Medi-Cal Managed Care Advisory Group Meeting

September 12, 2024
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DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

September 2024

Thank you for joining!

Please place all calls on **mute**, not hold, to avoid hold music

To ask a question throughout the presentations, please send to **everyone** through chat

Once each presenter is done, we ask that you utilize the 'raise your hand' function to ask questions

At the end of each presentation the host will read off any questions posed in chat

Introductions and Agenda Overview

Amara Bahramiaref
Managed Care Policy Branch Chief,
Managed Care Quality & Monitoring Division (MCQMD)

DHCS

Agenda

- Managed Care Organization (MCO) Tax
- 2025 Transitions
- Focused Audits
- Transitional Rent
- Community Supports Updates to the Policy Guide
- Enhanced Care Management (ECM) Prior Authorization
- Providing Access and Transforming Heath (PATH) - Capacity and Infrastructure Transition, Expansion and Development (CITED)
- Open Discussion

Managed Care Organization (MCO) Tax Update

Rafael Davtian
Deputy Director,
Health Care Financing

DHCS

MCO Tax

- AB 119 (Ch. 13, Stat. 2023) reauthorized a managed care organization (MCO) tax for the tax period of April 1, 2023, through December 31, 2026.
  - DHCS obtained federal approval of the tax in December 2023.

- The tax amounts were subsequently increased by SB 136 (Ch. 6, Stat. 2024) and AB 160 (Ch. 39, Stat. 2024).
  - DHCS is awaiting federal approval of the amended tax.

2024 Budget

- The 2024 Budget includes State funds of:
  - $6.9 billion in 2024-25, and $23.1 billion total from 2023-24 through 2026-27, to support existing services in the Medi-Cal program.
  - $133 million in 2024-25, $728 million in 2025-26, and $1.2 billion in 2026-27 for new Medi-Cal provider rate increases and investments.
    - These amounts are in addition to roughly $300 million State funds annually for targeted Medi-Cal provider rate increases effective January 1, 2024.
  - $145.4 million in 2024-25 to sustain Proposition 56-funded payments for which there is declining Proposition 56 revenue.
  - $40.0 million in 2026-27 for Medi-Cal workforce investments are the Department of Health Care Access and Information.

- If Proposition 35 on the November 2024 ballot is approved, the MCO Tax package in the 2024 Budget becomes inoperable since both cannot be fiscally sustained.

Provider Rate Increases & Investments (2023 & 2024)

- $150 million for the Distressed Hospital Loan Program
- $50 million for Small and Rural Hospital Relief for Seismic Assessment and Construction
- Effective January 1, 2024, DHCS increased rates for targeted services to no less than 87.5 percent of the lowest Medicare rate locality in California:
  - Primary care services, including physician and non-physician professional services.
  - Maternal health services, including obstetric and doula services.
  - Non-specialty mental health services

Provider Rate Increases & Investments (2025)

Domain	Effective Date	Investments
Emergency Department Physician Services	1/1/2025	Benchmark to 90% of Medicare; est. $100 million State funds annually
Reproductive Health	1/1/2025	$90 million State funds annually
Community Health Workers	1/1/2025	Benchmark to 100% of Medicare
Ground Emergency Medical Transportation	1/1/2025	$50 million State funds annually
Emergency Air Medical Transportation	1/1/2025	$8 million State funds annually
Community-Based Adult Services	1/1/2025	$8 million State funds annually
Congregate Living Health Facilities	1/1/2025	$8 million State funds annually
Pediatric Day Health Centers	1/1/2025	$3 million State funds annually

Provider Rate Increases & Investments (2026)

- Provider rate increases and investments:
  - Additional increases for primary and specialty care physician and non-physician professional health services *($753 million State funds annually)*
  - Private Duty Nursing *($62 million State funds annually)*
  - Clinic Services and Supports *($50 million State funds annually)*
  - Non-Emergency Medical Transportation *($25 million State funds annually)*
- The 2024 Budget Act also allocates funding to continuous Medi-Cal coverage for children until the age of five and one-time funding to strengthen and support the development and retention of the Medi-Cal workforce.

Questions?

DHCS

2025 Transitions

Major Risk Medical Insurance Program (MRMIP)

Michelle Retke

Division Chief,

Managed Care Operations Division

Major Risk Medical Insurance Program

- Historically, the Major Risk Medical Insurance Program (MRMIP) provided health insurance for Californians unable to obtain coverage in the individual health insurance market because of their pre-existing conditions. Californians qualifying for the program participated in the cost of their coverage by paying premiums. The State of California supplemented those premiums to cover the cost of care in MRMIP.

- Per Bill Text - SB-159, DHCS is required to cease to provide coverage through MRMIP effective December 31, 2024.

- Approximately 400 members are impacted.

MRMIP Cont.

- Member Communication:
  - 90-Day member notice was sent out 8/1/24
  - 60-Day member notice will be sent out 10/1/24
  - 30-Day member notice will be sent out 12/1/24
  - Member outreach call campaign will be conducted from September 2024 - October 2024

- Monitoring
  - Starting November 1, 2024, and continuing until the transition of coverage is complete, monthly updates will be provided to the Assembly and Senate Committees on the status of the transition of subscribers to other coverage.
    - These updates will include the number of subscribers who have transitioned out of MRMIP and, to the extent available, to where, as well as, the number remaining in the program, and any available demographic information of each subscriber.

Mandatory Foster Youth

Michelle Retke
Division Chief,
Managed Care Operations Division

Camella Taylor
Access Oversight Section Chief,
Networks and Access Branch, MCQMD

Mandatory Foster Youth

- Effective January 1, 2025, DHCS will mandatorily enroll current and former foster care children and youth residing in Single Plan counties **(Alameda, Contra Costa, and Imperial)** into Medi-Cal managed care health plans.
- This transition will align policies in all Medi-Cal MCP models where there is a Single Plan operating in the county and is implemented per Assembly Bill (AB) 118.
- Approximately 8,100 members are impacted.

Mandatory Foster Youth Cont.

- Member Communication
  - DHCS will mail member notices 60/30 days prior to January 1, 2025, directly to impacted members and their authorized representative.
  - Notices and Notice of Additional Information (NOAI) will be posted on the DHCS website: Mandatory-Enrollment-for-Foster-Care-Children-and-Youth-in-Single-Plan-Counties-2025
  - Health Care Options (HCO) Outbound Call Campaign
- Provider Communication
  - Provider Bulletins
  - Newsflashes
- Stakeholder Communication
  - Monthly MCP Readiness Meetings
  - Quarterly Stakeholder Meetings
  - Mandatory Enrollment for Foster Youth transition webpage on the DHCS website
  - Medi-Cal Eligibility Division Informational Letter (MEDIL)

Mandatory Foster Youth Cont.

- Member Enrollment:
  - Children or youth enrolled in the foster care system and identified with a foster care aid code, as well as members in a former foster care aid code, will transition to mandatory Managed Care enrollment on January 1, 2025.
  - Members will be automatically enrolled into either the Single Plan or Kaiser based on default assignment and the Medi-Cal Matching Plan policy.
    - Default assignment includes provider, prior plan or family linkage.
  - Members may then make an active MCP choice to change between the Single Plan and Kaiser (except members with a matching Medicare Advantage Plan).
  - All current and former foster children and youth are eligible for enrollment in Kaiser.

Mandatory Foster Youth Cont.

- Continuity of Care (CoC) Policy Overview
  - APL will be providing MCPs with guidance on enhanced continuity of care protections:
    - CoC for Providers
    - CoC for Covered Services
    - CoC for DME Rentals & Med Supplies
- Transition Monitoring (Pre and Post)
  - DHCS will be conducting pre and post transitional monitoring to ensure MCPs take the appropriate actions to carry out their CoC transition obligations.

Specialty Mental Health Services (SMHS)

Michelle Retke
Division Chief,
Managed Care Operations Division

Marc Fujii
Health Program Specialist II
Project Coordination Section
Managed Care Program Oversight Branch, MCQMD

Specialty Mental Health Services

- Effective July 1, 2024, Specialty Mental Health Services (SMHS) in Sacramento and Solano counties will no longer be capitated to the Kaiser Permanente Health Plan. SMHS will be available through the Mental Health Plans (MHP).
- Members SMHS, will be transitioned to the County Mental Health Plan in coordination with Kaiser, in a phased approach beginning July 1, 2024 – December 31, 2024.
- Approximately 4,800 members will be impacted.

SMHS Cont.

- Member Communication
  - Kaiser Permanente will mail member notices for a phased transition beginning May through December 2024, to impacted members:
    - 45/60-Day Notice; 1st notice mailed mid-May
    - 30-Day Notice; 1st notice mailed end of May
    - Kaiser Permanente will continue to mail member notices for a phased transition through 12/1/24
  - Kaiser Permanente Call Campaign
- Provider Communication
  - Provider Bulletins
  - Newsflashes
  - Provider Manual updates
- Stakeholder Communication
  - Monthly Kaiser/Sacramento/Solano County Transition meetings

SMHS Cont.

- Post-Transition Monitoring Strategy
  - Kaiser Permanente collaborated with Solano County and Sacramento County Mental Health Plans to develop the Joint SMHS Transition Plan.
  - This Transition Plan outlines how Kaiser Permanente and the MHPs facilitate the transition of care in a phased approach from July 1, 2024 through no later than December 31, 2024.
  - Kaiser and the MHPs are leveraging the Screening and Transition of Care Tools as part of their close-loop transition processes and prepare a monthly Transition Report for DHCS.
  - Joint Transition Report elements include information on the number of Screening and Transition of Care tools sent to the MHPs, intake appointments scheduled, and intake appointments completed, best practices, and lessons learned, and other status updates.
  - Additionally, Kaiser and the counties meet with DHCS monthly to discuss current transition status, highlight successes and barriers, and describe ongoing mitigation approaches.

SMHS Cont.

- MCP Readiness
  - All deliverables for 7/1/24 transition implementation approved
  - (As part of the) Operational Readiness deliverables approved for 2024 Medi-Cal Managed Care Contract – P&P's in place to refer Members newly identified for SMHS to the appropriate delivery system during the transition period and beyond
- Mental Health Plan Readiness
  - County MHPs determined ready to absorb population to be transitioned to county responsibility.

Whole Child Model (WCM)

Joseph Billingsley
Assistant Deputy Director, Integrated Systems of Care
Health Care Delivery Systems

Whole Child Model (WCM)

- WCM will expand into the following 12 California Children's Services (CCS) counties and contract with existing WCM MCPs:
  - **Partnership counties (10):** Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Yuba
  - **CCAH counties (2):** Mariposa, San Benito
  - **Kaiser counties (4):** Placer, Mariposa, Sutter, Yuba
- Approximately 3,957 Members will be impacted.

WCM Cont.

- Member Communication
  - DHCS and MCPs will mail Member notices 90/60/30 days prior to January 1, 2025, directly to impacted Members
    - Notices and the Notice of Additional Information (NOAI) are posted on the DHCS website: CCS WCM Website
    - MCP Member call campaign
- Provider Communication
  - Provider Bulletins
  - Newsflashes
- Stakeholder Communication
  - Ongoing Monthly DHCS/MCP/County Calls
  - Ongoing Quarterly CCS Advisory Group Meetings

WCM Cont.

- MCP Readiness
  - MCPs are required to submit readiness deliverables to the DHCS for review and approval
  - Deliverables consist of updated policies and procedures related to continuity of care, care coordination, referrals, local engagement, and network information.
  - All MCPs are on track with readiness deliverable submissions
- County Readiness
  - All County Operational Transition Plans (OTP) and Policies and Procedures (P&P) have been submitted.

WCM Network Readiness

- DHCS has approved the initial MCP Network Template submissions
- MCPs will provide their final network template submission by 9/30/24.
  - DHCS will assess network readiness for Licensed Acute Hospitals, Special Care Centers, paneled providers, specialties/sub-specialties, and durable medical equipment
  - This submission will require the MCPs to have achieved 90% contract overlap.

WCM Pre/Post Transitional Monitoring

- Pre and post-transitional monitoring will take place across multiple domains including:
  - Continuity of care including Member requests, public health nurses, provider outreach and agreements, and authorizations.
  - Care coordination including referrals, risk assessment completion rates, case manager assignment and care plan completion rates.
  - Member issues including grievances and appeals.
- Monitoring Cadence
  - Bi-Weekly (November 2024 through February 2025)
  - Monthly (March through June 2025)
  - Long-term monitoring (Effective July 1, 2025)
- Stakeholder Feedback: DHCS will monitor existing DHCS inboxes and discussions at DHCS forums (e.g. CCS AG)

Questions?

DHCS

Focused Audits

Dana Durham
Division Chief,
MCQMD

DHCS

Focused Audits

- DHCS conducted focused audits of MCPs to assess their performance in furnishing covered Behavioral Health and Transportation to Members.
  - Commenced: January 2023, to December 2023
  - Review Period: November 2021, to October 2023
  - Exit Conferences: June 25, 2024, to July 9, 2024
  - Report Issue Date: August 30, 2024
  - Report Post Date: September 4, 2024

Focused Audits

- Case Management and Coordination of Care: <u>Behavioral Health</u>
  - SMHS
  - Non-Specialty Mental Health Services (NSMHS)
  - Substance Use Disorder Services

- Access and Availability: <u>Transportation</u>
  - Non-Emergency Medical Transportation (NEMT)
  - Non-Medical Transportation (NMT)

Corrective Action

- Corrective Action on findings from the focused audit reports are issued and in progress.

Questions?

DHCS

CalAIM Transitional Rent Proposal for Public Comment

Glenn Tsang, Policy Advisor for Homelessness and Housing

Health Care Delivery Systems

DHCS

Transitional Rent Concept Paper

- **On Friday, August 30**, DHCS released a **Transitional Rent Concept Paper** for a three-week public comment period.
- The concept paper can be found on the ECM and Community Supports webpage.
- DHCS invites comments to the concept paper which may be submitted to CalAIMECMILOS@dhcs.ca.gov with the subject line "Comments on Transitional Rent."
- Comments are due by **5pm PT, September 20, 2024**.

Today's Agenda

Today, we will summarize key aspects of the Transitional Rent proposals contained in the Concept Paper.

- DHCS' Vision and Timeline for Transitional Rent in the Managed Care Delivery System
- Proposed Design of Transitional Rent
- Next Steps and Stakeholder Input

DHCS' Vision for Transitional Rent

California is transforming Medi-Cal through DHCS-led initiatives to improve health care quality, access, and outcomes for Medi-Cal members, recognizing that a member's health and well-being is driven by both clinical and social factors (such as access to safe and stable housing).

To further address members' health needs, **DHCS plans to launch Transitional Rent starting in 2025.**

Transitional Rent will be a new, fifteenth Community Support under CalAIM.

Under Transitional Rent, Medi-Cal Managed Care Plans (MCPs) will cover up to six months of rent for members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria.

- Transitional Rent is designed to provide a time-limited *opportunity* to help a member exit homelessness, or no longer be at risk of entering into homelessness, and establish a bridge to permanent housing.
- Transitional Rent will help prevent and address the adverse health outcomes that result from homelessness.
- Transitional Rent will improve overall health outcomes that have been shown to result from stable housing.

Proposed Timeline

Federal (CMS) Approval of CalAIM Transitional Rent Amendment
(Expected late 2024)
DHCS finalizes Transitional Rent Policy

New, targeted housing interventions for people with significant BH needs go live under the Behavioral Health Services Act (BHSA) in 2026

Statewide launch of Transitional Rent in Medi-Cal Managed Care

<u>Optional MCP Coverage</u>
(1/1/2025)

<u>Mandatory MCP Coverage of Transitional Rent</u>
(1/1/2026)

Transitional Rent will become the first mandatory CalAIM Community Support for MCPs to cover.

Proposed Change: Medi-Cal Managed Care (MCMC) Delivery System only

In 2023, DHCS proposed coverage of Transitional Rent in both MCMC (via CalAIM) and county behavioral health (via BH-CONNECT). DHCS has since modified its proposed design such that Transitional Rent will be provided on a statewide basis *only* through MCMC.

The new proposed design expands and streamlines access to Transitional Rent and, consistent with CalAIM, places responsibility on MCPs for whole-person care for their members, allowing:

Statewide access for members through mandatory MCP coverage

Alignment with CalAIM, including existing housing Community Supports

Clearer roles and responsibilities

Lower duplication risk

Transitional Rent Service Design

Transitional Rent Eligibility Criteria

Members will be eligible for Transitional Rent if they meet the following three criteria:

1

MEET CLINICAL RISK FACTORS

- Meet the access criteria for SMHS, DMC or DMC-ODS services, or
- Have one or more serious chronic physical health conditions or physical, intellectual, or developmental disabilities

+

2

EXPERIENCING OR AT RISK OF HOMELESSNESS

- As defined by 24 CFR 91.5, with two minor modifications

+

3

SPECIFIED TRANSITIONING POPULATIONS

(Transitioning out of institutional levels of care, congregate residential settings, correctional facilities, the child welfare system, recuperative care facilities, short-term post-hospitalization housing, transitional housing, homeless shelters or interim housing)

OR UNSHELTERED OR FULL-SERVICE PARTNERSHIP (FSP) ELIGIBLE

Concurrent Support and Bridging to Permanency

Transitional Rent should be provided in conjunction with other Medi-Cal services, as well as non-Medi-Cal social supports and in coordination with existing housing systems.

ECM and Community Supports

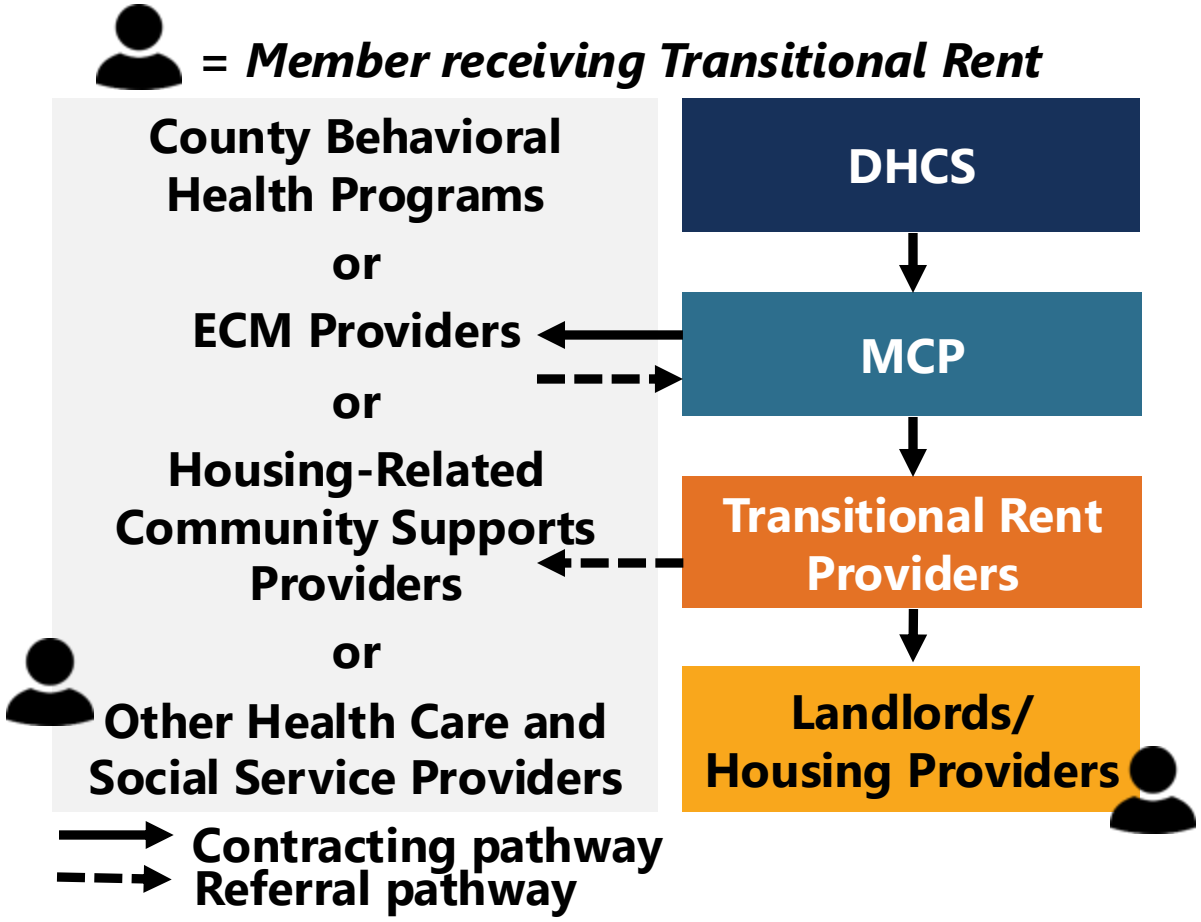
- **Members authorized for Transitional Rent will automatically be eligible for ECM and the Community Supports Housing Trio services**.
- MCPs must enroll these members in ECM if they are not already enrolled (subject to their right to decline it).
- ECM providers are expected to refer members for Transitional Rent and conduct warm hand-offs to Housing Trio providers.

Existing Housing Systems

- **DHCS expects MCPs to work closely with Continuums of Care (CoCs)**.
- **MCPs will be expected to build relationships with their local Public Housing Agencies (PHAs)**.
- **DHCS proposes internal and external information sharing** (with member authorization where required) across MCPs, contracted providers, CoCs, and counties.
- **DHCS is exploring flexible housing subsidy pools** for administering and coordinating multiple streams of funding for rental subsidies and housing supports.

Roles and Responsibilities

Transitional Rent will require unprecedented levels of coordination between MCPs, county behavioral health, and other existing housing systems. DHCS is committed to ensuring that the decision to use MCMC to cover Transitional Rent does not create barriers for eligible individuals with significant behavioral health needs.



DHCS is considering the following actions and policies to support access for eligible individuals with significant behavioral health needs:

- Standardize MCP contract provisions
- Provide counties with a "right of first refusal"
- Standardize referral processes for Transitional Rent
- Allow county BH to directly authorize Transitional Rent for their members, for a temporary period

Proposed Limitations on Use of the Service

Use of the Six Months

- **Once per CalAIM demonstration period**
- **Continuous 6 months <u>not</u> required** (i.e., members can use across multiple periods)
- **Same member can receive** other housing Community Supports (asynchronously):
  - Short-Term Post-Hospitalization Housing
  - Recuperative Care
  - Housing Deposits – Does not count toward the six-month limit

Limitations on Authorization

- Must be deemed **medically appropriate** for the member (including the specific setting must be deemed medically appropriate)
- **Authorization remains in effect for six months** without requiring re-assessment (in alignment with existing ECM requirements)
- **In accordance with Housing First requirements,** may not condition authorization for or continued receipt of Transitional Rent on sobriety, engagement in or completion of services, or "housing readiness"

Other Limitations

- **Available to families** who are together experiencing or are at risk of homelessness
  - Where a child meets the eligibility criteria for Transitional Rent the family would be eligible, even if the parent/ guardian would not independently qualify
- **Considering coverage of back rent** to prevent eviction for eligible members who are housed but at risk of homelessness
- **No coverage of utilities**
- No duplication of services or supplantation of federally-funded support

Transitional Rent Service Requirements

Transitional Rent Service Requirements

DHCS proposes covering a broad set of permanent and interim settings and requires that members receiving Transitional Rent will be required to have an individualized housing support plan.

- **Unit size should be consistent with the member's family size**, with a maximum of up to two bedrooms.
- Requirement for a lease, where appropriate (e.g., in an apartment or townhome but not a hotel/motel).
- Must meet habitability standards and meet other minimum quality standards.
- An individualized housing support plan will ensure that Transitional Rent is being provided as part of a larger strategy for achieving long-term housing stability for the member.
- Individualized housing support plan can be prepared by the Transitional Rent provider or the member's provider of Housing Transition Navigation Services or Housing Tenancy and Sustaining Services, as appropriate (if different).

The housing support plan must:

- Identify permanent housing strategy for the member
- Be informed by member preferences and needs
- Be reviewed and revised as needed based on changes in member circumstances
- Be based on a housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, member's approach to meeting the goal, and identifies when other Medi-Cal or non-Medi-Cal providers/services may be required to meet the goal.

Transitional Rent
Other Service Design Features

Other Service Design Features

Provider Contracting

- **MCPs will be required to provide Transitional Rent through a network of contracted providers.**
- Transitional Rent providers must have the **experience and expertise** required to perform the service delivery.
- Requirements to **enroll in Medi-Cal** and follow current ECM and Community Supports policies.
- DHCS proposes that all network providers **have access to and be authorized users of HMIS**.

MCPs will have the option to add Transitional Rent as a Community Support effective January 1, 2025; July 1, 2025; or by January 1, 2026, when the service will be made mandatory.

Other Service Design Features Cont.

Payments to MCPs

- Initially, payments will be **separate from the usual capitation**.
- DHCS is considering implementing:
  - Cost-based reimbursement subject to a maximum
  - Per-utilizer-per-month (PUPM) rates for members utilizing services
  - A hybrid approach of #1 and #2

MCPs will have the option to add Transitional Rent as a Community Support effective January 1, 2025; July 1, 2025; or by January 1, 2026, when the service will be made mandatory.

Other Service Design Features Cont.

Implementation and Oversight

- Forthcoming Requirements/Guidance
  - **Updated Community Supports Policy Guide**
  - **Updated Community Supports APL**
  - **MCP Contract update**
- **DHCS will provide technical assistance** to MCPs to plan for and implement Transitional Rent.
- Technical assistance specific to Flex Pools is planned.
- MCPs will be required to develop and submit an **updated Community Supports MOC template**.

MCPs will have the option to add Transitional Rent as a Community Support effective January 1, 2025; July 1, 2025; or by January 1, 2026, when the service will be made mandatory.

Next Steps and Stakeholder Input

Next Steps and Stakeholder Input

DHCS is seeking input from a broad range of stakeholders on the concepts presented in the paper.

- **DHCS invites comment on this concept paper.**
  - Comments are due by **5 p.m. PT, September 20, 2024**.
  - Comments may be submitted to CalAIMECMILOS@dhcs.ca.gov with the subject line "Comments on Transitional Rent."
  - The Concept Paper has a list of questions to which DHCS is particularly interested in responses.

- **DHCS also will be meeting with various groups**—including MCPs, counties, housing organizations, advocacy organizations, members with lived experience, and other community stakeholders—to gather input on the proposed approach.

Questions?

DHCS

Community Supports Updates to the Policy Guide

Tyler Brennan

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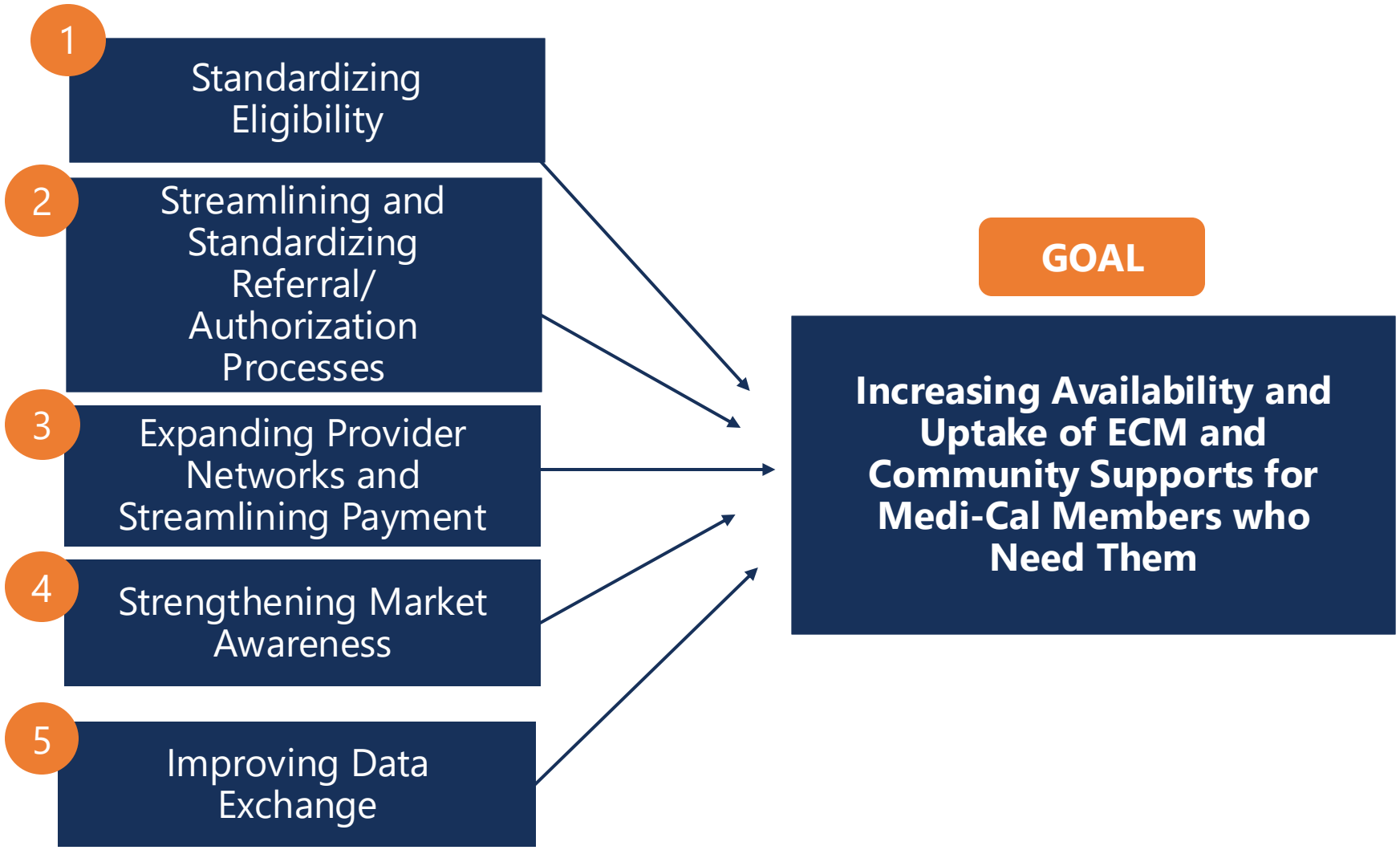
DHCS

Background

- The menu of 14 Community Supports services has been live since 1/1/2022.
- DHCS has always envisioned modifying the ECM and Community Supports programs over time and is committed to continuous improvement based on data and stakeholder feedback.
- Last summer, DHCS released a set of ECM and Community Supports policy refinements focused on improving the standardization both programs, with the goal of increasing the number of Members served.
- DHCS is identifying areas where increased standardization would improve implementation and address uneven uptake of services across the state.

Key Focus Areas for Updated and Reinforced Policies



Context Informing Today's Brief Update

- After two years of implementation, DHCS is currently revisiting and updating service definitions for the following Community Supports services:
  - **Asthma Remediation**
  - **Housing Deposits**
  - **Medically Tailored Meals (MTM) / Medically Supportive Foods (MSF)**
  - **Community Transitions Home**
  - **Nursing Facility Transition/Diversion to Assisted Living Facilities**

Context Informing Today's Brief Update Cont.

- DHCS has received **significant feedback from stakeholders** raising confusion about these Community Supports' service definitions, including what the intended goals of the services are, what service components are included, and how they relate to available benefits or services available through other waivers or demonstrations.

Context Informing Today's Brief Update Cont.

- Currently, the NF Transition/Diversion to Assisted Living Facilities (ALFs) and Community Transition Community Supports have some of the lowest utilization across all Community Supports, whereas Medically Tailored Meals is one of the highest utilized.

- The lack of clarity in the current service definition language may contribute to the low, or even over, uptake and utilization of these Community Supports services.

- As such, the **DHCS Leadership team has prioritized refining these service definitions as a key objective.**

Updates on DHCS Guidance for ECM and Community Supports

DHCS is releasing several areas of guidance for ECM and Community Supports in August and September.

- **Guidance released (or to be released) for public comment** in August-September 2024:
  - Draft Closed-Loop Referral Implementation Guidance (covers ECM and CS referrals)
  - Draft Clarifications for Community Supports Service Definitions:
    - Housing Deposits
    - Medically Tailored Meals
    - Asthma Remediation
    - NF Transition/Diversion to Assisted Living
    - Community Transition Services/NF Transition

CLR Guidance will have a 3-week comment period; Community Supports Service Definitions will have a 2-week comment period

Medically Tailored Meals/Medically-Supportive Food Themes from Stakeholder Feedback

Guided in part by the prompts from our May Implementation Advisory Group (IAG) Meeting, stakeholder feedback and suggested edits highlighted clarifications needed in several key areas.

- Clarify the goal of MTM/MSF services
- Clarify the eligibility criteria for the service
- Clarify guidance for nutrition assessments to tailor MTM/MSF services
- Bolster guidelines on meal and provider oversight by MCPs
- Clarify MCP responsibility for connecting Members to other nutrition supports
- Clearly define MTM/MSF Sub-Services

Updated: MCP Community Supports Elections

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CalAIM Community Supports - Managed Care Plan Elections

Community Supports are subject to changes in alignment with Model of Care updates
Updated March 2024

County:	Managed Care Plan:	Housing Transition/ Navigation	Housing Deposits	Housing Tenancy & Sustaining Services	Short-Term Post-Hospitalization Housing	Recuperative Care (Medical Respite)	Respite Services	Day Habilitation Programs	Nursing Facility Transition/ Diversion	Community Transition Services/Nursing Facility Transition to a Home	Personal Care and Homemaker Services	Environmental Accessibility Adaptations	Medically-Supportive Food/ Meals/ Medically Tailored Meals	Sobering Centers	Asthma Remediation
Alameda	Alameda Alliance for Health	X	X	X	-	X	X	-	1/1/2024	1/1/2024	X	X	X	7/1/2024	X
Alameda	Anthem Blue Cross Partnership Plan	X	X	X	-	X	X	X	X	X	X	X	X	1/1/2024	X
Alameda	Kaiser Permanente	X	X	X	7/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
Alpine	Anthem Blue Cross Partnership Plan	X	X	X	7/1/2024	7/1/2024	X	7/1/2024	X	X	X	X	X	7/1/2024	X
Alpine	Mountain Valley Health Plan (Health Plan of San Joaquin)	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
Amador	Anthem Blue Cross Partnership Plan	X	X	X	X	X	X	1/1/2024	X	X	X	X	X	7/1/2024	X
Amador	California Health & Wellness/Health Net Community Solutions	X	X	X	1/1/2024	1/1/2024	X	X	X	X	X	X	X	1/1/2024	X
Amador	Kaiser Permanente	X	X	X	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
Butte	Partnership Health Plan of California	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	-	-	-	1/1/2024	-	7/1/2026	-	-
Calaveras	Anthem Blue Cross Partnership Plan	X	X	X	7/1/2024	7/1/2024	X	7/1/2024	X	X	X	X	X	7/1/2024	X
Calaveras	California Health & Wellness/Health Net Community Solutions	X	X	X	7/1/2024	1/1/2024	X	X	X	X	X	X	X	7/1/2024	X
Colusa	Partnership Health Plan of California	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	-	-	-	1/1/2024	-	1/1/2024	-	-
Contra Costa	Contra Costa Health Plan	X	X	X	X	X	X	7/1/2024	X	X	X	X	X	-	X
Contra Costa	Kaiser Permanente	X	X	X	1/1/2024	1/1/2024	X	X	X	X	X	X	X	-	X
Del Norte	Partnership Health Plan of California	X	X	X	X	X	X	-	-	-	X	-	X	-	-
El Dorado	Anthem Blue Cross Partnership Plan	X	X	X	1/1/2024	1/1/2024	X	X	X	X	X	X	X	7/1/2024	X
El Dorado	Mountain Valley Health Plan (Health Plan of San Joaquin)	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
El Dorado	Kaiser Permanente	X	X	X	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
Fresno	Anthem Blue Cross Partnership Plan	X	X	X	X	1/1/2024	X	X	X	X	X	X	X	7/1/2024	X
Fresno	CalViva Health	X	X	X	1/1/2024	1/1/2024	X	X	X	X	X	X	X	1/1/2024	X
Fresno	Kaiser Permanente	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
Glenn	Partnership Health Plan of California	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	-	-	-	1/1/2024	-	1/1/2024	-	-
Humboldt	Partnership Health Plan of California	X	X	X	X	X	X	-	-	-	X	-	X	-	-
Imperial	Community Health Plan of Imperial Valley	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
Imperial	Kaiser Permanente	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024

Updated July 2024

Plans can visit the DHCS website to view the latest public information on MCP Community Supports Elections and confirm elections mirror the offerings of the MCP.

To view Plans' Community Supports Elections, visit:
https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf

Q4 2023 Quarterly Implementation Report

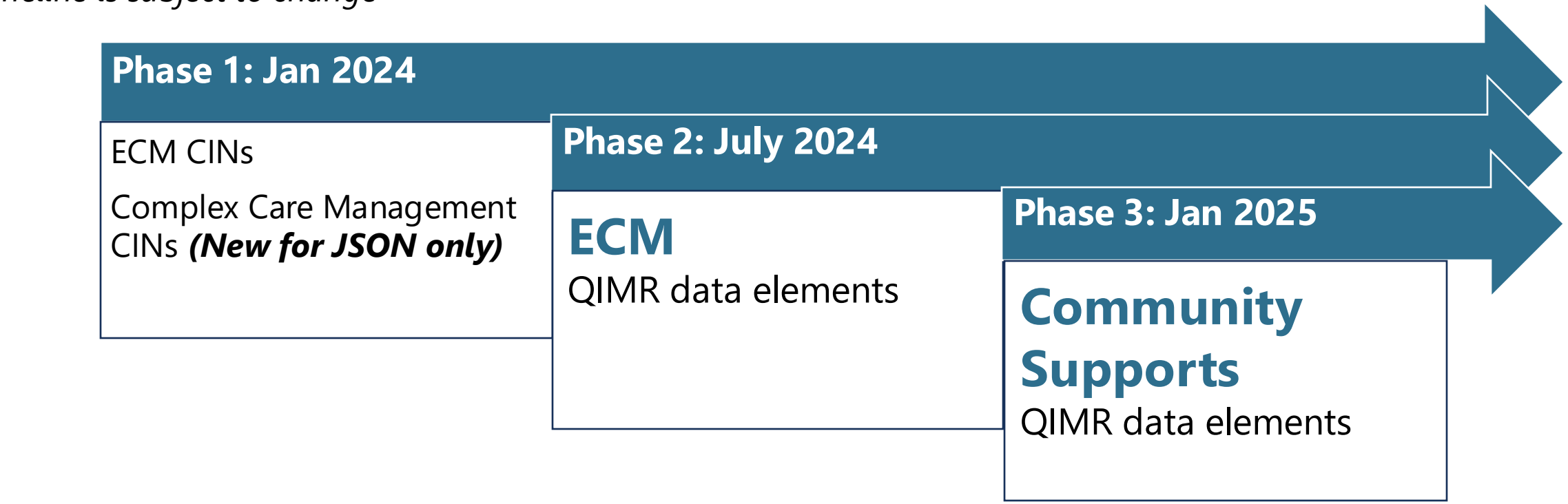
- On August 2nd, DHCS released an updated **ECM and Community Supports Quarterly Implementation Report** with data through Q4 2023.
- This report summarizes implementation trends and data through the end of 2023 – including 6 months of data on children and youth POFs.

Headline Numbers Through Q4 2023		
183.7K	**140.3K**	**352.2K**
Unique Members Received ECM	Unique Members Utilized Community Supports	Community Supports Services Delivered

Reminder: JSON Transition Timeline

The JSON transition occurs in phases **starting January 2024** and taking **at least 12-18 months to complete**.

Timeline is subject to change



Plans will report via *both* JSON and QIMR Excel for at least 12-18 months.

Questions?

DHCS

Thank You

Please visit the DHCS ECM & Community Supports Website for more information and access to the ECM & Community Supports documents and supporting resources:
https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx

Please send questions to CalAIMECMILOS@dhcs.ca.gov

DHCS

Enhanced Care Management (ECM) Referral and Authorization Guidance

Laura M. Miller, MD

Medical Consultant II

Quality Population Health Management

DHCS

ECM Referral Standards and Presumptive Authorization

DHCS Goals for Streamlining ECM Referrals & Authorizations

- **Reduce time** from when a Member is identified for ECM to when they begin ECM services, so Members are connected to the care they need and aren't lost to contact
- **Create a consistent statewide format and process** for ECM referrals submitted by community partners
- **Build awareness of ECM in the community** as an option for referral
- **Improve quality of matching of Members being referred, with ECM Providers**
- **Standardize what information is needed** for MCPs for ECM eligibility, authorization and ECM Provider assignment

Background of ECM and Community Supports Action Plan

- DHCS has always envisioned modifying the ECM and Community Supports programs over time and is committed to continuous improvement based on data and stakeholder feedback.
- Since the initial implementation of ECM and Community Supports on 1/1/2022, DHCS has reviewed implementation data and heard feedback from the field that increased standardization of the ECM and Community Supports program design is needed to reduce administrative burden, increase uptake, and ensure consistency of service delivery for Members.
- To address these challenges, in the spring of 2023, DHCS developed an Action Plan that outlines short, medium, and long-term policy and design priorities for ECM and Community Supports.
  - DHCS is currently executing against the medium and long-term priorities, having finished all short-term priorities in 2023.

What to Expect: ECM Referral Standards

- The ECM Referral Standards have been heavily informed by interviews with MCPs and by reviewing standard forms currently in use in several regions across multiple MCPs.
- **Starting January 1, 2025, all MCPs will collect the same information from referral partners through their ECM referrals.** MCPs may use different tools/forms but the fields will all be the same.
- **MCPs will <u>not</u> be permitted to impose additional documentation requirements for reviewing a Member's eligibility (e.g. ICD-10 codes, proof of homelessness) and authorizing ECM beyond what is included in the ECM Referral Standards.**

Guidance on ECM Referrals

In August, DHCS released new guidance for MCPs in a standalone document on ECM Referral Standards with two solutions. DHCS also updated the ECM Policy Guide with context on ECM Referral Standards.

Purpose of Guidance: Will streamline and standardize the ECM referral process with two solutions:

Guidance

Universal ECM Referral Standards and Form Templates

The **ECM Referral Standards** standardize the information that MCPs are expected to collect for members being referred to an MCP for ECM. Best for Online, EMR, or other electronic referral forms.

The **ECM Referral Form Templates** are an application of the ECM Referral Standards for use by MCPs and referring entities that prefer a PDF or hard copy form. There are two form templates - Adult and Child/Youth.

ECM Referral Standards & Form Templates Detail

The ECM Referral Standards and Form Templates provide guidance on the following areas:

- Medi-Cal Member Information
- Referral Source Information
- Eligibility Criteria for Adults and Children/Youth
- Enrollment In Other Programs
- Referral Transmission Methods

Excerpts from ECM Referral Form: Member Information and Eligibility Criteria

6. APPENDIX I: ECM REFERRAL FORM TEMPLATE - ADULT

Please complete sections 1-6. If there is a required section that you are unable to complete, please contact the Member's Managed Care Plan [MCP TO ADD INSTRUCTIONS] for additional support prior to submission.

1. MEMBER INFORMATION - ***Asterisk (*) indicates required information.***	
Date of Referral*	
Type of Referral*	☐ Routine ☐ Expedited
Member's Managed Care Plan*	
Member First Name*	
Member Last Name*	
Member Medi-Cal Client Index Number (CIN)	

3. MEMBER ECM ELIGIBILITY BY POPULATION OF FOCUS

ADULT (AGE 21 OR OLDER) ECM ELIGIBILITY – CHECK THOSE THAT APPLY

If the Member being referred is an adult, please review each indicator and indicate yes to all those that apply across each Population of Focus. ***Please leave blank all indicators that do not apply, to the extent of your knowledge.*** *Please use Section 5 – Additional Comments to note any areas where further MCP review may be warranted. For additional guidance on the ECM POF definitions, please refer to the ECM Policy Guide.*

If you are uncertain if a Member is eligible for ECM, please contact the Member's MCP [Add contact information]

☐ HOMELESSNESS: Adults Experiencing Homelessness

(Note: To refer a homeless family to ECM, please use Children/Youth section)

Please confirm the Member meets both of the following criteria:

☐ Member is experiencing Homelessness (unhoused, in a shelter, losing housing in next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence);

AND

☐ Member has at least one complex physical, behavioral or developmental health need (includes pregnancy or post-partum, 12 months from delivery), for which the Member would benefit from care coordination.

Presumptive Authorization Guidance

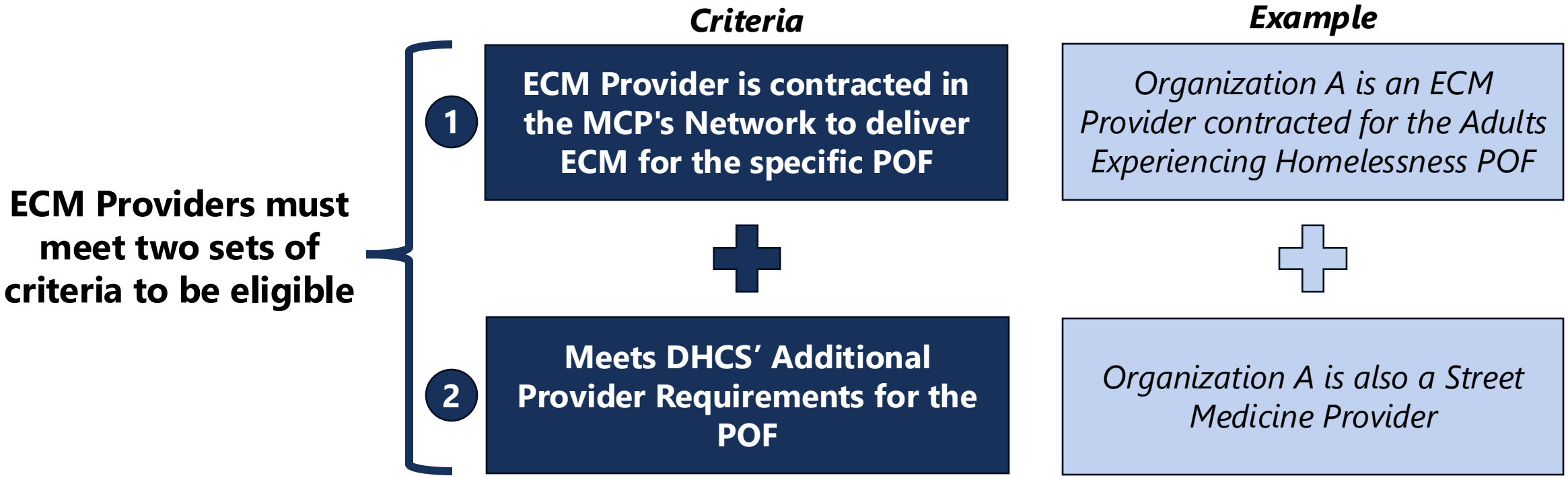
The ECM presumptive authorization guidance will expand MCP use of presumptive authorization, so **specific ECM Providers already contracted in an MCPs' ECM provider network** can start serving Members faster and be reimbursed for their services.

- **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.
- ECM Providers under presumptive authorization will still submit an ECM referral to the MCP within the 30-day timeframe.
- In cases where the MCP does not authorize ECM, ECM Providers will be paid for services provided up until the MCP communicates the authorization decision within the 30-day timeframe.
- **Example:**

  ECM Providers that are also Community Supports Providers for the Housing Trio ***will have ECM presumptive authorization*** for the Individuals Experiencing Homelessness POF.

Policy Effective Date for MCPs: January 1, 2025

ECM Presumptive Authorization: Eligible Provider Types



Operational Considerations for MCPs

- MCPs can expand presumptive authorization to additional ECM Providers and POF combinations.
- MCPs are still required to authorize Members as soon as possible (i.e., within five working days for routine authorizations and within 72 hours for expedited requests), in accordance with APL 21-011.

ECM Provider Eligibility for Presumptive Authorization

Column 1: ECM Population of Focus	Column 2: ECM Providers Covered by Presumptive Authorization Proposal
1) Adults & Children Experiencing Homelessness	• Street Medicine Providers • Community Supports Providers of the Housing Trio Services: Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services • County-contracted and County-operated Specialty Behavioral Health Providers
2) Adults & Children At Risk for Avoidable Hospital or ED Utilization	• Primary Care Provider practices (including Federally Qualified Health Centers (FQHCs), County-operated primary care, and other primary care)
3) Adults & Children with Serious Mental Health and/or SUD Needs	• County-contracted and County-operated Specialty Behavioral Health Providers
4) Adults & Children Transitioning from Incarceration	• Existing DHCS guidance governs authorizations and warm handoffs to support Members receiving pre-release services in the JI POF. See Section 13.3.d of the Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative for details.
5) Adults Living in the Community and At Risk for LTC Institutionalization	• California Community Transitions (CCT) Lead Organizations • Community Supports Providers of the Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services

ECM Provider Eligibility for Presumptive Authorization

Column 1: ECM Population of Focus	Column 2: ECM Providers Covered by Presumptive Authorization Proposal
6) Adult SNF Residents Transitioning to the Community	• California Community Transitions (CCT) Lead Organizations • Community Supports Providers of Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
7) Children & Youth Enrolled in CCS/CCS WCM	• CCS Paneled Providers and Local Health Department CCS Programs
8) Children & Youth Involved in Child Welfare	• County-contracted and County-operated Specialty Behavioral Health Providers • High Fidelity Wraparound Providers • Health Care Program for Children in Foster Care Providers • Department of Social Services (DSS) Offices • Foster Family Agencies • Transitional Housing Programs Current and Former Foster Youth • Children's Crisis Residential Programs
9) Birth Equity Population of Focus	• OB/GYN Practices • Midwifery Practices • Entities that deliver the following services: Entities that deliver the following services: Black Infant Health (BIH) Program, Perinatal Equity Initiative (PEI), Indian Health Program, American Indian Maternal Support Services (AIMSS)

Upcoming TA on ECM Referrals and Authorizations

Upcoming Meetings/Webinars

All Comer Webinar on ECM Referral Standards and Presumptive Authorization Guidance

- Wed. Oct. 9th from 11AM-12PM PT (*registration forthcoming*)

  Recommended audience: MCPs, Providers, community referral partners

For Discussion

What additional context would be helpful for DHCS to include in our October webinar?

Please reach out to DHCS with questions and requests for additional TA at CalAIMECMILOS@dhcs.ca.gov

The ECM Referral Standards and ECM Policy Guide (updated to reflect the new ECM Presumptive Authorization Policy) is available on the ECM Resources webpage

Questions?

DHCS

Providing Access and Transforming Heath (PATH) - CITED

Shel Wong

Project Coordination Section Chief

Managed Care Program Oversight Branch, MCQMD

DHCS

CITED Round 3 and CITED-Clinics Overview

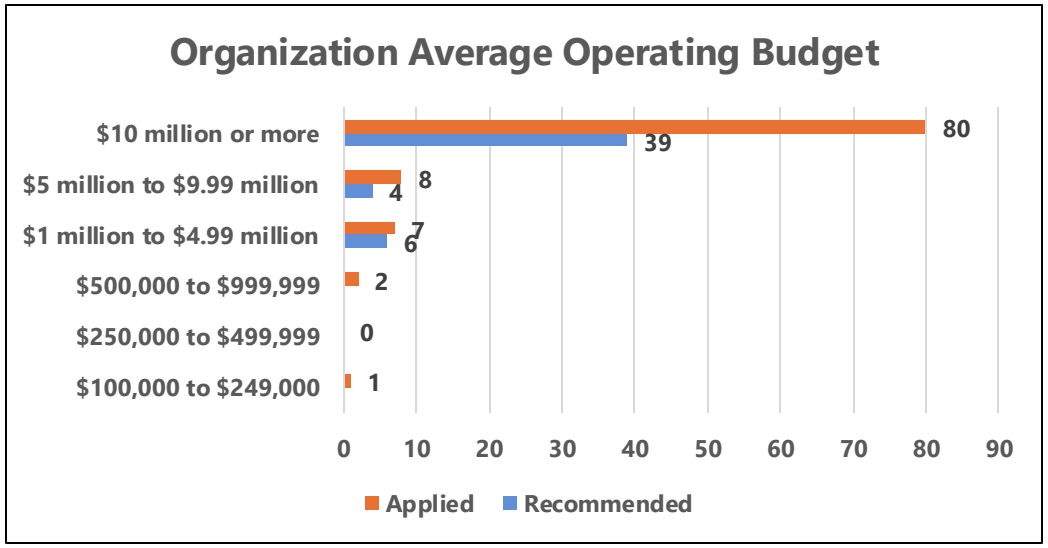
- The 2023-24 Governor's Budget included $40 million in State General Fund additional PATH funding to support activities to expand capacity and implement ECM and Community Supports at clinics.
  - DHCS maximized the funding through a special CITED-Clinics round that ran concurrently with CITED Round 3.
  - Review of CITED-Clinics applications was on an expedited timeline but followed the same process as regular CITED applications.
- The Round 3/CITED-Clinics application window was open from January 15, 2024 – February 15, 2024
  - Total applications were received: **470**
  - Total requested: **$711,0529,975.58**
  - Applicants eligible for CITED-Clinics submitted one application for consideration under both CITED Round 3 and CITED-Clinics.

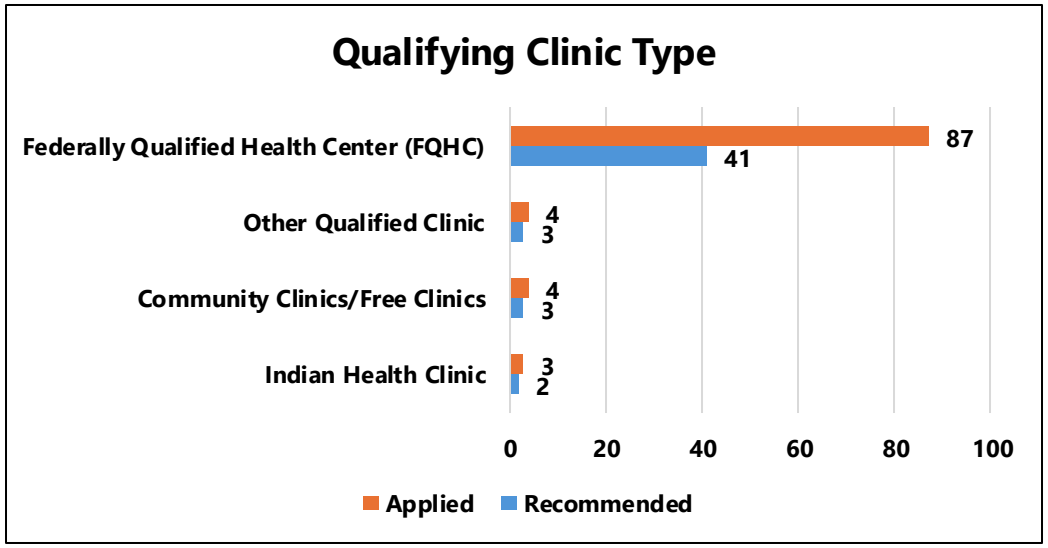
Round 3 Priorities

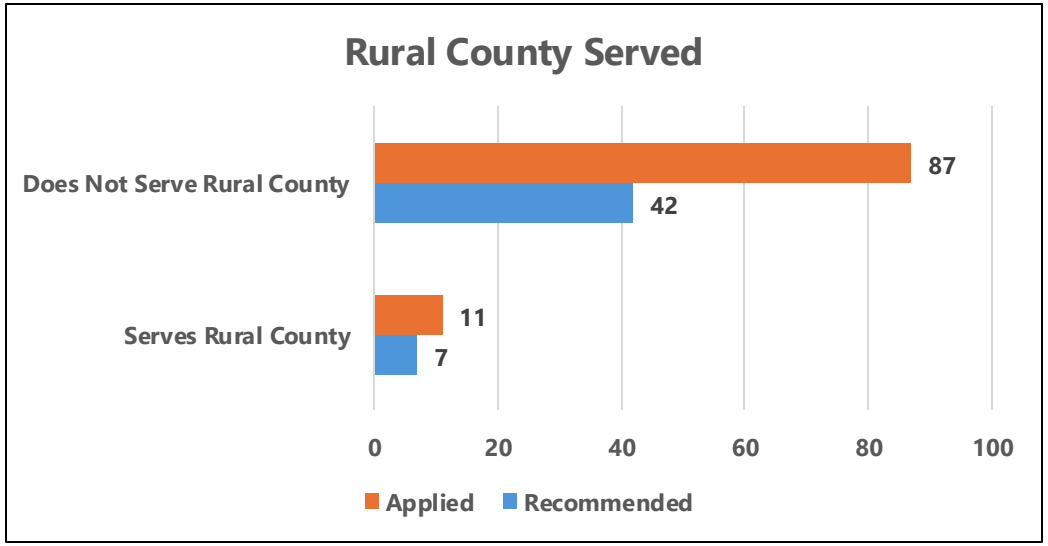
Several priorities were identified for CITED & CITED-Clinics funding in Round 3.

- Meets county ECM Population of Focus (POF) gap based on MCP provider network exception or corrective action plan
- ECM/Community Supports in rural counties
- ECM providers serving Children/Youth POF
- Tribal Partners
- Statewide Community Support needs
- County specific gaps in ECM
- County specific gaps in Community Supports
- New ECM POF going live

CITED-Clinics Applicant Overview







CITED-Clinics Award Summary

Applications Submitted	Applications Awarded	Amount Requested from Applications Submitted	Amount Awarded from Applications Submitted
98	49	$92,230,194.48	$36,987,413.24
DHCS funded 50% of all applications submitted			

CITED-Clinics Round 3 Award Summary	
Applicants requesting CITED-Clinics funding	» 98 » $92,230,194.48
Applicants awarded funding	» 49 » $36,987,413.24

Distribution of CITED-Clinics

- Awarded CITED-Clinics Funding by County

Recommended Amount
$4,692,749.92
$-

Distribution of CITED-Clinics

- Number of Awarded CITED-Clinics Applicants by County

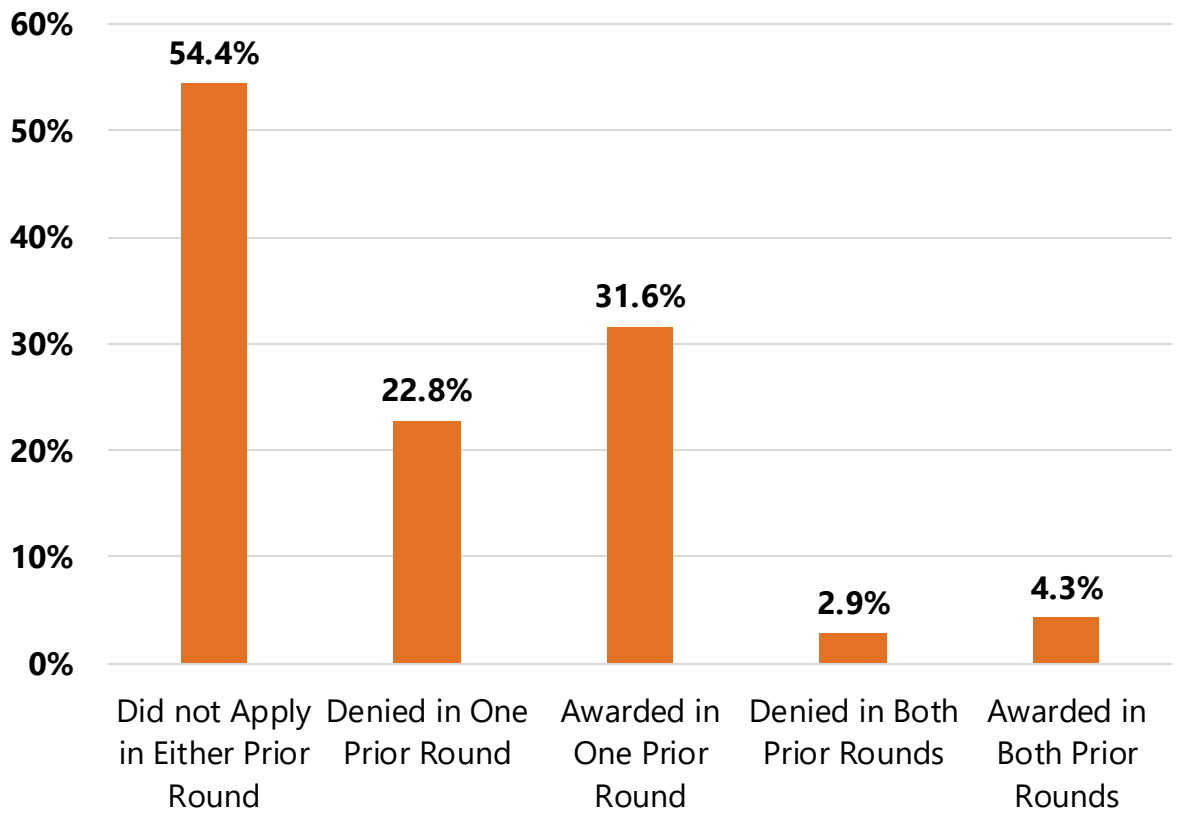
Awarded Applicants

5

0

CITED Round 3 Applicant Overview (1/2)

Round 3 Applicants by Prior Round Status



Round 3 Applicants Funding Requests at a Glance

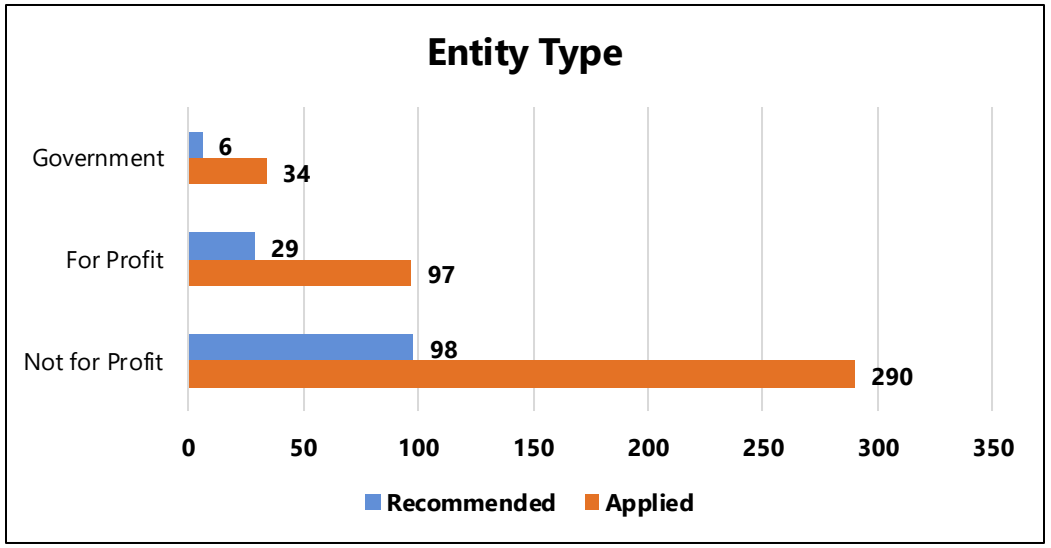
$1,522,544.04
» Avg Requested Amount

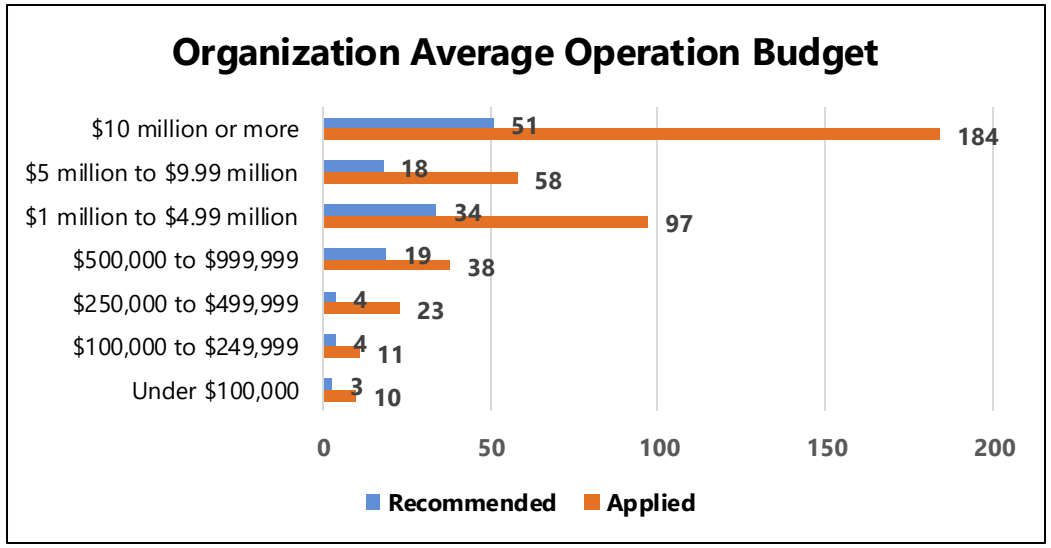
$867,021.50
» Med. Requested Amount

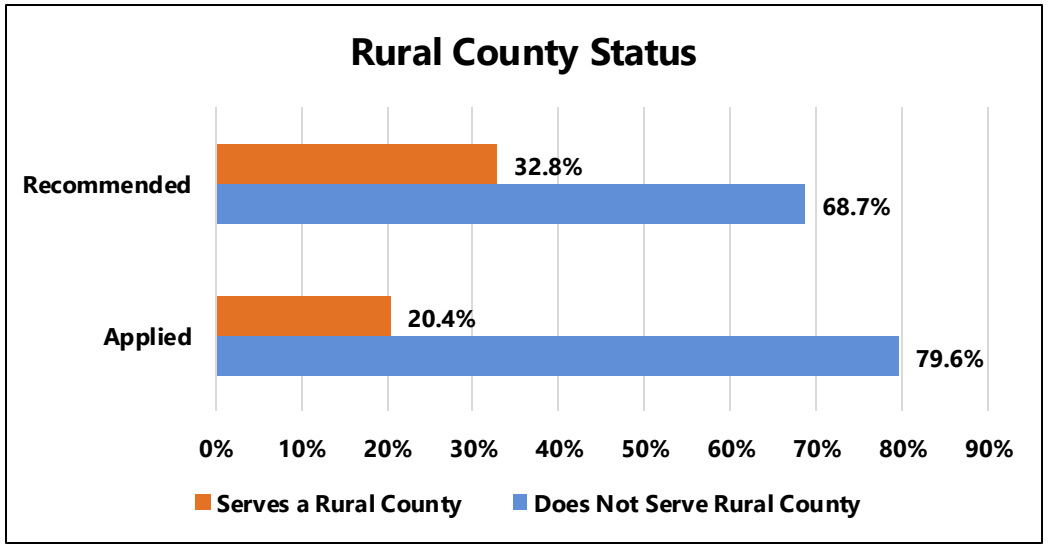
$18,275.00
» Min Requested Amount

$26,360,129.58
» Max Requested Amount

CITED Round 3 Applicant Overview (2/2)







CITED Round 3 Award Summary

Applications Submitted	Applications Awarded under CITED	Amount Requested from Applications Submitted	Amount Awarded from Applications Submitted
421*	133	$640,991,041.44	$146,576,173.67
DHCS recommends to fund 32% of all applications submitted through CITED.			

CITED Round 3 Award Summary	
Applicants requesting funding	» 421 » $640,991,041.44
Applicants Awarded funding	» 133 » $146,576,173.67
Recommend for IGT funding	» 24 » $24,977,572.18
Not recommended for funding	» 264 » $401,830,264.18

*This count includes CITED-Clinic eligible applicants that were not awarded under CITED-Clinics

Distribution of CITED

- Awarded CITED Funding by County

Awarded Funding

10467845.56

45509.68207

Distribution of CITED

- Number of Awarded CITED Applicants by County

Total Awarded Applicants

23

1

CITED Round 4

- Round 4 timeline and priorities are still in development
- Round 4 is targeted to open late 2024 / early 2025
- To receive the most up to date information regarding Round 4 funding, please check the website and sign up for the mailing list: Capacity & Infrastructure Transition, Expansion & Development | PATH TPA (ca-path.com)

Questions?

DHCS

Open Discussion

If you have questions or comments, or would like to request future agenda items, please email: advisorygroup@dhcs.ca.gov

Appendix

DHCS

2024 Transition Monitoring

2024 Transition

- Effective January 1, 2024, Medi-Cal managed care plans (MCPs) were subject to new requirements to rigorously advance health equity, quality, access, accountability and transparency to improve the Medi-Cal health care delivery system.
- As part of this transformation, some Medi-Cal MCPs changed as a result of how DHCS contracts with Medi-Cal MCPs
- Approximately 1.26 million members transitioned MCPs
- Kaiser became Prime MCP for approximately 800,000 members

2024 Transition Cont.

- Transitional Monitoring
  - DHCS took a multi-strategy approach to monitoring this transition to enable oversight.
    - Pre and Post monitoring occurred from November 2023 - June 2024.
    - Receiving MCPs responded to survey prompts across four domains: Continuity of Care (CoC), Enhanced Care Management (ECM), Community Supports, and Member Issues.
      - These survey questions ensured MCPs were taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions

2024 Transition: CoC Special Populations

MCPs were required to outreach to Special Populations members' Out-of-Network (OON) Providers.

Key Takeaways :

- If a member's existing provider was not in the Receiving MCP's network, the MCP was required to proactively contact all eligible providers that members had a pre-existing relationship with.
- DHCS and the Previous MCP shared data for Special Populations with the Receiving MCP to then proactively begin the CoC process.
- If the MCP and provider did not come to an agreement, the MCP must find the member an in-network provider so that the member can have continued access to services.

Total Number of OON Special Population Providers **14,370**	Number (%) Outreach*	**14,370 (100%)**
	Number (%) Agreements	**9,382 (65%)**

Reporting Period: *June 1, 2024 – June* 30, 2024

Special Populations included:

- Members authorized to receive ECM or Community Supports
- Members residing in Skilled Nursing or Intermediate Care Facilities
- Current / former Foster Youth
- Members enrolled in California Children's Services
- And other groups outlined in the MCP Transition Policy Guide.

Grievances and Appeals (G&A):

- G&A was monitored for all populations by comparing totals per enrollment to baseline rates (average of G&A over time in a non-transition environment)
- G&A rates were below baseline rates throughout most of the transition.
- Strong CoC protections in place had a positive impact on G&A.

Enhanced Care Management (ECM) & Community Supports

2024 Transition: ECM & Community Supports

DHCS strongly encouraged 100% ECM and Community Supports provider overlap between Receiving and Previous MCPs.

Key Takeaways

- While agreements with Out-of-Network providers were pending, transitioning members were able to continue accessing ECM and Community Support services either with their previous provider or through in-network provider with the choice to be reassigned to their previous provider once the agreement is executed.
- MCPs were required to provide written justifications for all Out-of-Network providers without an agreement.

ECM	**Total Number of ECM OON Providers**	**81**	
	Percent Agreements	**99%***	**100%**
	Percent Pending	**0%***	
	Percent Non-agreement due to rates	**1%**	

Community Supports	**Total Number of Community Supports OON Providers**	**241**	
	Percent Agreements	**99%**	**100%**
	Percent Pending	**1%**	

Reporting Period: *May 1 – June 30, 2024*

Long Term Care Phase II

Long-Term Care (LTC) Carve-in

- Effective January 1, 2024, all MCPs are responsible for the full LTC benefit at the following facility types and homes:
  - Intermediate Care Facility for Developmentally Disabled (ICF/DD) Home;
  - Intermediate Care Facility for the Developmentally Disabled – Habilitative (ICF/DD-H) Home;
  - Intermediate Care Facility for the Developmentally Disabled – Nursing (ICF/DD-N) Home;
  - Adult Subacute Care Facility and;
  - Pediatric Subacute Care Facility.

LTC Carve-in Cont.

- **Scale**: Approximately 4,700 members were identified to transition from Fee-for-Service to an MCP on January 1, 2024; about 4,000 ICF/DD and 700 Subacute.
  - Approximately 95% of these members transitioned on January 1, 2024.
- **Scope**: These transitions took place by county to make the LTC benefit statewide:
  - ICF/DD, ICF/DD-Habilitative, ICF/DD-Nursing Homes – 31 non-County Organized Health System (COHS) counties.
  - Subacute Care Facilities – 31 non-COHS counties (adult); 36 counties (pediatric).

LTC Carve-in Cont.

- Post Transitional Monitoring
  - Member Counts
  - Timely Claims Payments
  - In & Out-of-Network Providers
  - Grievances and Appeals
- Ongoing Monitoring
  - Timely Claims Payments
  - In & Out-of-Network Providers
  - Grievances and Appeals
  - Timely Access to Care

Dates	Frequency
Post-Transition Monitoring (2024)	
January 1 – February 29	Bi-Weekly
March 1 – June 30	Monthly
Ongoing Monitoring	
Starting Q3 2024	Quarterly

Adult Expansion

Adult Expansion

- Effective January 1, 2024, Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) amended Welfare and Institutions Code (W&I) section 14007.8 to expand eligibility for full scope Medi-Cal to individuals who are 26 through 49 years of age, regardless of immigration status.
- 659,109 Total Transitioning Members
- Post Transitional Monitoring
  - MCPs reported on key metrics pre and post transition.
    - MCPs received data from Federally Qualified Health Centers (FQHC), uninsured county programs and public hospitals. MCPs utilized this data to maintain Primary Care Providers (PCP) assignment as they were transitioned to the Plan.
      - MCPs successfully assigned 105,285 PCPs, maintaining that established provider-member relationship during the transition.
    - 96% of the CoC requests received were approved.

Kaiser Whole Child Model

Whole Child Model (WCM)

- Effective January 1, 2024, Kaiser was implemented as an alternative WCM plan in eight existing WCM counties: Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, and Yolo.
- Kaiser already operated in seven of the eight counties as a delegated plan.
  - Santa Cruz was the only that Kaiser was newly entering.
- 2,613 members transitioned to Kaiser WCM enrollment across the eight counties.

WCM Cont.

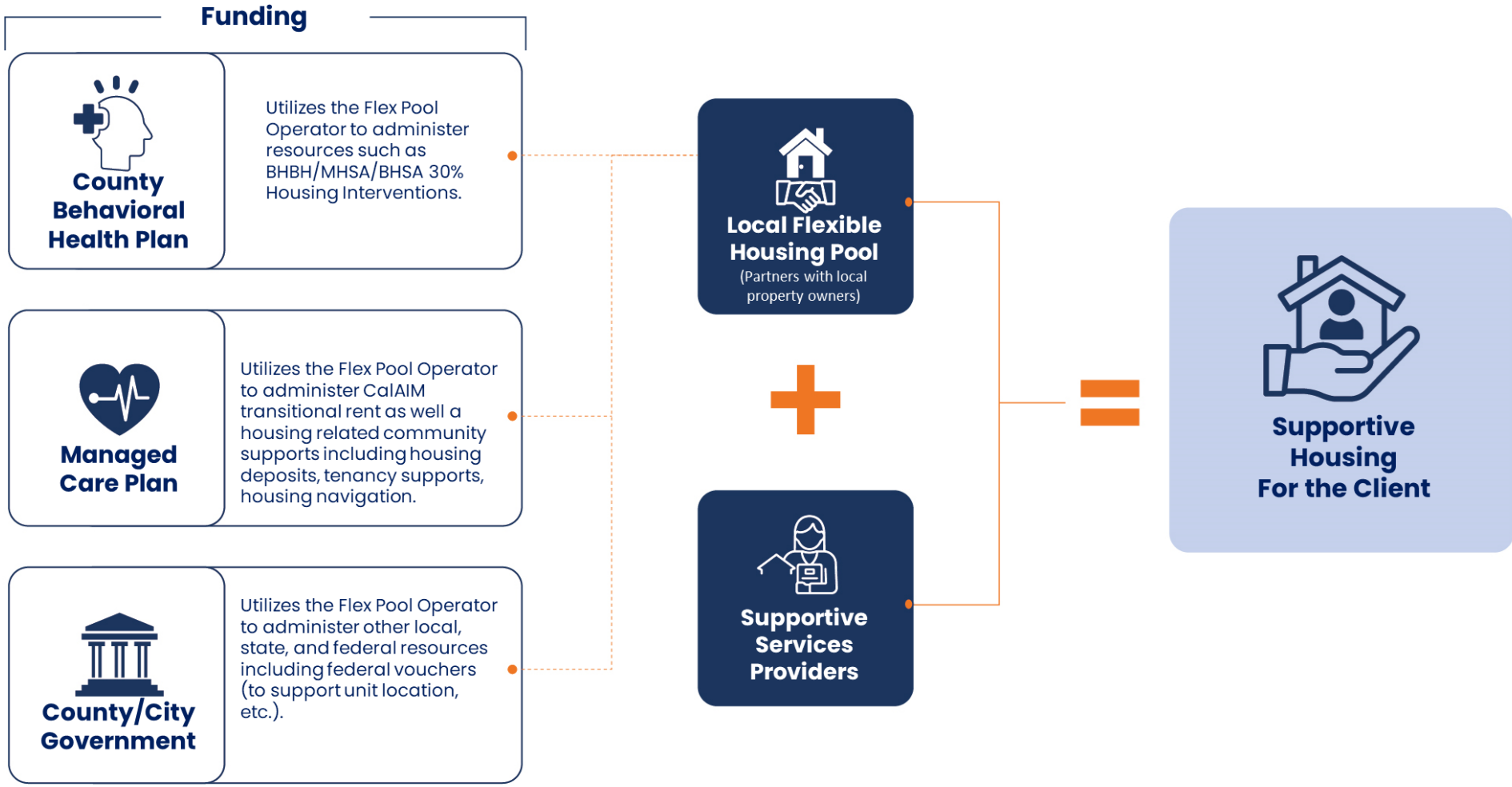
- Post Transitional Monitoring
  - Kaiser has completed outreach to 213 (100%) of OON providers, with 49% of agreements secured with providers who were considered OON.
  - Kaiser has a robust network including all required facility types, specialties, and sub-specialties.
  - Kaiser has strong overlap with California Children's Services (CCS)-WCM providers providing services to WCM Members pretransition.
  - Kaiser has also demonstrated that they have completed sufficient outreach to all eligible providers and their network is robust.
  - Kaiser has demonstrated that they are referring Members to County CCS Programs, assigning case managers to all Members, and completing assessments and care plans
  - Kaiser assigned care coordinators to all transitioning Members prior to January 1, 2024.
  - 98% of transitioning members retained their PCP.

Transitional Rent

Transitional Rent: Encouragement of Flexible Housing Subsidy Pools

Flexible Housing Subsidy Pools ("Flex Pools") provide a model for administering and coordinating multiple streams of funding for rental subsidies and housing supports.

DHCS is interested in promoting the formation of local flex pools to assist with the administration of Transitional Rent, as well as the existing housing-related Community Supports and upcoming BHSA programs.



Transitional Rent: Coordination and Alignment with Existing Housing Systems

For most members, the goal will be to transition to permanent housing after Transitional Rent. Establishing a bridge to permanency will require new levels of coordination between MCPs and existing housing systems.

CoCs

DHCS expects MCPs to **work closely with Continuums of Care (CoCs)**; proposing the following policies:

- All members receiving Transitional Rent should be encouraged to complete an intake into the CoC's Coordinated Entry System.
- **Provision of Transitional Rent should be recorded in the CoC-operated Homeless Management Information System (HMIS)** in a way that does not impact member's homeless/chronically homeless status, to the maximum extent possible.

PHAs

- MCPs will be expected to **build relationships with their local Public Housing Agencies (PHAs)**, that administer HUD-funded public housing and permanent housing vouchers.

Data Sharing

- **DHCS proposes internal and external information sharing** (with member authorization where required) across MCPs, ECM and Community Support providers, CoCs, and counties.

Flex Pools

- DHCS is **exploring flexible housing subsidy pools**, which provide a model for administering and coordinating multiple streams of funding for rental subsidies and housing supports.