Stakeholder Advisory Committee & Behavioral Health Stakeholder Advisory Committee Meeting

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

October 2024

Webinar Tips

- Please use either a computer or phone for audio connection.
- Please mute your line when not speaking.
- Members are encouraged to turn on their cameras during the meeting.
- Registered attendees will be able to make oral comments during the public comment period.
- For questions or comments, email: SACinquiries@dhcs.ca.gov.

Welcome, Roll Call, and Today's Agenda

Michelle Baass, Director

DHCS

Director’s Update

Michelle Baass, Director

2024 Legislative Update

AB 177: Health Care Data and Funding

Committee on Budget, Chapter 999, Statutes of 2024

Hospital Bed Capacity Data Solution

- Track bed availability for inpatient, crisis stabilization, and other behavioral health facilities statewide.
- Implementation: Will launch in January 1, 2026, in collaboration with CDPH.
- Key Features
  - Meets CMS requirements for the BH-CONNECT Section 1115 Demonstration Waiver
  - Improves California's capacity to track bed availability
  - Ensures adequate capacity and appropriate utilization for individuals with significant behavioral health needs

Martin Luther King Jr. Community Hospital (MLKCH)

- Establish a new Medi-Cal managed care directed payment reimbursement methodology.
- Implementation: Provides $25 million in additional funding to Martin Luther King Jr. Community Hospital starting 2026, pending federal approval
- Key Features:
  - Targets projected pass-through payments and additional reimbursements
  - Aligns with DHCS' comprehensive quality strategy
  - Links payments to value, outcomes, access, and utilization
  - Will be developed in consultation with MLKCH

AB 2115: Opioid Treatment Regulations

Haney, Chapter 634, Statutes of 2024

- Aligns with Federal Standards: Ensures California's regulations are in line with federal guidelines for opioid use disorder treatments
- Removes Take-Home Methadone Restrictions and increases access to treatment
- Expands Access to Care: Supports more people in need of treatment services
- Promote Patient-Centered Care: Gives patients more control over their treatment plans, expands access to medications for opioid use disorder treatment, and supports reducing overdose and mortality rates

Expanding BH Workforce and Access to Care

AB 2073

Aguiar-Curry, Chapter 638

- Adds licensed professional clinical counselors to the list of reimbursable providers at FQHCs and RHCs
- Removes the requirement for FQHCs and RHCs to file for a change in scope of service for adding marriage and family therapist services.
- Supports access to nonspecialty mental health services for Medi-Cal members

SB 1238

Eggman, Chapter 644

- Allows psychiatric health facilities and mental health rehabilitation centers to admit patients involuntarily detained under the Lanterman-Petris-Short Act due to severe substance use disorders
- Expands the types of facilities that may be designated for involuntary detainment and assessment
- Increases access to care for vulnerable individuals with severe substance use disorders

SB 1289: Improving Medi-Cal Call Center Transparency

Roth, Chapter 792

- Requires counties with Medi-Cal call centers to collect and submit call center data to DHCS monthly starting in 2026
- Increases transparency of counties' telephone assistance metrics
- Empowers DHCS to ensure that members are connected to vital services

AB 2376: Expanding Chemical Dependency Recovery Services

Bains, Chapter 637

- Requires chemical dependency recovery services to include medication-assisted treatment and medically supervised voluntary inpatient detoxification.
- Removes the requirement for services to be provided in a distinct part of a general acute care hospital or acute psychiatric hospital
- Improves access to necessary care and increases bed availability statewide

Questions?

Children and Youth Behavioral Health Initiative (CYBHI) Update

Autumn Boylan, Deputy Director, Office of Strategic Partnerships

DHCS

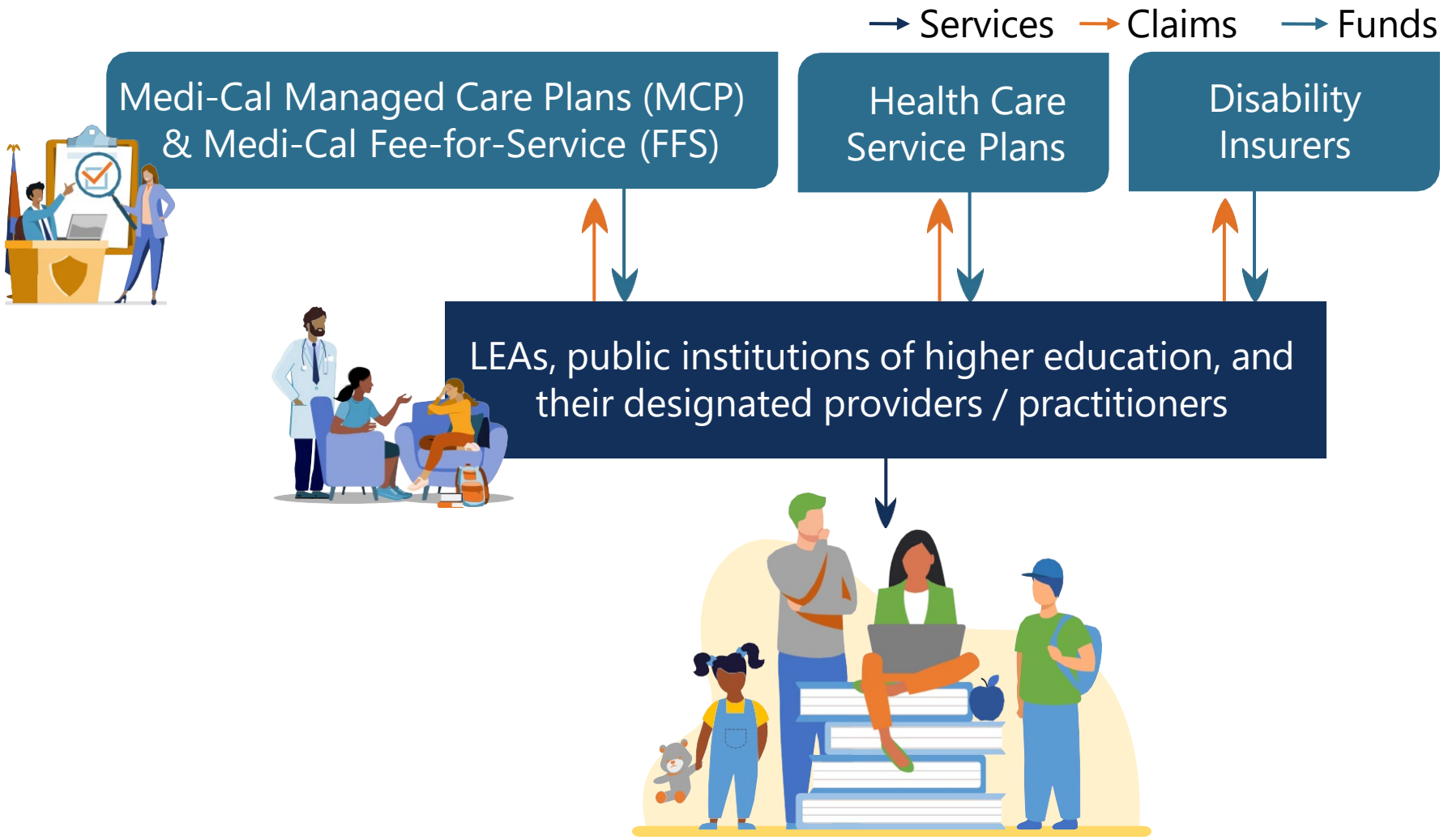
How Will the CYBHI Fee Schedule Work?

Fee Schedule Service Provision

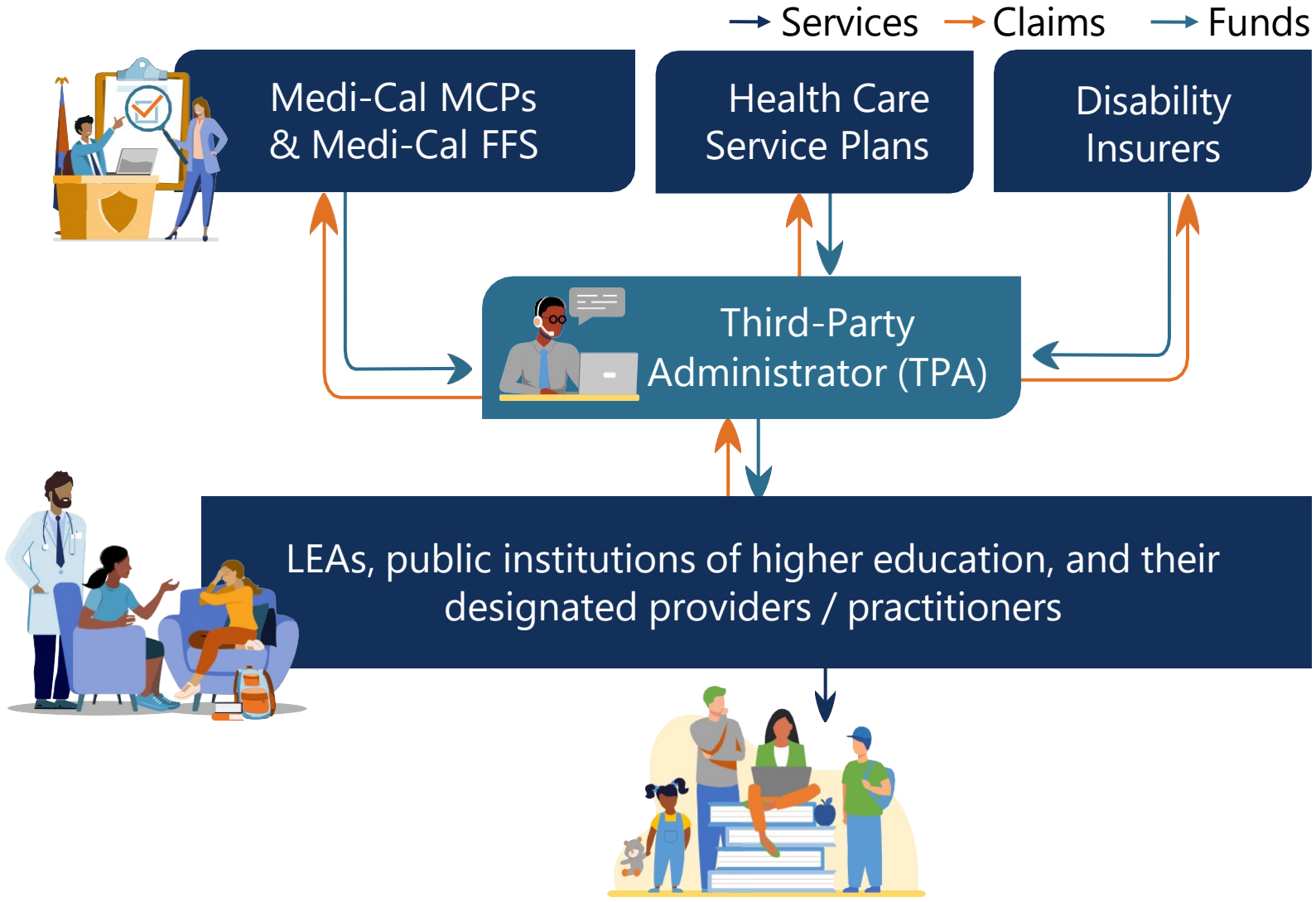
→ Services

Local Educational Agencies (LEA), public institutions of higher education, and their designated providers/practitioners furnish services to students.

Coverage of Fee Schedule Services



Statewide TPA to Oversee Provider Network and Manage Claims



Covered Plan Types and Eligible Members

Eligible for Fee Schedule Program Reimbursement

- Medi-Cal FFS
- Medi-Cal MCPs
- Health Care Service Plans (Knox-Keene)
- Disability Insurers

NOT Eligible for Fee Schedule Program Reimbursement

- Special Education – Individualized Education Plan (IEP)
- High-Deductible Health Plans (if deductible not met)
- Federal Plans (Employee Retirement Income Security Act of 1974 (ERISA))
- Self-Insured Plans
- Medi-Cal Share of Cost (SOC) (if not SOC met)
- County Behavioral Health (BH) Services (i.e., Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and DMC Organized Delivery System (ODS))

CYBHI Fee Schedule

Categories of service included in the fee schedule

- Psychoeducation
- Screening and Assessment
- Treatment
- Care Coordination

Please see this PDF for additional details on specific services, with their respective codes, rates, and practitioner types.

Fee Schedule - Eligible Practitioner Types

- Alcohol and Other Drugs Counselor
- Associate Marriage and Family Therapist
- Associate Professional Clinical Counselor
- Associate Social Worker
- Community Health Worker
- Educational Psychologist
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Medical Doctor (Physician or Psychiatrist)
- Nurse Practitioner
- Physician Assistant
- Pupil Personnel Services (PPS) School Counselor [1]
- PPS School Psychologist [1]
- PPS School Social Worker [1]
- Psychologist
- Registered Nurse
- Wellness Coach [2]

[1, 2] Pending approval of a State Plan Amendment

Designated Providers and Practitioners

	Embedded practitioners and providers			Affiliated practitioners and providers	
Relationship to LEA	**Employed practitioners**	**Contracted individual practitioners**	**Contracted provider organizations** that provide services **on behalf of the LEA**	**Affiliated individual practitioners**	**Affiliated provider organizations with individual practitioners**
Description	LEA employed individual **practitioners**	**Financial contract exists** between the LEA and the **practitioner**	**Financial contract exists** between the LEA and the **provider**	**Non-financial relationship** (e.g., referral, MOU) between the LEA and the **provider** or **practitioner**	
Claims submission procedure	**LEA** submits claims and receives payment			**Provider** or **practitioner** submits claims and receives payment	

Overview of Phased Approach

	2024		2025
	January Cohort 1 – Early Adopters	~July Cohort 2 – Select Expansion	~January onward Cohort 3+ - Rolling Opt-In
Cohort Participants All proposed cohorts include associated commercial plans, disability insurers, and MCPs.	**Representative group of LEAs with:** • Some existing Medi-Cal infrastructure • Willingness and capacity to participate **46 LEAs**	**Expansion to:** • Additional LEAs • Select California Community College campuses **91 LEAs + 4 Community Colleges**	**Includes all** LEAs, California Schools for the Deaf and California School for the Blind, public higher education campuses (including California Community College, California State University, and University of California campuses). **155 LEAs + 3 colleges or universities**

Conditions of Participation

- Enroll in Medi-Cal as a provider and comply with Medi-Cal statutes and regulations.
- Execute a Provider Participation Agreement (PPA) with DHCS.
- Execute a Data-Use Agreement with the TPA.
- Collect and transmit student health insurance information.
- Submit a detailed provider roster file.
- Transmit claims to the TPA.
- Comply with privacy, confidentiality, and consent requirements.
- Participate in program evaluation activities, including data reporting.

Onboarding & Technical Assistance

Recorded Learning Modules	Learning Modules: » Overview of CYBHI Fee Schedule Program Requirements » Scope of Services » Provider Network » Student Health Insurance Information » Claims Submission » Documentation Standards » Privacy, Confidentiality, and Consent
Office Hours	
Carelon BH Provider Relationship Account Managers - Technical Support	

Questions?

Justice-Involved Reentry Initiative

Autumn Boylan, Deputy Director, Office of Strategic Partnerships

DHCS

Reentry Initiative Goals

Increase coverage, continuity of coverage, and service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings prior to release

Improve access to services prior to release and **improve transitions and continuity of care** into the community upon release

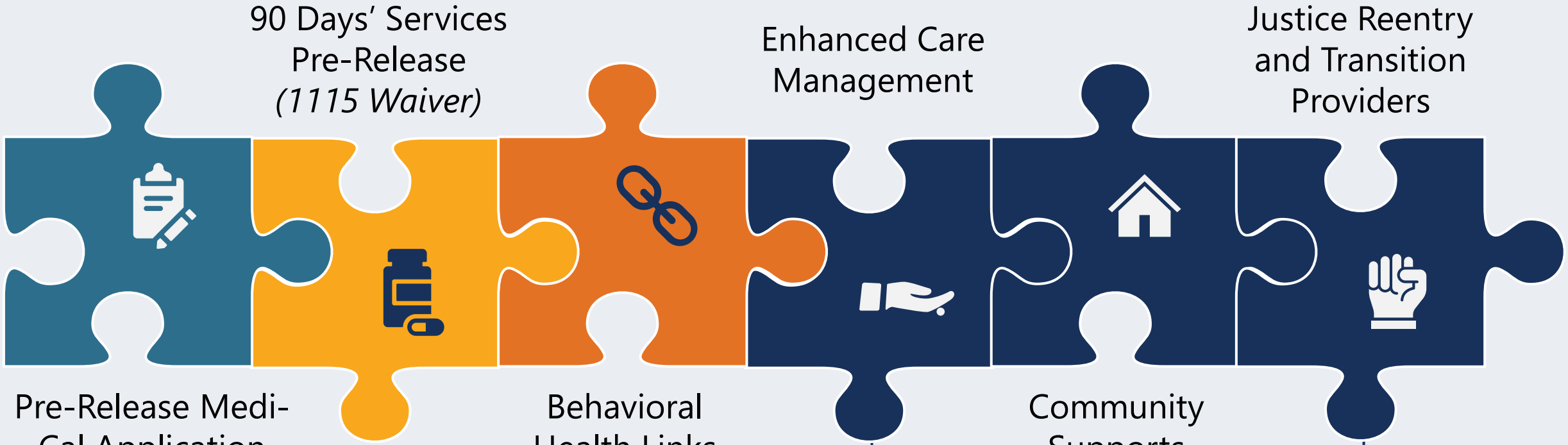
Provide behavioral health intervention and use medications for stabilization and addiction treatment for SUDs, with the goal of reducing decompensation, suicide-related deaths, overdoses, and overdose-related deaths in the near-term post-release

Improve coordination and communication between correctional systems, Medicaid and CHIP systems, managed care plans, and community-based providers

Reduce post-release acute care utilizations such as emergency department (ED) visits and inpatient hospitalizations and all-cause deaths through robust pre-release identification, stabilization, and management of serious physical and behavioral health conditions with increased receipt of preventive and routine physical and behavioral health care

The CalAIM Reentry Initiative is Comprised of Pre-Release and Reentry Components

Initiatives Include:



Eligibility Criteria for Pre-Release Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- ✓ Be part of a Medi-Cal or Children's Health Insurance Program (CHIP) Eligibility Group, and
- ✓ Meet one of the following health care need criteria:
  - Mental Illness
  - Substance Use Disorder (SUD)
  - Chronic Condition/Significant Clinical Condition
  - Intellectual or Developmental Disability (I/DD)
  - Traumatic Brain Injury
  - Human Immunodeficiency Virus/Acquired Immunodeficiency (HIV/AIDS)
  - Pregnant or Postpartum

Note: All Medi-Cal/CHIP eligible youth that are:

- Incarcerated at a youth correctional facility;
- Under 21 and incarcerated at an adult jail; or
- Former foster youth under 26 and incarcerated at an adult jail

Are eligible to receive pre-release services and do not need to demonstrate a health care need.

Covered Pre-Release Services

- Reentry **care management** services;
- **Physical and behavioral health clinical consultation** services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- **Laboratory and radiology** services;
- **Medications and medication administration;**
- **Medication assisted treatment/medications for addiction treatment (MAT),** for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by **community health workers** with lived experience.
- **Covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan).
- **Durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

Partners Involved in Reentry Service Delivery

Reentry services will be delivered by a mix of correctional and community-based providers with support from Managed Care Plans.

County and State Correctional Facilities

- Medi-Cal Eligibility, Applications, and Suspensions
- Pre-Release Services (e.g., pre-release care management, clinical consultation, medications, MAT

County Behavioral Health Agencies

- Pre-Release Behavioral Health In-Reach Services
- Behavioral Health Links

Community Based Providers and Pharmacies

- In-Reach Pre-Release Clinical Consultation Services
- Pre-Release Medications and Medications Upon Release

Managed Care Plans (MCPs) and Enhanced Care Management Providers

- Pre-Release In-Reach Care Management (under fee-for-service) FFS
- Warm Handoffs & Post-Release ECM

Pre-Release Services Go-Live Timelines

County Jails and Youth Correctional Facilities

October 1, 2024
- Santa Clara County
- Yuba County
- Inyo County

January 1, 2025
(Pending Review)
- Sacramento County
- Siskiyou County
- Orange County
- San Joaquin County
- San Mateo County

CDCR will go-live starting in February 2025

Additional county correctional facilities will phase-in on a quarterly basis through October 2026

State Prisons

Federal Consolidated Appropriations Act of 2023

Overview

- The Federal Consolidated Appropriations Act (FCAA), passed in December 2022, includes two provisions that impact incarcerated youth populations:
  - Section 5121, which requires pre- and post-release case management and screening/diagnostic services for post-disposition youth, is mandatory for all states.
  - Section 5122, which allows states to cover full scope Medicaid for pre-disposition youth, is optional for all states
- Both provisions have an effective date of January 1, 2025.

Impacted Population Under Section 5121:

- Medicaid/CHIP eligible youth who are:
  - Under 21 or
  - Former foster youth up to age 26
  - Post-adjudication

Because of the definition of youth under the FCAA, impacted populations could be incarcerated in youth or adult facilities.

Summary of Section 5121

Under Section 5121 of the FCAA, Medicaid and CHIP programs must provide certain services to Medicaid/CHIP eligible youth who are incarcerated post-disposition.

Medicaid and CHIP programs are required to have a plan in place describing how mandatory coverage will go into effect on January 1, 2025, including:

- In the **30 days prior to release**, or within one week or as soon as practicable after release, **certain screenings and diagnostic services in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements** for Medicaid or the approved CHIP state plan, including behavioral health screenings or developmental, vision, hearing and dental screening and diagnostic services to eligible juveniles who are post adjudication in public institutions; and
- In the **30 days prior to release and for at least 30 days post release, targeted case management (TCM) services** for Medicaid, and case management services otherwise available under the approved CHIP state plan. This includes referrals to appropriate care and services in the geographic region of the home or residence for the eligible juvenile, where feasible.

Questions?

Break

Transitional Rent Update: Proposals and Related Policy Considerations

Tyler Sadwith, State Medicaid Director
Glenn Tsang, Policy Advisor, Homelessness & Housing

DHCS

Agenda

- DHCS' Vision of Transitional Rent
- Recap: Revised Proposal for California Advancing and Innovating Medi-Cal (CalAIM) Transitional Rent
- Proposed Design of Transitional Rent and Timeline in the Managed Care Delivery System
- Next Steps and Stakeholder Input
- Looking ahead: Flexible Housing Subsidy Pools (Implementation Strategy)

DHCS' Vision for Transitional Rent

California is transforming Medi-Cal through DHCS-led initiatives to improve health care equity, quality, access, and outcomes for Medi-Cal members, recognizing that a member's health and well-being is driven by both clinical and social factors (such as access to safe and stable housing).

- DHCS plans to launch Transitional Rent **starting in 2025.**
- A **new, fifteenth Community Support** under CalAIM.
- Medi-Cal **MCPs will cover up to six months of rent** for members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria.
- Designed to provide a time-limited opportunity to help a member exit homelessness, or no longer be at risk of entering into homelessness, and establish a bridge to permanent housing.
- Help prevent and address the adverse health outcomes that result from homelessness.
- Improve overall health outcomes shown to result from stable housing.

Recap of Transitional Rent

DHCS seeks to provide coverage of up to six months of Transitional Rent for individuals who are homeless or at risk of homelessness and meet certain additional eligibility criteria.

DHCS initially sought authority to cover Transitional Rent from the Centers for Medicare & Medicaid Services (CMS) through two demonstration requests, both submitted in October 2023:

1. An amendment to the CalAIM 1115 Demonstration, requesting coverage of Transitional Rent as an **optional service for MCPs.**
2. As part of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration, a request for coverage of Transitional Rent as an **optional service for county BH delivery systems,** including Mental Health Plans (MHP) and DMC/DMC-ODS.
   - County BH plans that opt in to receiving payment for services provided in Institutions for Mental Diseases (IMDs) would be required to cover Transitional Rent within one year of opt-in.

Statutory Limits on Use of Behavioral Health Services Act Funds for Transitional Rent

Behavioral Health Services Act funds "shall not be used for housing interventions covered by a Medi-Cal managed care plan . . ."

Welf. & Inst. Code § 5830(c)(2), added by § 43 of SB 326.

State law maximizes non-Behavioral Health Services Act sources of funding, including MCP payments (State General Fund + Federal Financial Participation).

- County BH cannot use Behavioral Health Services Act funds for the nonfederal share of Transitional Rent for a member enrolled in a MCP that covers the service.
- County BH cannot use Behavioral Health Services Act funds for other Housing Interventions, such as Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, and Housing Deposits, for a member enrolled in a MCP that covers these services.
- Members will continue to be able to receive Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, and Housing Deposits through their MCPs.
- All MCPs already cover all three of these services, which will be integral to the success of Transitional Rent.

Transitional Rent Policy Update

DHCS now proposes to (1) Transitional Rent as a covered benefit in the managed care delivery system and (2) make coverage available through MCPs only and not through county BH.

Previous Proposed Policy

- MCPs would have the option to cover Transitional Rent, but would not be required to do so.
- If opting in to IMD funding, county BH would be required to cover Transitional Rent within one year of opt in.
- If not opting in to IMD funding, county BH would have the option to cover Transitional Rent, but would not be required to do so.

New Proposed Policy

- Beginning in 2026, all MCPs would be required to cover Transitional Rent, with an option to begin providing coverage as early as 1/1/25.
- Transitional Rent would be available through MCPs only, but not through county BH.
- County BH would also no longer have a requirement or option to cover Transitional Rent.
- For at least two years, MCPs would be paid for Transitional Rent through a supplemental payment outside of capitation.

Proposed Change: MCMC Delivery System Only

DHCS modified its proposed design: Transitional Rent will be provided on a statewide basis only through MCMC.

Benefits of the new approach:

Statewide access for members through mandatory MCP coverage

Clearer roles and responsibilities

Alignment with CalAIM, including existing housing Community Supports

Lower duplication risk

Transitional Rent Concept Paper

- On August 30, 2024, DHCS released a Transitional Rent Concept Paper for a three-week public comment period.
- Comments were due on September 24.

Proposed Timeline

Federal (CMS) Approval of CalAIM Transitional Rent Amendment
(Expected late 2024)
DHCS finalizes Transitional Rent policy

New, targeted housing interventions for people with significant BH needs go live under the Behavioral Health Services Act in 2026

Statewide launch of Transitional Rent in MCMC

<u>Optional MCP Coverage</u>
(1/1/2025)

<u>Mandatory MCP Coverage of Transitional Rent</u>
(1/1/2026)

Transitional Rent will become the first mandatory CalAIM Community Support for MCPs to cover.

Transitional Rent Service Design

Transitional Rent Eligibility Criteria

+

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Meet Clinical Risk Factors

- Meet the access criteria for SMHS, DMC, or DMC-ODS services, or
- Have one or more serious chronic physical health conditions or physical, intellectual, or developmental disabilities

Experiencing or at the Risk of Homelessness

- As defined by 24 CFR 91.5, with two minor modifications

Specified Transitioning Populations, Unsheltered, or Full Service Partnership (FSP) Eligible

- Transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters, or interim housing

Concurrent Support and Bridging to Permanency

Transitional Rent should be provided in conjunction with other Medi-Cal services, as well as non-Medi-Cal social supports and in coordination with existing housing systems.

Enhanced Care Management (ECM) and Community Supports

- Members authorized for Transitional Rent will automatically be eligible for ECM and the Community Supports Housing Trio* services.
- MCPs must enroll these members in ECM if they are not already enrolled (subject to their right to decline it).
- ECM providers are expected to refer members for Transitional Rent and conduct warm hand-offs to Housing Trio providers.

Existing Housing Systems

- DHCS expects MCPs to work closely with Continuums of Care (CoC).
- MCPs will be expected to build relationships with their local Public Housing Agencies (PHA).
- DHCS proposes internal and external information sharing (with member authorization where required) across MCPs, contracted providers, CoCs, and counties.
- DHCS is exploring flexible housing subsidy pools for administering and coordinating multiple streams of funding for rental subsidies and housing supports.

* "**Housing Trio**" under Community Supports consists of: Housing Transition/Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services

Transitional Rent Service Requirements

Individualized housing support plans are required for Transitional Rent recipients and ensure long-term housing stability.

Housing support plan must:

Include permanent housing strategy

Be reviewed and revised regularly

Be informed by Member preferences and needs

Be based on local housing assessment and member goals

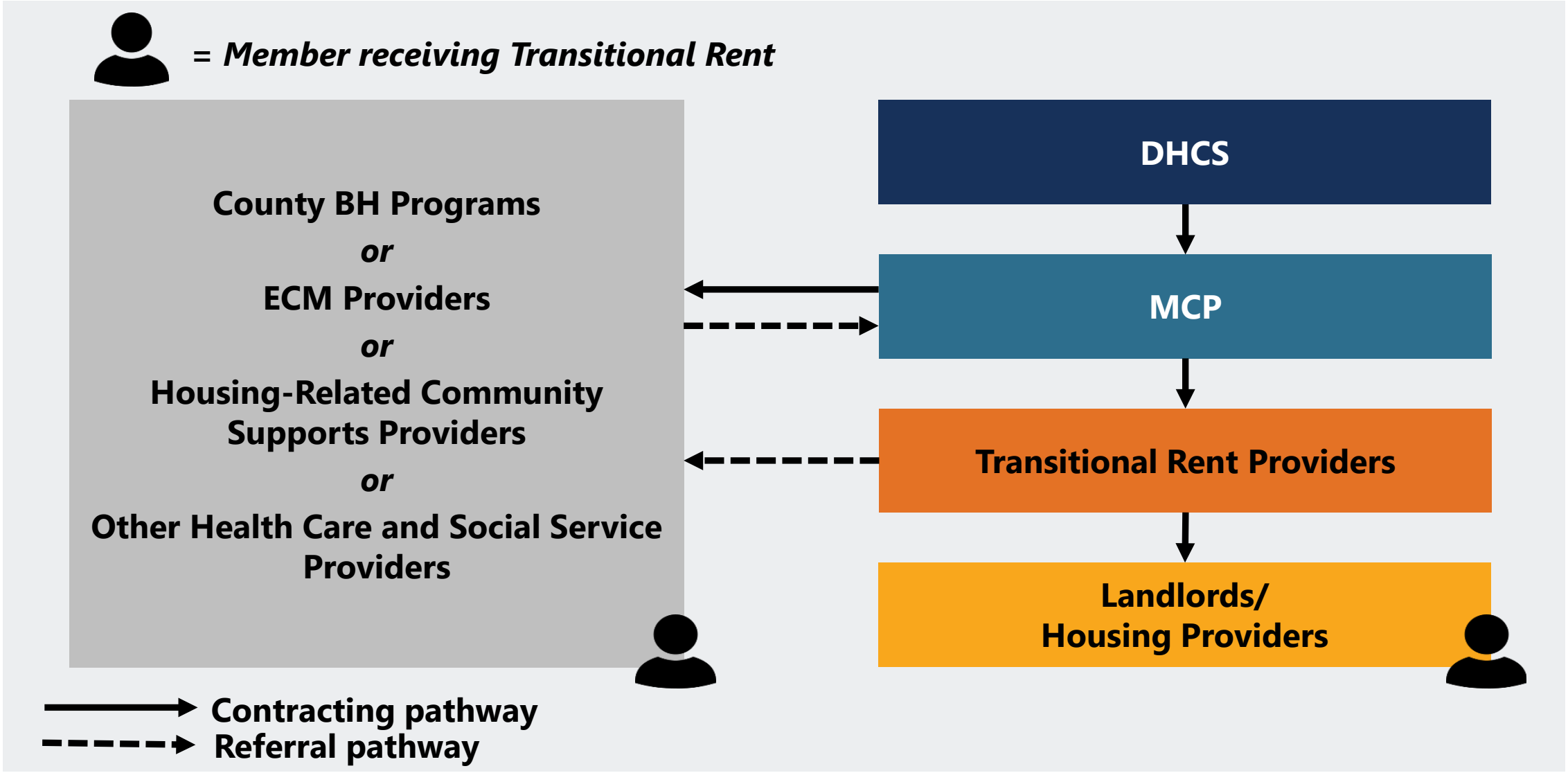
Roles and Responsibilities

Transitional Rent will require unprecedented levels of coordination between MCPs, county BH, and other existing housing systems. DHCS is committed to ensuring that the decision to administer Transitional Rent through the MCPs does not create barriers for eligible individuals with significant behavioral health needs.

DHCS is considering the following actions and policies to support a seamless transition from Transitional Rent to the aforementioned BHSA Housing Interventions for eligible individuals with significant behavioral health needs:

- Standardize referral processes for Transitional Rent
- Provide counties with a "right of first refusal"
- Standardize MCP contract provisions
- Allow county BH to directly authorize Transitional Rent for their members, for up to 30 calendar days, with cost covered by the MCP

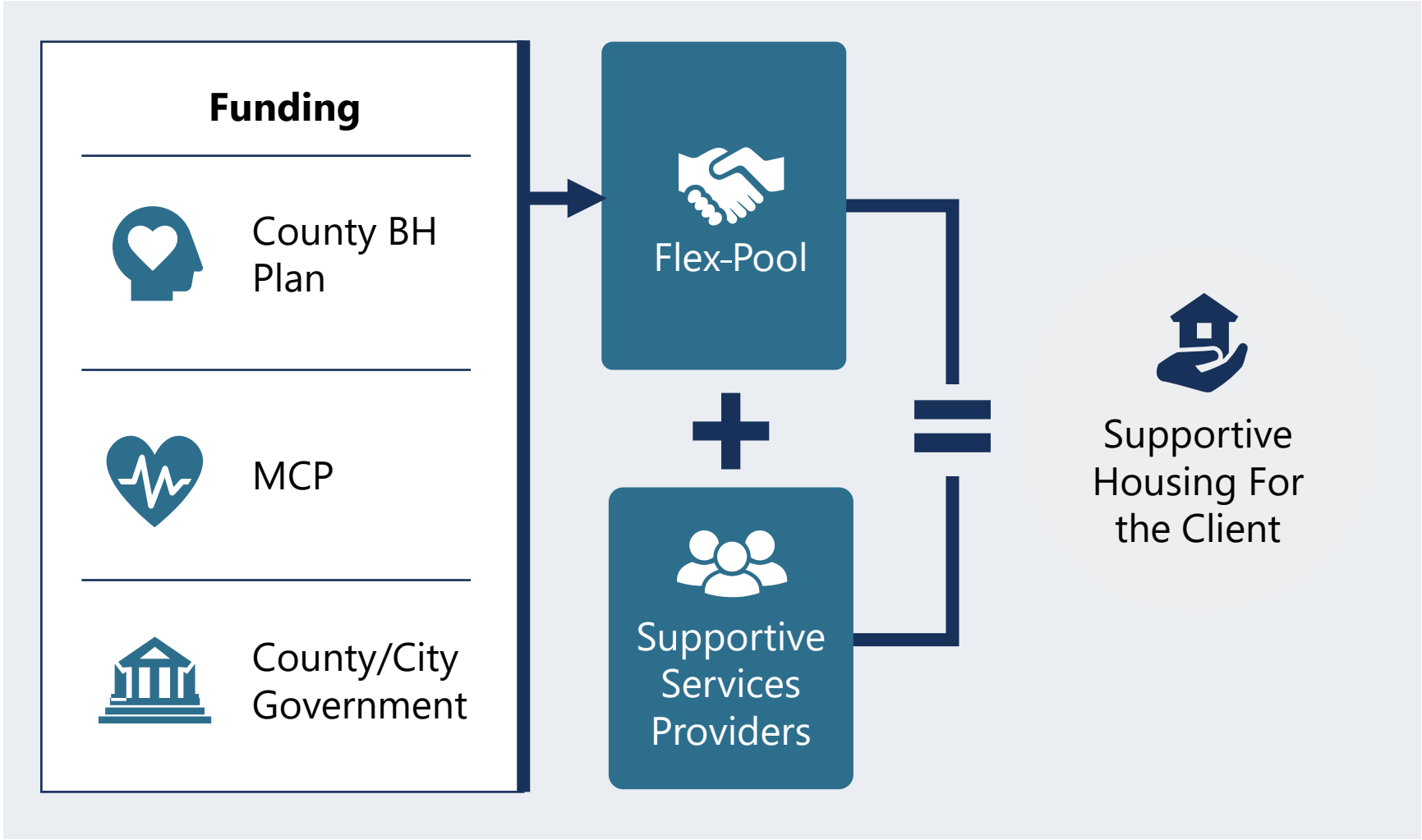
Roles and Responsibilities (2)



Flexible Housing Subsidy Pools

Encouragement of Flexible Housing Subsidy Pools

Flex Pools are administrative hubs that provide a model for operationalizing and coordinating multiple streams of funding for rental subsidies and housing supports.



Questions?

Enhanced Care Management and Community Supports Update

Palav Babaria, MD, MHS, Chief Quality Officer & Deputy Director, Quality and Population Health Management

Susan Philip, MPP, Deputy Director, Health Care Delivery Systems

DHCS

Agenda

- Data on ECM and Community Supports Implementation
- New ECM Populations of Focus
- ECM and Community Supports Action Plan

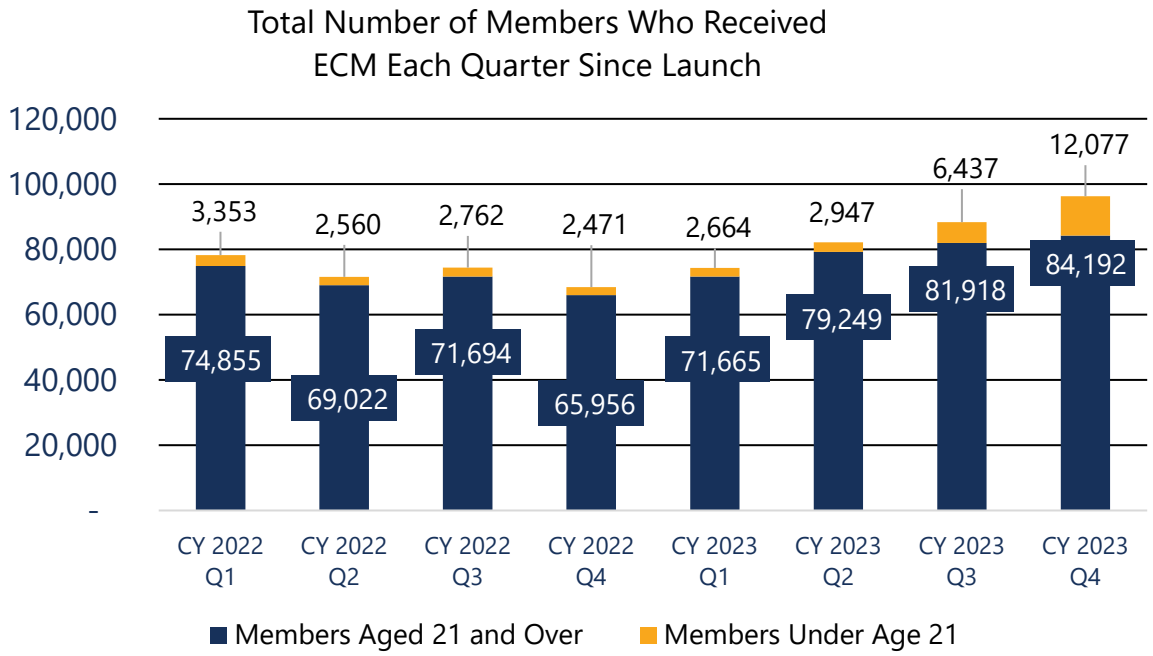
Data on ECM and Community Supports Implementation

ECM Implementation Highlights

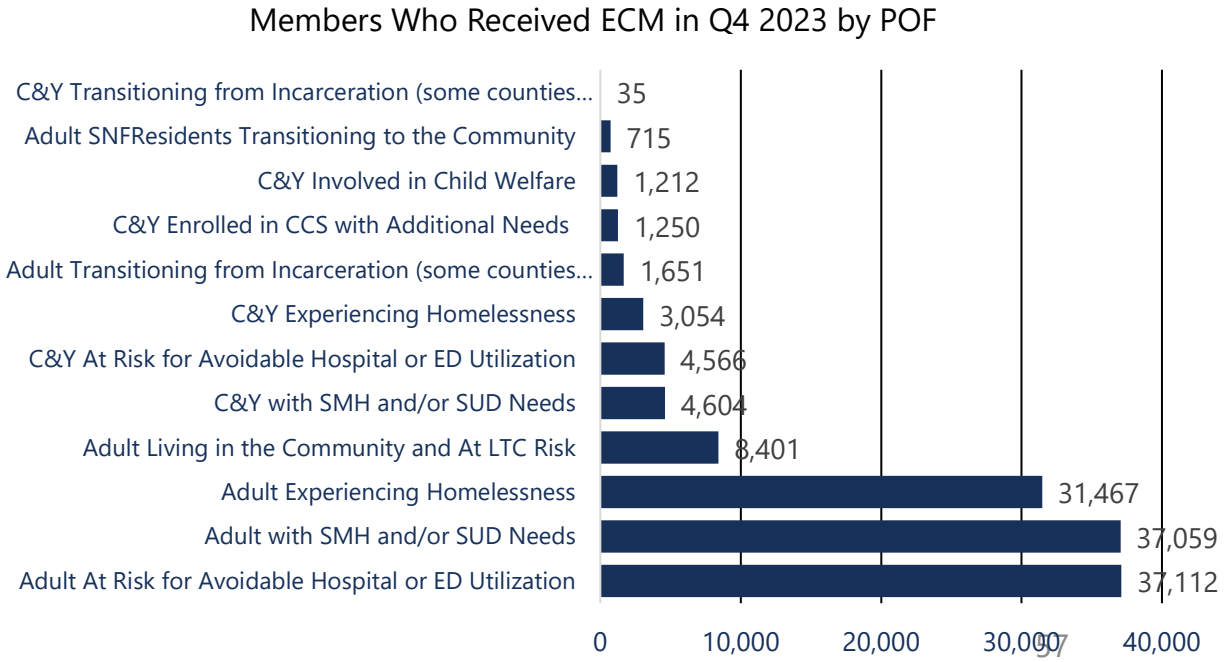
Data from January 2022 through December 2023

In the first 24 months since ECM launched, ~183,700 unique members have received the benefit.

From Quarter (Q)4 2022 to Q4 2023, the number of members who received ECM each quarter increased by 41%.



The Children and Youth (C&Y) Populations of Focus (POF) launched on July 1, 2023.



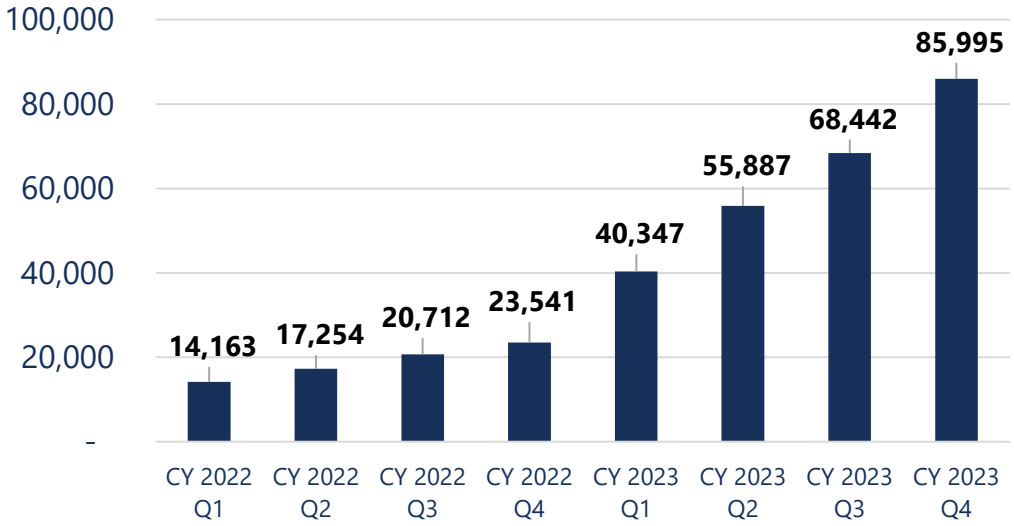
Community Supports Implementation Highlights

Data from January 2022 through December 2023

In the first 24 months since Community Supports launched,
~140,300 unique members have utilized one or more Community Supports services.

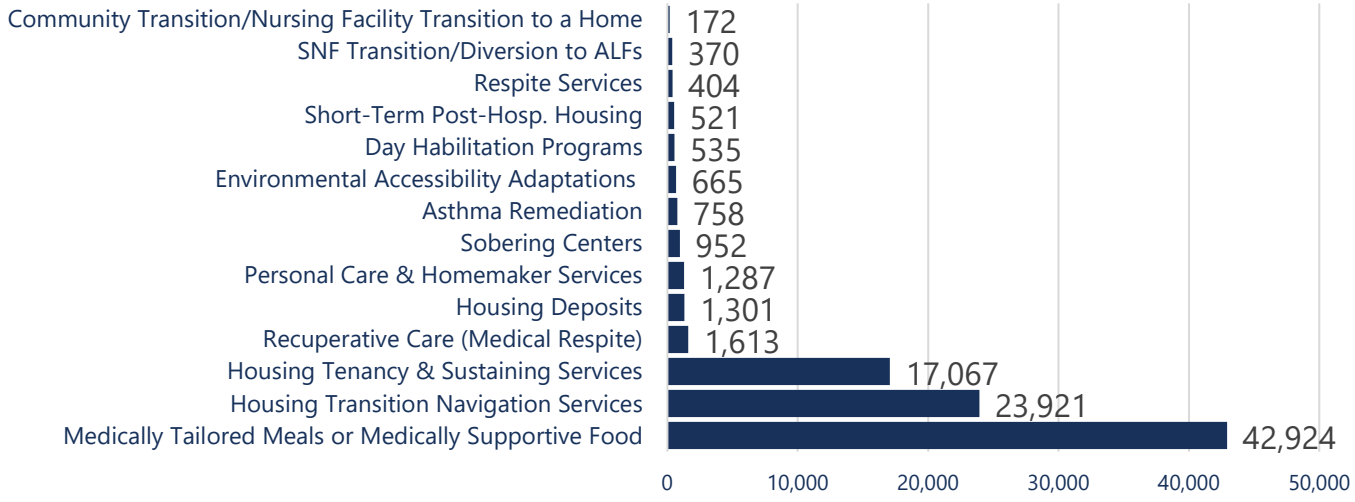
From Q4 2022 to Q4 2023, the number of members who utilized Community Supports services each quarter increased by 265%.

Total Number of Members Who Utilized Community Supports Each Quarter Since Launch



Medically Tailored Meals are now the most utilized Community Supports services, followed by the housing services "trio" and recuperative care.

Total Number of Members Who Utilized Community Supports in Q4 2023 by Service



Provider Networks for ECM and Community Supports

Data from January 2022 to December 2023

MCPs had **~1,350 provider contracts* to deliver ECM** in Q4 2023, a 26% increase from Q4 2022.

Total Number of ECM Provider Contracts by Provider Type in the Most Recent Quarter of the Reporting Period

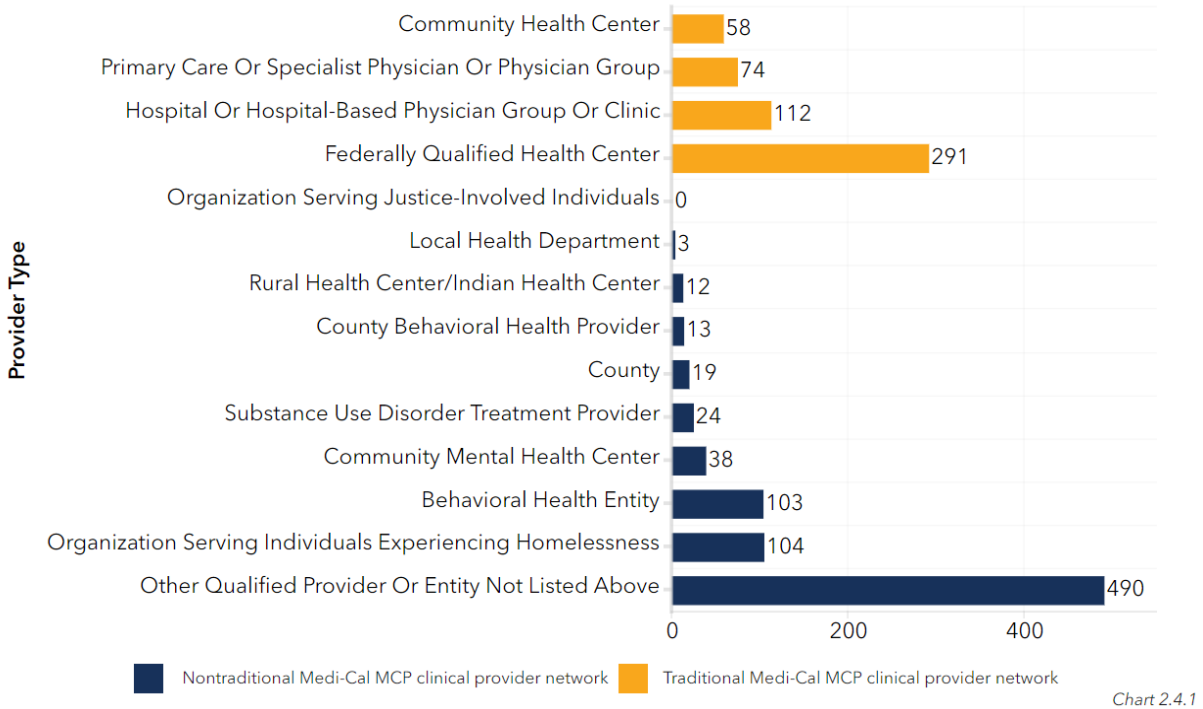


Chart 2.4.1

MCPs had **~1,830 provider contracts* to deliver Community Supports** in Q4 2023, a 46% increase from Q4 2022.

Total Number of Community Supports Provider Contracts by Provider Type in the Most Recent Quarter of the Reporting Period

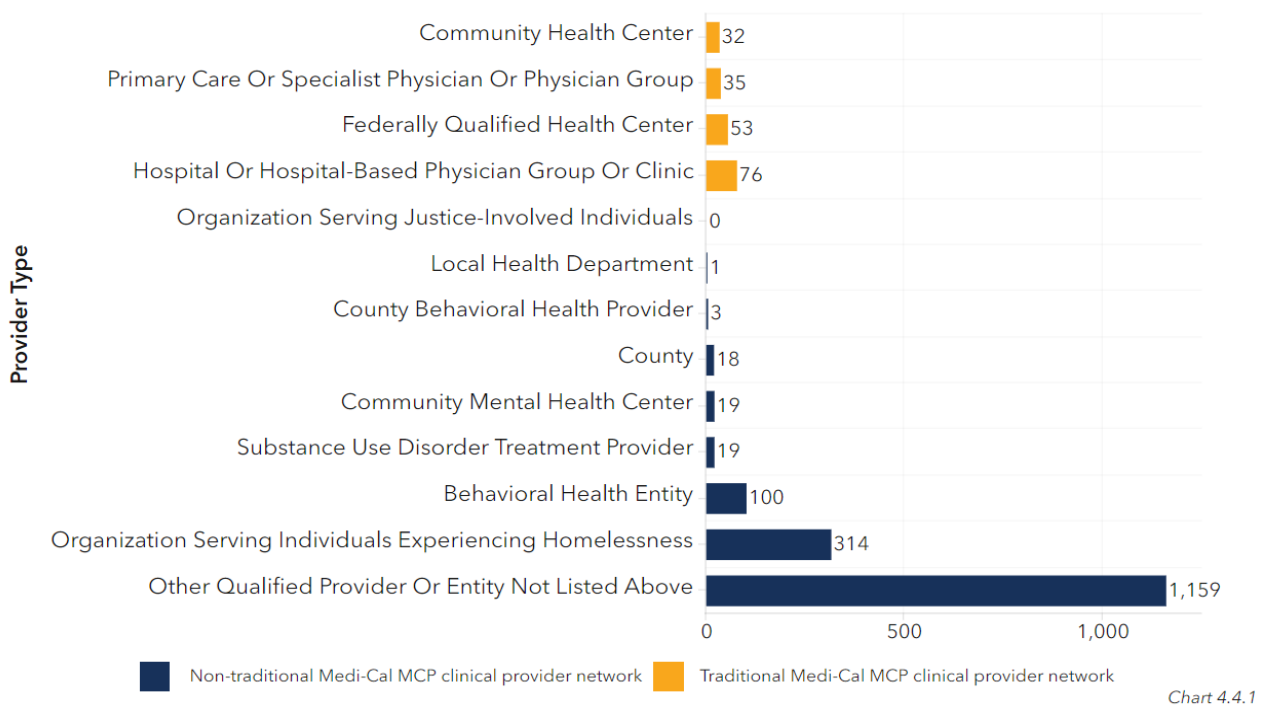


Chart 4.4.1

*A "provider contract" is a unique combination of National Provider Identified (NPI), provider type, MCP, and county.

A Commitment to Public Transparency

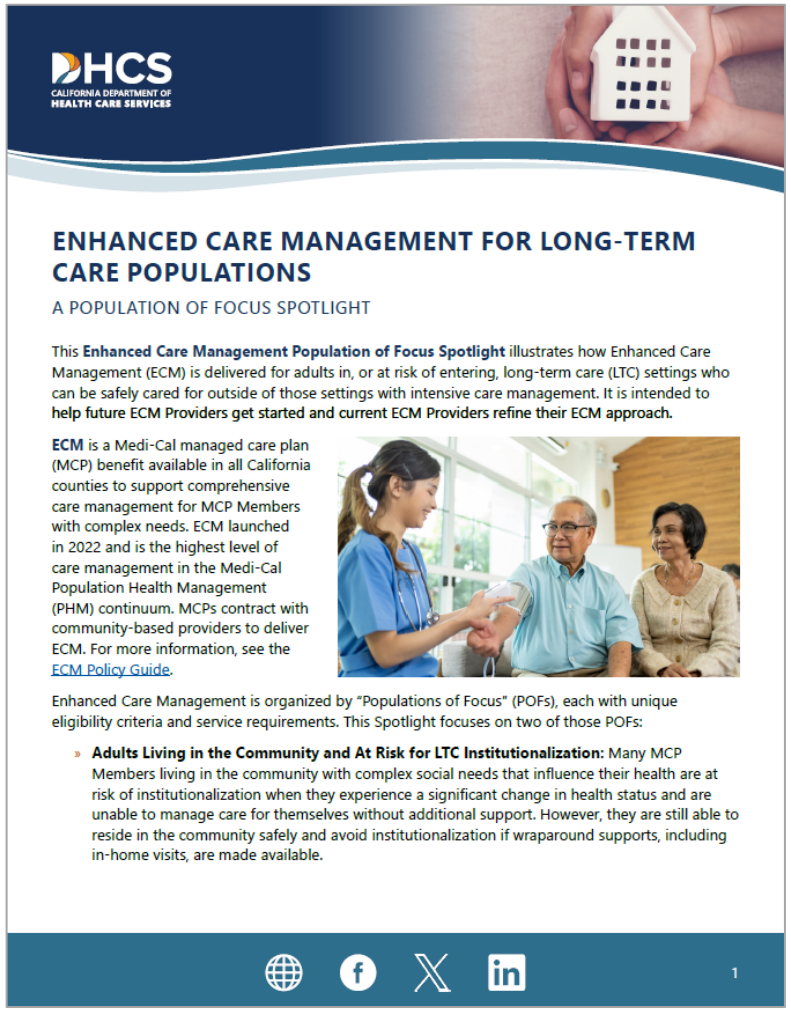
- On August 2, DHCS published the latest [ECM and Community Supports Quarterly Implementation Report](#) with data through Q4 2023 – the second public release of C&Y POF data.
- This report provides key public updates about implementation of the programs, enables MCPs to understand its performance relative to its peers, and supports local collaboration between stakeholders on ECM and Community Supports implementation.

Resource: Spotlight on ECM for LTC Populations

DHCS is excited to release the ECM for Long-Term Care (LTC) POF Spotlight.

- Lifts key DHCS policies and resources on serving individuals in, or at risk of entering institutional in ECM settings, including a crosswalk of how members with long-term services and supports (LTSS) needs receive care management support.
- Contains member vignettes that illustrate how to implement ECM for these POFs:
  - Older adult living with Parkinson's disease who wish to remain at home
  - Older adult temporarily residing in a skilled nursing facility (SNF) and recovering from a stroke
- Explains how Community Supports and Transitional Care Services can be integrated to best serve members and their caregivers.

This is the third in a series of Spotlights on how providers can deliver ECM models tailored to the needs of different POFs.



DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

ENHANCED CARE MANAGEMENT FOR LONG-TERM CARE POPULATIONS

A POPULATION OF FOCUS SPOTLIGHT

This **Enhanced Care Management Population of Focus Spotlight** illustrates how Enhanced Care Management (ECM) is delivered for adults in, or at risk of entering, long-term care (LTC) settings who can be safely cared for outside of those settings with intensive care management. It is intended to **help future ECM Providers get started and current ECM Providers refine their ECM approach.**

ECM is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP Members with complex needs. ECM launched in 2022 and is the highest level of care management in the Medi-Cal Population Health Management (PHM) continuum. MCPs contract with community-based providers to deliver ECM. For more information, see the ECM Policy Guide.

Enhanced Care Management is organized by "Populations of Focus" (POFs), each with unique eligibility criteria and service requirements. This Spotlight focuses on two of those POFs:

- **Adults Living in the Community and At Risk for LTC Institutionalization:** Many MCP Members living in the community with complex social needs that influence their health are at risk of institutionalization when they experience a significant change in health status and are unable to manage care for themselves without additional support. However, they are still able to reside in the community safely and avoid institutionalization if wraparound supports, including in-home visits, are made available.

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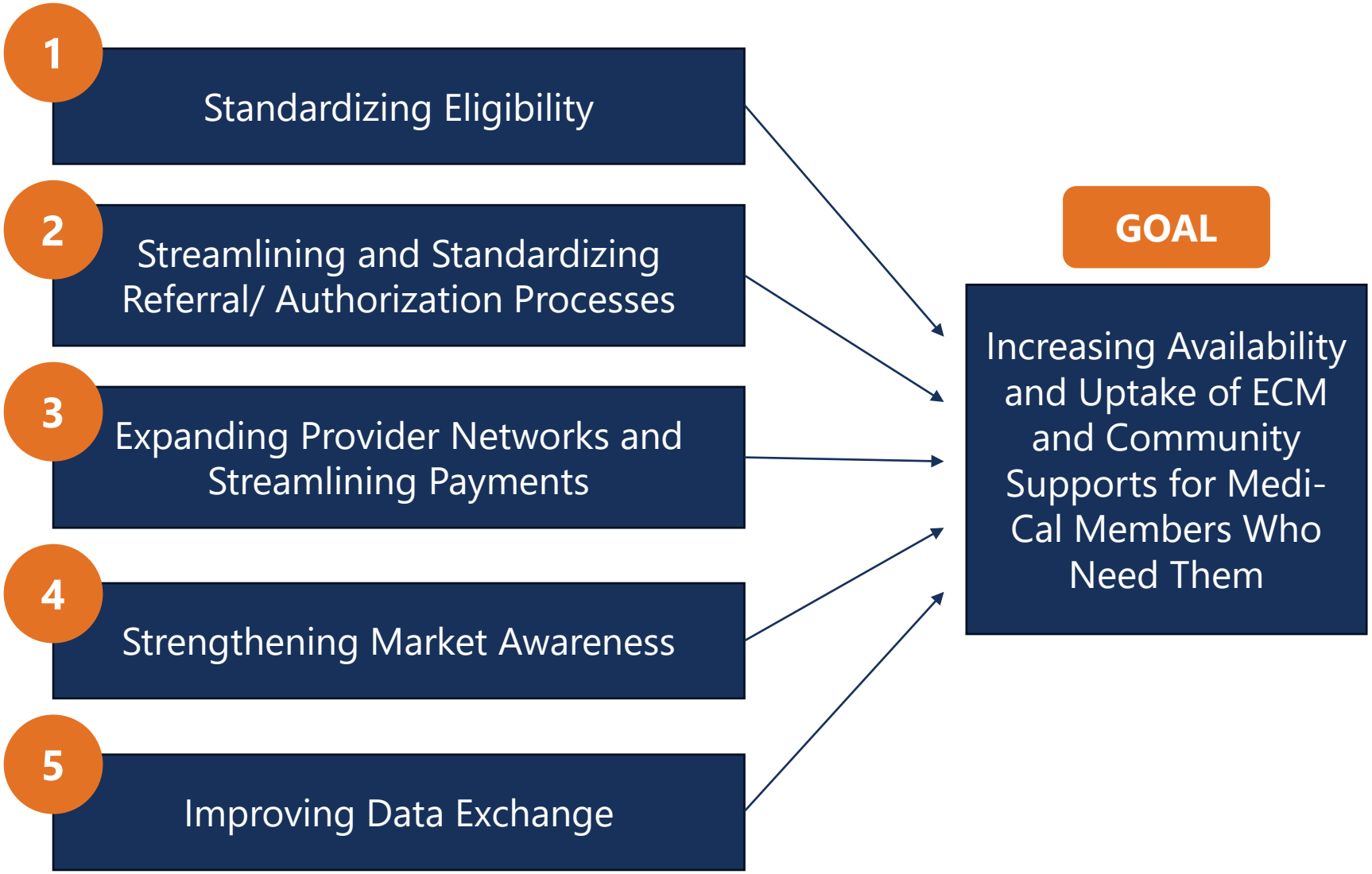
To learn more, please visit the ECM and Community Supports webpage.

ECM and Community Supports Action Plan

ECM & Community Supports Action Plan: Key Domains In Response to Data & Feedback

- DHCS is focused on revising/reinforcing policies and implementing specific design initiatives across these key areas from spring 2023 to present.



Summary of Progress Against Action Plan Priorities

Short-Term Priorities (Complete)

- **July 2023:** Updated ECM & Community Supports policy guides to reflect all new & reinforced policies and held two public webinars to explain changes
- **Oct 2023:** Published updated APL 23-020 about the requirements of timely payment for claims.
- **Dec 2023:** Published updated Healthcare Common Procedure Coding System (HCPCS) coding guidance; conducted a public webinar to explain changes
- **Dec 2023:** Completed Supplemental Data Request and analysis to understand rates that ECM and Community Supports providers are being paid for service delivery (for internal DHCS review only)

Summary of Progress Against Action Plan Priorities (2)

Medium and Long-Term Priorities (Ongoing)

- **August 2024:** Released universal ECM referral standards and guidance on presumptive authorization for ECM.
  - Register: All Comer Webinar scheduled for 10/9
- **Q4 2024:** Releasing seven updated Community Supports service definitions.
- **Q3 - Q4 2024 (non-exhaustive list below):**
  - Begin developing universal referral standards for select Community Supports.
  - Develop plan-level guidance about contracting with and overseeing hubs (relevant for both ECM & Community Supports)

New Guidance on ECM Referrals and Authorizations

ECM Specific Guidance Updates (*Released Aug 2024*)

Universal ECM Referral Standards

- Will streamline and align ECM referrals statewide for all MCPs
- Includes guidance limiting MCPs from collecting supplemental documentation and Treatment Authorization Request (TAR) forms

Updated ECM Authorization Policy

- Will require MCPs to use presumptive authorization for select ECM providers
- Select ECM providers can initiate and receive MCP reimbursement for ECM for 30 days

Also Applicable to ECM (*To Be Released Q4 2024*)

DHCS Closed Loop Referral Requirements

- Will identify MCPs as accountable for supporting and tracking referrals
- Will define data MCPs must track on referrals and MCP required actions to support referral closure

Community Supports Presumptive/ Retrospective Authorizations

To increase Community Supports uptake and utilization, DHCS provided the field with guidance for presumptive/ retrospective authorizations.

- In July 2023, the Community Supports Policy Guide was updated to incorporate flexibility for MCPs to provide presumptive/retrospective authorizations as appropriate for select Community Supports services.
- MCPs are encouraged to consider working with Community Supports providers to define a process and appropriate circumstances for presumptive/retroactive authorization of all Community Supports offered, especially for members in need of Recuperative Care and Short-Term Post-Hospitalization Housing.

Community Supports Services Definition Refinements

- As part of the Action Plan priorities, DHCS is currently refining the following Community Supports service definitions:
  - Housing Transition Navigation, Housing Deposits, and Housing Tenancy Sustaining Services
  - Nursing Facility Transition/Diversion to Assisted Living Facilities
  - Community Transition Services/Nursing Facility Transition to a Home
  - Asthma Remediation
  - Medically Tailored Meals/Medically Supportive Foods
- This involves significant stakeholder engagement, including MCP and Community Support provider interviews and facilitating feedback through other stakeholder advisory groups.
- DHCS released an updated Community Supports Policy Guide for public comment, with comments due back on October 7.

Update on 2024 ECM POFs

ECM POFs

ECM POFs have launched over time, with Birth Equity and Individuals Transitioning from Incarceration being the latest to launch earlier this year.

ECM Population of Focus		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or Emergency Department Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder (SUD) Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
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	✓	

Early Learnings Birth Equity POF

MOC reviews revealed MCP's current approach to serving the Birth Equity POF and revealed distinct strengths and opportunities.

MCPs report being well-positioned to:

- Cultivate ECM referral pathways from key partners and providers, including Comprehensive Perinatal Services Program, Black Infant Health, Indian Health Programs/American Indian Maternal Support Services, Women, Infants, & Children sites, doulas and maternity providers
- Use perinatal screenings/assessments to identify eligible members
- More than 50% of MCPs have implemented admission, discharge, & transfer (ADT) feeds for notification when a pregnant individual is transitioning between care settings.

MCPs identify opportunities to improve access to ECM by:

- Establishing referral pathways with BH agencies
- Leveraging local/regional health information exchanges (HIE) with specific data on pregnant/postpartum members
- Continuing to build network capacity with the inclusion of providers with special expertise serving pregnant and postpartum individuals eligible for the Birth Equity POF

Early Learnings: Justice-Involved POF

- MOC reviews revealed three priority areas for improvement: (1) Provider Network Capacity; (2) Corrections System Coordination; and (3) Network Overlap Implementation

Adequate in any 0 of 3 priority areas.	Adequate in any 1 of 3 priority areas.	Adequate in any 2 of 3 priority areas.	Adequate in all 3 of 3 priority areas.
5	21	85	3

- DHCS provided intensive technical assistance and monitoring with MCPs:

1/2024: Launch of ECM for JI POF

2/2024: Letters sent to MCPs detailing priority areas and additional information required

2/2024: Technical Assistance Calls

2/2024: Optional 1:1 MCP Meetings.

3/2024: Data submissions due to DHCS

Now: DHCS Reviews Materials and Determines Adequacy

- Significant improvement seen in revised data submissions.
- Based on MCP feedback: Improved understandings of methods to estimate community need and DHCS' definition of an ECM provider experienced in serving people with justice system involvement.

Questions?

Behavioral Health Transformation Update

Marlies Perez, Chief, Community Services

DHCS

Agenda

- Behavioral Health Transformation Milestones
- Integrated Plan
- SUD Integration into BHSA
- Policy Manual
- Bond Behavioral Health Continuum Infrastructure Program (BHCIP)
- Other Resources
- Feedback and Discussion

Behavioral Health Transformation Milestones

BHT Milestones

2024

- **Ongoing partner engagement**, including **public listening sessions**, will be utilized through all milestones to inform policy creation.
- Released Requests for Applications (RFA) for **Bond BHCIP Round 1: Launch Ready** - up to $3.3 billion in funding will leverage BHCIP.

2025

- Begin releasing **policy and guidance in phases** beginning with policy and guidance for the three–year integrated plans.
- Announce awards for **Bond BHCIP Round 1: Launch Ready**.
- Release **Bond BHCIP Round 2: Unmet Needs** RFA.

2026

- Announce awards for **Bond BHCIP Round 2: Unmet needs.**
- New integrated plans, fiscal transparency, and data reporting requirements **go live** in July (for next three-year cycle).

Stakeholder Engagement

*Find past recordings and theme reports on **Behavioral Health Transformation** webpage.*

Stakeholder Engagement by the Numbers

2,134
Attendees of Public Listening Sessions

20+
Unique Stakeholder Groups Engaged through Presentation

11
Implementation Workgroup Meetings

6
Public Meetings

445
Emails Answered

**These numbers do not include meetings hosted by other entities where DHCS or CalHHS has presented.*

Quality and Equity Advisory Committee (QEAC)

- **Goal**: Help shape strategies and measures for Behavioral Health Transformation in California and nationwide.
- 98 Applications*
- Members will provide feedback on proposed measures, discuss challenges and barriers and offer potential solutions, and provide input on recommendations for next steps.
- **Kick-off**: October 8, 2024 – register through the DHCS Behavioral Health Transformation Stakeholder Engagement webpage.

Note: the application is now closed. Members have been selected, but the first meeting will be open to the public.

Phased Approach to Population BH and the BH Goals

DHCS seeks support and collaboration from counties, providers, MCPs, and other stakeholders to achieve behavioral health goals.

- Stakeholders have multiple opportunities to provide **input on BH goals.**
- County accountability under Behavioral Health Transformation will be **established at a later time** and be based on **measures** counties can directly impact with county-funded BH interventions, again with stakeholder input.
- DHCS will roll out the BH goals in the following phased approach:
  1. **Establish statewide BH goals with stakeholder input**
  2. Identify measures to track the state's progress on these goals
  3. Collaborate with counties to align their initiatives to help the state improve on these goals
  4. Develop a framework that will monitor programs across delivery systems (BH and managed care). Counties will be held accountable only for measures related to the goals that they can realistically impact.

Immediate Next Steps and Engagement Opportunities on Quality and Equity Advisory Committee (QAEC)

Next Steps

- **DHCS** to convene an external group of subject matter experts to advise DHCS on identifying measures that broadly align with the statewide BH goals in partnership with stakeholders.
- **DHCS** QEAC to guide BH goal measure selection and subsequent implementation approach.
- **DHCS** to finalize statewide population BH goals and identify publicly available statewide measures related to the BH goals (communicated in the Policy Manual).
- **Stakeholders** to provide feedback on statewide BH goals and review the Behavioral Health Transformation Policy Manual during the public comment period.
- **Counties** to use the statewide BH goals and measures provided by DHCS in the Policy Manual and Integrated Plan Template to submit their first Integrated Plan and identify targeted strategies to achieve population BH goals.

Engagement

- See the website to discover additional information, access resources, and sign up to receive updates.
- Attend public listening sessions to provide feedback on Behavioral Health Transformation-related topics by registering through the website.
- Please send any other questions or feedback about BHT to BHTInfo@dhcs.ca.gov.

Integrated Plan

Integrated Plan for Behavioral Health Services and Outcomes

	Three-Year County Integrated Plan
Purpose	Prospective plan and budget for all county behavioral health services.
Goals	• Collect local and aggregate information on all behavioral health services delivered statewide. • Increase transparency and accountability in county reporting and ensure counties are efficiently using federal dollars. • Conduct robust data analysis across counties, services, and funding streams and identify gaps in service delivery.
Timing	Developed every three years. First one due on June 30, 2026.
Key Elements	Prospective budget in disaggregated mental health and SUD continuum of care frameworks for all county behavioral health funding sources.

See Welfare and Institutions Code 5963.02 (SB 326 Sec. 109)

County Integrated Plan for BH Services and Outcomes Stakeholder Feedback Themes

Data Collection and Presentation

There should be a web-based portal for data management and support for effective public data presentation (i.e., transparency and effective data management).

Community Engagement and Service Design

Provide information and data on how counties are co-designing and co-producing services with their communities.

Elements in the Budget

Funding Sources and Housing Assistance, Service Cost Variation, Equity in Funding and Services, Unused Funds

Defining Success Metrics

Success metrics should be defined upfront, including clear objectives and measurable outcomes.

Clarity and Transparency

Develop clear definitions of categories for the Continuum of Care framework.

**The feedback provided is not a reflection of DHCS opinion but rather the participants of the listening session.*

Integrating SUD into BHSA

SUD in BHSA

- Counties will utilize data to allocate BHSA funding between mental health and **substance use disorder** treatment services.
- If counties are not utilizing a proportionate amount of BHSA funding to support **substance use disorders** based on the needs identified by the data in the Integrated Plan, the county will demonstrate what other BH funding sources are being utilized to cover SUD services.
- Counties will identify strategies to address **SUD disparities** in their Integrated Plan.
- In counties with **separate** mental health and **SUD departments**, both departments will work together to utilize BHSA funding in line with local data needs and reflected in their single Integrated Plan.

Housing Intervention Component

Per WIC 5830, counties are required to establish and administer a program for housing interventions.

1. Housing interventions to individuals with a **substance use disorder** are allowable for counties. (WIC 5891.5)
2. Housing interventions must not deny access to housing for individuals that are utilizing **medications for addiction treatment** or other authorized medications.
3. Housing interventions must comply with the core components of Housing First principles and may include **recovery housing**.

Behavioral Health Services and Supports Component

Per WIC 5892, thirty-five percent of the funds distributed to counties must be used for Behavioral Health Services and Supports (BHSS).

- Counties may fund under BHSS may include the addition of **substance use disorder services**.
- Early Intervention Programs are designed to prevent mental illnesses and **substance use disorders** from becoming severe and disabling and to reduce disparities in behavioral health.
- Outreach and Engagement activities may be targeted to individuals and communities in the **behavioral health system.**
- Workforce Education and Training activities may target the **behavioral health workforce.**

Full Service Partnership Component

Per WIC 5887, each county must establish and administer a full service partnership program.

- The program must include mental health services, supportive services, and **substance use disorder treatment services**, as needed by the individual.
- The program must include **assertive field-based initiation for substance use disorder treatment services,** including the provision of medications for addiction treatment.

Stakeholder Feedback Themes: BHSA and Substance Use Disorder (SUD) Services

Housing Support and Stigma Reduction

Investment in Housing Resources and continued efforts to reduce stigma

Funding and Policy Guidance

Guidance on housing interventions that promote alternative housing to transitional/recovery housing

Accessibility and Continuity of Care

Improved accessibility and continuity of care for individuals with SUDs, ensuring ongoing support and treatment options

Evidence-Based Practices

Advocate for the implementation of evidence-based practices in the treatment of SUDs within FSP programs

Comprehensive Coverage

Develop guidance that aims to cover all aspects of SUD services, including prevention, treatment, and recovery support

**The feedback provided is not a reflection of DHCS opinion but rather stakeholder feedback.*

Policy Manual

BHT Policy Manual

Instead of releasing multiple Behavioral Health Information Notices, the policy manual will contain all policy guidance related to BHT.

The policy manual will be released in modules. The first module will contain policy needed for counties to develop their Integrated Plan.

The first policy manual draft module will be released for public comment at the end of 2024, with more modules to be released throughout 2025.

Policy Manual Module Timeline

Module 1 will be released for public comment at the **end of 2024**, and Module 2 will be released in **2025**.

Module 1 & 2 topics may include:

- Policy Manual Introduction
- BHT Introduction
- Target Populations
- County Reporting Process
- Continuum of Care
- Population Health Goals
- Community Planning Process
- Eligible & Priority Populations
- Housing Interventions + Exemptions
- FSP + Exemptions
- Allocation Methodology
- Revenue Stability
- Behavioral health services and supports (BHSS) - Allowable Services and Supports/BHSS - Early Intervention
- Local Prudent Reserve
- Reversion Policy
- Transition from Mental Health Services Act to Behavioral Health Services Act
- Maximizing non-Behavioral Health Services Act Sources of Funding
- Documentation Redesign
- Funding Transfer Requests
- Funding Allowances

Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Guidance

Bond BHCIP Round 1: Launch Ready

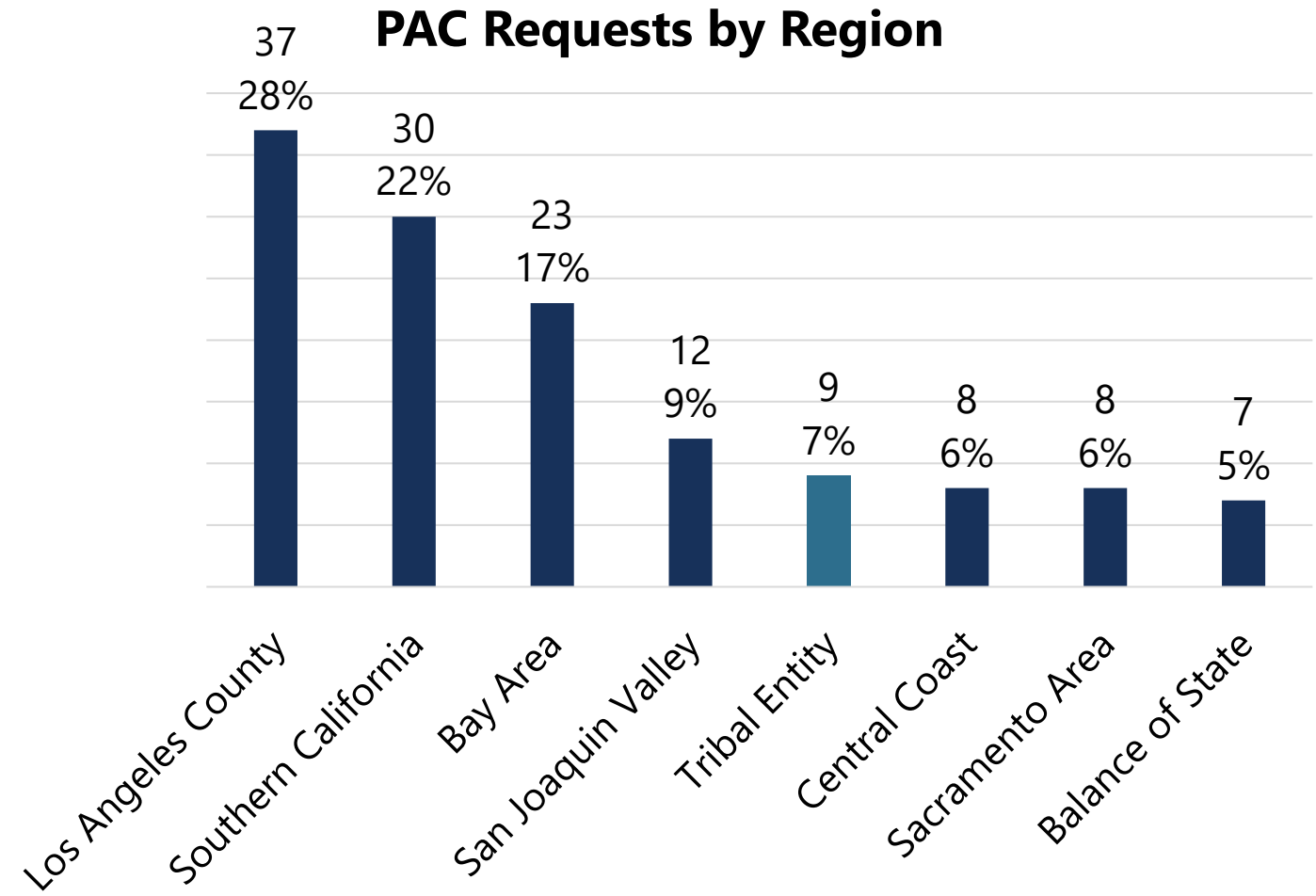
- May 14, 2024: DHCS released the Bond BHCIP Program Update, which will provide up to **$4.4 billion** in funding for mental health and SUD facilities statewide.
- The Bond BHCIP Round 1 Request for Application posted in **July 2024.**
  - $1.5 billion open only to counties, cities, and Tribal entities ($30 million minimum to be awarded to Tribal entities).
  - $1.8 billion open to counties, cities, and Tribal entities, as well as nonprofit and for-profit organizations.
- Bond BHCIP Round 1 Funds will be awarded in **spring 2025.**

Round 1: Launch Ready Pre-Application Consultation (PAC)

**Data and following graphs are based on the 134 submitted PAC requests as of 9/19/2024*

PAC Overview

- All applicants are required to complete a PAC before submitting a Bond BHCIP Round 1: Launch Ready application.
- Deadline to request a PAC is October 15, 2024.
- Pre-application consultations occurring until November 14, 2024.



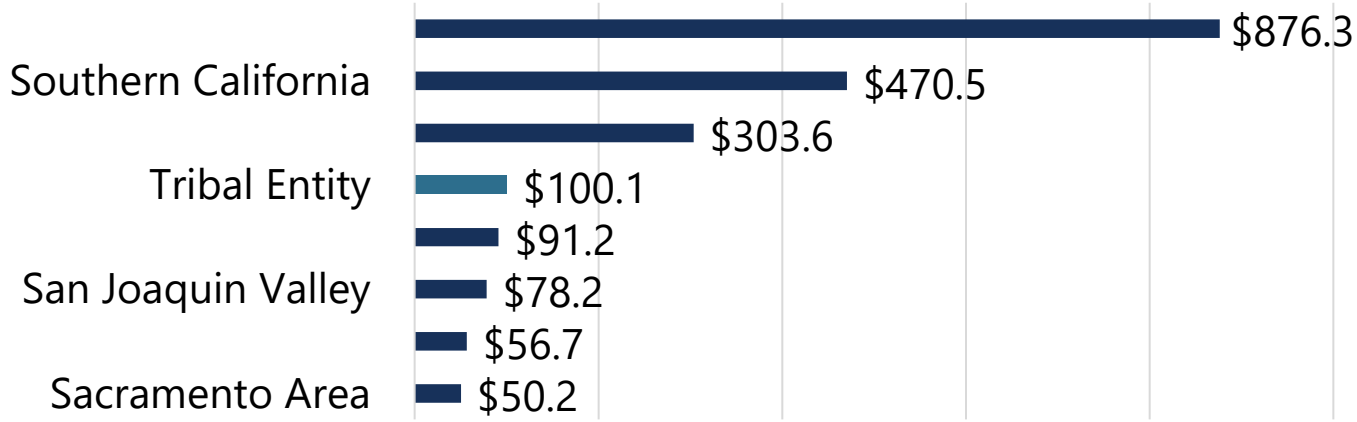
Round 1: Launch Ready PAC Data

PAC Data

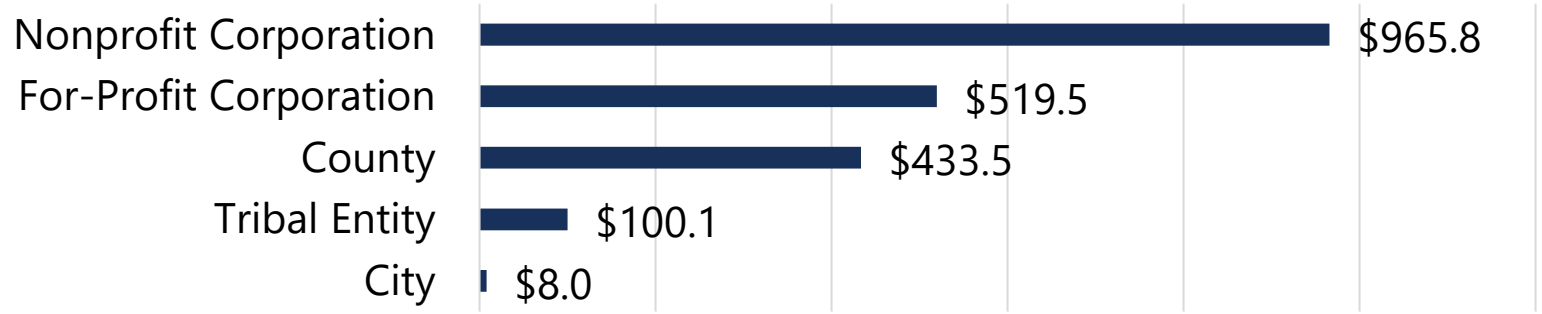
- Total PAC Initiations: 658
- Of the 658 PAC requests, 524 are in progress, 134 PAC requests submitted, and 77 are complete.
- Total Amount Funding Requested: $2.03 billion
- Average Funding Amount Requested: $15.1 million

Data and following graphs are based on data as of 9/19/24

Amount Requested by Region



Amount Requested by Entity Type (in millions)



What's Next:

- Additional Proposition 1 bond infrastructure funding (**up to $2 billion**) will be available to build permanent supportive housing (PSH) for veterans and others who are homeless or at risk of homelessness and who have mental health or SUD challenges.
  - The Department of Housing and Community Development (HCD), in partnership with CalVet, released Program Guidance on September 19, 2024, on Homekey+.
  - Applications will open in November, and funding will be continuously distributed beginning in May 2025.
- The final round of Proposition 1 Bond funding for BH treatment sites (**up to $1.1 billion**), Bond BHCIP Round 2: Unmet Needs, will be made available in **mid-2025** from DHCS.

For More Information:

- The Governor’s Mental Health for All Webpage
- CalHHS Redesigning California's Behavioral Health System Webpage
- DHCS Behavioral Health Transformation Webpage
- HCD Homekey+ Webpage

Additional Resources

Behavioral Health Transformation Website and Monthly Newsletter

- Explore the DHCS website to discover additional information and access resources.
- Please sign up on the DHCS website to receive monthly Behavioral Health Transformation updates.

Public Listening Sessions

- Attend public listening sessions to provide feedback on Behavioral Health Transformation-related topics.
- Registration links will be posted on the Behavioral Health Transformation website, along with recordings, once available.

Bond BHCIP Round 1: Launch Ready

- Visit the BHCIP website to access the application and learn more.
- Please send any other questions to bondbhciround1@ahpnet.com.

Questions and Feedback

- Please send any other questions or feedback about BHT to BHTInfo@dhcs.ca.gov.

Questions?

Public Comment

Final Comments and Adjourn

Upcoming Meeting

» February 19, 2025

Thank You!

DHCS