

# Follow-Up Items from March 2, 2023, MCHAP Meeting

## Justice-Involved Initiative Update

1. *Michael Weiss, MD*: Along the lines of data, just wondering if you've gotten far enough to think about what the recidivism or clinical outcome metrics will look like.

**DHCS Response:** *Palav Babaria, MD, DHCS*: This being the first waiver that CMS has approved of its kind, there were a lot of caveats. If you look through the Special Terms and Conditions, the monitoring and evaluation sections are denser. Within the next six months, we will add our own additional layer on top of CMS', which will include clinical health outcomes, mortality within that first 14-to-30-day period post-release, and recidivism, as well as employment and housing. We can bring back the specific details because there's a lot in there that we are required to monitor and report on in terms of outcomes.

**DHCS Follow-Up:** DHCS will submit a plan to the Centers for Medicare & Medicaid Services later this year. An update will be provided in late fall/early spring 2024.

## Comprehensive Quality Strategy, PHM, and ECM

2. *William Arroyo, MD*: Do you have utilization data on these specific benefits?

**DHCS Response:** *Palav Babaria, MD, DHCS*: I don't know that we've collected that data previously as a part of the PHM monitoring approach, which I'll come back to you all with once it's finalized. We will be collecting that data, both to look at how many people are eligible for CCM programs and how many are enrolled.

**DHCS Follow-Up:** The first reports from the MCPs will be available starting in August 2023. DHCS will then need to analyze the data in the fall.

3. *Nancy Netherland*: I appreciate the commitment to continuity of care. The majority of young people in foster care, or the adoption assistance program (AAP), are enrolled in fee-for-service (FFS) and not managed care. How are we thinking about ECM for that population, given that it looks like there's more than

90,000 AAP or foster care youth enrolled in FFS versus 79,000 in managed care? I want to see how ECM is implemented and maybe receiving an update on some of the details on what this is going to look like for that very vulnerable population, especially with some of the delays in enrollment from county to county.

**DHCS Response:** *Michelle Baass, DHCS:* We are working through the numbers and will provide them shortly. I think the benefit of managed care is that it has an opportunity to do this type of care coordination, and FFS is about a member managing their own services. We'll take this back and continue to think through it.

**DHCS Follow-Up:** ECM is a managed care benefit. Under DHCS' proposed Trailer Bill Language, it would require mandatory enrollment of foster care children and youth into managed care in a single plan and expanded County Organized Health Systems counties. DHCS estimates that 51 percent of foster care children and youth will be in managed care (approximately 87,000 of 169,000) in 2024.

4. *Ellen Beck, MD:* I'd like to know more about the Alternative Payment Methodology (APM) for FQHCs.

**DHCS Response:** *Palav Babaria, MD, DHCS:* We can provide a full presentation on APM. Each participating FQHC would receive monthly payments equivalent to their total, projected Prospective Payment System (PPS) payment entitlement in the form of an APM per-member per-month rate, paid across all assigned members attributable to each MCP with whom the participating FQHC has contracted. The APM would incentivize delivery system and practice transformation through the flexibilities available under a fully capitated reimbursement model.

**DHCS Follow-Up:** For more information about the FQHC APM, please visit the [DHCS website](#).