

Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

Webinar Tips

- » Please use either a computer or phone for audio connection.
- » Please mute your line when not speaking.
- » MCHAP members are required 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: MCHAP@dhcs.ca.gov



Welcome, Roll Call, and Today's Agenda

Mike Weiss, M.D., Chair

Director's Update

Michelle Baass, Director

Fiscal Year 24-25 Budget Update

» Proposition 1 – Behavioral Health Transformation

- Budget includes \$116.5 million total funds to begin implementation.
- \$631,000 in Behavioral Health Services Act fund included for Department of Health Care Access and Information.
- \$85 million total funds for County Behavioral Health Departments to begin administering their functions.

» Behavioral Health Bond

- Proposition 1 includes approximately \$4.4 billion in bonds for behavioral health treatment and residential settings.

Budget Update (Continued)

» Managed Care Organization (MCO) Tax

- Modifications to more comprehensively account for Medicare revenue in determining the maximum aggregate tax allowable while meeting federal requirements.
- The budget includes new rate increases effective January 1, 2025*
 - Physician Emergency Department Services (\$100 million)
 - Abortion Care and Family Planning (\$90 million)
 - Ground Emergency Medical Transportation (\$50 million)
 - Air Ambulances (\$8 million)
 - Community-Based Adult Services (\$8 million)
 - Congregate Living Health Facilities (\$8 million)
 - Pediatric Day Health Centers (\$3 million)
 - Community Health Workers to achieve 100 percent of the Medicare rate

*If the MCO Tax Initiative on the November 2024 ballot is approved, the rate increases, and investments become inoperable.

Budget Update (Continued)

- » MCO Tax rate increases taking effect January 1, 2026 include:
 - Physician/Non-Physician Health Services (\$753 million)
 - Private Duty Nursing (\$62 million)
 - Services and Supports for FQHCs/RHCs (\$50 million)
 - Continuous Coverage for Children Aged 0 through 4 (\$33 million)
 - Non-Emergency Medical Transportation (\$25 million)
- » The budget includes \$6.9 billion in 2024-25 in MCO tax funding to support existing services in the Medi-Cal program.

Budget Update (Continued)

» CYBHI – Wellness Coach Benefit

- Establishes the benefit effective January 1, 2025.
- Coaches primarily serve children and youth and operate as a care team.
- Implementation to phase in over several years.

» Children's Hospital Directed Payments

- Directed payments support access to critical hospital services for California's most vulnerable children.
- Budget includes \$230 million total funds annually.

Budget Solutions

- » **Behavioral Health Continuum Infrastructure Program** – reversion of \$450.7 million General Fund one-time from the last round of the program
- » **Behavioral Health Bridge Housing** – net reduction of \$250 million total funding
- » **Equity and Practice Transformation Payments to Providers** – reduction of \$280 million one-time over multiple years of grants to providers
- » Sunsetting the **Major Risk Medical Insurance Program**

Medi-Cal Redeterminations



Where We Are

- » Continuous Coverage Unwinding officially ended on May 31, 2024
- » California had over 13 million renewals (excludes Medi-Cal members in Presumptive Eligibility, state-only, and federal SSI programs) and is the largest Medicaid caseload in the nation.
- » As of August 2024, 90% of the "Unwinding" renewals have been completed.

Redeterminations for Children

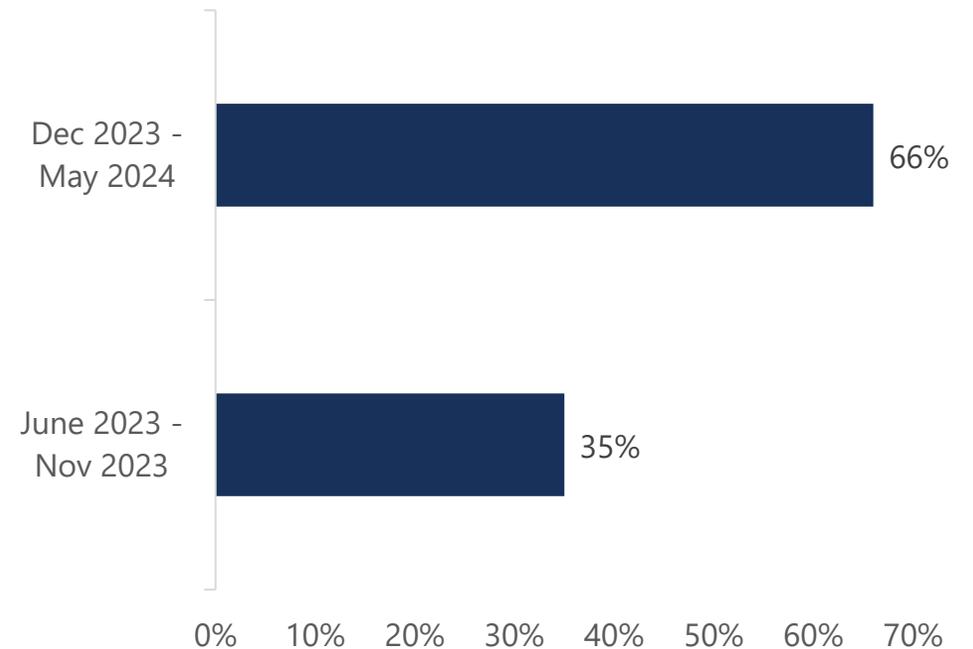
Approximately 3.9 million (30%) of the 13.1 million redeterminations were children under the age of 19 years old.

- » Approximately 2.5 million or 61% of the total share of children due for a redetermination were successfully renewed as of June 2024, and this number is likely to grow as the data continues to refresh.
- » Majority of the children were auto-renewed, which reflects the successes of the automation and usage of federal flexibilities.
- » Approximately 368,000 children or 9% of the total share of children due for a redetermination were disenrolled during the Unwinding. DHCS expects this number to decrease as the data continues to refresh.

A Year in Reflection

- » **Policy Flexibilities and Automation:** Significantly increased auto-renewal rates for California Seniors and Persons with Disabilities (Non-MAGI) after policy flexibilities. Auto-renewal rate increased from 3.9% to 47% in April 2024.
- » **Coverage Retention:** As of August 2024, successfully maintained coverage for approximately 8.7 million Californians through redetermination, ranking among the highest retention rates nationally.
- » **Disenrollment Reduction:** Policy automation lowered monthly disenrollment rates from 18-22% (June – Nov 2023) to 8-10% (Dec to May 2024). Approximately 2 million individuals were disenrolled during the Continuous Coverage Unwinding.

Auto-Renewal (Ex Parte) Rates



Member Outreach

The screenshot shows a web interface for the 'Keep Your Medi-Cal' campaign. At the top, there is a dark blue banner with the text 'Keep your community covered.' and an orange icon of three people under an umbrella. Below the banner, the page title is 'Keep Your Medi-Cal'. The main content area includes a description of the campaign's goal and a grid of download buttons for various materials. The grid is organized into categories: General Messaging, General Print Materials, General Social Media Graphics, and General Videos. Under General Messaging, there are buttons for 'For New Members', 'For American Indian & Alaska Native Groups', 'For Employers', 'For IHSS Recipients', 'For MCPs and Providers', 'For Older Californians', and 'For Schools and Families'. Below the grid, there is a section for 'ADDITIONAL DOWNLOADABLE ASSETS & HOUSED MEDIA' with buttons for 'English Renewal Message Guide', 'English Train the Trainer Deck', 'English Keep Community Covered Background 1280X1920', 'English Keep Community Covered Background 1920X1080', 'English Renewal FAQ', 'English Get Community Covered Background 1280X1920', 'English Additional Template Messaging', 'English Get Community Covered Background 1920X1080', and 'English Income Explainer'.

Campaign Overview

- » DHCS created one landing page for application and renewal information: [Get Medi-Cal or Keep Your Medi-Cal](#), which provides information for Medi-Cal members at different places in their journey.
 - More than 3.1 million unique visitors to the landing page throughout the campaign.
- » Development of a resource hub, [Keep Your Community Covered](#), that offers informational materials about using and keeping coverage.
- » Community partnership: As of June 2024, there were close to 8,000 DHCS Coverage Ambassadors.

Targeted Messaging



17,000 downloads of 6,750 total outreach assets by Ambassadors and Stakeholders via the Social Press Kit.



Targeted digital ads reached over 1.69 billion people based on zip code and income, driving 3.4 million clicks.



Partnerships with ethnic media (~70 media outlets) resulting in a total of 183 pieces of news coverage.



Text Messaging: Most successful communication modality.



Questions?

Expanding Access and Improving Care: An Update on Enhanced Care Management and New Benefits

Seema Shah, M.D., Medical Consultant II, Population Health Management
Erica Holmes, Chief, Health Care Benefits and Eligibility

ECM Update

The image features a white background with the text "ECM Update" centered in a bold, dark blue font. Below the text, there are two decorative, wavy horizontal lines. The top line is a medium teal color, and the bottom line is a darker blue. Both lines have a slight curve and overlap each other.

Enhanced Care Management (ECM) for Children and Youth

- » ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for Members with complex needs.
- » DHCS' vision for ECM is to coordinate all care for eligible Members, including across the physical, behavioral, and dental health delivery systems.

Enhanced Care Management (ECM) for Children and Youth



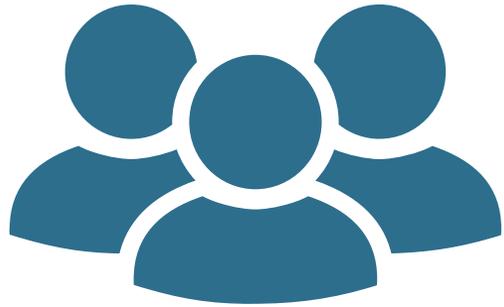
ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.

Who is Eligible for ECM?

ECM is available to MCP members who meet ECM POF definitions.

ECM Population of Focus		Children & Youth	Adults
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 Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for Long Term Care 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	✓	✓

What are the ECM Core Services?



- » Outreach and Engagement
- » Comprehensive Assessment and Care Management Plan
- » Enhanced Coordination of Care
- » Coordination and Referral to Community and Social Support Services
- » Member and Family Supports
- » Health Promotion
- » Comprehensive Transitional Care

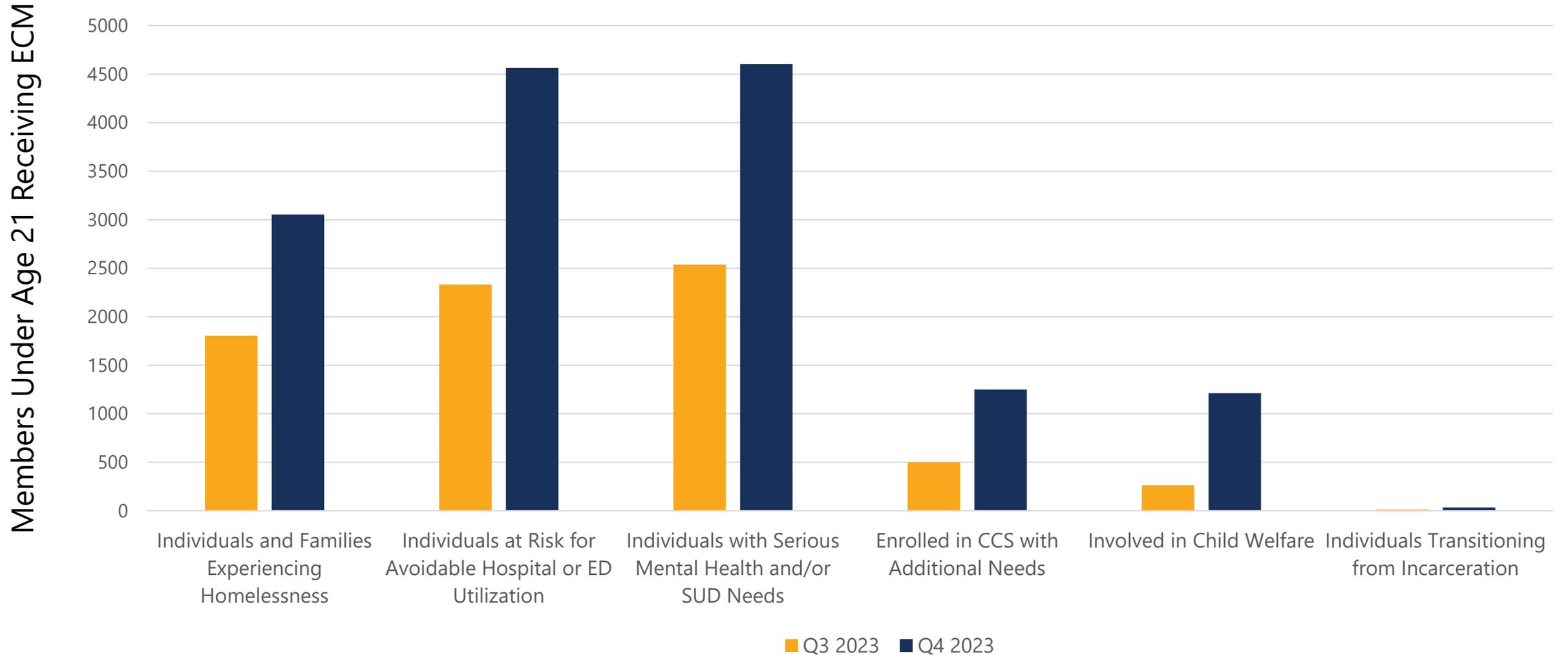
A Commitment to Public Transparency

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

Update from Enhanced Care Management

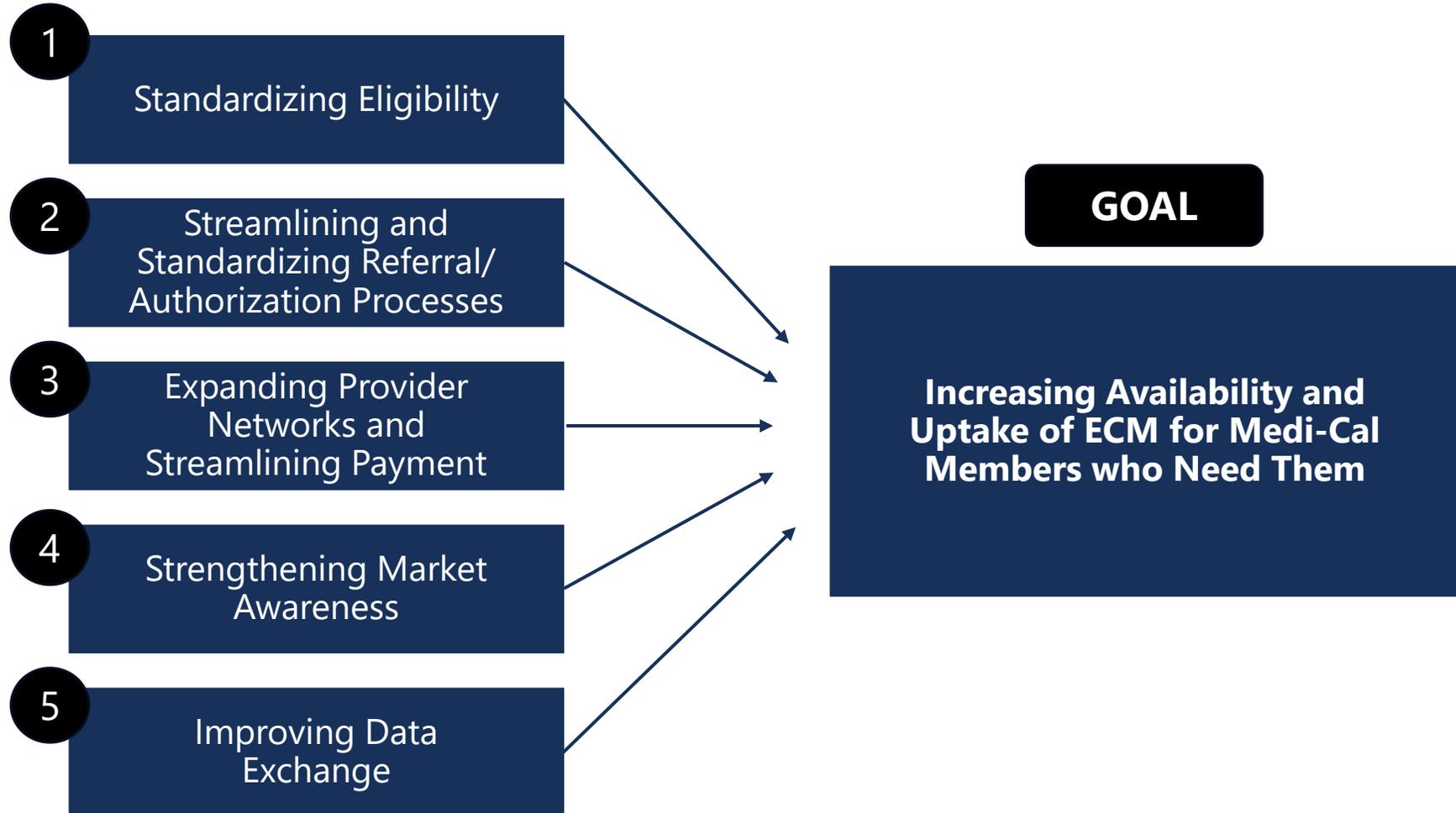
- » More than 183,000 Medi-Cal members across the state received Enhanced Care Management in the first two years of the benefit.
- » **The number of Members under age 21 nearly doubled in Q4 2023 from the previous quarter, from 6,400 to 12,000 Members, many of whom were newly eligible for ECM in July 2023.**

Significant Growth in ECM Receipt in 2024: Quarter 3 to Quarter 4



Logic Model:

Areas of DHCS Focus in Response to Data and Feedback



Challenges and Policy Innovations

ECM Challenges

- » Complex landscape with many service providers.
- » ECM for children and youth is in the early stages of rollout.
- » Complexities of community-based organizations (CBOs) and MCPs working together.

Policy Innovations

- » Standardization of ECM eligibility criteria to disallow additional MCP requirements (✓ 3/2024)
- » Streamlining ECM authorizations through presumptive authorization policies for trusted providers (September 2024)
- » Policy establishing clearer standard referral practices for ECM (September 2024)
- » Future Closed Loop Referral standards (Policy Launch January 2025)

How You Can Help



Actions Providers and Others Can Take

- » Spread the word about ECM and how it can benefit children in your community.
- » Refer individuals to their managed care plan for ECM services.
- » Contract with MCPs to become an ECM Provider.
- » Identify ECM Providers in your community and partner with them to serve children receiving ECM.



Additional Resources for Prospective and Contracted ECM Providers

- » Investigate the [Technical Assistance Marketplace](#) to help you get started.
- » Reach to your local MCP(s) to explore contracting for ECM.
- » Join your regional CalAIM [Collaborative Planning and Implementation groups](#).
- » For more, see the [ECM Provider Toolkit](#).

New Benefits Update



Doula Services



Added as a covered benefit on January 1, 2023

- » Available in both Fee-For-Service (FFS) and managed care.
- » Services include presence during labor and delivery and doula support for miscarriage, stillbirth, and abortion.
 - Encompass health education, advocacy, and physical, emotional, and nonmedical support before, during, and after childbirth

Standing Recommendation

- » Increased access to doula support for Medi-Cal members.
- » Supports during Labor & Delivery, Abortion, Miscarriage.
- » The Standing Recommendation authorizes the following services:
 - 1 initial visit
 - 8 prenatal/postpartum visits
 - 2 extended postpartum visits.
- » The Standing Recommendation does not authorize additional postpartum visits beyond the initial eight perinatal visits.

Doula Provider Requirements

Training Pathway

- » Complete a minimum of 16 hours of training.
- » Attestation of providing support as a doula at a minimum of three (3) births.

Experience Pathway

- » At least five (5) years of active doula experience within the previous seven (7) years.
- » Attestation to skills in prenatal, labor, and postpartum care as demonstrated by three (3) written client testimonial letters or professional letters of recommendation.

Doula Provider Enrollment



- » As of July 2024, DHCS has enrolled 401 individual doulas as providers, which represents coverage in 54 out of 58 counties.
- » As of May 2024, 21 out of 24 MCPs have executed contracts with Doulas. In 2023, 20 out 24 MCPs had executed 124 contracts.

Accessing Doula Services



The [Doula Directory](#) lists Medi-Cal enrolled doulas by county who opted to be included in the directory.

Medi-Cal MCP members should contact their MCP to assist them in securing doula services. MCP point of contact for doula services can be found at [Managed Care Plan Contact List for Doulas and Members \(PDF\)](#).

Overview of Community Health Worker (CHW) Benefit



- » Became a benefit starting on July 1, 2022.
- » Available in FFS and managed care delivery systems.
- » Services provided by CHWs will be covered by Medi-Cal behavioral health delivery systems through BH-CONNECT.
- » CHWs include Promotores, Community Health Representatives, Navigators, and other non-licensed public health workers, including Violence Prevention Professionals.
- » Services include health education, health navigation, screening and assessment, and individual support or advocacy.
- » 2024 Budget Act and SB 159 (Chapter 40, Statutes of 2024) authorized additional Medi-Cal Targeted Provider Rates increases. DHCS will increase CHW rates to 100% of Medicare effective January 1, 2025.

Overview of CHW Benefit

If the child's parent or guardian doesn't have Medi-Cal, the child must be present during CHW services for the parent or guardian.

- » CHW Services require:
 - Physician or licensed provider referral
 - Provider supervision and billing
- » CHW services for Children (under 21)
 - May be provided to parent/guardian
 - Must benefit the child
 - Billed under child's Medi-Cal ID if eligible

Dyadic Services

Effective January 1, 2023

- » Dyadic services are integrated physical and behavioral health screenings and services for children under 21 years old and their parent(s)/caregiver(s).
 - Known as a “dyad”
 - Improves access to preventive care for children and rates of immunization completion.

Dyadic services include the following:

- » Behavioral health visits
- » Access to community supports services
- » Psychoeducational services
- » Family training and counseling for child development

- » Children (under 21) on Medi-Cal and their parents/caregivers are eligible for DBH visits based on the Bright Futures/AAP schedule for behavioral, social, emotional screening or when medically needed.
 - Parents/caregivers without Medi-Cal can also get DBH services if they directly benefit the child (Medi-Cal member under 21).



Questions?

Break

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AB 2083 System of Care: Supplementary Analysis to the Multiyear Plan Report

Christine Bagley, Southern Region Office Manager, Office of Community Operations,
Department of Developmental Services

Regan Foust, Ph.D., Executive Director and Senior Research Scientist,
Suzanne Dworak-Peck School of Social Work, University of Southern California

Diana Casanova, PhD, Education Research & Evaluation Administrator,
Data Access & Strategy Office, California Department of Education

Dina Kokkos-Gonzales, Behavioral Health, Department of Health Care Services

AB 2083: Children and Youth System of Care

[Assembly Bill 2083](#) (Chapter 815, Statutes of 2018), requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma.

The legislation is focused on the child welfare system but can and must be expanded to look at children and youth served by various other systems.

Source: The California Health and Human Services Agency (CHHS)

<https://www.chhs.ca.gov/home/system-of-care/>

Identified Placement And Service Gaps For Children And Youth In Foster Care Who Have Experienced Severe Trauma (2020)

- » [Recommendations To The Legislature On Identified Placement And Service Gaps For Children And Youth In Foster Care Who Have Experienced Severe Trauma](#)
 - ✓ Outlines the existing responsibilities of each system of care partner agency, and;
 - ✓ Offers recommendations for determining placement and service gaps.

Multiyear Plan for Increasing Capacity (2023)

1. Unique needs of children and families involved with child welfare
2. Essential competencies within services, supports, and specialized models of care for children in foster care
3. Care coordination
4. Family Finding and Engagement
5. Education
6. Caseworker Ratios
7. Administrative Processes
8. Data Gaps Local and State

[Resource: Multiyear Plan for Increasing Capacity](#)

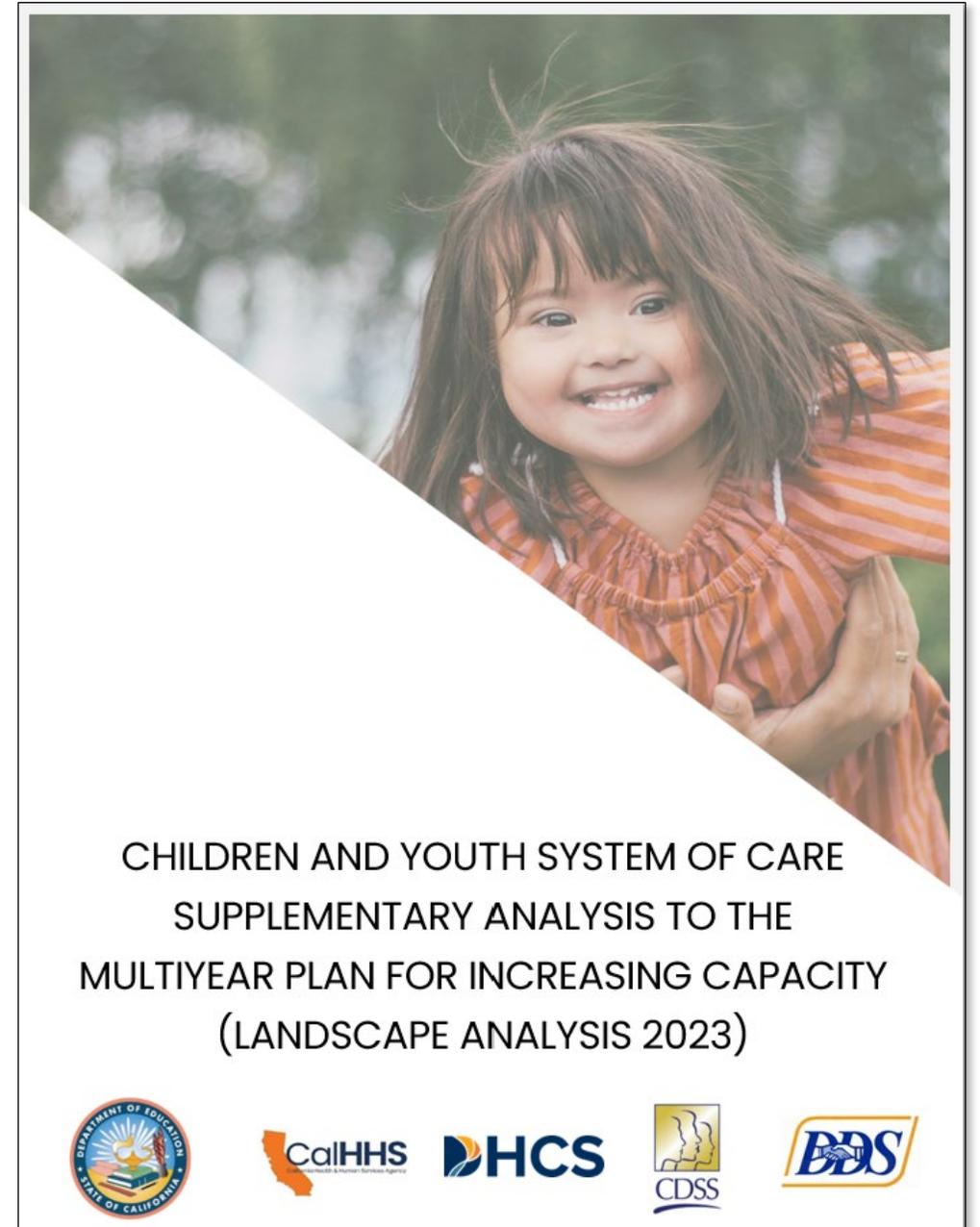
Supplementary Analysis to the Multiyear Plan Report (2024)

» Purpose:

- Provide recommendations for specific needs and characteristics of youth with unplanned discharges from Short-Term Residential Therapeutic Programs (STRTPs) and for whom counties were unable to, or have difficulty with, securing placements and providing trauma-informed services, including youth impacted by commercial sexual exploitation; youth with acute behavioral needs; and youth with intellectual and/or developmental disabilities (I/DD); and,
- Plan for any additional development needed for trauma-informed care within the continuum of care to support youth in the least restrictive setting.

Report Overview

- » Executive Summary
- » Overview
- » Supplementary Analysis to the Multiyear Plan for Increasing Capacity (Landscape Analysis)
- » Conclusion and Recommendations
- » Appendices
 - APPENDIX A. AB 2083 Report Tables
 - APPENDIX B. Data Dictionaries
 - APPENDIX C. Methods



Project Overview

» Opportunities

- First ever landscape view
- Provides a window into where to drill down
- Framework for future analysis

» Limitations

- Does not answer all the questions we have
- Deep program questions and analysis required an initial landscape first

Project Overview

» Project Partners:

- The Children's Data Network
- Data and Legal Subject Matter Experts from:
 - Department of Social Services (CDSS)
 - Department of Health Care Services (DHCS)
 - Department of Education (CDE)
 - Department of Developmental Services (DDS)
- AB 2083 Children and Youth System of Care State Team (comprising colleagues from CDE, CDSS, DHCS, and DDS)

Analytic Strategy

- » **Target Population***: Children and youth in foster care who have experienced severe trauma.
- » **Defined Population**: Children and youth ages 0 through their 21st birthday with an open foster care episode during the observation window (2020/21 academic year) as documented in CWS/CMS records.

* Hereafter referred to as **Foster Care (FC)**

Analytic Strategy

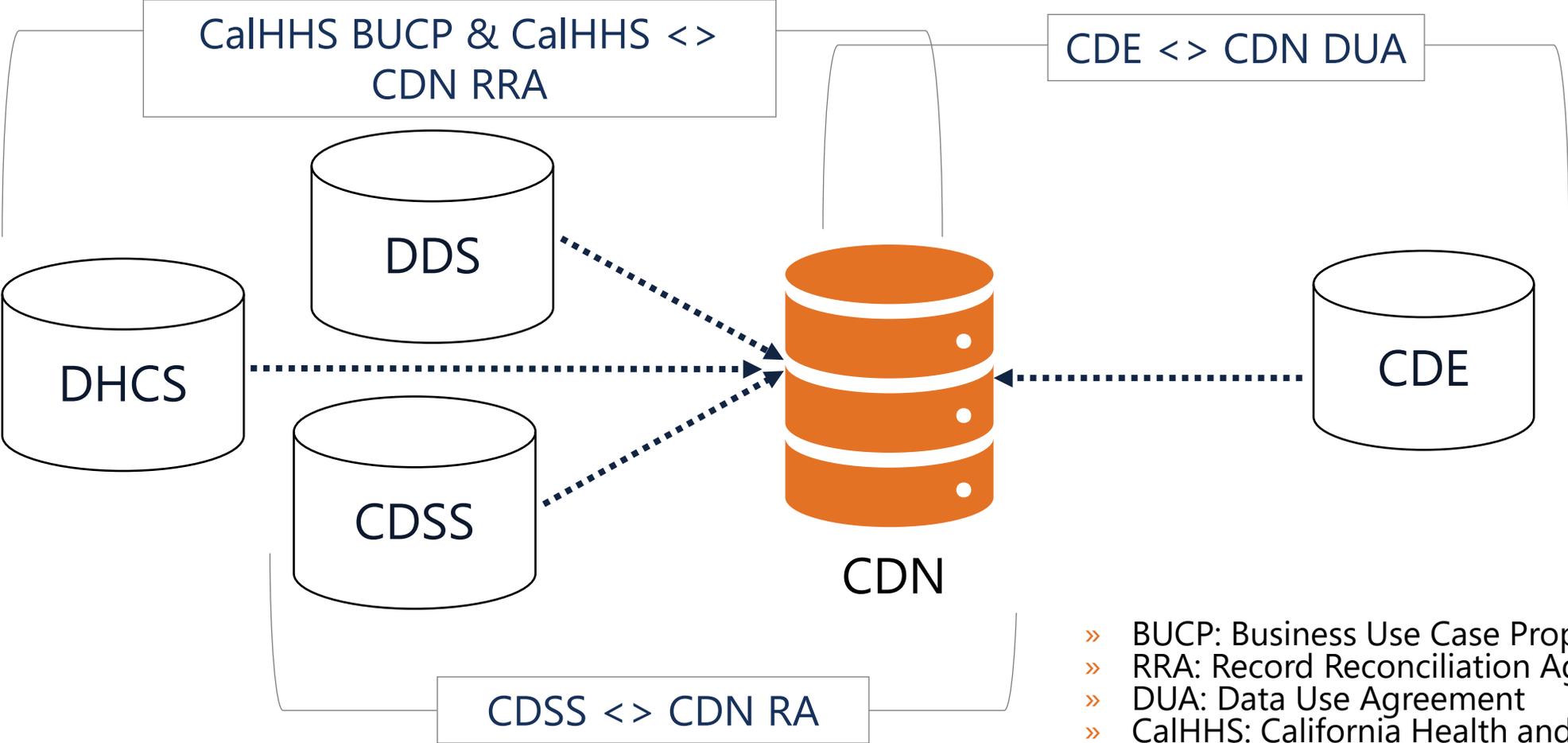
» Goal:

- Develop descriptive statistics and baseline data for the **FC population** overall and stratified by important socioeconomic and child welfare system characteristics; and
- Characterize their cross-system involvement (i.e., **FC+DDS**, **FC+Medi-Cal**, and **FC+Public School** Subgroups).

» Necessary Data:

1. Information about Program **Participants** for linkage (i.e., Linkage File)
2. Information about Program **Participation** for reporting (i.e., Analytic File).
3. Information about the **Data** for coding, interpretation, and transparency (i.e., Data Dictionary)

Process



- » BUCP: Business Use Case Proposal
- » RRA: Record Reconciliation Agreement
- » DUA: Data Use Agreement
- » CalHHS: California Health and Human Services

Report Overview

APPENDIX A. AB 2083 Report Tables

- » **Table 1.** Descriptive Characteristics of FC spine population and the FC+DDS, FC+Medi-Cal, and FC+PS Subgroups
- » **Table 2.** DDS Program-Specific Information for the FC+DDS Subgroup
- » **Table 3.** DHCS Program-Specific Information for the FC+Medi-Cal Subgroup (See Appendix)
- » **Table 4.** CDE Program-Specific Information for the FC+PS Subgroup, by IEP Status

Table 1. CDSS FC + Subgroups

CDSS Descriptive Characteristics for the Foster Care (FC) Population and FC+DDS, FC+Medi-Cal, and FC+PS Subgroups

	Children in Out Of Home Care July 1, 2020- June 30, 2021 (FC TOTAL)		Developmental Service (FC+DDS)		MediCal Members (FC+Medi-Cal)		Public School Enrollees (FC+PS)	
	#	%	#	%	#	%	#	%
TOTAL	86,277	100.00	8,339	100.00	84,232	100.00	43,432	100.00
<i>% of FC Population</i>	100.00		9.67		97.63		50.34	
Primary Language								
English	77,889	90.28	7,667	91.94	76,015	90.24	38,835	89.42
Other	8,388	9.72	672	8.06	8,217	9.76	4,597	10.58
Commercial Sexual Exploitation Victim (Yes past or present)								
	1,193	1.38	23	0.28	1,180	1.40	647	1.49
Child Client Disabled								
No	47,041	54.52	2,994	35.90	46,012	54.63	23,448	53.99
Yes	14,272	16.54	2,830	33.94	13,944	16.55	7,508	17.29
Not Yet Determined	8,659	10.04	1,303	15.63	8,390	9.96	3,875	8.92
Missing	16,305	18.90	1,212	14.53	15,886	18.86	8,601	19.80
Significant Medical/Behavioral Health Need								
	39,349	45.61	5,356	64.23	38,490	45.70	21,725	50.02
Current Significant Medical/Behavioral Health Need								
	36,921	42.79	5,174	62.05	36,150	42.92	20,579	47.38
CCS Client (Yes past or present)								
	864	1.00	270	3.24	840	1.00	479	1.10
Regional Center Client (Yes past or present)								
	4,956	5.74	2,894	34.70	4,759	5.65	1,816	4.18
IEP (Yes past or present)								
	4,928	5.71	513	6.15	4,865	5.78	3,522	8.11
Medication (Yes past or present)								
	27,738	32.15	2,841	34.07	27,171	32.26	16,264	37.45
Medication for Psychiatric Use (Yes past or present)								
	14,589	16.91	982	11.78	14,403	17.10	10,012	23.05
Psychotropic Medication (Yes past or present)								
	14,359	16.64	967	11.60	14,176	16.83	9,827	22.63
Mental Health Referral (Yes past or present)								
	51,875	60.13	5,880	70.51	50,816	60.33	27,139	62.49
Developmental Referral (Yes past or present)								
	9,039	10.48	2,937	35.22	8,725	10.36	1,776	4.09
Health Referral (Yes past or present)								
	54,262	62.89	6,545	78.49	53,116	63.06	27,526	63.38
Health Screening (Yes past or present)								
	72,224	83.71	7,661	91.87	70,620	83.84	35,881	82.61
Health Intervention Plan (Yes past or present)								
	38,696	44.85	4,988	59.82	37,856	44.94	20,282	46.70
Any Hospitalization (Yes past or present)								
	8,411	9.75	1,636	19.62	8,194	9.73	4,083	9.40
Responsible Agency Type (Current Episode* 2020/21)								
Child Welfare	83,267	96.51	8,312	99.68	81,252	96.46	41,591	95.76
Probation	3,010	3.49	27	0.32	2,980	3.54	1,841	4.24

DHCS Tables

Table 3. DHCS FC+Medi-Cal

DHCS Program-Specific Information for the Foster plus Medi-Cal Subgroup (FC+Medi-Cal)

	MediCal Members (FC+Medi-Cal)		
	#	%	
TOTAL	84,232	100.00	
HEDIS QUALITY MEASURES			
			Medi-Cal
ADD-CH (Initiation PHase): Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medicine - Initiation Phase (Ages 6 to 12)			
Yes (Numerator)	658	60.70	47.30
Total (Denominator)	1,084	100.00	
ADD-CH (Continuation Phase): Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medicine - Continuation Phase (Ages 6 to 12)			
Yes (Numerator)	390	69.77	57.70
Total (Denominator)	559	100.00	
AMR-CH: Asthma Medication Ratio (Ages 5 to 18)			
Yes (Numerator)	571	65.11	59.70
Total (Denominator)	877	100.00	
APM-CH: Metabolic Monitoring for Children/Adolescents on Antipsychotics (Ages 1 - 17)			
APM-CH: Glucose Testing			
Yes (Numerator)	1,393	70.11	53.80
APM-CH: Cholesterol Testing			
Yes (Numerator)	1,064	53.55	36.10
APM-CH: Glucose and Cholesterol Testing			
Yes (Numerator)	1,052	52.94	35.20
Total (Denominator)	1,987	100.00	

Table 3. DHCS FC+Medi-Cal

DHCS Program-Specific Information for the Foster plus Medi-Cal Subgroup (FC+Medi-Cal)

	MediCal Members (FC+Medi-Cal)	
	#	%
TOTAL	84,232	100.00
Adverse Childhood Experiences (ACES) Screening Score SUBTOTAL	9,717	100.00
ACES 4 or More (Higher Risk)	2,456	25.28
ACES 0-3	7,261	74.72
Members with Primary Care/Non-Primary care Visits SUBTOTAL	84,225	100.00
Primary Care Visits	62,462	74.16
Non-Primary Care Outpatient Visits	61,740	73.30
Mental Health Services SUBTOTAL	51,337	100.00
Five or More Mental Health Services Flag	36,152	70.42
Substance Use Disorder (DMC) Flag	921	1.79
Intense Care Coordination Flag	16,482	32.81
In Home Based Services Flag	9,509	18.52
Therapeutic Behavioral Services Flag	1,926	3.75
Therapeutic Foster Care Flag	75	0.15
Full Service Partner (FSP) Flag	721	1.40
Katie A. Demonstration Project Identifier Flag	10,419	20.30
Utilized Inpatient Specialty Mental Health Services	1,565	3.05
Utilized Acute Inpatient Services, Excluding Mental Health Services	1,818	3.54

Key Findings



Conduct Additional Cross-System Analyses to Inform Program Enhancements and Current Investments



Develop Consistent Cross-System Program Definitions



Increase the Fidelity and Utilization of Cross-System Program Data



Complete Phase II and Phase III as defined in Recommendations to the Legislature on Identified Placement and Service Gaps for Children and Youth in Foster Care who have Experienced Severe Trauma (2020)

Key Connections



Trauma Responsive Continuum



Preventative and Coordinated Continuum



Unique and Complex Unmet Needs: Unplanned Discharges, Unable to, or Difficulty Securing Placements and Providing Trauma-Informed Services



Local and State Data Barriers

Ongoing Opportunities

- » Programs need to work together, align data efforts to inform programs, initiatives, and investments.
- » This data plays an informational role supporting the [Multiyear Plan](#) and identified Capacity Gaps recommendations that were identified in the *[Multiyear Plan for Increasing Capacity](#)*.
- » Findings indicate a need to conduct further analysis and respond to activities that increase data fidelity, cross-program understandings, definitions and utilization of the data.

Takeaways

- » To be successful in fulfilling our service system obligations, it is important to understand not only our own data, but the experience and service context of children and families.
- » Multisystem linked data helps us understand the interconnected and interdependent programs, services and populations, and; use this model to identify gaps, direct funding, understand clinical needs, and even avoid contraindicated interventions.
- » Call to action for a practice and paradigm shift in how we attempt to understand children and family's strengths and needs in relation to all the systems they experience.

References

- » Children and Youth System of Care Site:
 - [System of Care - California Health and Human Services](#)
- » Previous AB 2083 Report On Capacity Gaps:
 - [Multiyear Plan for Increasing Capacity](#)
- » Report:
 - [Supplementary-Analysis-to-the-Multiyear-Plan-5.21.24_ADA.pdf \(ca.gov\)](#)
- » Tables:
 - [APPENDIX-A.-AB 2083 Report Tables-5.21.24.-ADA.pdf \(ca.gov\)](#)
- » Data Dictionary:
 - [APPENDIX-B.-Data-Dictionary-5.21.24_ADA.pdf \(ca.gov\)](#)
- » Methods:
 - [APPENDIX-C.-METHODS-5.21.24_ADA.pdf \(ca.gov\)](#)



Questions?

California Youth Behavioral Health Initiative Update

Autumn Boylan, Deputy Director, Office of Strategic Partnerships

How will the fee schedule work?



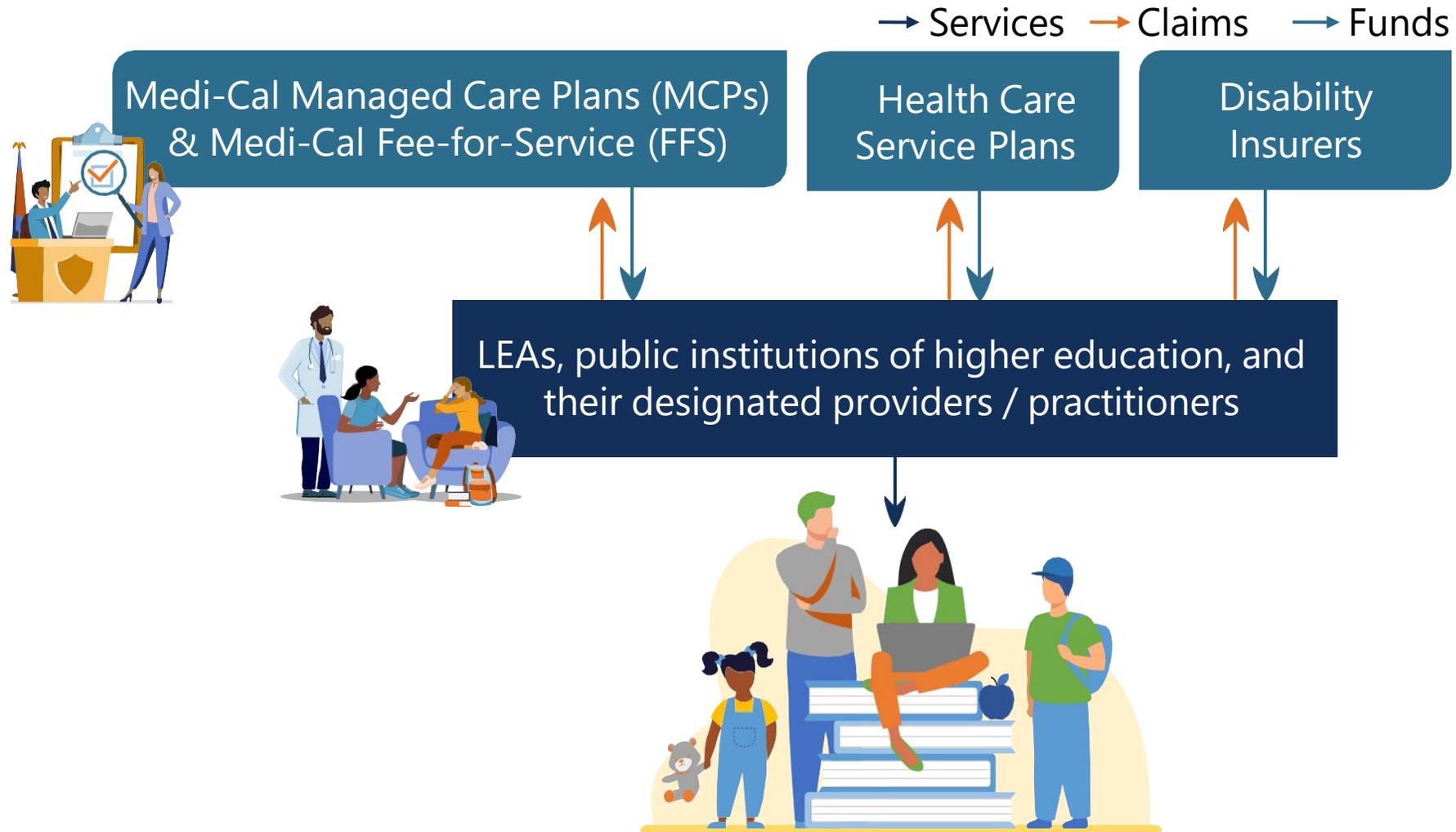
Fee Schedule Service Provision

→ Services

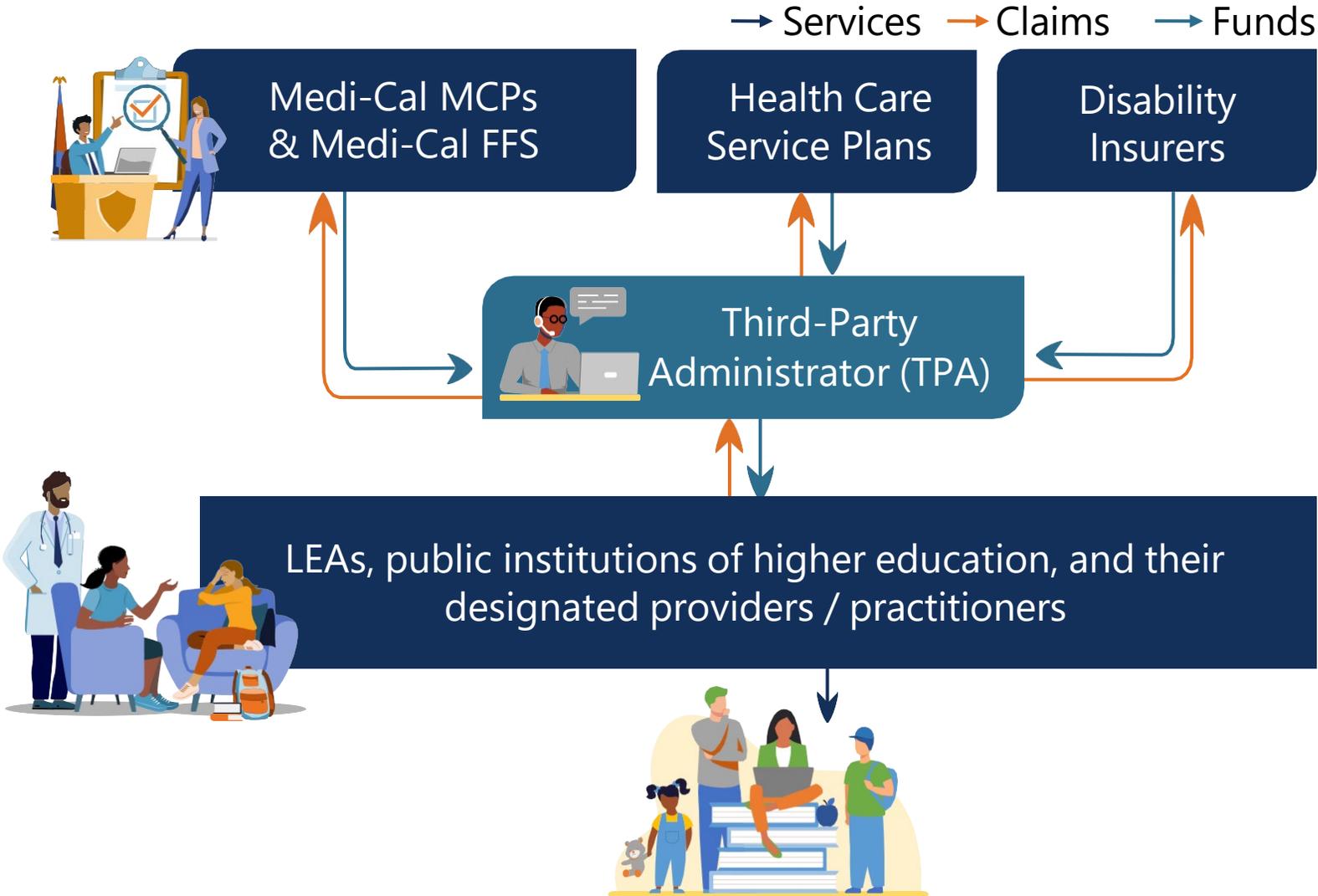
LEAs, public institutions of higher education, and their designated providers/practitioners furnish services to students.



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 Fee-for-Service
- » Medi-Cal Managed Care Plans
- » 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 (ERISA)
- » Self-Insured Plans
- » Medi-Cal Share of Cost (if not SOC met)
- » County BH services (i.e., Specialty Mental Health Services, Drug Medi-Cal (DMC), and DMC Organized Delivery System)

Fee Schedule

Categories of service included in the fee schedule



Psychoeducation



Treatment



Screening and
Assessment



Care Coordination

Please see [PDF](#) for additional detail 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
- » PPS School Counselor ¹
- » PPS School Psychologist ¹
- » PPS School Social Worker ¹
- » Psychologist
- » Registered Nurse
- » Wellness Coaches 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 who 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 Medi-Cal MCPs.	Representative group of LEAs with: <ul style="list-style-type: none"> Some existing Medi-Cal infrastructure Willingness and capacity to participate <p>46 LEAs</p>	Expansion to: <ul style="list-style-type: none"> Additional LEAs Select California Community College campuses <p>91 LEAs + 4 Community Colleges</p>	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

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

Office Hours

Carelon BH Provider Relationship Account Managers - Technical Support

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



Questions?

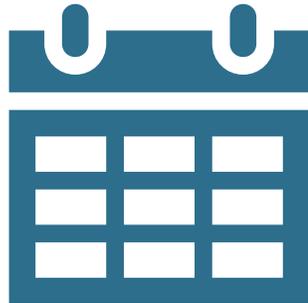
Public Comment



Final Comments and Adjourn



Upcoming 2024 Meeting Dates



» Thursday, November 7

Thank You!

