

The background features a purple-tinted image of a stethoscope and a line graph with a grid. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The stethoscope is positioned on the right side of the image.

Medi-Cal Managed Care Advisory Group Meeting

September 8, 2022 – (Webex Only)

Webex Event Number (Access Code): 2592 946 2241

Event Password: MCAG*

Join by Phone: +1-415-655-0001 US Toll

Access Code: 2592 946 2241

Agenda

- » Welcome and Introductions
- » Housing and Homelessness Incentive Program
- » Model Changes and Procurement
- » Children's Outreach
- » Providing Access and Transforming Health Updates
 - » Cited Program
 - » Technical Assistance Marketplace
- » Managed Care Updates:
 - » Cal AIM Updates, including Enhanced Care Management and Community Supports
- » Open Discussion
- » Next Meeting: December 15, 2022

Welcome and Introductions





Housing and Homelessness Incentive Program (HHIP)

Frances Harville

Section Chief, Policy and Housing Programs Sections

Michel Huizar

Staff Services Manager III, Managed Care Quality and Monitoring

Agenda

- » Review HHIP Vision, Goals, and Strategic Approach
 - » HHIP Local Homelessness Plan (LHP) Awards
 - » Investment Plan (IP) Overview
 - » HHIP Timeline
 - » Next Steps
-

Program Vision, Goals, and Strategic Approach

Drawing on the HCBS Spending Plan and the DHCS Comprehensive Quality Strategy, DHCS established HHIP guided by a defined program vision, goals, and strategic approach.

VISION: improve health outcomes and access to whole person care services by addressing housing insecurity and instability as a social driver of health for the Medi-Cal population

GOALS

- 1 Ensure managed care plans (MCPs) have the necessary capacity and partnerships to connect their members to needed housing services
- 2 Reduce and prevent homelessness

STRATEGIC APPROACH

- » **Develop** partnerships between MCPs and social service agencies, counties, public health agencies, and public and community-based housing agencies to address homelessness
- » **Provide** rapid rehousing for Medi-Cal families and youth, and interim housing for aging and disabled populations
- » **Expand** access to housing services and street medicine programs
- » **Improve** access to coordinated housing, health and other social services
- » **Reduce** avoidable use of costly health care services
- » **Improve** whole person health, including behavioral health treatment and resources, for Medi-Cal enrollees
- » **Implement** solutions that manage information to better identify populations of focus and member needs

HHIP LHP Awards

LHP Initial Submission

- » 104 MCPs completed LHPs with a **possible point value of 480**.
- » 83 MCP LHP submissions obtained full score values of 480.
- » The focus of the revisions were to add additional refinement, clarity, and flexibility.
- » This component allowed MCPs the opportunity to submit revised responses on the initial LHP.
- » Revisions impact the LHP Submissions.

LHP Revised Submission

- » 104 MCPs completed LHPs with the revised measures for a **modified score value of 490**.
- » With this new component, all 104 revised MCP LHP submissions were able to obtain full points.
- » The redesign was beneficial as it provided the opportunity for MCPs to resubmit their LHPs and receive full points.

Investment Plan Overview

The Investment Plan is a required submission for MCPs seeking to participate in HHIP.

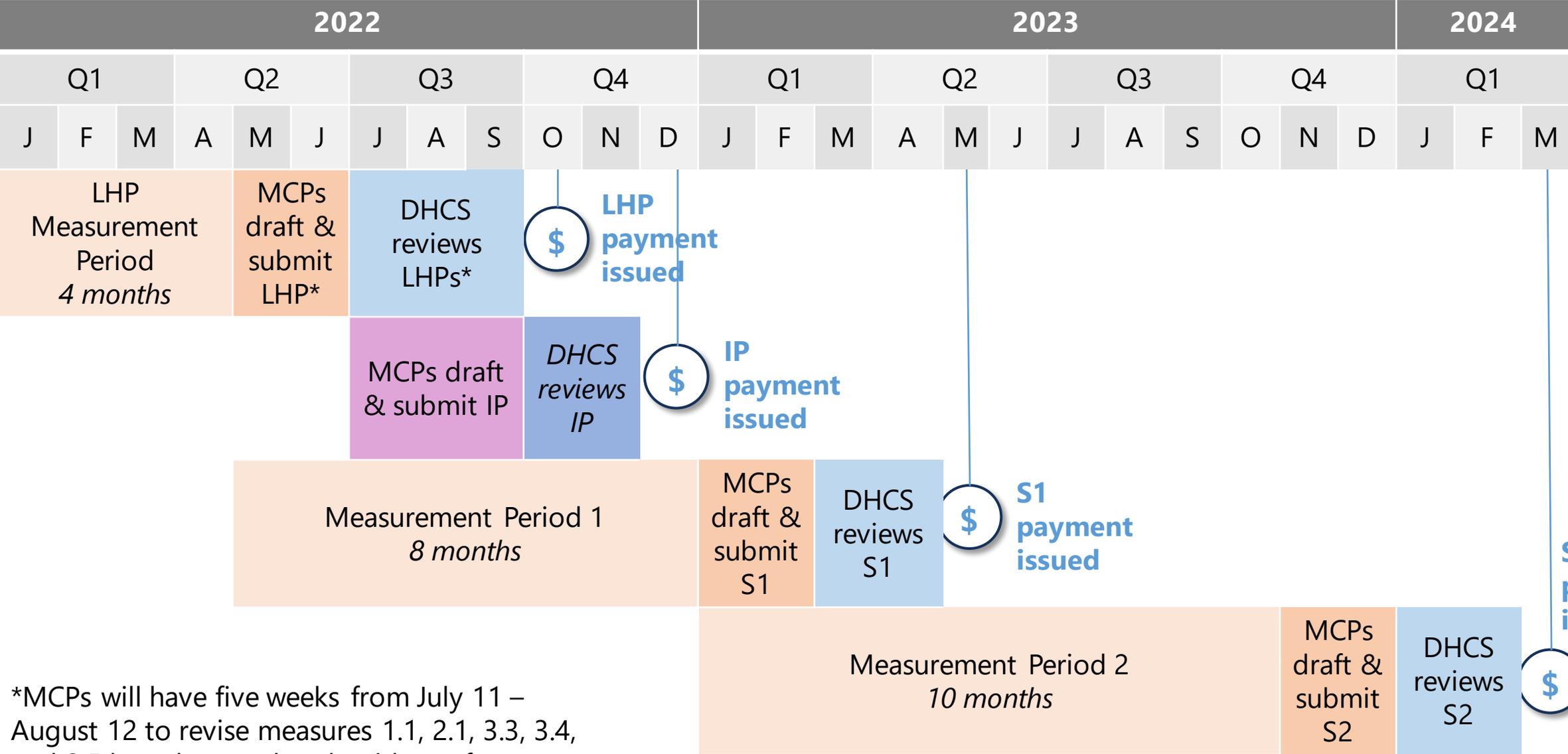
Investment Plan Intent

- » The goal of the Investment Plan is for MCPs to demonstrate their approach on a targeted investment strategy for **achieving the HHIP measures and program goals** in collaboration with local partners.

Scoring

- » The Investment Plan is worth up to 10% of each MCP's earnable funds for HHIP
- » MCPs will be evaluated based on the quality of the Investment Plan components submitted, including:
 - » Investments
 - » Risk Analysis
 - » Continuity of Care Letter of Support
 - » Attestation

Current HHIP Timeline



*MCPs will have five weeks from July 11 – August 12 to revise measures 1.1, 2.1, 3.3, 3.4, and 3.5 based on updated guidance from DHCS.

Next Steps



Investment Plan Submissions Due: September 30, 2022



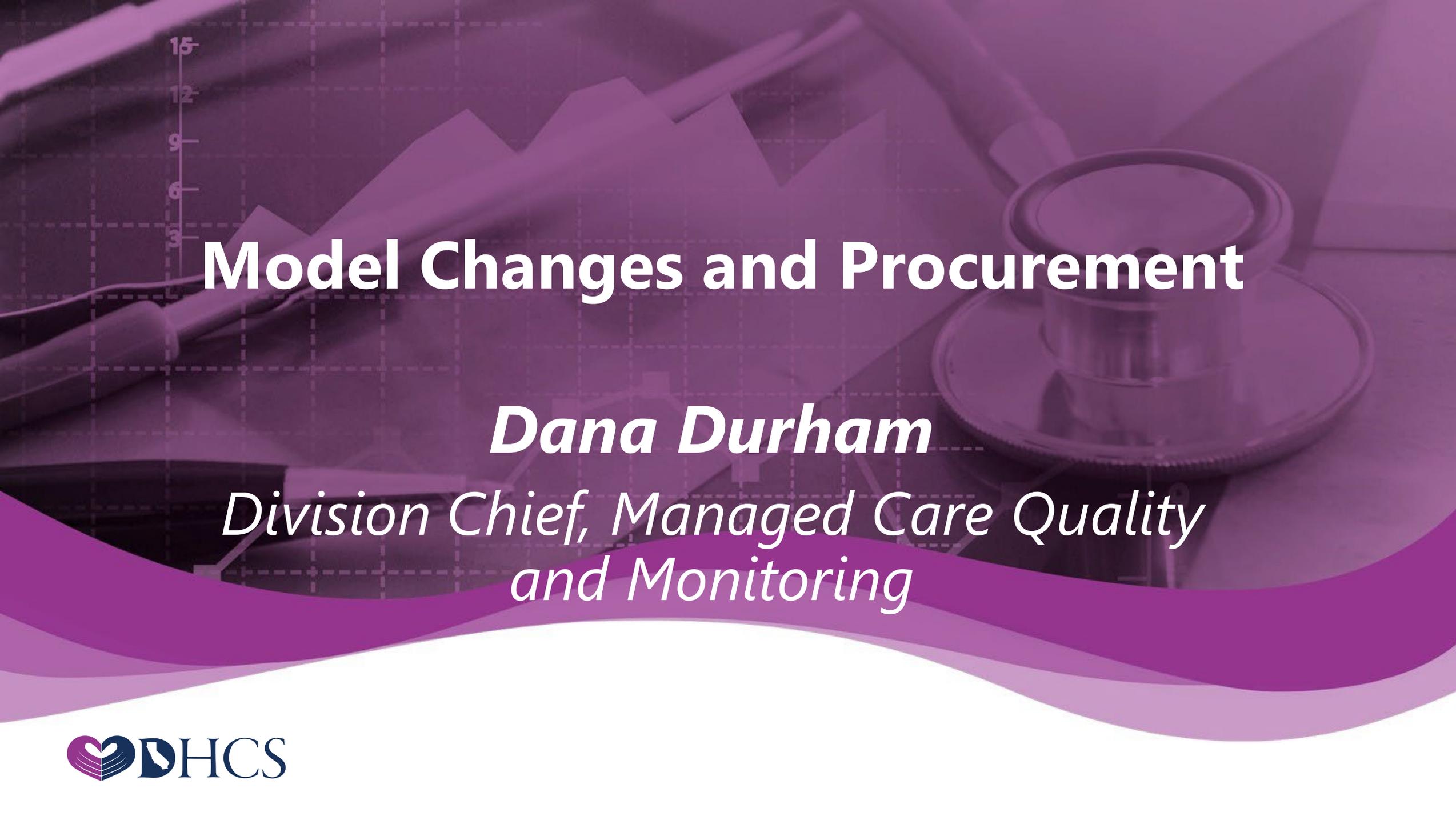
Investment Payment Awards: December 2022



HHIP Submission 1 Due: March 2023

Email additional questions to DHCSHHIP@dhcs.ca.gov.

DHCS will continue to provide MCPs with ongoing technical assistance via email, and will schedule additional technical assistance calls to address common questions, as needed.



Model Changes and Procurement

Dana Durham

*Division Chief, Managed Care Quality
and Monitoring*

Managed Care Plan County Model Change Update

The following counties submitted the necessary County Ordinance by the due date of October 10, 2021. DHCS has accepted all county ordinances and has provided a Conditional Approval to continue to move forward with their request to change the Managed Care Plan Model type that currently operates in the County.

» **Single Plan Counties:**

- » Alameda County: Single Plan with Alameda Alliance
- » Contra Costa County: Single Plan with Contra Costa Health Plan
- » Imperial County: Single Plan with California Health and Wellness

» **County Organized Health Systems (COHS) with Central California Alliance for Health**

- » Mariposa County
- » San Benito Counties

» **COHS with Partnership Health Plan**

- » Butte
- » Colusa
- » Glenn
- » Nevada
- » Placer
- » Plumas
- » Sierra
- » Sutter
- » Tehama
- » Yuba

» **Two-Plan with Health Plan of San Joaquin**

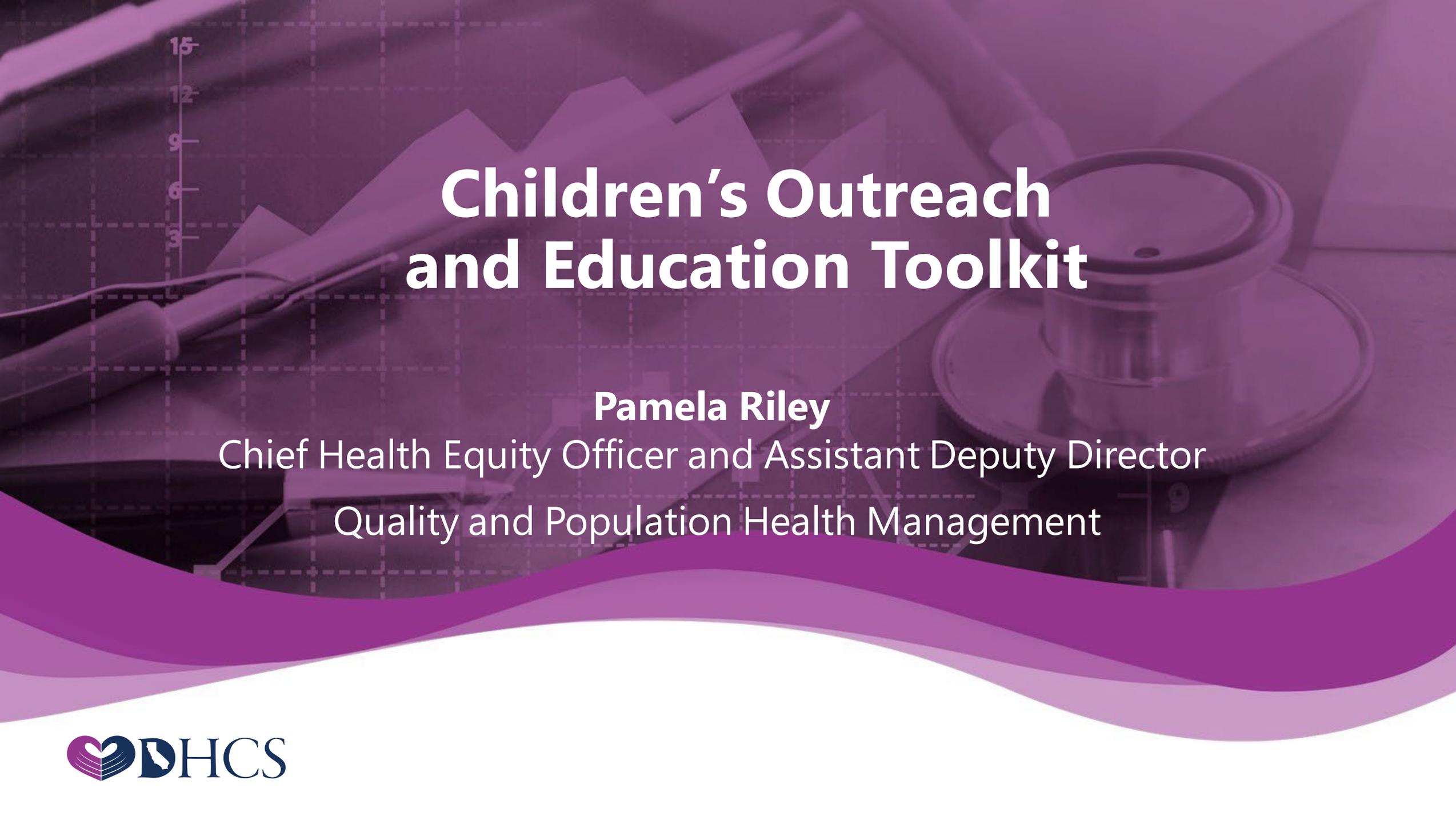
- » Alpine
- » El Dorado

Procurement Plans

» DHCS intends to award 28 contracts to the following commercial MCPs to deliver Medi-Cal services in 21 counties:

Intended Awardees Counties	Counties
Molina Healthcare	Los Angeles, Riverside, San Bernardino, Sacramento, San Diego
Anthem Blue Cross Partnership Plan	Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Santa Clara, San Francisco, Sacramento, Tuolumne
Health Net	Amador, Calaveras, Inyo, Mono, San Diego, San Joaquin, Stanislaus, Tulare, Tuolumne

***Bolded text indicates incumbent**



Children's Outreach and Education Toolkit

Pamela Riley

Chief Health Equity Officer and Assistant Deputy Director
Quality and Population Health Management

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

- » **Key Initiative:** Outreach and education campaign on the intent and scope of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) to enhance understanding and access to care
- » **Initiative Elements Discussed in Strategy:**
 - » Core audiences of families, providers, and MCPs
 - » Complementary to practice transformation initiatives and new MCP contract requirements
 - » Toolkit that describes how EPSDT works, what it covers (i.e., all medically necessary services for children and youth), and its role in preventive care through training, technical assistance, model communications, and policy guidance
 - » Coordination of campaign with a range of child-serving stakeholders (e.g., key State agencies, local government entities, community-based advocates) to deliver targeted messaging related to services available under EPSDT

In 2019, DHCS began developing enrollee facing materials focused on preventive services care, in response to a 2019 California State Audit report on preventive services and to align with Medi-Cal's obligation to ensure EPSDT utilization; work was paused due to COVID-19. This toolkit builds upon this prior work.

EPSDT Outreach and Education Toolkit: Goals



Improve enrollee understanding of how Medi-Cal for children and youth works, what it covers, its role in preventive care screening, diagnosis and treatment, and medical necessity requirements.



Increase coordination with a range of child-serving stakeholders, including key state agencies, local government entities, and community-based advocates to help disseminate EPSDT outreach and education toolkit materials.

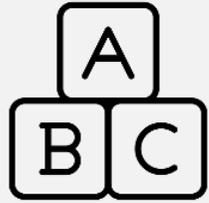


Support providers, Medi-Cal MCPs, and children and youth stakeholders in better understanding Medi-Cal for children and youth through training materials, technical assistance, policy guidance, and model communication tools.



Launch a new name for EPSDT to promote greater understanding of what children and youth are entitled to under the Medi-Cal program.

Overview of EPSDT Outreach and Education Campaign Components



**EPSDT
Renaming**



**EPSDT Enrollee
Brochures**
(child and teen
versions)



**EPSDT Enrollee
Know Your
Rights Letter**



**EPSDT Provider
Training**

EPSDT Outreach and Education Toolkit Components (1 of 2)

Component	Description	Audiences			Proposed Distribution
		Enrollee	Provider	Managed Care Plans	
EPSDT Renaming	More accessible name to improve understanding amongst all audiences	✓	✓	✓	<ul style="list-style-type: none"> ▪ DHCS: Include in all campaign materials; update DHCS EPSDT Website and existing materials ▪ Plans: Update member handbook, plan website, and other existing materials
EPSDT Enrollee Brochure <i>(child and teen versions)</i>	Overview of EPSDT, covered services, eligibility, and how to access services	✓			<ul style="list-style-type: none"> ▪ DHCS: Share with stakeholders, providers, plans, county offices, local health departments, and others for broad distribution; mail annually to fee-for service (FFS) households with members ages 0-20; publish on website ▪ Plans: Mail annually to households with members ages 0-20; publish on plan website

EPSDT Outreach and Education Toolkit Components (2 of 2)

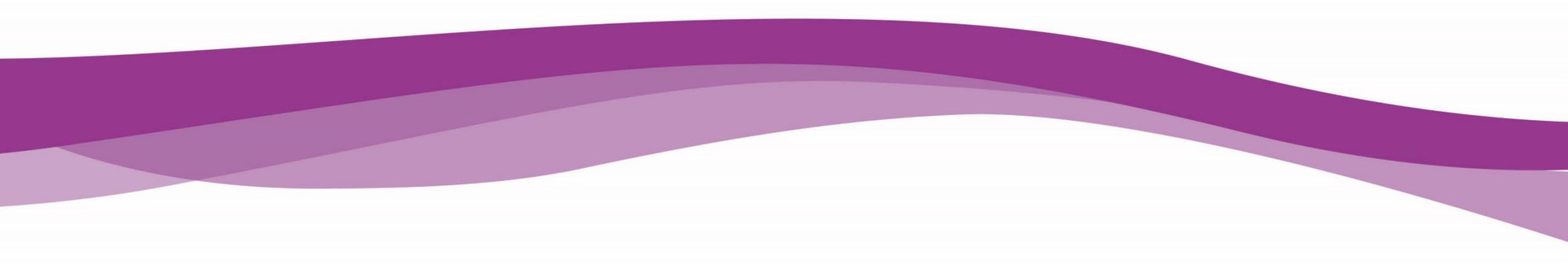
Component	Description	Audiences			Proposed Distribution
		Enrollee	Provider	Managed Care Plans	
EPSDT Enrollee Know Your Rights Letter*	Overview of what enrollees can do if EPSDT services are denied	✓			<ul style="list-style-type: none"> ▪ DHCS: Share with stakeholders, providers, plans, and others for broad distribution; mail annually to FFS households with members ages 0-20; publish on website ▪ Plans: Mail annually to households with members ages 0-20; publish on plan website
EPSDT Provider Training	Standardized provider training for a "train the trainer" approach on EPSDT		✓	✓	<ul style="list-style-type: none"> ▪ DHCS: Share with stakeholders, providers, plans, county offices, local health departments, and others for broad distribution; mail annually to FFS households with members ages 0-20; publish on website ▪ Plans: Deliver training to network providers; include on plan website

Timeline

EPSDT Outreach and Education Campaign components – **EPSDT renaming, EPSDT enrollee brochures, EPSDT enrollee know your rights bulletin, EPSDT provider training** – will be released as a coordinated and comprehensive package in early 2023.

Tasks	2022						2023
	Jul	Aug	Sep	Oct	Nov	Dec	Q1
Draft toolkit components with DHCS divisions and leadership							
Review toolkit components with select stakeholders (e.g., child advocates, providers, managed care plans) and DHCS workgroups							
Conduct consumer testing with focus groups on enrollee toolkit components							
Finalize toolkit components with DHCS divisions, leadership, and other state partners based on stakeholder and consumer feedback							
Conduct readability review and translation to DHCS' threshold languages of toolkit components							
Draft rollout plan for toolkit launch							
Launch toolkit components, disseminate materials, and engage with stakeholders							

Questions?





CaAIM Providing Access and Transforming Health (PATH) Overview

Jillian Clayton

Health Program Manager II,
Managed Care Quality and Monitoring

What is PATH?

California has received targeted expenditure authority as part of its section 1115 demonstration renewal for the PATH program to take the state's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS received authorization for \$1.44 billion in total funding to support PATH to maintain, build, and scale the capacity necessary to ensure successful implementation of Enhanced Care Management (ECM) and Community Supports under CalAIM.

PATH Program Initiatives

PATH Initiative Name	High-Level Description
<i>Justice Involved Capacity Building</i>	<i>Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved initiatives in 2023.</i>
<i>Whole Person Care (WPC) Services and Transition to Managed Care Mitigation Initiative</i>	<i>Time limited support to sustain existing WPC pilot services that have transitioned to ECM and Community Supports, and that MCPs have committed to cover, through the transition (no later than January 2024). Application process and funding began in Quarter 1 2022.</i>
Collaborative Planning and Implementation Initiative	Support for collaborative planning and implementation efforts among MCPs, providers, community-based organizations, county agencies, public hospitals, tribes, and others to promote readiness for ECM and Community Supports. Application process and funding anticipated to begin in summer 2022.
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	Enabling the transition, expansion, and development of capacity and infrastructure for providers, community-based organizations, county agencies, public hospitals, tribes, and others to provide ECM and Community Supports. Application process and funding anticipated to begin in summer 2022.
Technical Assistance Initiative	Technical assistance to providers, community-based organizations, county agencies, public hospitals, Tribes, and others. Application process and funding anticipated to begin in January 2023.

Focus
for
today

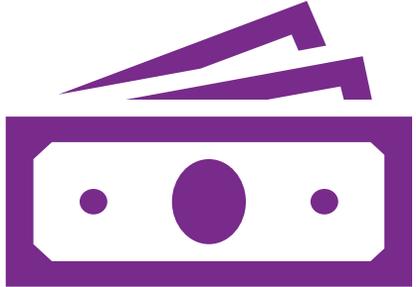


***NEW* Tentative Launch Timeline for Third Party Administrator (TPA)-Led PATH Initiatives**

Activity/Initiative	June	July	Aug	Sept	Oct	Nov	Dec	Jan '23	Feb '23
Collaborative Planning and Implementation Initiative			Registration Open	Launch: Funds Disbursed					
CITED Initiative launch	<i>*Release draft application</i>		Application Window Opens	Application Window Closes	Application review and development of agreements with awardees		Launch: Funds Disbursed		
Technical Assistance (TA) Marketplace launch					Select TA domains and/or customized assistance may launch earlier if ready			Launch: Marketplace Live	

= milestone
 = interim milestone
 = work ongoing

CITED Initiative



Initiative Overview

Funding to enable the transition, expansion, and development of ECM and Community Supports capacity and infrastructure.

Applicants who wish to receive CITED funding must submit an application with their funding request, describing how they intend to use CITED funding.

- » CITED funding recipients will be invited to participate in regional Collaborative Planning and Implementation groups
- » Applications and funding requests should consider needs identified in the MCP's Incentive Payment Program (IPP) Gap Assessment and Gap Filling Plan, needs identified in the Collaborative Planning initiative, and other needs they may have, and include strategies to avoid duplication and displacement of other funding sources (e.g., CalAIM IPP)

The CITED application window for Round One is now open. Applications can be submitted now through September 30, 2022.

- » **Applicants may include, but are not limited to:**
 - » County, city, and local government agencies
 - » Public hospitals
 - » Providers (ECM and Community Supports provider, or those that intend to contract as an ECM/Community Supports provider, including those serving as a provider of housing services)
 - » Community-based organizations
 - » Medi-Cal Tribal and Designees of Indian Health Programs
 - » Others, as approved by DHCS
- » Former WPC Lead Entities may use this funding to transition infrastructure developed under WPC Pilots to support ECM, and Community Supports
- » 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
- » **MCPs are not eligible to receive CITED funding**

Potential CITED Application Windows and Allocations 2022 – Quarter 1 2024

- » CITED will include multiple open application windows in each year with target funding allocations associated with each round to promote an equitable distribution of CITED funding
- » Allocation targets will also be established for each county / region within each funding window
- » Allocations are not hard caps, and DHCS has discretion to adjust or exceed target allocations as needed

Round #	2022					2023												2024			
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Round 1	Open	Open	Review	Review	Disbursed																
Round 2					Open	Open	Review	Review	Disbursed												
Round 3									Open	Open	Review	Review	Disbursed								
Round 4													Open	Open	Review	Review	Disbursed				
Round 5																	Open	Open	Review	Review	Disbursed

	Open application period
	Application review and contract development
	Funding disbursed

*Note: Months represented above are approximations

Sample CITED Funding Activities

Category	Sample Activities
Increasing Provider Workforce	<ul style="list-style-type: none"> » Assessment of current organizational capabilities, infrastructure and systems, and capacity to deliver ECM/Community Supports » Identification of critical gaps and needs to be addressed for seamless provision of services to enrollees to ensure successful ECM/Community Supports participation » Initial hiring, recruiting, onboarding, and training of staff that will have a direct role in the provision of ECM / Community Supports responsibilities » Increasing capacity to deliver new services/programs above and beyond current capabilities (e.g., offering new Community Supports not previously offered under WPC)
Modifying, Purchasing, or Developing Necessary Infrastructure / Systems	<ul style="list-style-type: none"> » Supporting health information exchange between entities responsible for providing ECM and/or Community Supports » Enhancements to existing systems to support core monitoring/data reporting needs » Connecting to a closed-loop referral system between community-based organizations, health care providers, and MCPs » Transitioning former WPC pilot infrastructure for integration into ECM/Community Supports

Sample CITED Funding Activities (continued)

Category	Sample Activities
Supporting Delivery of ECM / Community Supports	<ul style="list-style-type: none"> » Modifying existing physical infrastructure of ECM/Community Supports provider sites that are essential for an organization's capacity to deliver ECM/Community Supports (e.g., replacing infrastructure that refrigerates fresh food or purchasing new medical respite beds) » Purchasing hardware or office equipment necessary to support delivery of ECM and Community Support services
Evaluating and Monitoring ECM / Community Supports	<ul style="list-style-type: none"> » Conducting a community health needs assessment to identify where there are gaps in capacity for one or more Community Supports
Other	<ul style="list-style-type: none"> » Developing a plan to conduct outreach to populations who have been traditionally under-resourced or underserved to engage them in care

Current Status

- » **DHCS launched the CITED Round One Application on August 1, 2022.**
 - » Round One Applications may be submitted now through September 30, 2022, at <https://www.ca-path.com/cited>
- » **DHCS will host two CITED Application technical assistance webinars:**
 - » August 23, 2022 – 12-1 p.m.
 - » September 8, 2022 – 2:30-3:30 p.m.
 - » **To register, visit** <https://www.ca-path.com/cited>

Tentative Initiative Timing

First application period for CITED funding is now open from August 1 – September 30, 2022.
Any changes to this timeline will be communicated by DHCS.

PATH Initiative	2022				2023				2024				2025				2026			
	Q1	Q2	Q3	Q4																
CITED																				

= Service / Funding Available

Brief Update on TA Marketplace Initiative



Initiative Overview

Funding available for the provision of TA for entities that intend to provide ECM and/or Community Supports.

- » Entities may register for hands-on TA support from vendors and access off-the-shelf TA resources in pre-defined TA domains
- » **TA resources may include,**
 - » Hands-on trainings for ECM/Community Supports providers regarding billing and reporting requirements, contracting with health plans, and other areas that may be tailored to the needs of the organization and the communities in which they operate
 - » Guidance for data sharing processes between ECM/Community Supports providers and health plans
 - » Accelerated learning sessions or computer-based learning modules for community-based organizations
 - » Strategic planning consultations for entities implementing ECM/Community Supports
 - » Customized project-specific support provided by vendors registered with the TA Marketplace
- » TA resources will be provided through a virtual TA “Marketplace”, which will serve as a one-stop-shop environment where entities can access TA resources. The marketplace will be designed, launched and managed by a TPA
 - » The TPA will contract with other vendors to provide TA services to eligible entities as part of the marketplace

Eligibility Criteria

Applicants include entities that are contracted with or intend to contract with MCPs to provide ECM/Community Supports, including:

- » County, city, and local government agencies
- » Public hospitals and providers
- » Community-based providers
- » Community-based organizations
- » Other ECM and Community Supports providers
- » Medi-Cal Tribal and Designees of Indian Health Programs
- » Other entities approved by DHCS

MCPs are not eligible to receive TA Marketplace resources.

Registration Process

Registration Process:

- » Entities seeking TA will fill out a standardized electronic registration form and submit it to the TPA for review for each request
- » The registration form will collect information on entity type, contact information, information about the TA request and other funding sources the entity is accessing, attestation information regarding other funding received that may overlap, and commitment to contract with MCP(s) to deliver ECM and/or Community Supports

Request Review Process:

- » The TPA will review TA requests on a rolling basis and support entities in accessing the right types of TA services/vendors providing those services on the marketplace
- » The TPA will also ensure non-duplication with other TA initiatives (e.g., through review of relevant IPP MCP Needs Assessment and Gap Filling Plans and other PATH-funded initiatives)

Questions?

PATH Resources:

DHCS PATH Website: <https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx>

PATH TPA (Public Consulting Group) Website: <https://www.ca-path.com/>

Collaborative Planning

- » TPA Website and Registration: <https://www.ca-path.com/collaborative>
- » Email: collaborative@ca-path.com

CITED

- » TPA Website and Application: <https://www.ca-path.com/cited>
- » Email: cited@ca-path.com

TA Marketplace

- » TPA Website: <https://www.ca-path.com/ta-marketplace>
- » Email: ta-marketplace@ca-path.com



ECM and Community Supports

Aita Romain

Section Chief, Population Health Management

Neha Shergill

Staff Services Manager II, Managed Care Quality and Monitoring

ECM and Community Supports Updates

- » ECM Implementation Timeline Updates
- » Updated Community Supports Policy: Prime and Subcontractor Alignment
- » Updated Community Supports Policy: Expedited Authorization Timeframes
- » Looking Ahead
 - » Model of Care (MOC) Submission Deadlines
 - » Quarterly Implementation Monitoring Report Submission Deadlines
 - » Upcoming Webinar Schedule
 - » Upcoming MCP Milestones

Community Supports: MCP Prime and Subcontractor Authorization Alignment

Background of Issue

- » Reports from the field indicate that **prime MCPs and their subcontractors have differing authorization standards and policies and procedures for both ECM and Community Supports.**
- » This variation is causing significant **administrative burden for ECM and Community Supports providers** who have contracts with both prime MCPs and their subcontractors.

Community Supports: MCP Prime and Subcontractor Authorization Alignment (continued)

New Policy

- » **DHCS determined that Prime MCPs and their subcontractors must align all standards and policies and procedures related to authorizations for ECM and Community Supports**, including both the adjudication standards and the documentation used for referrals and authorizations.
- » **For Community Supports:**
 - » **This requirement applies to each Community Support commonly offered across a prime and its subcontractors.**
 - » **There is no change to the policy that subcontractors may still make different decisions than the prime** regarding which Community Supports to offer.

Community Supports - Expedited Authorizations for Time-Sensitive Services

Background of Issue

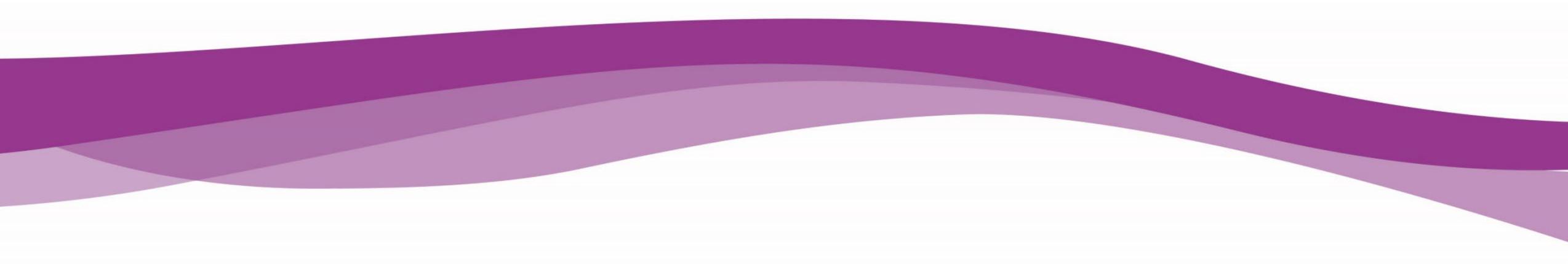
- » Currently, the Community Supports Policy Guide states that MCPs must have **policies and procedures for expediting the authorization of certain Community Supports for urgent needs**, as appropriate, but does not specify which ones.
- » **DHCS has determined that certain Community Supports are inherently time sensitive**, due to the urgency of a patient's imminent needs and cost-effective considerations of providing the service as soon as possible and **are subject to expedited authorization**.
- » From the information gathered via polling, DHCS understands that **most MCPs already have processes for expedited authorizations within 72 hours (max)** for some Community Supports.

Community Supports Expedited Authorizations for Time-Sensitive Services (continued)

MCP Expectations

- » The **receipt of certain Community Supports is inherently time-sensitive** due to the urgency of a patient's imminent needs and cost-effective considerations of providing the service as soon as possible.
- » MCPs **must establish policies and procedures to provide expedited authorization determinations in 72 hours** from the receipt of the request for the following Community Supports:
 1. **Recuperative Care**
 2. **Short-Term Post Hospitalization Housing**
 3. **Sobering Centers**
 4. **Medically Tailored Meals, being offered post-acute care**
- » MCPs offering any of the time sensitive Community Supports that do not already have policies and procedures that align with this policy **must adjust and implement expedited authorization procedures to meet the new requirement.**
- » **This policy takes effect immediately** and MCPs will update and resubmit their policies and procedures and Models of Care to DHCS by **September 30, 2022.**

Looking Ahead



ECM and Community Supports (CS) MOC Template Submissions: Deadlines

Spring



Summer



2022

Fall



Winter



Winter



2023

» ECM MOC Addendum I for January 2023 Populations of Focus published May 27

» CS MOC Template published May 27

» ECM MOC Addendum for January 2023 Populations of Focus due to DHCS July 5

» CS MOC due to DHCS July 5 (every 6 months)

» **ECM MOC Addendum: Provider Capacity for January 2023 Populations of Focus** due to DHCS Sept. 1

» **CS MOC Questions re: Provider Capacity** due to DHCS Sept. 1 (For CS going live on 1/1/2023)

» **Updated MOCs re: Expedited CS Authorizations** due to DHCS Sept. 30

» **Updated MOCs for Prime/Sub Alignment of Authorization Policies** due to DHCS Oct. 28

» **ECM Live for New Populations of Focus (LTC and Nursing Home Residents)** on Jan. 1

» **ECM MOC Addendum due for Children and Youth Populations of Focus** due to DHCS on Jan. 2

» **CS MOC Questions** due to DHCS on Jan. 2 (For CS going live on 7/1/2023)

DHCS will release another MOC Template Addendum in Fall 2022 with submission instructions and questions pertaining to the Justice-Involved and Children and Youth Populations of Focus (POF).

Quarterly Implementation Monitoring Report: *Submission Schedule*

Quarter	Reporting Period	Report Due Date
2022 Q1	January – March 2022	May 16, 2022
2022 Q2	April – June 2022	August 15, 2022 ★
2022 Q3	July – September 2022	November 14, 2022
2022 Q4	October – December 2022	February 14, 2023
2023 Q1	January – March 2023	May 16, 2023
2023 Q2	April – June 2023	August 14, 2023
2023 Q3	July – September 2023	November 14, 2023
2023 Q4	October – December 2023	February 14, 2024
2024 Q1	January – March 2024	May 15, 2024
2024 Q2	April – June 2024	August 14, 2024

Note: for MCPs that went live in non-HHP/WPC pilot counties on July 1, the first quarterly implementation monitoring report submission is not due until Nov. 14

Upcoming Webinars

**ECM and Community Supports
TA Series: Member
Engagement Office Hours**

Thursday, September 1
2– 3 PM PDT
Register [here](#)

**ECM and Community Supports
TA Series: ECM LTC Populations
of Focus Webinar**

Thursday, September 8
1:30 – 3 PM PDT
Register [here](#)

**ECM and Community Supports
TA Series: ECM LTC Populations
of Focus Office Hours**

Thursday, September 22
2 – 3 PM PDT
Register [here](#)

**ECM and Community Supports
TA Series: ECM and
Community Supports in Rural
CA Office Hours**

Thursday, September 29
2– 3 PM PDT
Register [here](#)

**ECM and Community Supports TA
Series: Housing Supports via ECM
& Community Supports Webinar**

October 13
1:30 – 3 PM PDT
Register [here](#)

**ECM and Community Supports
TA Series: Housing Supports
via ECM and Community
Supports Office Hours**

October 27
2 – 3 PM PDT
Register [here](#)

Upcoming MCP Milestones – Quarter 3 2022

Applicable CalAIM Components: Population Health Management (PHM), ECM, Community Supports, IPP, HHIP, and PATH Supports

Date*	Initiative	Milestone
<i>August</i>	PATH	» Registration opens for Collaborative Planning and Implementation initiative
<i>9/15</i>	ECM and Community Supports	» Quarterly implementation report due (for MCPs operating in all counties)
<i>9/1</i>	ECM and Community Supports	» MOC updates due (<i>updated networks</i>)
<i>9/1</i>	Incentive Payments	» MCP program year 1 submission 2 due to DHCS
<i>Early Sept.</i>	PHM	» 2023 PHM Program Guide and 2023 PHM Program Readiness Deliverable Template released
<i>Sept.</i>	HHIP	» Initial payment issued to MCPs

 Guidance released or key milestone

 MCP due date

*Dates are subject to change with notice by DHCS

Continued

Date*		Initiative	Milestone
Q3	Sept.	PATH	<ul style="list-style-type: none"> » Funds disbursed for Collaborative Planning and Implementation initiative » CITED Round 1 application window closes
	Sept.	ECM and Community Supports	» ECM Policy Guide updated to include guidance about populations of focus that go-live in July 2023
	9/30	Community Supports	» MOC updates due (<i>demonstrating how MCPs meet expedited authorization determinations for time-sensitive Community Supports</i>)

Guidance released or key milestone

MCP due date

*Dates are subject to change with notice by DHCS

Upcoming MCP Milestones – Quarter 4 2022

Applicable CalAIM Components: PHM, ECM, Community Supports, IPP, HHIP, and PATH Supports

	Date*	Initiative	Milestone
Q4	10/7	PHM	» MCP 2023 PHM Program readiness deliverable due for current plans
	10/28	ECM and Community Supports	» MOC updates due (<i>demonstrating how prime MCPs and their subcontractors have aligned all standards, policies & procedures related to authorizations for ECM and Community Supports</i>)
	11/14	ECM & Community Supports	» Quarterly implementation report due (2022 Q3)
	Dec.	PHM	» 2023 supplemental reporting guidance for PHM published

 Guidance released or key milestone

 MCP due date

*Dates are subject to change with notice by DHCS

Continued

Date*	Initiative	Milestone
Q4	PHM	» Amended All Plan Letters (APL) regarding Individual Health Education Behavioral Assessment/ Staying Healthy Assessment and Individual Health Assessment released, which include, but are not limited to, APLs 08-003, 13-001, and 13-017
	Incentive Payments	» IPP payment 2 paid to MCPs
	PATH	» Funds disbursed for CITED Round 1 » JI Capacity Building Round 2 application window closes

Guidance released or key milestone

MCP due date

*Dates are subject to change with notice by DHCS

Open Discussion

Next Meeting: December 15, 2022

If you have questions or comments, or would like to request future agenda items, please email:

advisorygroup@dhcs.ca.gov