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VISUAL	TIME AND SPEAKER	AUDIO
N/A	00:00:00 – Julian	Hello and welcome. My name is Julian and I will be
	Ward	in the background answering any Zoom questions. If
		you experience any technical difficulties, please put
		your question into the Q and A and a producer will
		respond using the same Q and A panel. During
		today's event live closed captioning will be available.
		You can find the link in the chat field. With that I now
		introduce your first speaker for today: Lindy
		Harrington Deputy Director of Healthcare Services at
		DHCS. Lindy, you now have the floor.

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Slides	00:00:40 - Lindy	
	Harrington	Thank you, Julian. Welcome everyone to our PATH
1 -12		and IPP program overview or our PATH all comer
		webinar as we've been calling it here at the
		department. So quickly going over our agenda for
		today we'll do a quick overview of the PATH
		program and provide an overview of the incentive
		payment program which you will hear me refer to as
		IPP for most of this session, as well as a CalAIM
		funding program alignment overview and then finally
		we will move into a Q and A and that is where we'll
		spend most of our time today is doing an open forum
		Q and A.
		So, if we can go to the next slide. So, again, doing
		an overview of PATH. What is PATH? We've been
		talking about it for quite a while. PATH is California's
		1115 waiver and renewal amendment request for
		funds for providing access and transforming health.
		We are seeking \$1.85 billion in federal support to
		maintain, build and scale the capacity necessary to
		ensure the successful implementation of CalAIM.
		PATH funds will be available to many types of
		entities. Examples are whole person care lead
		entities, counties, community-based organizations,
		providers, and tribes. For clarity, managed care
		plans are not eligible to receive PATH funds.

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If you can go to the next slide. PATH is really comprised of two aligned programs. We have the justice involved capacity building, which is really around funding to maintain and build pre-release and post-release services to support implementation of a full suite of statewide CalAIM justice involved initiatives in 2023. And that includes pre-release and post-release services.

The second program is support for implementation of enhanced care management and community supports formerly known as In Lieu of Services. And this is really support for CalAIM implementation at the community level. And support to expand access to services that will enable the transition from Medi-Cal 2020 to CalAIM. And to be clear managed care plans will be expected to participate in PATH programs but are not eligible to receive PATH funding for infrastructure funding or services

We can move to the next slide. So just to dive a little bit deeper into our PATH program design for enhanced care management and community supports initiatives. That's really made up of four separate buckets of funding. So, first we have the Whole Person Care Services and Transition to Managed Care Migration Initiative. And this is going to provide direct funding for former whole person care pilot lead entities to pay for existing whole

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person care services before they're able to transition to CalAIM on or before Jan 1st of 2024. Services and infrastructure that will not continue under CalAIM would not be eligible for this funding and managed care plans must have provided explicit commitment to picking up the service.

The next bucket is Technical Assistance Initiative.

And this is registration-based TA program for all counties, providers, CBOs and others within defined domains.

We will also have the Collaborative Planning and Implementation initiative. And this is funding to support collaborative planning efforts that will involve MCPs, counties, CBOs, providers, tribes, and others. And then finally we have Capacity and Infrastructure Transition Expansion and Development initiative, (which we are also referring to as CITED) funding will be available to all counties, providers, CBOs, tribes and others to build and expand capacity and infrastructure necessary to support ECM and community supports.

So again, moving into the next set of slides to talk about the Incentive Payment Programs. We go to the next slide. So really CalAIM enhanced care management and community supports programs will launch in January of 2022 -- in just a few days. And

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they require significant investments in care management capabilities, community support infrastructure, IT and data exchange, work force capacity at both our plans and provider levels. And so, this program will have incentive payments. And we believe will be a critical component of CalAIM to promote managed care plan and provider participation in capacity building for ECM and community supports.

The 2021-2022 California state budget allocated 300 million for plan incentives from January to June of 2022. 600 million from July of 2022 to June of 2023. And 600 million from July of 2023 to June of 2024

Moving into the next slide, for IPP program we have identified our year one priorities. And we initially focused those year one funding priorities on capacity building, infrastructure, community supports take-up and quality.

And so, as we think about delivery system infrastructure, this is really funding core managed care plan ECM and community support provider HIT and data exchange infrastructure required for ECM and community supports. Our provider capacity building is really funding ECM workforce training, technical assistance, workflow development, operational requirements and oversight. Community

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support provider buildup and managed care take-up is really around funding that community supports training technical assistance workflow development operational requirements take-up and oversight.

And then finally quality -- and this is really to fund reporting of that baseline data collection to inform quality outcome measures that we can collect in future program years. Physical and behavior health integration between and among providers and managed care plans, help equity advancement and help disparities reduction have really been integrated into all three goal areas wherever it was feasible.

For program year one we have reporting requirements. We're expecting our managed care plans to work closely with all applicable local partners indrafting and developing gap filling plan and needs assessment to meet and achieve the program measures. In order to meet the goals of the program we anticipate participating managed care plans will maximize the investment and flow of incentive funding to care management and community supports providers to support capacity and infrastructure.

So in January of 2022 our plans must submit their gap filling plan and needs assessment and measures tied to each priority area for program year

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one and submission date for all managed care plans is January 12th. And summer of 2022 we will publish the managed care plan gap filling plans and needs assessment. And this is really to ensure transparency and collaboration across our state programs.

And then in September of 2022, our managed care plans will submit gap assessment progress reports. So measures tied to each priority area for program year one and for the managed care plan to show progress against those gap filling plans.

Now, we've had a lot of questions around the alignment between IPP and PATH. So just want to show, you know, kind of some side by side information here. So the eligibility criteria for PATH is really around counties, former whole person care entities, providers, including contracted ECM and community supports providers, community based organization tribes and others. Managed care plans are not permitted to receive PATH funding for infrastructure capacity or services.

Under IPP, that eligibility criteria is really going to be our managed care plans that elect to participate in the IPP and meet requirements to qualify for the incentive payments. And we really anticipate that the managed care plan will maximize their

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investment and flow of incentive funding to enhanced care management and community support providers to support capacity and infrastructure. In order for those plans to earn and meet those milestones and earn those incentive dollars they're going to need providers. So the expectation is those dollars will flow down to providers as well.

So the funds and flow and uses -- so funding will flow directly from DHCS or a contracted third party administrator to eligible entities. Sample uses for these funds: sustaining existing whole person care services until they are covered by the managed care plan. Hiring and training staff that will have a direct role in ECM and community support responsibilities. Providing technical assistance to support billing processes and contracting with MCPs.

Implementing collaborative planning groups to identify and resolve implementation challenges.

And then under the IPP, the funds will flow from DHCS to our managed care plans upon meeting set milestones. Sample uses include purchasing or upgrading IT systems for ECM and community supports. Expanding the reach of community supports offered by developing new MOUs and partnerships with providers to expand network capacity. Developing program compliance and

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oversight capabilities to ensure populations focused within a county can be effectively served.

If we go to the next slide, really talking about that program alignment. So, PATH and IPP funding will complement but not duplicate one another. And to ensure funds are utilized as intended, we are ensuring transparency, collaboration and reporting as foundational elements to both programs. So, as we think about transparency, our managed care plan IPP needs assessment and gap filling plans will be publicly posted in the summer of 2022 to ensure transparency across plans. DHCS or our third party administrator will also make information on PATH funding awards publicly available and require applicants to attest that the funding requests are aligned with local managed care plan needs assessments and gap filling plans and are not duplicative of other funding opportunities

You know really as we think about collaboration, PATH will facilitate collaborative planning efforts across eligible entities. And PATH funding will be aligned with needs affiliated in the managed care plan needs assessment gap filling plan. Managed care plans will also be expected to collaborate with providers, CBOs and others in developing their needs assessment and gap filling plans as well as

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VISUAL	TIME AND SPEAKER	AUDIO
		monitoring potential duplication with PATH funding
		requests.
		For reporting, DHCS or our TPA will review PATH
		funding application requests against those IPP
		needs assessment and gap filling plans to ensure
		that the PATH funding requests complement and do
		not duplicate IPP funding.
		And finally kind of our tentative program funding and
		timeline. So again, under PATH we will have
		approximately \$1.85 billion that we will be
		distributing over the course of 2022 through 2026.
		And then we'll also be bringing in funding for the
		PATH justice involved capacity building in quarter 3
		of 2022, while IPP is \$1.5 billion that we will see be
		expended between calendar year 2022 and the end
		of 2024. This is a provisional timeline, because
		we're still finalizing those negotiation and timelines
		with CMS. We don't have that formal approval yet to
		finalize those timelines. And now I'll go ahead and
		move into Q and A.
		more me quinari.

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VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:14:45 - Nate Pauly	All right. We've got a handful of questions rolling in
Q&A		from the audience. Before we jump into those, I
		think we'd like to start with a couple of questions via
		e-mail in advance of the meeting. And I think some
		of the answers to these questions will help answer
		some of the questions in the chat. First Lindy, we've
		got a question asking, "Will infrastructure and
		capacity funding for providers be available through
		IPP sooner than it will be available through PATH?"

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VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:16:33 - Lindy	Sure. So that is correct. So, we do intend to issue
Q&A	Harrington	our initial incentive payments to our managed care
		plans in March of 2022. And we do anticipate
		managed care plans will use those incentive
		payments to make similar investments in their ECM
		and community support provider networks and
		support provider network infrastructure and capacity.
		In addition, the managed care plans can use their
		incentive payments to further develop their internal
		infrastructure and capacity as well to oversee and
		administer the ECM and community support
		programs. Entities in need of infrastructure and
		capacity funding really should work with their
		managed care plans to understand the available
		funds, and we expect entities will be able to apply
		directly for funding from the PATH capacity and
		infrastructure transition expansion and development
		program or why we often like to say CITED program
		beginning in quarter 3 of 2022.
N/A –	00:16:25 - Nate Pauly	
Q&A		Great. Thanks Lindy. We have a question that
		follows that one asking are MTPs required to share
		earned IPP funding with providers in their network?

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VISUAL	TIME AND SPEAKER	AUDIO
N/A – Q&A	00:16:39 – Lindy Harrington	DHCS expects MCPs to use those incentive
		payments to make significant investments in their
		ECM and Community supports provider networks
		and support provider network infrastructure and
		development, and we continue to message this
		expectation, so that they can meet the metrics
		required to achieve funding. And in addition plans
		may use their incentive payments to further develop
		their internal infrastructure and capacity, as well as
		to oversee and administer ECM and Community
		sports programs.
N/A – Q&A	00:17:23 – Nate Pauly	We've got another one saying: if I am an ECM or Community Supports provider who needs funding to support development of infrastructure and capacity, should I seek IPP funding from an MCP that I'm contracted with? Or should I apply for funding from the PATH capacity and infrastructure initiative?

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VISUAL	TIME AND SPEAKER	AUDIO
N/A – Q&A	00:17:41 – Lindy Harrington	Sure. So, for that provider I would say you should coordinate with your local managed care plans to determine funding options and approach. Your funding options may depend on the size of the request available, availability of funds, and urgency of need an entity should also consider consulting with the TPA that will be retained by the Department that will support both the administration of the CITED program and our regional path collaborative planning and implementation groups to learn more about their options.
N/A – Q&A	00:18:15 - Nate Pauly	We've got a question asking for more details about how the past third-party administrator will support coordination between IPP.

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VISUAL	TIME AND SPEAKER	AUDIO
VISUAL N/A – Q&A	TIME AND SPEAKER  00:18:24 – Lindy Harrington	The TPA will proactively disseminate information on PATH capacity and infrastructure funding applications to our local managed care plans, so that managed care plans are aware of how providers are using path capacity and infrastructure funding.  The TPA will also work with managed care plans to facilitate local collaborative planning groups. That will share lessons learned and best practices in terms of how to coordinate PATHand IPP funding to support the implementation of CalAIM. Additionally, the TPA will be responsible for collecting and monitoring attestations from path applicants regarding non duplication with the IPP Program.
N/A – Q&A	00:19:09 – Nate Pauly	Two questions asking if you could define TPA and whether the TPA has been identified.
N/A – Q&A	00: 19:15 – Lindy Harrington	Sure, so TPA is a third-party administrator. So it's an organization that will come in and help us operationalize these programs, and we have not yet identified the TPA. We're still working to refine and receive that CMS approval and we'll have more information once that wraps up.

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VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:19:31 – Nate Pauly	
Q&A	-	One more question that we received in advance of
		the webinar before we jump into the audience
		questions. IPP requires managed care plans to
		actively collaborate with local providers and other
		entities to support implementation of CalAIM. PATH
		also has a collaborative planning and
		implementation initiative that involves MCPs. How is
		the path collaborative planning and implementation
		this year aligned with expectations for collaboration
		in the IPP Program?

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VISUAL	TIME AND SPEAKER	AUDIO
N/A -	00: 20:04 – Lindy	Sura Sa IDD and DATH both analyte analyte
Q&A	Harrington	Sure. So IPP and PATH both seek to encourage
		collaboration between our plans and local entities
		that support the delivery of ECM and Community
		Supports services. Several of our IPP payment
		measures are directly tied to a managed care plans
		demonstration of collaboration with providers and
		other entities to bolster ECM and Community
		support delivery system capacity. The path
		collaborative planning and implementation initiative
		seeks to connect plans, providers and other entities
		at the local level to understand needs and gaps in
		the Community and how PATH, IPP and other
		CalAIM funding can be used to support
		implementation of CalAIM. Participation and
		leadership from managed care plans in the PATH
		Collaborative and Planning Initiative will also help
		managed care plans meet collaboration related IPP
		payment measures. And, additionally we're
		continuing to evaluate ways to help ensure and
		evaluate those collaboration requirements and see
		how they can come together.

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VISUAL	TIME AND SPEAKER	AUDIO
N/A – Q&A	00:21:27 – Nate Pauly	So, we'll get into some of those questions that we
		received from the audience. We have one question
		asking how will the county health department or
		behavioral health department be impacted from
		receiving CITED funds if they also sign up with an
		MCP as a provider? So, I think it's asking if
		individuals are eligible to receive CITED funds if
		they're a contracted provider, with an MCP.
N/A – Q&A	00:21:52 - Lindy Harrington	So that is correct. If you are a provider that would be providing ECM or community support services, you would be eligible to apply for CITED funding.
		would be eligible to apply for CITED furiding.
N/A – Q&A	00:22:12 – Nate Pauly	Great. We have one question asking will either PATH or IPP funding be available for capital investment like buildings that might house community supports or IOS?
N/A – Q/A	00:22:25 - Lindy Harrington	So I think the answer is yes in some ways. But again, we would have to see the application and ensure that it was in line with the goals for capacity building.

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VISUAL	TIME AND SPEAKER	AUDIO
N/A – Q&A	00:22:12 – Nate Pauly	Great. Another similar question also sort of related to use of funds. Would a CBO be able to use PATH to purchase IT or billing software or hire staff to help with administrative work to build ICPs?
N/A – Q/A	00:22:58 - Lindy Harrington	If those are services through the application that we can demonstrate will be used for ECM and community supports that's exactly the type of thing we are looking to provide resources to community providers.
N/A – Q&A	00:23:17 – Nate Pauly	Great. We have one question asking about when should we expect to see details on PATH application process and deadlines for CBOs?
N/A – Q&A	00:23:26 - Lindy Harrington	More information to come in the first quarter. Where we will likely have more information on those details around deadlines and more application information coming in the first quarter of 2022.
N/A – Q&A	00:23:46 – Nate Pauly	Great. We have one question asking will PATH funding be awarded all at once or will it be distributed in multiple rounds?

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VISUAL	TIME AND SPEAKER	AUDIO
N/A – Q&A	00:23:54 - Lindy Harrington	We are anticipating that PATH funding will go out in multiple rounds.
N/A – Q&A	00:24:04- Nate Pauly	Okay. Great. We have another question asking "Can PATH funding be used to support community support services a managed care plan is already offering? Understanding that PATH funding will not flow during MCP, can a provider obtain funding for maybe support services from an MCP and from PATH?"
N/A – Q/A	00:24:23 - Lindy Harrington	So again, we would be looking to ensure there is not a duplication of funding for the same activity, but it is possible that a provider could apply for funding through the managed care plan, and also through the PATH program. But they would have to attest that it is for different activities and it is not a duplication of funding received.
N/A – Q&A	00:24:51– Nate Pauly	We have a question asking has EMS approved PATH? How will the state pay for the state's share of funding?

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VISUAL	TIME AND SPEAKER	AUDIO
N/A -	00:24:58 - Lindy	Cure Co we are still working to finalize approvale of
Q/A	Harrington	Sure. So we are still working to finalize approvals of
		the PATH program. However, CMS has expressed
		support for the PATH program. And we are currently
		we have included in our application to provide
		nonfederal share through the designated state health
		programs and we're continuing to negotiate with
		CMS over that funding.
N/A –	00:25:34- Nate Pauly	Creat Desethe DATH call the wating planning and
Q&A		Great. Does the PATH collaborative planning and
		implementation initiative include support for multiple
		CBOs to jointly plan for ECM and community support
		staff training recruitment and retention, and any
		expected grant award sizes or timelines?
N/A –	00:25:59 Lindy	Sura. So we are continuing to work through the
Q/A	00:25:58 - Lindy Harrington	Sure. So, we are continuing to work through the
	3	final timeline. We're also considering placing an
		annual cap on the amount or portion of available
		PATH funding that an individual entity may receive
		from any particular PATH initiative. But we haven't
		finalized that. But yes, the collaborative dollars
		would be available for multiple CBOs to come
		together.
N/A –	00:26:22 - Nate Pauly	What happens with the PATH mitigation funding if
Q/A		there's an MCP that is committed to covering a
		community support service by January 1, 2024 and
		later on chooses not to cover it?
N/A –	00:26:41 - Lindy	Say that one again? I'm sorry Nate.
Q/A	Harrington	

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VISUAL	TIME AND SPEAKER	AUDIO
N/A -	00:26:43 - Nate Pauly	What happens before thinking about the PATH
Q/A		transition and managed care mitigation program.
		What happens with that program if there is an MCP
		that is committed to covering a community support
		service and later on chooses not to cover it?
N/A -	00:26:59 - Lindy	We will have to have some conversations regarding
Q/A	Harrington	that. At this point we would expect the plans if they
		have committed to it that we would see that be taken
		up. If throughout that process a plan changes their
		expected coverage, we would have to have a
		conversation about how to end that through the
		migration program.
N/A -	00:27:26 - Nate Pauly	Great. When will gap assessments for MCPs be
Q/A		shared with counties?
N/A –	00:27:33 - Lindy	Sure. So I think as we showed in the slides our
Q/A	Harrington	anticipation is we would be publishing those in the
		summer of 2022.
N/A –	00:27:44 - Nate Pauly	Great. We have a question about the technical
Q/A		assistance initiative asking is the concept of the
		technical initiative by registration - kind of like
		enrolling in an online training course by catalog
		approach or kind of like school or college, or can
		training requests for a type of training to be offered in
		person by topic in a region or group?

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VISUAL	TIME AND SPEAKER	AUDIO
N/A -	00:28:07 - Lindy	So I think that's some of what we will be working
Q/A	Harrington	through with our third party administrator that will be
		overseeing that. But we do anticipate that there will
		be webinars and different as well as opportunities
		for in-person training.
N/A -	00:28:26 - Nate Pauly	Okay. We have a question it sounds like it's from
Q/A		a plan saying we've seen some requests to use IPP
		funds to purchase vans or cars to transport
		members. Is that something that plans should
		consider?
N/A -	00:28:42 - Lindy	Can you repeat that one Nate?
Q/A	Harrington	Carr you repeat that one mate:
N/A -	00:28:44 - Nate Pauly	We've seen some requests to use IDD funds to
Q/A		We've seen some requests to use IPP funds to
		purchase vans or cars to transport members. Is that
		something that plans should consider?
N/A -	00:28:54 - Lindy	I think I would have to hear more about that
Q/A	Harrington	particular request and what they were looking for.
		So I think that is one to have the request reach out
		and we can have an offline conversation.
N/A –	00:29:08 - Nate Pauly	Olean One of Makes and a set of the last
Q/A		Okay. Great. We've got a question asking do
		providers need to already be contracted with plans to
		provide ECM in order to be eligible for PATH
		funding?

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VISUAL	TIME AND SPEAKER	AUDIO
N/A -	00:29:19 - Lindy	So what we would want to see under PATH is either
Q/A	Harrington	already contracted, commitment, or a commitment
		from the managed care plan that they would in the
		future contract with that provider.
N/A -	00:29:36 - Nate Pauly	Great. So either currently contracted or intend to
Q/A		contract with.
N/A – Q/A	00:29:49 – Lindy Harrington	Correct.
N/A –	00:29:58 – Nate Pauly	Great. Can ECM services be supported with PATH
Q/A		funds and MCP funds if the MCP rate is not sufficient
		to cover costs?
N/A -	00:30:11 – Lindy	So the PATH funds are not there to support the
Q/A	Harrington	provision of services themselves. They're capacity
		building and infrastructure. So, we would be we
		would not be funding services themselves through
		the PATH funding.
N/A –	00:30:31 – Nate Pauly	Is an organization getting support from philanthropy
Q&A		for CalAIM planning that needs additional support to
		realize the goals of the effort will they be eligible to
		apply for PATH funds?
N/A –	00:30:46 – Lindy	They would, yes.
Q/A N/A –	Harrington 00:30:49 – Nate Pauly	Great. We have a question asking can you clarify
Q/A	,	how you are defining CBOs versus providers when
		talking about applying to PATH?
N/A -	00:30:56 – Lindy	That's a great one. Anyone from a team want to
Q/A	Harrington	jump in and provide me a lifeline on helping with
		that? Nate could you repeat the question please?
		, , , ,

#### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:31:20 – Nate Pauly	Could you clarify how you are defining CBOs versus
Q/A		providers when talking about applying to PATH?
N/A –	00:31:31 – Lindy	Kind of the same thing just making it clear
Q/A	Harrington	community-based organizations also are available
		for that, but Jonah, please help me a little bit more.
N/A –	00:31:43 - Jonah	So, providers may be community based. They may
Q/A	Frohlich	be county-based. There are different types of
		providers. A CBO could be a provider of clinical
		services, but they aren't necessarily. So that's a
		broader definition. You may be a CBO that provides
		housing supports or meal delivery services. More
		broad complement of whole person care services
		that aren't necessarily clinical in nature.
N/A – Q/A	00:32:09 - Lindy Harrington	Thank you.
N/A -	00:32:13 – Nate Pauly	And apologies I've been having some audio issues.
Q/A		I just switched to a new headset. Hope this helps.
		We have another question about PATH funds being
		used for hiring and training of staff. So, the question
		is the PATH funds being used for hiring and training
		of staff – how much of the staff salary can PATH
		funds pay for and for what time period?

#### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A -	00:32:36 – Lindy	I don't think we necessarily have a particular
Q/A	Harrington	limitation on that. That will be part of the application
		where you would delineate what you are looking to
		use those funds for. And that would be included
		there. When we talk about timeframes. So it would
		be limited to the amount of time that the PATH funds
		were available. And so, they will be funds available
		each year with kind of a sliding scale of those funds
		going down as we get further into the program.
N/A –	00:33:14 - Nate Pauly	Great. For the PATH funding is it recommended that
Q/A		ŭ
		multiple community organizations and health
		providers come together to apply collectively or
		individually or both?
N/A –	00:33:27 – Lindy	I think it's both. I think it will depend on the
	Harrington	circumstances. We wanted to make sure we had a
		program that could reach multiple providers and
		organizations and entities to come in so that we can
		have the broadest impact.
N/A -	00:33:48 – Nate Pauly	Great. We have a question asking what will happen
Q/A	00.33.40 - Nate Fauly	
		to these funds if MCPs are no longer contracted to
		provide services in the county?
N/A – Q/A	00:34:00 - Jonah	Can I ask a clarifying question? I think that came
	Frohlich	from Dave. Is this referring to the re-procurement
		and MCP is no longer contracted? Or do you mean
		the MCP stops providing one of the community
		supports?

### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:34:41 – Lindy	Can you say that question again with that context in
Q/A	Harrington	mind? I want to make sure I'm hearing it correctly.
N/A –	00:34:51 – Jonah	So, the original question was "what will happen to
Q/A	Frohlich	these funds if the MCP is no longer contracted to
		provide services in a county?"
N/A –	00:35:04 – Lindy	Sure. I believe we're talking then about PATH funds.
Q/A	Harrington	The PATH funds would still be available. We are
		building capacity in that area to provide these
		services. These services will still need to be
		provided just under a new plan. And so, we would
		be building capacity and the networks that would be
		available for the new plans to come in and contract
		with.
N/A -	00:35:30 - Nate Pauly	Great. We have a question saying, "as a CBO who
Q/A	Q/A	is very new to this is there a place to get additional
		education/assistance starting with the basics?"
N/A -	00:35:41 – Lindy	So that is part of what we are hoping to do with our
Q/A	Harrington	third-party administrator and the training technical
		assistance bucket. The more information to come
		on that.
N/A -	0035:57 – Nate Pauly	We have a question asking, "can a county mental
Q/A		health plan apply for PATH funds?"
N/A -	00:36:03 – Lindy	They can.
Q/A N/A –	Harrington 00:36:05 – Nate Pauly	Great. We have a question asking, "What happens
Q/A	Trace radiy	to IPP funds if a county changes the MCPs it
		contracts with before the IPP funds are fully
		· ·
		expended?"

### 12/17/2021

TIME AND SPEAKER	AUDIO
00:36:26 – Lindy	So, the plan would no longer be meeting those
Q/A Harrington	metrics, and so, we would not be able to expend
	those funds. Again, most should be expended prior
	to the change. But please team jump in if there's
	anything I'm missing.
00:36:54 – Rafael	So, the IPP funds are attributed essentially on a
Davtian	rating period or date of service basis. To the extent
	there are in effect for the plans that are operating for
	say in 2022 and 2023, they have a pot of the IPP
	funds essentially attributed to them for the activities
	associated with the activities they perform in those
	years. And if there are changes to plans beginning
	in 2024, then the portion of IPP funds in 2024 would
	be allocated to those new plans.
00:37:41 - Nate Pauly	We have a question saying, "are MCPs required to
	share IPP funding through value-based agreement
	with both providers and CBOs? What do you mean
	by "expected to share" and what percentage?
00:37:57 – Lindy	So, there is no set percentage that they have to
Harrington	share. Our expectation however is that a significant
	portion of those funds would need to be invested in
	their providers and provider networks in order to
	build that capacity. In order to meet the various
	milestones they need those providers and provider
	capacity building.
	00:36:26 – Lindy Harrington  00:36:54 – Rafael Davtian  00:37:41 – Nate Pauly

#### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:38:26 – Nate Pauly	Great. We have another question asking, "would
Q/A		PATH funds cover staff that aren't providing
		services?" So billing staff, administrative staff,
		analysts, management, supervisors, who are not
		directly providing services?
N/A –	00:38:42 – Lindy	So we are really looking at providing resources to
Q/A	Harrington	help entities build capacity to provide these services.
		And that includes things around billing and
		administrative needs. So yes. Again, you would
		have to provide information on what you intend to
		use these funds for as part of your application
		process. But yes.

### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A – Q/A	00:39:10 – Nate Pauly	Great. We've gotten a number of questions just
		about the Powerpoint the slides and the questions
		and all the materials from the meeting including the
		slides as well as a transcript will all be posted on
		ECM community supports webpage probably in
		about two weeks. We also had a question
		someone asking if they could get a list of all the
		approved ECM and community support services.
		And I think those can also likely be found on the
		ECM community supports website. We have a
		question asking as a provider contracted with
		multiple MCPs, how can we best communicate to the
		MCPs our entire needs related to infrastructure and
		capacity building while ensuring no duplication of
		funding occurs?
N/A – Q/A	00:40:04 – Lindy Harrington	So I think I would encourage that provider to work
Q/A	Tiairington	with their managed care plan to share their needs,
		their capacities. And then what we will be doing is
		understanding with those needs assessments as
		well as having our TPA work with the managed care
		plan around the applications that come in for PATH
		sited funding to ensure we're not duplicating the
		activities.

#### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A -	00:40:33 – Nate Pauly	Great. We have a question asking, "can health
Q/A		information exchanges apply for PATH funding to
		increase provider participation in health information
		exchanges to support ECM?"
N/A -	00:40:50 – Lindy	That is one I think I will have to think about or throw
Q/A	Harrington	a lifeline out. Has anybody thought about health
		information exchanges?
N/A -	00:41:00 - Jonah	I can try to take a shot at this. A health information
Q/A	Frohlich	exchange intermediary unless they were contracted
		to provide or in the process of providing ECM or
		community supports likely couldn't themselves apply
		for funding. But if they had partners who were either
		ECM or community support providers and it was
		helping those providers meet the requirements and
		the needs of the county program for example by
		sharing care plans or information with other CalAIM
		providers that potentially is a use of funds that would
		be allowed.
N/A – Q/A	00:41:43 – Lindy Harrington	Thank you, Jonah.
N/A -	00:41:47 – Nate Pauly	We have a question saying "In delegated markets,
Q/A		should providers work with the primary plans EG LA
		Care or their delegated plans EG anthem care?
		How will the funding flow to the provider directly from
		the funded plan or through the delegated plan?"
		the funded plan of through the delegated plan?
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VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:42:06 – Lindy	So on this one I think we would anticipate those
Q/A	Harrington	funds are likely flowing from the prime plan. The
		prime plan is who will be earning those incentive
		dollars based on their metrics. And they will be
		developing the distribution and allocations of their
		funding.
N/A –	0042:30 – Nate Pauly	Great. We have a question asking will PATH funds
Q/A		be competitive? Will there be an identified allocation
		identified by county?
N/A –	00:42:39 – Lindy	We are continuing to consider and work through how
Q/A	Harrington	those funds will be allocated. And yes, we would
		anticipate there would be some competitiveness to
		those applications depending on the request against
		the overall funding available.
N/A –	00:43:04 – Nate Pauly	Great. We have a question asking, "when is the
Q/A		earliest that CBOs could anticipate receiving either
		PATH or IPP funds?"
N/A -	00:43:13 – Lindy	So IPP funds. Again, we anticipate making the first
Q/A	Harrington	
		distribution of funds to our managed care plans in
		March of 2022. while funds for PATH would not flow
		until at the earliest quarter 3 of 2022.

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We have a question asking, "the allocations
CPs for IPP has been determined for year one.
s preliminary based on gap filling plan approval
uary or February 2022. Is that allocation for
only or expected to stretch through 2023? Or
pe renewed in 2023?."
llocation information regarding IPP that has
shared and has been developed is specific to
dar year 22 specifically. For calendar year 23
alendar year 24, which we consider to be
dar years two and three of the incentive
am, more work needs to be done to really
op the allocation priority areas, measures, and
design components of the program.
We have a guestion asking "if DATH funds
. We have a question asking, "if PATH funds
sed to support things like administrative or
staff, is there a plan for what happens when
ATH funds are no longer available?."
Nate could you repeat that? This one was on
ot on your side.
H funds are used to support billing or
istrative staff, is there a plan for what happens
the PATH funds are no longer available?

#### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A – Q/A	00:45:15 - Lindy Harrington	So again, the PATH funds are really around building capacity and providing that transition to build those resources for those providers and then once they are providing those services, they will be being reimbursed for those services from the managed care plans.
N/A – Q/A	00:45:36 - Nate Pauly	When is the earliest that CBOs could anticipate receiving either PATH or IPP funds?
N/A – Q/A	00:45:46 - Lindy Harrington	So again, I think the earliest that folks would see IPP is March of 2022 when we send those funds to the plans. And then PATH would be in the third quarter of 2022.
N/A – Q/A	00:46:03 - Nate Pauly	Great. We have a question asking, "can a provider apply to either only IPP or PATH? Can providers move into the application process for both IPP and PATH at the same time?"

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VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:46:18 - Lindy	So, sure. We would anticipate that entities may
Q/A	Harrington	have needs that would be filled by either IPP or
		PATH. What providers would have to do is attest
		that the funding that they receive is not for
		duplicative activities. So, we're not funding we're
		not paying for the same activity in both programs.
		And again, we would likely see IPP moving sooner.
		So, folks will have a sense of what they're getting
		through IPP when they're applying for PATH.
N/A –	00:47:00 - Nate Pauly	Great. Let's see can PATH funds be used to build
Q/A		interfaces between ECM provider data management
		systems and the various MCP data management
		systems?
N/A –	00:47:15 - Lindy	Again, we would have to see the details, but yes,
Q/A	Q/A Harrington	those are the types of things we are looking to fund.
		Those interfaces between data and billing systems.

#### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:47:30 - Nate Pauly	Great. Doesn't look like we're getting a lot of
Q/A		additional questions in right now. I'm seeing one
		individual who it sounds like they're having issues
		accessing the Q and A. But just heads up you are
		typing about that in the Q and A box. So, if you have
		a question you can type that where you are typing
		right now saying that you can't see the questions.
		We have one individual who is asking about the
		slides. The slides will be posted online in a few
		weeks. You're asking if it is possible for them to get
		the slides before that. I don't know if we have an
		ECM or community support e-mail address that
		they could reach out to get the slides. We have a
		question saying
N/A –	00:48:45 – Jonah	Nate, I just got clarification from our facilitators that
Q/A	Frohlich	only panelists can see the Q and A. The actual
		questions themselves. We're we could see them,
		and we can answer them live like we're doing, but
		they can't actually see the questions.

#### 12/17/2021

VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:49:07 - Nate Pauly	Okay. Thanks for the clarification. We have a
Q/A		question saying, "California's HCBS spending plan
		submitted to CMS in September also proposed \$1.3
		billion of housing and homelessness incentive
		programs which would provide incentive payments to
		MCPs. Can you explain how those funds will be
		used in ways that might be aligned with potentially
		different from the PATH and IPP funds you're
		describing today?"
N/A – Q/A	00:49:39 - Lindy Harrington	Sure. So we will be setting out to have additional conversations on the housing and homelessness incentive program in the near future and can provide more information. Again, Rafael, I know you've been working really closely. Is there anything you would want to add at today's webinar?

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TIME AND SPEAKER	AUDIO
00:50:10 – Rafael	Two additional comments. The first is that we are
Davtian	continuing to work through details of the housing and
	homelessness incentive program design. And
	anticipate sharing information in the coming in the
	near future and engaging in conversations and
	discussions outside of the department. And also that
	as we really work through the design this design
	process, one of the core considerations on the
	department's end is looking at or thinking about the
	alignment between the activities the activities and
	progress that we're hoping to see under the housing
	and homelessness incentive program looking at how
	those align with or tie into the broader changes that
	are being brought about under the umbrella of
	CalAIM, including IPP, PATH and everything else
	that is really part of CalAIM.
00:51:24 - Nate Pauly	Great. Thanks. We are getting several requests for
	a link to the ECM and community supports webpage.
	Could one of our team members put that in the chat
	to go out to everyone on the webinar? And also
	getting a couple of requests for the ECM IOS e-
	mail address. Could anyone put that in the chat.
00:51:46 – David	IIII
Bishop	I'll send that out Nate.
00:51:50 - Nate Pauly	I have a question saying, "we need to connect to
•	justice data systems. How do we know which
	systems are the investable options?".
	00:50:10 – Rafael Davtian  00:51:24 - Nate Pauly  00:51:46 – David Bishop

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N/A –	00:52:07 - Jonah	
Q/A	Frohlich	So the design is we're working on that. What we are
		considering and Nate you can answer this too.
		But what we are considering is the justice systems
		that are going to be important to tie together into
		interface or connect with include booking systems so
		that there's an understanding of when an individual
		is booked and released from county jails, and then
		those systems also used often probation for
		corrections and for state prisons to be able to link
		those with county enrollment offices so there can be
		a connection between pre-release date and when
		Medicaid eligible enrollment can start or be
		reinitiated. There can be a transition into the
		community
		There may also be connections between the
		systems and behavioral health so that there can be
		coordination of behavioral health needs while in jails
		and prisons. Potentially connecting with managed
		care plans so there could be coordination upon
		release and connecting with community provider for
		ECM services. And then connections with the
		community providers themselves so that there can
		be care plans, for example, shared with county
		health providers who are providing the services and
		the jails with the providers with the community
		providers. So, there's quite a bit that might
		potentially be funded that might actually provide that

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VISUAL	TIME AND SPEAKER	AUDIO
		kind of connectivity between the systems that are
		serving individuals while they're incarcerated with
		those that are providing eligibility enrollment services
		and clinical services in the community.
N/A –	00:54:05 - Nate Pauly	Great. So I know we've just got a couple of minutes
Q/A		left. I think we'll just wrap up with one or two more.
		We have a question asking, "is there a difference in
		what the funds PATH ECM/community supports can
		be used for versus the PATH funds for justice
		involved populations?
N/A –	00:54:23 - Lindy Harrington	So the PATH funding for justice involved populations
Q/A		will be focused on the needs to bring that particular
		set of services up. So will be slightly different than
		what we're doing for ECM and community supports.
N/A -	00:54:43 - Nate Pauly	Great. We have a question asking, "Will the PATH
Q/A		applications be available prior to the January 12th
		IPP application deadlines? If not, how will ECM and
		community support providers be able to coordinate
		funding across each program?"
N/A –	00:55:07 - Lindy Harrington	Nate I think my computer went out again. I heard
Q/A		how will they be.
N/A – Q/A	00:55:12 - Nate Pauly	Will PATH applications be available prior to the
		January 12th IPP application deadline? If not, how
		will ECM and community supports providers be able
		to coordinate funding across each program?

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VISUAL	TIME AND SPEAKER	AUDIO
N/A –	00:55:28 - Lindy	No, we do not necessarily anticipate that the PATH
Q/A	Harrington	applications would be available at that time.
		Providers should work with their managed care plans
		on their IPP requests with the anticipation that PATH
		funding would come later in the process.
N/A -	00:55:51 - Nate Pauly	Great. Just a couple I think that's most of the
Q/A		substantive questions. We just had another question
		about folks not seeing questions in the chat. So
		again, after this transcript webinar will be posted
		online. That will include the questions that we've
		answered here. But I'm not sure if one of our
		technical staff tell us whether or not there will also be
		a question of the questions typed into the Q and A
		box. Okay. I'm not hearing an affirmative there, but
		we can make sure we try to get a copy of all the
		questions that were entered into the Q and A out
		when we get out a transcript of the webinar.
		Other than that, I think we'd just like to thank
		everybody for joining us today. Lindy, I don't know if
		you have any parting words or anything else you
		would like to say.

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VISUAL	TIME AND SPEAKER	AUDIO
N/A -	00:56:54 - Lindy	
Q/A	Harrington	No. Only to say thank you to everyone that joined
		us. We have over 300 people participating today.
		And that's fantastic. And we look forward to
		continued collaboration as we move forward with
		implementing these very important programs.
N/A –	00:57:12 - Nate Pauly	Thanks.
Q/A		