Introductions

Amara Bahramiaref, Branch Chief of the Managed Care Policy Branch called the Managed Care Advisory Group (MCAG) meeting into session and welcomed all in attendance in-person and on the webinar.

Intermediate Care Facilities (ICF) and Subacute Care Services Carve-In

Bambi Cisneros, Assistant Deputy Director of the Health Care Delivery Systems provided an update on ICF and Subacute Care Services Carve-In.

Effective January 1, 2024, DHCS will be carving in ICF for Developmentally Disabled (ICF/DD), ICF/DD-Habilitation (H), ICF/DD-Nursing (N), and subacute care services for adults and pediatric members. DHCS released APL 23-023 to provide guidance to MCPs on the ICF/DD carve-in. DHCS will also be issuing and All Plan Letter specific to subacute care services. The carve-in means that MCPs in all counties will be responsible for providing long term care services in ICF/DD Homes and subacute care facilities and members will be mandatorily enrolled in Medi-Cal managed care s.

DHCS seeks to preserve existing Lanterman Act protections for the developmentally disabled population. Therefore, for the ICF/DD services, the Regional Centers will continue to provide medical necessity determinations and develop the Individualized Program Plan (IPP) as they currently do. MCPs will be responsible for timely honoring Treatment Authorization Requests (TARs) for services
Continuity of care protections apply to both the ICF/DD and subacute care carve-in. MCPs must automatically provide 12 months of continuity of care for any member transitioning to an MCP, which means that members do not need to request to stay in their ICD/DD Home or subacute care facility. Members or their representatives may request an additional twelve-month continuity of care following the initial continuity of care period.

For both the ICF/DD and subacute care carve-in, DHCS will mail 60-day and 30-day notices to members beginning in November. The Notice of Additional Information will be posted on the DHCS and Health Care Options (HCO) websites and accessible

through a Quick Reference code in the notices. DHCS will also publish a member-facing version of the member notice, available here on the [ICF-DD LTC Carve-In Member Information webpage](#). HCO will also conduct a member call campaign from November-January 2024.

CalAIM: Community Supports

Tyler Brennan, Health Program Specialist in the Program Administration Section, provided a presentation on the overview of Community Supports, a benefit to address the social drivers of health needs. DHCS has pre-approved 14 medically appropriate and cost-effective Community Supports that MCPs are strongly encouraged but not required to offer as substitutes for utilization of other services or settings. Community Supports are medically appropriate, cost-effective alternative services that are provided as a substitute for more costly services or settings, such as hospitalization, SNF admissions, or Emergency Department use. MCPs offer different combinations of Community Supports across counties.

Community Supports are administered by MCPs and delivered by community-based Providers. MCPs contract with community-based providers who are experienced and skilled in serving members who need each community support. DHCS is working to expand access to community supports by building on the successes of year one. Over the course of year one, 36,391 MCP members across California received 80,859 Community Supports services, with the number of members served increasing by 160% from the end of Q1 to the end of Q4. There were an estimated 1,563 contracts with providers of Community Supports in CY 2022. That number increased by 112% from the end of Q1 to the end of Q4.

The first year of implementation was only the beginning of a widescale change to Medi-Cal that will transform how California addresses health-related social needs and integrates non-traditional service providers — such as housing organizations, community-based organizations providing social services, and more — into Medi-Cal. California's transformation of Medi-Cal is made possible by the providers, MCPs, and other key stakeholders who are training new staff, building capacity, and developing new infrastructure. DHCS and its MCP partners are working to expand access by providing support through Providing Access and Transforming Health (PATH) and incentivizing MCPs to further increase their uptake through the Incentive Payment Program (IPP).

Now ~21 months into implementation, DHCS consistently hears feedback from providers and Community Based Organizations (CBOs), as well as some MCPs, that increased standardization of the program design is needed. Providers and CBOs point to

heavy administrative burden, reimbursement gaps, and significant operational differences between MCPs. To address these challenges, DHCS recently released a set of Community Supports policy refinements. DHCS has also identified other priority areas for future design work and engagement with stakeholders.

Building on the successes of year one, DHCS and its MCP partners are working to expand access to and utilization of ECM and Community Supports in 2023 and beyond. The first year of these initiatives occurred in the midst of the COVID-19 public health emergency, which caused significant bandwidth constraints across the health sector. DHCS anticipates an acceleration of the work in 2023 and in subsequent years. The major levers of this acceleration will include:

- **Expanding access to services** by increasing the number of available Community Supports services in each county across the state;
- **Refining program operations and policies** to eliminate barriers to provider contracting and service utilization;
- **Providing grant funding and technical assistance (TA)** to support providers to implement and expand capacity for Community Supports through Providing Access and Transforming Health (PATH); and
- **Incentivizing MCPs** to further increase utilization of Community Supports through the IPP.

Additional information can be found here on the CalAIM Enhanced Care Management (ECM) and Community Supports webpage.

Community Health Worker (CHW)

Guest Speaker: Dorothy Seleski from Health Net provided a presentation on the role of CHWs and their network development. Health Net leverages local relationships to drive utilization of new benefits and investing in sharing tools that support CHW organizations, launching an improvement campaign to reduce inequities, and creating a Community Health Impact Council to identify social issues at a community. Health Net uses data mining, plan campaigns, leveraging real time data, and organic referrals as pathways to the CHW benefit. In addition, Health Net identifies members who have not accessed Dyadic Services and will connect members to the CHWs to support with navigation to the appropriate Dyadic services provider.

Guest Speaker: Nancy Shipman from Anthem Blue Cross provided a presentation on the benefits of CHWs. CHWs are trusted members of the community and are a link between, health, social services, and community. CHW qualifications include lived experience, CHW certification pathway, violence prevention, or work experience and training. Anthem Blue Cross's innovation and community involvement include creating educational platforms for training of CHWs, internships with CHW programs in High

Schools, partnering with adult schools to become CHW Supervising Providers, and hosting annual conferences.

Providing Access and Transforming Health (PATH) Updates

Dana Durham, Division Chief of the Managed Care Quality and Monitoring Division provided a presentation on PATH updates. PATH is intended to complement and enhance other CalAIM funding efforts. PATH funding is time-limited and should not be viewed as a sustainable, ongoing source of funding. There are four important PATH program initiatives: Collaborative Planning and Implementation Program (CPI), TA Marketplace, Justice-Involved Capacity Building Program (JI) and Capacity and Infrastructure Transition Expansion and Development (CITED).

CITED Updates

CITED funding will support the transition, expansion, and development of ECM and Community Supports capacity and infrastructure. PATH provides direct funding to support the delivery of ECM and Community Supports services. 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. DHCS awarded a total of $207 million to 137 organizations in CITED Round one. DHCS is currently conducting reviews for Round two applications.

CPI Updates

Local CPI collaboratives are working together to identify, discuss, and resolve topical implementation issues. They are identifying how PATH and other CalAIM funding initiatives, including the CalAIM IPP, may be used to address topical program implementation gaps and improve outcomes. Critical activities such as CPI participant registration and 10 CPI facilitating organizations for 25 CPI Collaboratives were discussed. CPI Best Practices Webinars are scheduled for October 23, 2023, with another to follow in December 2023.

TA Marketplace Updates

The TA Marketplace is a one-stop website where entities can access free TA services from approved vendors. TA resources provided through the virtual TA Marketplace are designed to help approved TA recipients successfully implement ECM and Community Supports. Entities may register to receive hands-on TA support from vendors and access off-the-shelf TA resources in pre-defined TA domains. In addition, entities do not need to be registered to browse TA Marketplace offerings. Entities interested in TA can work with a vendor and submit TA project applications at any time. Submissions are accepted and reviewed on a rolling basis.

PATH JI Initiative

CalAIM JI initiatives support JI individuals by providing key services for pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry. The approved CalAIM 1115 waiver authorizes $410 million for PATH JI Capacity Building Program to support collaborative planning and Information Technology investments intended to support implementation of pre-release and re-entry planning services in the 90 days prior to release. The "Capacity Building Program" and the "Key Differences between CITED and JI" were discussed.

Updates on (26-49) Adult Expansion & Centers for Medicare and Medicaid Services (CMS) Monthly Unwinding Report for Appeals

Harold Higgins, Chief in the Program Review Branch of the Medi-Cal Eligibility Division, provided a presentation on Unwinding Data and Metrics. Unwinding data reports are submitted monthly to CMS. There is an interactive Medi-Cal Continuous Coverage Dashboard that was demonstrated virtually. The latest data set was in July 2023. The second data set will involve the adult expansion and will be available to search by County. These reports can be accessed on the DHCS Data and Statistics webpage.

Auto-Assignment Algorithm Updates

Priya Motz, Chief of the Quality & Health Equity Transformation Branch of Quality and Population Health Management, provided a presentation on the Incentive Program and Performance rates. Historically, the incentive program measured quality performance rates, safety net measures, and encounter data quality. For quarter one and two of 2024, a regional aggregated quality factor score will be used to determine the quality component for the algorithm. DHCS will be following Medi-Cal Member enrollment into applicable Safety Net Providers on a continuous cycle. Adjustments will be made to the auto-assignment algorithm for MCPs demonstrating non-compliance for Safety Net Provider Member assignment. DHCS will be monitoring encounter data quality independently from the auto assignment incentive program and enforcement action will be prioritized.

Birth Equity Population of Focus (POF) Under ECM

Bonnie Kwok, Medical Consultant I of the Quality Population Health Management Division provided a presentation on the Medi-Cal Transformation Overview and ECM. The Birth Equity POF will go live on January 1, 2024. The definition of Birth Equity POF are adults and youth who are pregnant or are postpartum (through 12 months period); and are subject to racial and ethnic disparities as defined by California Public Health data on maternal morbidity and mortality. DHCS created the Birth Equity ECM eligibility

pathway in recognition that race, and ethnicity are independent risk factors for poor birth outcomes that can be addressed through whole-person care management. DHCS covers more than one in three Californians and almost half of all children and annual births in the state.

Medi-Cal MCP Contract: MCP Transitions and 2024 Readiness

Michelle Retke, Division Chief of the Managed Care Operations Division, provided a presentation on the transition plan efforts currently underway and the 2024 MCP contract. On September 1, 2023, DHCS provided "go-live" decisions to all Medi-Cal MCPs scheduled to assume operations on January 1, 2024, under the new MCP contract that requires all MCPs to advance health equity, quality, access, accountability, and transparency. Go Live decisions were based on the approval of key contract deliverables that the MCPs had to submit to DHCS to demonstrate readiness for January 1, 2024. These new contracts will serve approximately 99 percent of all Medi-Cal members. This change is part of California's transformation of Medi-Cal to ensure members can access the care they need to live healthier lives. The full list of Medi-Cal MCPs by county for 2023 and 2024 is available on the DHCS website at: https://www.dhcs.ca.gov/Pages/MCP-Transition.aspx. Member Noticing for Transitioning Members, Member Enrollment Process for Counties with an Exiting MCP, New Enrollment Freeze for Exiting MCPs, DHCS' Planning Efforts, and the 2024 MCP Transition Policy Guide were discussed.