

Key Takeaways

During the discussion on **Transitional Care Services Policy**:

- DHCS highlighted the Department's three priorities for TCS implementation in 2024: ensuring (1) primary care follow-up post-discharge, (2) smooth transitions into and out of skilled nursing facilities (SNFs) and/or needing long-term services and supports (LTSS), and (3) effective TCS for pregnant and postpartum individuals. DHCS also sought input from Advisory Group Members on how TCS could support improved referrals to Enhanced Care Management (ECM), Community Supports, and other services post-discharge.
- PHM Advisory Group Members and other meeting attendees engaged in a discussion of DHCS' three priorities and highlighted challenges and recommendations for DHCS to consider regarding referrals, including leveraging data and technology, improving communication with discharging facilities, scheduling follow up appointments prior to discharge, and bridging the efforts of local health jurisdictions' maternal, child, and adolescent health (MCAH) programs

During the discussion on **Community Reinvestment Policy**:

- DHCS presented on high-level Community Reinvestment recommendations including guiding principles, permissible use categories for investments, and community input necessary in MCP development of Community Reinvestment activities.
- PHM Advisory Group Members requested clarity on discrete components of the policy such as the level of prescriptiveness of, and recommendations for, permissible investments. Specific recommendations were provided related to the determination of funding obligations and the importance of Member input.

Summary Meeting Notes

During the discussion on **Transitional Care Services Policy**:

- DHCS:
 - Presented an overview of the updated TCS policy, effective January 1, 2024.
 - MCPs were to have implemented TCS with a phased approach. Services were implemented for high-risk Members on January 1, 2023. Beginning in 2024, MCPs were required to implement TCS for all Members to ensure they are supported from discharge planning until they have been successfully connected to all needed services and supports.
 - Different minimum TCS requirements apply for high-risk and lower risk Members, with the single point of contact/care manager requirement applying only for high-risk members.
 - Introduced and facilitated a discussion of DHCS' three priorities for TCS implementation in 2024.
 - Connecting Members to primary care for follow-up post-discharge.
 - Ensuring smooth transitions for those transitioning into or out of SNFs and/or needing LTSS.
 - Tailoring TCS to pregnant and postpartum individuals by supporting transitions of care from pregnancy to the postpartum period.
 - Facilitated a discussion on ways to improve referrals to Enhanced Care Management (ECM), Community Supports, and other services post-discharge through TCS.
 - One of the TCS requirements for all Members is that they are referred to ECM, Complex Care Management (CCM), and Community Supports if they meet eligibility criteria for these services.
 - DHCS has heard from discharging facilities that it is challenging to identify Members who are enrolled in ECM and determine who is eligible for ECM for referrals. The same is true for CCM and Community Supports.
- PHM Advisory Group Members and Other Stakeholders:
 - Highlighted the need to leverage available data and technology, including online provider portals to facilitate necessary exchange of information, when improving TCS for Members.

- Encouraged engagement of and communication with discharging facility leaders and staff when implementing updates to the TCS policy.
- Emphasized that TCS must involve the scheduling of follow-up appointments prior to discharge, especially for birthing parents and their infants after delivery.
- Called attention to the importance of primary care provider (PCP) assignment in supporting Members through successful transitions of care.
- Suggested that DHCS bridge the efforts of local health jurisdictions' maternal, child, and adolescent health (MCAH) programs and MCPs to improve transitions for pregnant and postpartum individuals.
- Noted that Members may refuse services and support for which they qualify (e.g., ECM, CCM, Community Supports) for many reasons. MCPs must account for Member choice and equity, address Members' personal health goals, and educate Members on the programs they qualify for so they can make informed enrollment decisions.
- Raised challenges with ECM referrals at their respective organizations.
- Requested that DHCS ensure all communication with Members during care transitions is accessible and culturally and linguistically appropriate.

During the discussion on **Community Reinvestment Policy**:

- DHCS:
 - Reinforced "Base" and Quality Achievement Community Reinvestment requirements included in the 2024 MCP contract.
 - Identified guiding principles for the Community Reinvestment program, including:
 - Advancing health equity & social drivers of health (SDOH).
 - Improving quality outcomes for Medi-Cal members
 - Engaging with the community to ensure investments target local needs
 - Ensuring funding targets non-Medicaid activities
 - Indicated that additional detail on the permissible use of Community Reinvestment funds will be provided in subsequent guidance, while outlining a broad set of permissible use categories, including investments toward:
 - Neighborhoods & Built Environment
 - Health Care Workforce
 - Well-Being for Priority Populations
 - Local Communities
 - Improvements in Health Outcomes

- Clarified that Community Reinvestment activities must be directly informed by the Community Health Assessment process led by local health jurisdictions and will be validated by MCPs' Community Advisory Committees and other community stakeholders.
- Indicated its intention to release a draft Community Reinvestment All-Plan Letter (APL) for public comment in the near term.
- PHM Advisory Group Members and Other Stakeholders:
 - Cited Oregon's Supporting Health for All Reinvestment (SHARE) initiative as a potential model of interest for DHCS, particularly with regard to how Community Reinvestment funding obligations are tied to a sliding percentage of net income based on level of financial reserves.
 - Requested clarity on whether DHCS intends to permit a broad range (or a more prescriptive, narrow set) of investments under each Community Reinvestment use category.
 - Emphasized the importance of amplifying the member voice and requested DHCS' consideration of requiring co-governance of Community Reinvestment with MCPs and communities.
 - Suggested the addition of a "collaborative infrastructure" use category to advance multi-sector initiatives that are supported by communities.

Next Steps

- **Transitional Care Services.** DHCS will continue the discussion and provide technical assistance to MCPs and other stakeholders on TCS implementation.
- **Community Reinvestment.** DHCS will solicit additional feedback from other, similar forums, and consider that feedback and recommendations as development of the draft APL continues.

Attendees

- Attendees of the February meeting included DHCS leaders and staff and members of the PHM Advisory Group (Kelvin Vu, Heyman Oo, Sam Skootsky, Bhumil Shah, Tangerine Brigham, Reena John, Daniel Calac, Al Rowlett, Takashi Wada, Elaine Sadocchi-Smith, Dipa Patolia, Tim Ho, Peter Shih, Nina Park, Gail Newel, Susie Smith, Rob Oldham, Phebe Bell, Gary Tsai, Anna Leach-Proffer, Katherine Haynes, Amie Miller, Caroline Sanders, Kim Lewis, Beth Malinowski, Maria Lemus, Mike Odeh, Dana Moore, Sarita Mohanty, Amy Scribner, Katherine

Barresi, and Geoff Leung). There were more than 100 members of the public in attendance, including but not limited to representatives from MCPs, hospitals/health systems, local public health departments, and advocacy organizations in California.