# MANAGED CARE ADVISORY GROUP (MCAG)

## Meeting Notes: June 12, 2025

### Incentive Programs – Homelessness and Housing Incentive Program (HHIP)

- » **Background**

  - o In accordance with section 9817 of the American Rescue Plan Act of 2021, Department of Health Care Services (DHCS) developed a Home and Community Based Services (HCBS) Spending Plan detailing a series of initiatives that will enhance, expand, and strengthen HCBS in California. HHIP is one of the HCBS Transition initiatives, which aims to expand and enhance programs that facilitate individuals transitioning to community-based independent living arrangements. HHIP is a voluntary incentive program that enabled Managed Care Plans (MCPs) to earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. DHCS allocated $1.288 billion and MCPs earned $1.045 billion.

- » **Summary of Accomplishments**

  - o Over the HHIP period, DHCS saw a measurable increase in the number of Members receiving the six housing-related Community Supports.

    - In Q4 2023, 20,940 Members were reported to be receiving Housing Transition Navigation Services, the highest number of Members receiving this service out of the six housing-related Community Supports.

  - o Over the HHIP period, measurable increases in Community Supports Providers indicated that MCPs were building more partnerships and establishing networks to serve their Members with the six housing-related Community Supports.

- In Q4 2023, Community Supports Providers for Housing Transition Navigation Services reported 805 providers, the highest number of providers out of the six housing-related Community Supports.

  o Over the HHIP period, steady increases in the total Members enrolled in Enhanced Care Management (ECM), as well as the total Members in the Experiencing Homelessness Population of Focus enrolled in ECM indicates that ECM enrollment continues to increase, including for Members experiencing homelessness.

» **Impact Summary**

  o 2,289,238 Members were screened for homelessness.
  o 48,731 Members experiencing homelessness were successfully engaged in ECM.
  o 76,821 housing-related Community Supports were received by Members.
  o 72,063 Members were successfully housed.
  o Steady increases in the total Members experiencing homelessness receiving ECM over the program period.
  o Measurable increases in Community Supports Providers indicated MCPs were building more partnerships and establishing networks to serve Members.
  o Strides were made in reducing and preventing homelessness as the growth of the housing-related Community Supports and ECM continued to grow beyond HHIP's program period. The investments made continue to support vulnerable homeless Members and connect them with long-term health supports.
  o Strengthened key partnerships and collaboration with funded organizations, to secure alternative funding sources other than incentive programs for increased capacity, development of additional housing units, increased ECM and housing-related Community Supports, increased Street Medicine in various regions, and leveraging policy and operational changes.

# Incentive Programs – Student Behavioral Health Incentive Program (SBHIP)

**DHCS**

» **Background/Objectives**

  o In accordance with AB 133 and W&I section 5961.3, DHCS was directed to design and implement SBHIP. DHCS allocated $389 million over a three-year period (January 1, 2022 - December 31, 2024) for SBHIP incentive payments to MCPs that met predefined goals and metrics. SBHIP goals and metrics were associated with Targeted Interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for Transitional Kindergarten through 12th grade (TK-12) children in public schools.

» **Objectives**

  o Break down silos and improve coordination of child and adolescent student behavioral health services through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.

  o Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services through schools, school-affiliated providers, county behavioral health services through schools, school-affiliated providers, county behavioral health departments, and county offices of education.

  o Increase non-specialty services on or near school campuses.

  o Address the health equity gap, inequalities, and disparities in access to behavioral health services.

» **Target Interventions**

  o MCPs selected from 14 SBHIP Targeted Intervention (TI) categories to address the BH needs, gaps, and barriers identified in the Needs Assessment and developed Project Plans for implementation.

» **Summary of Accomplishments**

  o Developing cross-system partnerships was a key step to successfully increase student access to BH through SBHIP.

  o Participating Partners

    ▪ 22 MCPs

    ▪ 329 Local Education Agencies

- 51 County Offices of Education

- 38 County Behavorial Health Departments

- 4,500+ Public and Charter Schools

- SBHIP Outcomes

  - Targeted Interventions supported over 1.3M students, including over 800,000 school-aged Medi-Cal beneficiaries.

  - 1,800+ increase in number of Behavorial Health Staff

  - 110 (75%) targeted interventions that provided specialty services

  - 5,700+ parents/families that participated in behavioral health programming

  - 50+ new referrals/community connection process developed

  - 280+ behavioral health wellness center opened

» **Looking Forward**

  - SBHIP partners intend to sustain 97% of the interventions

  - 69% of the interventions plan to expand to additional geographical areas, location educational agencies (LEAs), and / or targeted student populations.

  - Medi-Cal MCPs, LEAs, and County Offices of Education (COEs) will continue to leverage mutual learning, collaboration, and partnership developed through SBHIP to develop innovative and comprehensive solutions to address the behavioral health needs of children and youth across the State.

» MCPs confirmed SBHIP helped prepare for the requirements outlined in All Plan Letter 23-029 in which DHCS will require MCPs to demonstrate good faith effort to execute MOUs with LEAs and/or COEs.

# Capacity and Infrastructure Transition, Expansion and Development (CITED) Round 4 and Providing Access and

**DHCS**

# Transforming Health (PATH) Technical Assistance (TA) Marketplace

- » **CITED Round 4 Activities**
  - o Applications opened January 6, 2025, and closed at 11:59 PDT on Friday, May 2, 2025.
  - o The Application window was extended to allow applicants additional time due to impacts of fires, meet additional Transitional Rent requirements, and adjustment to requests based on new Transitional Rent policy.
  - o Office hours were hosted during the application window.
  - o DHCS and the PATH Third-Party Administrator are currently reviewing applications that will continue through the summer.
  - o Award Announcements are targeted for Fall 2025
  - o Project period will be January 1, 2026 – December 31, 2026
- » Round 4 CITED applications are being scored with consideration to the priority criteria outlined in the October 2024 CITED R4 Policy Guidance:
  - ▪ County-Specific ECM and Community Supports gaps
  - ▪ Statewide ECM and Community Supports gaps
  - ▪ Birth Equity
  - ▪ Justice-Involved
  - ▪ Transitional Rent
  - ▪ Tribal Entities or other entities serving tribal members
  - ▪ Rural counties
  - ▪ Entities operating in counties with lower funding in prior CITED rounds
  - ▪ Entities serving individuals whose primary language is not English
  - ▪ Local Community Based Organizations (CBOs)
- » **First Half 2025 TA Marketplace Activities**
  - o Round 5 Vendor Procurement approvals:

- On-Demand Procurement approvals: March 2025
- New vendors added to Marketplace: April 2025

» **TA Marketplace June 2025 Updates**

  o Due to increased demand of the TA Marketplace and budgetary constraints, incoming TA project requests will be reviewed using a more competitive framework.

  o New changes are being implemented to help ensure resources are distributed as equitably and effectively as possible.

    - Project submissions will require a longer review period.
    - Projects may be subject to limitations or caps.

» TA Marketplace availability for new project submissions may wind down in January based on approvals made this summer

» There will not be a Round 6 vendor procurement.

# Community Supports Policy Guide

» **Introducing the Updated Community Supports Policy Guide**

  o DHCS has released an updated Community Supports Policy Guide— reorganized into two separate volumes available on the [Community Supports webpage](#), which includes the newest 15th Community Support, Transitional Rent.

» **DHCS' Menu of Community Supports Services**

  o The updated Community Supports Policy Guide organized the services into two volumes.

    - [**Community Supports Policy Guide Volume 1**](#) contains the service definitions for eight of the Community Supports that address Members' health-related social needs.

» [**Community Supports Policy Guide Volume 2**](#) contains Transitional Rent and other Community Supports for Members experiencing or at risk of homelessness.

# Updates from Director Baass

- » **CalAIM Waiver Renewal**

  - o CalAIM waivers expire at the end of 2026. DHCS is embarking on a planning process over the coming months, including drafting a concept paper and drafting the next 1115 waiver. DHCS will release this concept paper sometime in July with the goal of submitting the application to Centers for Medicare and Medicaid Services (CMS) in early 2026.

  - o As part of the next 1115 and 1915(b) renewal, DHCS plans to continue and strengthen key CalAIM components. DHCS remains strongly committed to preserving California's authority to deliver both ECM and Community Supports.

- » **Medi-Cal Voices and Vision Council Remarks**

  - o DHCS will dissolve the MCAG, and today is the last meeting.

  - o DHCS will be launching a new committee to meet the Medicaid Advisory Committee (MAC) requirement under the federal Access Rule. DHCS has named this committee the Medi-Cal Voices and Vision Council. DHCS is grateful for your commitment to support the Department as we administer the Medi-Cal program that serves nearly 15 million Medi-Cal members.

  - o MCAG's insights have played a crucial role in shaping policies and operations pertaining to the Medi-Cal managed care delivery system, and we truly appreciate your commitment to enhancing our services to serve our members. DHCS Stakeholder Advisory Groups

  - o As part of our efforts to improve stakeholder engagement, DHCS has dissolved the MCAG, effective June 13, 2025, to create a new stakeholder engagement committee, the Voices and Vision Council. The Medi-Cal Voices and Vision Council (Voices and Vision Council) is a unique space for Medi-Cal members, Medi-Cal Health Plans, Medi-Cal providers, community-based organizations, and state/county partners that work with Medi-Cal members to provide direct input to the DHCS leadership team regarding Medi-Cal policies, programs, and implementation to ensure that stakeholder and member perspectives are part of the design and administration of the Medi-Cal program.

- » **Voices and Vision Council**

- First meeting: September 3, 2025
- Will include Medi-Cal members from the Medi-Cal Member Advisory Committee (MMAC) and other individuals from the health care field.
    - Will advise DHCS on a range of Medi-Cal policies, program administration, and program implementation.
    - The council will have a maximum of 20 members and include at least one representative from:
        - State or local consumer advocacy groups or other CBOs that represent the interests of, or provide services to, Medi-Cal members.
        - Clinical providers or administrators who are familiar with the health and social needs of Medi-Cal members, including providers or administrators of primary care, specialty care, and long-term care.
        - Participating MCPs or health plan associations.
        - Other state agencies/departments that serve Medi-Cal members, as ex-officio, non-voting members.
        - In addition, the council must also include a portion of MMAC members. Their representation will increase from a minimum of 10 percent in July 2025 to 25 percent by July 2027.
- For additional information visit the [DHCS Medi-Cal Voices and Vision Council](#) website.

## 2023 Managed Care Accountability Sets (MCAS) Data Review

- » **Background**
    - The Managed Care Accountability Sets (MCAS) is a set of performances measures that DHCS selects for annual reporting by Medi-Cal MCPs.
    - In 2023, MCPs reported on 21 MCAS measures for which they will not be held to Minimum Performance Level (MPL) or subject to enforcement actions. The number of report only measures will decrease by one in Measurement Year (MY) 24 and will be further decreased by ten report only measures in MY 25.

- MCPs are held to MPL for 18 measures and subject to enforcement actions based on their performance. Measures held to MPL in MCAS will not change from MY 23 to MY 25. If MCPs fail to meet or exceed the MPL they are held to enforcement action.

- MCAS Measures aligned with DHCS's 50x 2025 Bold Goals and include focus on children's preventative care, birthing care and cancer presentation, and behavioral health (BH).

- To assess overall quality, DHCS evaluates if MCP Quality Reporting Units for each MCP meet or exceed the standard set for each key measure.

» **Key Points by Domain**

- **Children's Health Domain**: Overall improvement. There remain opportunities for improvement, particularly in enhancing coordination across delivery systems.

- **Reproductive Health & Cancer Prevention Domain**: Overall improvement. Opportunities for improvement remain, particularly in addressing disparities in access to care.

- **Chronic Disease Management**: Overall Improvement. Opportunities for improvement include enhancing care for asthma, given this was a new measure added in MY 23.

- **BH**: Decreased compared to last year. Opportunities for improvement include enhancing care coordination and data collection across delivery systems.
  - MY 23 rates may have been impacted by data reporting issues related to BH Payment Reform.

» **Key Points for Health Equity**

- Statewide, Black children had rates of well child visits lower than the national median.

- 40.8 percent of Black children received well child visits, which is below the Statewide Average of 49.5 percent.

- Statewide, timeliness of prenatal and postpartum care for Black birthing persons was worse than the national median.

- o  85.8 percent of Black birthing persons received timely prenatal care, which is below the Statewide Average of 88.0 percent.

- o  75.2 percent of Black birthing persons had postpartum care, which is below than the Statewide Average of 82.6 percent.

- o  Statewide, timeliness of prenatal and postpartum care for American Indian and Alaska Native birthing persons was worse than the national median.

- o  66.7 percent of American Indian and Alaska Native birthing persons received timely prenatal care, which is below the Statewide Average of 88.0 percent.

- o  70.4 percent of American Indian and Alaska Native birthing persons had postpartum care, which is below than the Statewide Average of 82.6 percent.

- »  **MCAS MY 23 Sanctions Key Takeaways**

- o  Total MCPs sanctioned increased from 18 (MY 22) to 20 (MY 23)

  - o  MCPs sanctioned in MY 23 and not in MY 22: CenCal, Santa Clara Family Health Plan, San Francisco Health Plan, and Contra Costa Health Plan.

  - o  Total sanction amount decreased from $3,355,000 (MY 22) to $3,131,000 (MY 23)

  - o  Sanction difference is $224,000 (7.15 percent decrease).

  - o  Total population not served decreased from 3,006,288 (MY 22) to 2,129,503 (MY 23)

  - o  Population not served decreased by 876,785 (29.16 percent decrease).

- o  Eligible population decreased due to redetermination, which contributed to the decrease in the population not served.

  - o  For additional information, please visit DHCS [MCAS](#) website.

## Additional Information

- »  All previous meeting information along with materials can be located on the [Managed Care Advisory Group](#) webpage.

**DHCS**