California Children's Services Advisory Group Meeting

April 13, 2022

Housekeeping & WebEx Logistics

Do's & Don'ts of WebEx

» Participants are joining by computer and phone (link/meeting info on <u>DHCS website</u>);

» Everyone will be automatically muted upon entry

   » CCS Advisory Group members: 'Raise Your Hand' or use the Q&A box to submit Questions.

   » Other participants: Use the Q&A box to submit comments/questions or 'Raise Your Hand' during public comment period

» Note: DHCS is recording the meeting for note-taking purposes

Closed Captioning

» Live closed captioning is available – you can find the link in the Chat field

Today's Agenda

1. Welcome and Introductions	7. Telehealth Policy
2. 2022-2023 Priorities	8. COVID-19 Public Health Emergency Unwinding
3. Medi-Cal Strategy to Support Health and Opportunity for Children and Families Initiative	9. Medical Therapy Program and California Department of Education
4. CalAIM Population Health Management Program	10. Medi-Cal Rx
5. Children and Youth Behavioral Health Initiative	11. Other Program Updates
6. CalAIM: CCS Oversight and Monitoring	12. Public Comment

2022-2023 Priorities

Susan Philip, MPP

Deputy Director

Health Care Delivery Systems

2022-2023 Priorities

Priorities are the key areas that the Advisory Group would like to focus on to drive improvements in the CCS program over the 2022- 2023 time period.
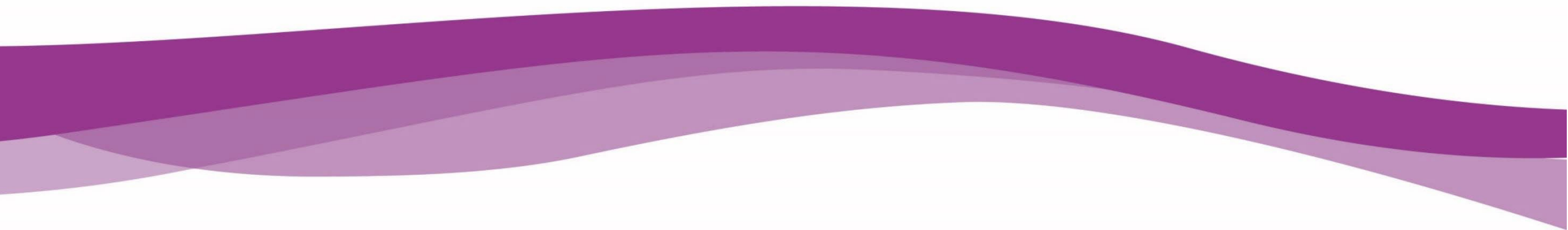
Domains

- » Access to Care
- » Equity and Quality of Care
- » Beneficiary (and Caregiver) Experience and Satisfaction
- » Program Administration

Advisory Group Charter

To advise DHCS on the improvement of the CCS Program in serving the most vulnerable children and youth to ensure that children and youth who are in the program receive appropriate and timely access to quality care
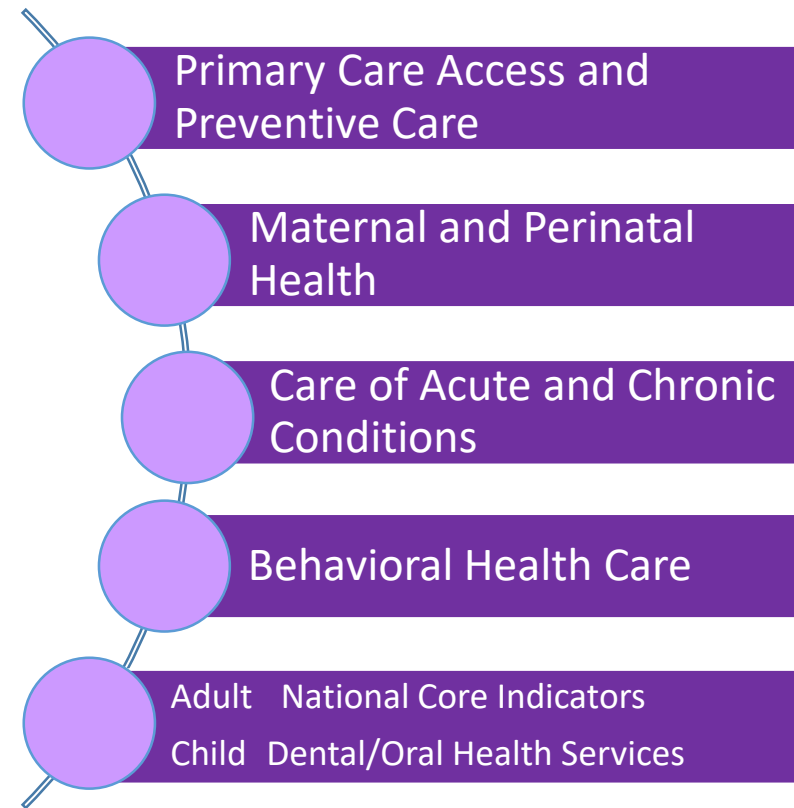
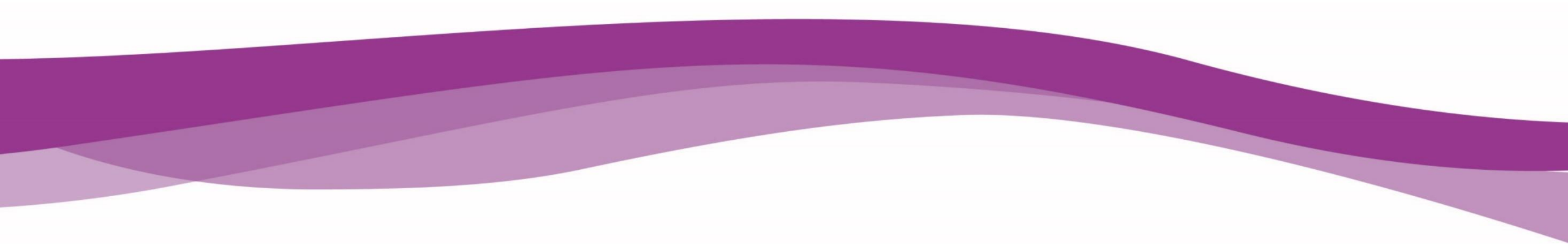# Medi-Cal Children's Core Measures Set

Linette Scott, MD, MPH
Chief Data Officer and Deputy Director
Enterprise Data and Information Management

CMCS Adult and Child Health Care Quality Measures

» The Center for Medicaid & CHIP Services (CMCS) released the initial Child Core Set in 2010 and initial Adult Core Set in January 2012

» Reporting of the Child Core Set and the Adult Core Set/ Behavioral Health measures will be mandatory as of FFY 2024 (MY 2023)

» Medicaid & CHIP Scorecard

Primary Care Access and Preventive Care

Maternal and Perinatal Health

Care of Acute and Chronic Conditions

Behavioral Health Care

Adult   National Core Indicators

Child   Dental/Oral Health Services

MY 2020 – Child Measures Primary Care Access and Preventive Care

Measurement Year (MY) 2020
Primary Care Access and Preventive Care

Primary/Preventive Care – 8 Measures	Measure Steward	MCAS	DHCS Use
Weight Assessment and Counseling (W -CH, ages 3-17)	NCQA	X	QIP
Chlamydia Screening (CHL-CH, ages 16-20)	NCQA	X	QIP
Childhood Immunization Status (CIS-CH)	NCQA	X	VBP, QIP
Immunizations for Adolescents (IMA-CH)	NCQA	X	QIP
Screening for Depression/Follow-Up (CDF-H, aged 12+)	CMS	X	VBP
Well-Child Visits - First 30 Months of Lif30 -CH)	NCQA	X	VBP, QIP
Child and Adolescent Well-Care Visits (W -CH)	NCQA	X	VBP, QIP
Developmental Screening First 3 Years (DV -CH)	OHSU	X	VBP, QIP

Acronyms/reference:

DHCS CQS = Comprehensive Quality Strategy

MCAS = Medi-Cal Managed Care Accountability Set

NCQA = National Committee for Quality Assurance

OHSU = Oregon Health and Sciences University

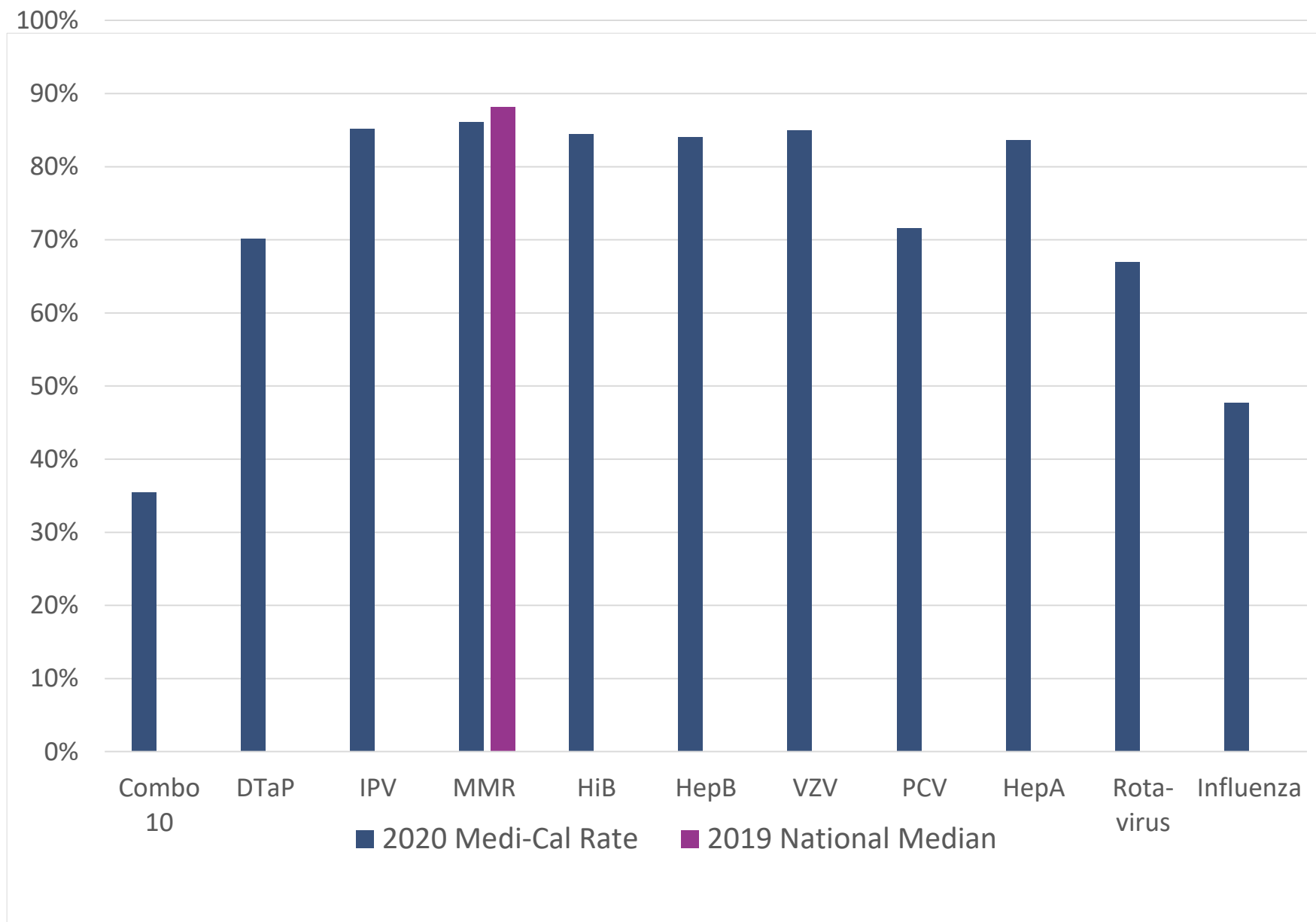PHP = MCAS for Population-Specific Health Plans
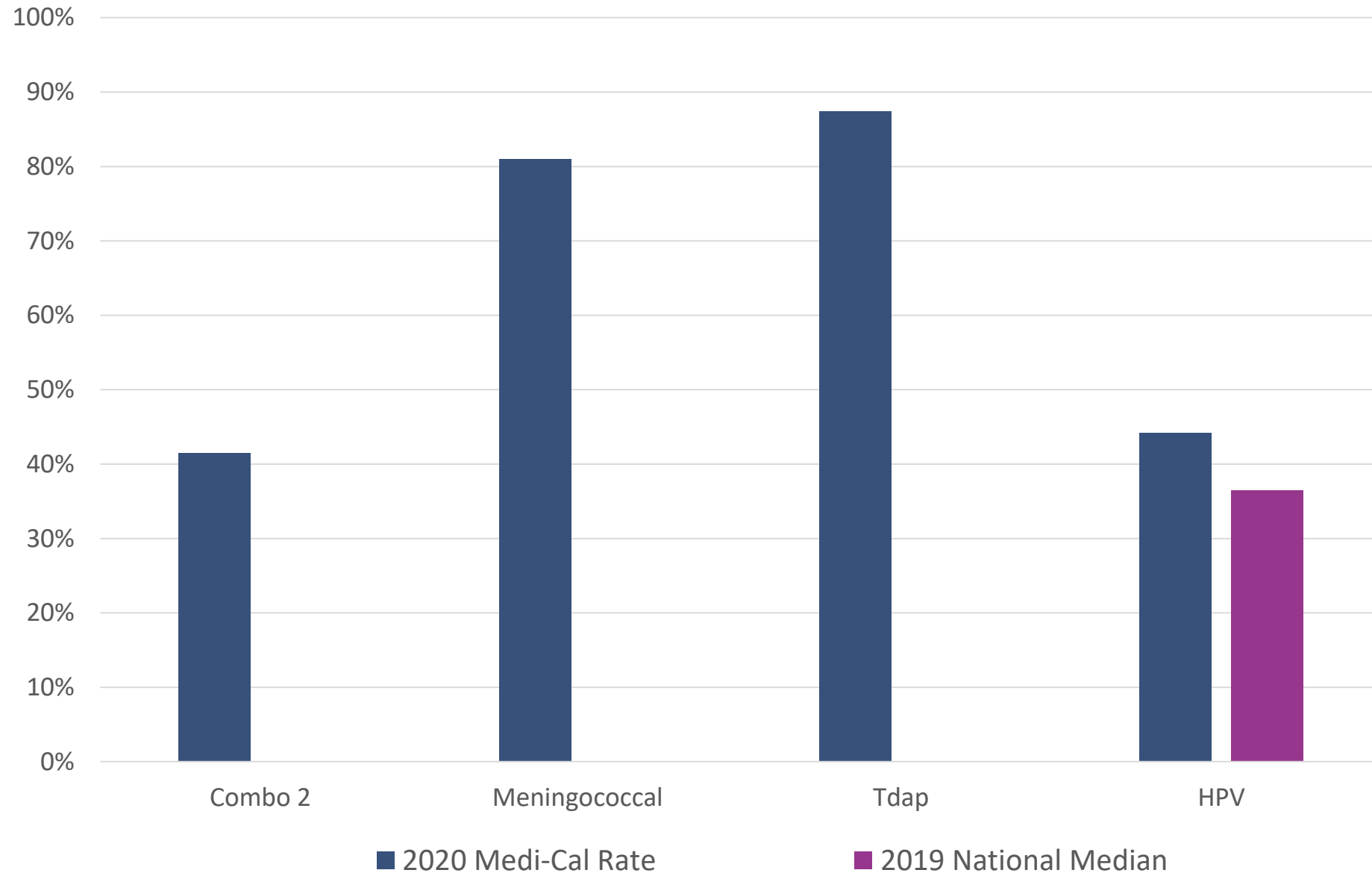
QIP = Directed Payments Quality Incentive Pool

STC = CalAIM Section 1915(b) Medicaid Waiver
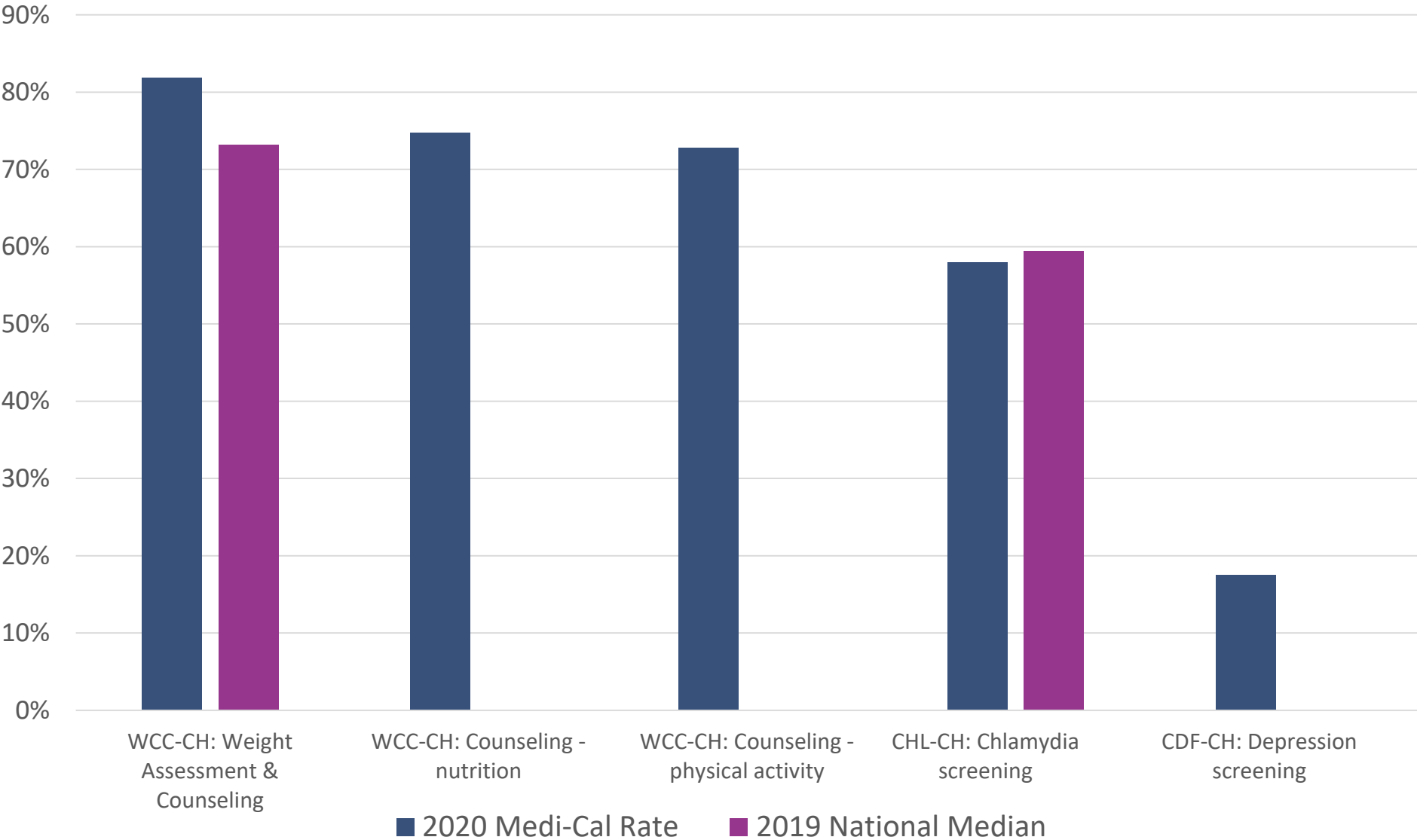
VBP = Value Based Payment Program

Childhood Immunization Status (CIS-CH)

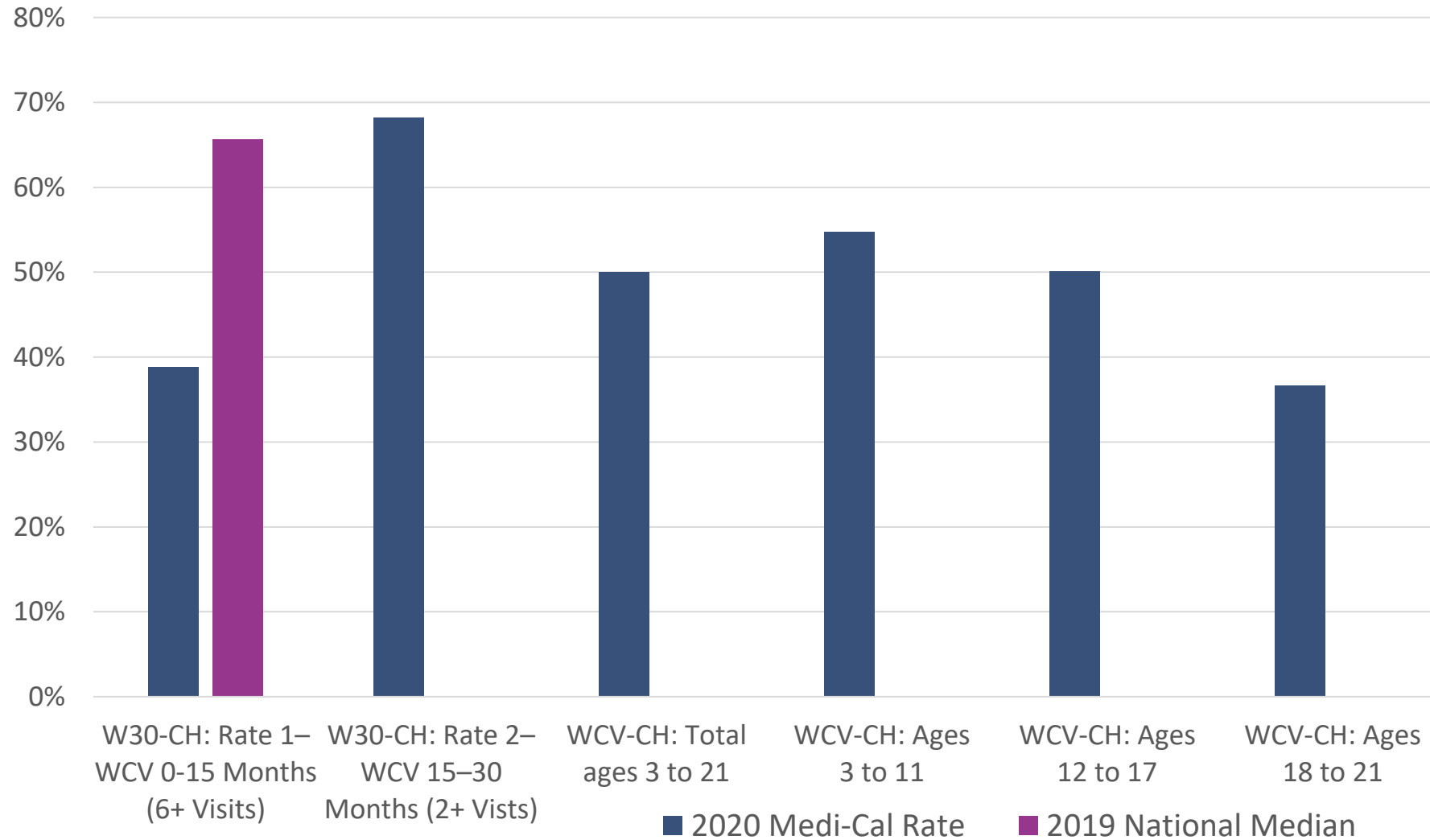Immunizations for Adolescents (IMA-CH)

Counseling and Screening Visit Measures

Well Child/Adolescent Well Care Visit Measures

Legend: ■ 2020 Medi-Cal Rate ■ 2019 National Median

Categories (x-axis):
- W30-CH: Rate 1– WCV 0-15 Months (6+ Visits)
- W30-CH: Rate 2– WCV 15–30 Months (2+ Vists)
- WCV-CH: Total ages 3 to 21
- WCV-CH: Ages 3 to 11
- WCV-CH: Ages 12 to 17
- WCV-CH: Ages 18 to 21

Developmental Screening Measures (DEV-CH)

- 2020 Medi-Cal Rate
- 2019 National Median

DEV-CH: Ages 0-3

DEV-CH: screened by 12 months

DEV-CH: screened by 24 months

DEV-CH: screened by 36 months
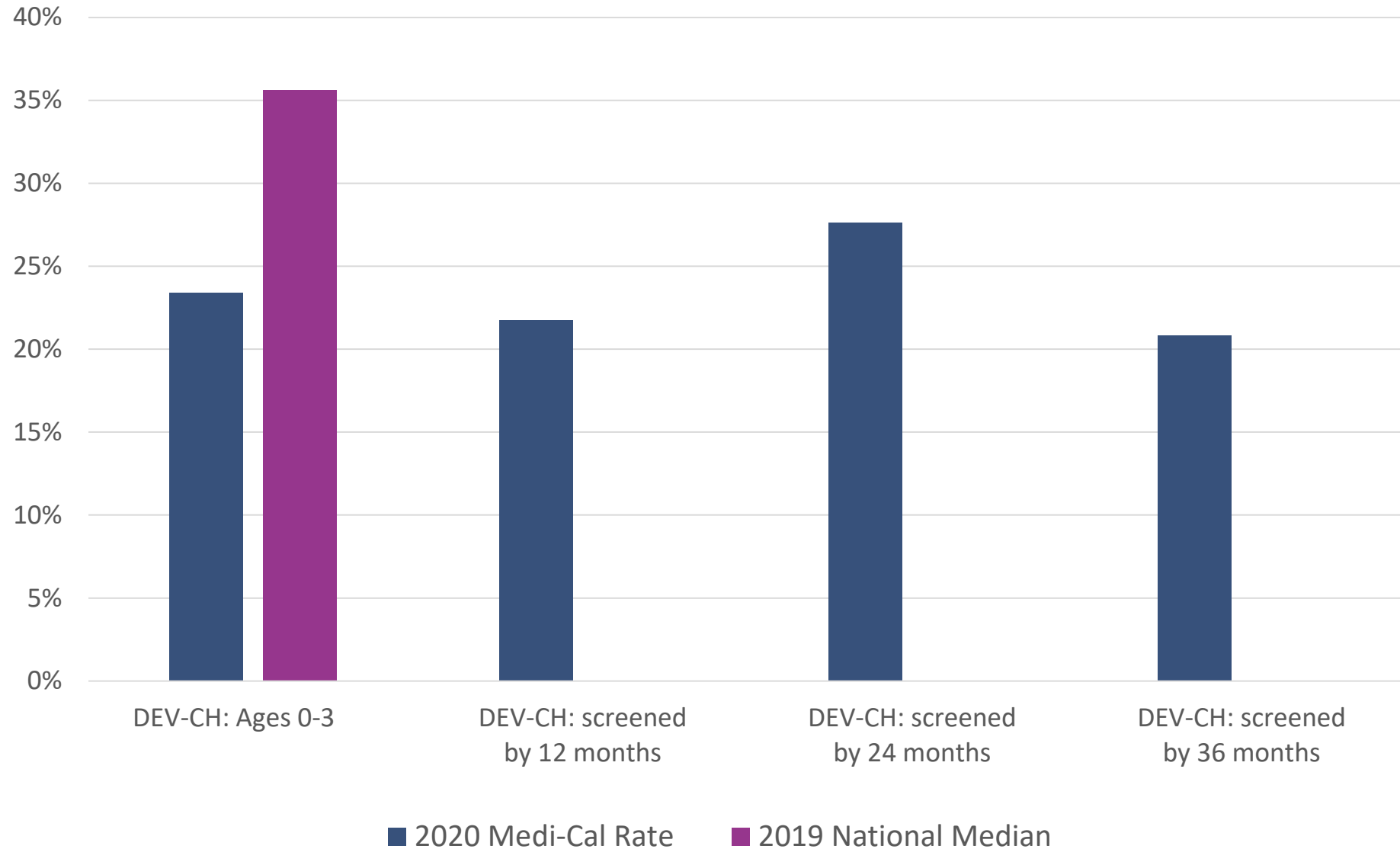
MY 2020 – Child Measures Maternal and Perinatal Health
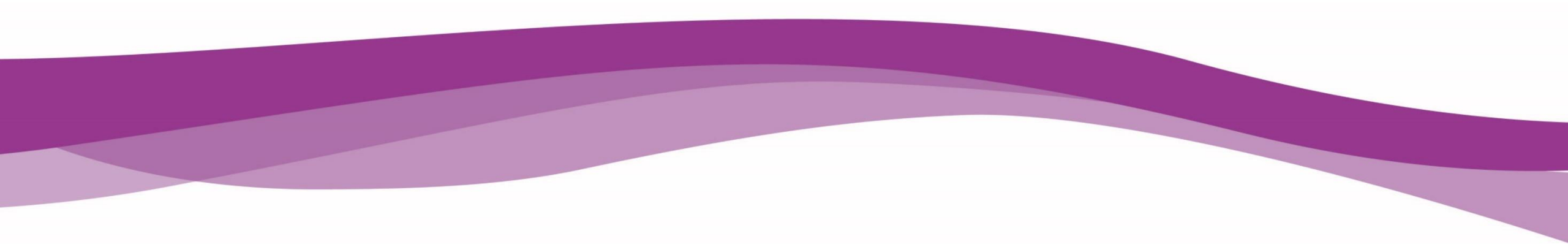
Measurement Year (MY) 2020 Maternal and Perinatal Health

Maternal and Perinatal Health – 4 Measures	Measure Steward	MCAS	DHCS Use
Low-Risk Cesarean Delivery (LRCD-CH)	CDC/DHCS	No	QIP
Live Births Weighing less than 2,500 Grams (LBW-CH)	CDC/DHCS	No	
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)	NCQA	X	QIP, VBP
Contraceptive Care – Postpartum (PP) Women (CCP-CH: Ages 15–20)	NCQA	X	VBP
Contraceptive Care – All Women (CCW-CH: Ages 15–20)	NCQA	X, PSP	QIP

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MY 2020 – Child Measures Care of Acute and Chronic Conditions
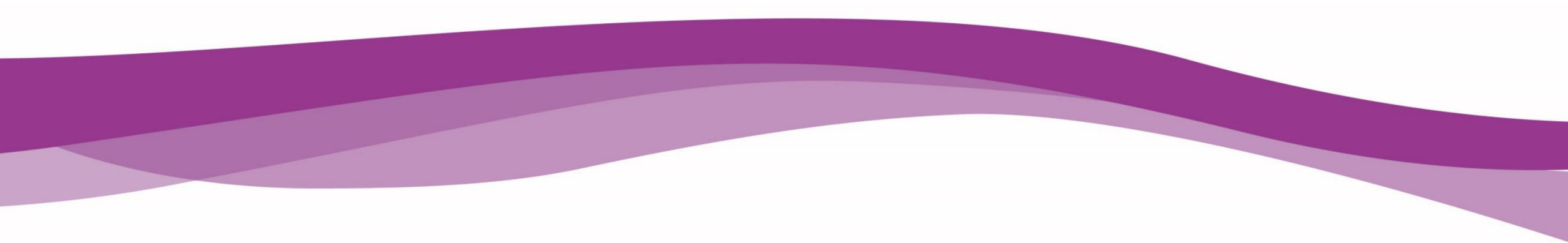
Measurement Year (MY) 2020
Care of Acute and Chronic Conditions

Care of Acute and Chronic Conditions – 2 Child (CH) Measures	Measure Steward	MCAS	DHCS Use
Asthma Medication Ratio (AMR-CH: Ages 5–11, 12-18, 5-18)	NCQA	X	QIP, VBP
Ambulatory Care: Emergency Department (ED) Visits (Per 1,000 Member Months) (AMB-CH: Ages < 1 Year, 1-9, 10-19)	NCQA	X	

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Asthma Medication Ratio (AMR-CH)

	AMR-CH: Ages 5–11	AMR-CH: Ages 12–18	AMR-CH: Ages 5–18
2020 Medi-Cal Rate	76.2%	67.8%	72.2%
2019 National Median	72.0%	64.9%	68.6%

Emergency Department (ED) Visits
Per 1,000 Member Months (AMB-CH)

2020 Medi-Cal Rate   2019 National Median
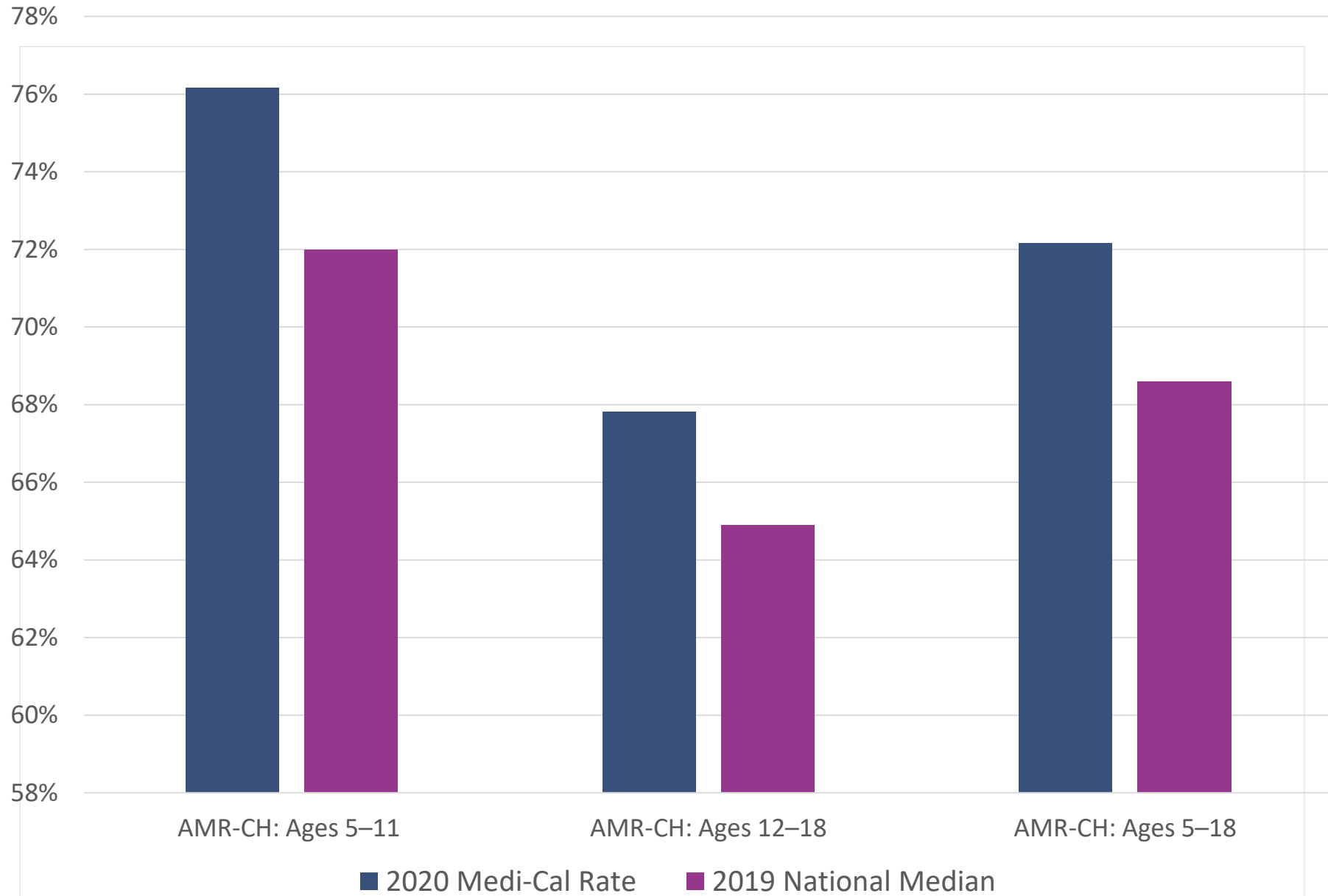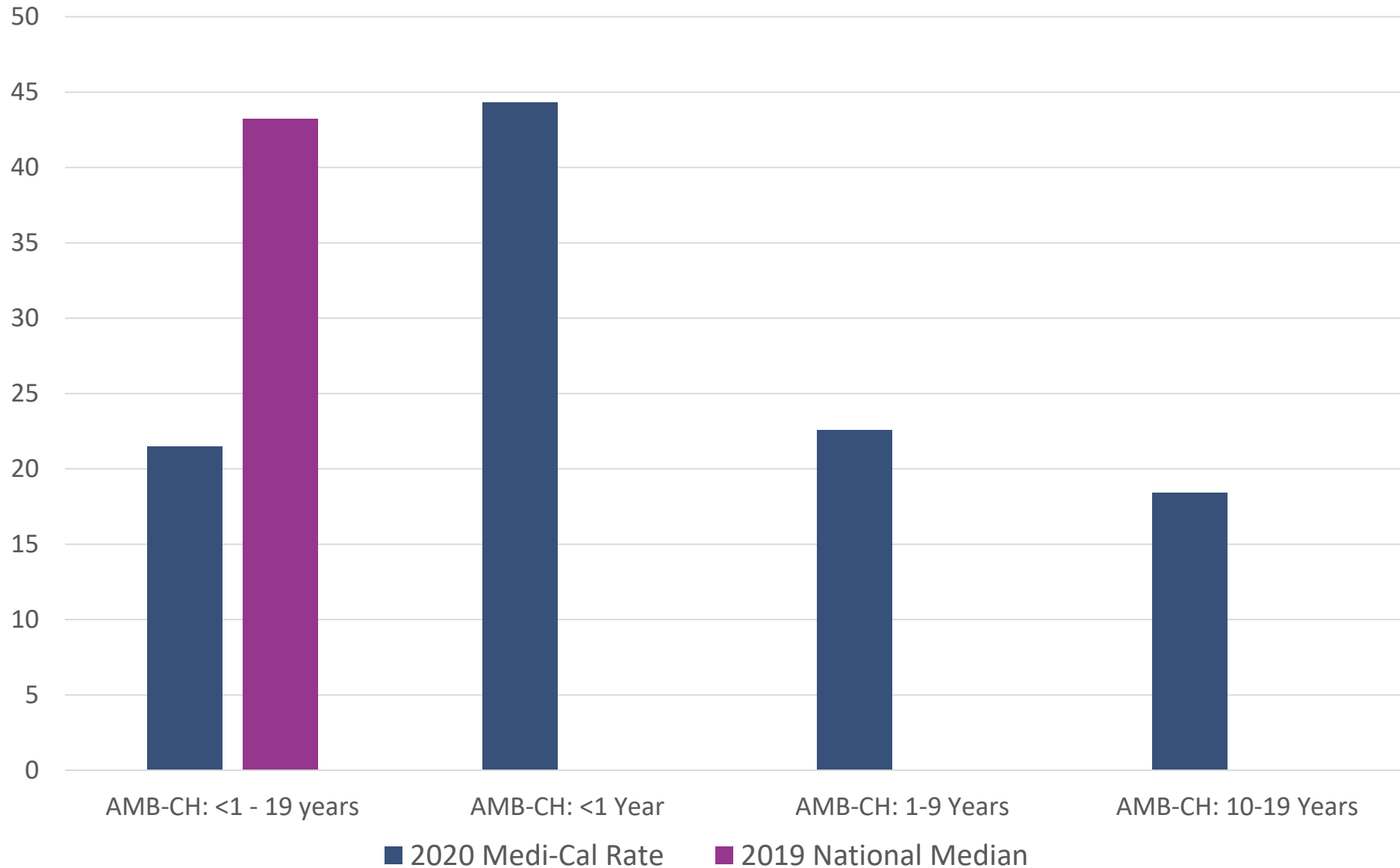
MY 2020 – Child Measures Behavioral Health Care
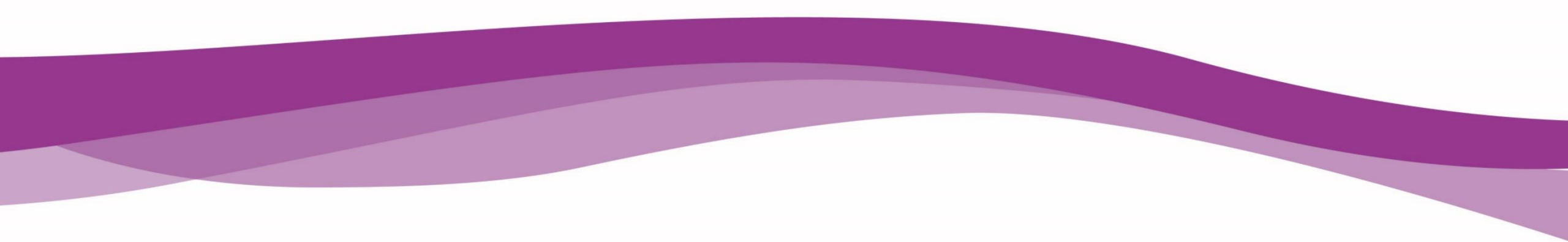
Measurement Year (MY) 2020 Behavioral Health Care

Behavioral Health Care – 4 Measures	Measure Steward	MCAS	DHCS Use
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH, Ages 1-17): Initiation Phase, Continuation Phase	NCQA	X	
Follow-Up After Hospitalization for Mental Illness (FUH-CH, Ages 6–17): 7 days, 30 days	NCQA		STC
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH, Ages 1-5, 6-11, 12-17, 1-17)	NCQA		STC
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH, Ages 1-11, 12-17, 1-17): Glucose testing, Cholesterol testing, Glucose and cholesterol testing	NCQA	X	

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) and after Hospitalization for Mental Illness
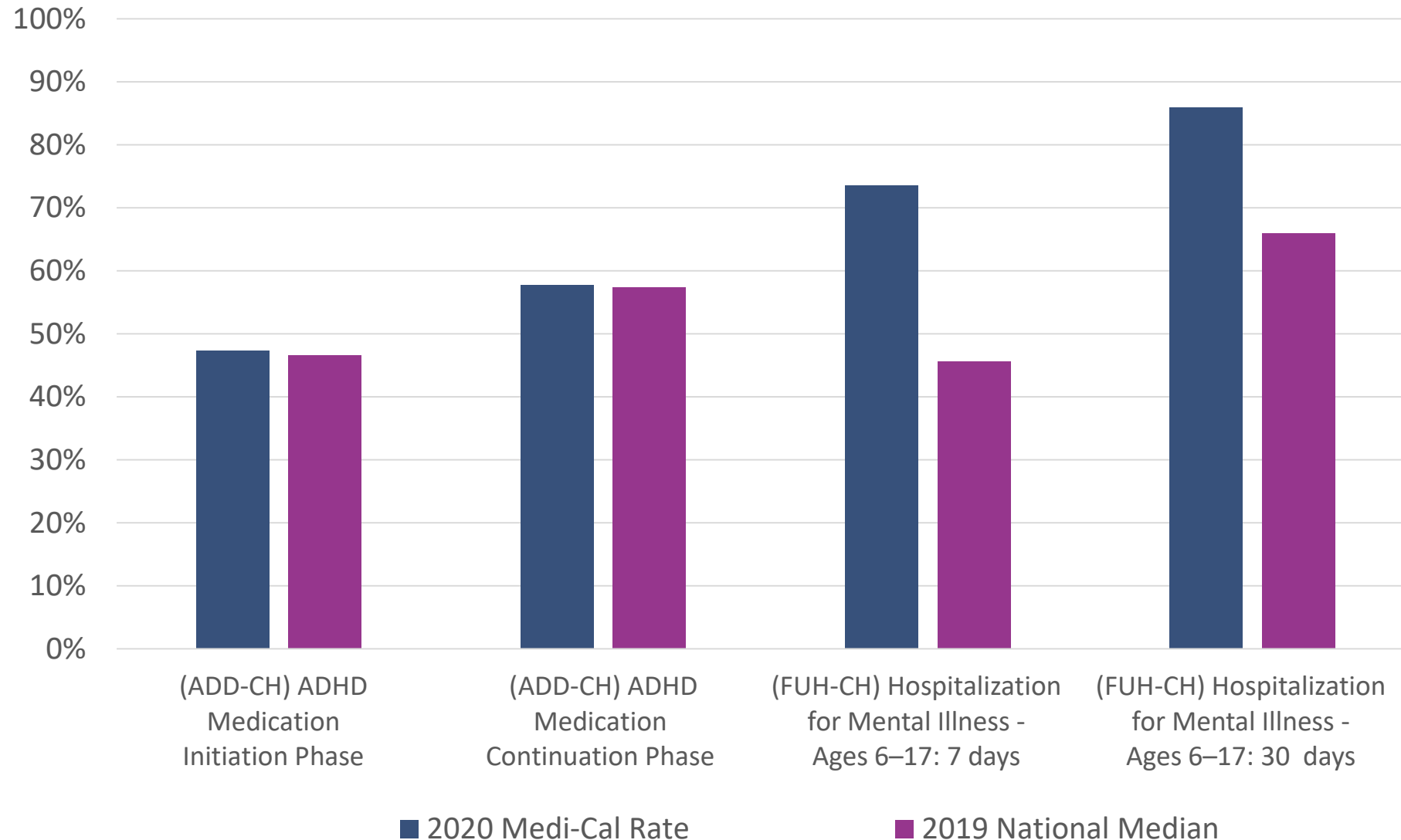
Bar chart comparing 2020 Medi-Cal Rate and 2019 National Median across four measures.

Measure	2020 Medi-Cal Rate	2019 National Median
(ADD-CH) ADHD Medication Initiation Phase	~47%	~46%
(ADD-CH) ADHD Medication Continuation Phase	~58%	~57%
(FUH-CH) Hospitalization for Mental Illness - Ages 6–17: 7 days	~74%	~46%
(FUH-CH) Hospitalization for Mental Illness - Ages 6–17: 30 days	~86%	~66%

Legend: ■ 2020 Medi-Cal Rate ■ 2019 National Median

Use of First-Line Psychosocial Care for
Children and Adolescents on Antipsychotics (APP-CH)

APP-CH: Ages 1-11   APP-CH: Ages 12-17   APP-CH: Ages 1-17

■ 2020 Medi-Cal Rate   ■ 2019 National Median
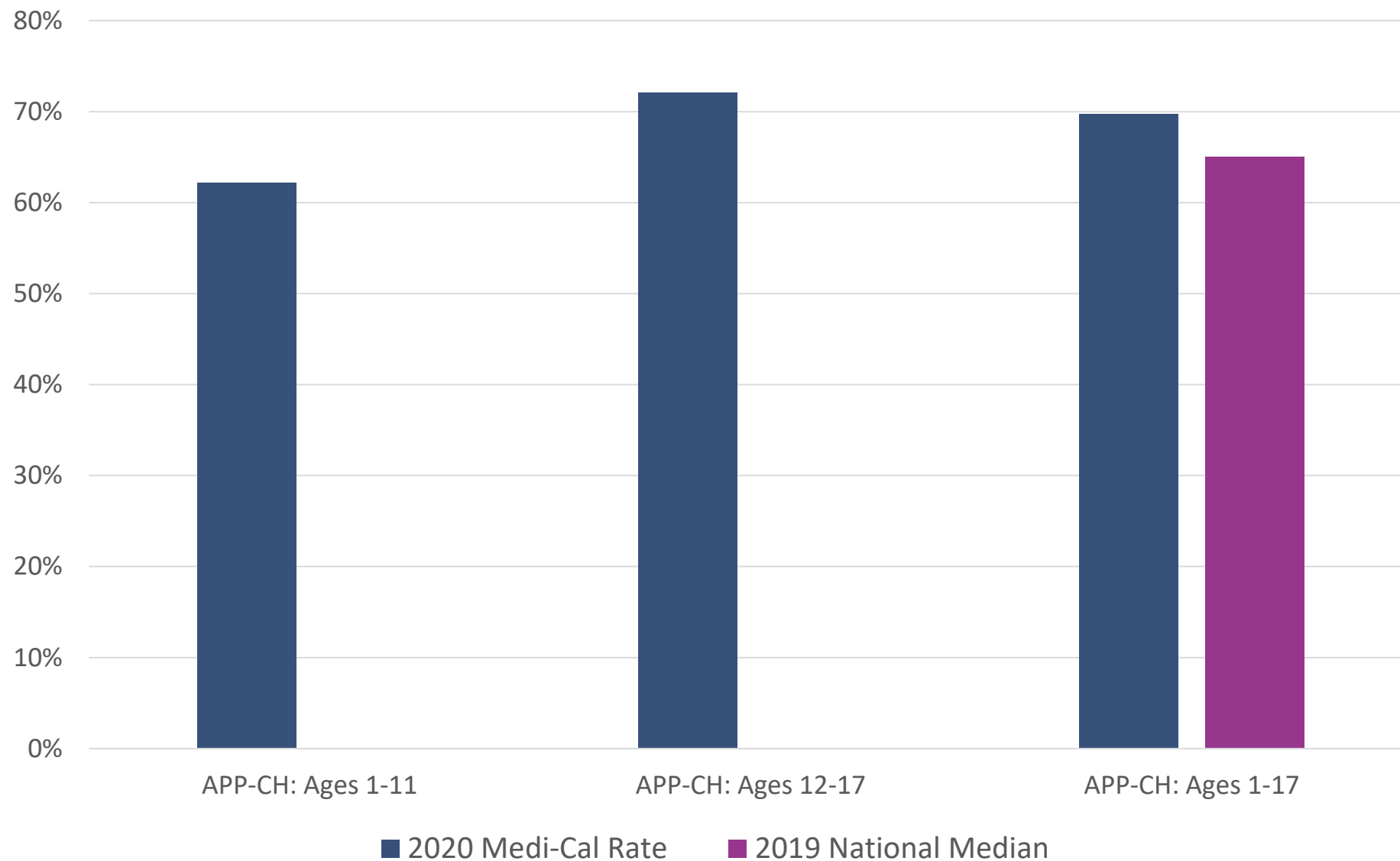
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)
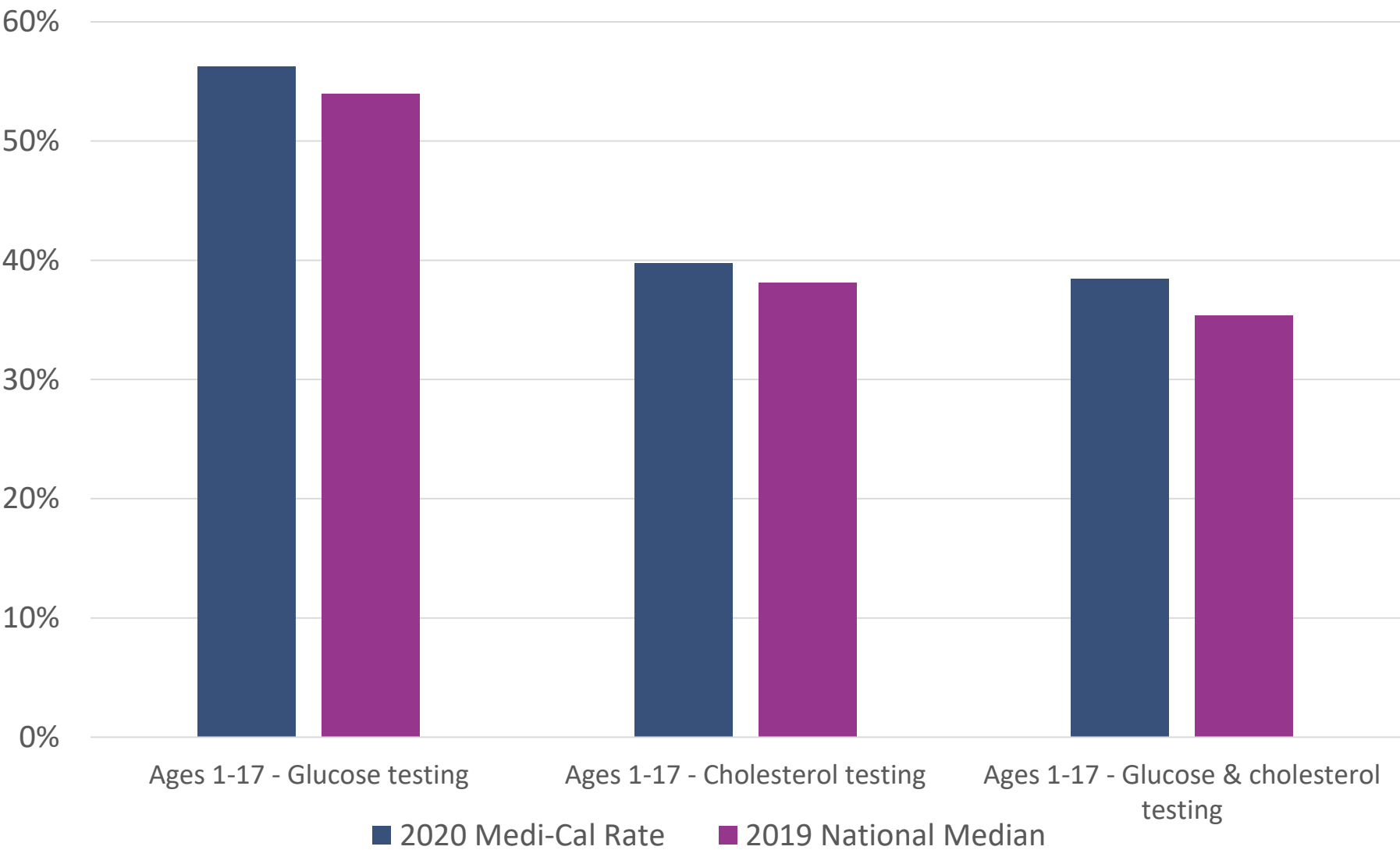
MY 2020 – Child Measures Dental/Oral Health Services
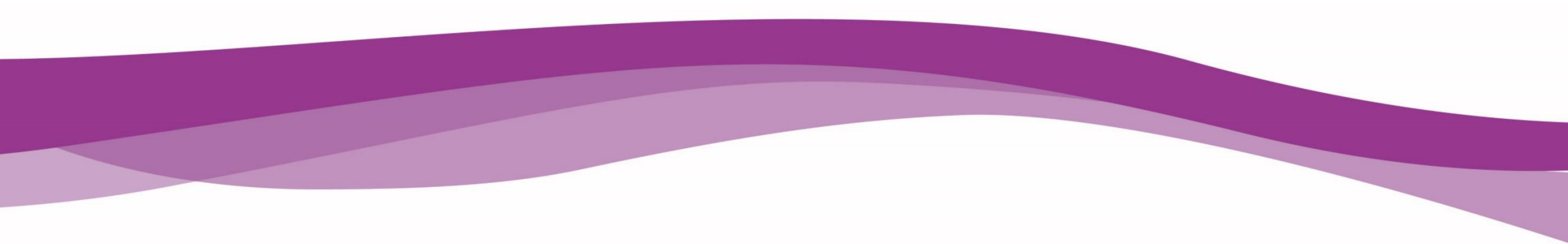
Measurement Year (MY) 2020 Dental/Oral Health Services

Dental/Oral Health Services – 2 Measures	Measure Steward	MCAS	DHCS Use
Sealant Receipt on Permanent First Molars (SFM-CHL: Ages 6-9, 10-14)	Dental Quality Alliance	No	Dental Priority
Rate 1 - Sealant first molar tooth			
Rate 2 - Sealant on all permanent first molars			
Receiving Preventive Dental Services (PDENT-CH: Ages 1-20)	CMS	No	Dental Priority

Dental Sealant and Preventive Dental Services
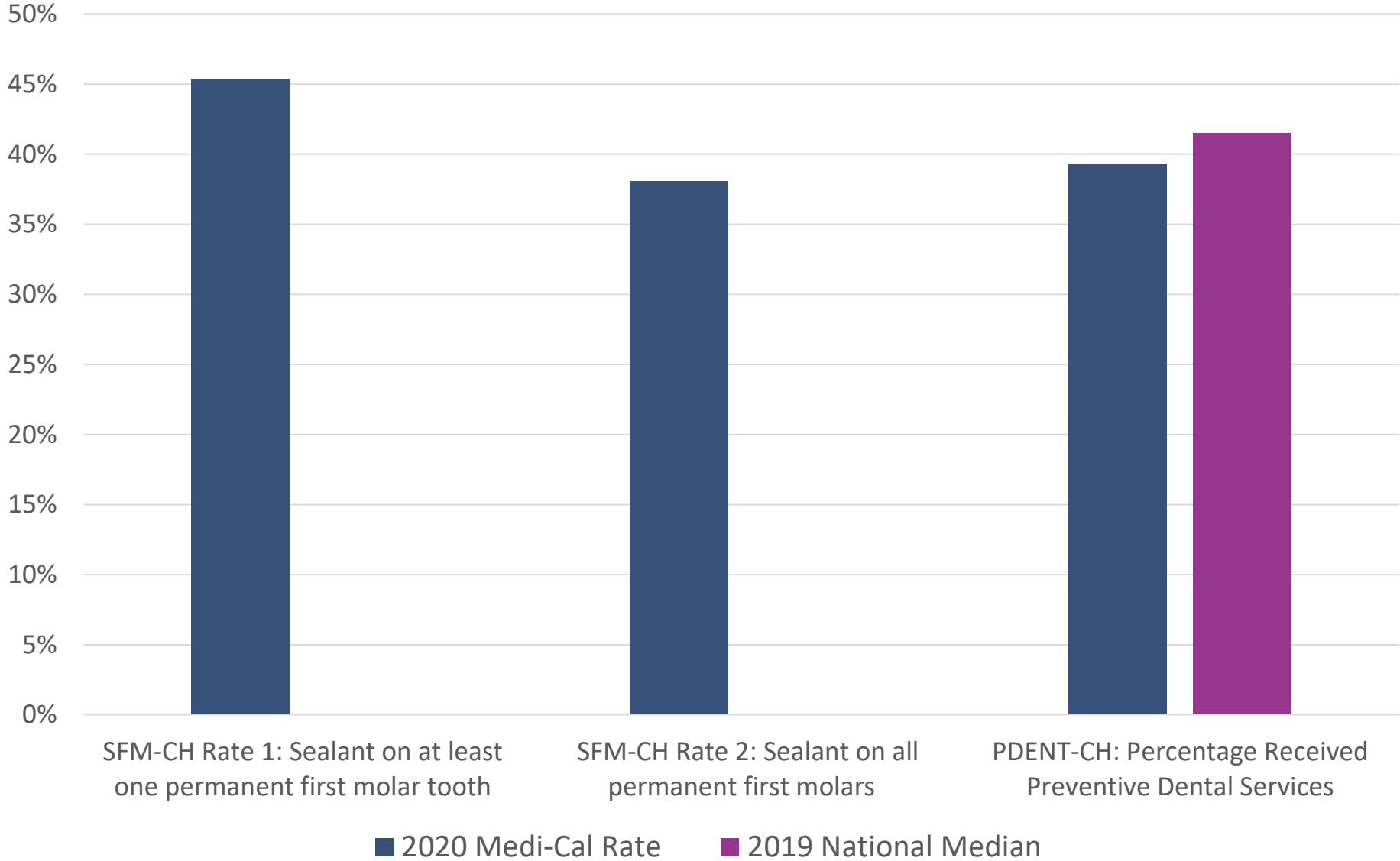
Advisory Group Discussion

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

Palav Babaria, MD, MHS

Chief Quality Officer and Deputy Director

Quality & Population Health Management

DHCS' Commitment to Improving Children's Care

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families was born out of a recognition of the challenges in Medi-Cal identified by State audits and stakeholders and a State commitment to support health and opportunity for California's children and families.

Stakeholder Concerns / Issues

» Low pediatric preventive care rates and access to EPSDT

» Low immunization rates and provider enrollment in Vaccines For Children

» Wide health disparities for Black and Brown children

» Increase in adolescent behavioral health concerns, with increases in overdoses and suicides statewide

» Low base reimbursement rates for Medi-Cal's pediatric primary care providers *(not including supplemental payments)*

» No clear owner of children's health at DHCS

In 2021, the **David & Lucile Packard Foundation supported preliminary research** for DHCS that laid the foundation for Medi-Cal's Strategy to Support Health and Opportunity for Children and Families.

Through this work, DHCS:

» **Interviewed stakeholders** (including children's health advocates, MCP leaders, and pediatric primary care providers)

» **Reviewed existing and new initiatives**

» **Analyzed data on children's access to Medi-Cal care**

DHCS' Approach

» **DHCS has a strong commitment to addressing entrenched health inequities and the resulting disparities that diminish children's health outcomes and life prospects**

» **Medi-Cal's Strategy to Support Health and Opportunity for Children and Families** is a **living, breathing document** and DHCS' first step in organizing and communicating a **cohesive, coordinated strategy** to support children enrolled in Medi-Cal

» Through the strategy, DHCS is **seeking to tie together existing and new** children's health initiatives proposed in the initiatives noted in the graphic

Comprehensive Quality Strategy

CalAIM Initiative

State Budget

ACEs Aware

CalAIM Waivers

MCP Procurement

Roadmap for Resilience

Master Plan for Early Learning & Care

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

March 2022

DEPARTMENT OF HEALTH CARE SERVICES

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

March 2022

DEPARTMENT OF
HEALTH CARE SERVICES

Forward-looking policy agenda for children and families enrolled in Medi-Cal that **unifies the common threads of existing and newly proposed** child and family health initiatives

Eight Action Areas with detailed **key initiatives** that are designed to:
- » Solidify coverage for children
- » Promote whole-child and family-based care
- » Strengthen leadership and accountability structures
- » Implement evidence-based, data-driven initiatives

Two infographics, including an **easy to read one pager** with Action Areas and a **detailed table with a status update and expected implementation timing** for each key initiative

Access Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

Guiding Principles

In shaping Medi-Cal's Strategy to Support Health and Opportunity for Children and Families, DHCS was guided by the following principles and considerations:

- » Addressing health disparities and advancing health equity
- » Implementing a whole-child, preventive approach informed by families
- » Providing family and community-based care
- » Promoting integrated care
- » Improving accountability and oversight
- » Looking beyond Medi-Cal

Action Areas

Each action area includes key initiatives – some already underway and others newly proposed – with detailed approaches on how to solidify coverage for children, promote whole-child and family-based care, strengthen accountability structures, and implement data-driven initiatives to support implementation.

New leadership structure and engagement approach

New health plan accountability for quality outcomes

Stronger coverage base for California's children

Family-centered approach

Stronger pediatric preventive and primary care

Child and adolescent behavioral health investments

Streamline access to pediatric vaccinations

Next steps on the foster care model of care

CalAIM Population Health Management Program

Palav Babaria, MD, MHS

Chief Quality Officer and Deputy Director

Quality & Population Health Management

Population Health Management (PHM)
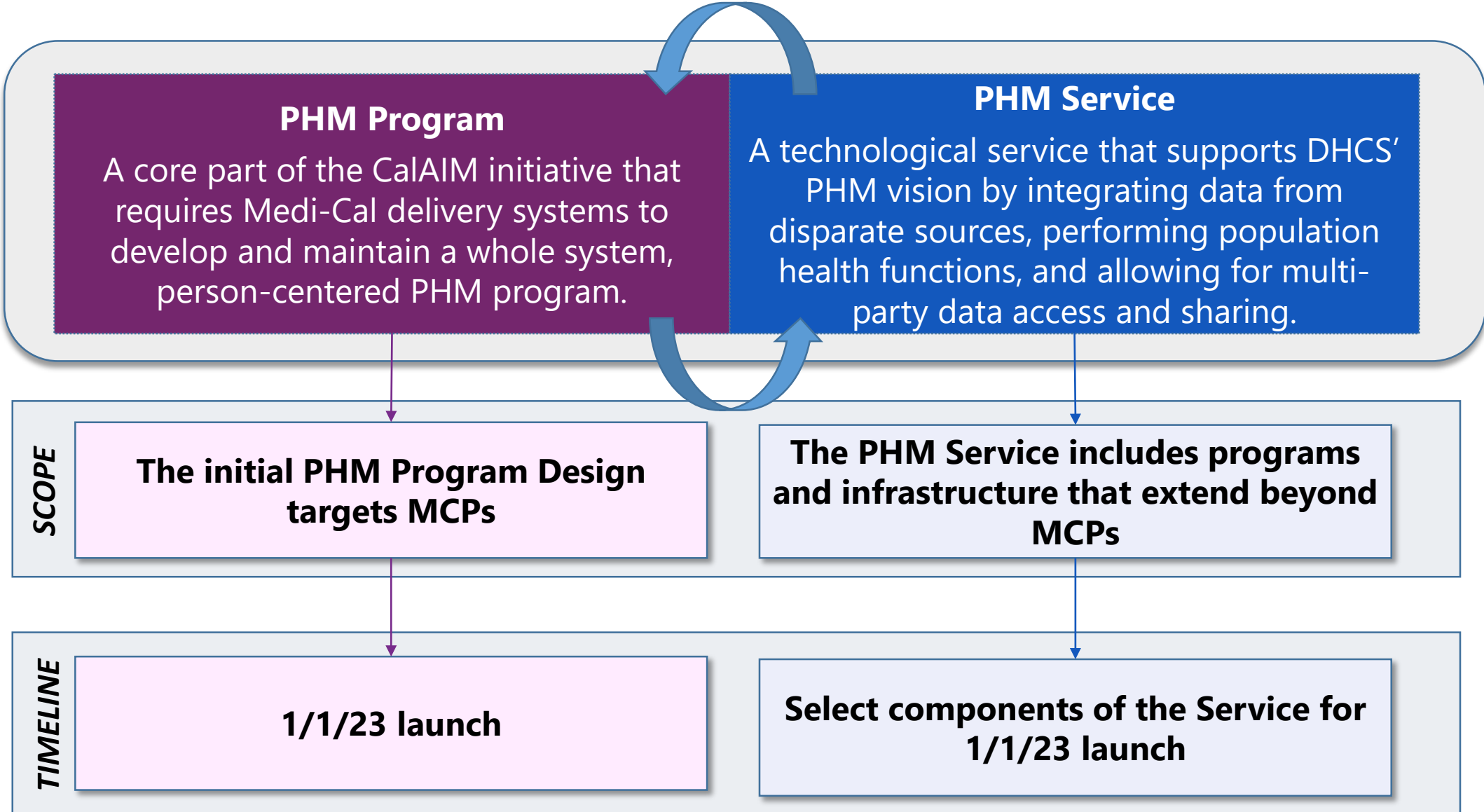## *DHCS' Definition and Goals*

PHM Goals

Establish a cohesive, statewide approach to population health management, which ensures that all members have access to a comprehensive program that **leads to longer, healthier and happier lives, improved outcomes, and a reduction in disparities.**

PHM Definition

A comprehensive **plan of action** for addressing member needs and preferences across the **continuum of care** that:

» Is based on **data-driven risk stratification, predictive analytics, identifying gaps in care** and **standardized assessment** processes;

» Focuses on keeping members healthy through **wellness and prevention services;**

» Provides **care management, care coordination** and **care transitions** across delivery systems and settings; and

» Identifies and mitigates **social drivers of health** to reduce disparities.

Introducing the PHM Program & PHM Service

PHM Program
A core part of the CalAIM initiative that requires Medi-Cal delivery systems to develop and maintain a whole system, person-centered PHM program.

PHM Service
A technological service that supports DHCS' PHM vision by integrating data from disparate sources, performing population health functions, and allowing for multi-party data access and sharing.

SCOPE

The initial PHM Program Design targets MCPs

The PHM Service includes programs and infrastructure that extend beyond MCPs

TIMELINE

1/1/23 launch

**Select components of the Service for 1/1/23 launch**

PHM Program Overview

DHCS is establishing a standardized, statewide approach to PHM through which MCPs are responsive to community needs and work within a common framework to improve outcomes and reduce disparities.

PHM Program Overview

» A cornerstone of CalAIM includes the expectation that starting in 2023, each MCP will **have and maintain a whole system, person-centered PHM program.**
  - **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is the foundation of the PHM program for children,** given EPSDT aims to provide population health for children.

» Several of the **key elements of PHM were already in place** in the Medi-Cal program prior to CalAIM through both DHCS policies and MCPs' own programs.

» **These are a cohesive set of concepts and requirements that apply to all populations served by MCPs.**

PHM Framework Overview
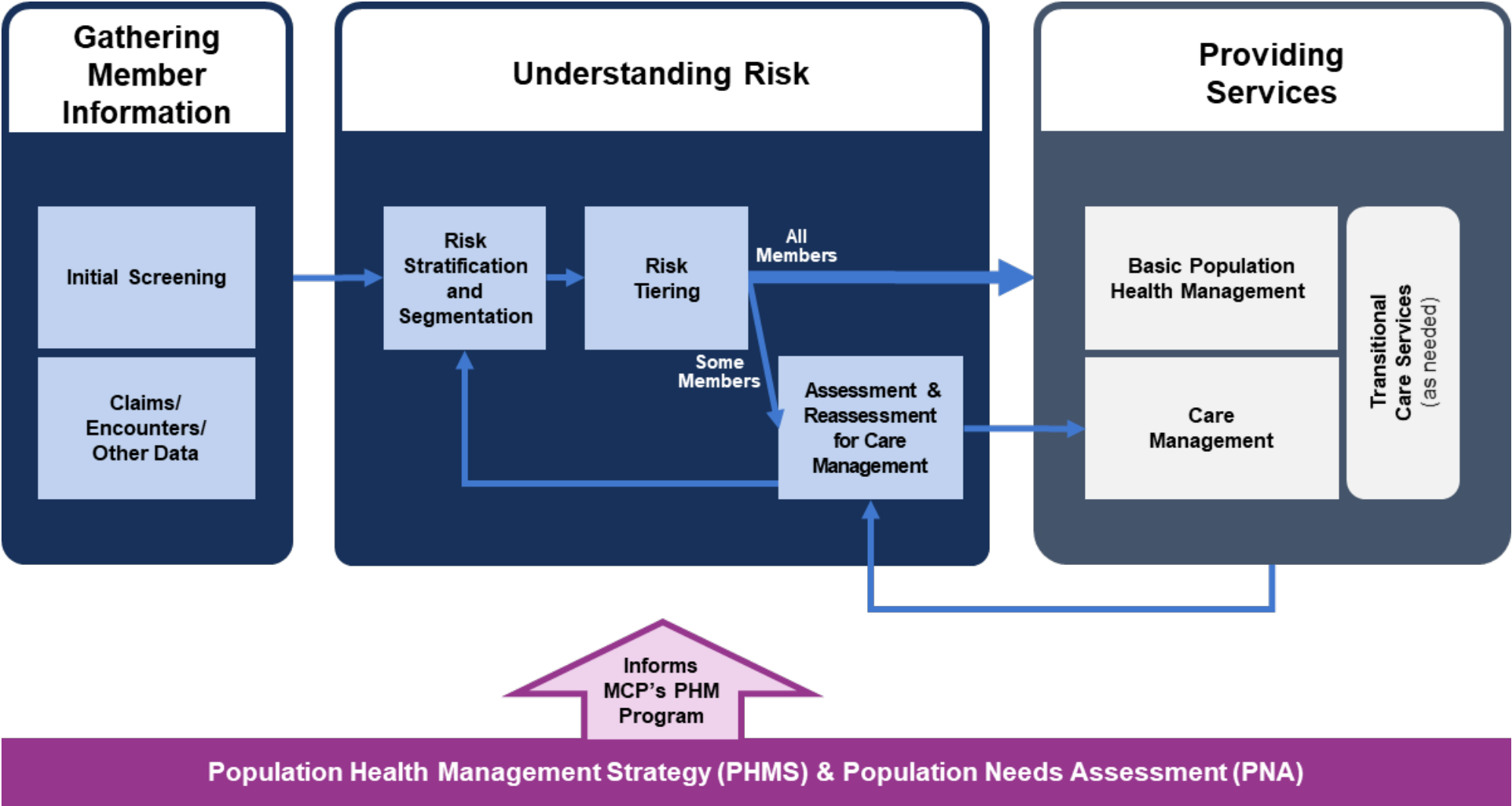
Upcoming PHM Program Milestones

| **April** | **Late Q2 / Early Q3** | **Q3 / Q4** | **Jan 1, 2023** |

2022 Milestones

Strategy and Roadmap Paper released (elaborates on requirements in the Procurement, and describes 2023 requirements, including NCQA PHM)

2023 PHM Program Requirements and Guidance for MCP 2023 PHM Readiness Submission released

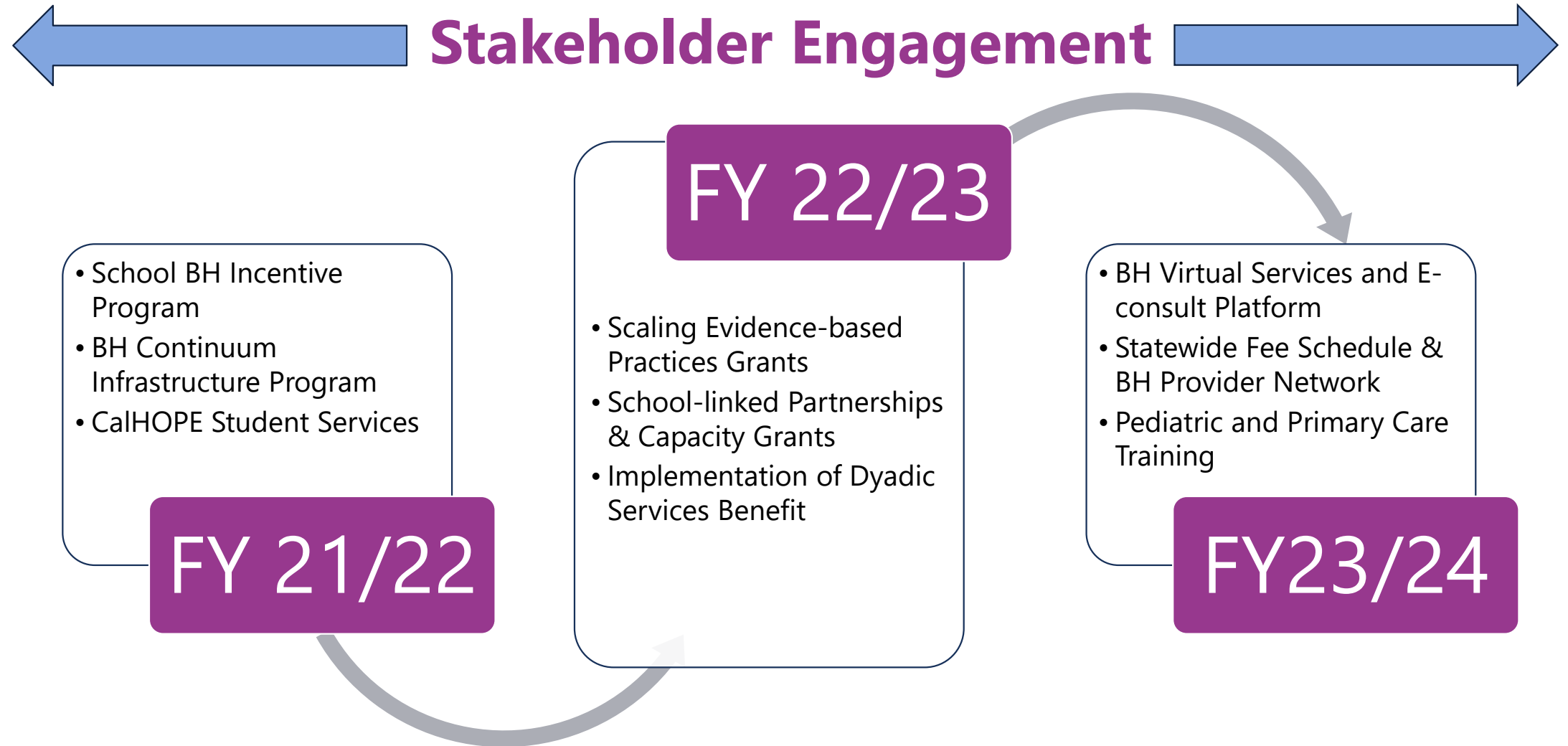**MCP 2023 PHM Readiness Submission** due to DHCS

PHM Program & Service Go–Live

Advisory Group Discussion

Children and Youth Behavioral Health Initiative

Autumn Boylan

Deputy Director

Office of Strategic Partnerships

DHCS CYBHI Overview & Work Stream Launch Dates

Stakeholder Engagement

FY 22/23

FY 21/22
- School BH Incentive Program
- BH Continuum Infrastructure Program
- CalHOPE Student Services

FY 22/23
- Scaling Evidence-based Practices Grants
- School-linked Partnerships & Capacity Grants
- Implementation of Dyadic Services Benefit

FY23/24
- BH Virtual Services and E-consult Platform
- Statewide Fee Schedule & BH Provider Network
- Pediatric and Primary Care Training

Behavioral Health Virtual Services & E-Consult Platform

Launch in 2024
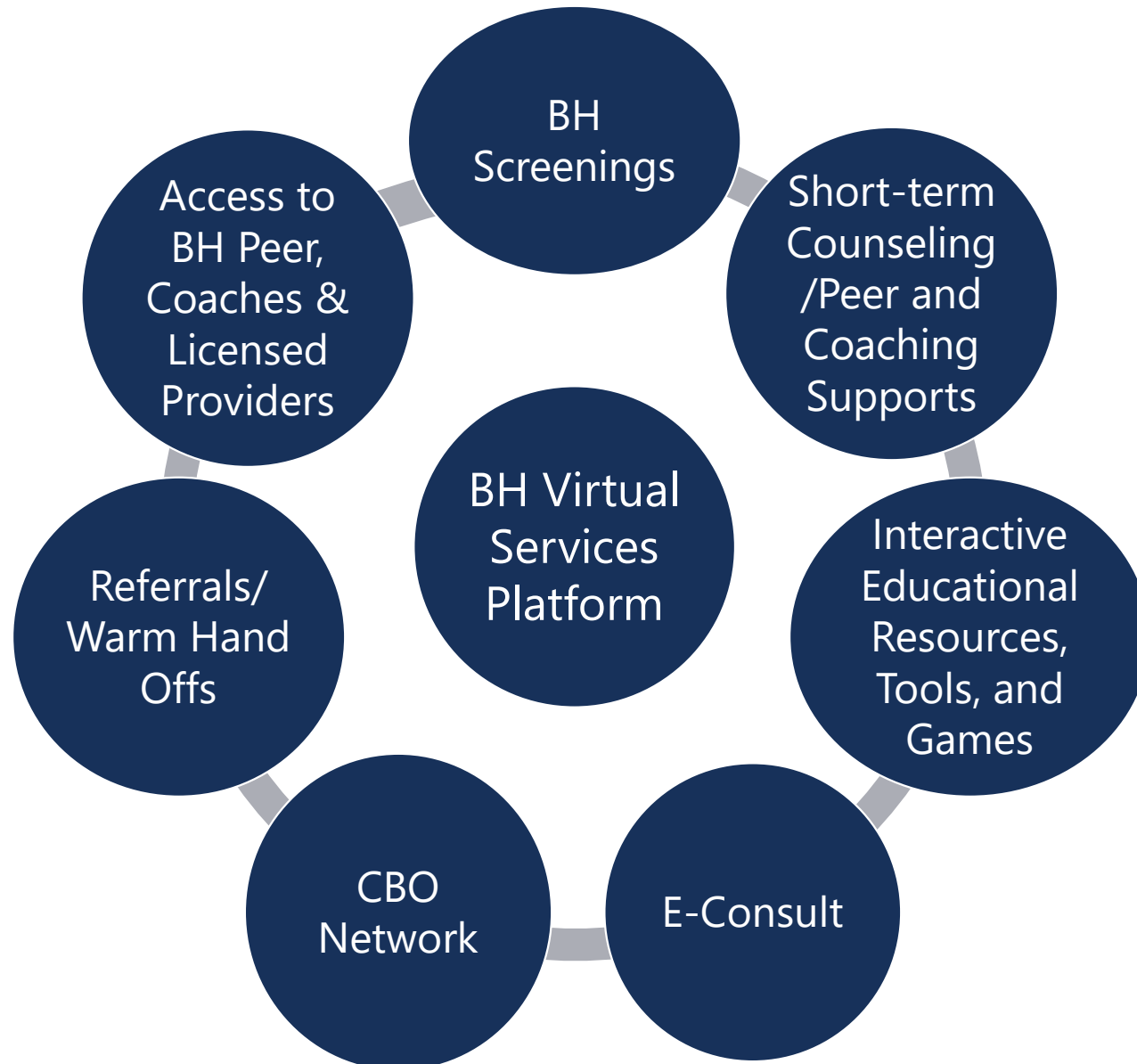
School-Linked Fee Schedule and BH Provider Network

» By January 1, 2024, DHCS, in collaboration with DMHC, will develop and maintain:

  » A school-linked statewide fee schedule for outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site

  » A school-linked statewide provider network of at or near school-site behavioral health counselors

» The Medi-Cal delivery system, including Medi-Cal managed care plans and county BH plans, **AND** commercial health plans are required to reimburse providers for a predefined set of medically necessary outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site

School-Linked Partnerships and Capacity Grants

» Provides direct grants to support new services to individuals 25 years of age and younger from schools, providers in school, school affiliated CBOs, or school-based health centers

» Will support statewide school-linked fee schedule and behavioral health network of providers

» 2021 Budget Act includes $550,000,000 over two years

  » $400,000,000 allocated to pre-school through 12th grade

  » $150,000,000 allocated to institutions of higher education

Potential Recipients

| LEAs | Institutions of Higher Ed | Childcare & Preschools | Health Plans | CBOs | BH Providers | County BH | Tribal Entities |

Scaling Up Evidence Based Practices - Grants

» With input from stakeholders, DHCS will select a limited number of evidence-based practices (EBPs) to scale throughout the state based on robust evidence for effectiveness, impact on racial equity, and sustainability

» Grants to be administered through a third-party grant administrator

» Grantees will be required to share standardized data in a statewide behavioral health dashboard

» 2021 Budget Act includes $429,000,000 in FY 2022-2023

» DHCS will enter into an Interagency Agreement with Mental Health Services Oversight & Accountability Commission (MHSOAC); 10% of total funds earmarked for MHSOAC

Potential Recipients

| Managed Care Plans | Commercial Health Plans | Health Plans | CBOs | BH Providers | County BH | Tribal Entities |

DHCS Stakeholder Engagement Overview

Phase	Objective	Engagement Models (non-exhaustive)
Build accountability & transparency	▪ Provide information in public forum ▪ Promote transparency to the public	▪ Townhall ▪ Webinars ▪ Website
Develop and co-create hypotheses	▪ Provide inputs on leading practices ▪ Be a source of innovative solutioning ▪ Share data and benchmarks to provide objective understanding of current state (e.g., level of scaling of evidence-based practices)	▪ Desk research ▪ Interviews ▪ Listening sessions ▪ Focus groups
Review and refine	▪ Review specific draft deliverables for each workstream in detail (e.g., pressure-testing assumptions, outlines, and approach) ▪ Ensure that the full spectrum of perspectives is reflected in the workstream's draft deliverables ▪ Propose modifications or additions to draft workstream outputs	▪ Think tank / Workshops ▪ Round tables ▪ User testing experience ▪ Digital Diaries
Syndicate and validate	▪ Provide input on considerations for DHCS prior to launch or roll out of major deliverables ▪ Represent the voice of the diverse set of final users ▪ Be a conduit to the community and communicate support for CYBHI outcomes	▪ Listening sessions ▪ Public updates ▪ Webinars
Test & scale	▪ Provide usage-based feedback to enable the state to make continuous refinements ▪ Provide feedback on changing context (e.g., legislative updates) that may need to be incorporated for the long-term sustainability of CYBHI ▪ Provide support for the state to gather data that enables outcome measurement	▪ Surveys ▪ Platform-usage metrics ▪ Public comment

Children and youth will be engaged in co-creation across stakeholder engagement

DHCS Think Tanks

» In April, DHCS will launch two distinct "Think Tanks"

<div>

BH Virtual Services & E-Consult Platform

Evidence-Based Practices Grants

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» The Think Tank will be one of many inputs to inform workstream design

» Think Tank(s) members will actively shape the development of DHCS CYBHI programs through immersive workshops, design-thinking sessions, and other methods for multi-disciplinary engagement

DHCS Think Tanks Strategy - Example

■ Build accountability & transparency ■ Develop and co-create hypotheses ■ Review and refine ■ Syndicate and validate ■ Test & scale
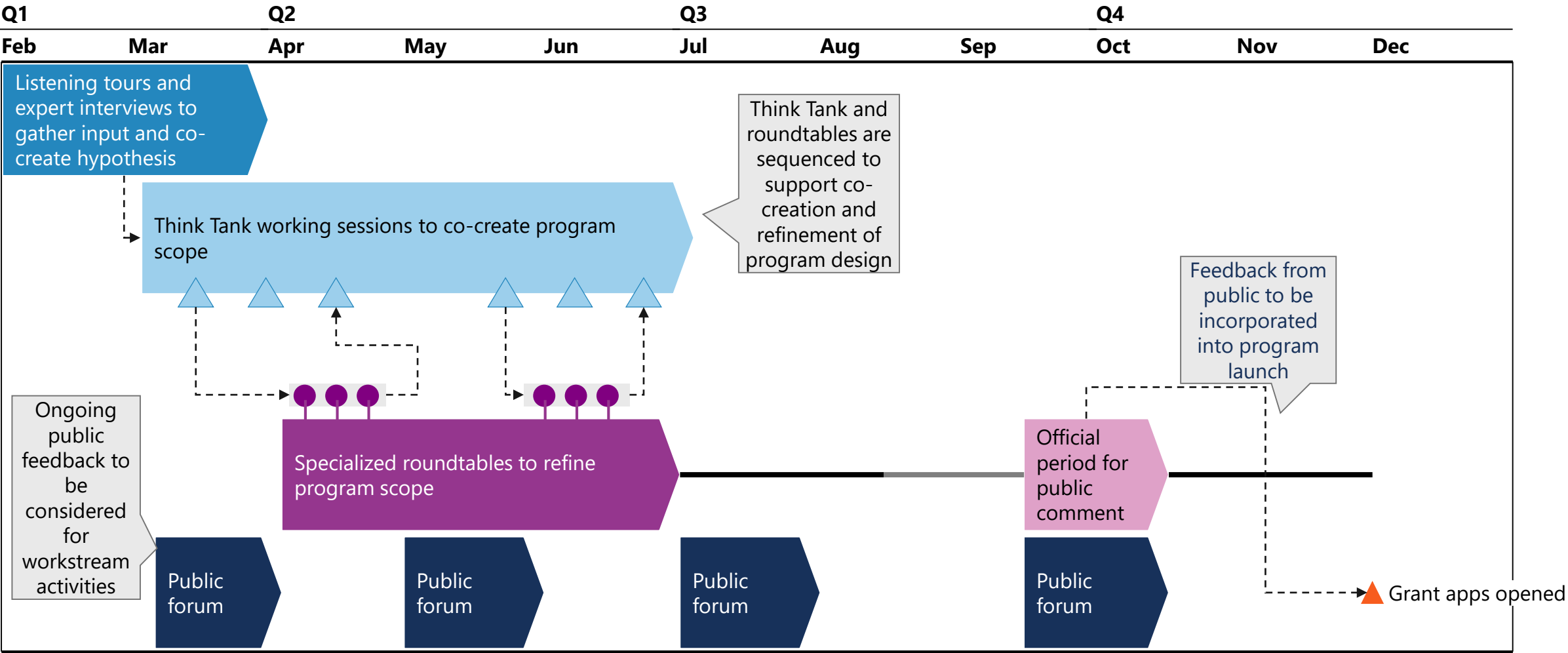
Questions?

DHCS CYBHI Contact Information

DHCS Contact Information for Questions/Feedback: CYBHI@dhcs.ca.gov

DHCS Children & Youth Behavioral Health Initiative Webpage

DHCS School Behavioral Health Incentive Program (SBHIP) Webpage

DHCS Behavioral Health Continuum Infrastructure Program (BHCIP) Webpage

CalHOPE Student Support Webpage

Advisory Group Discussion

CalAIM CCS
Compliance, Monitoring, and Oversight Program

Sarah Brooks

Director

Sellers Dorsey

Effort to support CCS Compliance Monitoring, and Oversight Program: Goal

» In accordance with AB 133, Counties and DHCS agree on components of the compliance program, and metrics to which counties and DHCS will be responsible for and held accountable to.

» Ultimately establish a Memorandum of Understanding (MOU) between DHCS and each county that codifies these agreements

» Aligned with DHCS' Comprehensive Quality Strategy; Medi-Cal's Strategy to Support Health and Opportunity for Children and Families and with priorities established by the California Children's Services Advisory Group

Scope of work

» Sellers Dorsey, a national health care consulting firm, has been engaged to assist DHCS' with this effort

» SOW includes supporting DHCS with:
  » Facilitation of CCS Monitoring and Oversight Workgroup
  » A Compliance and Monitoring Framework
  » The Compliance Metrics and Standards
  » A Process for Reviewing and Updating Metrics and Standards
  » A DHCS/County Implementation Workplan
  » MOU Templates
  » Information Notices to Operationalize MOUs

Advisory Group Discussion

Break

DHCS Telehealth Proposal

Mayra Cano

Health Program Specialist II

Benefits Division

DHCS Telehealth Policy Developments: Background

❖ Medi-Cal telehealth utilization rapidly increased in response to the COVID-19 pandemic

❖ DHCS temporarily approved operating procedures to allow for expanded use of telehealth

❖ As DHCS looks to the future, the Department proposes to permanently adopt several of these flexibilities and additional policies for Medi-Cal covered benefits and services to be provided via telehealth across delivery systems when clinically appropriate

California Children Services (CCS) Telehealth Policy Areas

Patient Consent

Patient Choice of Telehealth Modality

Right to In-Person Services

Establish New Patients via Telehealth

Additional policies in the following Policy Categories:

| Broad-Based Policies First Introduced During COVID-19 PHE | Billing and Coding Protocols | Monitoring Policies | Other Policies to Support DHCS's Guiding Principles |

Policy Area: Patient Consent

Proposed Approach

Enhance existing consent requirements to require a provider to share all the following information at least once with patients before initiating services through telehealth: (i) Right to in-person services; (ii) Voluntary nature of consent; (iii) Availability of transportation to access in-person services when other available resources have been reasonably exhausted; (iv) Limitations/risks of receiving services via telehealth, if applicable; (v) availability of translation services.

Rationale

Supports patient choice and **equitable access** to care by **ensuring patients receive necessary information** regarding care delivery via telehealth to make an informed choice on service delivery modality.

Current State

For all telehealth modalities, providers are required to document verbal or written consent and provide appropriate documentation to substantiate that the appropriate service code was billed. Temporarily during PHE, providers are required to document in the patient's medical record circumstances for audio-only visits and that the visit is intended to replace a face-to-face visit.

Policy Area: Right to In-Person Services

Proposed Approach

- Over time, but no sooner than January 1, 2024, phase in an approach that requires any provider furnishing services through telehealth to also either: **(1)** offer services via in-person face-to-face contact, **or (2)** link the beneficiary to in-person care. If the provider chooses to link the beneficiary to in-person care to satisfy this requirement, they must provide for a referral to and a facilitation of in-person care that does not require a patient to independently contact a different provider to arrange for such care.

- DHCS will consider stakeholder recommendations on ways to ensure access to in-person services and telehealth services without restricting access to either, and work with stakeholders to develop consumer-friendly communications to inform enrollees about right to in-person care.

Rationale

Ensures patients are aware of their **right to access in-person services** without adversely impacting access to either in-person or telehealth services.

Current State

DHCS's Medi-Cal telehealth policy gives providers flexibility to use telehealth as a modality for delivering medically necessary services to their patients. DHCS does not require providers to offer in-person services if they also offer services via telehealth.

Policy Area: Patient Choice of Telehealth Modality

Proposed Approach

Over time, but no sooner than January 1, 2024, phase in an approach that provides patients the choice of an audio-video telehealth modality when care is provided via telehealth. Specifically, if a provider offers audio-only telehealth services, the provider should also provide the option for audio-video services to preserve beneficiary choice.

Rationale

Supports **patient choice, access, and equity**, while allowing providers time to acquire infrastructure necessary to offer additional telehealth modalities.

Current State

Medi-Cal does not require providers offering services via telehealth to offer a specific set of telehealth modalities (e.g., video and audio-only). Patient choice of telehealth modality is limited to those modalities offered by any given Medi-Cal enrolled provider.

Policy Area: Establish New Patients via Telehealth

Proposed Approach

- Clarify providers may only establish a relationship with new patients in-person or via video telehealth visits, subject to certain protections.
- Prohibit establishment of a new patient relationship using telehealth modalities other than video interaction and allow the Department to provide for specific exceptions to this prohibition, which shall be developed in consultation with stakeholders.
- Allow FQHCs and RHCs to establish new patient/provider relationships via asynchronous telehealth when certain conditions are met (based on requirements of the Virtual Dental Home model).
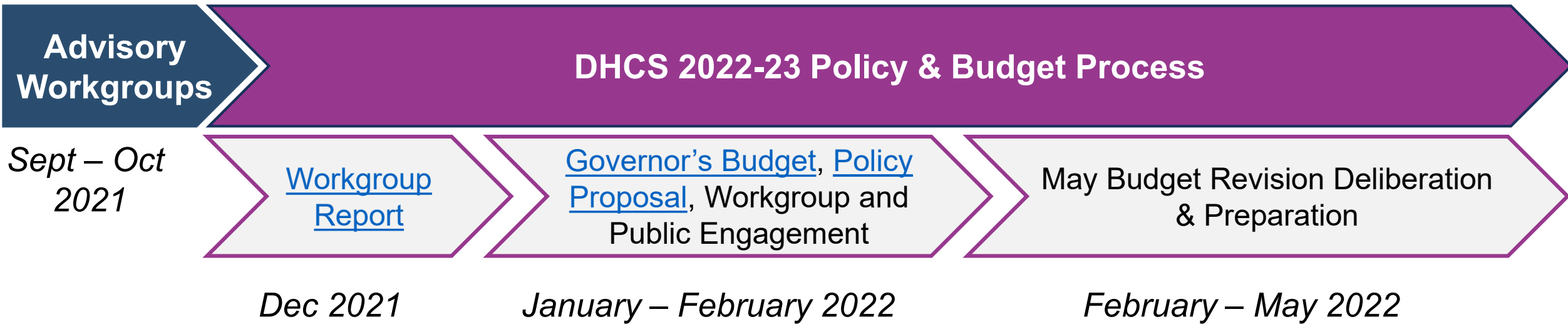
Rationale

Increases access to care by establishing new patients via telehealth while supporting consumer protections.

Current State

During the PHE, DHCS allows providers to use synchronous and asynchronous telehealth for new and established patients in Medi-Cal, including patients served by FQHCs/RHCs.

Post-PHE Policy Development Processes & Timeline

Advisory Workgroups

DHCS 2022-23 Policy & Budget Process

Sept – Oct 2021

[Workgroup Report](#)

[Governor's Budget](#), [Policy Proposal](#), Workgroup and Public Engagement

May Budget Revision Deliberation & Preparation

Dec 2021

January – February 2022

February – May 2022

COVID-19 Public Health Emergency Unwinding

Joseph Billingsley

Assistant Deputy Director

Integrated Systems of Care

Public Health Emergency (PHE) Unwinding

» **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**

» **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.

» **How you can help:**
  » Become a **DHCS Coverage Ambassador**
  » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
  » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - » Flyers in provider/clinic offices, social media, call scripts, website banners

- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Advisory Group Discussion

Medical Therapy Program and California Department of Education

Megan Sharpe

Physical Therapy Consultant

Integrated Systems of Care Division

Medical Therapy Program and California Department of Education

» Initial meetings

» Webinar
  - May 10, 2022 – 10 a.m.

» Partner invitation/participation

» Ongoing meetings

Advisory Group Discussion

Medi-Cal Rx

Harry Hendrix
Branch Chief
Pharmacy Benefits Division

Advisory Group Discussion

Other Program Updates

Sabrina Atoyebi

Branch Chief

Integrated Systems of Care Division

Numbered Letters Priority List for 2022

» Emergency Room – Trauma

» Nurse Practitioner

» Inter-County Transfer

» Continuous Glucose Monitoring

CCS Communications

» Chapter 3.44 - Endocrine Provider Standards ([posted](#))

» CCS Medical Therapy Program Step 3b Guidance Related to Return to In-Person Services ([posted](#))

» Information Notice 21-07: CCS COVID Flexibilities Ending December 31, 2021 (Revised) ([posted](#))

» Information Notice 22-01: Implementation of Assembly Bill 959, Statutes of 2015 – The Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act ([posted](#))

» Numbered Letter 01-0322: Alternative Format Selection for California Children's Services Beneficiaries with Visual Impairments ([posted](#))

Advisory Group Discussion

Public Comment
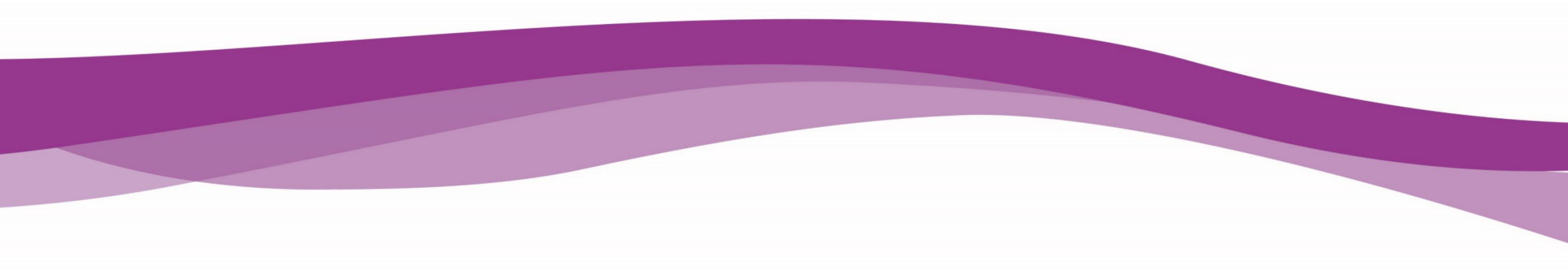
Wrap-up and Next Steps

» CCS Advisory Group Meetings in 2022:
- ✓ July 13, 2022
- ✓ October 12, 2022

» January Meeting Summary ([posted](#)) *pending approval to post

» For CCS Advisory Group information, please visit:

https://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx

» For WCM information, please visit:

http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx

» If you would like to be added to the DHCS CCS interested parties email list, or if you have questions, please email CCSRedesign@dhcs.ca.gov.