

# MANAGED CARE ADVISORY GROUP

## Meeting Notes: December 19, 2024

### Introductions

Amara Bahramioref, Branch Chief, Managed Care Policy Branch, Managed Care Quality and Monitoring Division (MCQMD), called the Managed Care Advisory Group (MCAG) meeting into session and welcomed all in attendance virtually on the webinar and in person.

### 2025 Transition/Expansion Updates

Transitions will be effective January 1, 2025. The stakeholder advisory groups have been updated, and 30-day notices have been sent.

*Note: Additional Transition/Expansion updates not covered in the December 2024 MCAG meeting have been added below for clarity.*

#### Mandatory Foster Youth:

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

#### Communications:

- » Member communication: DHCS will mail member notices to impacted members and authorized representatives.
- » Provider communication via provider bulletins/newsflashes are provided.
- » Stakeholder communications are also provided (monthly MCP readiness meetings, quarterly stakeholder meetings, etc.).

Member Enrollment: children/youth enrolled in the foster care system and identified with foster care aid code will transition to mandatory Managed Care enrollment on January 1, 2025. Members will be automatically enrolled into either the Single Plan or Kaiser based on default assignment and the Medi-Cal Matching Plan policy.

Continuity of Care (CoC) Policy overview:

- » [All Plan Letter \(APL\) 24-014](#) provides MCPs with guidance on enhanced continuity of care protections, such as CoC for providers, covered services, and for durable medical equipment rentals and medical supplies.
- » Pre and Post Transition Monitoring is being conducted by DHCS to ensure MCPs take appropriate actions to carry out their CoC transition obligations.

Whole Child Model (WCM):

- » WCM will expand into 12 California Children's Services counties and contract with existing WCM MCPs, including Partnership in Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, and Yuba Counties, Central Coast Alliance for Health in Mariposa and San Benito Counties, and Kaiser in Placer, Mariposa, Sutter, and Yuba Counties. Approximately 3,957 members will be impacted.

Communications:

- » Member notices were sent out. MCPs have received all necessary data (including member level data) to assist members. California Children's Services will now be provided through WCM in 12 new counties.

Pre and Post Transitional Monitoring is taking place across multiple domains including CoC including Member requests, public health nurses, provider outreach, agreements, and authorizations.

Monitoring cadences are:

- » Bi-Weekly (November 2024 through February 2025)
- » Monthly (March through June 2025)
- » Long-term (Effective July 1, 2025)

Specialty Mental Health Services (SMHS):



- » Effective July 1, 2024, SMHS will now be carved out for Kaiser Permanente members in Solano and Sacramento counties. SMHS will be available through the Mental Health Plans (MHPs). Approximately 4,800 members will be impacted.

#### Communications:

- » Member notices have been provided for Kaiser's phased transition which began May 2024 through December 2024.
- » Provider and Stakeholder communication will also be provided to Members.

SMHS Post-Transition Monitoring strategy: Transition plan outlines how Kaiser and MHPs facilitate the transition of care in a phased approach from July 1, 2024, through December 31, 2024. Joint transition report elements include information on the number of Screening and Transition of Care tools sent to the MHPs, intake appointments scheduled, and intake appointments completed, best practices, lessons learned, and other status updates.

## Child Welfare Liaison

The 2024 MCP Contract requires MCPs to designate an individual to serve as the MCPs Child Welfare Liaison. In addition, [APL 24-013](#), developed in partnership with California Department of Social Services (CDSS) and stakeholders, provides additional guidance to MCPs about the roles and responsibilities for this role.

The Child Welfare Liaison serves as a point of contact within the MCP to identify and resolve escalated issues for members involved in child welfare. The population aligns with Enhanced Care Management (ECM) Population of Focus (POF) of Children and Youth Involved in Child Welfare.

Liaison interacts with staff responsible for Member's care coordination, rather than interacting with Members directly.

Liaison must have expertise, demonstrable experience, or sufficient training in:

- » Child welfare services.
- » County behavioral health services.
- » Care coordination and assessment process.
- » Trauma informed care approaches.

### Roles and Responsibilities of the Child Welfare Liaison:

- » Child Welfare Liaison acts as a resource and provides Technical Assistance (TA) to staff that coordinate member care.
- » Resolves escalated issues with obtaining care.
- » Assists with benefits/service navigation and coordination throughout MCP service area.
- » Provides resources and support regarding MCP enrollment/disenrollment.
- » Coordinates with ECM staff to ensure members are referred to ECM.
- » Coordinates with other internal MCP Liaisons for specific population services or programs.
- » Coordinates with Child Welfare Memorandum of Understanding (MOU) liaisons and attends MOU quarterly meetings.
- » Participates and provides input on quality improvement activities.
- » Provides resources and support to MCP for understanding Foster Youth Bill of Rights.
- » Supports MCP staff and Providers using trauma-informed approaches.

Successes in this role include making positive connections with local agencies and organizations, increasing collaboration and education among systems and teams, and having positive impacts on Members and foster families by assisting to expedite needed services.

## **Providing Access and Transforming Health (PATH) – Capacity and Infrastructure Transition, Expansion and Development (CITED)**

CITED Round 4 applications will open on January 6, 2025, and close on March 7, 2025, 11:59 p.m. PT.

Allowable uses of CITED funding:

- » Includes training and recruitment.
- » Salary support for new/existing positions.



- » Modify/purchase/develop necessary referral billing, data reporting, or other infrastructure and IT systems, developing plans to conduct outreach.

Qualifications 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.

MCPs are not qualified to receive CITED funding. Applicants may include county, city, and Local Government Agencies (including local health jurisdictions (LHJs)):

- » Tribes, Indian Health Clinics/Programs, or Urban Indian Organizations
- » Hospitals or Hospital-Based Clinics (including public hospitals)
- » Primary Care Providers or Specialist Providers (including Physician Groups)
- » Community Based Organizations (CBOs)
- » Adult Day Health Centers and/or Home Health Agencies
- » Federally Qualified Health Centers
- » Others as approved by DHCS.

CITED Round 4 funding priorities include county specific ECM/Community Support gaps, statewide ECM/Community Support gaps, tribal entities or those serving tribes, rural counties, entities operating within counties with lower funding in previous rounds, entities serving English as a Second Language, and local CBOs.

Round 4 Application Links:

- » [Guidance Document](#),
- » [Application PDF](#)
- » [Funding Request Workbook](#)

Contact info:

- » [Cited@CA-path.com](mailto:Cited@CA-path.com)
- » [1115Path@dhcs.c.gov](mailto:1115Path@dhcs.c.gov)
- » (866) 529-7550



## Memorandum of Understanding (MOU) Updates

2024 Medi-Cal Managed Care Contract requires MCPs to enter into MOUs with counties and third-party entities (Other Parties) to contractually ensure the provision of whole-system, person-centered care for Members.

DHCS Goals for MOU Requirements:

- » Establish minimum requirements around key contract provisions for MOUs (e.g., training, data-sharing.)
- » Clarify roles and responsibilities for coordination of the delivery of care and services of all Members, including across MCP carved out services.
- » Establish formal processes for how MCPs and Other Parties will collaborate and coordinate on population health programs, including referring and linking Members to Community Supports.
- » Establish data sharing pathways between MCPs and Other Parties to support care coordination and enable robust monitoring.
- » Provide mechanisms to ensure overall oversight and accountability for MCPs to execute MOUs with Other Parties.
- » Provide transparency into roles/responsibilities and relationships between MCPs and Other Parties.

DHCS developed nine (9) Bespoke MOU templates and one Base MOU template in 2024. Eight (8) MOUs were slated to go-live in 2025. Home and Community-Based Services and CoC MOUs will not be required for 2025, but DHCS will evaluate the feasibility of CoC MOUs for 2026. Area Agencies on Aging and California Caregiver Resource Centers MOUs are no longer required. DHCS has finalized and released a Bespoke MOU template for First 5 County Commissions. Additional information is forthcoming for Local Education Agencies (LEA) and Justice Involved (JI) MOUs.

### MOU Next Steps:

DHCS will be updating [APL 23-029](#), the 2025 MCP Contract, and the DHCS MOU website to reflect these changes.

- » DHCS aims to engage stakeholders for LEA and JI input on draft MOU templates starting in early 2025.

- » DHCS will hold an open comment period to obtain written feedback on draft MOUs and will hold a series of webinars for interested stakeholders.
- » Webinars will be open to the public and posted on the DHCS MOU website.
- » DHCS will continue to provide TA to support the execution of the 2024/2025 MOUs.
  - MCP MOUS: ([www.dhcs.ca.gov/Pages/MCPMOUS.aspx](http://www.dhcs.ca.gov/Pages/MCPMOUS.aspx))
  - MOU email: [MCPMOUS@dhcs.ca.gov](mailto:MCPMOUS@dhcs.ca.gov)

## Transitional Rent

DHCS plans to launch Transitional Rent starting in July 2025. Transitional Rent will be a new, 15th Community Support under CalAIM. Under Transitional Rent, Medi-Cal MCPs will cover up to six (6) months of rent for members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria. Centers for Medicare and Medicaid Services has approved Transitional Rent.

Transitional Rent is designed to provide a time-limited opportunity to help a member exit homelessness, or no longer be at risk of entering into homelessness, and establish a bridge to permanent housing.

Revised Timeline for Transitional Rent Launch:

- » Optional go live for MCPs on June 1, 2025. MCPs going live June 1, 2025, can choose to go live for:
  - The Behavioral Health (BH) Population of Focus (POF) for transitional rent population that must go live January 1, 2026, and/or
  - Additional populations within the overall Transitional Rent eligible population. - *if choosing this option, must continue offering to this population.*
- » January 1, 2026: Phase 1 - Mandatory Launch for all MCPs for the BH POF for Transitional Rent.
  - MCPs may also choose to cover additional populations within the overall population eligible for Transitional Rent.

- » On BH side, Behavioral Health Services Act, for members with BH conditions, reallocations will be dedicated towards housing. Focuses on building partnerships and housing to members.
  - Encouragement of flexible housing subsidy pools:
    - Flex pools offer a framework for managing and coordinating various funding sources for rental subsidies and housing support services.
    - Benefits for County BH and MCPs:
      - Creates mechanism to leverage other funds quickly.
      - Enables relationships within the county or region to leverage resources strategically.
      - Creates the infrastructure to administer a rental subsidy program at scale that ensures a centralized deployment of housing location, navigation, and rental subsidy payments.

## **Enhanced Care Management (ECM)/Community Supports**

In 2024, the ECM and Community Support teams at DHCS developed monitoring strategies for their respective programs, using available data sources. Quarterly Implementation Monitoring Report (QIMR) looks for data fields within the QIMR for ECM and Community Supports:

- » ECM:
  - Members and services
  - Requests and outreach
  - Provider capacity
- » Community supports:
  - Members and services
  - Provider capacity
  - Requests and Denials

A formalized monitoring strategy has been shared with MCPs and will go live January 1, 2025.

### Monitoring Approach:

- » Goal: MCPs provide ECM/Community Support to members who need the services in a timely manner and addresses their care management and health related social needs.
- » Steps to achieve the goal: Ensure sufficient network of ECM/Community Support providers, increase access and uptake of ECM/Community Support, improve delivery of ECM/Community Support services. Measures whether MCP is delivering on a key component required for steps above.

DHCS will update monitoring measures each year as policy, implementation, and data availability evolves. What will be monitored – primary measures (compliance with DHCS policy), secondary measures (quantifiable performance on delivery), and feedback and events.

ECM monitoring theory of change – focus areas will be expanding provider networks to deliver ECM, increase access to ECM/ECM enrollment, and improve delivery of ECM.

- » ECM primary measures:
  - 12-month growth in percent of members receiving ECM - 2025
  - ECM provider network completion - 2025
  - ECM provider type diversity - 2026
  - Percent of members receiving ECM – 2026
- » Community Supports primary measures:
  - 12-month referral growth – 2025
    - One-time for the 12-month period from July 1, 2023, to June 30, 2024. Threshold is to see growth of greater than zero percent in each county.
  - Active provider network – 2025
    - Quarterly frequency, starting January 1, 2025, for each service where MCP has at least one active Community Support Provider.
  - Public information for providers and members – 2025
  - DHCS expects to identify additional primary measures for Community Support in 2026.

- » Secondary measures and event priorities:
  - DHCS will monitor performance based on quantitative and qualitative information.
- » There will be regular meetings with each MCP in 2025 to discuss compliance issues and overall implementation of ECM and Community Supports.
- » DHCS will provide TA during the monthly MCP TA meetings.
- » To answer MCP questions about the measures, reporting, and compliance steps during the monthly MCP TA Meetings, as well other MCP forums, throughout 2025.

### **Next steps:**

DHCS will send additional details on ECM and Community Supports monitoring via email in December. DHCS expects to communicate with MCPs about their performance on monitoring measures starting in Quarter 1 2025.

### **Additional Information**

- » Next meeting is Thursday, March 13, 2025, additional information will be forthcoming.
- » All upcoming and previous meeting information along with materials can be located on the [Managed Care Advisory Group](#) webpage.