA/CHIP process. (250 words or fewer)

MCP Resources

Please report on the total value (in dollars) your organization has contributed or will contribute to this LHJ to support CHA/CHIP development and when your organization did/will provide funding. If no funding is to be provided, please write \$0. (Enter number only) _____

Please enter the date funding started to be contributed, or the planned date for funding contributions to start. If no funding is planned please enter 12/31/2099. (Enter date only) _____

Please select what CHA/CHIP-related activities are being supported by this funding. (Choose all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Consult Support | <input type="checkbox"/> Data Infrastructure | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> CBO Contracts | <input type="checkbox"/> Project Management | <input type="checkbox"/> Governance |
| <input type="checkbox"/> CHIP Implementation Strategies | <input type="checkbox"/> LHJ/MCP TA Sessions | | |

Please describe the in-kind staffing your organization has provided or will provide for this LHJ's CHA/CHIP. If no in-kind staffing is to be provided, please write N/A. (250 words or fewer)

Enter the estimated value of this in-kind contribution. If there has been no in-kind staffing, enter \$0.00. (Enter number only) _____

Enter the date the in-kind staffing started or the planned date for it to start. If no in-kind staffing is planned to happen, enter 12/31/2099. (Enter date only) _____

Please report the total value of funding plus In-kind staffing contributions (in dollars) your organization has contributed or will contribute to the LHJ CHA/CHIP. (Enter number only) _____

Please provide the percentage of Medi-Cal members your MCP serves in this LHJ out of your organization's total Medi-Cal managed care membership.

Number of MCP members in LHJ: _____

Percent of MCP members in LHJ: _____

Please describe how your organization will/has ensured, if at all, that your total contribution is commensurate with your Medi-Cal population served in this LHJ. (250 words or fewer)

Data Sharing

Has your organization and this LHJ been able to identify priority areas in which to share data?

☐ Yes ☐ No

If Yes, select all shared data priority areas identified (per the PHM Policy Guide) that apply.

- ☐ Child health
- ☐ Chronic disease prevention
- ☐ Housing insecurity/homelessness
- ☐ MH/SUD
- ☐ Health disparities/inequities
- ☐ Adult/childhood immunizations
- ☐ Maternal health
- ☐ Justice involved reentry population
- ☐ Other mutually agreed by LHJ & MCP

If Other was selected, please describe. (25 words or fewer)

If No priority areas were identified mutually between the MCP and the LHJ, Describe why and identify steps to overcome barriers to identify priority areas. (200 words or fewer)

Will the MCP be ready by Q2 2025 to share the data agreed upon in 2024? ☐ Yes ☐ No

If No, describe why and identify steps to overcome barriers to data-sharing. (200 words or fewer)

MCP-LHJ CHA/CHIP General Feedback

Please describe any bright spots encountered while participating in this LHJ's CHA/CHIP process.
(200 words or fewer)

Please describe any challenges encountered while participating in this LHJ's CHA/CHIP process.
(200 words or fewer)

Please share any other observations not otherwise captured by the above questions. (200 words or fewer)

What technical assistance does your organization need to meaningfully participate in this LHJ’s CHA/CHIP process? (Select all that apply)

- ☐ Development of SMART goals
- ☐ Bold Goal integration
- ☐ Integrating data sources as part of CHA/CHIP process
- ☐ Integrating community input for CHA/CHIP process
- ☐ Other
- ☐ CHA governance
- ☐ Funding & in-kind contributions

If Other was selected, please describe. (100 words or fewer)

1 C: PHM Monitoring KPIs

The DHCS PHM monitoring measures include a comprehensive set of high-priority key performance indicators (KPIs) designed to effectively monitor program operations and assess their overall effectiveness. The following questions are intended to evaluate the influence of MCPs' shared goals and SMART objectives on the KPI associated with the integration of the Community Health Worker (CHW) benefit. Please note, this is specific to the CHW benefit as described in APL 22-016. CHW services provided through programs such as ECM (not billed to the CHW benefit) are not applicable.

How is your organization integrating the utilization of CHWs, specifically under the CHW benefit, into your shared goals and SMART objectives that were identified with this LHJs? (300 words or fewer)

Are there opportunities for joint initiatives or partnerships between your organization and LHJs/other partners to increase the referral of and/or utilization of CHWs through the CHW benefit in relation to your shared goals and SMART objectives?

☐ Yes ☐ No

If Yes, please describe opportunities for joint initiatives or partnerships you've identified and/or implemented with this LHJ/other partners in your service area(s) to increase the referral of and/or utilization of the CHW benefit.

If No, please describe the barriers you've identified and steps your organization will take to identify opportunities for joint initiatives or partnerships with this LHJ/other partners in this service area, and how those barriers can be overcome to increase the referral of and/or utilization of the CHW benefit.
(300 words or fewer)

Date deliverable submitted to DHCS: _____

Completed!

Thank you for your completion of the PHM Strategy Deliverable Template Part 1
by EOD October 31, 2024.

For submission instructions and additional information, please see the
2024 DHCS PHM Strategy Deliverable instruction document