Medi-Cal Children's Health Advisory Panel

Wednesday, February 21, 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

February 2024

Webinar Tips

» Please use either a computer or phone for audio connection.

» Please mute your line when not speaking.

» For questions or comments, email: MCHAP@dhcs.ca.gov.

Welcome and Introductions

Mike Weiss, M.D., Chair

DHCS

Director's Update

Michelle Baass, Director

Governor Newsom's 2024-2025 Proposed Budget

Governor's Proposed Budget

» The Governor's proposed fiscal year 2024-25 budget includes $253.4 billion total funds for all health and human services programs.

» The Governor's proposed budget includes **$161.1 billion total funds for DHCS** and 4,649.5 positions to support DHCS programs and services. Of this amount, $1.3 billion funds state operations (DHCS operations), while $159.8 billion supports local assistance (funding for program costs, partners, and administration).

» DHCS budget proposals continue to build on the Administration's previous investments and enables DHCS to continue to transform Medi-Cal and behavioral health services.

DHCS Budget Proposals

» Full Scope Coverage to Californians Ages 26-49

» Asset Test Elimination

» Managed Care Organization (MCO) Tax

» Targeted Provider Rate Increases

» Children and Youth Behavioral Health Initiative – Wellness Coach Benefit (CYBHI)

» Assisted Living Waiver (ALW) Slot Increase

» Home and Community-Based Alternatives (HCBA) Waiver Slot Increase

» Respiratory Syncytial Virus Vaccines and Injectable Drugs

DHCS Budget Proposals (Continued)

Considering the state's overall General Fund condition, several budget solutions were included in the DHCS budget.

» New MCO Tax revenue

» Increased use of the Medi-Cal Provider Payment Reserve Fund

» Delay Round 6 of the Behavioral Health Continuum Infrastructure Program

» Delay Behavioral Health Bridge Housing Program

Unwinding of the COVID-19 Public Health Emergency: Medi-Cal Continuous Coverage, Redeterminations

Continuous Coverage Unwinding Updates

Federal guidance received, extending continuous coverage unwinding waivers
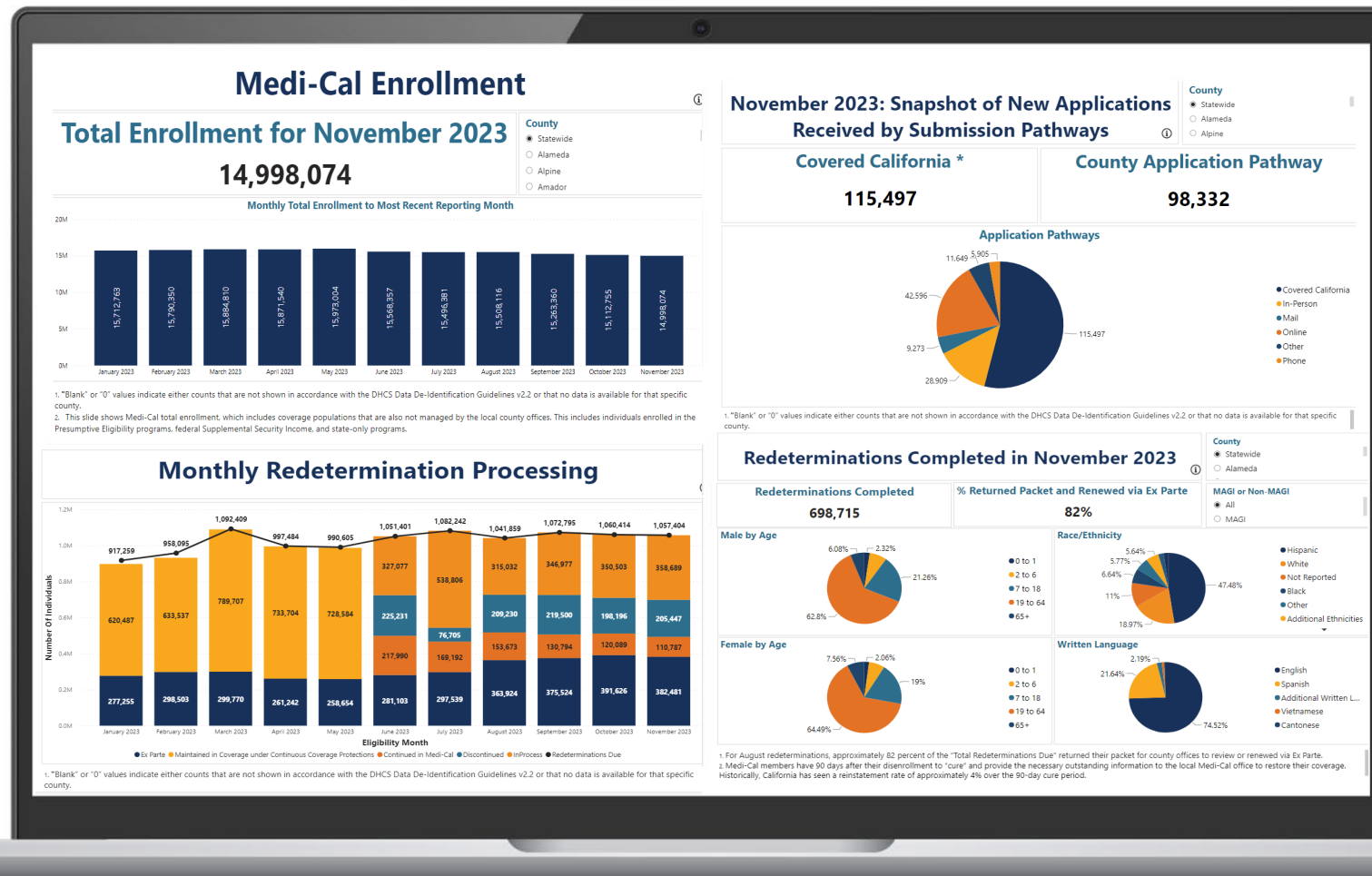
Assistance, best practices, and training to support county efforts to process outstanding renewals

Gather insights on renewal barriers and reasons for disenrollments

Medi-Cal Continuous Coverage Unwinding **Dashboard**

Redetermination Outcomes

	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023
Enrollment							
Monthly Enrollment	15.6 million	15.5 million	15.5 million	15.3 million	15.1 million	14.9 million	14.9 million
Number of New Applications Received	143,069	142,052	171,798	160,682	181,721	213,829	204,313
Newly Enrolled in Medi-Cal for the First Time	53,836	63,443	72,569	62,576	57,772	68,453	77,505

Continued Redetermination Outcomes

	June 2023	July 2023	Aug 2023	Sept 2023	Oct 2023	Nov 2023	Dec 2023
Redeterminations							
Number of redeterminations due	1.05 million	1.08 million	1.04 million	1.07 million	1.06 million	1.05 million	1.25 million
Percentage returned renewal packets for review or complete through ex parte	81%	80%	82%	81%	83%	82%	93%
Number of disenrollments as a result of renewals	225,231	76,705[1]	209,320	219,500	198,196	205,447	108,350
Percentage disenrolled (of total redeterminations due)	21%	7%	20%	20%	19%	19%	8.7%
Ex parte percentage	30%	27%	35%	35%	37%	36%	66.1%

Contact Information

» For more information, visit www.KeepMediCalCoverage.org.

» Questions? Ambassador@dhcs.ca.gov

Take a deeper dive in the
DHCS Pediatric Dashboard

Data Exchange in California

Advancing the policy and technical infrastructure to exchange data to support whole person care and care coordination across delivery systems

» California Data Exchange Framework (DxF)

» CMS Interoperability Rules

» DHCS Data Sharing Authorization Guidance
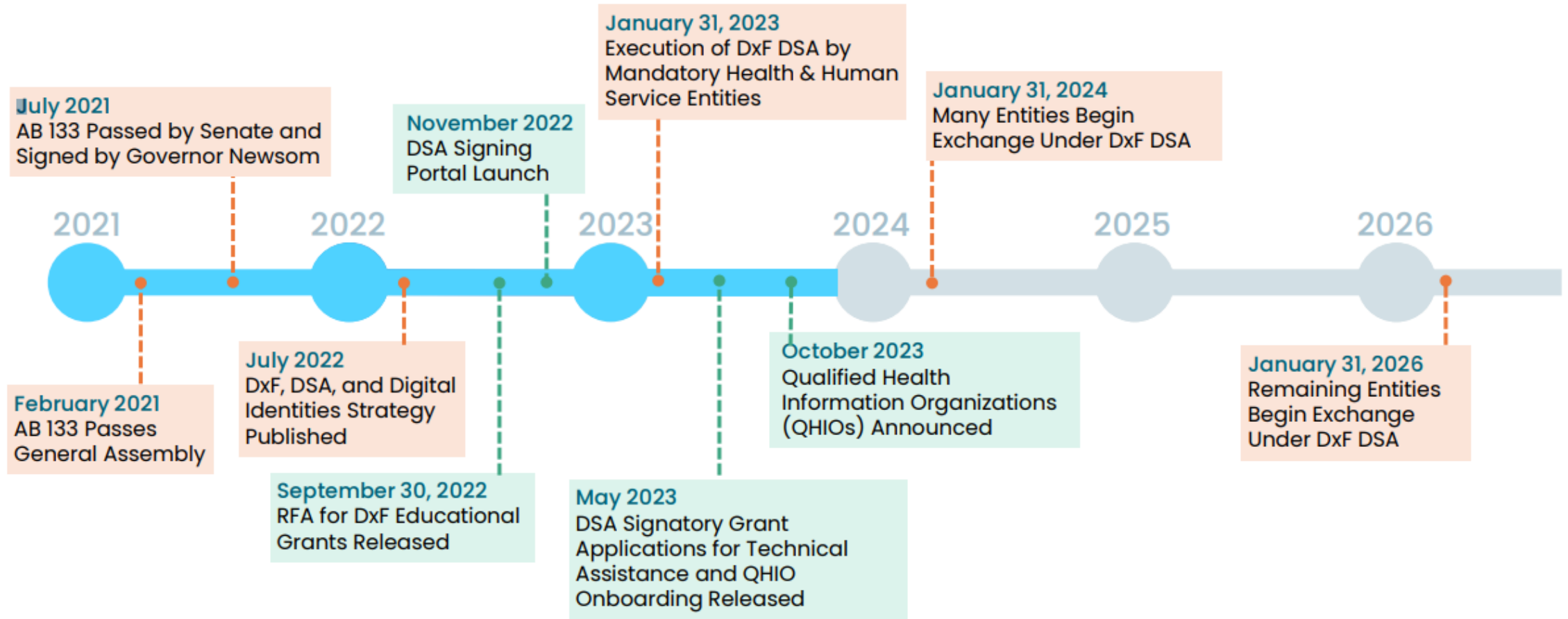
The Vision for Data Exchange in California

» Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care

» California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and well-being

What is the DxF?

» It is a guiding principle for information sharing including:

- DSA
- Common set of Policies and Procedures
- Strategy for Digital Identity
- DxF Grant Programs

» Created under the California's Health & Human Services through passage of AB 133 and governed by the Center for Data Insights and Innovation (CDII)

» The list of organizations that have signed the DSA is available on the DxF website

» DxF is NOT a technology

DxF Implementation Timeline

January 31, 2023
Execution of DxF DSA by Mandatory Health & Human Service Entities

January 31, 2024
Many Entities Begin Exchange Under DxF DSA

July 2021
AB 133 Passed by Senate and Signed by Governor Newsom

November 2022
DSA Signing Portal Launch

2021   2022   2023   2024   2025   2026

February 2021
AB 133 Passes General Assembly

July 2022
DxF, DSA, and Digital Identities Strategy Published

October 2023
Qualified Health Information Organizations (QHIOs) Announced

January 31, 2026
Remaining Entities Begin Exchange Under DxF DSA

September 30, 2022
RFA for DxF Educational Grants Released

May 2023
DSA Signatory Grant Applications for Technical Assistance and QHIO Onboarding Released

For more information, see the DxF [site](#). [Data Exchange Framework, January 2024](#)

CMS Interoperability Rules

» Patient Access Rule - May 1, 2020

- Focus on patient access portal

- Sets standards for data exchange - Health Level 7® (HL7®) Fast Healthcare Interoperability Resources® (FHIR®) application programming interfaces (APIs) and United States Core Data for Interoperability (USCDI)

» Prior Authorization Rule - January 17, 2024

- Timeliness of Prior Authorizations

- Improving Prior Authorization Processes by January 2026

California Advancing and Innovating Medi-Cal (CalAIM) Data Sharing Authorization Guidance (DSAG)

» Focuses on the CalAIM population

» Bridges the gap between the laws in California that changed as a result of CalAIM implementation and the existing guidance

» Not intended to be, and should not be, construed as legal advice

CalAIM DSAG 2.0

Version 2.0 includes additional information on:

» The disclosure of a minor's records to support Enhanced Care Management (ECM) for children/youth populations of focus

» Behavioral health use cases to help stakeholders understand federal substance use disorder privacy regulations (42 CFR Part 2) and the No Wrong Door for Mental Health Services Policy
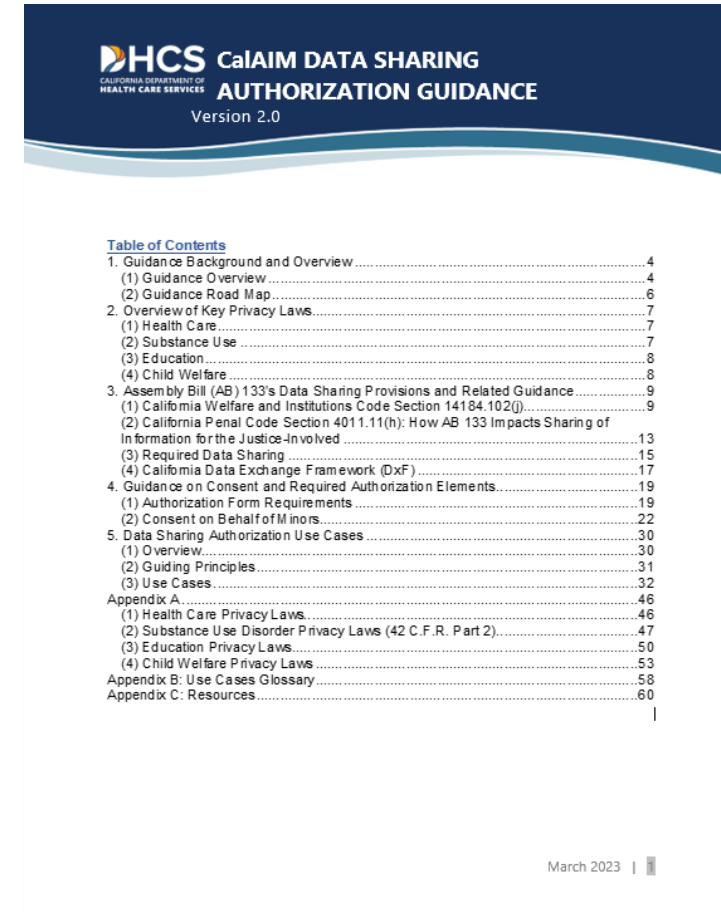

The final DSAG 2.0 is posted here.

CalAIM DSAG Contents

» Key Privacy Laws
  - Health care
  - Substance use disorder (SUD)
  - Education – NEW
  - Child welfare – NEW

» Assembly Bill 133
  - Guidance on how Assembly Bill 133 limits certain state privacy laws to enable data sharing for care coordination under CalAIM

» Consent and Required Authorizations
  - Authorization forms
  - Consent on behalf of minors – NEW

» Data Sharing Use Cases
  - Scenario-based examples of when personally identifiable information can be disclosed under CalAIM for
    - ECM
    - MCP and County Behavioral Health coordination – NEW

*NEW = New section in Version 2.0 not previously in the first version released in March 2022

DISCLAIMER: The CalAIM DSAG is not intended to be, and should not be, construed as legal advice. As the state's Medi-Cal agency, DHCS does not have the authority to interpret or enforce many of the federal privacy laws that apply to the disclosure of information under CalAIM.

For Whom Is This Guidance Intended?

Who are "Medi-Cal Partners?"

How can Medi-Cal Partners use the DSAG?

Medi-Cal partners include, but are not limited to:

» MCPs

» Tribal health programs

» Health care providers

» Community-based social and human service organizations and providers

» Local health jurisdictions

» Correctional facility health care providers

» County and other public agencies that provide services and manage care for individuals enrolled in Medi-Cal.

For Whom Is This Guidance Intended?

Who are "Medi-Cal Partners?"

How can Medi-Cal Partners use the DSAG?

Examples:

» Legal and other advisors who work with Medi-Cal partners may find this guidance (especially Chapters 2, 3, and 4) helpful when determining how to counsel a care manager on the laws protecting such information and whether consent from the individuals enrolled in Medi-Cal must be obtained by the care manager.

» Care managers may leverage the data sharing use cases (Chapter 5) to better understand how to operationalize applicable laws.

For Whom Does This Guidance Apply?

Who are "Members?"

Additional Context

Members include individuals enrolled in Medi-Cal who meet any of the following criteria:

» Enrolled in a Medi-Cal MCP

» Receiving any form of behavioral health services, including services from:

   » County mental health plans (MHPs);

   » Drug Medi-Cal (DMC) / DMC-Organized Delivery System (ODS); or

   » Any behavioral health services under the FFS system and/or DMC-ODS.

» Justice-involved populations that qualify for Justice-Involved Reentry Initiative pre-release services

For Whom Does This Guidance Apply?

Who are "Members?"

Additional Context

The guidance does <u>not</u> apply to:

» Those who receive care exclusively under the Medi-Cal FFS system who are neither recipients of behavioral health services nor qualified inmates receiving targeted pre-release Medi-Cal benefits. In practice, this is a small percentage of Medi-Cal members.

Statutory Reason for Limiting This Guidance to Certain Populations:

» AB 133 defines CalAIM components to apply to various Medi-Cal programs, which include MCPs behavioral health programs, and Justice-Involved Reentry Initiative pre-release services.

Contact Information

» For more information, visit the [DHCS Data Exchange and Data Sharing](#)

» Questions?
[Data Sharing Questions](#)

Background and Authorizing Statute

CalAIM

Ensure continuous and unwavering optimal care for children

Effective compliance programs

Implement enhanced monitoring and oversight of CCS

Authorizing Statute

Welfare & Institutions (W&I) Code, article 5.51, section 14184.600 (b) established the CalAIM Act, requiring DHCS to consult with counties and other affected stakeholders to develop and implement all of the following initiatives to enhance oversight and monitoring of county administration of the CCS program.

CCS Compliance, Monitoring, and Oversight Program Overview

CCS Compliance, Monitoring, and Oversight Program Purpose

The purpose of the CCS Compliance, Monitoring, and Oversight program, taking into consideration variations based on CCS county model type, is to promote accessibility, transparency, monitoring, and oversight for the CCS program statewide

CCS Compliance, Monitoring, and Oversight Program Plan

» After reviewing state and national best practices developed through this process, the following components of a comprehensive compliance program include:

» Grievances, Appeals, and State Hearings (SH)

» Training

» Monitoring and Oversight

- Including compliance activities monitored through Quarterly and Annual Reports and Surveys

» Enforcement and Corrective Action

CCS Compliance, Monitoring, and Oversight Program Plan (Sept 2023)

California Children's Services Monitoring and Oversight

Grievances, Appeals, and State Hearings

Enforcement and Corrective Action

Domains

Training

Reporting and Surveying

Supporting Elements: Authority, Standards and Procedures, and Communication
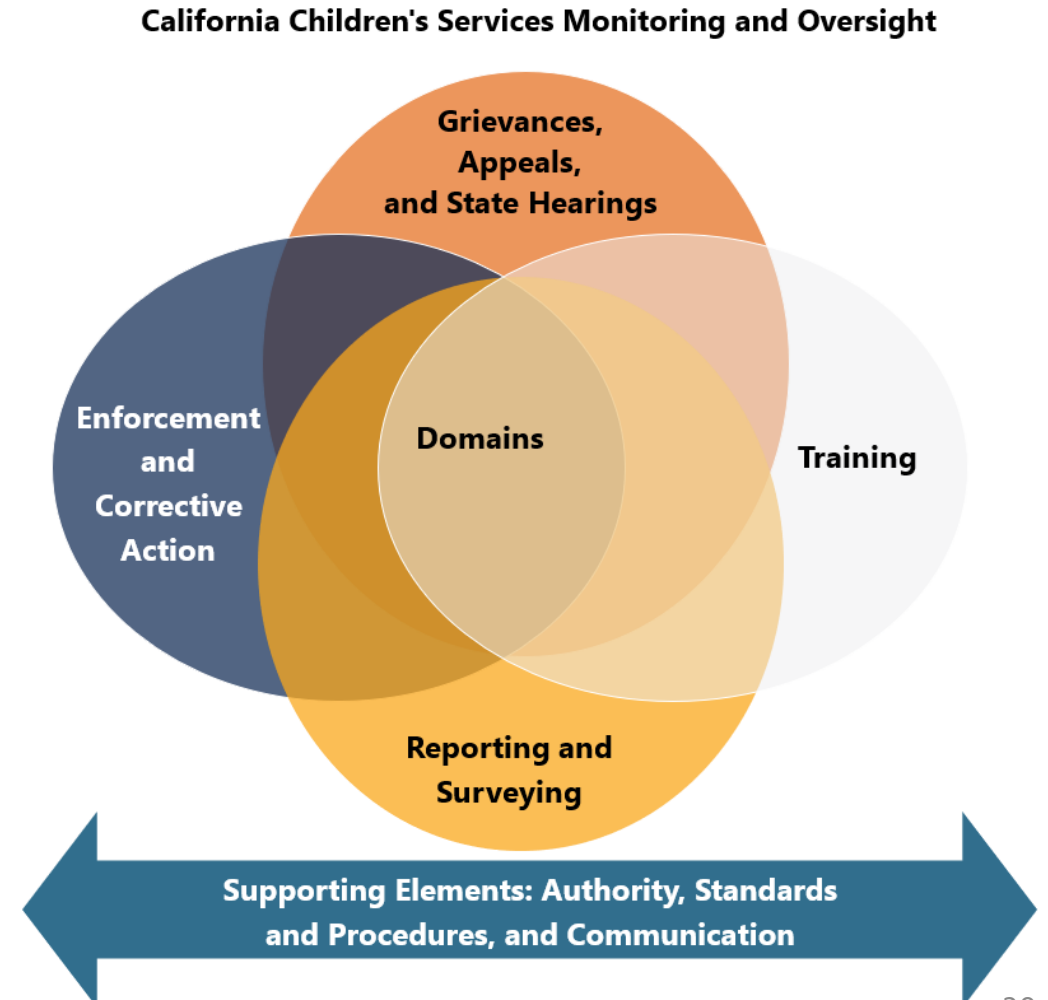
CCS Monitoring and Oversight Workgroup Objectives and Accomplishments

CCS Monitoring and Oversight Workgroup Objective

In 2022-2023, DHCS leveraged a comprehensive workgroup comprised of CCS stakeholders utilizing their experience, knowledge, and best practices to build a collaborative process resulting in a finalized CCS Compliance, Monitoring, and Oversight Program Plan, compliance activities, and supporting policy guidance.

CCS Monitoring and Oversight Workgroup at a Glance

» [CCS Compliance, Monitoring, and Oversight Program Plan](#)

» Memorandum of Understanding (MOU), including MOU Roles and Responsibilities Table and Definitions documents

» CCS Program Grievances Process Numbered Letter (NL)

» Classic CCS Program Appeals Process NL

» CCS Training Requirements NL

» CCS Program Reporting and Survey NL

NLs

NL Updates

Status	NL	Public Comments Received	Next Steps
Finalized	Electronic Visit Verification (EVV) NL	» Released for public comment on December 14, 2022	» Posted on DHCS website California EVV Implementation NL 02-0623
	Training NL	» Released for public comment on January 27, 2023	» Posted on DHCS website CCS Training Requirements NL 04-0723
	Grievance NL » Grievance Flowchart » Grievance Form	» Released for public comment on December 23, 2022 » Released for second round of feedback with CHEAC on June 14, 2023	» Posted on DHCS website CCS Grievances Process NL 06-1023 » Grievance Form will be posted to the DHCS webpage once finalized
	CCS Program Reporting and Survey NL » Compliance activities » High-Risk Assessment Tool for transition planning » Reporting templates	» Released for public comment on January 24, 2023 » Released for second round of public comment on July 13, 2023	» Posted on DHCS website CCS Program Reporting and Survey Process NL 09-1123

*DHCS is developing a Grievance, Appeal, and State Hearing Factsheet per stakeholder request. This factsheet was shared with NHeLP, DRC, and Family Voices for feedback and will be posted to the DHCS webpage once finalized.

Numbered Letter (NL) Updates

Status	NL	Public Comments Received	Next Steps
Finalized	Intercounty Transfer NL	» Released for public comment on September 8, 2023	» Posted on DHCS website [Intercounty Transfer policy NL 10-1123](#)
Pending	Classic CCS Program Appeals Process NL	» Released for public comment on July 7, 2023 » Released for second round of public comment on January 18, 2024	» Final release in first quarter of 2024
	MOU • Roles and Responsibilities Table • Definitions	» Released for public comment on September 26, 2023	» Final release by April 2024

Timelines

Deferring Implementation to July 2025

» DHCS is deferring the implementation start date of the CCS Compliance, Monitoring, and Oversight program from July 1, 2024, to July 1, 2025.

» DHCS is continuing efforts to analyze the CCS county administrative allocation funding, finalize policy guidance referenced in the MOU, and provide counties with more time to prepare for implementation of the program. In addition, July 1, 2025, aligns with the CCS WCM expansion and implementation of CCS quality metrics.

Deferring Implementation to July 2025 (cont)

The deferral:

» Allows counties twelve months to review and execute and implement the MOU with their correct January 1, 2025, county model type.

» Provides time to finalize and communicate CCS county budget revisions.

» Allows additional time to develop CCS quality metrics and implement them with the same date as this proposal of July 1, 2025

» Allows for the finalization of policy guidance referenced or affected by the MOU

» Provides WCM expansion counties time to prepare for the January 1, 2025, transition including resolving current backlogs including Service Authorization Requests*

» Offers additional time for training counties and DHCS staff

*There are two counties transitioning from Classic Independent to WCM Independent and 10 counties transitioning from Classic Dependent to WCM Dependent.

CCS Compliance, Monitoring, and Oversight Program MOU Progress

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Stakeholder          Public Comment       DHCS Finalizes       DHCS Sends MOU
Process and MOU  →   for MOU          →   MOU Based on     →   to Counties
Development          9/2023               Public Comment       6/2024
2022-2023                                 3/2024
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County MOU           Counties Sign and    MOU Effective        DHCS Initiates
Approval Process →   Return MOU       →   Date             →   Monitoring
6/2024-6/30/2025     6/2024-6/30/2025     7/1/2025             Protocols
                                                               7/1/2025
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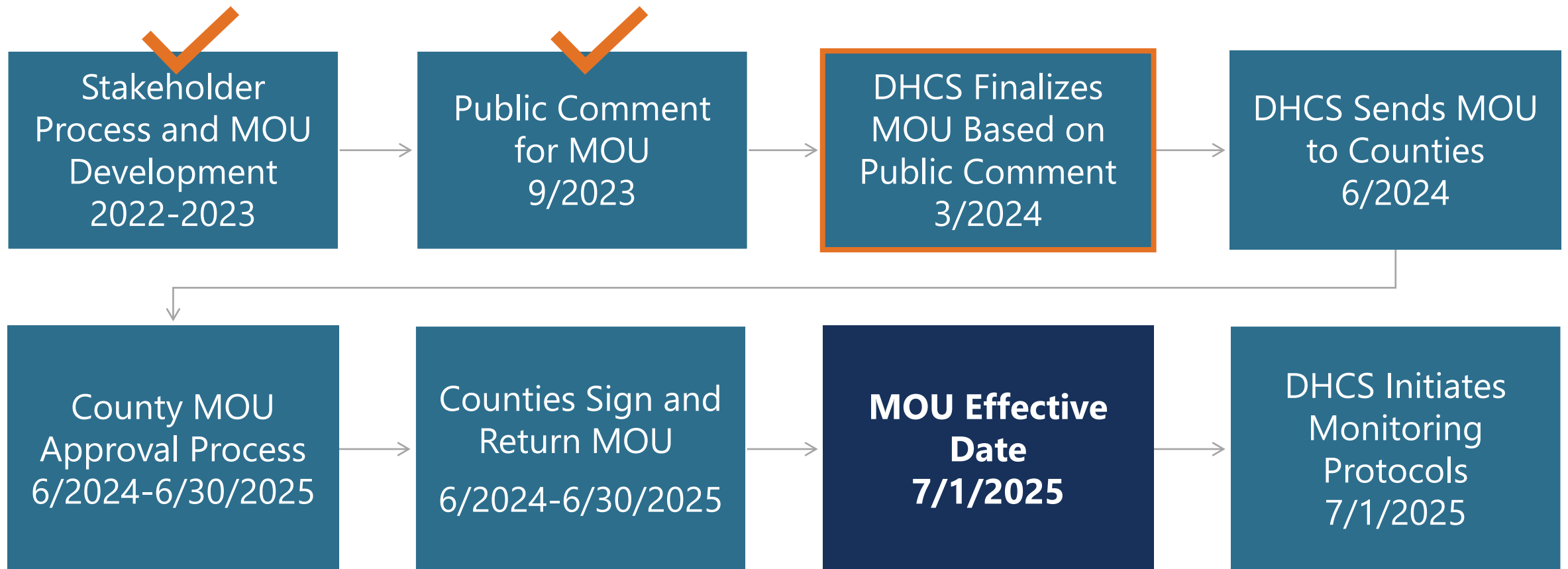
Next Steps

» In advance of the CCS Compliance, Monitoring, and Oversight Program implementation on July 1, 2025, DHCS will:

- Publish policy guidance referenced or affected by the MOU

- Publish the Grievance, Appeal, and SH fact sheet

- Publish Information Notice to inform counties of upcoming MOU and expectations related to new oversight functions

- Share the final MOU for county review and signature

- Update the DHCS webpage with training information

- Publish Technical Assistance Guides

- Offer counties support and technical assistance on new reporting requirements

Questions?

Contact Information

» For more information, visit [California Children's Services (CCS) Compliance, Monitoring, and Oversight Program](#).

» Questions? CCSMonitoring@dhcs.ca.gov

Break

Children and Youth Behavioral Health Initiative (CYBHI)

Youth Platform Launch and CYBHI Fee Schedule Program Update

Autumn Boylan, Deputy Director, Office of Strategic Partnerships

DHCS

Behavioral Health Virtual Services Platforms

» In January 2024, DHCS launched two free behavioral health services applications for all families with children, teens, young adults, and their caregivers, regardless of insurance coverage or immigration status:

- **BrightLife Kids** is for parents/caregivers and kids ages 0-12.
- **Soluna** is for teens and young adults ages 13-25.

» The platforms were designed with input from more than 1,000 children, youth, families/caregivers, behavioral health professionals, and subject matter experts.

» Platforms are a cornerstone of Governor Newsom's **Master Plan for Kids' Mental Health** and the **CYBHI**.

BrightLife Kids and Soluna Offerings

» Professional Coaching

» Educational Content

» Assessments and Tools

» Care Navigation Services

» Peer Communities

» Crisis and Safety Protocols

Virtual mental health care for kids & families

Demo Video

Learn more at CalHOPE.org

Current Services ››   CalHOPE Connect   Red Line   Student Support   Together for Wellness   CalHOPE Schools

Digital mental health support for youth, young adults, and families

A groundbreaking new program providing free, safe, and confidential mental health support for young people and families across the state with two easy-to-use mobile apps:

BrightLife Kids

Mental health coaching and resources for parents with kids ages 0-12

Learn More

soluna

Mental health coaching and resources for teens and young adults ages 13-25

Learn More

Download the Partner Toolkit Today

https://qrco.de/bemii2

SCAN ME

CYBHI School-Based Services and Fee Schedule

» Fee Schedule Introductory [Video](#)

» Draft Fee Schedule Guidance

» [Public Comment](#) through 2/12/24

Current Status - CYBHI fee schedule

Progress to date

DHCS developed (in compliance with statute[1]):

"A school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger at a school site"

"A school-linked statewide provider network of school site behavioral health counselors"

Policy stating that "providers of medically necessary school site services described in this section shall be reimbursed, at a minimum, at the fee schedule rate or rates... regardless of network provider status"

Path forward

Prior to providers and practitioners being reimbursed for CYBHI fee schedule services:

CMS approval allows the CYBHI fee schedule to proceed, by:

» Providing directed payment authority[2]

» Approving the State Plan Amendment to enable reimbursement of Pupil Personnel Services (PPS) credentialed providers

Cohort 1 participants (including Local Educational Agencies (LEAs), County Offices of Education (COEs), and managed care plans) full completion of the state's onboarding curriculum, to prepare for using the CYBHI fee schedule

How will the fee schedule work?

How will the fee schedule work?

→ Services

LEAs, public institutions of higher education, and their designated providers / practitioners

How will the fee schedule work?

→ Services → Claims → Funds

Medi-Cal Managed Care Plans (MCPs) & Medi-Cal Fee-for-Service (FFS)

Health Care Service Plans

Disability Insurers

LEAs, public institutions of higher education, and their designated providers / practitioners

How will the fee schedule work?

→ Services → Claims → Funds

Medi-Cal MCPs & Medi-Cal FFS

Health Care Service Plans

Disability Insurers

Carelon Behavioral Health (TPA[1])

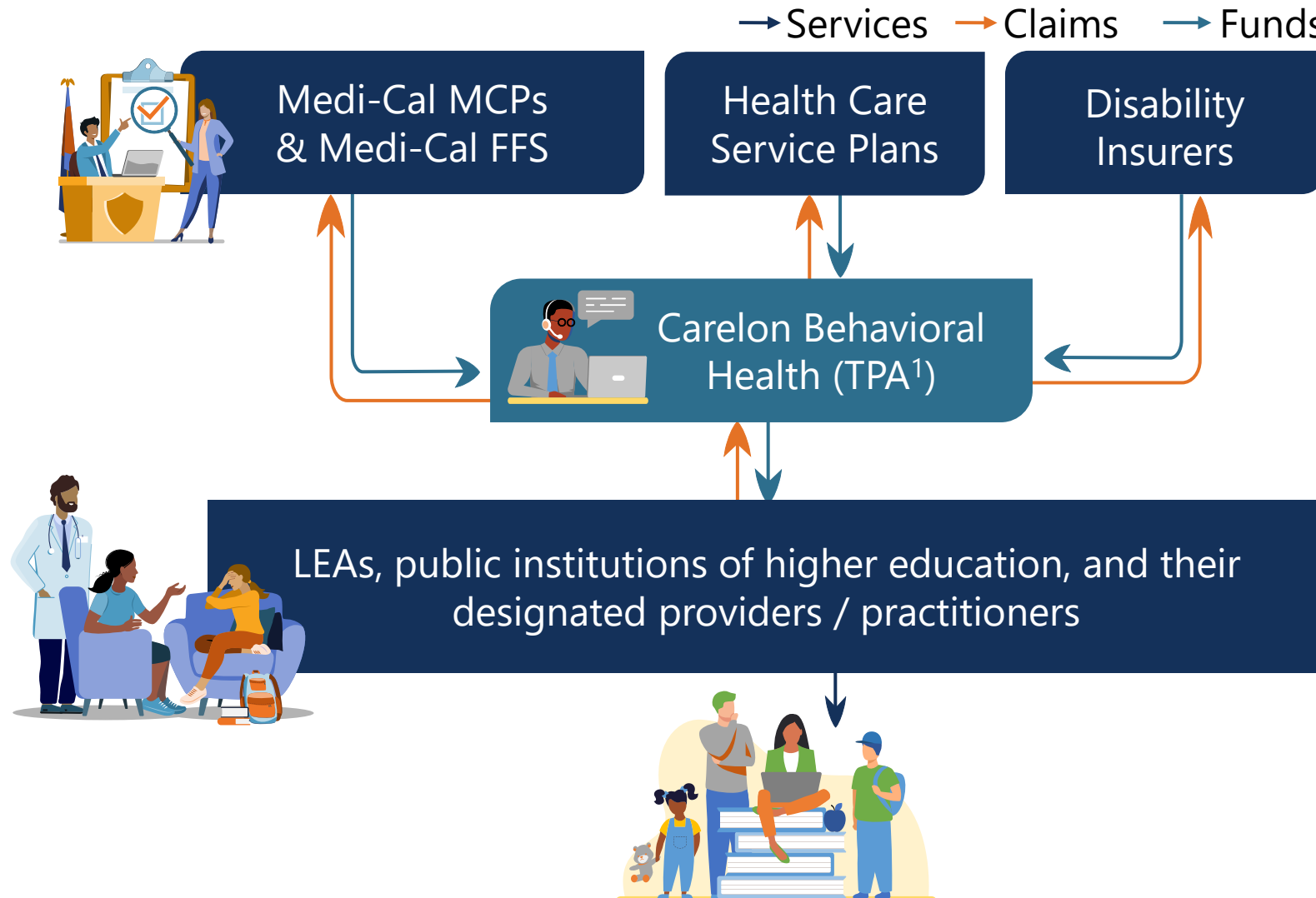**LEAs, public institutions of higher education, and their designated providers / practitioners**

How will the fee schedule work?

→ Services → Claims → Funds

Medi-Cal MCPs & Medi-Cal FFS

Health Care Service Plans

Disability Insurers

Carelon Behavioral Health (TPA[1])

LEAs, public institutions of higher education, and their designated providers / practitioners

School & Behavioral Health Partnership to Support Student Well-Being

New statewide fee schedule

Building infrastructure

Behavioral health workforce investments

Scaling of evidence-based and community-defined practices

Supporting partnerships

Supporting social, emotional learning (SEL) and mindfulness, and resilience of students

Providing training

Increasing access

Fee Schedule

Categories of service included in the fee schedule

Psychoeducation

Treatment

Screening and Assessment

Care Coordination

Please see <u>PDF</u> for additional detail on specific services, with their respective codes, rates, and practitioner types

1. Pupil Personnel Services; subject to State Plan Amendment approval; 2. Starting 2025; subject to State Plan Amendment approval

Fee Schedule

Eligible practitioners

» 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

» PPS[1] School Counselor

» PPS[1] School Psychologist

» PPS[1] School Social Worker

» Psychologist

» Registered Nurse

» Wellness Coaches[2]

Note: Practitioners' eligibility to provide specific services will be based on their scope of practice (including supervision requirements)

1. Pupil Personnel Services; subject to State Plan Amendment approval; 2. Starting 2025; subject to State Plan Amendment approval

Overview of phased approach

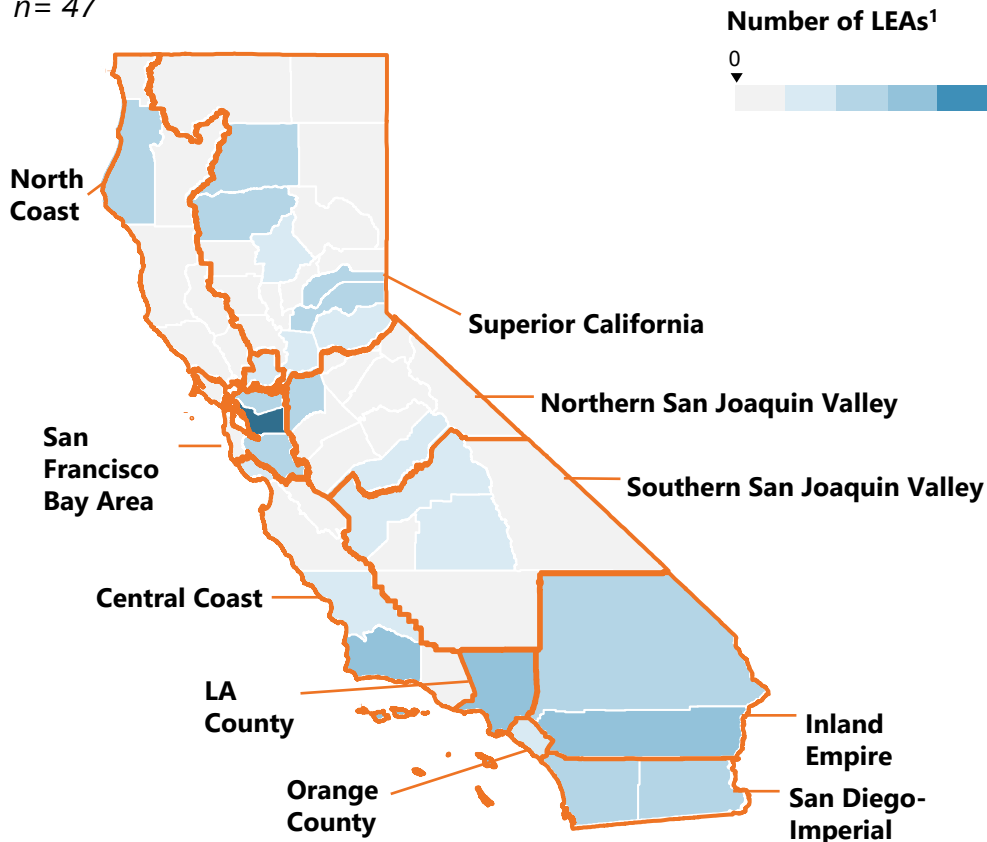|	2024		2025
	January	**~July**	**~January onwards**
	Cohort 1 – Early Adopters	**Cohort 2 – Select Expansion**	**Cohort 3+ - Rolling Opt-In**
Cohort Participants All proposed cohorts include associated commercial plans and MCPs	**Representative group of LEAs with:** • **Some existing Medi-Cal infrastructure** • **Willingness** and **capacity** to participate	**Expansion to:** • Additional **LEAs** • Select **California Community College campuses**	**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) Note: Ongoing opportunities to register / enroll every 6-12 months

Cohort 1 - Details

Cohort 1

n= 47

Number of LEAs[1]

0
6

North Coast

Superior California

Northern San Joaquin Valley

San Francisco Bay Area

Southern San Joaquin Valley

Central Coast

LA County

Orange County

Inland Empire

San Diego-Imperial

» Additional detail

- Selected 72% (47) of LEAs that submitted applications to participate in Cohort 1

- 43% (25) of California counties represented

- 13% (6) Participating LEAs located in rural counties

- 17%[1](~1M) students across California's Transitional Kindergarten (TK)-12 public schools represented by Cohort 1 LEAs

- All TK-12 grades are included within Cohort 1 LEAs[1] (TK, elementary, middle, and high schools)

» Please see the <u>DHCS website</u> for the comprehensive list of Cohort 1 LEAs

Additional CYBHI Resources

» DHCS CYBHI [Website](#)

» CalHHS CYBHI [Website](#)

» CalHHS [CYBHI 2023: Implementing the Vision](#) (Annual Progress Report)

» CYBHI [Youth at the Center](#) Report

Public Comment

Member Updates

Upcoming MCHAP Meetings and Next Steps

2024 Meeting Dates

» Wednesday, May 1, 2024

» Thursday, September 12, 2024

» Thursday, November 7, 2024

Questions?
MCHAP@dhcs.ca.gov

Thank You.