**DHCS**
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

**POPULATION HEALTH MANAGEMENT (PHM) ADVISORY AND CHILDREN & YOUTH ADVISORY GROUP MEETING**
Monday, April 29th, 2024 | 10:30am – 12:00pm PT | Virtual Meeting

# Key Takeaways

During the discussion on **Q3 2023 Children & Youth ECM Utilization Data:**

- DHCS discussed key findings related to the ECM Children & Youth POFs from the latest [ECM and Community Supports Quarterly Implementation Report](#), including (1) that from Q2 to Q3 2023, the number of total members under age 21 enrolled in ECM increased by 115%, largely due to the Children & Youth POFs going live in July 2023, (2) initial ECM uptake among the Children & Youth POF shows more utilization among POFs with diagnostic or health care utilization eligibility criteria and with adult POF counterparts and (3) as MCPs continue to establish referral pipelines and provider networks for members who are eligible for the CCS and Child Welfare POFs, DHCS anticipates continued growth for these populations.

- PHM Advisory Group Members, Children & Youth Advisory Group Members, and other meeting attendees engaged in a discussion highlight low uptake of ECM for Children & Youth POFs in the Child Welfare POF, and recommended strategies for increasing ECM uptake for this POF by leveraging MOUs between counties and child welfare agencies and collaboration with child welfare agencies. Stakeholder lifted up the challenges with integrating ECM into existing child-serving case management programs, such as CCS, child welfare, and county behavioral health programs.

During the discussion on **Streamlining Access to ECM: planned introduction of new Referral & Authorizations Standards:**

- DHCS provided an overview of (1) upcoming guidance on universal ECM referral standards and template to streamline and align the ECM referral process statewide for all MCPs to support Member access to ECM and 2) updates to ECM presumptive authorization policy that will expand use of presumptive authorization, so specific ECM Providers can start serving Members faster.

- PHM Advisory Group Members, Children & Youth Advisory Group Members, and other stakeholders expressed overall support for the proposed approach to streamline ECM referrals and authorizations and provided feedback on considerations for operationalizing presumptive authorization, including how

MCPs will pay for the presumptive authorization timeframe and authorize this subset of members for the 12-month ECM authorization period.

# Summary Meeting Notes

During the discussion on **Q3 2023 Children & Youth ECM Utilization Data:**

- DHCS:
  - Discussed key findings related to the ECM Children & Youth POFs from the latest [ECM and Community Supports Quarterly Implementation Report](#) with data through Q3 2023, including:
    - From Q2 to Q3 2023, the number of total members under age 21 enrolled in ECM increased by 115%, largely due to the Children & Youth POFs going live in July 2023.
    - Initial ECM uptake among the Children & Youth POF shows more utilization among POFs with diagnostic or health care utilization eligibility criteria and with adult POF counterparts (e.g. Individuals with Serious Mental Health and/or Substance Use Disorder Needs, Individuals at Risk for Avoidable Hospital or ED Utilization, and Individuals Experiencing Homelessness).
    - As MCPs continue to establish referral pipelines and provider networks for members who are eligible for the CCS and Child Welfare POFs, DHCS anticipates continued growth for these populations.
    - The most common provider types serving Children & Youth POFs are "Other qualified provider or entity" and Federally Qualified Health Centers.
    - DHCS will continue to release regular updates to this report, with the Q4 2023 data release planned for June 2024.
- IEHP and Molina Health Plan:
  - Shared Member Stories about the impact of ECM on Members from the Children & Youth POFs.
  - Discussed their MCPs' approach to implementing ECM for Children & Youth POFs, including how they built a provider network, how they implemented models unique to Children & Youth POFs, and how they identified and established referral pathways.
    - Collaborating with other regional MCPs and county partners to identify providers and establish referral pathways.
    - Leverage expertise in their existing provider networks.
    - Develop assessments and consent process specific for the Children & Youth POFs.

- Leverage primary care providers and FQHCs for identifying and connecting with eligible Members.
- Conducted outreach to child-serving providers such as CBOs regional clinics, CCS providers, children's hospitals, child welfare agencies, schools, and county behavioral health partners to create a diverse provider network.

- PHM Advisory Group Members, Children & Youth Advisory Group Members, and Other Stakeholders:
  - Emphasized low uptake of ECM for Children & Youth POFs, particularly the Child Welfare POF in which some counties reported no providers for the POF.
    - Encouraged leveraging MOUs between counties and child welfare agencies to support expanding the Children Welfare POF provider network.
    - Emphasized the importance of collaboration with child welfare agencies that have existing relationships and have already built trust with Members.
  - Reported challenges with integrating ECM into existing child-serving case management programs, such as CCS, child welfare, and county behavioral health programs.
    - Emphasized that additional clarification is needed on how ECM services are additive, and not duplicative, of existing child-serving programs with case management elements.
  - Recommended leveraging First 5 community health workers to build the ECM provider network.
  - Flagged that smaller CBOs and nonprofits face administrative barriers to contracting with MCPs.
  - Encouraged DHCS to have further discussions with MCPs on creating processes to identify eligible populations, such as CCS or child welfare populations, who are presumptively eligible for ECM.

During the discussion on **Streamlining Access to ECM: planned introduction of new Referral & Authorizations Standards:**

- DHCS:
  - Provided an overview of DHCS' July 2023 "Action Plan" commitment to streamlining ECM referral/authorization.
  - Detailed the focus of the discussion on 1) upcoming guidance on universal ECM referral standards and template to streamline and align the ECM referral process statewide for all MCPs to support Member access to ECM and 2) updates to ECM presumptive authorization policy that will expand

use of presumptive authorization, so specific ECM Providers can start serving Members faster.

- o Shared a summary of stakeholder feedback on the current state of ECM referrals and reported barriers, including variable referral documentation requirements, authorization timeframes, and ECM Provider assignment mismatch.
- o Detailed DHCS' goals for streamlining ECM referrals and authorizations to reduce time to begin ECM services, create a consistent statewide format and process, build awareness of ECM in the community as an option for referral, improve quality of matching of Members being referred, with ECM Provider, and standardize what information is needed for MCPs for ECM eligibility, authorization and Provider assignment.
- o Outlined the elements of the upcoming universal ECM referral standards and template.
- o Outlined the elements of the proposed updates to ECM presumptive authorization guidance, such that select ECM Providers will be able to directly authorize ECM for Members and be paid for ECM services for a 30-day timeframe until the MCP authorizes or denies ECM based on a complete assessment of Member eligibility for ECM.
  - ▪ Provided an overview of the proposed ECM Provider/POF pairings that would be covered by the presumptive authorization proposal.
- PHM Advisory Group Members, Children & Youth Advisory Group Members, and Other Stakeholders:
  - o Expressed overall support for the proposed approach to streamline ECM referrals and authorizations.
  - o Recommended that MCPs be required to accept all referrals, including those covered by presumptive authorization, from mental health plans, child welfare agencies, and CCS county providers.
  - o Suggested allowing flexibility for MCPs to authorize additional ECM Provider types for presumptive authorization, outside of those included in DHCS' proposal.
  - o Provided feedback on considerations for operationalizing presumptive authorization, including building processes for reviewing referrals to MCPs prior to authorizing service payment.

## Attendees

- Attendees of the April  meeting included DHCS leaders and staff and members of the PHM Advisory Group and the Children & Youth Advisory Group (Palav Babaria, Laura Miller, Seema Shah, David Tian, Yoshi Lian, James Buckheit, Tyler

Brennan, Lisa Gayle, Jeff Norris, Michael Huizer, Bonnie Kwok, Randi Arias-Fontenot, Neeta Alengadan, Patricia Gordon Washington, Sarah Christensen, Takashi Wada, Heyman Oo, Tangerine Brigham, Reena John, Dipa Patolia, Tim Ho, Peter Shih, Nina Park, Gail Newel, Susie Smith, Phebe Bell, Katherine Haynes, Amie Miller, Caroline Sanders, Kim Lewis, Beth Malinowski, Maria Lemus, Mike Odeh, Katherine Barresi, Geoff Leung, Kate Ross, Brenda Grealish, Nancy Netherland, Carlos Lerner, Diana Boyer, Michelle Cabrera, Katherine Lucero, Chris Stoner-Mertz, Laurie Soman, Mary Giammona, Sarah Arnquist, Serena Yang, Katherine Barresi, and Ann-Louise Kuhns). There were more than 100 members of the public in attendance, including but not limited to representatives from MCPs, hospitals/health systems, local public health departments, and advocacy organizations in California.