Managed Care Advisory Group Meeting (MCAG)

June 12, 2025

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Thank you for joining!

- When joining the meeting **all attendees** will be **muted.**
- Once each presenter is done, we ask that you use the **'raise your hand' function** to ask questions and request to be unmuted.
- To ask a question throughout the presentations, please send to **everyone** through chat.
- At the end of each presentation the host will read off any questions posed in the chat.

Agenda

- Incentive Programs
  - Homelessness and Housing Incentive Program (HHIP)
  - Student Behavioral Health Incentive Program (SBHIP)
- Capacity and Infrastructure Transition, Expansion and Development (CITED) Round 4/Providing Access and Transforming Health (PATH) Technical Assistance (TA) Marketplace
- Community Supports Policy Guide
- Break
- Updates from Director Baass
- DHCS Stakeholder Advisory Groups
- 2023 Managed Care Accountability Sets (MCAS) Data Review
- Open Discussion

Incentive Programs

Discussion

DHCS

Housing and Homelessness Incentive Program (HHIP)

HHIP Overview

Objective: Ensuring MCPs have the necessary capacity and partnerships to connect their Members to needed housing services with the long-term goal to reduce and prevent homelessness.

Who: Medi-Cal MCPs will partner with:

- Continuums of Care
- CBOs
- County Mental Health Plans
- Others

Authority: Medi-Cal Home and Community-Based Services (HCBS) Spending Plans in accordance with the ARPA of 2021.

Amount: $1.288 billion allocated ($1.045 billion earned)

What: A voluntary program that will make incentive payments to MCPs that meet predefined goals and metrics.

- Reduce and prevent homelessness
- Develop capacity, infrastructure, partnerships for housing services

Focus Area: Members experiencing homelessness.

When: January 2022 – December 2023

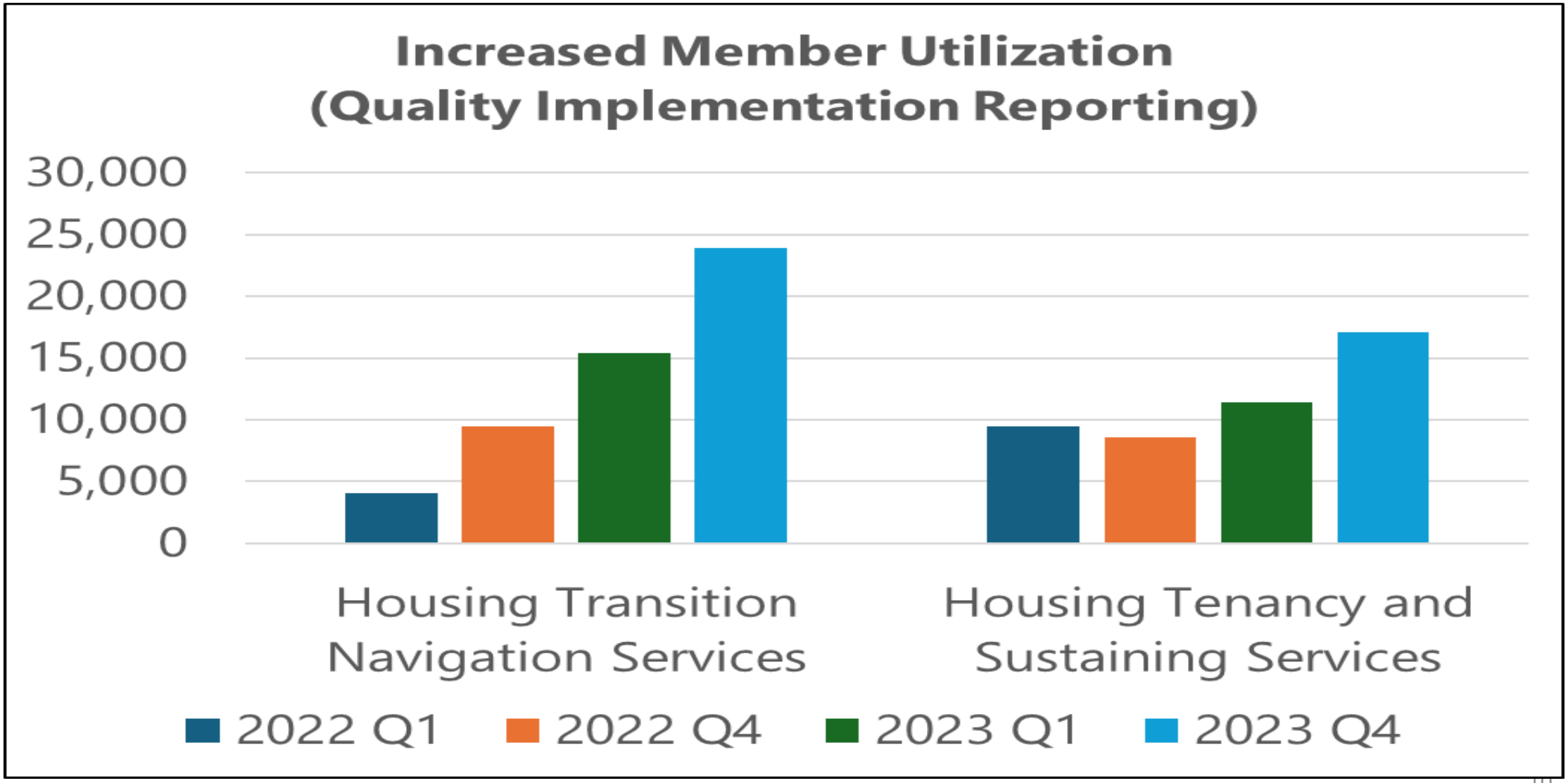
Program Accomplishments

DHCS

Summary of Accomplishments

- Over the HHIP period, DHCS saw a significant 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.
- 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.
- 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 (PoF) enrolled in ECM indicates that ECM enrollment continues to increase, including for Members experiencing homelessness.

Number of Members Receiving Community Supports per Quarter (2022-2023)



Impact Summary

Program Successes

- 2,289,238 Members were screened for homelessness.
- 48,731 Members experiencing homelessness were successfully engaged in ECM.
- 76,821 housing-related Community Supports were received by Members.
- 72,063 Members were successfully housed.
- Steady increases in the total Members experiencing homelessness receiving ECM over the program period.
- Measurable increases in Community Supports Providers indicated MCPs were building more partnerships and establishing networks to serve Members.

- **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.
- **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.

HHIP Resources

- If you have any questions, please contact: DHCSHHIP@dhcs.ca.gov
- ECM & Community Supports Quarterly Implementation Report: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

Student Behavioral Health Incentive Program (SBHIP)

SBHIP Overview

Assembly Bill 133 Welfare and Institutions Code Section 5961.3 directed DHCS to design and implement SBHIP.

Who: Medi-Cal MCPs partnered with

- Local Educational Agencies (LEAs)
- County Offices of Education (COEs)

What: A voluntary program that made incentive payments to MCPs that met predefined goals and metrics for implementing Targeted Interventions.

When: January 2022- December 2024

Amount: $389 million

SBHIP is a component of the broader Children and Youth Behavioral Health Initiative (CYBHI)

CYBHI
Children and Youth Behavioral Health Initiative

Objectives

- Break down silos and improve coordination of student behavioral health (BH) services through communication with schools, school-affiliated programs, MCPs, county BH Departments, and BH providers.
- Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services through schools, school-affiliated providers, county BH departments, and COEs.
- Increase non-specialty services on or near school campuses.
- Address the health equity gap, inequalities, and disparities in access to behavioral health services.

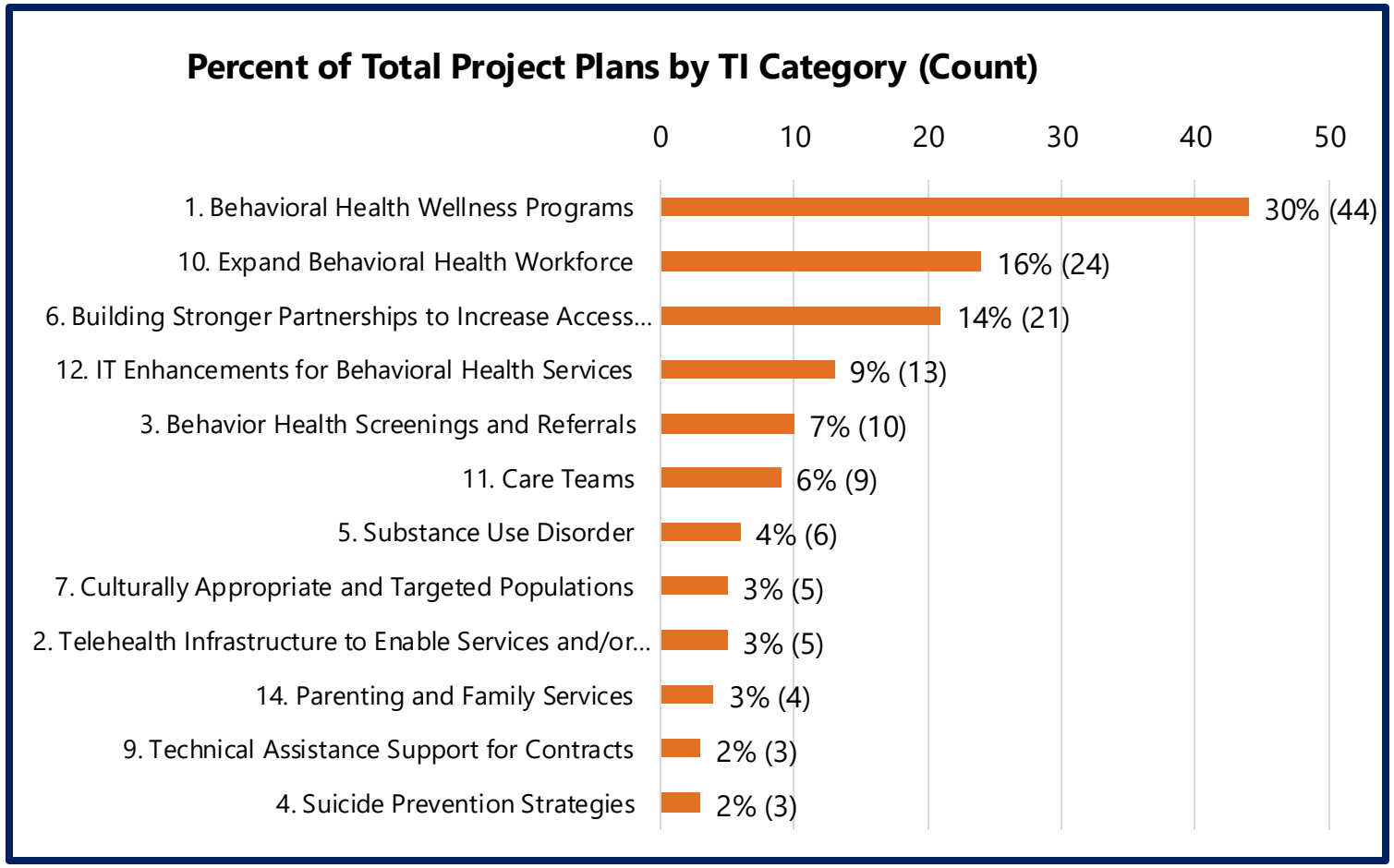
Targeted Interventions

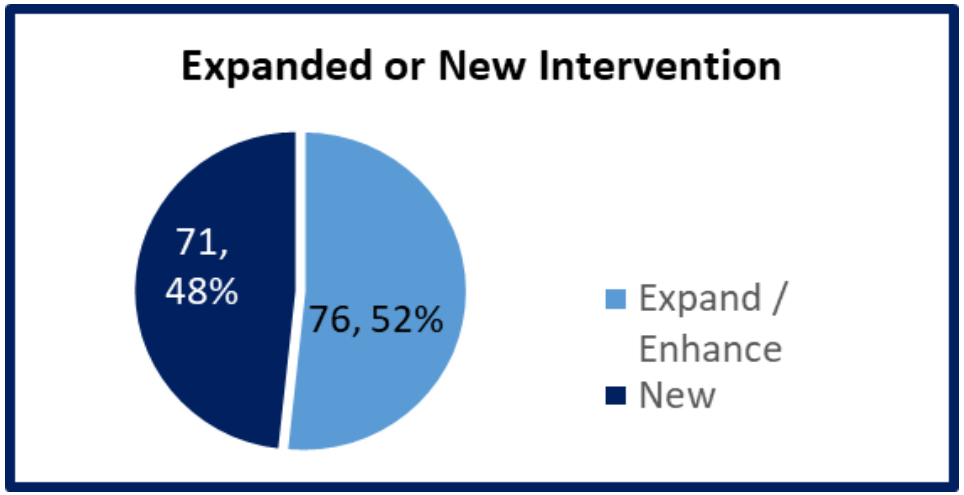
MCPs selected from 14 SBHIP Targeted Intervention (TI) categories.

1: Behavioral Health Wellness (BHW) Programs	**8: BH Public Dashboards and Reporting**
2: Telehealth Infrastructure to Enable Services and/or Access to Technological Equipment	**9: TA Support for Contracts**
3: BH Screenings and Referrals	**10: Expand BH Workforce**
4: Suicide Prevention Strategies	**11: Care Teams**
5: Substance Use Disorder	**12: IT Enhancements for BH Services**
6: Building Stronger Partnerships to Increase Access to Medi-Cal Services	**13: Pregnant Students and Teens Parents**
7: Culturally Appropriate and Targeted Populations	**14: Parenting and Family Services**

Targeted Interventions Overview

» MCPs selected Targeted Interventions to address the BH needs, gaps, and barriers identified in the Needs Assessment and developed Project Plans for implementation.





Project Outcome Report (POR)

- At the end of the program (i.e., December 31, 2024), MCPs participating in SBHIP submitted one POR for each Targeted Intervention.
- The purpose of this deliverable was to identify the impact of each implemented Targeted Intervention on the specific student populations within each selected Local Educational Agency.

SBHIP Objectives	
1	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.
2	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.
3	Increase non-specialty services on or near school campuses.
4	Address the health equity gap, inequalities, and disparities in access to behavioral health services.

SBHIP Outcomes: Participating Partners

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

22	Medi-Cal MCPs
329	Local Educational Agencies (LEAs)
51	County Offices of Education (COEs)
38	County Behavioral Health Departments
4,500+	Public and Charter Schools

SBHIP Outcomes: Student Impact

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

190,000+ Students Provided Behavioral Health Services

46,000+ Students Referred to Behavioral Health Services

28,000+ Students Provided Behavioral Health Education, Training, or Programming

19,000+ Students Screened for Behavioral Health Service Needs

Targeted Population Served through Targeted Interventions	Number of TIs
Black, Indigenous, People of Color (BIPOC) and Middle Eastern Students	22 (15%)
English Language Learners	18 (12%)
Homeless Students	12 (8%)
Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) Students	9 (6%)
Foster Students	7 (5%)
Gender-Specific Intervention (i.e., female, male)	6 (4%)
Foreign-Born Students	5 (3%)

SBHIP Outcomes: Impact on Service Delivery Gaps

Targeted Interventions implemented through SBHIP directly addressed service delivery gaps identified by MCPs through their Needs Assessments conducted in 2022

Top Five Behavioral Health Service Delivery Gaps Identified in the Needs Assessment	How Medi-Cal MCPs Addressed the Service Gaps Through SBHIP
1. Availability of Behavioral Health Providers and Staff	**1,800+** Increase in Number of Behavioral Health Staff
2. Amount and/or Type of Behavioral Health Services Available	**110 (75%)** Number of TIs that Provided Specialty Services
3. Parental Engagement and Support	**5,700+** Parents/Families that Participated in Behavioral Health Programming
4. Coordination of Services	**50+** New Referral / Community Connection Processes Developed
5. LEA Capacity to Provide Services	**280+** Number of Behavioral Health Wellness Centers 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.

Questions?

Please send any SBHIP questions or comments to SBHIP@dhcs.ca.gov

PATH CITED Round 4 & TA Marketplace Updates

DHCS

CITED Round 4 Activities

- CITED Round 4 Applications opened January 6, 2025 and closed at 11:59 PDT on Friday, May 2, 2025.
  - The Round 4 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.
  - CITED Round 4 application office hours were hosted during the application window.
  - DHCS and the PATH Third-Party Administrator are currently reviewing applications that will continue through the summer.
- Round 4 Award Announcements are targeted for Fall 2025
  - Round 4 Project period will be January 1, 2026 – December 31, 2026

CITED Round 4 Priorities

- As a reminder, 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 CBOs

First Half 2025 TA Marketplace Activities

- Round 5 Vendor Procurement approvals:
  - New vendors added to Marketplace: April 2025
  - On-Demand Procurement approvals: March 28
- Q1 TA Recipient Webinar: March 19
- Q2 TA Marketplace Webinar: June 24
  - Overview and updates
  - Register here

TA Marketplace June 2025 Updates

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

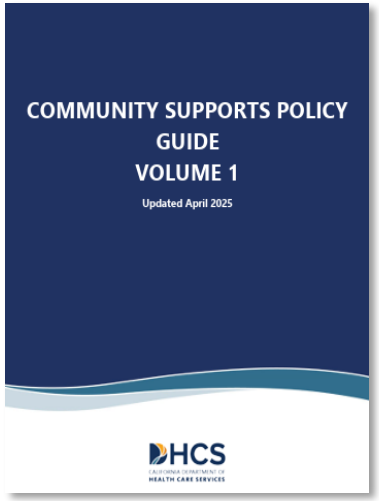
DHCS

Introducing the Updated Community Supports Policy Guide

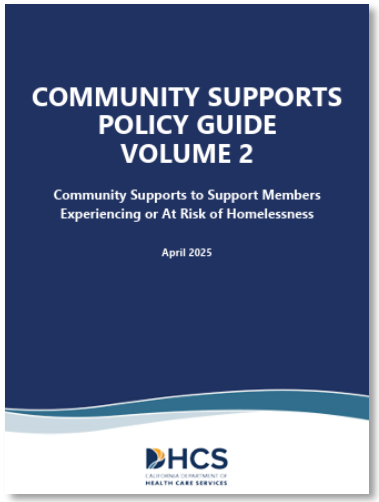
DHCS has released an updated Community Supports Policy Guide—reorganized into two separate volumes available on the Community Supports webpage.

These updates:

- Include the newest 15th Community Support, Transitional Rent.
- Are in response to stakeholder feedback from the initial years of program implementation, in alignment with DHCS' ECM and Community Supports Action Plan.



UPDATED Community Supports Policy Guide Volume 1 contains the service definitions for eight of the Community Supports that address Members' health-related social needs.



NEW Community Supports Policy Guide Volume 2 contains Transitional Rent and other Community Supports for Members experiencing or at risk of homelessness.

DHCS' Menu of Community Supports Services

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

Volume 1

1. Respite Services
2. Assisted Living Facility Transitions*
3. Community or Home Transition Services*
4. Personal Care and Homemaker Services
5. Environmental Accessibility Adaptations (Home Modifications)
6. Medically Tailored Meals/Medically Supportive Food
7. Sobering Centers
8. Asthma Remediation

**Names of these Community Supports have been updated*

Volume 2

9. Housing Transition Navigation Services
10. Housing Deposits
11. Housing Tenancy and Sustaining Services
12. Day Habilitation Programs
13. Recuperative Care (Medical Respite)
14. Short-Term Post-Hospitalization Housing
15. *New* Transitional Rent

Please email questions to:
CommunitySupports@dhcs.ca.gov

Resources:
DHCS - Community Supports Policy Guide Volume 1
DHCS - Community Supports Policy Guide Volume 2

Updates from Director Baass

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DHCS Stakeholder Advisory Groups

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Agenda

- Centers for Medicare and Medicaid Services (CMS) Access Final Rule
- Medi-Cal Voices and Vision Council Overview
- Looking Ahead

CMS Access Final Rule (2024)

All states should hear directly from members and stakeholders.

» Requires formal stakeholder engagement.

» Emphasizes transparency and lived experience.

KEY DEADLINES

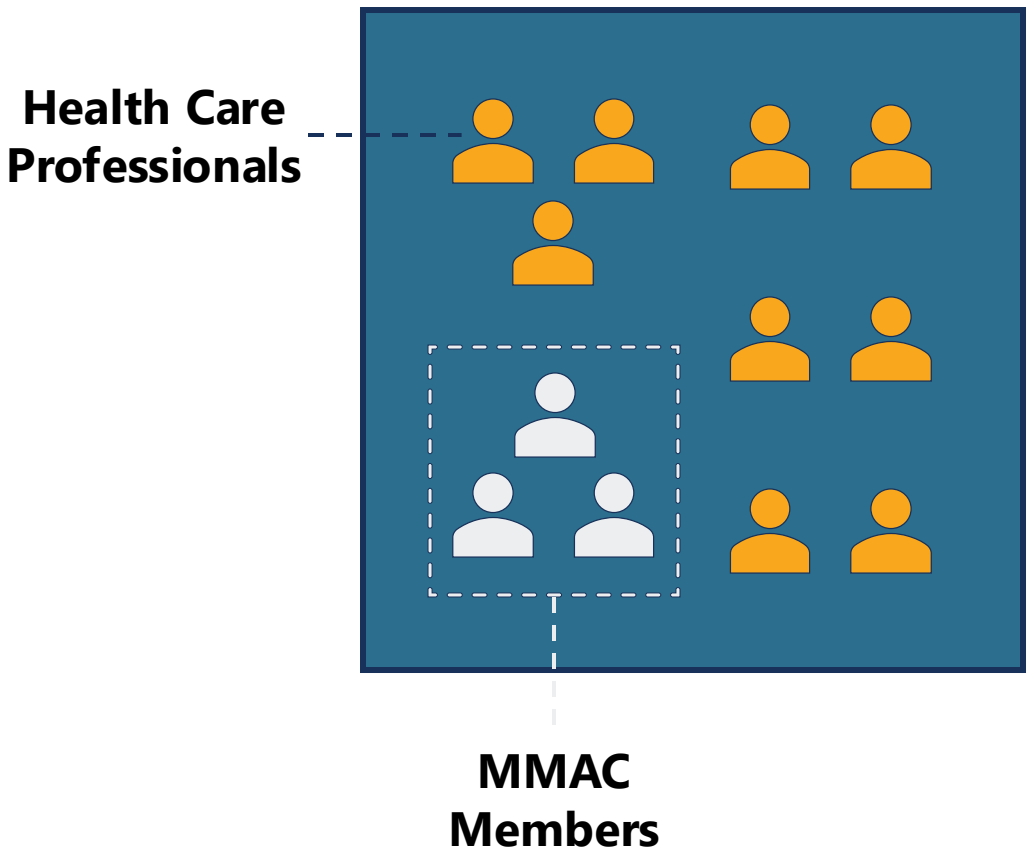
- Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) in place by summer 2025.
  - The Medi-Cal Member Advisory Committee (MMAC) will serve as the BAC.
  - The Medi-Cal Voices and Vision Council will serve as the MAC.
- First annual report due in August 2026.

Medi-Cal Voices and Vision Council

Purpose

- The Medi-Cal Voices and Vision Council is an opportunity for health care experts and Medi-Cal members from the Medi-Cal Member Advisory Committee (MMAC) to provide direct feedback to DHCS' Director and leadership. The composition of the committee ensures that a diverse range of perspectives reflective of the Medi-Cal program are represented.

Medi-Cal Voices & Vision Council



- First meeting: September 3, 2025
- Will include Medi-Cal members from the MMAC and other individuals from the health care field.
- Will advise DHCS on a range of Medi-Cal policies, program administration, and program implementation.

Composition

The council will have a maximum of 20 members and include at least one representative from:

- **State or local consumer advocacy groups or other Community Based Organizations (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 Managed Care Plans (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.

CMS Requirements for the Voices and Vision Council

Meetings	» Meet at least quarterly. » Consider scheduling times, days, and format of meetings to maximize attendance. » Always offer a telephone dial-in option.
Transparency/ Accountability	» Hold at least two meetings per year that are open to the public. » Include time for public comment at public meetings.
Annual Report	» Agendas must include time for conflict-of-interest disclosure.

CMS Requirements for the Voices and Vision Council

Meetings

Transparency/ Accountability

Annual Report

- Committee member recruitment and leadership selection processes, membership list, meeting summary, and bylaws must be posted on the DHCS website.
- Committee members must have a set term limit and the membership must rotate.
- MMAC members who serve on the committee do not have to disclose their information to the public.
- At least one executive-level representative from DHCS must attend every meeting.
- Provide 30 days notice prior to meetings.

CMS Requirements for the Voices and Vision Council

Meetings

Transparency/ Accountability

Annual Report

- First annual report is due August 2026.
- Include committee recommendations, DHCS' responses to recommendations, a summary of committee activities and topics discussed.
- Include MMAC input and recommendations.
- Post to the DHCS website within 30 days of its completion.

Topic Examples

Agendas will be informed by MMAC members.

The MMAC and Voices and Vision Council will provide insights to DHCS on topics related to program operations and the needs of Medi-Cal members, including:

Additions and Changes to Covered Services	Coordination of Care	Quality of Services	Cultural Competency, Language Access, and Health Equity
Enrollee and Provider Communications	Access to Services	Eligibility, Enrollment, and Renewal Processes	Other Issues Impacting Health/ Medical Services

Comparison

Group	Role	DHCS Point of Contact	Application Process	Agenda Development
MCAG	Public Forum	Managed Care Quality and Management Division (MCQMD)	Voluntary participation	MCAG participants
Voices and Vision Council	Advisory Group	Director's Office (DO); Office of Communications (OC)	» Application and vacancies posted online. » DHCS recruits and reviews applicants. » Director selects members as needed.	Informed by MMAC, DHCS, and Voices and Vision Council.

Looking Ahead

Voices and Vision Council 2025 Milestones

June-July:

- Recruit applicants.
- Review applications and select potential applicants for interviews.
- Conduct interviews.
- Select committee members.

August:

- Welcome members.
- Onboard new members.
- Provide community norms and bylaws.

September:

- First meeting, September 3, with new members and meeting guidelines in place.
- Present community norms and bylaws.

How to Apply for the Voices and Vision Council

Complete the online form.

Identify your stakeholder category and interests.

DHCS will review applicants and notify selected members.

Questions?

Please send any Voices and Vision Council questions or comments to VoicesandVisionCouncil@dhcs.ca.gov

2023 Managed Care Accountability Sets (MCAS) Data Review

DHCS

Outline

- Key Definitions
- MCAS Measure Alignment
- MY 23 MCAS Measures
- Overall Quality by Domain
- Key Points by Domain
- Key Points for Health Equity
- MCAS MY 23 Sanctions Key Takeaways

Managed Care Accountability Sets (MCAS) Definitions MY 23

Measurement Year (MY)	Refers to services rendered during a given year. MY 23 refers to services rendered in 2023
MCAS	Measures in MCAS are either reportable or held accountable to the Minimum Performance Level (MPL) of performance goals that MCPs should exceed. The **total number of MCAS measures is 39 in MY 23.**
Minimum Performance Level (MPL)	**If MCPs fail to meet or exceed the MPL they are held to enforcement action**. The MPL is determined by DHCS for Healthcare Effectiveness Data and Information Set (HEDIS) measures as the national Medicaid 50th percentile for each measure; for non HEDIS measures, MPLs are designated as Centers for Medicare & Medicaid Services (CMS) state performance medians (national medians). MCPs are contractually required to exceed MPLs beginning in Measurement Year (MY) 24.

Managed Care Accountability Sets (MCAS) Definitions MY 23

Report Only Measures	MCPs **must report on 21 MCAS measures** for which they will not be held to MPL or subject to enforcement actions. The number of report only measures will decrease by one in MY 24 and will be further decreased by ten report only measures in MY 25.
Accountable/ Held to MPL Measures	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.

MCAS Measure Alignment

- **Children's Preventative Care**
  - Infant, child, and adolescent well-care visits.
  - Childhood and adolescent immunizations.
  - Blood lead and developmental screening.
  - Topical fluoride for children.
- **Birthing Care & Cancer Prevention**
  - Breast cancer, cervical cancer, and chlamydia screenings.
  - Prenatal and postpartum care.
  - Prenatal and postpartum depression screening.
- **BH**
  - Follow-up after emergency department visit for mental illness.
  - Follow-up after emergency department visit for Substance Use Disorder (SUD).
  - Adolescent and adult depression screening and follow-up.

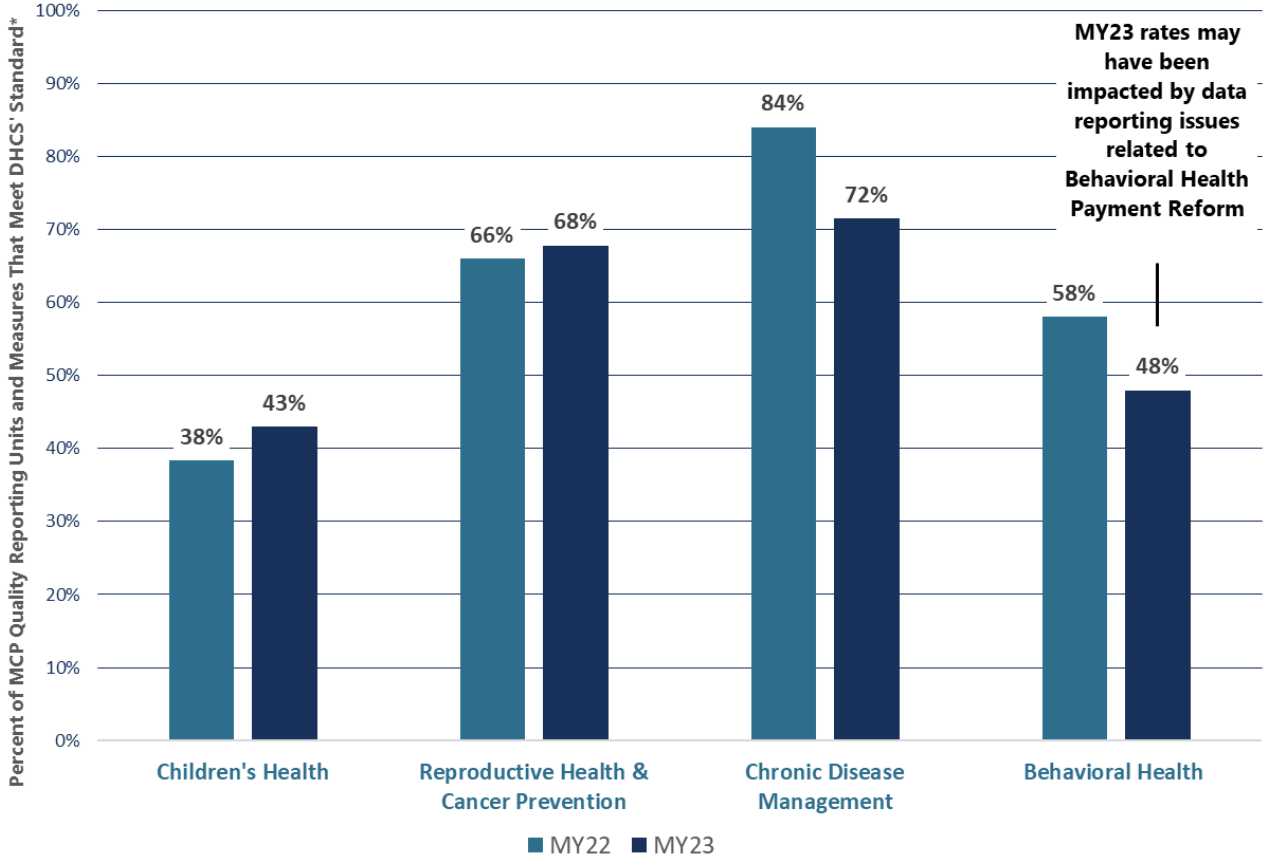
Domains	MY 23 Measures
Children's Health	• **WCV -** Child and Adolescent Well-Care Visits • **CIS-10 -** Childhood Immunization Status: Combination 10 • **DEV -** Developmental Screening in the First Three Years of Life • **IMA-2 -** Immunizations for Adolescents: Combination 2 • **LSC -** Lead Screening in Children • **TFL-CH -** Topical Fluoride for Children • **W30-6+ -** Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months (Six or More Visits) • **W30-2+ -** Well-Child Visits in the First 30 Months of Life – Well-Child Visits for Age 15 Months to 30 Months (Two or More Visits)
Reproductive Health & Cancer Prevention	• **BCS-E -** Breast Cancer Screening • **CCS -** Cervical Cancer Screening • **CHL -** Chlamydia Screening in Women • **PPC-Pst -** Prenatal and Postpartum Care: Postpartum Care • **PPC-Pre -** Prenatal and Postpartum Care: Timeliness of Prenatal Care
Chronic Disease Management	• **AMR -** Asthma Medication Ratio • **HBD-H9 -** Comprehensive Diabetes Care: HbA1c Poor Control (>9.0 percent) • **CBP -** Controlling High Blood Pressure
BH	• **FUM–30 -** Follow-up After Emergency Department Visit for Mental Illness – 30-day Follow-Up • **FUA–30 -** Follow-up After Emergency Department Visit for Substance Use – 30-day Follow-Up

Overall Quality by Domain

- Link to MCAS Fact Sheets
- To assess overall quality, DHCS evaluates if MCP Quality Reporting Units for each MCP meet or exceed the standard set for each key measure.
- Figure 1 shows the percentage of MCP Quality Reporting Units that successfully meet these standards for each health domain for MYs 2022 and 2023.

Figure 1: Overall Quality by Domain

Measurement Years (MY) 2022, 2023



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.
  - 85.8 percent of Black birthing persons received timely prenatal care, which is below the Statewide Average of 88.0 percent.
  - 75.2 percent of Black birthing persons had postpartum care, which is below than the Statewide Average of 82.6 percent.
- Statewide, timeliness of prenatal and postpartum care for American Indian and Alaska Native birthing persons was worse than the national median.
  - 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.
  - 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

- **Total MCPs sanctioned increased** from 18 (MY 22) to 20 (MY 23)
  - 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.
- **Total sanction amount decreased** from $3,355,000 (MY 22) to $3,131,000 (MY 23)
  - Sanction difference is $224,000 (7.15 percent decrease).
- **Total population not served decreased** from 3,006,288 (MY 22) to 2,129,503 (MY 23)
  - Population not served decreased by 876,785 (29.16 percent decrease).
  - Eligible population decreased due to redetermination, which contributed to the decrease in the population not served.

Open Discussion

Thank you!