Follow-Up Items from SAC & BH-SAC Joint Meeting and BH-SAC Meeting
May 24, 2023

Director's Update

1. *Kristen Golden Testa, The Children's Partnership:* On the unwinding, were the text messages that went out in May targeted to individuals up for renewal in June or was it to every member? Will you do targeted messages?

   DHCS Response: *Rene Mollow, DHCS*: The text messages sent in May were to all members.

   Jacey Cooper, DHCS: We will follow up on the question related to targeted messages.

   DHCS Follow-Up: The messages were targeted for individuals up for renewal in June. In the first two months of the unwinding, DHCS sent nearly seven million emails and more than a million text messages to members in 19 languages. DHCS is seeing "open" rates double of what benchmarks typically show, link click rates triple of what benchmarks show, and delivery rates near 100 percent, indicating accurate contact information.

2024 Health Plan Contract Implementation and Health Plan Transitions

2. *Kirsten Barlow, California Hospital Association:* When will the updated version of the boilerplate be available? When we last checked in with DHCS to clarify emergency department responsibility for MCPs versus MHPs during a psychiatric crisis, we were told that CMS was reviewing an updated version of the boilerplate.

   DHCS Response: *Michelle Retke, DHCS*: The boilerplate version on the website is the most current. The existing boilerplate is all-encompassing, and we are no longer posting separate County Organized Health System or Geographic Managed Care versions.

   Jacey Cooper, DHCS: We will take that back. Typically, the team waits to post a new version after CMS approves the contract, and CMS is far behind on these approvals. We will work to get approval or send you that version directly.

DHCS Follow-Up: DHCS has posted the boilerplate [contract](#), which includes amendments that are currently pending review and approval by CMS.

3. *Marina Owen, CenCal Health:* Operational readiness has been clear and organized. It has catalyzed readiness, expedited clarifications within the contract and policy guidance, and enhanced the implementation of quality and equity. My emphasis would be to ask for clarity from DHCS on the low-priority plans that are not subject to the go/no-go. With 77% of the deliverables approved, we are ready to begin implementing and it would help to have clarity if there are additional processes or a site visit so we can implement policies that have been approved.

    DHCS Response: *Jacey Cooper, DHCS:* We will follow up to make sure plans know which category they are in.

    DHCS Follow-Up: The high-priority plans that are a part of the deep dive interviews leading to go/no-go decisions include those that are new to the market and MCPs taking on a substantial amount of "new" members. The priority plans include Health Net/Molina in Los Angeles County, Community Health Plan of Imperial Valley, Central California Alliance for Health, Partnership HealthPlan, and Kaiser Foundation Health Plan. The remaining plans are going through operational readiness activities, but are not part of the go-live assessment processes.

    DHCS will provide further updates on operational readiness at the July 20, 2023, SAC meeting.

CalAIM Update
4. *Michelle Gibbons, County Health Executives Association of California:* We have heard from counties and local health departments that there is a desire for standardization across the multiple plans, including billing and authorization, and appreciate DHCS is working on that. Is there a report that provides the penetration of providers and the service they offer by geography for Enhanced Care Management (ECM) and Community Supports (CS)?

    DHCS Response: *Jacey Cooper, DHCS:* MCPs are required to include this in the provider directories and manuals. Teams need to be community-based, so their office address isn't as pertinent. Let me take that back to see how we could represent that accurately.

    DHCS Follow-Up: DHCS is planning to release ECM and CS utilization information by county, MCP, and CS services and population of focus. As noted, MCPs are required to list the ECM and CS providers in their provider directories, but there are no requirements to explicitly list the populations of focus the providers serve or the CS

services that the provider offers. We'll consider enhancing the provider directory listing requirements in future guidance.

5. *Anna Leach-Proffer, Disability Rights California:* Is it possible for DHCS to publish the list of CS available by MCP and county?

   DHCS Response: *Jacey Cooper, DHCS:* We will send the link as a follow up to this meeting.

   DHCS Follow-Up: [Community Supports Elections (by MCP and County) Updated June 2023 (ca.gov)](ca.gov)

6. *Linda Nguy, Western Center on Law and Poverty:* We appreciate the granular data on ECM and CS by demographics. On CS data, can DHCS provide an unduplicated count of anyone getting housing-related CS?

   DHCS Response: *Jacey Cooper, DHCS:* Yes, we can provide that.

   DHCS Follow-Up: Throughout calendar year (CY) 2022, an estimated unique 28,000 Medi-Cal managed care members statewide received at least one service from the menu of housing CS services (Housing Transition/Navigation, Housing Tenancy and Sustaining services, and Housing Deposits). Further, throughout CY 2022, an estimated unique 300 Medi-Cal managed care members statewide received short-term post-hospitalization housing. DHCS is developing the first iteration of a public CalAIM Dashboard by the end of 2023 that will provide demographic information. Managed care members statewide received short-term post-hospitalization housing.