

Introductions

Amara Bahramiarez, Chief of the Managed Care Policy Branch, with the Managed Care Quality and Monitoring Division, called the Managed Care Advisory Group (MCAG) meeting into session and welcomed all in attendance on the webinar.

Justice Involved (JI)

Sydney Armendariz, Chief of the Justice Involved (JI) Re-Entry Services Branch, with the Office of Strategic Partnerships Division gave an update on Pre-Release Services Go-Live Dates, an update on the Policy and Operational Guide, a Preview to the Correctional Facility Readiness Assessment and Review Process and discussed the Approach for On-Going Technical Assistance.

- » On October 20, 2023, DHCS announced that the initial go-live date for the justice-involved initiative has moved from April 1, 2024, to October 1, 2024. This change in go-live dates will allow California's correctional facilities, county partners, MCPs, and community-based organizations more time to prepare for the implementation of targeted pre-release services. DHCS will continue to provide technical assistance during this extended time. To note, there is no change for the ECM Justice-Involved Population of Focus (JI POF) go live on January 1, 2024.
- » On June 12, 2023, DHCS released a draft Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative for stakeholder feedback. Top areas for which DHCS received stakeholder feedback related to Timelines in the Short-Term Model, 90-Day Pre-Release Period Timelines When Expected Release Date Changes, Provider Enrollment and Billing NPIs and Care Management Bundles. On October 20, 2023, DHCS released the updated Policy and Operational Guide for Planning and Implementing the CalAIM Justice Involved Initiative. DHCS will update the Policy and Operational Guide on an "as needed basis" as implementing partners begin to advance the process of standing up the JI Initiative and as CMS continues to refine its sub-regulatory guidance for states that receive 1115 demonstration approval.
- » Correctional facilities are statutorily mandated to comply with the CalAIM pre-release service requirements per California Welfare and Institutions Code

\$14184.800 and in accordance with correctional facilities' obligations to provide medically necessary care to justice-involved individuals. Additionally, as a condition of the 1115 Reentry Demonstration, all prisons, jails and youth correctional facilities will be required to demonstrate readiness to participate in the justice-involved initiative prior to going live with pre-release services. DHCS will launch a readiness assessment process that will focus on five key areas needed to operationalize 90-day pre-release services: Medi-Cal Application Process, 90-Day Pre-Release Access Screening, 90-Day Pre-Release Service Delivery, Re-Entry Planning and Coordination, and Oversight and Project management. DHCS released a draft Correctional Facility Readiness Assessment in October 2023 for stakeholder feedback and intends to finalize the Readiness Assessment in early 2024. Correctional facilities must submit their Readiness Assessment at least 6 months prior to their desired go-live date; facilities will go-live with pre-release services and behavioral health links on a quarterly basis.

- » DHCS intends to facilitate monthly correctional facility implementation partner "office hours" where correctional facilities are invited to ask questions to support their operational planning. DHCS is also considering implementing a regional-based or readiness-based technical assistance model where it will bring together correctional facilities, community-based providers, and managed care plans. DHCS will continue to be available for 1:1 technical assistance via. Please submit questions and requests for TA to CalAIMJusticeAdvisoryGroup@dhcs.ca.gov.

Continuous Coverage Unwinding

Yingjia Huang, Assistant Deputy Director, Health Care Benefits and Eligibility Division gave a presentation on the Continuous Coverage Unwinding, focusing on the topics of the Automation of Federal Waivers, Data Monitoring, and Surveys to Medi-Cal members who were disenrolled.

Regarding the automation of federal waivers, during the continuous coverage unwinding period, the 100 percent FPL and zero income waivers will assist counties in streamlining case processing for beneficiaries that have reported or will report income less than or equal to 100 percent FPL or no/zero income. Additional federal waivers include ex parte and renewal packet requirement flexibility. As condition of eligibility, Medi-Cal members who receive an annual renewal form must sign and return their renewal form (via any allowable modality). This means that situations occur where counties are able to complete a renewal via ex parte from receipt of information received after a packet is generated but must wait for the return of the packet from the member before eligibility can be redetermined.

The renewal packet requirement unwinding flexibility allows counties to complete the annual redetermination via ex parte, even after a renewal packet is sent to a Medi-Cal member.

Age 26-49 Adult Expansion

Yingjia Huang, Assistant Deputy Director, Health Care Benefits and Eligibility Division and Sean Barber, Chief of the Managed Care Networks and Access Branch gave a presentation on the Age 26-49 Adult Expansion. The Adult Expansion will begin on January 1, 2024, and will provide full scope Medi-Cal to California residents 26-49 years of age, regardless of immigration status, if they meet all Medi-Cal eligibility criteria. The policy guidance is posted in [ACWDL 23-08](#) and DHCS is on track for implementation. DHCS worked closely with foundations and CBOs to have materials tested by community members. DHCS has developed a “Get Your Community Covered Resource Hub” of materials that is translated into all Medi-Cal threshold languages. DHCS recommends counties and partners utilize the messaging and integrate it into their outreach and social media campaigns. In addition, DHCS is sharing the global outreach language to be used by Medi-Cal Managed Care Plans, other State departments, Medi-Cal providers, and other community partners for use in their outreach activities. The Statewide paid media campaign will aim to run from November 2023 through May 2024.

DHCS is issuing an “Implementation of Primary Care Provider Assignment for the Age 26-49 Adult Expansion Transition” All-Plan Letter to ensure the transitioning AE population maintains their existing Primary Care Provider (PCP) assignments to the maximum extent possible. MCPs will coordinate with county uninsured programs and public health care systems to share data for the Adult Expansion Population and use that data to effectuate PCP assignment. MCPs are required to accept data from, transmit data to, and coordinate with, the county uninsured programs and public health care systems serving the Adult Expansion Population to maintain the Members’ PCP assignment. Furthermore, MCPs are required to review and utilize the data provided by the county uninsured programs and public health care systems to effectuate PCP assignments for these Members.

2024 Managed Care Plan (MCP) Transition Monitoring

Sean Barber, Chief of the Managed Care Networks and Access Branch, Dana Durham, Chief, of the Managed Care Quality and Monitoring Division, and Bambi Cisneros, Assistant Deputy Director, Health Care Delivery Systems Division provided an overview of DHCS’ Monitoring Approach for Upcoming Transitions: Adult Expansion Phase II,

Long Term Care Phase II Transition, Whole Child Model, and the 2024 MCP Transition. In addition, the 2024 MCP Transition Monitoring detail was discussed.

Regarding the Adult Expansion (AE) Phase II Monitoring, approximately 659,109 members will transition from Medi-Cal Fee-for-Service to Medi-Cal Managed Care on January 1, 2024. This transition will take place across 22 MCPs. The goal of MCP Survey Responses is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions.

Regarding the Long-Term Care (LTC) Phase II Monitoring, DHCS is utilizing a multi-pronged approach to ensure compliance with LTC Phase II Transition policies. Approximately 6,150 members will transition from Medi-Cal Fee-for-Service to Medi-Cal Managed Care on January 1, 2024. This transition will take place across all counties Statewide and all 25 MCPs. The goal of MCP Survey Responses is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions.

Regarding the WCM Monitoring Approach, DHCS is utilizing a multi-pronged approach to enable oversight and ensure compliance with WCM Transition policies. WCM members are considered a Special Population and are monitored as such in the 2024 MCP Transition. Approximately 2,600 members will transition to Kaiser on January 1, 2024. These transitions will take place across 8 counties and 5 unique MCPs. The goal of MCP Survey Responses is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions. DHCS began conducting pre-transition monitoring activities in November 2023.

Regarding the MCP Transition Monitoring approach, due to the scale and complexity of the 2024 MCP Transition, DHCS is utilizing a multi-pronged approach to enable oversight and ensure compliance with MCP Transition policies. DHCS began conducting pre-transition monitoring activities in November 2023. Most monitoring activity will occur between November 2023 and March 2024, with some continued monitoring focused on PCP Retention and Continuity of Care throughout 2024.

The MCP transition monitoring domains were discussed. Specifically, plan-to-plan data sharing verification, proactive sampling, the MCP survey, and the stakeholder survey.

Student Behavioral Health Incentive Program (SBHIP)

Jessica Harris, Health Program Specialist II of the Project Coordination Section, gave a presentation on the overview of the Student Behavioral Health Incentive Program.

The SBHIP aims to increase coordination among MCPs, Local Education Agencies (LEAs), and county mental health plans with the understanding it will significantly impact the delivery of services to CA students and ultimately benefit all delivery systems. The overall goals of SBHIP are:

- Break down silos and improve coordination of student behavioral health services through communication with schools, school-affiliated programs, MCPs, county Behavioral Health Departments, and Behavioral Health (BH) providers.
- Increase the number of TK-12 students receiving preventive and early intervention BH school-based services provided the county.
- Strengthen relationships between Medi-Cal Managed Care Plans (MCPs), County Offices of Education (COEs), Local Education Agencies (LEAs), and county behavioral health stakeholders by issuing incentive payments to Medi-Cal MCPs and encouraging them to partner and identify appropriate Targeted Interventions (TIs) to meet the greatest needs of student populations.

The timeline, partner form, needs assessment project and findings overview, targeted interventions, transition plan deliverables, and the project outcome report were discussed.

Screening and Transition Tools (STT)

Marc Fujii, Health Program Specialist II, of the Project Coordination Section gave a presentation on the overview of the Screening and Transition Tools (STT).

Previously, multiple mental health screening and transition tools were in use for Medi-Cal members across the state, which led to inconsistencies around when and how members were referred to county networks and managed care plan networks. To streamline this process and improve patient care, DHCS developed standardized Screening and Transition of Care Tools for Medi-Cal Mental Health Services. The policy became effective and statewide implementation began on January 1, 2023.

The Screening and Transition of Care Tools are two distinct tools with distinct purposes: Adult and youth screening tools and transition of care tools. The development process for the Screening and Transition of Care Tools involved robust testing and stakeholder input, including working groups , beta testing, pilot testing, field testing, and public comments.

Guidance and technical assistance may be found on [APL 22-028](#) and [BHIN 22-065](#) that provide aligned guidance on the Adult and Youth Screening and Transition of Care Tools. There will be frequently asked questions to provide additional clarity on topics such as tool administration, requirements for use, and referrals, 6 webinars, and ongoing

TA for MCPs and MHPs to respond to stakeholder questions and provide additional implementation support through monthly calls with counties and plans.

Providing Access and Transforming Health (PATH) – Capacity and Infrastructure, Transition, Expansion, and Development (CITED) Updates

Shel Wong, Chief of the Project Coordination Section gave an update on Providing Access and Transforming Health (PATH) –Capacity and Infrastructure, Transition, Expansion, and Development (CITED).

There were 300 applications submitted for CITED round 2 applicants and 145 were recommended. DHCS funded 48 percent of all applications submitted. A few of the round 2 priorities include:

- ECM/Community Supports in Rural Counties
- ECM Providers for Children/Youth Populations of Focus
- Tribal Partners and Tribal Providers
- Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF) and Community Transition Services/Nursing Facility Transition to a Home
- County-specific Gaps in ECM by Population of Focus
- County-Specific Gaps in Community Supports by type of Community Support

CITED Round 3 is scheduled to launch in January 2024 and the priorities were also discussed.

Ms. Wong gave an overview of the TA Marketplace. The PATH Technical Assistance Initiative enables entities that are providing or that intend to provide ECM/Community Supports under CalAIM to access technical assistance from an array of qualified TA Vendors. TA Vendors are promoted via a virtual “TA Marketplace,” which serves as a one-stop-shop environment where eligible entities can access TA resources. The TA Marketplace is designed, launched, and managed by Public Consulting Group (PCG), the Third-Party Administrator, with oversight from DHCS. Ms. Wong presented the eligible TA recipients, different modalities for accessing TA resources, the TA resources organized under TA domains, updated TA marketplace access policy, and the three-step process for accessing TA.

Trish Perazzelli presented on the TA marketplace vendors. TA Marketplace launched in January 2023 with 47 TA Vendors (“Round 1 TA Vendors”) approved across seven TA

Domains. An additional 32 TA Vendors joined the TA Marketplace in June 2023 ("Round 2 TA Vendors"). Ms. Perazzelli also presented on the most popular TA projects requested to date. For example, True Management Services, Eviset, and the Camden Coalition of Healthcare Providers. Ms. Perazzelli also shared the popular hands-on vendors:

- **BluePathHealth:** 7 Approved Hands-On Projects under Domain 1: Building Data Capacity
- **Greg Facktor& Associates:** 4 Approved Hands-On Projects under Domain 1: Building Data Capacity & Domain 4: Enhanced Care Management
- **Health Management Associates:** 4 Approved Hands-On Projects across Domains 1, 3 (Engaging in CalAIM through Medi-Cal Managed Care), & 4.
- **Eleanor Castillo Sumi, Ph.D, Ohana Healthcare Partners:** 4 Approved Hands-On Projects across Domains 1 & 3.

Memorandum of Understandings (MOUs)

Amara Bahrami-aref, Chief of the Managed Care Policy Branch, did not give a presentation. Will table this topic during the next meeting.