Medi-Cal Managed Care Advisory Group Meeting

December 15, 2022 – (Webex Only)
Webex Event Number (Access Code): 2598 084 4892
Event Password: MCAG*

Join by Phone: +1-415-655-0001 US Toll
Access Code: 2598 084 4892

December 2022

Agenda

» Welcome and Introductions

» Updates on New Medi-Cal Benefits
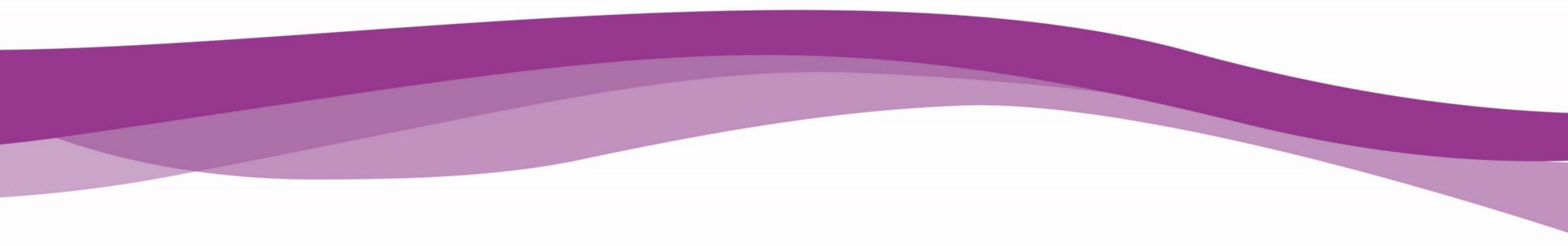
» Telehealth Services and the COVID-19 Public Health Emergency (PHE)

» 2023 Medi-Cal Accountability Sets (MCAS)

» Managed Care Plan (MCP) Model Changes

» MCP Panel: CalAIM Care Coordination Implementation

» Providing Access and Transforming Health (PATH) Updates

» Children's Outreach

» Open Discussion

Welcome and Introductions

Telehealth Services

Telehealth and the COVID-19 Public Health Emergency (PHE)

» Due to COVID-19 PHE, DHCS loosened rules for telehealth via blanket waivers and Disaster Relief State Plan Amendments (SPAs)

» Medi-Cal telehealth utilization rapidly increased in response to the COVID-19 pandemic

Telehealth and the COVID-19 PHE (Continued)

DHCS' policy changes during the COVID-19 PHE included:

» Expanding the ability for providers to render all applicable Medi-Cal services

» Allowing most telehealth modalities to be provided for new and established patients

» Allowing many covered services to be provided via telephone/audio-only for the first time

» Payment parity with in-person services

» Waiving site limitations for both providers for and patients of Federally Qualified Health Centers and Rural Health Clinics

Telehealth Post-PHE

» Post-PHE policies preserve most PHE flexibilities, allowing Medi-Cal covered benefits and services to be provided via telehealth when clinically appropriate

DHCS Guiding Principles

» Equity
» Access
» Standard of Care
» Patient Choice
» Confidentiality
» Stewardship
» Payment Appropriateness

Highlights of Post-PHE Policy

SB 184 (Chapter 47, Statutes of 2022) and AB 32 (Chapter 515, Statutes of 2022)

Baseline Coverage of Video, Audio-Only, and Asynchronous

Payment Parity

Establish New Patients via Video Telehealth	Patient Consent	Right to In-Person Services	Patient Choice of Telehealth Modality

• Allow the establishment of new patients via video visits
• Establishment of new patients using audio-only is limited to specified exceptions
	• New patient consent requirements
	• Model language that supports patient choice and equitable access to care
		• No sooner than January 1, 2024, providers must:
		  • Offer services via in-person face-to-face contact; **or**
		  • Link the enrollee to in-person care
			• No sooner than January 1, 2024, providers must offer video telehealth visits if they offer audio-only telehealth visits
			• Exceptions will be made if providers lack broadband access

Community Health Worker (CHW) Services
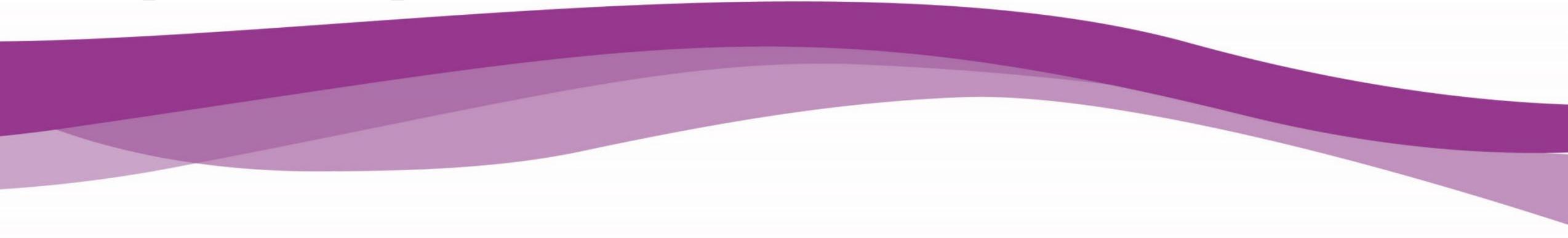
CHW Services

» Became available on July 1, 2022.

» SPA 22-0001 approved by the Centers for Medicare & Medicaid Services (CMS) on July 26, 2022.

» Available in fee-for-service (FFS) and managed care delivery systems.

» CHWs include promoters, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.

» CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs.

CHW Services (Continued)

» **Health education** to promote the member'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 members to access health care, understand the health care system, or engage in their own care and connect to community resources.

» **Screening and assessment** that does not require a license and that assists a member to connect to appropriate services to improve their health.

» **Individual support or advocacy** that assists a member in preventing a health condition, injury, or violence.

Doula Services
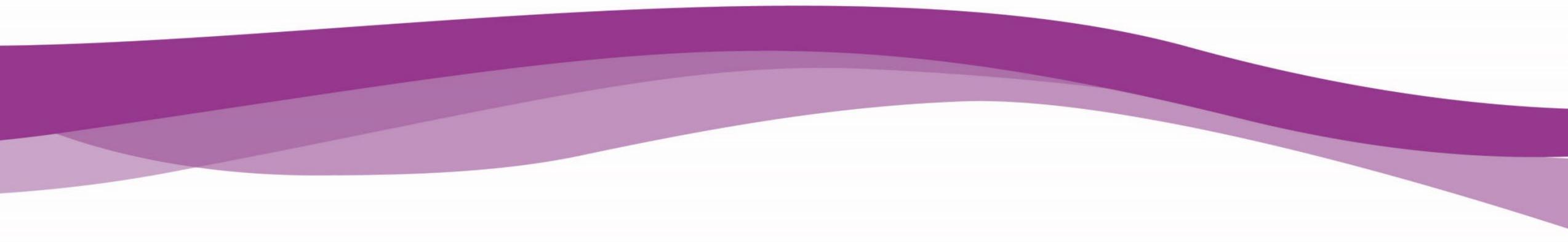
Doula Services

» Available starting January 1, 2023.

» SPA 22-002 submitted to CMS on November 7, 2022.

» Provider manual scheduled to publish December 16, 2022.

» Available in FFS and managed care delivery systems.

» Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants.

» Doulas offer various types of support that could address Adverse Childhood Experiences (ACES), including perinatal and labor support and guidance; health navigation; evidence-based education, including development of a birth plan; and linkages to community-based resources.

Doula Services (Continued)

» Doula services encompass health education, advocacy, and physical, emotional, and nonmedical support provided before, during, and after childbirth or end of a pregnancy, including throughout the postpartum period.

   » Includes coverage during miscarriage and abortion.

» Benefit covers one extended initial visit, labor and delivery, eight additional visits (throughout the prenatal and/or postpartum periods), and two extended postpartum visits.

Dyadic Services
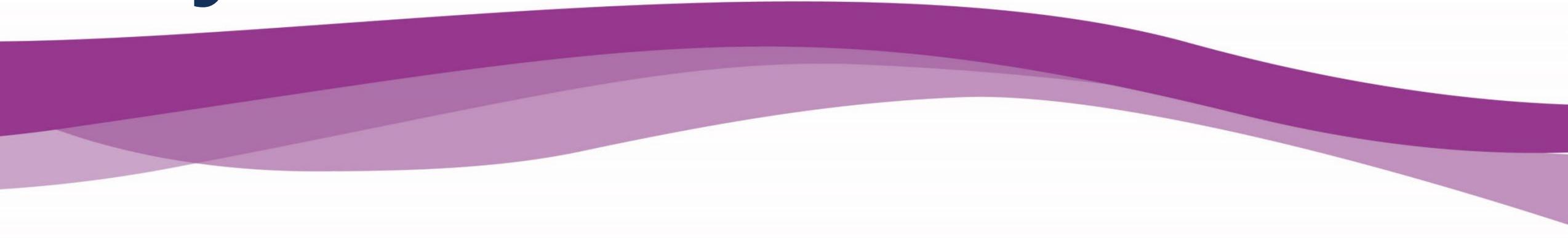
Dyadic Services

» Available starting January 1, 2023.

» Available in FFS and managed care delivery systems.

» Services are specified in the Non-Specialty Mental Health Services provider manual.

Dyadic Services (Continued)

» Dyadic services are preventive behavioral health services for recipients ages 0 to 20 and/or their caregivers.

» Dyadic services for recipients ages 0 to 20 years include:
  » Dyadic Behavioral Health Well-Child Visits
  » Dyadic Comprehensive Community Support Services, per 15 minutes
  » Dyadic Psychoeducational Services, per 15 minutes
  » Dyadic Family Training and Counseling for Child Development, per 15 minutes

Dyadic Services (Continued)

» Dyadic caregiver services include the following assessment, screening, counseling, and brief intervention services provided to the caregiver, when billed on the child's Medi-Cal ID as specified:

  » ACEs screening
  » Alcohol and drug screening, assessment, brief interventions and referral to treatment
  » Brief emotional/behavioral assessment
  » Depression screening
  » Health behavioral assessments and interventions
  » Psychiatric diagnostic evaluation
  » Tobacco cessation counseling

References

» DHCS web page: Telehealth

» DHCS web page: Community Health Workers

» DHCS web page: Doulas

» Medi-Cal NewsFlash: Dyadic Services Added as Medi-Cal Benefits and Psychotherapy Updates

MCAS

» Set of performances measures DHCS selects for annual reporting by Medi-Cal (MCPs.)

» Reflects the quality, accessibility, and timeliness of care that MCPs provide to their members.

https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx

MCAS High and Minimum Performance Levels

» DHCS establishes High Performance Levels (HPLs) and Minimum Performance Levels (MPLs) for a select number of MCAS measures.

  » HPLs used as performance goals and to recognize MCPs for outstanding performance.
  » MCPs are contractually required to perform at or above MPLs.
    » DHCS is authorized to impose sanctions (e.g., financial penalties, auto-assignment withholds) on MCPs that fail to meet required MPLs on any applicable MCAS measures.
    » The level and type of sanction depends upon the number of deficiencies and the severity of the quality issues identified.

Domains	Measures (2023)
Child & Adolescent Preventative Health	• Child and Adolescent Well-Care Visits (WCV) • Childhood Immunization Status: Combination 10 (CIS-10) • Immunizations for Adolescents: Combination 2 (IMA-2) • Lead Screening in Children (LSC) • Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months (W30) • Well-Child Visits in the First 30 Month of Life - Well-Child Visits for Age 15 Months - 30 Months (W30) • Developmental Screening in the First Three Years of Life (DEV) • Topical Fluoride for Children (TFL-CH)
Reproductive Health	• Chlamydia Screening in Women (CHL) • Prenatal and Postpartum Care: Postpartum Care (PPC-Pst) • Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre) • Postpartum Depression Screening and Follow Up (PDS-E) • Prenatal Depression Screening and Follow Up (PND-E) • Prenatal Immunization Status (PRS-E)

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Domains	Measures (2023)
Behavioral Health	• Follow-Up After ED Visit for Mental Illness – 30 days (FUM) • Follow-Up After ED Visit for Substance Abuse – 30 days (FUA) • Depression Remission or Response for Adolescents and Adults (DRR-E) • Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
Chronic Diseases	• Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC-H9) • Controlling High Blood Pressure (CBP) • Asthma Medication Ratio (AMR)
Psychotropic and Opioid Use Management	• Antidepressant Medication Management: Acute Phase Treatment (AMM-Acute) • Antidepressant Medication Management: Continuation Phase Treatment (AMM-Cont) • Pharmacotherapy for Opioid Use Disorder (POD)
Cancer Prevention	• Breast Cancer Screening (BCS) • Cervical Cancer Screening (CCS) • Colorectal Cancer Screening (COL)

Specific Measures

Infant, child and adolescent well-child visits
Childhood and adolescent vaccinations

Prenatal and postpartum visits
C-section rates

Prenatal and postpartum depression screening
Adolescent depression screening and follow up

Follow up after ED visit for SUD within 30 days
Depression screening and follow up for adults
Initiation and engagement of alcohol and SUD treatment

Infant, child and adolescent well-child visits
Childhood and adolescent vaccinations
Blood lead & developmental screening
Chlamydia screening for adolescents

BOLD GOALS:
50x2025

STATE LEVEL

Close racial/ethnic disparities in well-child visits and immunizations by 50%

Close maternity care disparity for Black and Native American persons by 50%

Improve maternal and adolescent depression screening by 50%

Improve follow up for mental health and substance use disorder by 50%

Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Closer look at QI Efforts

» Regionalization: working toward a regional model aligning quality improvement (QI) work within specific regions that share similar demographics and access barriers.

  » The current quarterly regional collaborative calls for a more in-depth discussion regarding barriers experienced, best practices, and potential plan community partners.

» Plan Do Study Act (PDSA): measure specific interventions with goal outcome to raise rates for the measure.

» Strengths, Weaknesses, Opportunities, and Threats (SWOT) Examples: domain specific with multi-intervention method that allows for broader, farther-reaching QI process.

» QI Assessment: Program wide internal look at infrastructure/barriers impacting QI stagnation for Medi-Cal members.

Overview of Medi-Cal Managed Care (MCMC) Model Changes

Prior to the launch of the state's commercial plan re-procurement processes in 2022, counties had the opportunity to request a change to their managed care model effective January 1, 2024.

» **Today, each county offers one of these MCMC 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, Regional, and Imperial model)
4. One commercial plan and a Fee-for-Service option (San Benito model)

» 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.

CalOptima Health

**CalAIM:
Building Services through
Community Partnerships**

Our Mission:

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vison:

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claim payments for our providers, and annually assess members' social determinants of health.

CalOptima Health Overview

» Mission: To serve member health with excellence and dignity, respecting the value and needs of each person

» Founded as Orange County's community health plan for low-income families, seniors and people with disabilities

» Serves 935,000 members: 1 in 4 adults and 1 in 3 children in Orange County

» Has 1,500 employees and an annual budget of $4 billion

"Managed Health Plans are Complicated"

Presumptive Eligibility

Auto authorizations

Community support liaisons
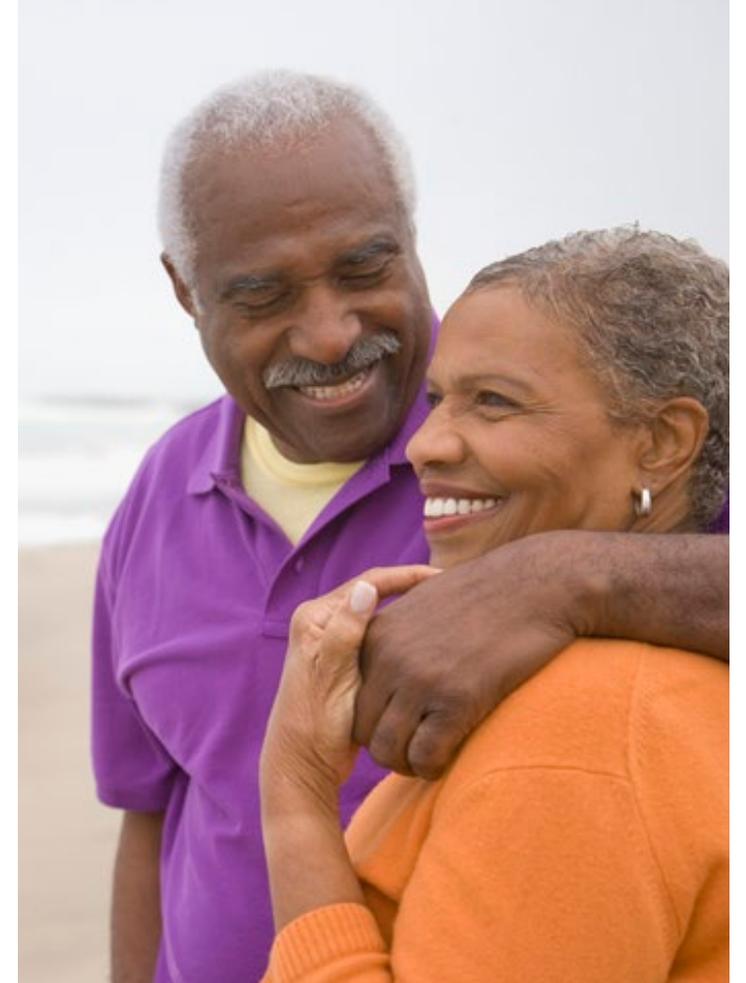
"Our Communities are Diverse"
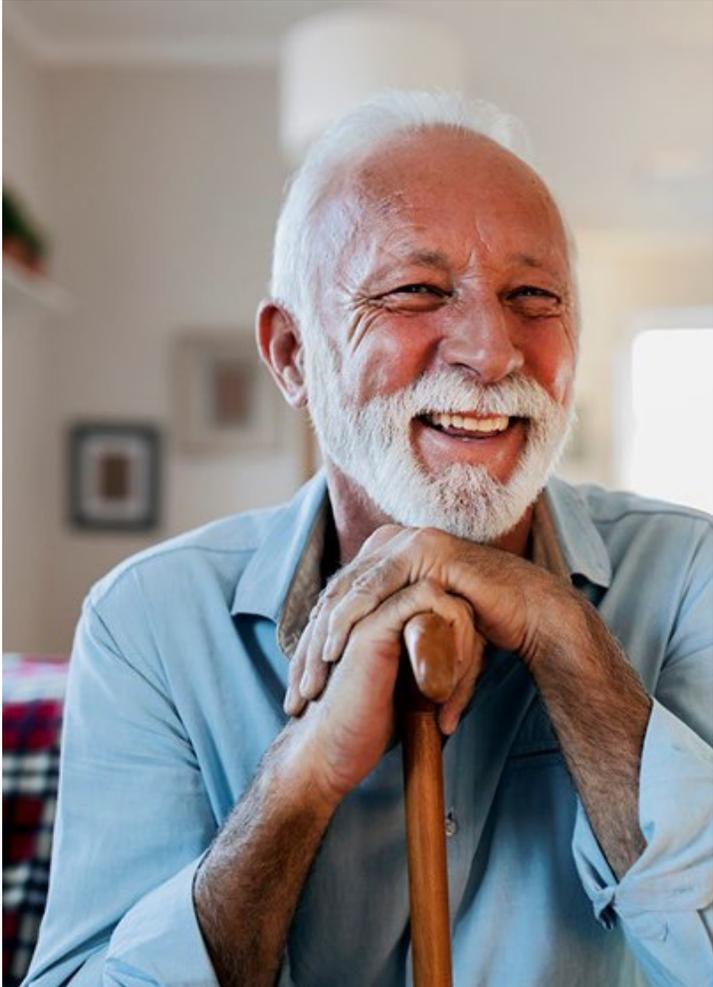
Expanded Network

Easy to understand materials

"Our Services are Valuable and Unique"

- Increased rates
- Outreach/in-reach
- Relaxing contracting requirements
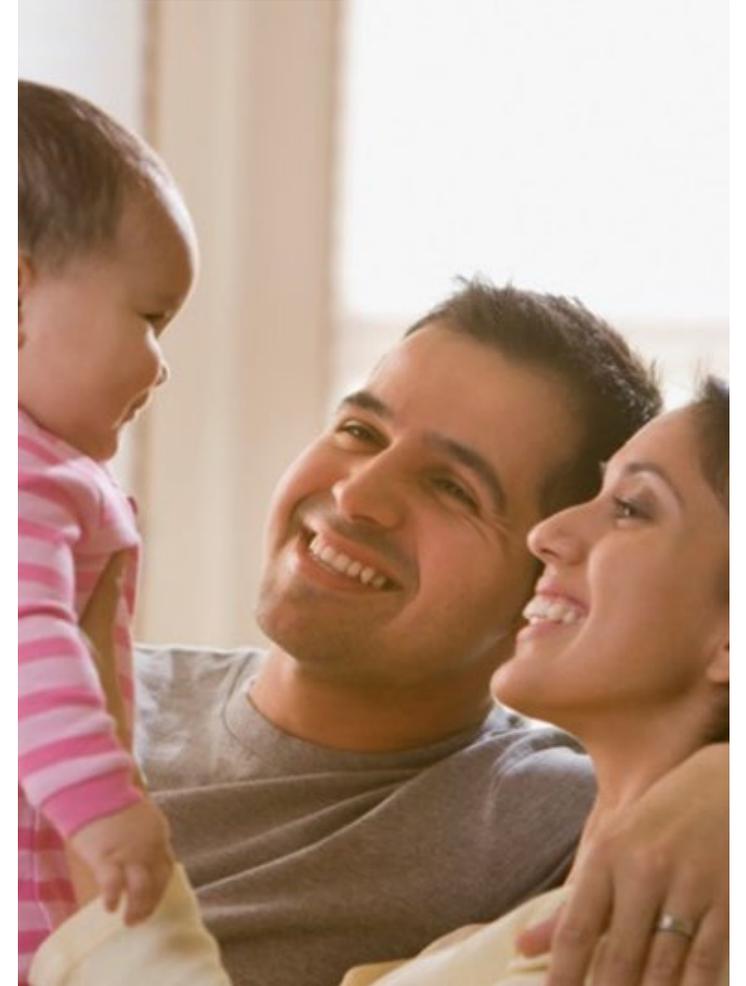
Future Innovation

Community Living Exterior

PACE Exterior

Courtyard

Reception

Community Living Lobby

Community Living Dining Room

Community Living Guest Room

Anthem:
Community Supports Approach to Referrals
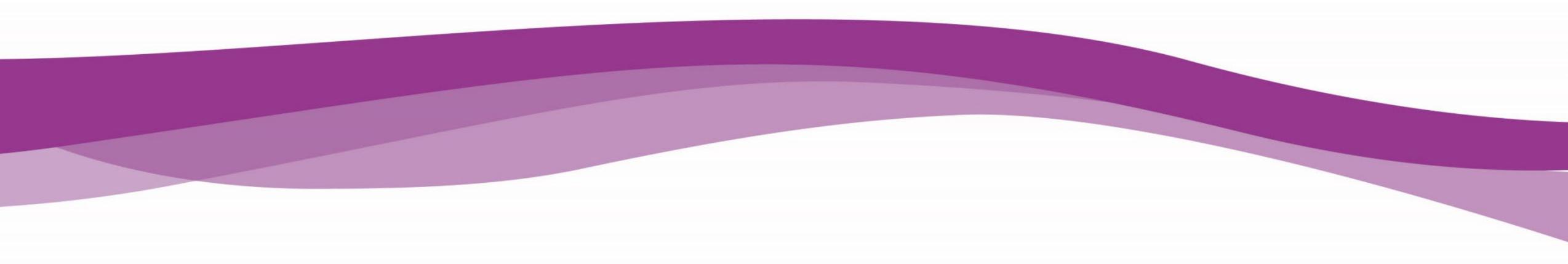
No Wrong Door

» Sources of referrals

» Ways to submit

» What being asked for referral submissions

Role of the Long-Term Services and Supports (LTSS) Service Coordinator

» Dedicated team

» Outreach and engagement

» Education and screening

» Document collection

» Provider selection

» Notifications

» Validation of service delivery

Role of Enhanced Care Management Lead Care Manager

» Awareness of all CS services/providers/contact information

» MCP points of contact

» Expectations as lead entity

Sharing of Information

» Communication between CS and CS/ECM Providers

» Transitions of care

ECM Provider Elements for Care Coordination
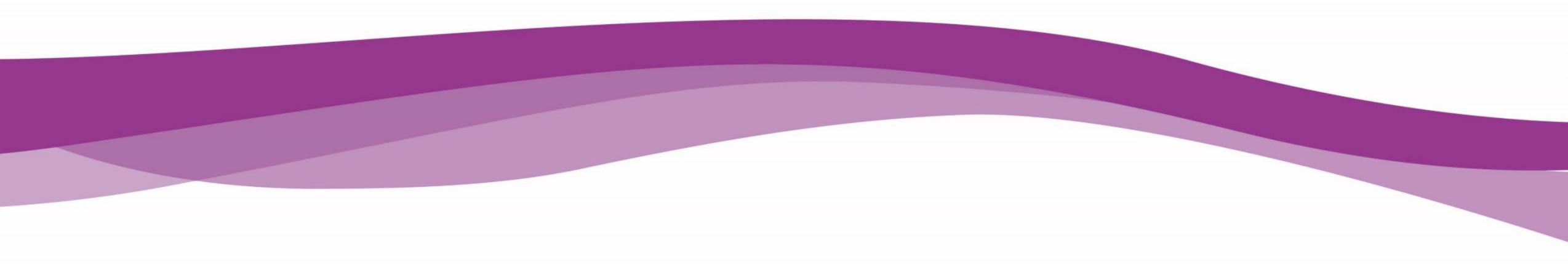
Required Elements

» Organizing member care activities, as laid out in the care plan, sharing information with the member's key care team, and implementing the member's care plan.

» Ensuring care is continuous and integrated among all service providers and referring to and following up

» Providing support for member treatment adherence

» Communicating members' needs and preferences timely to the members' care team in a manner that ensures safe, appropriate, and effective person-centered care

» Ensuring regular contact with the member, consistent with the care plan

Enhanced Care Coordination is NOT..

» Telephonic only (unless this is the member's stated preference)

» Making only appointments or referrals for members

» Focusing only on the member's areas of need that you are comfortable with

» Avoiding members that may have extensive and complex needs

Model to Support ECM and CS Providers

» Regional Program Manager

» Practice Transformation Specialists

» Provider Experience

» Clinical Teams

Questions?
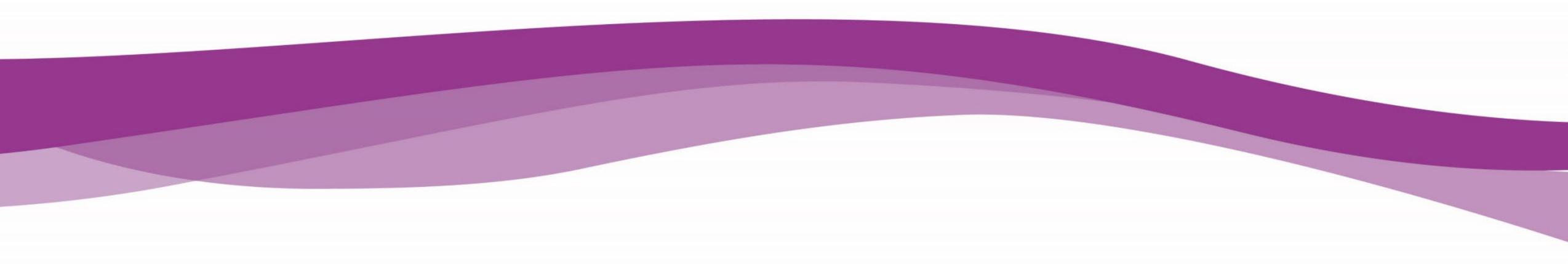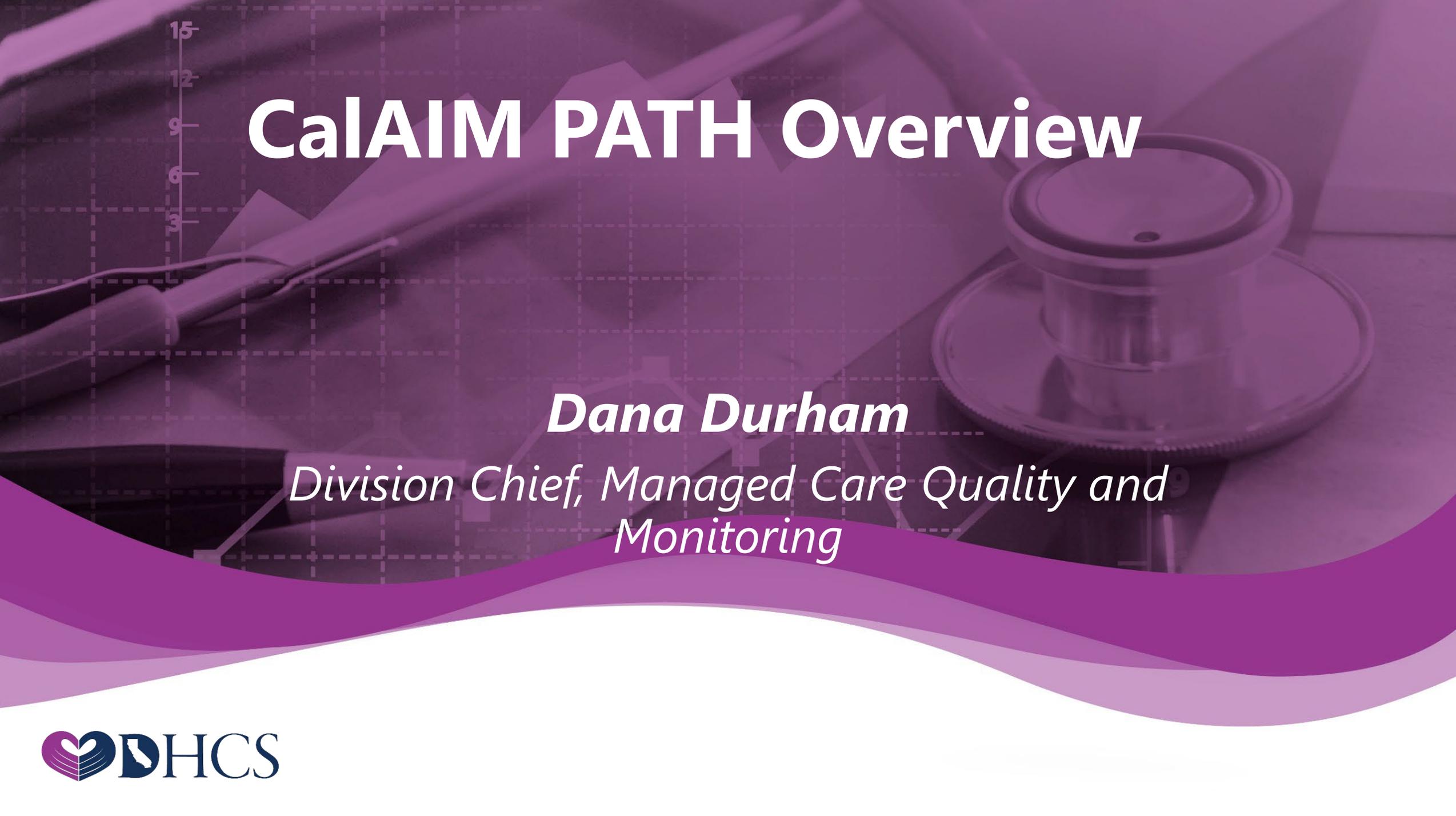
What is "Providing Access and Transforming Health" (PATH)?

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 in total computable funding for PATH to maintain, build, and scale the infrastructure and capacity necessary to ensure successful implementation of Enhanced Care Management (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.

Key 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 December 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 in first quarter 2023.
Technical Assistance (TA) Marketplace Initiative	Technical assistance to providers, community-based organizations, county agencies, public hospitals, Tribal Partners, and others. The TA vendor application process is ongoing and TA recipient application process and funding are 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. The application process and funding are ongoing.

Collaborative Planning and Implementation Initiative

Background

» Local collaborative planning groups will work together to identify, discuss, and resolve topical implementation issues and identify how PATH and other CalAIM funding initiatives, including the Incentive Payment Program (IPP) may be used to address gaps identified in MCP Needs Assessments and Gap Filling Plans while avoiding duplication.

» PATH Third-Party Administrator (TPA) will work with stakeholders in the region to convene and facilitate county or regional collaborative planning efforts.

  » There will generally be a single PATH-funded collaborative planning group in each county/region

Collaborative Planning and Implementation Initiative Funding
- Initiative funding will be used to support a designated PATH collaborative planning facilitator in each county or region.
- Individual collaborative planning participants will not receive funding via this initiative.
- Entities will not be required to participate in collaborative planning efforts in order to apply for PATH CITED funding.

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 283 participant organizations registered.

» **Notifications of Award** were sent to the **ten** selected Collaborative Facilitators in early November 2022.

» Once the contracting process with Collaborative Facilitators is finalized, DHCS will announce the selected facilitators and **county/regional assignments** of the collaboratives. This is anticipated by early December 2022.

» **Collaborative Group Kick-off Timeline**:

  » Additional participant recruitment: Anticipated in December 2022.

  » Initial Collaborative Group welcome letter to participants: Late December/early January 2023.

  » Collaborative participant kickoff and pre-work webinar: January 2023.

» For **more information,** visit https://ca-path.com/collaborative or submit questions directly to collaborative@ca-path.com.

CITED Initiative

Background

» CITED funding will support the transition, expansion, and development of ECM and Community Supports capacity and infrastructure.

» Applicants who wish to receive CITED funding must submit an application with their funding request, describing how they intend to use CITED funding.

» Funding will be made available in multiple application rounds from 2022-2025.

CITED Initiative Funding
- DHCS will review and score applicants based on specified criteria
- Funding disbursed to applicants based on achievement of milestones
- Each application window has a target allocation limit. Entities may apply for multiple rounds of funding

CITED Initiative

Critical Activities

» **Round 1 grant application** allocation of $100 million to applicants. Round 1 was open from August 1 to September 30, 2022.

  » 232 applications from 206 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 February 2023. To stay informed about upcoming dates, refer to the CITED website.

» Submit questions directly to cited@ca-path.com.

TA Marketplace Initiative

Background

» The TA Marketplace allows funding for the provision of TA for entities that intend to provide ECM and/or Community Supports. Entities may register for hands-on TA 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

Examples of TA Marketplace Initiative Resources:
• 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 community-based organizations.
• Strategic planning consultations for entities implementing ECM/Community Supports.
• Customized project-specific support provided by vendors registered with the TA Marketplace.

Technical Assistance (TA) Marketplace Initiative

Background

» **TA Assistance will be initially available in the following Domains in early 2023:**

  » Domain 1: Building Data Capacity: Data Collection, Management, Sharing, and Use
  » Domain 2: Community Supports: Strengthening Services that Address the Social Drivers of Health
  » Domain 3: Engaging in CalAIM through Medi-Cal Managed Care
  » Domain 4: ECM: Strengthening Care for ECM "Populations of Focus"
  » Domain 5: Promoting Health Equity
  » Domain 6: Supporting Cross-Sector Partnerships
  » Domain 7: Workforce

» More information on the PATH TA Marketplace initiative can be found at: https://ca-path.com/ta-marketplace or submit questions directly to ta-marketplace@ca-path.com.

Technical Assistance Marketplace Initiative

Recent Activity

» The **first round of TA vendor applications** was open October 4 – November 4, 2022.

  » 166 applications were received across all seven TA domains from 60 vendors, with the majority of applicants representing small organizations (<50 FTE).

  » The TPA and DHCS are currently reviewing all applications with award notifications anticipated to go out in December 2022

» The **second round** of TA vendor applications is anticipated to go live in March 2023.

Technical Assistance Marketplace Initiative (Continued)

TA Domain	Volume of Applications
Domain 1: Building Data Capacity: Data Collection, Management, Sharing, and Use	30
Domain 2: Community Supports Strengthening Services that Address the Social Drivers of Health	25
Domain 3: Engaging in CalAIM through Medi-Cal Managed Care	23
Domain 4: Enhanced Care Management (ECM) Strengthening Care for ECM "Populations of Focus"	21
Domain 5: Promoting Health Equity	24
Domain 6: Supporting Cross-Sector Partnerships	23
Domain 7: Workforce	19

Vendor Size	Volume of Applications
1 – 49 FTE	37
50 – 499 FTE	14
500 – 1,000 FTE	3
1,000+ FTE	6

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 12-1pm PT on the following dates:

  » 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.

Timeline for PATH Initiatives

Activity/ Initiative	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan '23	Feb '23
Collaborative Planning and Implementation Initiative			Registration Open	Registration Open	Registration Open	Anticipated 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 Anticipated Funds Disbursed	

🟩 = milestone   🟧 = interim milestone   ⬜ = work ongoing

Timeline for PATH Initiatives (Continued)

Activity/Initiative	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan '23	Feb '23
TA Marketplace					TA Vendor Application Opened	TA Vendor Applications reviewed & development of contract agreements with approved Vendors		Launch: TA Marketplace Site Live TA Recipient Application Opens	TA Marketplace Live TA Recipient Application Open
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

Questions?

PATH Resources:

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

PATH TPA (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
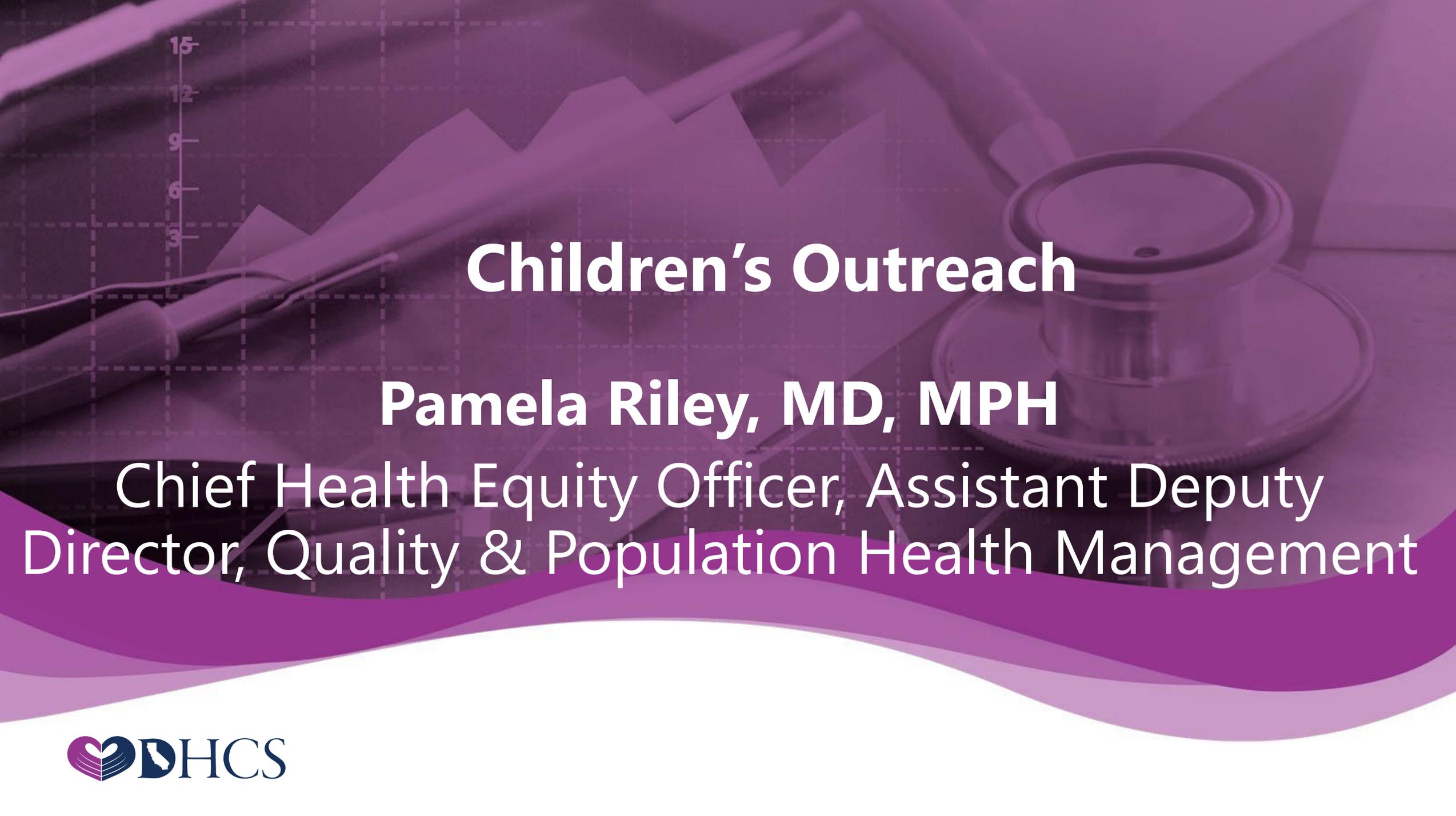
Child & Adolescent Well-Care Visits (WCV)

WCV Rates by Race/Ethnicity

41.13%

Race/Ethnicity	MY 2019	MY 2020
American Indian or Alaska Native	N=11,160 — 41.17%	N=12,070 — 29.37%
Asian	N=252,680 — 52.89%	N=261,042 — 45.38%
Black or African American	N=253,671 — 42.00%	N=262,780 — 30.90%
Hispanic or Latino	N=2,367,457 — 52.83%	N=2,492,659 — 42.71%
Native Hawaiian or Other Pacific Islander	N=8,566 — 41.98%	N=8,928 — 32.55%
White	N=481,598 — 43.66%	N=504,761 — 35.94%
Other	N=192,263 — 50.59%	N=216,065 — 42.44%
Unknown/Missing	N=160,927 — 49.77%	N=158,676 — 42.27%

N=Statewide Denominator   ■ MY 2019   ■ MY 2020
—— MY 2020 Statewide Aggregate

Figure 3.13—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Racial/Ethnic Results; DHCS 2020-2021 Preventive Services Report (https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report-0603.pdf)

Developmental Screening (DEV)



DEV Rates by Race/Ethnicity
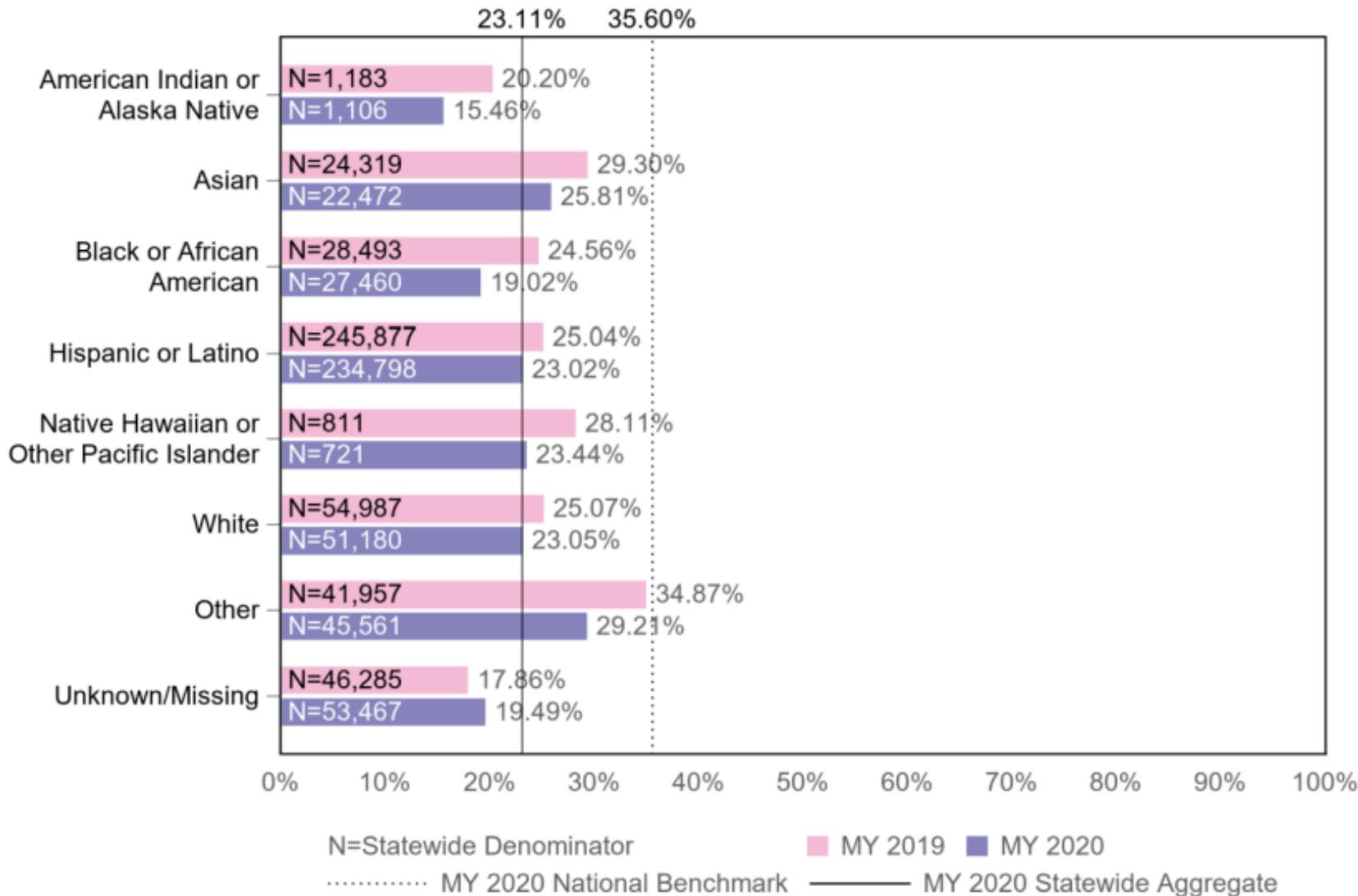
Figure 3.31—Developmental Screening in the First Three Years of Life—Total (DEV)— Statewide Racial/Ethnic Results; DHCS 2020-2021 Preventive Services Report (https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report-0603.pdf)

What was the impact of COVID19?

Figure 3.13—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Racial/Ethnic Results; DHCS 2020-2021 Preventive Services Report (https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report-0603.pdf)
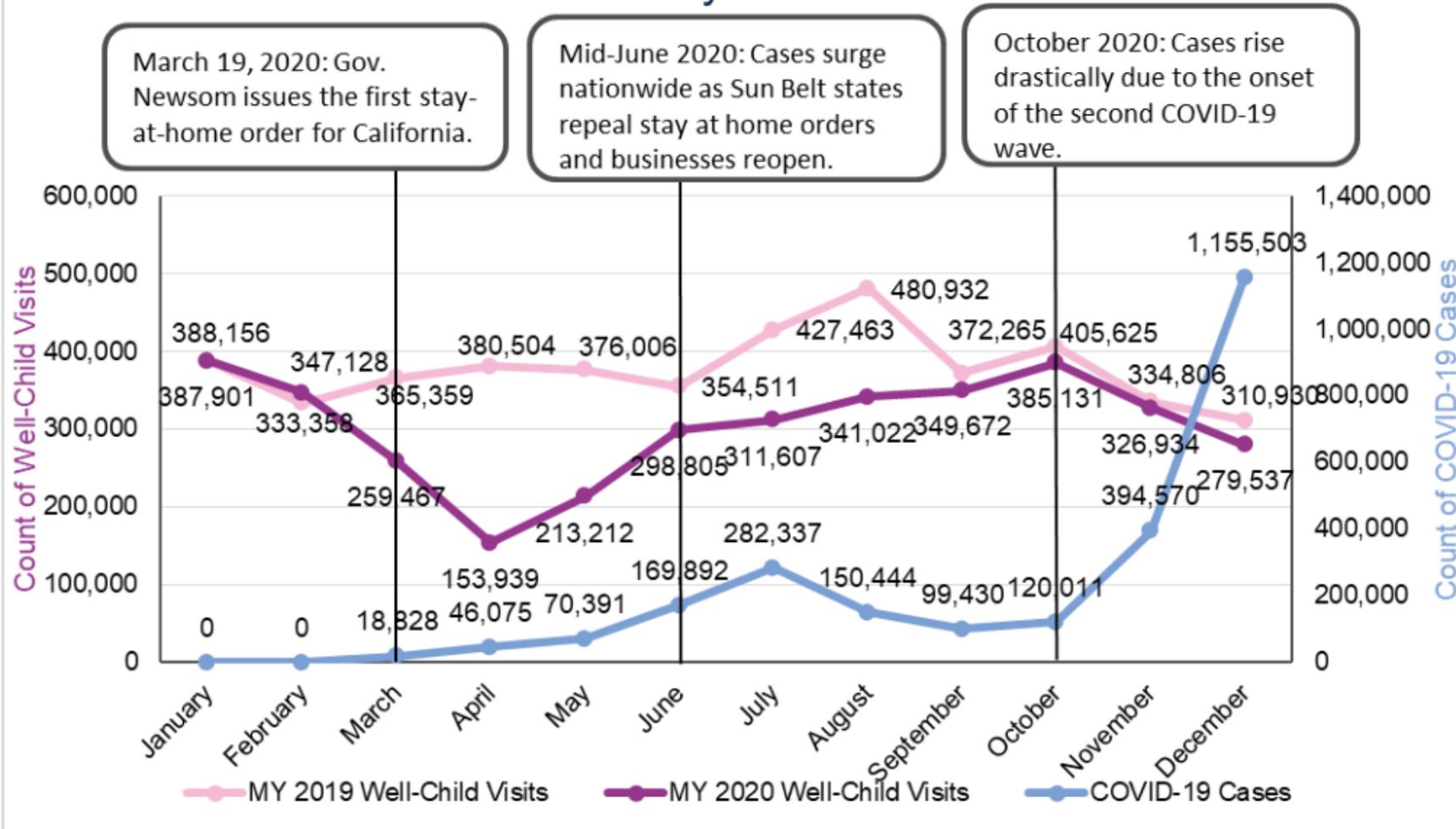
» Services have resumed, but not caught up

» Disproportionate impact on certain racial/ethnic groups

» Mirror national trends

» Continued impact in 2021

Bold Goals 50x2025:
A Multi-Pronged Quality Strategy
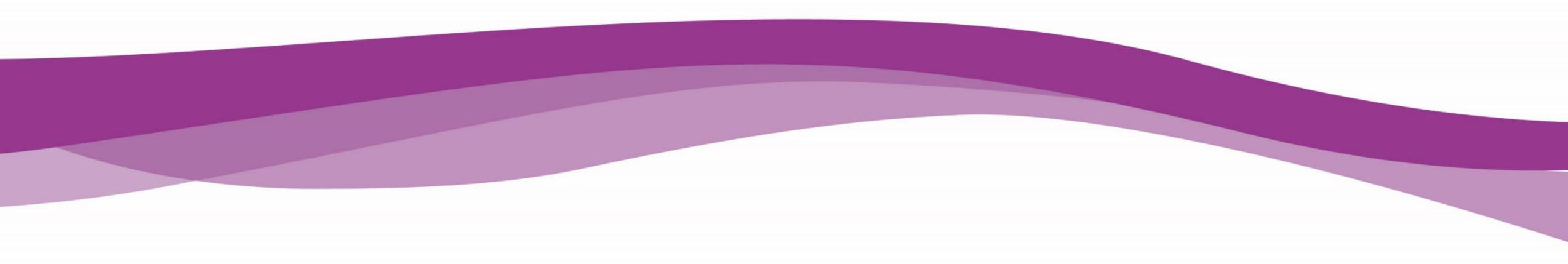
Specific Measures

Infant, child, and adolescent well-child visits
Childhood and adolescent vaccinations

Prenatal and postpartum visits
C-section rates

Prenatal and postpartum depression screening
Adolescent depression screening and follow up

Follow up after ED visit for SUD within 30 days
Depression screening and follow up for adults
Initiation and engagement of alcohol and SUD treatment

Infant, child, and adolescent well-child visits
Childhood and adolescent vaccinations
Blood lead and developmental screening
Chlamydia screening for adolescents

BOLD GOALS: 50x2025

STATE LEVEL

Close racial/ethnic disparities in well-child visits and immunizations by 50%

Close maternity care disparity for Black and Native American persons by 50%

Improve maternal and adolescent depression screening by 50%

Improve follow up for mental health and substance use disorder by 50%

Ensure all health plans exceed the 50th percentile for all children's preventive care measures

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

March 2022

DEPARTMENT OF HEALTH CARE SERVICES
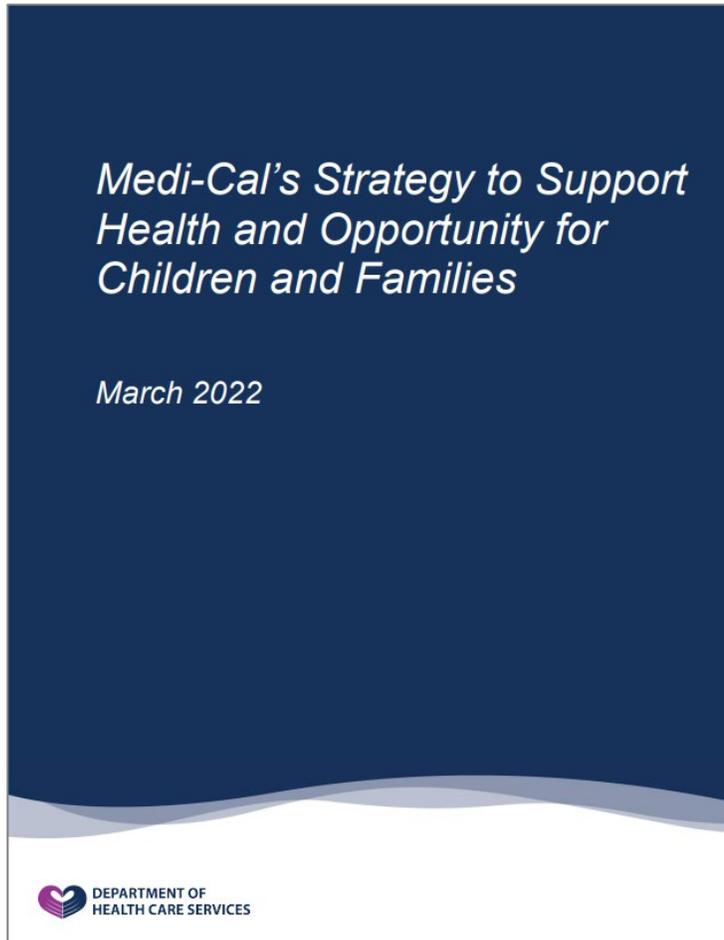
Forward-looking policy agenda for children and families enrolled in Medi-Cal that **unifies the common threads of existing and newly proposed** child and family health initiatives.

Eight action areas with detailed **key initiatives** that are designed to:

» Solidify coverage for children
» Promote whole-child and family-based care
» Strengthen leadership and accountability structures
» Implement evidence-based, data-driven initiatives

Two infographics, including an **easy-to-read one-pager** with action areas and a **detailed table** with a status update and **expected implementation timing** for each key initiative.

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

Improving Children's Health Outcomes

DHCS will improve health outcomes through more transparency, accountability, equity, quality and value, including:

» New measures on MCAS

» Statewide learning collaboratives

» Children's measures tied to Value-Based Payments

» Specific requirements within Population Health Management (PHM)

» Primary care focus in 2024 Medi-Cal MCP contracts

California State Audit (CSA) on Children's Preventive Services
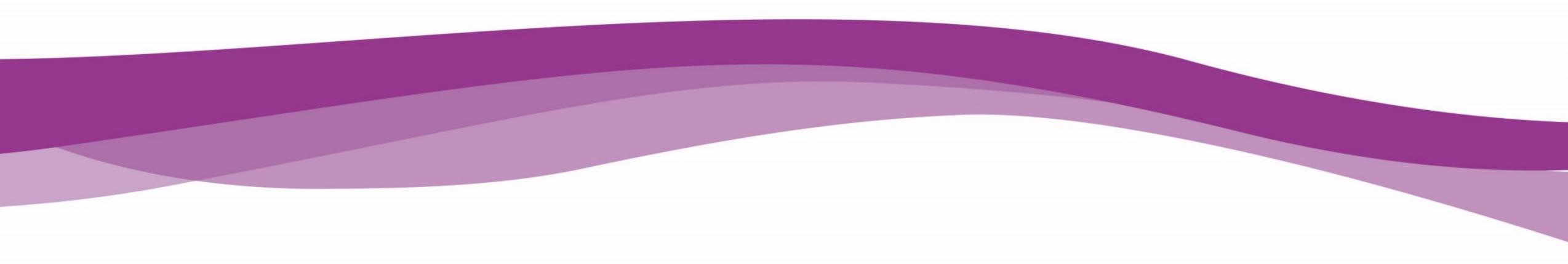
CSA Concerns	Efforts toward Improvement
» Underutilization of children's preventive services » Ensuring children receive important health care services » Improving health disparities for Medi-Cal children » Promoting children's preventive services to family and caregivers	» Strengthen contract requirements for MCPs related to underutilization of children's services » New measures added to Managed Care Accountability Set (MCAS) focused on children's preventive care and targeted health equity and quality goals set as part of Bold Goals 50x2025 » Improving member outreach through accessible educational materials to inform members of their rights for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services

MCAS

» Set of [performance measures](#) DHCS selects for annual reporting by Medi-Cal MCPs.

» Reflects the quality, accessibility, and timeliness of care that MCPs provide to their members.

MCAS High and Minimum Performance Levels

» DHCS establishes high performance levels (HPLs) and minimum performance levels (MPLs) for a select number of MCAS Healthcare Effectiveness Data and Information Set (HEDIS) measures.

  » HPLs used as performance goals and to recognize MCPs for outstanding performance.

  » MCPs are contractually required to perform at or above MPLs.

    » DHCS is authorized to impose sanctions (e.g., financial penalties, auto-assignment withholds) on MCPs that fail to meet the required MPLs on any of the applicable MCAS measures.

    » The level and type of sanction depends on the number of deficiencies and the severity of the quality issues identified.

Domains	Measures (MY 2022 & 2023)
Child & Adolescent Preventive Health	» Child and Adolescent Well-Care Visits (WCV) » Childhood Immunization Status: Combination 10 (CIS-10) » Immunizations for Adolescents: Combination 2 (IMA-2) » Lead screening in Children (LSC) » Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months (W30) » Well-Child Visits in the First 30 Month of Life - Well-Child Visits for Age 15 Months - 30 Months (W30) » Developmental Screening in the First Three years of Life (DEV) » Topical Fluoride for Children (TFL-CH)
Reproductive Health	» Chlamydia Screening in Women (CHL) » Prenatal and Postpartum Care: Postpartum Care (PPC-Pst) » Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre) » Postpartum Depression Screening and Follow Up (PDS-E) » Prenatal Depression Screening and Follow Up (PND-E) » Prenatal Immunization Status (PRS-E)

Closer Look at Quality Improvement (QI) Efforts

» Regionalization: working toward a regional model aligning QI work within specific regions that share similar demographics and access barriers.

>> » Currently conduct quarterly collaborative calls for each region for a more in-depth discussion

» Plan-Do-Study-Act (PDSA): measure specific interventions with goal outcome to raise rates for the measure.

» Strengths, Weaknesses, Opportunities, and Threats (SWOT) examples: domain-specific with multi-intervention method that allows for broader, farther-reaching QI process.

» QI Assessment: Program-wide internal look at infrastructure/barriers impacting quality improvement stagnation for Medi-Cal members.

EPSDT Outreach & Education Toolkit: Goals

Improve enrollee understanding of how Medi-Cal for children and youth works, what it covers, its role in preventive care screening, diagnosis and treatment, and medical necessity requirements.

Increase coordination with a range of child-serving stakeholders, including key state agencies, local government entities, and community-based advocates to help disseminate EPSDT Outreach & Education Toolkit materials.

Support providers, Medi-Cal managed care plans, and children and youth stakeholders in better understanding Medi-Cal for children and youth through training materials, technical assistance, policy guidance, and model communication tools.

Launch a new name for EPSDT to promote greater understanding of what children and youth are entitled to under the Medi-Cal program.

Questions?
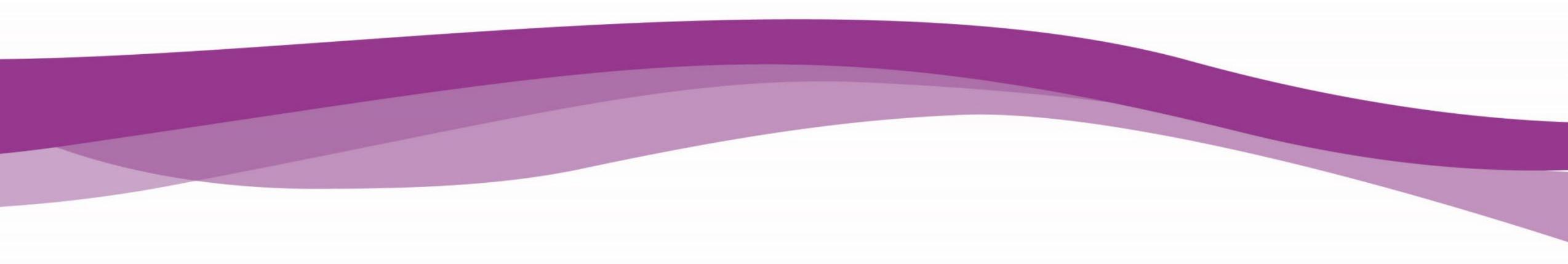
Open Discussion

If you have questions or comments, or would like to request future agenda items, please email:

advisorygroup@dhcs.ca.gov.