

The background of the slide is a purple-tinted image featuring a medical theme. On the right side, a stethoscope is visible, resting on a surface. On the left side, there is a faint ECG (heart rate) line. The overall background has a grid-like pattern and wavy lines at the bottom.

Stakeholder Advisory Committee and Behavioral Health Stakeholder Advisory Committee Hybrid Meeting

October 20, 2022

Webinar Tips

- » Please use **either** a computer **or** phone for audio connection.
- » Please mute your line when not speaking.
- » For questions or comments, email:
SACInquiries@dhcs.ca.gov or
BehavioralHealthSAC@dhcs.ca.gov.

Director's Update

Medi-Cal Rx Update

» Reinstatement Status – Phase I

- » Fully launched on September 16, 2022
- » 3 Waves:
 - » Wave I – Resume Drug Utilization Review Safety edit (Reject Code 88)
 - » Wave 2- Cover My Meds adoption
 - » Wave 3 – Prior authorization (PA) reinstatement for 11 therapeutic drug classes

» Reinstatement Status – Phase II

- » Continued reinstatement of PAs by therapeutic class, prospective PAs, and safety edits

Medi-Cal Rx Update (Continued)

- » More information about Phase I reinstatement is on the [Medi-Cal Rx website](#), and information on Phase II reinstatement will be available soon.

- » Other helpful links:
 - » [MCRX Homepage](#)
 - » [180-Day Transition Policy](#)
 - » [Contract Drugs List \(CDL\)](#)
 - » [Provider Portal](#)
 - » [Medi-Cal Rx Provider Manual](#)
 - » [Medi-Cal Rx: Transitioning Medi-Cal Pharmacy Services from Managed Care to Fee-for-Service Frequently Asked Questions](#)
 - » [Medi-Cal Rx Forms & Information](#)

Worker Retention Payments Update

- » Worker Retention Payments
 - » Hospital and Skilled Nursing Facilities
 - » Clinics, including Federally Qualified Health Centers, Rural Health Centers, and Indian Health Clinics
- » Registration and Application
 - » Online portal for simple registration and application processes
- » Payments
 - » Hospital and Skilled Nursing Facilities - anticipated in late January 2023
 - » Clinics – anticipated in late February 2023
- » Additional information is available on the [Worker Retention Payments webpage](#) and the [Clinic Workforce Stabilization Retention Payments webpage](#).

California State Auditor's (CSA) Report on Children's Preventive Scores

» CSA concerns:

- » Underutilization of children's preventive services.
- » Ensuring children receive important health care services.
- » Improve health disparities for Medi-Cal children.
- » Promoting children's preventive services to family and caregivers.

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

- » [Medi-Cal's Strategy to Support Health and Opportunity for Children and Families](#) is DHCS' first step in organizing and communicating a cohesive, coordinated strategy to support children enrolled in Medi-Cal.
- » The Strategy includes key areas that will support children and families by:
 - New DHCS Child Health Champion and Consumer Advisory Committee;
 - Reducing Medi-Cal premiums to zero for families;
 - PHM strategy for children and youth, with practice transformation grants for providers who care for pregnant individuals, children, and adolescents;
 - Increasing vaccination rates as part of an effort to strengthen the Vaccination for Children (VCF) program;
 - Improving MCP oversight and accountability with greater performance standards and public reporting;
 - Expanding family-centered services including dyadic services, community health workers, doulas, and 12 months of postpartum eligibility;
 - And furthering the effort to develop a new Foster Care Model of Care.



Public Health Emergency (PHE) Unwinding and Implementation with Health Plans

PHE Unwinding Updates

- » **The U.S. Department of Health and Human Services renewed the COVID-19 PHE through January 2023.**
- » **Continuous Coverage for Young Adults**
 - » DHCS will continue to cover individuals who enrolled as part of the **young adult expansion policy**, and who have aged out or will age out of state-funded full scope Medi-Cal as a result of turning 26 years old from March 2020 through December 2023. This group would most likely transition to restricted scope Medi-Cal once Medi-Cal renewals resume after the COVID-19 PHE ends.

PHE Unwinding Updates

- » **Updated APL 22-004: Strategic Approaches for Use by MCPs to Maximize Continuity of Coverage as Normal Eligibility and Enrollment Operations Resume**
 - » Includes updated Medi-Cal Beneficiary Contact and Demographic Information Template.
 - » Provides a standardized format for the transmission of information between MCPs and counties to exchange contact information.
- » **County Readiness – Checklist, Recommended Strategies, and Template**
 - » DHCS issued county guidance, [MEDIL 22-33 \(August 26, 2022\)](#), with tools to prepare for the PHE unwinding.
 - » Requirement for counties to submit their COVID-19 PHE Unwinding Readiness Plan to DHCS no later than 10 days before the end of the COVID-19 PHE.
- » **COVID-19 PHE Communications and Outreach Campaign**
 - » Budget Act of 2022 appropriated \$25 million to DHCS to seek a communications/advertising vendor to implement a broad and targeted education and outreach communications campaign for Medi-Cal beneficiaries during and after the end of the COVID-19 PHE.
 - » Anticipated launch in November 2022 with vendor onboard.

PHE Unwinding Updates

» **New Section 1902(e)(14)(A) waiver flexibilities requested by DHCS - Submitted to CMS on 10/18/2022**

1. Partnering with National Change of Address (NCOA) Database and United States Postal Service (USPS) In-State Forwarding Address to Update Beneficiary Contact Information (NCOA and/or USPS Contact Updates).
2. Partnering with PACE Organizations to Update Beneficiary Contact Information (PACE Contact Updates).

Inland Empire Health Plan (IEHP) PHE Eligibility Initiative

» Five Innovative Strategies with Counties:

1. Partner with county Medi-Cal offices.
2. Proactively collect and update member contact information.
3. Provide renewal application assistance.
4. Inform members about the resumption of renewals.
5. Collaborate with DHCS and community partners.

IEHP PHE Eligibility Initiative: Highlights of New Tactics

- » Have a Memorandum of Understanding (MOU) with the county to share member-specific data on demographics and annual renewal data.
- » Sweep our membership system for any contact information that is different from the county, so the county may review and reconcile any discrepancies.
- » Train and certify IEHP to use BenefitsCal.com.
- » Help members set up a BenefitsCal.com account.
- » Use an automated texting system to collect new contact information from members.
- » Outreach to members who filed an address change with the U.S. Postal Service.
- » Outreach to members whose mail was returned as undeliverable.
- » Promote county's texting program to our members so they can get real-time eligibility alerts.
- » Co-create a member education video series on *How to Renew Medi-Cal*.
- » Set an alert on our call center system and the provider portal to remind members at point of service.
- » Join DHCS' Coverage Ambassadors program to receive and disseminate information to our members and communities.

Managed Care Readiness and Transition Planning for 2024

MCP Readiness and Transition Planning for 2024- Operational Readiness (OR) Process

- » The restructured and more robust 2024 MCP contract for all MCPs updates and redefines many areas of the contract in order to hold all plan partners and their subcontractors more accountable for:
 - High quality, accessible, and comprehensive care across all settings and level of care.
 - Reducing health disparities.
 - Improving health outcomes.
- » OR activities are required so that the MCPs can demonstrate readiness and obtain DHCS approval to cover member lives starting on January 1, 2024.
- » Major OR activities include demonstrating network adequacy, having in place partnerships with local agencies to ensure the understanding and meeting of community needs, and demonstrating the ability to provide services in support of CalAIM initiatives.
- » Part of OR includes the MCPs submission of 230+ deliverables to DHCS for review and approval.
- » OR deliverables are outlined in Exhibit A, Attachment II of the 2024 MCP Contract.

OR Process (Continued)

- » OR began in June 2022 with a MCP kickoff meeting and walkthrough of the OR process for all MCPs that are not part of the commercial plan procurement.
- » Multiple training sessions were held with the MCPs to prepare them for the OR submission process of over 230+ deliverables that are reviewed and approved by DHCS subject matter experts.
- » OR for commercial plans that are part of the procurement will begin at the to-be-determined contract award date. These plans will participate in the same trainings and readiness processes that the non-procurement plans are participating in.
- » The OR deliverable due dates will be based on the final contract award date.

OR Deliverable Examples

» **Plan Organization and Administration:**

- » Submit the Knox-Keene license exhibits and forms reflecting current operation status

» **Member Services**

- » Submit policies and procedures demonstrating how, upon entry into Contractor's Network, the relationship between Traditional and Safety-Net Providers and the Member is not disrupted, to the maximum extent possible.

» **Network and Access to Care**

- » Submit complete provider file (274 transaction files) to demonstrate network adequacy standards.

» **Provider Relations**

- » Submit protocols for payment and communication with Out-of-Network Providers.

OR Deliverable Examples (Continued)

- » **Quality Improvement and Health Equity Transformation Program (QIHETP)**
 - » Submit policies and procedures that describe how the contractor will develop and submit an annual QIHETP plan that provides a comprehensive assessment of all QI and health equity activities undertaken, including an evaluation of the effectiveness of QI and health equity interventions, and an assessment of all subcontractors' performance for any delegated QI and/or health equity activities.
- » **Utilization Management Program**
 - » Submit written description procedures for reviews and annual updates of Utilization Management program.
- » **Financial Arrangements:**
 - » Describe systems for ensuring that subcontractors, downstream subcontractors, and network providers that are providing services to Medi-Cal members, have the administrative and financial capacity to meet their contractual obligations and requirements.

County Plan Model Change Update

- » Before the launch of the state's commercial plan procurement process in 2022, counties had the opportunity to request a change to their managed care model effective January 1, 2024.
- » California's MCP delivery system consists of multiple managed care models that vary by county. Today, each county offers one of these MCP models:
 1. One plan operated by the county (County Organized Health System (COHS) model)
 2. One local initiative plan operated by the county and one commercial plan (Two-Plan model)
 3. Multiple commercial plans (Geographic Managed Care (GMC), Regional, and Imperial model)
 4. One commercial plan and a fee-for-service (FFS) option (San Benito model)

County Plan Model Change Update (Continued)

- » DHCS has conditionally approved model changes in 17 counties; 15 counties seek to move to a managed care model that involves one plan per county, either via expansion of an existing COHS model or establishment of a Single Plan model.
- » Single Plan models will be expansions of plans currently operating as county-driven local initiatives or will otherwise be operating under a county or local authority.
- » DHCS is seeking Section 1115 and 1915(b) authority to limit choice of MCPs for enrollees residing in counties participating in the COHS and Single Plan models.

County Plan Model Change Update (Continued)

The six MCPs that were conditionally approved by DHCS in December 2021 to change their plan model type in the county are actively submitting OR Deliverables to DHCS in order to begin primary operations, effective January 1, 2024.

» **Single Plan Counties**

- » Alameda County: Single Plan with Alameda Alliance
- » Contra Costa County: Single Plan with Contra Costa Health Plan
- » Imperial County: Single Plan with California Health and Wellness

» **COHS with Central California Alliance for Health**

- » Mariposa and San Benito counties

» **COHS with Partnership HealthPlan**

- » Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, and Yuba counties

» **Two-Plan with Health Plan of San Joaquin**

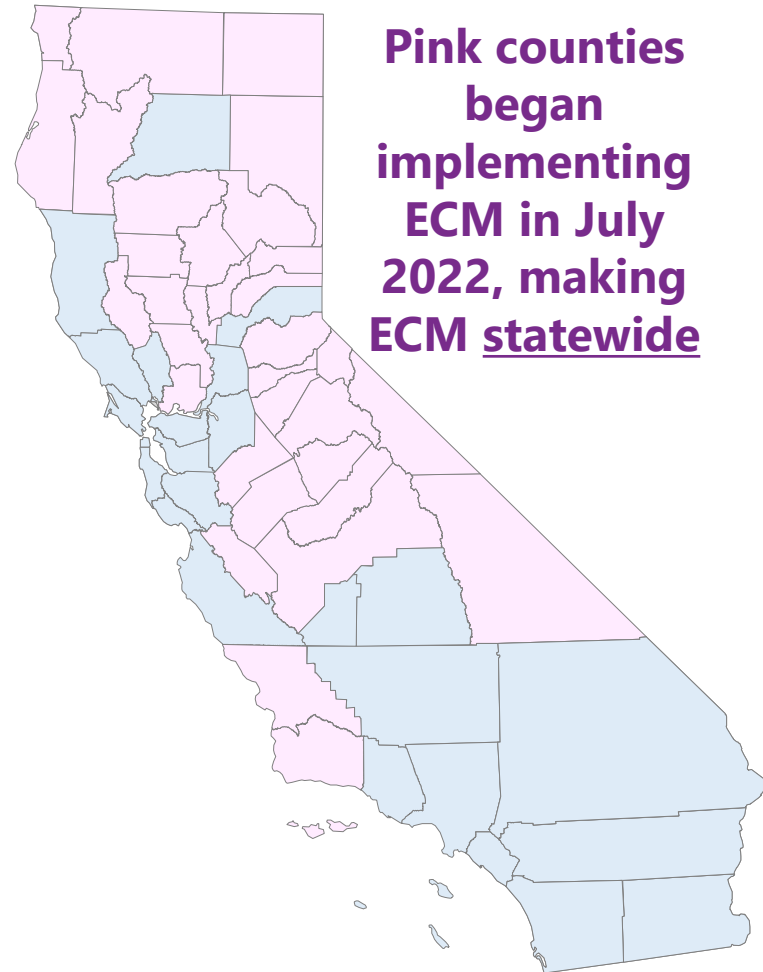
- » Alpine and El Dorado counties

Additional information is available at [County Plan Model Change](#)

CalAIM Updates

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Launch and Expansion of Enhanced Care Management (ECM)



ECM Populations of Focus	Go-Live Timing
<ul style="list-style-type: none"> • Individuals and Families Experiencing Homelessness • Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization • Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs • Individuals Transitioning from Incarceration (some Whole Person Care (WPC) counties) 	<p>January 2022 (WPC / Health Homes counties)</p> <p>July 2022 (all other counties)</p>
<ul style="list-style-type: none"> • Adults Living in the Community and At Risk for Institutionalization and Eligible for Long Term Care (LTC) Institutionalization • Adults who are Nursing Facility Residents Transitioning to the Community 	<p>January 2023</p>
<ul style="list-style-type: none"> • Children / Youth Populations of Focus* • Individuals Transitioning from Incarceration* 	<p>July 2023</p>
<ul style="list-style-type: none"> • Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes* 	<p>January 2024</p>

Two New Long-Term Care Populations of Focus for ECM

On January 1, 2023, two new Populations of Focus will launch for ECM:

- » Adults Living in the Community Who Are At Risk for LTC Institutionalization
- » Nursing Facility Residents Transitioning to the Community

For more details, see [ECM Policy Guide](#) (May 2022).

Where are Community Supports available today?

Number of
Community Supports
by County as of
July 1, 2022



- » MCPs are phasing in Community Supports selections across counties in 2022 and 2023, with **more than 10 of the 14 Community Supports offered in 16 counties**, as of July 1, 2022.
 - Riverside, Sacramento, and San Diego counties offer **all 14 Community Supports**.
 - **97 percent of all California counties** (56 out of 58) offer at least six Community Supports.
- » MCPs can opt-in to offer new Community Supports every six months, in January or July.
- » MCPs notified DHCS of updates to their Community Supports January 2023 elections by September 2022.
- » *Note: MCPs will implement another 250+ additional Community Supports services starting on January 1, 2023.*

Medi-Cal Managed Care for Dually Eligible Beneficiaries

- » Currently, more than 70 percent of dual eligible beneficiaries (more than 1.1 million) are enrolled in Medi-Cal managed care.
- » Beginning in January 2023, about 325,000 dual eligible beneficiaries will be newly enrolled in Medi-Cal managed care to improve care coordination.
- » **31 Impacted Counties:** Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba counties.
- » Beneficiaries can choose a Medi-Cal MCP using materials they will receive in fall 2022.
- » MCPs provide care coordination, long-term services and supports, transportation to medical appointments, ECM, and Community Supports for dually eligible beneficiaries.
- » In addition to the dual eligible beneficiaries transitioning on 1/1/23, DHCS identified approximately 300,000 additional individuals subject to transition to mandatory managed care that were initially assumed to already be subject to mandatory managed care, and they will also transition on January 1, 2023.
- » **Medi-Cal MCP enrollment does NOT impact Medicare provider access, or choice of Original Medicare or Medicare Advantage. Medicare providers do NOT need to be in Medi-Cal plan networks.**

Medi-Medi Plans and Cal MediConnect (CMC) Transition

- » Medicare-Medi-Cal (Medi-Medi) plans combine Medicare and Medi-Cal benefits into one plan. Available to dually eligible beneficiaries for 2023 enrollment in Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties.
- » Members in CMC plans will be automatically transitioned into the Medi-Medi plans operated by the same parent company. There will be no gap in coverage, and networks will be substantially similar. Plans are notifying their members.
- » Enrollment in Medicare Advantage, including a Medi-Medi plan, is voluntary, and Medicare beneficiaries may remain in Medicare FFS (Original Medicare).

Medi-Medi Plans: Opportunities and Benefits

- » Similar to CMC approach – high consumer satisfaction
- » Simplified care coordination to help members access services
- » Integrated member materials
- » Supplemental benefits
- » Benefit coordination
 - » Unified plan benefit package integrating covered Medi-Cal and Medicare benefits
 - » Coordinated benefit administration
 - » Unified process/policy for authorizing durable medical equipment
 - » Enable plan-level integrated appeals
- » Integrated beneficiary and provider communications

MCP Benefit Standardization- Medi-Cal Managed Care for Skilled Nursing Facilities (SNF)

- » Starting on January 1, 2023, Medi-Cal MCPs in all counties will cover the LTC benefit for SNFs, including a distinct part or unit of a hospital, to better coordinate care, simplify administration, and provide a more integrated experience.
- » Medi-Cal beneficiaries will receive notices and plan choice packets, and will be enrolled into a Medi-Cal MCP.
- » **Key Impacted Counties:** Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba counties.

MCP Benefit Standardization- Medi-Cal Managed Care for SNF (Continued)

Facilities Continuity of Care (CoC) – SNF Services

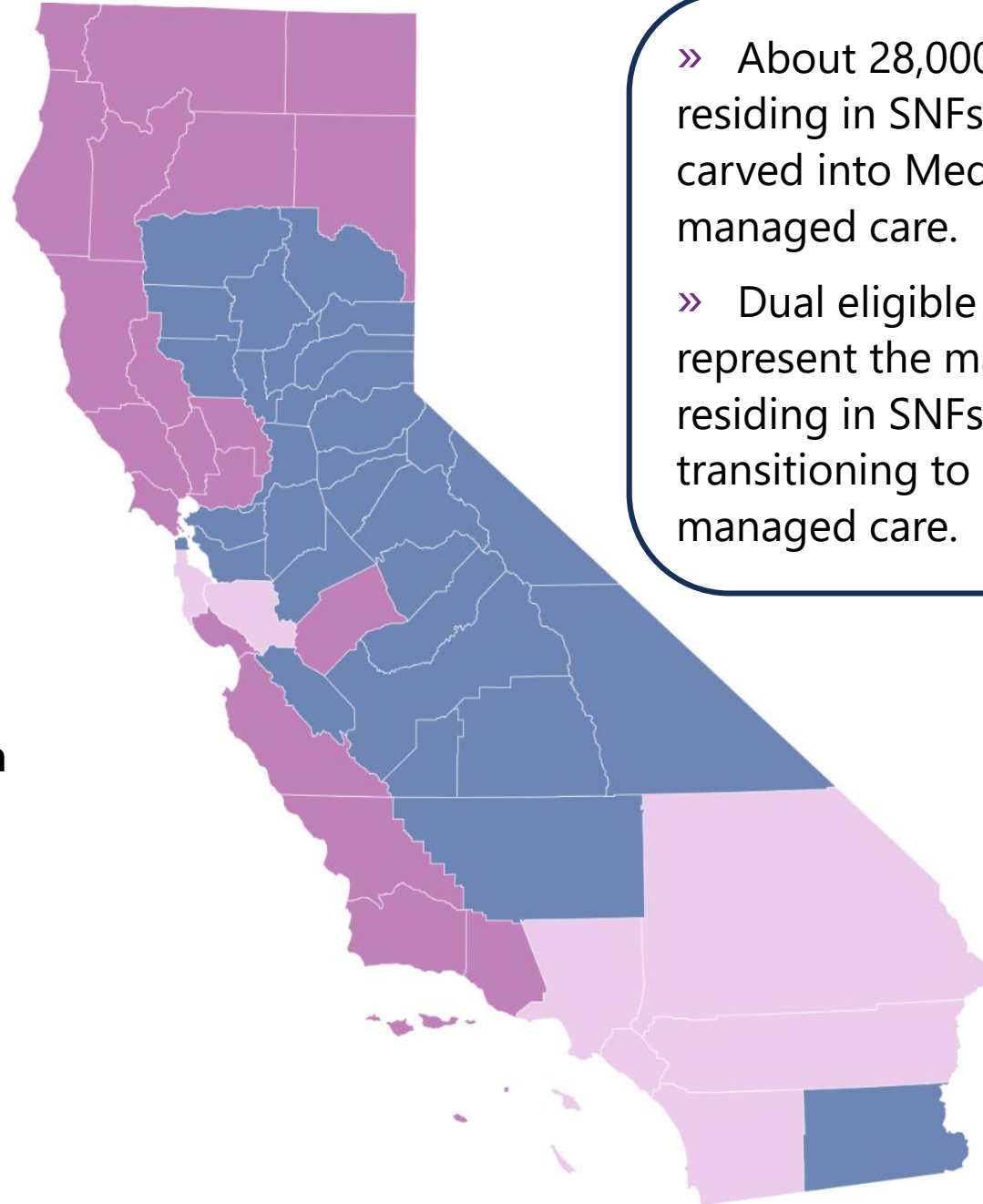
- » MCPs must provide CoC for all medically necessary LTC services at non-contracting LTC facilities for members residing in a SNF at the time of enrollment.
- » To prevent disruptions in care, members must be allowed to stay in their current SNF residence, as long as:
 - » The facility is licensed by the California Department of Public Health (CDPH).
 - » The facility meets acceptable quality standards, including the MCP's professional standards.
 - » The facility and MCP must agree to work together.
- » This CoC protection applies to all SNF residents transitioning on January 1, 2023, and lasts for 12 months.
 - » After 12 months, members may request an additional 12 months of CoC.
- » This CoC protection is **automatic**, meaning the beneficiary does not have to request to stay in their facility.
- » If member is unable to access CoC as requested, the MCP must provide the member with a written notice of action of an adverse benefit determination and find alternative placement.

Statewide LTC (SNF)

COHS Counties with SNF Carved-in to Medi-Cal Managed Care

CCI Counties with SNF Carved-in to Medi-Cal Managed Care

Counties where SNF will be carved-in to Medi-Cal Managed Care starting on January 1, 2023



- » About 28,000 members residing in SNFs will be carved into Medi-Cal managed care.

» Dual eligible members represent the majority residing in SNFs that will be transitioning to Medi-Cal managed care.

Combined Transition Noticing Timeline

September 2022

D-SNP Look-alike members received an **Annual Notice of Change (ANOC)** by 9/30

CMC members received an **ANOC** by 9/30

October 2022

Medicare Annual Enrollment: Opens October 15 and closes December 7

CMC Transition to Medi-Medi plan **90-Day Notice**

November 2022

LTC SNF Carve-In **60-Day Notice**

CalAIM Managed Care Enrollment **60-Day Notice**

CMC Transition to Medi-Medi plan **45-Day Notice**

December 2022

LTC SNF Carve-In **30-Day Notice, Choice Packet*, and Health Care Plan Confirmation Letters**

CalAIM Managed Care Enrollment **30-Day Notice, Choice Packet*, and Health Care Plan Confirmation Letters**

*In 12 counties beneficiaries who are already enrolled in a Medicare Advantage plan will be enrolled in the “matching” Medi-Cal plan, under the same parent organization, if there is a matching plan, and they will not receive the Choice Packet.

Note: 60-Day and 30-Day notices also include a Notice of Additional Information that includes a series of questions and answers about the transition.

CalAIM Behavioral Health Initiatives Schedule

Policy	Go-Live Date
Specialty Mental Health Services - Criteria for Services	January 2022
Behavioral Health No Wrong Door	July 2022
Behavioral Health Standard Screening and Transition Tools	January 2023
Contingency Management	January 2023
Behavioral Health Payment Reform	July 2023
Behavioral Health CPT Code Transition	July 2023
California Behavioral Health Community-Based Care Waiver	2023 (Earliest to CMS) 2024 (Starts)
Administrative Integration of SMHS and SUD	January 2022 January 2027 (Fully Integrated)
DMC-ODS Traditional Healers and Natural Helpers	TBD

Adult and Youth Screening and Transition of Care Tools for Mental Health Services

(Effective January 1, 2023)

- » The **Adult and Youth Screening Tools** determine the appropriate delivery system for beneficiaries newly seeking mental health services.
- » The **Transition of Care Tool** supports timely and coordinated care when adding a service from the other delivery system or completing a transition of services to the other delivery system.

Together, these tools ensure beneficiaries have access to the right care, in the right place, at the right time.

Recovery Incentives: California's Contingency Management (CM) Program

DHCS intends to pilot Medi-Cal coverage of CM services in DMC-ODS counties that elect and are selected to participate, beginning in January 2023 through March 2024. Eligible Medi-Cal beneficiaries will:



Participate in a structured **24-week CM Program** -12 weeks with twice weekly testing/incentives and a 12-week continuation with once weekly testing/incentives



Receive incentives for testing **negative for stimulants only**, even if they test positive for other drugs



Earn a **maximum of \$599** over the 24-week period in the form of gift cards



Generate incentives and track progress using **Incentive Manager** software

Recovery Incentives Program Counties

24 DMC-ODS counties plan to participate in the Recovery Incentives Program:

Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Luis Obispo
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Nevada	Santa Cruz
Orange	Shasta
Riverside	Tulare
Sacramento	Ventura
San Bernardino	Yolo

Overview: Medi-Cal Mobile Crisis Services Opportunity

Mobile crisis teams offer community-based intervention to individuals in need wherever they are, including at home, work, or anywhere else in the community where the person is experiencing a behavioral health crisis.



Under the American Rescue Plan Act (ARPA), **states are eligible for an 85% enhanced FMAP for qualifying mobile crisis services** for 12 quarters between April 2022 and April 2027.*



DHCS will **submit a State Plan Amendment (SPA) that establishes a new Medi-Cal mobile crisis benefit**, effective as soon as January 2023. DHCS released the draft SPA for stakeholder feedback in August 2022.



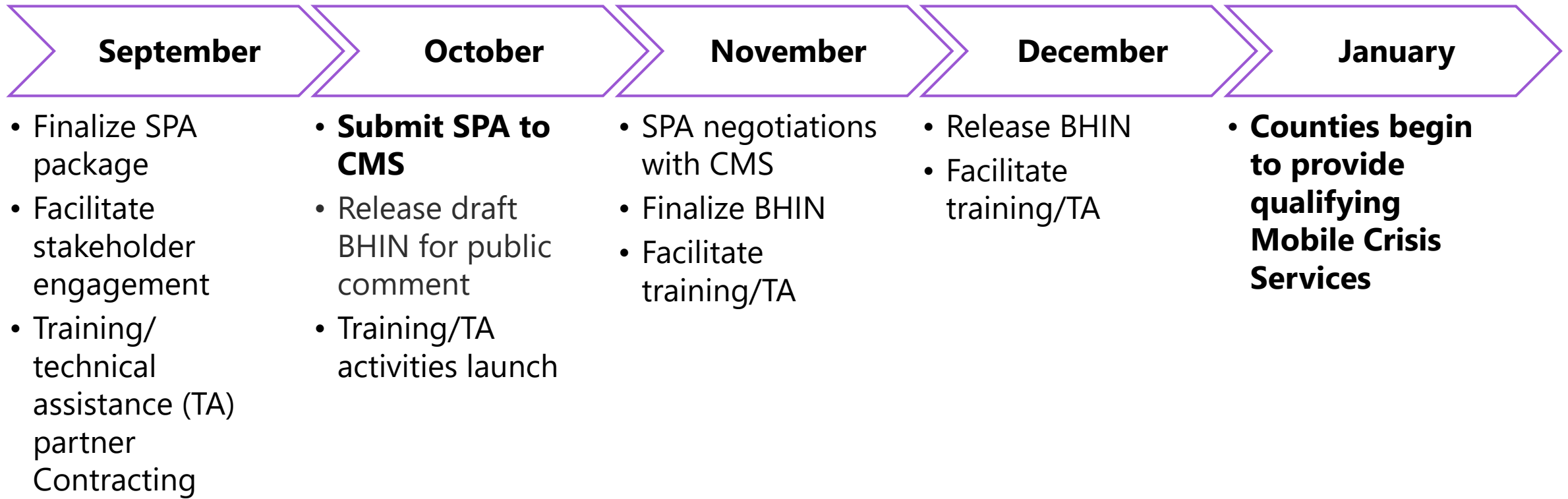
DHCS envisions that its mobile crisis service will **align with the state's other efforts** to support individuals experiencing a behavioral health crisis.



DHCS is designing a mobile crisis services benefit to ensure all Medi-Cal members have access to **coordinated crisis care 24 hours a day, 7 days a week, 365 days per year.**

High-Level Timeline: Upcoming Milestones

DHCS anticipates submitting the mobile crisis services SPA to CMS in October 2022. DHCS is conducting robust stakeholder engagement to inform the benefit design, SPA content, and forthcoming behavioral health information notice (BHIN).



Key Providing Access and Transforming Health (PATH) Program Initiatives

PATH Initiative Name	High-Level Description
Collaborative Planning and Implementation Initiative	Support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports. Application process is ongoing, and funding anticipated to begin in late 2022.
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	Grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports. Application process is ongoing, and funding anticipated to be distributed December 2022.
Technical Assistance Marketplace Initiative	Technical assistance to providers, community-based organizations, county agencies, public hospitals, tribal partners, and others. TA Vendor application process is ongoing and TA recipient application process and funding anticipated to begin in January 2023.
Justice Involved Capacity Building	Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved (JI) initiatives in 2023. Application process and funding is ongoing.

Collaborative Planning and Implementation Initiative

Critical Activities

- » **Collaborative Participant Registration** launched on August 23, 2022, and registrations are currently being accepted on a rolling basis. Click [here](#) to register.
 - » Currently, there are 275 participants who have registered.
- » **Intent to Award communications** were sent to selected Collaborative Facilitators on October 7, 2022.
- » Collaborative Facilitator **county/regional assignments** are currently being finalized by DHCS. Once finalized, DHCS will initiate the **contracting process** with Collaborative Facilitators.
- » **Collaborative Group Kick-off Timeline:**
 - » Additional participant recruitment: 2-10 weeks post-contract execution.
 - » Initial Collaborative Group welcome letter to participants: 4-6 weeks post-contract execution.
 - » Collaborative Participant Kickoff and Pre-Work Webinar: 6-8 weeks post-contract execution.
- » For **more information** visit <https://ca-path.com/collaborative> or submit questions directly to collaborative@ca-path.com.

CITED Initiative

Critical Activities

- » Funding made available in five rounds every 4 months from 2022-2025.
- » **Round 1 [Grant Application](#)** allocation of \$100 million to applicants and was open from August 1 to September 30, 2022.
 - » 231 applications from 205 applicants with a request for approximately \$520 million.
- » Round 1 Grant Applications are currently being reviewed by the TPA and DHCS.
- » **Round 2 Grant Application** will be launched in December with informational sessions held in November. To stay informed about upcoming dates, refer to the [CITED website](#).
- » Submit questions directly to cited@ca-path.com.

Potential CITED Application Windows 2022 – Q1 2024

CITED will include multiple open application windows in each year with target funding allocations associated with each round to promote an equitable distribution of CITED funding

Round #	2022					2023												2024			
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Round 1																					
Round 2																					
Round 3																					
Round 4																					
Round 5																					

	Open application period
	Application review and contract development
	Funding disbursed

*Note: Months represented above are approximations

Technical Assistance (TA) Marketplace Initiative

Background

- » Entities may register for hands-on technical assistance support from vendors and access off-the-shelf TA resources in pre-defined TA domains.
- » TA resources will be provided through a virtual TA “Marketplace,” which will be designed, launched, and managed by the PATH TPA.
 - » The TPA will contract with other vendors to provide TA services to eligible entities as part of the marketplace
- » **Technical assistance resources may include, for example:**
 - » Hands-on trainings for ECM / Community Supports providers on billing and reporting requirements or contracting with health plans
 - » Guidance for data sharing processes between ECM / Community Supports providers and health plans
 - » Accelerated learning sessions or computer-based learning modules for CBOs
 - » Strategic planning consultations for entities implementing ECM / Community Supports
 - » Customized project-specific support provided by vendors registered with the TA Marketplace

Justice-Involved Capacity Building Initiative

Critical Activities

- » **Round 2 Grant Application** is open from August 9 to December 31, 2022. Please use the following link to apply: <https://pcgus.jotform.com/222033081529044>.
- » For **supporting materials** for Round 2, review the [Application Tip Sheet](#) and [Frequently Asked Questions](#).
- » **Round 2 Office Hours** are held biweekly from October to December from 12-1 p.m. on the following dates:
 - » October 20
 - » November 3
 - » November 17
 - » December 1
 - » December 15
 - » December 29
- » **Rounds 3 and 4** to support implementation of pre-release services is TBD.
- » For **more information** visit <https://www.ca-path.com/justice-involved> or submit questions directly to justice-involved@ca-path.com.

PATH Round 1 Highlights (as of October 14, 2022)

- » DHCS has awarded nearly **\$4.5 million** in grants to **42 PATH Round 1 Applicants**, supporting **152 correctional** facilities, **across 35 counties**.
- » CDCR has been awarded **\$340,000** to support **34 prisons** across California.
- » To date, DHCS has made nearly **\$4 million in payments**, with just over \$537,000 in pending payments.

DHCS Continues to Negotiate with CMS on the JI Component of the 1115 Waiver

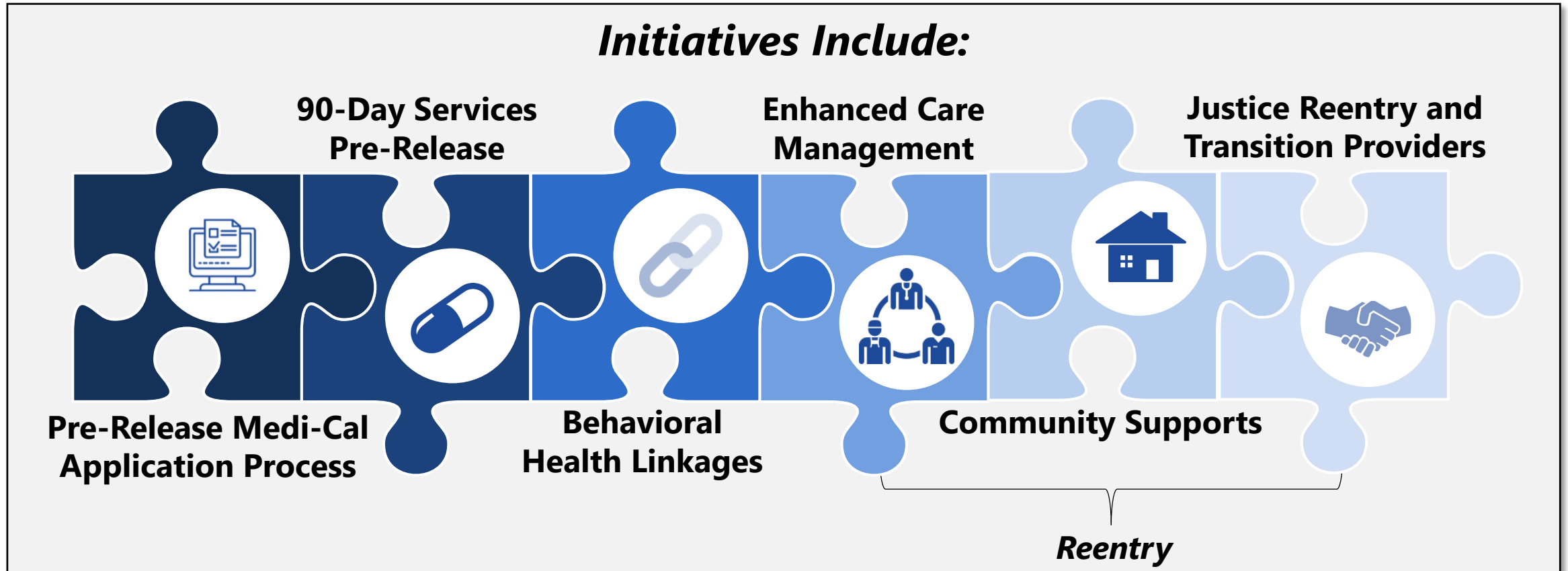
CMS Update

- » The initiative to provide pre-release services to individuals in the 90 days prior to release from state prison, county jails, and youth correctional facilities is dependent upon CMS approval of DHCS 1115 waiver request.
- » Negotiations between DHCS and CMS have been ongoing since fall 2021.
- » CMS informed DHCS that the approval of the state's waiver request is dependent upon the following, both of which have not yet occurred:
 - Submission of an HHS Report to Congress.
 - Release of a State Medicaid Director Letter on JI 1115 waivers.
- » DHCS will provide an update on the status of negotiations as information becomes available to share.
- » All pre-release service parameters discussed today are subject to change.

Source: 11-W-00193/9, "California CalAIM Demonstration," December 29, 2021, available at <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1115-Waiver-Approval-Letter-STCs-12-29-21.pdf>.

CalAIM Initiatives to Support Justice-Involved (JI) Populations

CalAIM JI initiatives support JI individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry from prisons, jails, and youth correctional facilities.




Public Comment

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Upcoming Meeting and Next Steps

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Break – 10 Minutes



Behavioral Health Stakeholder Advisory Committee Hybrid Meeting

October 20, 2022

Behavioral Health (BH) Open Forum

BH Open Forum

- » Place to discuss high-priority topics not yet covered during the year.
- » Ensure coverage of topics addressed by workgroups folded into BH-SAC.
- » Opportunity to discuss new topics from members and the public.

Summary of Activities

- » The advisory groups that were collapsed into BH-SAC originally were the:
 - » Driving Under the Influence (DUI) Advisory Group
 - » Narcotic Treatment Program (NTP) Advisory Group
 - » Performance Outcomes System (POS) Stakeholder Advisory Committee
 - » Interagency Prevention Advisory Council (IPAC)
 - » Youth Advisory Group (YAG)
- » Members of the public will be able to comment after BH-SAC members.

Former DUI Advisory Group

- » DHCS currently meets monthly with the California Association of DUI Treatment Programs (CADTP).
 - » The CADTP is a non-profit organization formed as a partner to its member organizations to promote understanding and protect the integrity of California DUI programs through advocacy, education, and collaboration with legislators, state and county officials, and other community stakeholders. CADTP was formed in 1986 and incorporated in 1988.
 - » Additionally, the CADTP Alcohol and Other Drug (AOD) Counselor Certification program is governed by an independent board of the CADTP Certification Board.
- » DHCS and CADTP last met on October 11, 2022.

Former NTP Advisory Group

- » DHCS currently meets monthly with the California Organization of Methadone Providers (COMP).
 - » COMP was incorporated as a not-for-profit (501c) corporation on May 31, 1991. In 2002, COMP introduced new pharmacotherapy and other treatments, and became the organization California Opioid Maintenance Providers. DHCS promotes access to medication-assisted treatment and opioid treatment programs.
- » DHCS and COMP last met on October 17, 2022.

Former POS Stakeholder Advisory Committee

- » The POS Stakeholder Advisory Committee was incorporated into BH-SAC when BH-SAC was originally established.
- » The POS Expert Task Force (ETF) continues to meet.
- » The most recent ETF meeting occurred on September 8, 2022. The group discussed:
 - » Performance Dashboard and Report Updates
 - » Data Quality Issues
 - » An overview of Behavioral Health and CalAIM Quality and Equity Initiatives, followed by a listening session for DHCS to hear stakeholder feedback
- » The ETF meets quarterly.

Former YAG

- » The YAG was established in 2016 to examine the historic service gaps and lack of infrastructure in youth treatment. The YAG was comprised of county behavioral health organizations, providers, foundations, and advocacy groups. Through the YAG:
- » DHCS conducted roundtable sessions to collect information from stakeholders, and, as a result, produced a youth needs assessment that was presented to the YAG in 2017.
- » DHCS and the YAG revised the former 2002 Youth Treatment Guidelines into a youth services policy manual. Feedback from the YAG was used to develop and publish the [Adolescent Substance Use Disorder Best Practices Guide](#) in October 2020.

Former IPAC

- » The IPAC (formerly known as the Governor's Prevention Advisory Council) was formed in 2002 to create a coordinated effort across 16 state agencies responsible for implementing primary prevention services that address substance use.
- » Workgroups were established that addressed underage alcohol and cannabis use, prevention services in community college and university settings, and prescription drug misuse.
- » The IPAC also served as the required advisory council for federal discretionary grants for primary prevention, providing recommendations to DHCS on the implementation and evaluation of these grant programs.
- » Each of these workgroups were rolled into BH-SAC when BH-SAC was originally established. Currently, grant funded prevention efforts are addressed through the County Behavioral Health Directors Association Prevention Coordinators forum.

Questions today for BH-SAC members

- » Given the committees that were combined into BH-SAC, are there specific issues that BH-SAC has not addressed related to those committees that should be addressed in the coming year?

Public Comment

Upcoming Meeting and Next Steps

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Appendix

Key CalAIM Components: Enhanced Care Management (ECM) and Community Supports

On January 1, 2022, DHCS launched the first components of CalAIM: ECM and Community Supports.

- » **ECM:** A **Medi-Cal managed care benefit** that 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 MCPs 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.

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for members with complex needs who 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).

- » ECM is designed to address both the clinical and non-clinical needs of the highest-need patients through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home.
- » ECM is part of the broader CalAIM PHM system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level.

Seven ECM Core Services

- » Outreach and Engagement
- » Comprehensive Assessment and Care Management Plan
- » Enhanced Coordination of Care
- » Coordination of and Referral to Community and Social Support Services
- » Member and Family Supports
- » Health Promotion
- » Comprehensive Transitional Care

What are Community Supports?

Community Supports are services that Medi-Cal 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 and to address social drivers of health (factors in people's lives that influence their health).
- » MCPs offer different combinations of Community Supports by county.
- » MCPs must follow the DHCS standard Community Supports service definitions in the policy guide, but they may make their own decisions about when it is cost-effective and medically appropriate.
- » Community Supports can be offered without ECM. Community Supports are not restricted to ECM Populations of Focus and should be made available to all members who meet the eligibility criteria for a specific Community Support.

For more details, see [Community Supports Policy Guide](#) (April 2022).

What are the pre-approved Community Supports?

Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

For more details, see [Community Supports Policy Guide](#) (April 2022).

What is PATH?

- » California has received targeted expenditure authority as part of its section 1115 demonstration renewal for the PATH program to take the State's system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS has currently received authorization for \$1.44 billion total computable funding for PATH to maintain, build, and scale the infrastructure and capacity necessary to ensure successful implementation of ECM and Community Supports under CalAIM.
- » PATH is intended to complement and enhance other CalAIM funding efforts and should not serve as a primary source of funding. PATH funding for all initiatives is time-limited and should not be viewed as a sustainable, ongoing source of funding.

Timeline for PATH Initiatives

Activity/Initiative	June	July	Aug	Sept	Oct	Nov	Dec	Jan '23	Feb '23
Collaborative Planning and Implementation Initiative			Registration Open	Registration Open	Funds Disbursed				
CITED Initiative			Round 1 Application Window Open	Round 1 Application Window Closes	Round 1 Application review and development of agreements with awardees		Round 1 Funds Disbursed		
TA Marketplace					Select TA domains and/or customized assistance may launch earlier if ready			Marketplace Live	
Justice-Involved Initiative	Round 1 Application Window Opens		Round 2 Application Window Opens	Round 2 Funds Disbursed on a Rolling Basis					

 = milestone
  = interim milestone
  = work ongoing

PATH Resources

DHCS PATH Website: <https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx>

PATH Third Party Administrator (Public Consulting Group) Website: <https://www.ca-path.com/>

Collaborative Planning

- » TPA Website and Registration: <https://www.ca-path.com/collaborative>
- » Email: collaborative@ca-path.com

CITED

- » TPA Website and Application: <https://www.ca-path.com/cited>
- » Email: cited@ca-path.com

TA Marketplace

- » TPA Website: <https://www.ca-path.com/ta-marketplace>
- » Email: ta-marketplace@ca-path.com