

FOLLOW UP ITEMS: SAC-BH SAC JOINT MEETING and BH SAC MEETING

July 20, 2023

Member Comments for Potential Follow Up

Agenda Item/Topic	DHCS Response	DHCS Follow-Up
Directors Update		
<p><i>Savage-Sangwan:</i> The code used by community health workers (CHWs) for health management education and training is included in rate increases. Are you applying the increased rate only for other providers billing this code or would it apply to CHWs billing this code also. CHWs are at 80% of Medicare, so we do think it's important to include CHWs.</p> <p><i>Golden-Testa:</i> Is there flexibility within the 2025 rate increases for CHWs or is it tied to the services for the providers listed?</p>	<p><i>Cooper:</i> DHCS is releasing codes tomorrow and that will include all of the details. I will take this back to follow up and confirm.</p> <p><i>Baass:</i> We will follow up on this to understand the impact related to the service codes, but it is generally the traditional billers of those services.</p>	<p>Communicate how CHW rates are impacted by the rate increases</p>
<p><i>Sheckler:</i> It would be helpful to share any information on the role of MCPs. CPCA appreciates the specific information in the guidance about FQHCs being able to claim FFS reimbursement for pre-release services outside their PPS rate. FQHCs are interested in pre-release care management and post-release ECM services. There are still operational issues about how that will work, including billing FFS for CHW services and ensuring this isn't subject to reconciliation.</p>	<p><i>Boylan:</i> We are happy to work offline with CPCA on this.</p>	<p>Continue to engage with CPCA on pre-release services</p>
<p><i>Owen:</i> We are working locally with our partners on initial implementation and have been</p>	<p><i>Boylan:</i> I will take the data question back for follow up. The implementation timing is a local issue depending on the readiness of correctional facilities and completion of the</p>	<p>Identify any state level data useful for MCPs on</p>

<p>learning a great deal about the multiple needs, including being unhoused, needing behavioral health treatment, support for a pregnancy, and more. My question is whether data will be largely a local county conversation or whether DHCS will provide data statewide as we develop an ECM network to meet the unique needs of this population? We can share data locally; however, it may be that the data is accessible via DHCS and that would be valuable. What is the timeline for each community to begin and what are the considerations about start-up? Also, I want to make the point that MCPs have an obligation to share ECM care plans with justice involved partners for members already in ECM who become incarcerated and members transitioning from incarceration back to the MCP.</p>	<p>readiness review process. Correctional facilities have from April 1st, 2024 through March of 2026, to go live.</p>	<p>justice involved pre-release service needs</p>
<p><i>Wright:</i> Given we don't know the actual number of individuals still eligible versus those who have higher incomes or employer-based coverage, do we have comparison data from other states on renewals? Are we tracking the people who obtain coverage with Covered CA?</p>	<p><i>Huang:</i> We can share links of aggregated data from CMS for all states. California has a lower disenrollment rate than other states. Each state has different policies in place – some states have not started, and others have front-loaded individuals who are ineligible. California is not frontloading redeterminations but has spread them out over 12 months given the volume. We are working closely with Covered CA to track and we rely on them to report publicly on individuals with coverage through the marketplace. We will work with them to produce a cohesive narrative.</p>	<p>Share data links of other states' PHE Unwinding redetermination rates</p>
<p>BH SAC</p>		
<p>Behavioral Health Continuum Infrastructure Program</p>		

<p><i>Senella:</i> This is a wonderful program, and it is providing badly needed resources to expand capacity. In the spirit of administrative efficiencies, have we looked at streamlining the process? Following the funding award, this is more complicated than any program I have participated in over the years. I'm wondering if there could be a hard look at how to improve the process, so it is less time consuming and complicated?</p> <p><i>Senella:</i> I have not observed any improvement in rounds 4-5</p>	<p><i>Clifton:</i> We appreciate that feedback. There were many complexities related to federal funding in round three. We are taking the need for streamlining into account in future rounds of funding.</p> <p><i>Clifton:</i> I will take that back.</p>	<p>Consider administrative improvements after funding awards</p>