Medi-Cal Managed Care Advisory Group Meeting

September 14, 2023 – (Hybrid)
Location: 1700 K St., Sacramento, CA 95814
Webex Event Number (Access Code): 2597 802 0239
Event Password: MCAG*

Join by Phone: +1-415-655-0001 US Toll
Access Code: 2597 802 0239

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

September 2023

Thank you for joining!

Please place all calls on **mute**, not hold, to avoid hold music.

To ask the cohost(s)/panelist(s) a question through chat, use the Q&A option in WebEx.

Once each presenter is done, we ask that you utilize the 'raise your hand' function to ask questions.

Presentation operator will read off questions posed in "Question and Answer" section of the webinar software.

Please note: to send a question or comment during the session, send to all cohosts.

Welcome and Introductions

Amara Bahramiaref

Branch Chief,

Managed Care Policy Branch

⫶HCS

Agenda

» Welcome and Introductions

» ICF/DD and Subacute Care Services Carve-in to Managed Care

» CalAIM: Community Supports

» Community Health Worker (CHW)

  » Health Net

  » Anthem Blue Cross

» PATH Updates

» Updates on 26-49 Adult Expansion and CMS Monthly Unwinding Report for Appeals

» Birth Equity Population of Focus under Enhanced Care Management

» Auto-Assignment Algorithm Updates

» Medi-Cal Managed Care Plan Contract: Managed Care Plan Transitions and 2024 Readiness

» Open Discussion

ICF and Subacute Care Services Carve-in

Bambi Cisneros

Assistant Deputy Director,

Health Care Delivery Systems

DHCS

CalAIM Long-Term Care (LTC) Carve-In

» On January 1, 2023, MCPs in all counties began covering the LTC benefit in Skilled Nursing Facilities (SNFs).

- APL 23-004 was released on March 14, 2023.

» On January 1, 2024, MCPs in all counties will cover the LTC benefit:

- Intermediate Care Facilities for Developmentally Disabled (ICF/DD), ICF/DD-Habilitation (H), ICF/DD-Nursing (N)
  - APL 23-023 was released on August 18 for the ICF/DD carve-in.
- Subacute Care Facilities and Pediatric Subacute Care Facilities

» Enrollment in Medi-Cal managed care will be mandatory for all Medi-Cal members residing in ICF/DD Homes and Subacute Care Facilities.

LTC Carve-In Goals

» Standardize LTC services coverage under managed care statewide.

» Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility.

» Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal members in ICF/DD Homes and Subacute Care Facilities.

» Facilitate a seamless transition for ICF/DD Home residents and Subacute Care Facility members with no disruptions in access to care or services.

» For ICF/DD Homes, maintain the existing infrastructure of ICF/DD Homes and Regional Centers, which includes Lanterman Act protections and the roles and responsibilities of Regional Centers.

ICF/DD Carve-In to Managed Care: Key Policies

Regional Centers' ICF/DD Carve-In Role

» Regional Centers are governed by the Lanterman Act, providing lifelong services and supports to assist those served to lead the most independent and productive lives in their chosen communities.

» The Regional Centers will continue to serve members in the following ways under the ICF/DD Carve-In, as required by the Lanterman Act:

Intake and Assessment	Eligibility Determination	Case Management	Individualized Program Plan (IPP) Development	Purchase of necessary services and supports

Enrollment into a MCP will not change a Member's relationship with their Regional Center. Access to Regional Center services and to the current IPP process will remain the same.

Authorizations

MCPs **must utilize the determination** and recommendation from the coordinating Regional Center and attending physician for a Member's admission to or continued residency in an ICF/DD Home.

» Effective January 1, 2024, MCPs are responsible for approving any new treatment authorization requests for ICF/DD Home services for up to two years.

» MCPs are responsible for all other approved authorization requests for services, outside of the ICF/DD Home per diem rate, for 90 days after enrollment in the MCP, or until the MCP is able to reassess the Member.

» MCPs must turnaround routine authorizations in five days.

Overview of TAR Process

» Regional Centers will continue to submit a referral packet, which includes all relevant diagnostic information, to the ICF/DD Home for review.

» After receiving a referral packet from the Regional Center and confirming bed availability and capacity, the ICF/DD Home completes and submits the following information for authorization to the MCP:

  » Certificate for Special Treatment Program Services form (HS-231)

  » Treatment Authorization Request (TAR) form (LTC TAR 20-1)

  » Medical Review/Prolonged Care Assessment (PCA) form (DHCS 6013A)

  » **ICF/DD-N Homes Only:** Individual Service Plan

» MCPs must utilize these forms as evidence of the Regional Center's determination that the Member meets the ICF/DD Home level of care.

Regional Centers will continue to develop an IPP for each individual with intellectual and developmental disabilities based on their person-centered goals and needs.

Continuity of Care

MCPs must automatically provide 12 months of continuity of care for the ICF/DD Home placement of any Member residing in an ICF/DD Home that undergoes a mandatory transition into an MCP after January 1, 2024.

» This protection is **automatic** – Members do not need to request to stay in their facility.

» Following the initial continuity of care period, Members or their representatives may request an **additional 12 months** continuity of care.

» Continuity of care provides continued access to the following services but may require a switch to in-network providers:

  » Facility, Professional, and Select Ancillary Services

  » Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT)

  » Appropriate Level of Care Coordination

Member Communications

» DHCS will be mailing member notices directly to the affected beneficiaries beginning in November.

   » Member notices will also be mailed to authorized representatives documented within the Medi-Cal Eligibility Data Systems (MEDS).

» The Notice of Additional Information (NOAI) will be posted on the DHCS and Health Care Options (HCO) websites and accessible through a Quick Reference (QR) code in the notices.

» DHCS will also publish a member-facing plain language version of the member notice.

» Member notices and resources will be published on [ICF-DD LTC Carve-In Member Information webpage.](#)

» HCO will conduct a Member call campaign from November-January 2024.

ICF/DD Upcoming Webinars

Topic*	Audience	Date and Time
ICF/DD Carve-In 101 for ICF/DD Homes	ICF/DD Homes & Regional Centers	August 21, 2023 2:30-3:30pm
Office Hours	ICF/DD Homes, Regional Centers, and MCPs	September 8, 2023 10:00-11:00am
Promising Practices	ICF/DD Homes, Regional Centers, and MCPs	October 6, 2023 10:00-11:00am
Billing and Payment	ICF/DD Homes, Regional Centers, and MCPs	November 17, 2023 1:00-2:00pm
Office Hours	ICF/DD Homes, Regional Centers, and MCPs	December 1, 2023 1:00-2:00pm
How Medi-Cal Supports ICF/DD & Subacute Residents	ICF/DD Homes, Regional Centers, Subacute Facilities and MCPs	December 15, 2023 2:00-3:00pm

*These topics may be subject to change based on the needs of ICF/DD Homes, Regional Centers, and MCPs

Subacute Care Services Carve-in to Managed Care: Key Policies

What is Subacute Level of Care?

» Subacute patients are medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

» **Adult subacute care** is a level of care that is defined as comprehensive inpatient care designed for someone who has an acute illness, injury or exacerbation of a disease process.

» **Pediatric subacute care** is a level of care needed by a person less than 21 years of age who uses a medical technology that compensates for the loss of a vital bodily function.

Subacute Care Policies

» The Subacute Care APL is modeled off the SNF APL but tailored to the subacute care population and set of services.

» **Subacute APL Topics:**

  » Benefits

  » Network Readiness

  » Leave of Absence or Bed Holds

  » Continuity of Care

  » Treatment Authorizations

  » The Preadmission Screening and Resident Review

» Facility Payment

» Population Health Management

» Long-Term Services and Supports Liaison

» MCP Quality Monitoring

» Monitoring and Reporting

» Policies and Procedures

Continuity of Care

MCPs must automatically provide 12 months of continuity of care for the Subacute Care Facility placement for Members residing in a Subacute Care Facility and transitioning from Medi-Cal FFS to Medi-Cal managed care after January 1, 2024.

» This continuity of care protection is **automatic** – Members do not need to request to stay in their facility.

» Following their initial continuity of care period, Members or their representatives may request an additional 12 months of continuity of care.

Member Notices

» DHCS will mail targeted notices to members to explain the transition to managed care, member's options, and continuity of care for residents.

  » 60 and 30-day notices explain LTC benefit changes, transition to mandatory managed care, information on MCPs, information on health plan options, information on continuity of care and includes the member's assigned health plan (if a member does not make a choice).

    » If a member does not make an active choice to enroll in a plan, DHCS will complete provider linkage to ensure the member is assigned to the Managed Care Plan that works with the beneficiary's existing provider to avoid any disruption to care.

» Member notices will also be mailed to authorized representatives documented within the Medi-Cal Eligibility Data Systems (MEDS).

Member Communications and Outreach

» Notices will include a Quick Reference (QR) code which links to an online Notice of Additional Information (NOAI) that will provide more details.

  » DHCS will publish member notices and NOAI on the Subacute Carve-In Member Information webpage.

» Health Care Options will conduct a member call campaign starting in November 2023 through January 2024.

Subacute Upcoming Webinars

Topic	Target Audience	Date and Time
Subacute Care 101 for MCPs*	MCPs	September 13, 2023, 10 – 11am
Subacute Carve-In 101 for Subacute Care Facilities	Subacute Care Facilities	September 15, 2023, 9:30 – 10:30am
Billing & Payment	Subacute Care Facilities and MCPs	November 29, 2023, 3 – 4pm
How Medi-Cal Supports ICF/DD and Subacute Care Facility Residents	Subacute Care Facilities and MCPs	December 15, 2023, 2 – 3pm

Webinar will leverage a DHCS MCPC call and not be open to the public

What are Community Supports?

Community Supports are services to address social drivers of health needs. DHCS has pre-approved 14 medically appropriate and cost-effective Community Supports that MCPs are strongly encouraged but not required to offer as substitutes for utilization of other services or settings.

» Community Supports are medically appropriate, cost-effective alternative services that are provided as a **substitute for more costly services or settings**, such as hospitalization, SNF admissions, or ED use.

» Plans offer different combinations of Community Supports.

**Pre-Approved DHCS Community Supports**

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

See [Community Supports Policy Guide](#) and [Community Supports Elections Grid](#).

Reminder: Community Supports Are Administered by MCPs and Delivered by Community-Based Providers

MCPs contract with community-based providers who are experienced
and skilled in serving members who need each Community Support.

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**Medi-Cal Managed Care Plans
(MCPs)**

Example: CBO serving children and families with social needs

Summary of Community Supports Implementation in Year One (CY 2022)

New! The ECM & Community Supports 2022 Implementation Report

DHCS in August 2023 released the ECM and Community Supports 2022 Implementation Report, summarizing data from the first year of the two initiatives.

DHCS

Collection

Medi-Cal Enhanced Care Management and Community Supports

Year One Report: Data on Implementation in Calendar Year 2022

Published August 3, 2023

Get started

California has embarked on a multi-year journey to transform Medi-Cal and provide members with more coordinated, person-centered, and equitable care. In 2022, two cornerstones of this journey -- Enhanced Care Management (ECM) and Community Supports -- launched statewide and reached more than 125,000 managed care plan (MCP) members in the first 12 months of implementation.

Enhanced Care Management

109,004 Medi-Cal MCP members across California received **ECM** in 2022.

Community Supports

36,391 Medi-Cal MCP members across California received 80,859 **Community Supports** services in 2022.

Executive Summary

ECM
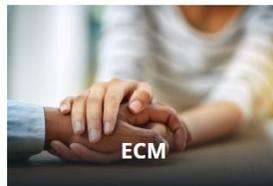
Community Supports

CalAIM: Population Health Management

Building a person-centered, equitable, and connected Medi-Cal system that proactively addresses beneficiaries' care needs

County-Level Data Summary of CITED Grant Awards, As of March 2023
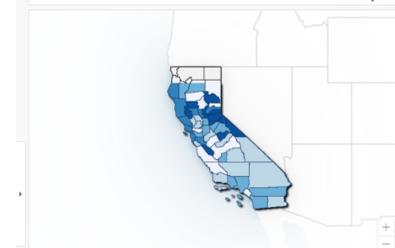
County	Total MCP Members	HHP/WPC Status	Total CITED Funds Awarded	CITED Funds Per 10K Members
Alameda County	387,397	Y	$8,608,176	$222,206
Alpine County	250	N	$34,534	$1,381,365
Amador County	7,811	N	$368,046	$471,190
Butte County	71,787	N	$502,102	$69,943
Calaveras County	11,683	N	$193,864	$165,937
Colusa County	9,379	N	$326,814	$348,453
Contra Costa County	266,575	Y	$450,781	$16,910
Del Norte County	12,453	N	$489,723	$393,257
El Dorado County	35,873	N	$1,694,606	$472,390
Fresno County	468,312	N	$1,537,068	$32,821
Glenn County	11,998	N	$1,710,184	$1,425,391

The interactive report includes:

» **State-level data** on utilization and provider networks

» **County-level data** on utilization, and well as CITED data by county

» **MCP-level data** on utilization

Access the report here:
https://storymaps.arcgis.com/collections/53cc039bc1d54e2e9fc0ac92f5b6511a

Community Supports Launched on January 1, 2022

## Starting in 2022, MCPs elected to begin offering Community Supports.

Number of Community Support Available, by County

Number of Available Community Supports

- 14 Community Supports
- 6 - 13 Community Supports
- Fewer Than 6 Community Supports

» Although Community Supports are optional, every Medi-Cal MCP opted to provide them in the first year of the program.

- » **Every county** had at least 2 Community Supports available.

- » **16 counties** had at least 10 Community Supports available.

- » **Three counties** had all 14 Community Supports available.

» The availability of Community Supports services is continuing to grow in 2023.

- » As of August 2023, **13 counties offered all 14 Community Supports**, and **at least 6 were available in every county**.

36,000 Medi-Cal Members Received Community Supports in 2022

From the end of Q1 2022 to Q4 2022, the number of individual Community Supports services provided had increased by **450%**.

Cumulative Number of <u>Members</u> Who Received Community Supports in CY 2022

Quarter	Value
Q1 CY 2022	14,014
Q2 CY 2022	20,706
Q3 CY 2022	27,591
Q4 CY 2022	36,391

Cumulative Number of Community Supports <u>Services</u> Provided in CY 2022

Quarter	Value
Q1 CY 2022	14,896
Q2 CY 2022	33,759
Q3 CY 2022	56,197
Q4 CY 2022	80,859
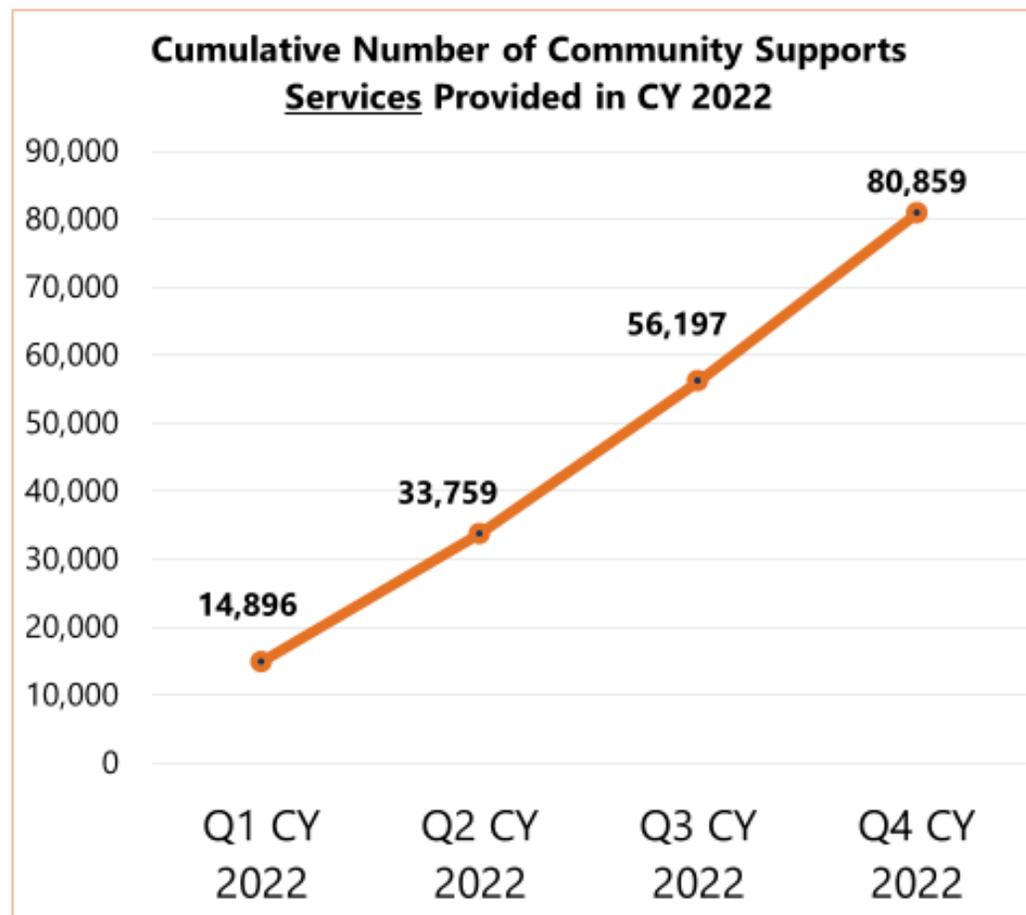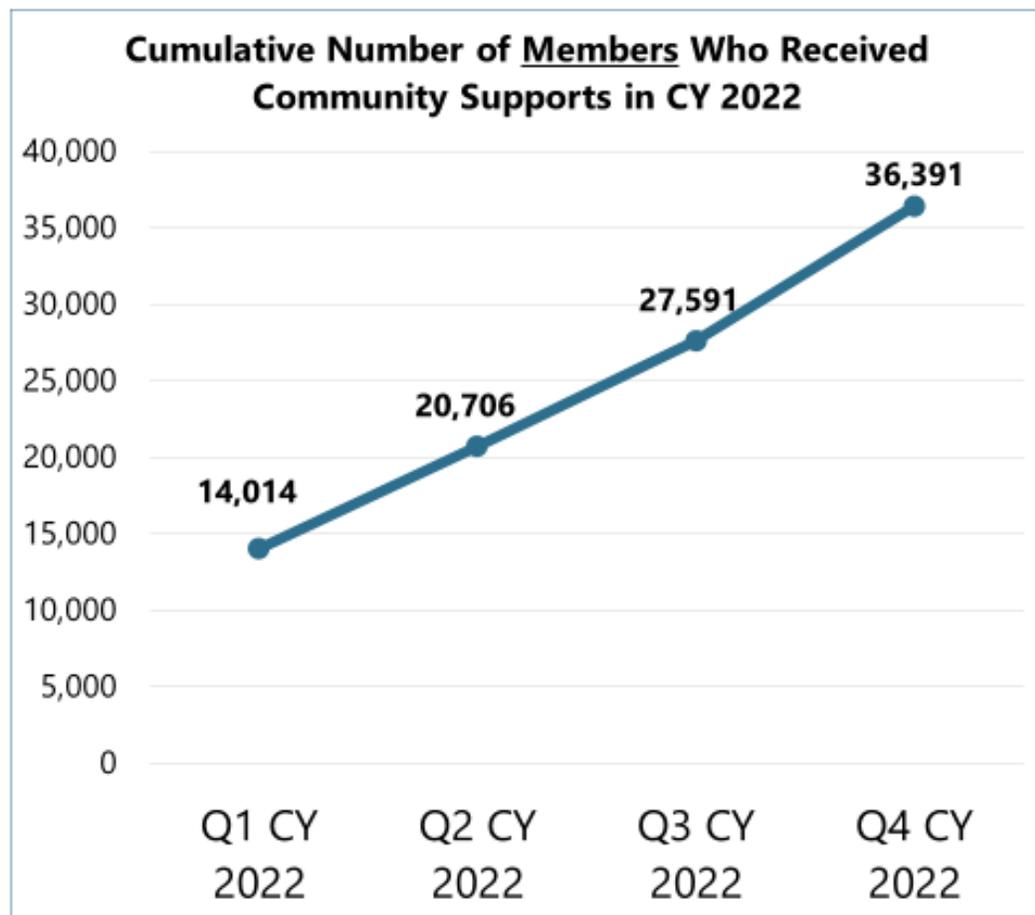
Housing Supports Were The Most Utilized Community Supports in 2022

Over **40%** of members who received Community Supports accessed Housing Transition Navigation Services.

Total Number of <u>Members</u> Who Received Community Supports by Service in CY 2022

Service	Members
Housing Transition Navigation Services	15,314
Housing Tenancy and Sustaining Services	15,231
Medically Tailored Meals or Medically Supportive Food	6,367
Recuperative Care (Medical Respite)	2,435
Housing Deposits	900
Sobering Centers	351
Short-Term Post-Hospitalization Housing	321
Nursing Facility Transition/Diversion to Assisted Living Facilities	248
Asthma Remediation	237
Community Transition Services/Nursing Facility Transition to a Home	168
Day Habilitation Programs	119
Personal Care and Homemaker Services	96
Environmental Accessibility Adaptations (Home Modifications)	60
Respite Services	32

Member Engagement in the 25 Counties With WPC or HHP Before 2022

In these 25 counties, Medi-Cal members who had been receiving the equivalent of the Community Supports under the previous programs automatically transitioned to Community Supports.

Total Number of Members Who Received Community Supports in Counties That <u>Had</u> HHP/WPC
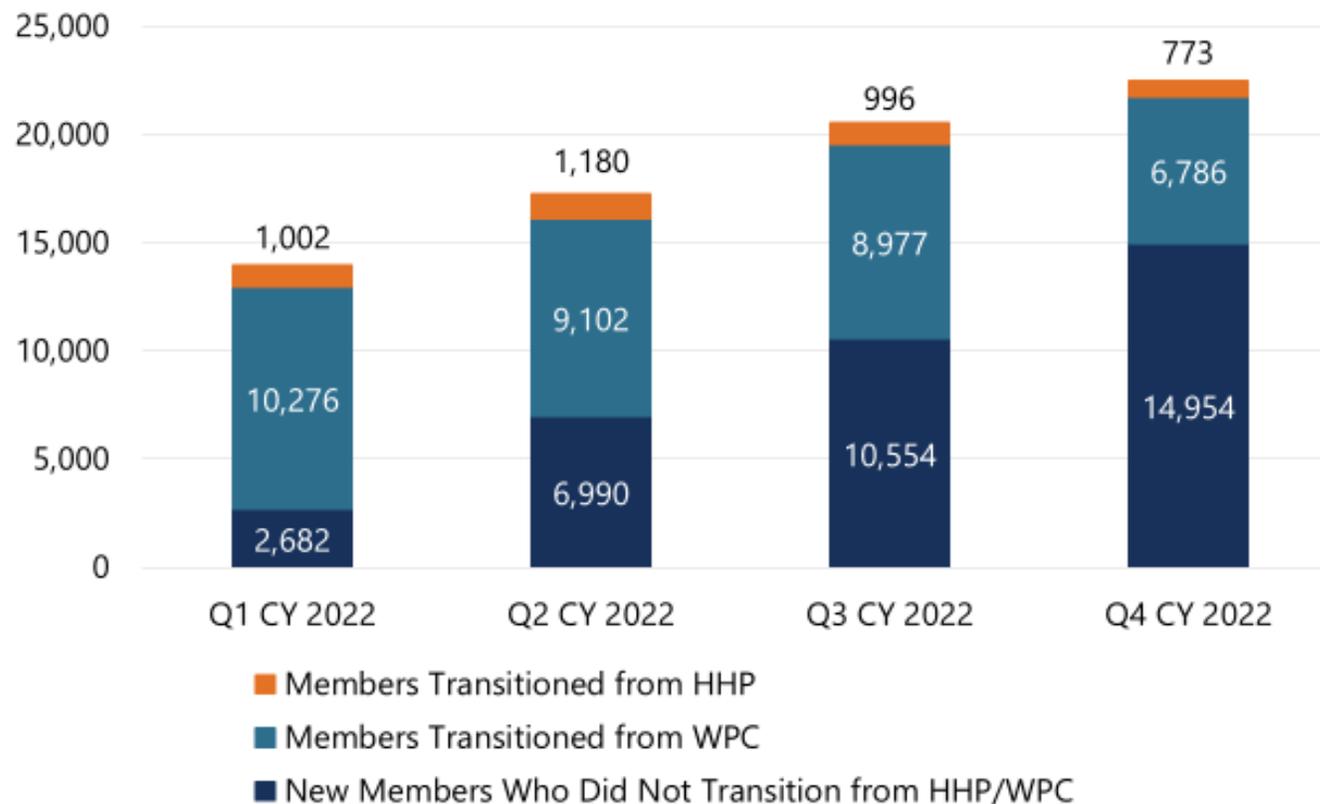
» **The number of members receiving Community Supports for the first time (i.e. members not transitioning from HHP or WPC) grew throughout CY 2022**, suggesting growth in awareness of the services and infrastructure to support referrals and service delivery.

Member Engagement in the 33 Counties Without WPC or HHP Before 2022

As expected, the uptake of Community Supports in counties that did not have HHP or WPC was lower in 2022 compared with counties that did have these programs.

Cumulative Number of Members Who Received Community Supports in Counties That <u>Did Not Have</u> HHP/WPC

	Q1 CY 2022	Q2 CY 2022	Q3 CY 2022	Q4 CY 2022
	55	98	334	482
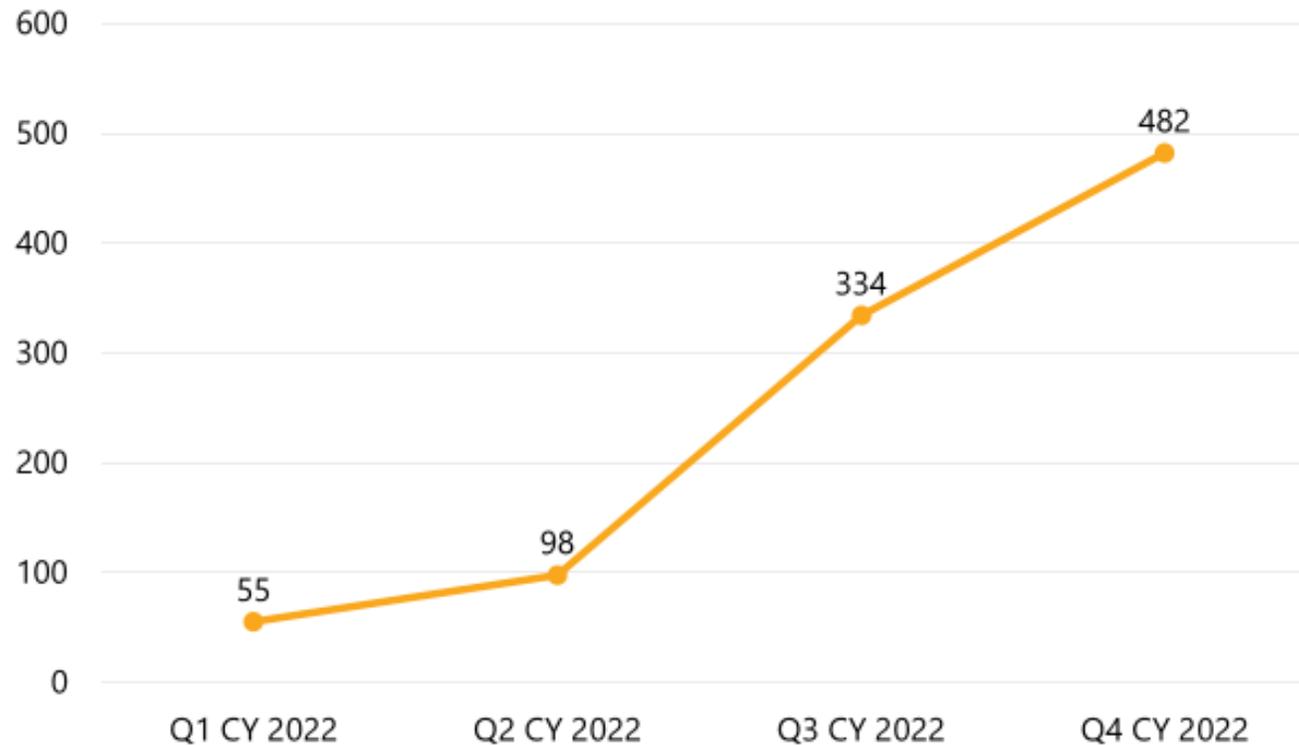
» Compared with counties that participated in HHP or WPC, these counties are generally less populous and more rural.

» These counties did not have HHP or WPC infrastructure to build from to launch Community Supports, meaning that more work was needed to stand up provider networks, strengthen referral pipelines, and enhance delivery infrastructure to support these services in CY 2022.

Networks of Community Supports Providers Were Modest, but Grew Substantially in 2022

The number of providers contracted to deliver Community Supports grew across CY 2022, reaching 454 unique providers with approximately 1,563 contracts with MCPs and by county.

Cumulative Number of Community Supports Providers in CY 2022

Cumulative individual Community Supports providers in CY 2022, as measured by unique NPI

Cumulative Provider "contracts" for Community Supports in CY 2022, as measured by combinations of NPIs, MCP, county, and
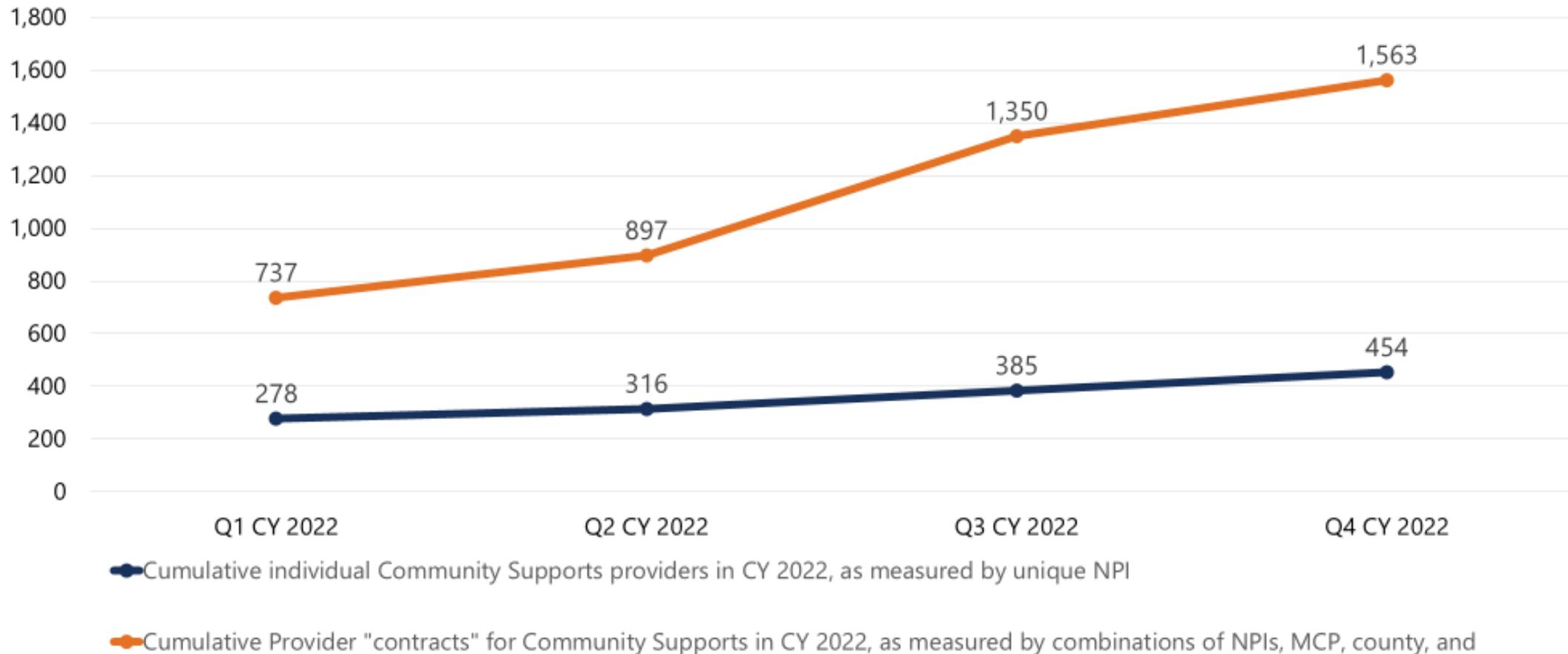
MCPs Developed Contracts Primarily With Non-Traditional Medi-Cal Providers for Community Supports

The vast majority of Community Supports Providers did not fall into traditional Medi-Cal Provider Categories.

Total Number of Community Supports Providers by Provider Type in CY 2022

Provider Type	Number
Local Health Department	2
Organization Serving Justice-Involved Individuals	3
Managed Care Plan	4
County Behavioral Health Provider	10
County	21
Public Hospital, District/Municipal Public Hospital Or Healthcare...	25
Substance Use Disorder Treatment Provider	28
Community Health Center	34
Community Mental Health Center	43
Primary Care Or Specialist Physician Or Physician Group	52
Hospital Or Hospital-Based Physician Group Or Clinic	56
Behavioral Health Entity	82
Federally Qualified Health Center	95
Organization Serving Individuals Experiencing Homelessness	233
Other Qualified Provider or Entity Not Listed In This Chart	875

How DHCS Is Working To Expand Access to Community Supports

Building on the successes of year one, DHCS and its MCP partners are working to expand access to Community Supports by:

» Providing support to Community Supports Providers through **Providing Access and Transforming Health (PATH)**

» Incentivizing MCPs to further increase Community Supports uptake through the **Incentive Payment Program (IPP)**

» Breaking down barriers to Community Supports access through **continuous program and policy improvements**

All 14 Community Supports available in:

Jan 2023 — **11 counties**

July 2023 — **13 counties**

Jan 2024 — **32 counties** *Projected*

Multiple Feedback Loops are Informing DHCS' Oversight of ECM and Community Supports

Stakeholder Advisory Groups

Surveys

Interviews

DHCS Leadership Listening Tours

Data Submitted from MCPs

DHCS' Approach to Continuous Improvement

» At program launch, DHCS standardized some aspects of the Community Supports design while allowing flexibility for MCPs in other aspects through the "Model of Care" process.

» Now 12-18 months into implementation, DHCS consistently hears feedback from providers and CBOs, as well as some MCPs, that increased standardization of the program design is needed. In particular, providers and CBOs point to heavy administrative burden, reimbursement gaps, and significant operational differences between MCPs.

» To address these challenges, DHCS recently released a set of Community Supports policy refinements and areas of reinforcement, which are available in the latest version of the [Community Supports Policy Guide](#).

» DHCS has also identified other priority areas for future design work and engagement with stakeholders.

Key Focus Areas for Updated and Reinforced Policies

1 Standardizing Eligibility

2 Streamlining and Standardizing Referral/ Authorization Processes

3 Expanding Provider Networks and Streamlining Payment

4 Strengthening Market Awareness

5 Improving Data Exchange

GOAL

Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them
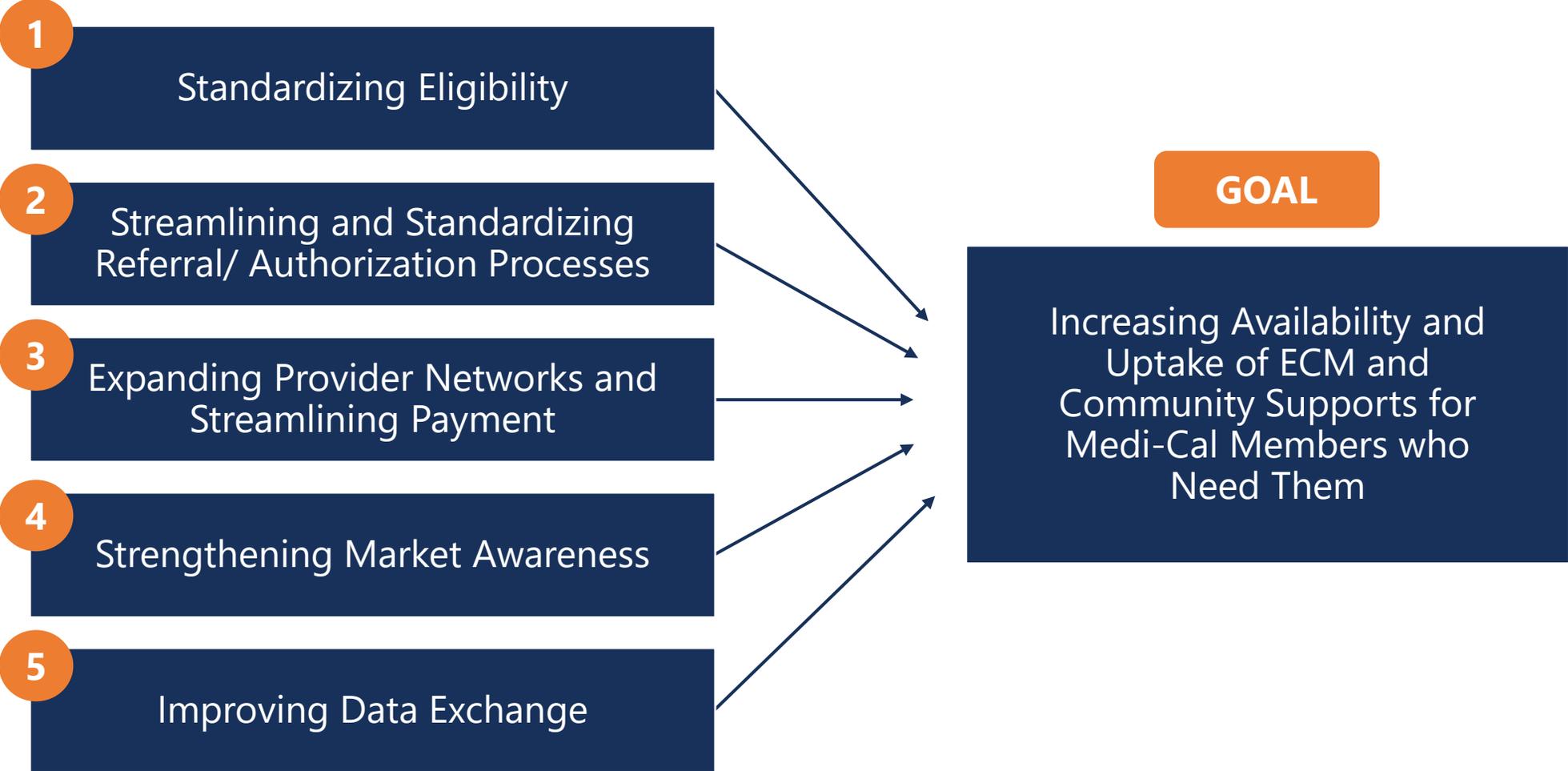
Questions

Please visit the DHCS ECM & Community Supports Website for more information and access to the ECM & Community Supports documents and supporting resources: https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx

Please send questions to CalAIMECMILOS@dhcs.ca.gov

DHCS Resources for ECM & Community Supports

» Learn more about ECM & Community Supports:
  » Policy Guides: ECM & Community Supports
  » Frequently Asked Questions (FAQs)
  » Fact Sheets: ECM & Community Supports
  » ECM Key Design Implementation Decisions
  » ECM & Community Supports Policy "Cheat Sheet"

» Review ECM & Community Supports Guidance Documents:
  » Billing & Invoicing Guide
  » Coding Options
  » Community Supports Pricing Guide (Non-Binding)
  » Data Guidance for Member-Level Information Sharing
  » Community Supports Member Information Sharing Guidance
  » Contract Template Provisions
  » Standard Provider Terms & Conditions

Health Net Investment Strategies Framework Informed CHW Implementation

Not just a Plan, we are a partner to all who serve our Medi-Cal Members, including non-traditional providers

Locally based, nationally backed

How we bridge the gap between local community eco-systems and statewide or national capabilities

It's not about implementing a benefit; it is about building a tighter safety net for our Members by creating community connections

Leveraging Local Relationships to Drive Utilization of new benefits and identify new solutions

» **CHW network development,** prioritized and assessed ECM providers interested in new revenue stream.

» **Invest in Sharing Tools**, that support CHW organizations to document their activity and engage with MCPs.

» **Community Health Detailing**, Health Net is launching an improvement campaign to reduce inequities by tapping into the power of community experts.

» **Community Health Impact Council (CIC),** a collaborative assembly of community & civic leaders who work together to identify social issues at a community level using data to identify ways to improve.

Pathways to the CHW Benefit

DATA MINING and PLAN CAMPAIGNS

Data mine across Health Net's data warehouse to:
  » identify members' social, behavioral, and physical needs data,
  » identify priority populations,

Initiate a campaign with contracted CHW to outreach to members, navigate them to needed medical services as well as to any other needed programs and supports.

We use this data mining to identify Behavioral Health (BH) providers serving members in any priority populations and conduct outreach to the provider to recommend the use of CHWs to their patients to help the member and improve compliance with the care plan.

LEVERAGING REAL TIME DATA – ADT DATA

Concurrent Review Nurses, Care Managers and Clinical Pharmacists - daily rounds to identify members admitted with BH issues
Develop a plan to connect members to CHWs to facilitate PCP and BH provider appointments and engagement, as well as to provide education on medication and treatment plan adherence.
  » CHWs will support members with navigation to non-specialty and specialty behavioral health services as needed upon discharge
  » CHWs will facilitate outpatient follow up for maintenance Medication Assisted Treatment
  » HN Opioid and SUD Program Leads partner with CHWs to get post-ED follow up visits for BH or SUD issues, as measured by improved the FUM and FUA quality measures.

Pathways to the CHW Benefit

ORGANIC REFERRALS

We also are encouraging organic
referral to CHWs by socializing
the CHW benefit to all providers
including BH providers through:
Provider communications,
Frequently Asked
Questions (FAQs), and
our All-Provider Training on how
to use the CHW benefit.

Dyadic behavioral health visit as a data mining example:

We identify members who have not accessed Dyadic Services and:

  » send informational mailers,
  » conduct tailored outreach to these members through our Quality, Population Health, and Care Management teams (plan teams).

We will connect members to CHWs to support with navigation to the appropriate Dyadic services provider.

CHWs who meet the CHW Preventative Services qualifications will assist the dyad to gain access to needed services to support their health through the CHW benefit.

Community Health Worker (CHW)

Nancy Shipman

Anthem Blue Cross

Agenda

» CHW Benefit

» Population Health Management

» Anthem's CHW Model

» Investment in the Future

Medi-Cal Benefit for CHW Services

» Skilled and trained health educators who work directly with individuals who may have difficulty understanding and/or interacting with providers due to cultural and/or language barriers.

» Trusted member of the community they serve and is a link between health, social services, and the community to facilitate access to services and improve the quality and cultural competence of service delivered.

» Known as promotoras, community health representatives, or community health advisors.

» Primary Roles: Health Navigator/Health Educator

CHW Qualifications

Lived Experience

CHW Certificate pathway

Violence Prevention

Work Experience pathway
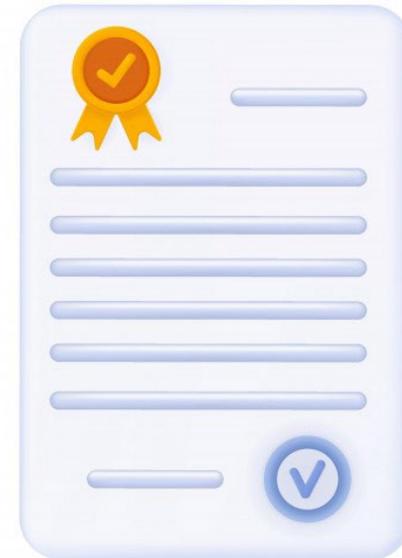
Integration Plan

» Priority populations

» Comprehensive Quality Strategy clinical priorities

» Basic PHM; improve engagement, quality & equity and efficiencies

» 3-Prong Approach

CHW Services-MCP Team

» Launched in 2018 in 4 counties; now offered in 8 counties.

» Published 2/18/23 Journal of Primary Care & Community Health (Observational Analysis of a Generalized, Health Plan-led Community Health Worker Intervention in Medicaid)

» Assessment of social needs, referral to community resources, care coordination, transportation, accompanying member to medical visits, and translation services.

Roles of CHW

» Addressing Social Determinants of Health by providing community resources and connections by advocating for member to receive appropriate resources and services.

» Provides social support and informal counseling.

» Face-to-Face visits – In Home

» Building community partnerships relationships and member linkages

» Offer Interpretation and translation services.

» Serves as a liaison between members and various resources.

» Build rapport with member and their family/support system to encourage engagement with the healthcare team.

CHW Services-MCP Vendor

» Social Interventions vendor

» Focus on eliminating health related social needs

Innovation and Community Involvement

» Creating educational platforms for training of CHW workers

» Internships with CHW programs in High Schools

» Partnering with adult schools to become CHW Supervising Providers

» 21st Annual Conference Visioń y Compromiso "I Am the Change"; Workshop presentation October 5-7, 2023

Questions? Email:
Nancy.Shipman@anthem.com

DHCS

Providing Access and Transforming Health (PATH) Updates

Michelle Wong

Chief, Project Coordination Section

Jasmine Garcia, PATH Unit Chief

DHCS

What is "Providing Access and Transforming Health" (PATH)?

California has received targeted expenditure authority as part of its section 1115 demonstration renewal for the "Providing Access and Transforming Health" (PATH) program to take the State's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. Providing Access and Transforming Health (PATH) is a five-year, $1.85 billion initiative to build up the capacity and infrastructure of on-the-ground partners to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management (ECM) and Community Supports and Justice Involved services under CalAIM.

PATH is intended to complement and enhance other CalAIM funding efforts and should not serve as a primary source of funding. PATH funding for all initiatives is time-limited and should not be viewed as a sustainable, ongoing source of funding.

PATH Program Initiatives

Collaborative Planning and Implementation Program (CPI)

» This initiative provides funding for planning efforts to support the implementation of Enhanced Care Management (ECM) and Community Supports.

Technical Assistance Marketplace (TAM)

» This initiative provides funding for providers, community-based organizations, counties, and others to obtain technical assistance resources needed to implement ECM and Community Supports.

Justice-Involved Capacity Building Program (JI)

» Justice-Involved Capacity Building Program will provide funding to support implementation of pre-release Medi-Cal application and suspension processes.

Capacity and Infrastructure Transition Expansion and Development (CITED)

» CITED provides funding to enable the transition, expansion and development of ECM and Community Supports capacity and infrastructure.

CITED Updates

CITED Background

» PATH provides direct funding to support the delivery of ECM and Community Supports services.

  » Entities, such as providers, CBOs, county agencies, public hospitals, tribes, and others that are contracted or plan to contract with an MCP can apply to receive funding for specific capacity needs to support the transition, expansion, and development of these specific services.

» Sample Funding Activities:

  » Purchasing new billing and data reporting systems necessary to bill Medi-Cal for services;

  » Recruiting, hiring, and onboarding staff that will have a direct role in delivery of Enhanced Care Management or Community Support services

» Visit ca-path.com/cited for updates on future Rounds.
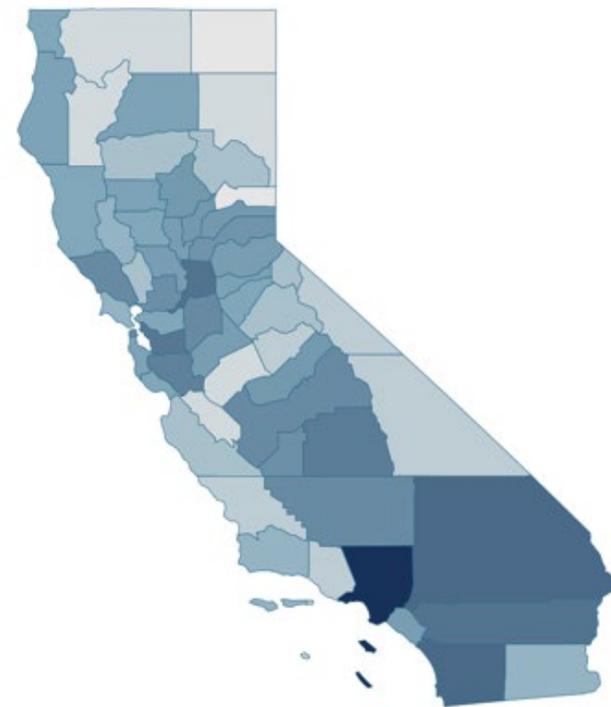
Who Qualifies for CITED Funding?

Applicants must be actively contracted for the provision of ECM / Community Supports or have a signed attestation that they intend to contract to provide ECM / Community Supports in a timely manner

Applicants may include, but are not limited to:

» County, city and local government agencies (including local health jurisdictions);

» Providers (including but not limited to hospitals and provider organizations);

» Community Based Organization (CBOs);

» Tribes, Indian health programs, urban Indian organizations

» Federally Qualified Health Center (FQHC); and

» Others as approved by DHCS as a part of the application

Managed Care Plans (MCPs) are not eligible to receive CITED funding.

CITED Round 1 Summary

DHCS awarded a total of $207 million to 137 organizations in CITED Round 1

231 Applications Received	$ 526M Requested Funding	137 Grantees	$ 207M Funding Awarded

» Round 1 Grant Application was open from August 1 to September 30, 2022.

» Due to the large number of funding requests, Round 1 is split into Round 1A, notifications were sent to those applicants on January 31, 2023 and Round 1B, notifications were sent to those applicants on March 24, 2023.

» Round 1 funding disbursement has begun and initial payments will occur between May-August.

"Sample Uses of Funding" can be found in the PATH CITED guidance which is available on the PATH CITED webpage.

CITED Round 2 Funding Goals

DHCS is considering data as it becomes available to help inform funding priorities for Round 2 including:

» ECM provider penetration statewide and regionally.
» Utilization of ECM among managed care plan members by **population of focus.**
» Community Support providers and utilization among managed care plan members by the **type of Community Support service.**
» Information regarding **gaps in services or for specific populations of focus** from PATH Collaborative Planning efforts, **CalAIM feedback loops, listening sessions, and input from stakeholders.**

While additional Goals may be added or refined, DHCS will seek to support capacity building for the following:

» **Children/Youth** Entities seeking to becoming ECM providers for Children / Youth Populations of Focus, which goes live for ECM on July 1, 2023.
» ECM/Community Support providers in **rural communities.**
» **Tribal Partners**, Tribes, Indian health programs, urban Indian organizations seeking to become ECM or Community Support providers.
» **Nursing Facility Transitions**: Entities looking to provide Community Support services that support to nursing facility transition.

CITED Round 2 Updates

PCG and DHCS are currently conducting reviews of Round 2 applications

» Round 2 application window opened on February 28 and closed on May 31, 2023.

» DHCS received approximately 300 applications for over $600 million requested funds.
   » A majority of applicants identified as Community-Based Organizations.

» DHCS is reviewing Round 2 applications now and are looking to make announcements in October 2023.

» Reminders:
   » Applicants may request CITED funding for no more than 2 years per funding round.

» Submit questions directly to cited@ca-path.com.

Organization Type

Providers

Medi-Cal Tribal or Designee of Indian Health Program

Other

Federally Qualified Health Center

County, City, or Local Government Agency

Community-Based Organization
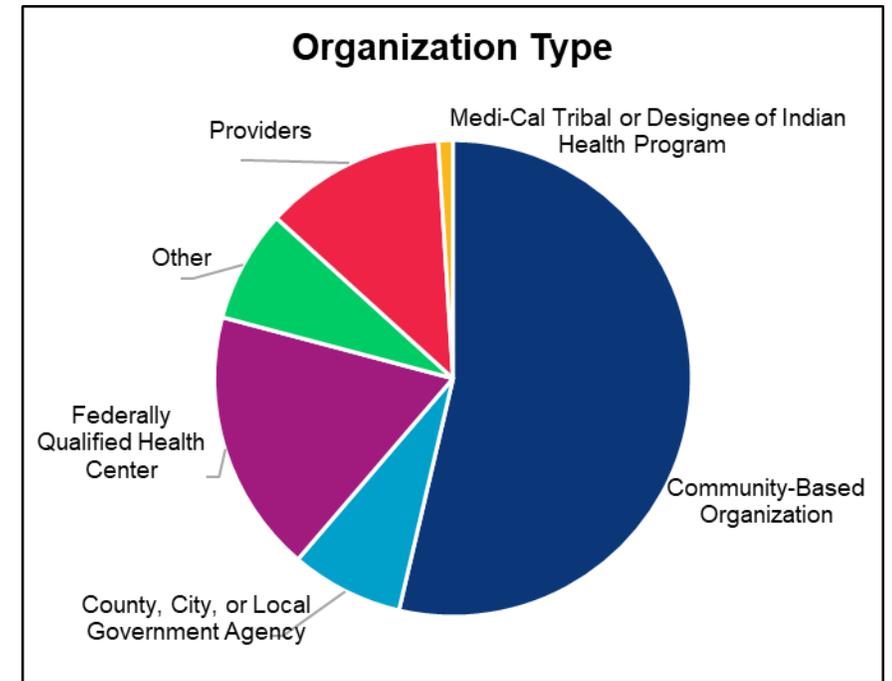
Collaborative Planning and Implementation Updates

Collaborative Planning and Implementation Initiative

» Local Collaborative Planning and Implementation (CPI) collaboratives work together to identify, discuss, and resolve topical implementation issues and identify how PATH and other CalAIM funding initiatives – including the CalAIM Incentive Payment Program – may be used to address topical program implementation gaps and improve outcomes.

» PATH TPA works with stakeholders in the region to convene and facilitate county/regional CPI efforts.

Collaborative Planning and Implementation Initiative

Critical Activities

» **CPI Participant Registration** launched January 2023. Participant registration is open and accepted on a rolling basis. Click here to register!

  » Currently there are 780 participant organizations registered.

» **There are 10 CPI facilitating organization for 25 CPI Collaboratives.** Each meet monthly. Focus areas for CPI collaboratives include:

  » Identifying ECM/Community Supports needs and gaps within the community

  » Identifying and resolving implementation issues

  » Monitoring how PATH funds are used to address implementation issues and disseminating best practices

  » Disseminate and help share DHCS updated policies on ECM/Community Supports

» For **more information** visit https://ca-path.com/collaborative or submit questions directly to collaborative@ca-path.com.

Collaborative Planning and Implementation Initiative

Eligible Entities

Entities eligible to participate in a CPI collaborative include the following:

» Community-Based Organization (CBO)

» County, City, or Local Government Agency

» Federally Qualified Health Center (FQHC)

» Medi-Cal Managed Care Plans (MCPs), including those entering the market beginning 1/1/2024 (MCP)

» Medi-Cal Tribal and Designee of Indian Health Program

» Providers (including, but not limited to, hospitals and provider organizations)

» Others as approved by DHCS

Collaborative Planning and Implementation Initiative

Upcoming Activities

» **CPI Best Practices Webinars** are scheduled for **October 27, 2023**, with another to follow in December 2023.

- » These public webinars will discuss best practices that have emerged from the facilitator groups
- » Theme for October's webinar is "ECM and Community Supports Provider Peer Support and Contracting Self-Assessment."
- » Additional information on registering for these webinars will be available shortly.

» Participant registration will remain open throughout the CPI Initiative.

- » Interested participants are encouraged to learn more about the CPI initiative and submit the Participant Registration form at ca-path.com/collaborative.

TA Marketplace Updates

What is the Technical Assistance (TA) Marketplace?

The Technical Assistance (TA) Marketplace is a one-stop-shop website where entities can access <u>free</u> TA services from approved vendors

» TA resources provided through the virtual TA Marketplace are designed to help approved TA recipients successfully needed to implement Enhanced Care Management and Community Supports.
   » The TA Marketplace is managed by the PATH TPA
   » The TPA contracts with vendors to provide TA services to eligible entities as part of the marketplace
   » The Round 3 vendor application targeted to open in October 2023.
» Entities may register to receive hands-on technical assistance support from vendors and access off-the-shelf TA resources in pre-defined TA domains
   » **The TA Recipient Registration application is open and ongoing.**
   » Interested entities are invited to learn more, browse the TA Marketplace, and apply to receive TA services by visiting ca-path.com/ta-marketplace.
» **Entities do not need to be registered to browse TA Marketplace offerings**
   » Anyone can view approved vendors and resources on the TA Marketplace

Different TA Options Available

TA recipients may access <u>both</u> **Off-the-Shelf TA Projects** and **Hands-On TA Projects** certain TA Domains

TA Domain	Approved Vendors per Domain
Domain 1: Building Data Capacity: Data Collection, Management, Sharing, and Use	35
Domain 2: Community Supports Strengthening Services that Address the Social Drivers of Health	30
Domain 3: Engaging in CalAIM through Medi-Cal Managed Care	31
Domain 4: Enhanced Care Management (ECM) Strengthening Care for ECM "Populations of Focus"	28
Domain 5: Promoting Health Equity	19
Domain 6: Supporting Cross-Sector Partnerships	28
Domain 7: Workforce	20

TA Marketplace Updates

Entities interested in TA can work with a vendor and submit TA project applications at any time. Submissions are accepted and reviewed on a rolling basis.

» Examples of Technical Assistance Projects funding through the TA Marketplace:

» **CalAIM Compliance** – Off-the-Shelf project to assist with the development of policies and procedures, control and compliance infrastructure, billing and invoicing claims, program workflow, and financial management

» **CalAIM Contracting Support** – Off-the-Shelf Project to assist with getting to contract, ECM/CS guidelines, and documentation required for final contract.

» **Data Infrastructure and Strategy** – Hands-On Project assisting in implementing new systems to help manage data workflows, enhance reporting and tracking, and build further capacity that allows the provider to rapidly and efficiently expand their program to reach more patients.

» **Community Goal Setting & Business Development** - Off-the-Shelf Project that engages stakeholders to document overall goals for their CalAIM initiative, including understanding needs and priorities for implementation of CalAIM, identifying initiative goals, developing a shared language and a list of business cases for the initiative.

Planned activities to improve awareness and use of the TA Marketplace

DHCS and the PATH TA Marketplace's third-party administrator, PCG are working on strategies to drive awareness, traffic, and use of the TA Marketplace

» Improve awareness among Medi-Cal Tribal and Designee of Indian Health Programs as TA Recipients

  » Community based organizations (CBOs) continue to be the most popular organization type, with Medi-Cal Tribal and Designee of Indian Health program being the least.

  » PCG is working with the TACT and CPI workstream to determine the best path for outreaching Tribal and Designee of Indian Health programs. If available, we would also like to do an analysis of current MCO contracting data, to determine areas of high need and low penetration for CBOs and other organization types.

» Geographic diversity

  » Currently received applications continue to be concentrated in LA County.

  » PCG is working with the CPI workstream to increase outreach, marketing, and penetration across other regions of the state.

» Improving use experience of the TA Marketplace website to have enhance "browsing" and shopping.

» Completing application process.

Resources to Navigate the TA Recipient Eligibility Application Process

» **Entities interested in understanding vendors and technical assistance resources available on the TA marketplace can browse the web site.**
  » If you're having trouble browsing for resources, please contact ta-marketplace@ca-path.com and PCG can assist you.

» The PATH Sign Up and Password Reset Guide walks through much of the process, including the process for utilizing the Authenticator App
  » The free Microsoft Authenticator App must be downloaded separately.
  » The PATH Sign Up and Password Reset Guide can be found in the Reference Materials section of the TA Marketplace website
  » A walkthrough of how to navigate through each step of the TA Recipient Eligibility Application will made available on the website soon

» Organizations that are still experiencing difficulties can also send a note to ta-marketplace@ca-path.com, and a member of the TA Marketplace team will help them troubleshoot

» **Multi-factor authentication (MFA) is a requirement of California's State Information Security Office.**

PATH Justice Involved (JI) Initiative

The Justice-Involved Reentry Initiative is One Component of the CalAIM Justice-Involved Initiative

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry.

Initiatives Include:

90 Days Services Pre-Release (1115 Waiver)

Enhanced Care Management

Justice Re-Entry and Transition Providers

Pre-Release Medi-Cal Application Processes

Behavioral Health Linkages

Community Supports

Re-entry
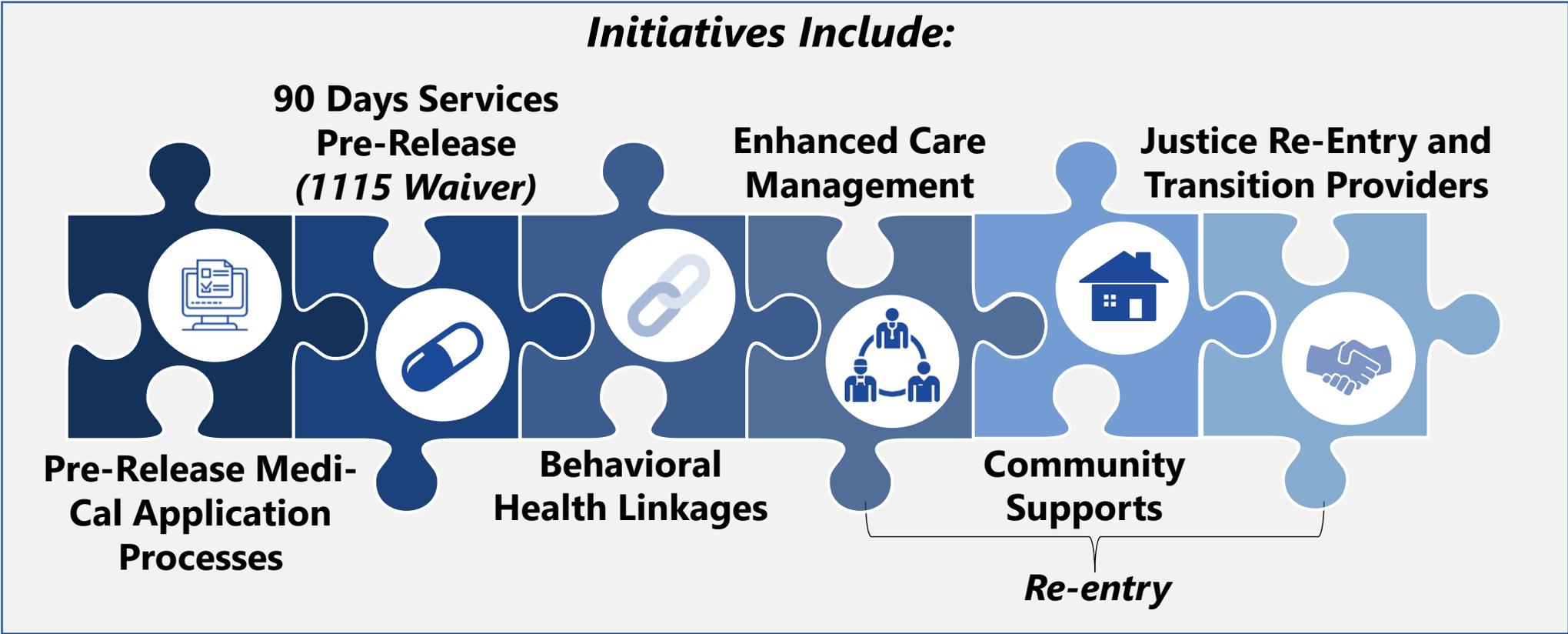
Providing Access and Transforming Health (PATH) Capacity Building Program

The approved CalAIM 1115 waiver authorizes $410 million for PATH Justice-Involved Capacity Building Program to support collaborative planning and IT investments intended to support implementation of pre-release and reentry planning services in the 90 days prior to release.

Funding from the PATH Justice-Involved Capacity Building Program will provide implementation grants to correctional facilities (or their delegates), county behavioral health agencies, community-based providers, probation officers, sheriff's offices, and other implementation stakeholders.

Funding is intended to support eligible entities as they stand-up processes, protocols, and IT system modifications that are necessary to implement or modify processes to support the provision of pre-release services.

This funding can be used for investments in personnel, capacity, or IT systems that are needed to effectuate pre-release service processes.

DHCS will provide detailed guidance on PATH applications.

PATH JI Capacity Building Program

» **Round 3** will provide funding to support the planning and implementation of the provision of targeted pre-release Medi-Cal services to individuals in state prisons, county jails, and youth correctional facilities who meet the eligibility criteria as outlined in the CalAIM Section 1115 Demonstration approval. This funding will also support county behavioral health agencies to implement behavioral health linkages as required by AB 133. PATH funds will be available to support investments in personnel, capacity, and/or IT systems that are needed for collaborative planning and implementation in order to effectuate pre-release service processes. These PATH capacity building funds are available to qualified entities and will be distributed based on how entities meet certain performance milestones.

» **Rounds 3 and 4** to support implementation of pre-release services is TBD.

» For more information visit https://www.ca-path.com/justice-involved or submit questions directly to justice-involved@ca-path.com.

Key Differences between CITED & JI

	CITED	JI
Eligibility	» County, city and local government agencies (including local health jurisdictions); » Providers (including but not limited to hospitals and provider organizations); » Community Based Organization (CBOs); » Tribes, Indian health programs, urban Indian organizations » Federally Qualified Health Center (FQHC); and » Others as approved by DHCS as a part of the application	» County Behavioral Health Agencies » County Sheriff's Offices to support county jails » County Probation Offices to support youth correctional facilities » California Department of Corrections and Rehabilitation (CDCR) to support state prisons
Program Goals	The CITED Initiative awards successful applicants to enable the transition, expansion, and development of ECM and Community Supports capacity and infrastructure.	This program provides funding to support collaborative planning, salary supports, and funding for IT system modifications necessary to implement pre-release Medi-Cal services

Questions?

General Questions: **1115PATH@dhcs.ca.gov**
CITED: **cited@ca-path.com**
CPI: **collaborative@ca-path.com**
TA Marketplace: **ta-marketplace@ca-path.com**

DHCS

Updates on (26-49) Adult Expansion and CMS Monthly Unwinding Report for Appeals

Harold Higgins, MPA, Chief,

Program Review Branch

DHCS

Unwinding Reports

» [Data and Statistics (ca.gov)](#)

Medi-Cal Transformation Overview

Med-Cal is...

...**building a more equitable health system** for members with new providers and services **that go beyond the doctor's office or hospital.**

...providing more **comprehensive, personalized, and coordinated care** to all members, **with more focused support for those with complex needs.**

...**standardizing benefits** across the state **so Californians have access to the same high-quality services and care no matter where they live.**Tex

» **Physical Health Care**

» **Mental Health and Substance Use Disorder Treatment**

» **Dental Care**

» **Vision and Hearing Care**

» **Population Health Management**

★ **Enhanced Care Management**

» **Community Supports**

» **Justice Involved Initiative**

» **Behavioral Health Modernization**

» **Managed Care Plan Transformation**

» **Medicare Medi-Cal Plans**

» **Coverage for Long-Term Services and Supports**

What is Enhanced Care Management (ECM)?

ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for members with complex needs.

» DHCS' vision for ECM is to **coordinate all care for eligible members**, including **across the physical, behavioral, and dental health delivery systems**.

» ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with members where they live, seek care, or prefer to access services.

» ECM is the **highest tier of care management** for Medi-Cal MCP members.

Medi-Cal MCP Care Management Continuum

ECM

Complex Care Management
For MCP members with higher- and medium-rising risk

Basic Population Health Management
For all MCP members

Transitional Care Services
For all MCP members transitioning between care settings

What Are the ECM Core Services?

ECM is available to members until their care plan needs are met or they opt out of the benefit, which they can do at any time. Members in ECM receive seven core services based on their individual needs.

- Outreach and Engagement

- Comprehensive Assessment and Care Management Plan

- Member and Family Supports

- Enhanced Coordination of Care

- Coordination of and Referral to Community and Social Support Services

- Health Promotion

- Comprehensive Transitional Care

This includes scheduling appointments, coordinating transportation and accompanying members to appointments as needed.

ECM Lead Care Managers are strongly encouraged to screen ECM members for Community Supports and refer to those supports when eligible and available.

Who Is Eligible for ECM?

ECM is available to MCP Members who meet ECM "Population of Focus" (POF) definitions.

ECM Population of Focus	Adults	Children & Youth
1 Individuals Experiencing Homelessness	✓	✓
2 Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
3 Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4 Individuals Transitioning from Incarceration *(Statewide Go-Live 1/1/2024)*	✓	✓
5 Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6 Adult Nursing Facility Residents Transitioning to the Community	✓	
7 Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8 Children and Youth Involved in Child Welfare		✓
9 Birth Equity Population of Focus *Go-Live 1/1/2024*	✓	✓

Prior to January 2024, ECM is available to pregnant and postpartum individuals who meet the criteria for any other ECM Population of Focus. During this time, DHCS emphasized that MCPs should create networks with the unique expertise to serve pregnant and postpartum individuals.

ECM Population of Focus #9:
Birth Equity POF Definition

» **Adults and youth who:**

1. Are pregnant **or** are postpartum (through 12 months period); and

2. Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

Notes on the Definition:

» Clause (1) with "pregnant or are postpartum," with "postpartum" period defined as **the 12-month period following the last day of the pregnancy (irrespective of whether live or still birth delivery, or spontaneous or therapeutic abortion).**

» Clause (2) is identified based on the California Department of Public Health's most recent State public health data (including the Prenatal Care Dashboard and Pregnancy-Related Mortality Dashboard), the racial and ethnic groups experiencing disparities in care for maternal morbidity and mortality are **Black, American Indian and Alaska Native (AI/AN), and Pacific Islander** pregnant and postpartum individuals. This maternal morbidity and mortality data will be calculated at the State level (not county level) to guide ECM eligibility at the MCP and Member level.

Why Create a Birth Equity POF?

» DHCS created the Birth Equity ECM eligibility pathway in recognition that **race, and ethnicity are independent risk factors for poor birth outcomes** that can be addressed through whole-person care management.

» DHCS covers more than 1 in 3 Californians and **almost half of all children and annual births in the state.**

» **Reducing racial and ethnic disparities among birthing people** is a core part of the Bold Goals in DHCS' Comprehensive Quality Strategy.

BOLD GOALS: 50x2025

STATE LEVEL

- Close racial/ethnic disparities in well-child visits and immunizations by 50%
- Close maternity care disparity for Black and Native American persons by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow up for mental health and substance use disorder by 50%
- Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Questions?

CalAIMECMILOS@dhcs.ca.gov

DHCS

Auto-Assignment Algorithm Updates

Priya Motz, Chief,

Quality & Health Equity Transformation Branch

Historic Incentive Program

» Quality measure performance rates
  » Cervical Cancer Screening (CCS)*
  » Childhood Immunization Status – Combination 10 (CIS-10)
  » Controlling High Blood Pressure (CBP)*
  » Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC-Pre)

» Safety net measures
  » AB-85 25% Reduction for Inadequate Safety Net PCP Assignment
    » Percentage of hospital discharges from Disproportionate Share Hospital facilities (based on OSHPD hospital discharge data).
    » Percentage of members assigned to PCPs who are safety net providers (based on rates provided by the MCPs that have been validated by DHCS and validation of a sample of screen prints verifying PCP assignments).

» Encounter data quality
  » Encounter data quality adjustments based on an encounter data grade.

Proposed Incentive Program

Period	Counties	Options / Recommended Approach
Q1 & Q2 2024	Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara	MY 2022 AQFS regional rate for the selected set of measures
	Alpine, El Dorado, Fresno, Kern, Kings, Madera, Stanislaus, Tulare	Alpine and El Dorado County will be 50/50 split (HPSJ is new to the region) Remainder counties, MY 2022 AQFS regional rate for the selected set of measures

Regional Categorizations

Regions	Counties
Central Coast Region	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Southeastern Region	Imperial, Riverside, San Bernardino
San Francisco Bay/Sacramento Region	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma, Sacramento
North/Mountain Region	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, Placer, El Dorado, Sutter, Yolo, Yuba
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
Southern Coast Region	Los Angeles, Orange County, San Diego

Quality Metrics

» Well Child Visits in the first 30 Months of life-Well-Child Visits in the first 15 months
» Well Child Visits in the first 30 Months of life-Well-Child Visits for age 15 months-30 months
» Child and Adolescent Well-Care Visits (WCV)
» Childhood Immunization Status – Combination 10 (CIS-10)
» Immunizations for Adolescents: Combination 2 (IMA-2)
» Comprehensive Diabetes Care: HbA1c   Poor Control (>9.0%) (CDC-H9)
» Controlling High Blood Pressure (CBP)
» Follow-Up After Emergency Department Visit for Mental Illness (FUM)
» Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
» Depression Screening and Follow-Up for Adolescents and Adults
» Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)
» Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)
» CAHPS—Getting Timely Care: Adult & Getting Timely Care: Child
» CAHPS—Getting Needed Care: Adult & Getting Needed Care: Child

Safety Net Measures

» DHCS will be following Medi-Cal Member enrollment into applicable Safety Net Providers on a continuous cycle.

» Adjustments will be made to the auto-assignment algorithm for MCPs who are assigning the required amount of its Members, who do not choose a PCP, to an identified Safety Net Provider.

   » There can be up to a 25% reduction in net default allocation for MCPs found to be nonadherent to the requirements within AB 85.

   » Adjustments will be made to the auto-assignment algorithm on an annual basis using the previous year's monitoring data.

Encounter Data Quality

» DHCS will be monitoring encounter data quality independently from the auto assignment incentive program.

» Enforcement action will be prioritized

  » Monetary and non-monetary actions;

  » Corrective action plans;

  » Quality improvement projects focused on enhancing encounter data.

Questions?

MCP Transition Principles

DHCS is applying the following principles to guide the planning, implementation and oversight of the 2024 transition:

» Plan for a smooth and effective transition.

» Minimize service interruptions for all members, especially for vulnerable groups most at risk for harm from interruptions in care.

» Provide outreach, education and clear communications to members, providers, MCPs, and other stakeholders.

» Proactively monitor MCPs' implementation of transition responsibilities.

Medi-Cal Managed Care Plan Contracts
# Go-Live Announcement

»   On September 1, 2023, DHCS provided "go-live" decisions to all [Medi-Cal managed care plans](#) (MCPs) scheduled to assume operations on January 1, 2024, under the new MCP contract that requires all MCPs to advance health equity, quality, access, accountability, and transparency.

»   These new contracts will serve approximately 99 percent of all Medi-Cal members. This change is part of California's transformation of Medi-Cal to ensure members can access the care they need to live healthier lives.

»   DHCS anticipates that approximately 1.2 million members will need to transition to a new MCP on January 1. Approximately 243,000 members will receive an enrollment packet to choose a MCP in the county in which they reside. Approximately 420,000 members will transition because of the county plan model change, the majority of whom will not need to choose a plan but will be notified of their enrollment in a plan operating in the county. Additionally in Los Angeles County, approximately 500,000 members will be notified and transitioned from Health Net to Molina.

»   On August 23, the federal Centers for Medicare & Medicaid Services (CMS) [approved](#) an amendment to the CalAIM Section 1115 demonstration, allowing the state to implement county-based model changes in its Medi-Cal managed care program and effectuate County Organized Health Systems (COHS) and Single-Plan models in non-rural counties. Additionally, CMS approved the 1915(b)-waiver amendment on July 26 to allow California to effectuate COHS or Single Plan models in rural counties.

Medi-Cal Managed Care Model Change

Current Models

San Benito Model (Expansion)
1 county

Imperial Model (Expansion)
1 county

Regional Model (Expansion)
18 counties

COHS Model (Expansion)
8 counties

Two Plan Model
14 counties

GMC Model
2 counties

COHS Model
14 counties

2024 Models

Regional Model
5 counties

COHS and Single Plan Model
37 counties

Two Plan Model
14 counties
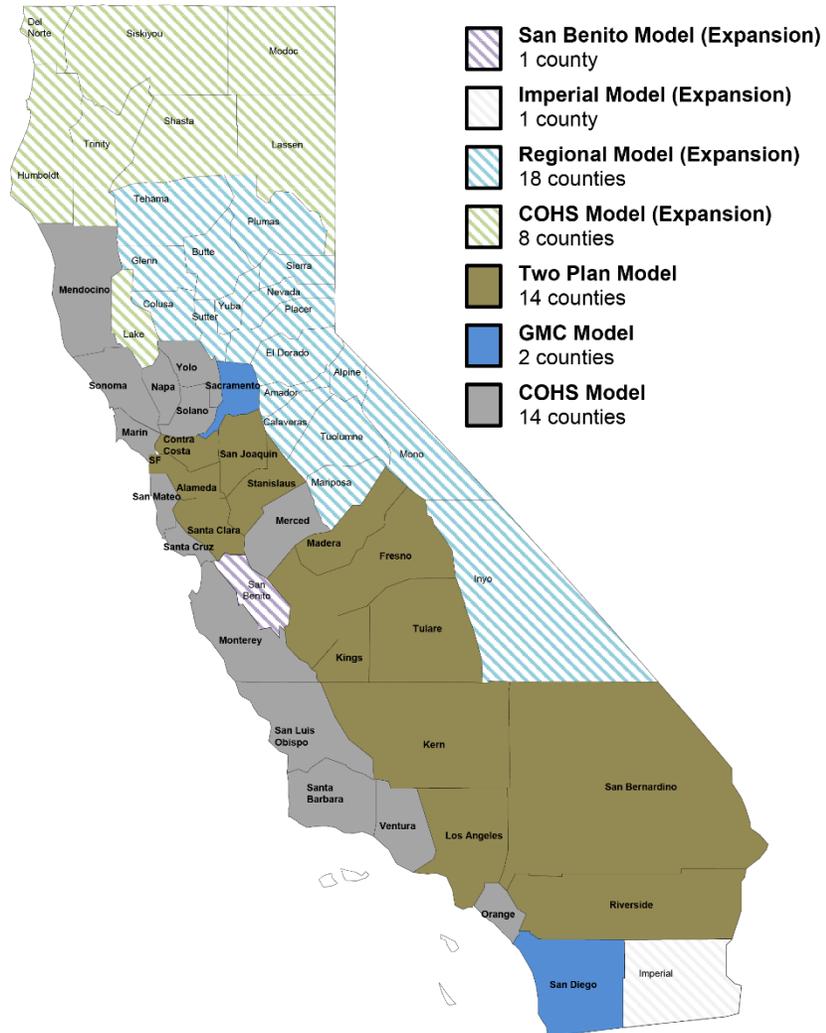
GMC Model
2 counties

2024 Medi-Cal Managed Care Plans

MEDI-CAL MANAGED CARE PLANS BY COUNTY (AS OF 2023 AND 2024)

The following table lists Medi-Cal managed care plans[i] (MCPs) by county, as of January 1, 2023, and as they will be effective January 1, 2024. The changes are the result of an agreement among DHCS and MCPs in December 2022 to transform Medi-Cal into a more equitable health system that will result in better health outcomes for Californians. The table also reflects changes based on the County Plan Model changes that were approved in April 2022 and Assembly Bill 2724 enacted June 30, 2022 which added Section 14197.11 to the Welfare and Institutions Code. Starting in 2024, all MCPs will operate under the new restructured and rigorous contract that requires high-quality, equitable and comprehensive coverage.

County County Plan Model Type	2023 MCP(s)	2024 MCP(s)
Alameda *Two-Plan model (2023) Single Plan model (2024)*	**Anthem Blue Cross Partnership Plan**	**Alameda Alliance for Health**
	Alameda Alliance for Health	**Kaiser Permanente**[ii]
Alpine *Regional model (2023) Two-Plan model (2024)*	**Anthem Blue Cross Partnership Plan**	**Anthem Blue Cross Partnership Plan**[iii]
	California Health & Wellness	**Health Plan of San Joaquin**

» **The full list of Medi-Cal MCPs by county for 2023 and 2024 is available on the DHCS website** at: https://www.dhcs.ca.gov/Pages/MCP-Transition.aspx.

» All MCPs are undergoing operational readiness reviews and participation by county is subject to readiness determinations.

Contract Deliverables: Operational Readiness Review

All MCPs are subject to operational readiness for 2024 which entail a full review of readiness deliverables:
1.   MCPs in counties with no changes
2.   MCPs in counties subject to county plan model changes
3.   MCPs (Commercial) that are directly contracted with DHCS

» Approximately 236 deliverables per MCP.

» Of the 236 deliverables, 76 are considered key deliverables that are required to be approved prior to September 1, 2023, as part of the Go/No-Go decision of a MCP going live on January 1, 2024.

» Key deliverables pertain to specific domains including, network adequacy and access, delegation oversight, continuity of care, CalAIM (Enhanced Care Management/Community Supports).

Member Noticing for Transitioning Members

» Members of exiting MCPs will receive a:

  » 90-day notice from their exiting MCP

  » 60-day and 30-day notices from Medi-Cal Health Care Options (HCO), DHCS's enrollment broker

  » A choice packet will be sent with the 60-day notice when appropriate

  » Welcome packet from their new MCP in early January 2024

» These notices will include a QR code for an online Notice of Additional Information that will provide more details, which members can request to receive in print or alternative format.

» The notices received stakeholder feedback and were reviewed by the Center for Health Literacy.

Member Enrollment Process for Counties with an Exiting MCP

In "Choice" Counties (GMC, Two Plan and Regional Models):

» **Members enrolled in an MCP that will continue to operate in 2024** will remain in their MCP unless they opt to change MCPs, as they are allowed to do today.

» **Mandatory managed care members enrolled in an existing MCP will need to enroll in a new MCP:**

   » Dual-eligible members in Medi-Cal Matching Plan counties will be automatically enrolled in a Medi-Cal MCP that matches their Medicare Advantage plan, where relevant.

   » Other exiting MCP members will receive a choice packet with their 60-day notice.

   » *Default Assignment:* If a member does not make an active choice, they will be enrolled in a MCP based on the following assignment hierarchy: (1) provider linkage, (2) plan linkage, and (3) family linkage. Absent a member meeting any of the "linkage" criteria, their default MCP will be based on the Auto-Assignment Incentive Program algorithm, which includes quality and other adjustments to an annually defined ratio for auto-assignment among MCPs in each county.

Member Enrollment Process for Counties with an Exiting MCP (Continued)

In COHS Expansion and Single Plan Counties:

» **Members enrolled in a continuing MCP** (i.e., Alameda Alliance for Health, Contra Costa Health Plan, Kaiser) will remain in their MCP.

» **Members enrolled in an existing MCP** will be automatically enrolled into the COHS, Single Plan or – where relevant – Kaiser.

> » Kaiser will receive default assignment for exiting MCP members in COHS and Single Plan counties where it participates on the basis of plan / family linkage and Medi-Cal Matching Plan policy (where relevant).

New Enrollment Freeze for Exiting MCPs

» DHCS will stop **new** enrollment into exiting MCPs (both for active choice and default assignment) three months prior to January 1, 2024.

» Exiting MCPs will retain their existing membership though December 31, 2023.

» New Medi-Cal members in late 2023 in counties with an existing MCP will be offered or – in COHS, Single Plan or Medi-Cal Matching Plan counties – automatically enrolled into MCPs that will be operating in the county in 2024.

   » If the new member chooses or is assigned to a 2024 MCP that is not yet operating in the county as a prime MCP, they will access care through the fee-for-service delivery system until the MCP is available in January 2024.

DHCS Planning Efforts

» MCP Transition (ca.gov) website developed to provide information on 2024 MCP Contract and transition.

» 2024 MCP Transition Policy Guide was initially published in June 2023 and will be updated on a rolling basis as additional policies are finalized.

» All Plan Letter (APL) 23-018 released June 23rd and establishes the binding nature of the Policy Guide as the DHCS authority specific to the 2024 MCP Transition.

» Outreach and Stakeholder Engagement Activities:

  » All-comers webinar held on July 10th,

  » California Welfare Directors Association webinar held on August 3rd,

  » California Medical Association webinar held on August 10th,

  » Regular meetings with counties and MCP's that are part of the counites changing their plan model,

  » SAC, CWDA, MCAG, Tribal Affairs, Foster care Representatives, CBAS Representatives, etc.

2024 MCP Transition Policy Guide

Purpose

» The Policy Guide will **contain guidance related to the January 1, 2024, transition of Medi-Cal Managed Care Plans.**

» The Policy Guide will function as a **requirements document** for MCPs' transition activity, **incorporating links to existing, applicable All Plan Letters (APLs), as well as new MCP requirements.**

» The Policy Guide will afford DHCS a nimble approach to **respond to feasibility challenges and issues impacting members, providers, and MCPs.**

Target Audience

» **MCP staff impacted by the January 1, 2024, transition, either as an exiting MCP or a new MCP** will be the primary user of this Policy Guide.

» The Policy Guide will also offer an **organized, reference source for DHCS staff** charged with monitoring and oversight of the transition.

DHCS completed the initial release of the Policy Guide and corresponding APL on June 23rd. The Policy Guide will be updated on a rolling basis as policies are developed and finalized for release to the market.

2024 MCP Transition Policy Guide (Continued)

Policy Content

» **The Policy Guide will contain requirements related to the following transition topics:**

- ✓ Member Enrollment and Noticing – *Published 6/23*

- ✓ Continuity of Care – *Published 6/23*

- ✓ Transition Policies for Enhanced Care Management and Community Supports – *Published 6/30*

- » Data Transfer – *Published 8/7*

- » Monitoring and Oversight - *Forthcoming*

- » Education and Communication - *Forthcoming*

» **Out of scope:** Internal DHCS policies, Operational Readiness.

DHCS completed the initial release of the Policy Guide and corresponding APL on June 23rd. The Policy Guide will be updated on a rolling basis as policies are developed and finalized for release to the market.

Questions

Open Discussion

If you have questions or comments, or would like to request future agenda items, please email: advisorygroup@dhcs.ca.gov.

DHCS

Thank you

DHCS