

## Follow-Up Items from SAC & BH-SAC Meeting February 16, 2023

### Director's Update

1. *Linda Nguy, Western Center on Law and Poverty*: Will information about the network overlap be available to members transitioning to new plans?

**DHCS Response:** *Jacey Cooper, DHCS*: We haven't historically posted the readiness submissions that include provider networks. We'll get back to you.

*Susan Philip, DHCS*: We don't share readiness materials, but we are doing careful transition planning to communicate which plans are exiting, new, etc. We are producing a Managed Care Plan Transition Policy Guide and will share that. This has all the different policies relevant to the 2024 transition, and DHCS will make it public later this spring.

**DHCS Follow-Up:** The Managed Care Plan Transition Policy Guide will be posted this spring, with subsequent chapters being added throughout 2023.

2. *Vitka Eisen, HealthRIGHT 360*: On the increase in license fees, will the mandatory certification program include all outpatient substance use disorder (SUD) treatment programs? Is it necessary to increase fees given more programs will be included? Will there be a fuller stakeholder input conversation about how the state is planning to use federal Opioid Response Settlement funds beyond naloxone distribution?

**DHCS Response:** *Jacey Cooper, DHCS*: The certification will be for outpatient programs. DHCS conducted an [assessment in the Budget Change Proposal](#), and that is public. Since 2017, there were multiple new proposals for DHCS to work on licensing without funding, and we must ensure we have the oversight capacity and accountability for these responsibilities.

*Tyler Sadwith, DHCS*: We will share more on the Opioid Settlement Funds with information included in the Governor's budget.

**DHCS Follow-Up:** More information on the Opioid Settlement Fund is available at these links:

[https://esd.dof.ca.gov/Documents/bcp/2324/FY2324\\_ORG4260\\_BCP6581.pdf](https://esd.dof.ca.gov/Documents/bcp/2324/FY2324_ORG4260_BCP6581.pdf)

[https://esd.dof.ca.gov/Documents/bcp/2324/FY2324\\_ORG4265\\_BCP6667.pdf](https://esd.dof.ca.gov/Documents/bcp/2324/FY2324_ORG4265_BCP6667.pdf)

3. *Hector Ramirez, Consumer Los Angeles County*: Can DHCS provide language with the initiatives to make sure counties and providers have the technical expertise and support to ensure services are truly accessible, especially for those with disabilities and linguistic needs and use trauma-informed and culturally accessible practices? Based on a letter I received, I am concerned about transitions, disruption, continuity, access, communication, and equity. What ensures that members will continue to have timely access to services that are disability accommodating, trauma-informed, and culturally responsive?

**DHCS Response:** *Tyler Sadwith, DHCS*: As DHCS implements federal requirements related to continuity of care for members transitioning between delivery systems, including between counties or managed care plans, there are federal protections in place related to continuity of care. We have issued guidance for county mental health plans (MHPs) that outline their obligations to communicate with Medi-Cal members the continuity of care options. County MHPs are required to take steps for up to 12 months to coordinate with members' mental health providers and enter into agreements to continue delivering services to that member even if that provider is not part of the MHP network. However, providers are not obligated to enter into these agreements with the new MHP, so this is not a guarantee of continued access. I can share the policy guidance which is publicly available. There are federal and state standards in place, and DHCS is strengthening standards for timely access through network adequacy, time and distance standards, and strengthening oversight, access, and availability of mental health care for members.

**DHCS Follow-Up:** DHCS issued [Mental Health and Substance Use Disorder Services Information Notice 18-059](#) to set forth continuity of care requirements for Medi-Cal members who receive specialty mental health services from county MHPs.

#### **Public Health Emergency Unwinding**

4. *Janice Rocco, California Medical Association*: Is there a plan to get materials to providers so they can help with messaging? A fact sheet with continuity of care information would be helpful for those changing plans.

**DHCS Response:** *Yingjia Huang, DHCS*: A targeted toolkit for providers is in the works. Covered California and DHCS are creating a continuous coverage fact sheet that we will disseminate broadly.

**DHCS Follow-Up:** The fact sheet will be shared widely once created.

### **CMS Approval of CalAIM Justice-Involved Initiative**

5. *Stephanie Sonnenshine, Central California Alliance for Health:* Do you have a sense of how many people will be eligible for Enhanced Care Management (ECM) as they transition out of incarceration?

**DHCS Response:** *Jacey Cooper, DHCS:* We have estimates, but I don't have them handy.

**DHCS Follow-Up:** For its waiver calculations, the state estimated that roughly 45,000 to 180,000 individuals would be eligible for pre-release services each year, all of who would be eligible for ECM upon release. The state leveraged the jail/youth correctional facility average daily population data and CDCR average release data to develop these estimates.

6. *Anne Donnelly, San Francisco AIDS Foundation:* Under the waiver, will people in jails, and not just prison, have access to hepatitis C treatment?

**DHCS Response:** *Jacey Cooper, DHCS:* I think so, but we'll get back to you.

**DHCS Follow-Up:** All Medi-Cal covered medications are available during the 90-day pre-release period for individuals who meet criteria to participate in the initiative, including in county jails and youth correctional facilities in addition to prisons.