# Tribal and Indian Health Program Representatives Meeting

## Department of Health Care Services
## May 22, 2023

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

# Overview

- Welcome and Introductions
- Agenda Review
- Items for Next Meeting

# DHCS Director's Update

**Michelle Baass**

DHCS Director

DHCS

# Updates on Population Health Management: The Reimagined Population Needs Assessment (PNA)

**Palav Babaria**

Deputy Director & Chief Quality and Medical Officer

DHCS

# Context

- DHCS launched the Population Health Management (PHM) Program in January 2023 as a cornerstone of its Medi-Cal transformation efforts.

- To support the success of the PHM Program and broader transformation efforts, DHCS is re-designing MCP requirements for developing a **Population Needs Assessment (PNA)**.

  - The PNA has historically been the mechanism that MCPs use to identify the priority health and social needs of their members, including health disparities.

# Purpose Here Today

- To share DHCS' current-state vision and proposed approach for the re-designed PNA, which includes
  - **Requiring** MCPs to work with Local Health Departments (LHDs) collaboratively on this work,
  - **Encouraging MCPs to work with other community organizations that are important to promoting and sustaining community health and wellness.**
- After orienting Tribal Partners here today to DHCS' Re-Imagined PNA process and deliverables,
  - **We are interested in your thoughts, questions and feedback, in particular where there may be opportunities for greater collaboration of these organizations in partnership with Tribal partners in the future.**
  - DHCS believes Tribal Partnerships with MCPs may further maximize the PNA design and its ability to identify community needs, strengths, and priorities for Members served in ways that are mutually beneficial to everyone involved in the collaboration.

# Roadmap to Discussions with Tribal Partners

- Vision for Re-imagined PNA
- Historical Overview:
  - Parallels and intersections between MCP and other community stakeholder population-level needs assessment and deliverable approaches
- DHCS Proposed PNA and Deliverable Modifications 2023-25:
  - Near-future MCP-LHD collaboration and deliverable requirements
  - **How this relates to Tribal Health**
- **Future Directions with Tribes:** Next Steps Discussions
  - **Where might Tribal Partners value collaboration within this proposed approach?**
  - **How would this impact Tribes, acknowledging the role LHDs will also play in this collaborative needs assessment approach?**
- Timelines and Upcoming Guidance

# First Live Mentimeter Question

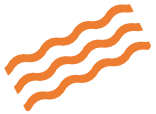

## » What Tribal Community or Urban Indian Organization do you represent, and in what county(ies)?

- PARTICIPATION INFORMATION: Word Cloud: generated from the answers an audience enters. Popular submissions become bigger
- **Click the link in chat to respond anonymously** for word cloud participation
- Response Format: **Community/Organization Name + County**

# DHCS VISION: Re-imagining the PNA

**To support the success of the PHM Program, DHCS is re-designing MCP requirements for developing a PNA.**

Promote deeper understanding of member needs, particularly social drivers of health (SDOH)



Advance upstream interventions that look beyond the four walls of health care

Deepen relationships between MCPs, public health and other local entities, **including Tribal partners**

Reduce community fatigue by aligning with other similar types of assessments.

Strengthen a focus on equity by integrating more diverse sources of data

Support public health's response to emerging trends, especially in areas where MCPs can intervene by providing coverage, education, and outreach

***To achieve this vision, DHCS proposes a central requirement for MCPs to collaborate with Local Health Departments (LHDs).***

# HISTORICAL OVERVIEW: Parallels and Intersections of Community-Level Needs Assessments

**A comparison between the MCP PNA and Action Plan with the LHD and Non-profit Hospital Community Health Assessment (CHA) and Community Health Implementation Plan (CHIP) prior to 2023**

## MCPs

- MCPs completed an annual PNA, focused on the Health Education, Cultural and Linguistic needs of their Member population.
- Findings informed future program development with an Action Plan deliverable

## LHD and Nonprofit Hospitals

- Assessments focus on multiple populations within the communities served, upstream interventions, and involves diverse data and community-wide input.
- Often accompanied by CHIPs: action plans for communities to improve their health and well-being based on the data collected by CHAs.

**Tribal Health-led Community Level Needs Assessments?**

# DHCS-PROPOSED PNA REQUIREMENTS 2023-25 (1)

**Starting in 2024, MCPs will be required to participate meaningfully in LHD CHA/ CHIP process.**

» **Rather than completing an entirely separate process, MCPs will be required to participate in the LHD CHA process wherever MCPs serve Members.**

**Meaningful MCP participation could entail:**

- Providing MCP data on a de-identified basis
- Participating or leading the CHA/CHIP steering committee/decision-making body
- Participating in or leading one or more CHA/CHIP work groups
- **Exploring how MCPs and Tribal partners might collaborate on needs assessment in the communities where there is overlap in populations**
- Providing staff support to core activities
- Providing funding to support convenings, project management, and/or analytics
- Collaborating with LHDs and other local leadership to develop joint action plans to address public health issues

# DHCS-PROPOSED PNA REQUIREMENTS 2023-25 (2)

**The County LHD, in most cases, will serve as the anchor to align and integrate MCPs and other local partner assessments with County CHA/CHIP process within existing LHD CHA/CHIP timelines.**

## DHCS' Supporting Rationale

- LHD assessments are focused on the overall population and environment of a county or city, not limited to people enrolled in Medi-Cal.
- LHDs' CHAs/CHIPs often already have robust governance structures, gather community wide-input, and leverage diverse data sources.

**Supporting the anchors is key.** DHCS recognizes as anchors in this proposed requirement, LHDs are likely to need additional support to continue to grow their CHAs/CHIPs and to integrate MCPs.

**Supporting Diversity in community participation:** DHCS recognizes the responsibility we have to help MCPs additionally work with other community partners to realize this vision, which is why we value this time with you today to begin this dialogue with you.

# DHCS-PROPOSED PNA REQUIREMENTS 2023-25 (3)

**Future-state MCP deliverables will emphasize LHD collaboration.**

## PNA:

**MCPs will meet requirement t*hrough the publication of the LHD CHA/CHIP* itself in each county it serves.**

» MCPs expected to *publish all LHD CHAs/CHIPs in their service areas on their website,* with a brief description of how they participated in the LHD CHA/CHIP process.

## PHM Strategy:

**Annual MCP submission of PHM Strategy brief to DHCS informed by insights gained from the LHD CHA/CHIP process collaboration in addition to findings from other MCP data analysis**

» 2023 Submission Deliverables must include:

- One SMART goal aligned with CQS Clinical Focus Areas & Bold Goals that includes collaboration with LHDs in counties where MCP operates
- Description of how a MCP has started/will start to participate in LHD CHA/CHIP process

# FUTURE DIRECTIONS with TRIBES: Discussion Questions

- Tribal Health Profiles/ community health assessments and external jurisdiction/organization participation:
  - Has your tribe conducted a similar type of assessment or tribal health profile?
  - Experiences working with California Tribal Epidemiology Center, CDPH, MCPs, LHJs, and/or hospitals?
  - Other ways that tribal health departments/clinics learn about population health trends among the tribes served beyond these?

  **If yes to any of these**, what has this been experience been like? What has been positive and what has been challenging?

- Under the proposed approach presented today, what should be the role of tribal partners? What are other ways that MCPs and Tribal Partners might collaborate on needs assessment in the communities where there is overlap in populations?
- How would tribes like to access data and how should the proposed approach be respectful of Tribal data sovereignty?

If you are interested in this topic, please email **TribalAffairs@dhcs.ca.gov** to participate on a separate workgroup to further discuss these questions.

# Next Live Mentimeter


- What may make you **hesitant** to work with DHCS, MCPs or LHDs on these types of assessments?

- PARTICIPATION INFORMATION: Word Cloud: generated from the answers an audience enters. Popular submissions become bigger
- **Click the link in chat to respond anonymously** for word cloud participation
- Response Format: **1-5 word count free-text response**

# Next Live Mentimeter


- What may make you **excited** to work with DHCS, MCPs or LHDs on these types of assessments?

- PARTICIPATION INFORMATION: Word Cloud: generated from the answers an audience enters. Popular submissions become bigger
- **Click the link in chat to respond anonymously** for word cloud participation
- Response Format: **1-5 word count free-text response**

# Timelines & Upcoming Guidance

» **May/June:**

- On May 8th, DHCS released a concept paper detailing proposed approach for the modified PNA for stakeholder comment. See below for more details.
- A new, high-level All Plan Letter (APL) to provide near term guidance to MCPs on the modified PNA and PHM Strategy (will be superseded by former PNA APL-19-011)

DHCS will accept comments on the PNA concept paper through end of day, **June 2, 2023**. Please email your comments to PHMSection@dhcs.ca.gov with **subject line** "Comments on the PNA Concept Paper".

» **By end of 2023, more detailed guidance will be issued in the PHM Policy Guide.**

# CA PATH Capacity and Infrastructure Transition, Expansion and Development (CITED) Grant Opportunity

**Dana Durham**

Division Chief

DHCS

# Responsibilities as the Third Party Administrator

- DHCS has engaged a third-party administrator (TPA) for this project. The role of the TPA is to:
  - Review applications and recommend applications for approval to DHCS
  - Serve as the fiscal administrator
  - Troubleshoot issues as they arise
  - Collect and review progress reports
  - Report on best practices and disbursement of funds

# Goals for Today

- Brief overview of CalAIM and Tribal Engagement Opportunities
- Understand the purpose of PATH Capacity and Infrastructure Transition, Expansion and Development (CITED) funding
- Learn how you can apply for CITED Round 2 funds

# CalAIM

# California Advancing and Innovating Medi-Cal (CalAIM)

**CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:**

Implement a whole-person care approach and address social drivers of health.

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

Create a consistent, efficient, and seamless Medi-Cal system.

# The Big Picture:

*Enhanced Care Management (ECM) and Community Supports*

**On January 1, 2022, DHCS launched the first components of CalAIM: Enhanced Care Management and Community Supports.**

## Enhanced Care Management (ECM)

A **Medi-Cal managed care benefit** that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management

## Community Supports

Services that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions

# Why ECM?

**ECM is a new Medi-Cal benefit to support comprehensive care management for Members with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).**

Tribal and Indian Health Programs have lived experience and would be great ECM providers helping members to navigate their health journey in a culturally competent manner.

Tribal members who are eligible for ECM can be supported through their health care experiences and addressing social determinants of health in a way that is consistent with the tribal culture.

If you need assistance contacting a managed care plan or knowing your local managed care plan, DHCS will help make the connection.

# What Is Included in ECM? Why are You an Important Partner?

**DHCS has defined seven "ECM core services," which must be provided regardless of county/region or ECM Population of Focus.**

**Outreach and Engagement**

**Comprehensive Assessment and Care Management Plan**

**Coordination of and Referral to Community and Social Support Services**

**Enhanced Coordination of Care**

**Member and Family Supports**

**Health Promotion**

**Comprehensive Transitional Care**

# Populations of Focus for ECM

| | Go-Live Date | ECM Populations of Focus |
|---|---|---|
| Live Now | **Jan 1, 2022 (WPC / HHP counties)**<br><br>**Jul 1, 2022 (all other counties)** | » Adults and Their Families Experiencing Homelessness<br>» Adults At Risk of Avoidable Hospital or ED Utilization<br>» Adults with Serious Mental Health and/or SUD Needs<br>» Individuals Transitioning from Incarceration (some WPC counties) |
| Live Now | **Jan 1, 2023** | » Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization<br>» Adult Nursing Facility Residents Transitioning to the Community |
| Upcoming | **Jul 1, 2023** | » **Children & Youth Populations of Focus** |
| Upcoming | **Jan 1, 2024** | » Birth Equity Population of Focus<br>» Individuals Transitioning from Incarceration *(statewide, inclusive of the former WPC counties that already went live on January 1, 2022)* |

*For more details, see ECM Policy Guide (December 2022).*

# What are Community Supports?

**Community Supports are services that Medi-Cal managed care plans (MCPs) are strongly encouraged but not required to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.**

- Community Supports are designed as **cost-effective alternatives** to traditional medical services or settings
  - Covered under In Lieu of Services (ILOS) Authority 101 which states that services must be **medically appropriate** and **cost-effective**
- Community Supports are designed to **address social drivers of health and enable an I individual to be as independent as possible and the individual desires.**
- **Tribal and Indian Health Programs** can be important partners in offering Community Supports.

*For more details, see Community Supports Policy Guide (January 2023).*

# Community Supports Services

**DHCS has pre-approved 14 medically appropriate and cost-effective Community Supports that MCPs may offer. MCPs may also submit proposals to offer additional Community Supports that are not on this menu, subject to DHCS approval.**

## Pre-Approved DHCS Community Supports include:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Meals/Medically-Tailored Meals or Medically-Supportive Foods
- Sobering Centers
- Asthma Remediation

*See Community Supports Elections Spreadsheet on DHCS website for MCP selections statewide.*

# PATH Initiative Overview

# Providing Access and Transforming Health (PATH)

- Providing Access and Transforming Health (PATH) is a five-year, $1.85 billion initiative to build up the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, tribes, Indian health programs, urban Indian organizations, and others, to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management (ECM) and Community Supports and Justice Involved services under CalAIM.

# PATH Program Initiatives

| | |
|---|---|
| Collaborative Planning and Implementation Program (CPI) | • This initiative provides funding for planning efforts to support the implementation of Enhanced Care Management (ECM) and Community Supports. |
| Justice-Involved Capacity Building Program (JI) | • Justice-Involved Capacity Building Program will provide funding to support implementation of pre-release Medi-Cal application and suspension processes. |
| Technical Assistance Marketplace (TAM) | • This initiative provides funding for providers, community-based organizations, counties, and others to obtain technical assistance resources needed to implement ECM and Community Supports. |
| Capacity and Infrastructure Transition Expansion and Development (CITED) | • CITED provides funding to enable the transition, expansion and development of ECM and Community Supports capacity and infrastructure. |

# CITED Funding Opportunity

# What is the CITED Initiative?

- CITED provides funding to enable the transition, expansion and development of ECM and Community Supports capacity and infrastructure
  - DHCS awarded a total of **$119 million to 98 organization** in CITED Round 1A and **$88 million to 39 organizations** in CITED Round 1B with a total of **$207 million** for Round 1 funding.
    - No Tribal Partner applicants in Round 1 but you are important partners who probably could benefit from support in infrastructure.
  - Round 2 application is open from **February 28 – May 31, 2023**
  - You may request CITED funding for no more than 2 years per funding round

# Who qualifies for CITED Funding?

**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**

**Applicants may include, but are not limited to:**

- County, city and local government agencies (including local health jurisdictions);
- Providers (including but not limited to hospitals and provider organizations);
- Community Based Organization (CBOs);
- **Medi-Cal Tribal and Designees of Indian Health Programs**
- Federally Qualified Health Center (FQHC); and
- Others as approved by DHCS as a part of the application

**Managed Care Plans (MCPs) are not eligible to receive CITED funding**

# What are permissible uses of funding within CITED Initiative?

## Permissible uses include but are not limited to:

Increase of provider workforce

Can request salaries while training and building up ECM services

Modifying, purchasing and/or developing the necessary referral, billing, information exchange, reporting or other infrastructure and IT systems,

Purchasing of equipment to bill

Providing upfront funding needed by Qualified Applicants to support capacity and infrastructure necessary to deliver ECM and Community Supports services

Advertising positions, creating awareness about the program

Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps

Can ask for funding to understand and address gaps in ability

Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care

Creating awareness throughout the tribe or to members

Other uses as approved by DHCS

"Sample Uses of Funding" can be found in the PATH CITED guidance which is available on the PATH CITED webpage.

# What information will I need to provide?

## The application will collect the following information from Applicants, at a minimum:

- Relevant experience providing ECM/Community Supports (or equivalent services prior to the start of CalAIM)
- Funding request and intended uses of CITED funds
- Detailed justification for why funds are needed to support transition, expansion and development delivery and/or bolster capacity of support to ECM and/or Community Supports services
- Sustainability approach post-CITED funding
- Description of projected milestones/deliverables for requested CIT
- Description of how the Applicant intends to coordinate with MCPs to ensure alignment and avoid duplication of funding
- Description of approach to sustaining items/activities funded via CITED after CITED funding ends
- Description of how funding request will align with CalAIM goals
- Copy of at least one, executed contract in the State of California for activities related to the provision of ECM/Community Support, or a copy of a signed letter from an MCP, county, delegated provider or other entity authorized to contract with the Applicant, stating the strong intent to contract with the Applicant in a timely manner for activities related to the provision of ECM/Community Support-related activities

**Technical assistance is available and will be tailored to your needs if you want it. DHCS can assist.**

# Retroactive funding requests

**CITED may provide retroactive funding on a case-by-case basis to support investments in infrastructure and capacity made by eligible organizations from January 1, 2022 until the release of applications for the round of CITED funding for which the entity is applying.**

- Retroactive requests must be aligned with CITED goals and only contain permissible items or activities
- Any request for retroactive funding for salary support, will be considered part of the allowable maximum total 18 months of salary support funding across all CITED rounds.
- Additional guardrails for retroactive funding can be found in the PATH CITED Guidance Memo, located on the PATH CITED webpage

# How will my application be evaluated? (1 of 2)

**Applications will be scored and evaluated based, in part, on the following information:**

- Experience providing Enhanced Care Management (ECM) / Community Supports or equivalent services
- Intended uses of CITED funds and justification for why funds are needed
- How funding will align with:
  - Local MCP Incentive Payment Program Needs Assessments and Gap Filling Plans
  - Gaps in infrastructure identified through DHCS
  - Needs identified through regional Collaborative Planning & Implementation Groups
  - Other CalAIM goals
- Sustainability plan demonstrating how you will fund your program after CITED funding ends

# How will my application be evaluated? (2 of 2)

**Applications will be scored and evaluated based, in part, on the following information (continued):**

- Clear description of thoughtful project milestones and deliverables for CITED funding
- How applicants will coordinate with MCPs and other stakeholders to ensure alignment of funding and avoid duplication
- Reasonableness of the funding request
- Local Impact of your project including
  - Number of beneficiaries served
  - Historically marginalized or underserved populations who will be reached
- Consideration of previously awarded projects, need for statewide infrastructure

# What are the minimum eligibility criteria?

**To be considered for CITED funding, applicants must demonstrate the following minimum eligibility criteria:**

| | |
|---|---|
| ✓ Completed application including all required attachments | ✓ Demonstration of organization's good standing and financial solvency |
| ✓ Demonstration that funding will only be spent on permitted uses | ✓ Alignment with CalAIM & CITED goals |
| ✓ Demonstration that funding request is reasonable and sustainable | ✓ Existing contract to provide ECM or Community Supports or attestation they intend to provide these services |

# What makes a strong CITED application?

**Considerations for evaluation beyond the minimum eligibility criteria may include:**

- A clear articulation of how the application meets identified needs
- Strength of justification for CITED funds
- Alignment with CalAIM and ECM / Community Supports goals
- Applicant's approach to sustainability
- Thorough description of coordination with stakeholders including managed care plans
- Whether the applicant serves a historically marginalized or underserved population
- Thoughtful program milestones that demonstrate progress toward goals
- Budget detail and reasonableness of funding amount and timeline

# CITED Round 2 Funding Goals

DHCS is considering data as it becomes available to help inform funding priorities for Round 2 including:

- ECM providers and utilization among managed care plan members by **population of focus**
- Community Support providers and utilization among managed care plan members by the **type of Community Support service**
- Information regarding **gaps in services** from PATH Collaborative Planning efforts, **CalAIM feedback loops, listening sessions, and input from stakeholders**

While additional Goals may be added or refined, DHCS will seek to support capacity building for the following:

- **Children/Youth** Entities seeking to becoming ECM providers for Children / Youth Populations of Focus, which goes live for ECM on July 1, 2023
- **Tribal Partners** Tribes, Indian health programs, urban Indian organizations seeking to become ECM or Community Support providers
- **Nursing Facility Transitions:** Entities looking to provide Community Support services that support to nursing facility transition

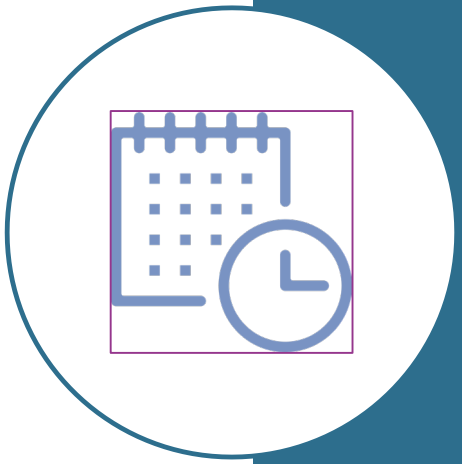
# Application Process

## Round 2

# When can I apply for CITED funding?

**Submit your application online:** https://www.ca-path.com/cited

- Round 2 application window is open from **February 28 – May 31**.
- If Applicants do not receive an award during one application window, the applicant will be encouraged to apply in a subsequent round.
- Subsequent application windows will be posted to the CITED website when finalized.



# How to prepare to apply?

**Prepare to Apply:**

- If you are new to the grant writing process, review the following reference materials:
  - CITED Guidance Memo
  - How to Improve Your Grant Application Webinar Pt. 1
  - How to Improve Your Grant Application Webinar Pt. 2
- If you have additional questions, reach out to the CITED technical support team:
  - By Email: cited@ca-path.com
  - By Phone: (866) 529-7550
- Attend the office hours on Fridays from 10-11am PT: Click here to join the meeting

# What happens when I submit an application ?

» Once submitted, you will not be able to revise your application unless specifically requested by DHCS or the TPA.

» Upon submission, the Point of Contact and the TPA will receive a confirmation that the application has been submitted.

» Applications will be reviewed and evaluated by the PATH TPA according to criteria developed by DHCS.

The PATH TPA will provide DHCS with recommended applications for DHCS approval with DHCS making the final decision of approval or denial

Applicants will be notified of the decision via email

# What happens after awards are announced?

- All applicants will receive notification of DHCS award decision via email by after DHCS approval
- Awarded applicants will need to complete the contracting process with the TPA in the timeframe specified in the award notification
- If your application is not recommended for funding, you will receive an email with an explanation of why, and instructions for how to improve your application for a subsequent round of funding should you choose to apply again

# Progress Reporting

Awarded applicants will be required to submit quarterly progress reports detailing movement toward goals, purchases made, challenges encountered, and milestones **accomplished**

For round 2, milestones and budget items will be auto populated into the progress report for the quarter in which they are due

Funds will only be disbursed for completed milestones.

# Application Tips

- All fields are required throughout the application.
- If there are required fields that have not been answered, you will not be able to submit the application until all required fields are answered.
- Be sure to upload all required documentation needed to successfully complete the application.
- Please confirm all contact information.

- Please attend office hour calls and the How to Make Your Grant Application Stronger to ask your questions and learn how to create a strong application.

# Questions

# Next Steps

- Apply for CITED Funding at:
  - www.ca-path.com/cited
- Round 2 application window:
  - February 28, 2023 – May 31, 2023

# Resources

- For technical support or questions regarding applications, please email cited@ca-path.com

- PATH CITED Website
- DHCS CalAIM Webpage
- CITED Guidance Memo
- Gap Filling Plans
- Collaborative Planning and Implementation
- Funding Opportunities Cheat Sheet
- CA PATH Overview Document

# Additional Resources

» How to Improve Your Grant Application Webinar Pt. 1

» How to Improve Your Grant Application Webinar Pt. 2

# Engagement Opportunities

- CA PATH CITED Office Hours – Fridays from 10-11 AM PST 4/7 - 5/26
- Participate in CA PATH Coordinating Table Meetings – if you are interested in participating, please email cited@ca-path.com

# THANK YOU

If you have additional questions or we didn't get to your question today, please contact the CITED TPA by Email: cited@ca-path.com or by phone: (866) 529-7550

# Office of Tribal Affairs Update

**Andrea Zubiate**

Chief

DHCS

# Managed Care Plan (MCP) Contracts Tribal Liaison Requirement

- New MCP Contracts requires:

  4.3.23- Contractor must have an identified Contractor liaison dedicated to working with each Indian Health Service (IHS) Facility in its Service Area and responsible for coordinator referrals and payment for services provide to Indian Members who are qualified to receive services from an IHS Facility; in accordance with the requirements in Exhibit A, Attachment III, Subsection 3.3.7 (Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and IHS facilities.

- Requirement effective January 1, 2024 for all MCPs in California

- Inclusive of tribal health programs and urban Indian organizations

# MCPs Operation Readiness and Contract Changes

- MCPs have began reporting to DHCS existing or planned activities to address this future contract requirement
- DHCS will be providing further guidance to MCPs on tribal liaison requirements via an All Plan Letter
- DHCS will be engaging tribal partners on recommendations for the role of MCP tribal liaisons
- Examples of initial discussions include requirements for cultural humility training, issue resolution timelines, notifications in change of MCP liaison to DHCS
  - What else?
  - How would you like to provide feedback (dedicated meetings, key informant interviews, written feedback, etc.)

# IHP Grant Update – Round 1

- Total amount of grant funding available in FY 2022-23 is $11,576,000
- Total amount of grant funding awarded to all applicants in round 1 is $8,876,000
- Funds have multi-year authority so they are available per the State Budget Act until June 30, 2025

| Applicant Type | Total Amount of Funding for All Applicants | % of Total Funding Received |
|---|---|---|
| Tribal | $7,493,767 | 84% |
| Urban | $1,382,232 | 16% |

# IHP Grant Update – Round 2

- Total amount of grant funding available in round 2 was $2,450,000
- Total amount of grant funding anticipated to be awarded to all applicants in round 2 was $1,950,000
- OTA received RFA applications from 7 of the 13 potential applicants that completed the required Letter of Intent, which will result in a total award of $1,050,000
- OTA has reached out to the remaining 6 to offer a 1-week extension to respond. Applications are due to OTA by COB on 5/26/23 via electronic submission.

# IHP Grant Update – Use of Funding

- Round 1 awardees will be utilizing the funds for a variety of uses, including but not limited to:
  - hiring new staff, such as a staff psychiatrist, registered nurse, dentists, medical biller, and medical assistants
  - increasing wages for existing staff
  - offering financial incentives for new and existing staff, such as bonuses
  - optimizing the use of technology related to NextGen and the population health management system i2i

# Traditional Indian Health (TIH)

- 2 applications received, one for the northern and one for the central California region
- OTA will release round two of the TIH RFA in June.  It is anticipated that $200,000 will be available to support two programs (one in the southern California region and one statewide urban Indian organization project)
- The maximum funding is $50,000 per program per fiscal year. The funding period is anticipated to be July 2023 – June 2024

# Community Health Worker (CHW) Services

- Became Medi-Cal benefit starting July 1, 2022.
- Available in fee-for-service and managed care delivery systems.
- CHWs include Promotores, Community Health Representatives, Navigators, and other non-licensed public health workers, including Violence Prevention Professionals.
- DHCS reimburses Indian Health Services Memorandum of Agreement Clinics and Tribal Federally Qualified Health Centers (FQHC) for CHW services at FFS rates.
- Clinic regulations regarding the four walls of a Tribal 638 clinic do not apply to CHW services that are reimbursed at a FFS rate, so they may be provided within the community when they are supervised by the clinic.

# CHW Services include the following:

- Health education to promote the beneficiary's health or address barriers to health care, including providing information or instruction on health topics.
- Health navigation to provide information, training, referrals, or support to assist beneficiaries to access health care, understand the health care system, or engage in their own care and connect to community resources.
- Screening and assessment to identify the need for services.
- Individual support or advocacy that assists a beneficiary in preventing a health condition, injury, or violence.

# CHW Reimbursement Rates and Maximum Units

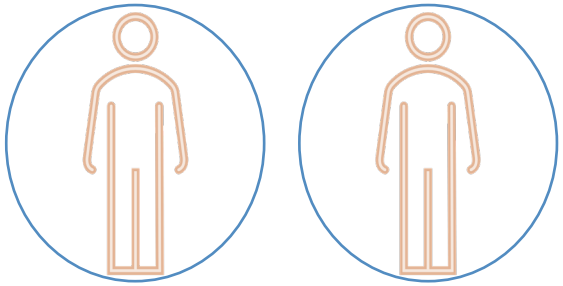
| CPT Code | Description | Length | Number of Patients | Rate |
|---|---|---|---|---|
| 98960 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient | 30 minutes (1 unit) | 1 | $26.66 |
| 98961 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients | 30 minutes (1 unit) | 2–4 | $12.66 |
| 98962 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients | 30 minutes (1 unit) | 5–8 | $9.46 |

**Note:** Maximum frequency is four units (two hours) daily per beneficiary, any provider. Additional units per day may be provided with an approved Treatment Authorization Request (TAR) for medical necessity. TARs may be submitted after the service was provided. Please see DHCS CHW Provider Manual for further information..

# CHW Billing Scenarios

**Scenario 1:** The health care professional provides CHW services for 1 patient in a day and sees the patient for the maximum 2 hours (4 units).

**The provider is reimbursed at $106.64 ($26.66 x 4 units).**



**Scenario 2**: The health care professional provides CHW services for 2 patients in the same location for different purposes/diagnoses* and sees each patient for 1 hour (2 units). The provider is reimbursed for each patient at $53.52 ( $26.66x 2 units) for each patient.

**The provider is reimbursed at $106.64 ($26.66 x 4 units).**

* Both patients must have a written recommendation by a physician or other licensed practitioner of the healing arts within their scope of practice under state laws.

# CHW Billing Scenarios Continued

**Scenario 3**: The health care professional provides CHW services for 3 patients in a day and sees each patient for the maximum 2 hours each (4 units).The provider is reimbursed for each patient at $50.64 (12.66 x 4 units).

**The total reimbursement for 3 patients in that day comes out to $151.92**

**Scenario 4:** The health care professional provides CHW services for 8 patients in a day and sees each patient for the maximum 2 hours each (4 units). The provider is reimbursed for each patient at $37.84 (9.46 x 4 units).

**The total reimbursement for 8 patients in that day comes out to $302.72**

# Items for Next Meeting/Final Comments

Thank You for Participating In Today's Webinar