

Medi-Cal Managed Care Advisory Group Meeting

December 19, 2024

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Thank you for joining!

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

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

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

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

Introductions and Agenda Overview

Amara Bahramiaref

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

Agenda

- » 2025 Transitions/Expansion Updates
- » Child Welfare Liaison
- » Providing Access and Transforming Health (PATH) - Capacity and Infrastructure Transition, Expansion and Development (CITED)
- » Memorandum of Understanding (MOU) Updates
- » Transitional Rent
- » Enhanced Care Management (ECM)/Community Supports
- » Open Discussion

2025 Transitions/Expansion Updates

Michelle Retke, Chief
Managed Care Operations Division

Questions?



Child Welfare Liaison

Kim Swift

Health Program Specialist II,
Managed Care Policy Branch, MCQMD

Child Welfare Liaison Requirements

Managed Care Plan (MCP) Contract

- » The 2024 MCP Contract requires MCPs to designate an individual to serve as the MCPs Child Welfare Liaison.

All Plan Letter (APL) 24-013

- » The Department of Health Care Services (DHCS) has developed and published APL 24-013.
- » APL provides additional guidance to MCPs about the roles and responsibilities.
- » Developed in partnership with California Department of Social Services (CDSS) and stakeholders.

Child Welfare Liaison Purpose

- » 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.
 - » 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.
 - » ECM Lead Care Managers, County child welfare staff such as Health Care Program for Children in Foster Care (HCPCFC) public health nurses and social workers, among others.

Child Welfare Liaison

Staffing

- » MCPs required to fulfill the role with adequate staffing and reassess staffing levels to ensure effectiveness and their ability to serve population in MCPs service area.
- » Additional Liaisons must be designated as needed and should be commensurate with the workload necessary to support the care managers.

Qualifications

- » Liaison must have expertise, demonstrable experience or sufficient training in:
 - » Child welfare services and county behavioral health services,
 - » Care coordination and assessment process, and
 - » Trauma informed care practices.

Child Welfare Liaison Roles and Responsibilities

- » Act as resource and provide technical assistance (TA) to staff that coordinate member care.
- » Resolve escalated issues with obtaining care.
- » Assist with benefits and services navigation and coordination throughout the MCPs service area.
- » Provide resources and support regarding MCP Member enrollment and disenrollment.

- » Coordinate with ECM staff to ensure members are referred to ECM.
- » Coordinate with other internal MCP Liaisons for specific populations services or programs.
- » Coordinate with Child Welfare Memorandum of Understanding (MOU) liaisons, attend MOU quarterly meetings and collaborate to ensure training and education provisions of the MOUs are met.

- » Participate and provide input on quality improvement activities.
- » Provide resources and support to MCP for understanding the Foster Youth Bill of Rights.
- » Support MCP staff and Providers with using trauma-informed approaches.

Child Welfare Liaison Success

Several MCP Child Welfare Liaisons and stakeholders have reported successes.

- » Making positive connections with local agencies and organizations.
- » Increasing collaboration and education among systems and teams.
- » Having positive impacts on Members and foster families by assisting to expedite needed services.

Questions?



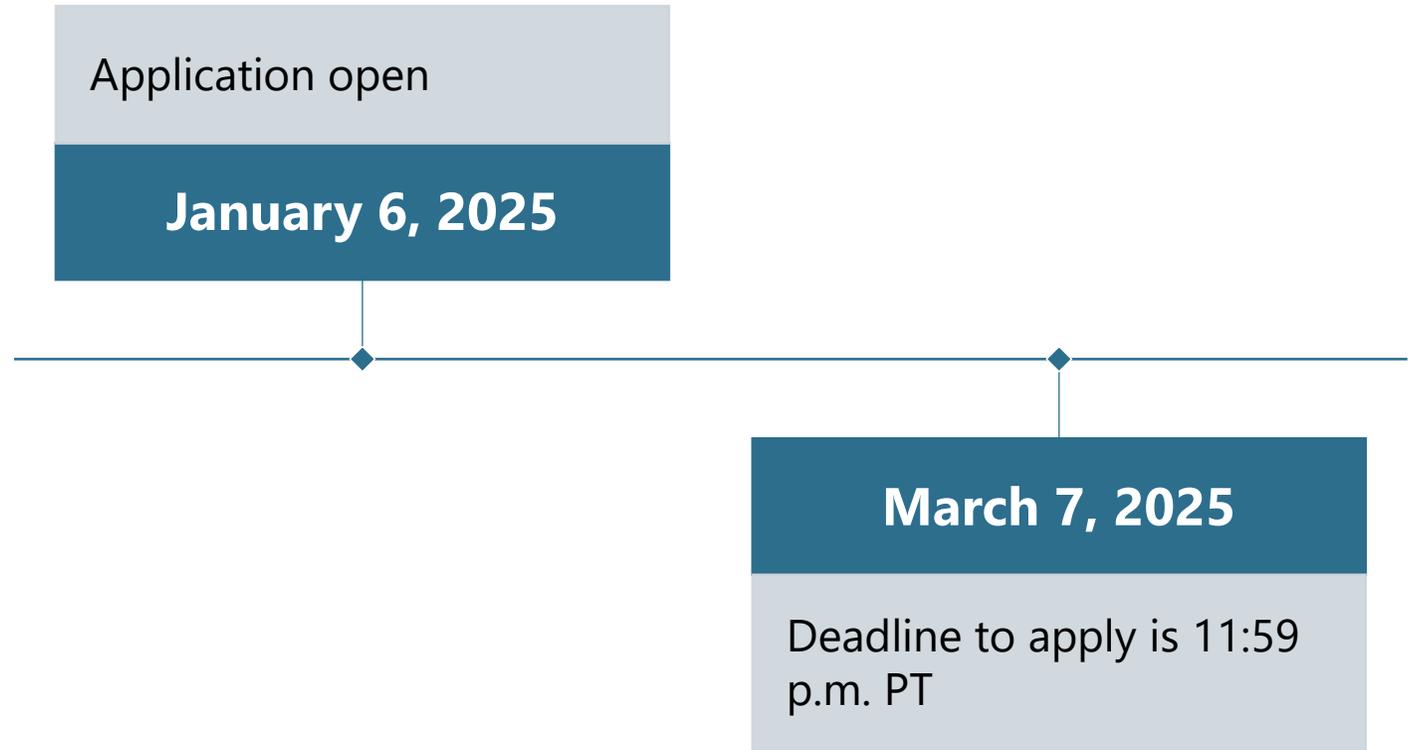
Providing Access and Transforming Health (PATH) - Capacity and Infrastructure Transition, Expansion, and Development (CITED)

Shel Wong

Project Coordination Section Chief

Managed Care Program Oversight Branch, MCQMD

CITED Round 4



Who Qualifies for CITED Funding

Applicants must be actively contracted for the provision of ECM / Community Supports or have a signed attestation that they intend to contract to provide ECM / Community Supports in a timely manner.

Applicants may include, but are not limited to:

- » County, city, and local government agencies (including local health jurisdictions);
- » 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 (FQHC); and
- » Others as approved by DHCS.

MCPs are not eligible to receive CITED funding

What are the minimum eligibility criteria?

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

- » Completed application including all required attachments.
- » Demonstration that funding will only be spent on permitted uses.
- » Demonstration that funding request is reasonable and sustainable.
- » Demonstration of organization is in good standing and financially solvent.
- » Alignment with CalAIM and CITED goals.
- » Existing contract to provide ECM or Community Supports or attestation applicant intends to provide these services.

What are allowable uses of funding within CITED initiative?

Allowable uses include but are not limited to:

- » Training and Recruitment.
- » Salary Support for New and/or Existing Positions.
- » Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM.
- » Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps.
- » Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care.
- » Other uses as approved by DHCS.

CITED Round 4: Funding Priorities

DHCS is considering data as it becomes available to help inform funding priorities for Round 4 including:

- » County-Specific ECM/Community Support gaps
- » Statewide ECM/Community Support gaps
 - » Birth Equity, Justice-Involved (JI), and Transitional Rent
- » Tribal Entities or other entities serving tribal members
- » Rural counties
- » Entities operating in counties with lower funding in prior CITED rounds
- » Entities serving individuals whose primary language is not English
- » Local CBOs

Application TA

- » Webinars
- » Review all available application materials
- » Office Hours
- » Reach out to the Third-Party Administrator (TPA) inbox

Helpful Links for Round 4 Application

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

Contact Us

- » cited@ca-path.com
- » 1115Path@dhcs.ca.gov
- » (866) 529-7550

Questions?



MOU Updates

Amara Bahramiaref

Managed Care Policy Branch Chief,
MCQMD

Objectives for Today's Discussion

- » Overview of MOUs and timelines
- » Review MOUs issued for 2024 go-live
- » Review MOUs for 2025 go-live

Goals of the MOUs

The 2024 Medi-Cal Managed Care Contract (Contract) requires all 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 Requiring MOUs:

- » **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

MOU templates incorporate **existing service and program requirements into a single document** to support MCP/Other Party decision-making and relationship building. Templates are more robust where DHCS has promulgated detailed policies/guidance.

Status of MOU – 2024 Go Live

DHCS developed nine Bespoke MOU templates and one Base MOU template:

Agency/Entity Type	Program(s)
Legislative and Governmental Affairs (LGA)/County Behavioral Health Departments	Specialty Mental Health Services (SMHS)
LGA/County Behavioral Health Departments	Substance Use Disorder (SUD) Treatment Services in Drug Medi-Cal Organized Delivery System (ODS) Counties
Local Health Departments	Including, without limitation, California Children’s Services (CCS), Maternal, Child and Adolescent Health (MCAH), Tuberculosis (TB) Direct Observed Therapy
Local Health Departments	Women, Infant, & Children (WIC)
Regional Centers	<i>Not Applicable</i>
LGA	In-Home Services and Supports (IHSS)
LGA/County Social Services Department	County Social Services programs and Child Welfare
LGA	Targeted Case Management
LGA/County Behavioral Health Departments	SUD Treatment Services in Drug Medi-Cal State Plan Counties (DMC-SP)

Status of MOU Development – 2025 Go Live

Eight MOUs that were slated for 2025 Go Live:

Program(s)
Continuums of Care Programs (CoC)
First 5 County Commissions
Home and Community Based Services (HCBS) Waiver Agencies and Programs
California Department of Corrections and Rehabilitations (CDCR), county jails, and youth correctional facilities: JI
Local Educational Agencies (LEA)
Indian Health Services/Tribal Entities
California Caregiver Resource Centers
Area Agencies on Aging

2025 MOU Requirements Update

HCBS MOU

» **MOU will not be required for 2025:**

» HCBS

CoC MOU

» DHCS may align future HCBS MOU requirements with upcoming decisions on the Managed Long-Term Services and Supports Integrations and Waiver periods.

Additional Updates
for 2025 MOUs

2025 MOU Requirements Update

HCBS MOU

» **MOU will not be required for 2025:**

» CoC

CoC MOU

» DHCS will continue stakeholder engagement for Transitional Rent policies, including CoCs and MCPs feedback.

Additional Updates
for 2025 MOUs

» DHCS will evaluate the feasibility of CoC MOUs for 2026.

MOU Requirements Update

HCBS MOU

- » In partnership with other Stakeholders and State departments, DHCS determined that this programs' goals can be more effectively achieved through alternative approaches, such as MCP contracts or future program developments.

CoC MOU

- » **MOUs No Longer Required:**

- » Area Agencies on Aging
- » California Caregiver Resource Centers

Additional Updates
for 2025 MOUs

Additional Updates for 2025 MOUs

- » **First 5 County Commissions:** DHCS has finalized and released the Bespoke MOU template.
- » **DHCS will release additional information regarding:**
 - » Local Educational Agencies MOU
 - » CDCRs, county jails, and youth correctional facilities: JI MOU

Status of MOU Development – 2025 Go Live

Five MOUs that were slated for 2025 Go Live:

Program(s)	Status
Continuums of Care Programs	Removed MCP requirement
Indian Health Services/Tribal Entities	Removed MCP requirement
First 5 County Commissions	DHCS released finalized template
Home and Community Based Services Waiver Agencies and Programs	Removed MCP requirement
California Department of Corrections and Rehabilitations, county jails, and youth correctional facilities (Justice Involved)	Effective date delayed to January 1, 2025
Local Educational Agencies	Effective date delayed to January 1, 2025

Next Steps

- » DHCS is 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.

Questions?

- » MOU Website: www.dhcs.ca.gov/Pages/MCPMOUs.aspx
- » MOU Email: MCPMOUS@dhcs.ca.gov



Transitional Rent

Glenn Tsang, Policy Advisor for Homelessness and Housing
Health Care Delivery Systems

DHCS' Vision for Transitional Rent

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

DHCS plans to launch Transitional Rent starting in July 2025.

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

Under Transitional Rent, Medi-Cal MCPs will cover up to six months of rent for members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria. **Centers for Medicaid & Medicare Services (CMS) approval is still pending.**

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

Reminder: Transitional Rent Eligibility Criteria

Subject to CMS approval, Members will be eligible for Transitional Rent if they meet the following three criteria:

MEET CLINICAL RISK FACTORS:

- » Meet the access criteria for SMHS, Drug Medi-Cal (DMC) or DMC-Organized Delivery System (ODS) services, or;
- » Have one or more serious chronic physical health conditions (including pregnancy or 12-months postpartum) or physical, intellectual, or developmental disabilities.

EXPERIENCING OR AT RISK OF HOMELESSNESS:

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

SPECIFIED TRANSITIONING POPULATIONS:

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

OR UNSHELTERED
OR FULL-SERVICE PARTNERSHIP (FSP) ELIGIBLE.

Transitional Rent Concept Paper Public Comments

Stakeholders provided significant feedback encouraging DHCS to engage in additional design work and stakeholder engagement, over a longer period than was set forth in the Concept Paper.

- » DHCS received 92 comments from MCPs/MCP Associations, County Government/Associations, City & State Agencies, CoCs and Public Housing Agencies, Providers, and advocates.
- » Letters broadly support DHCS' development of Transitional Rent to address housing-related root causes of poor health outcomes.
- » **There was a near-universal ask for more time to be built into in the rollout schedule** and more stakeholder engagement to reach final policies given the “unprecedented levels of coordination” necessary between MCPs, County behavioral health (BH), and housing systems.

Revised Timeline for Transitional Rent Launch

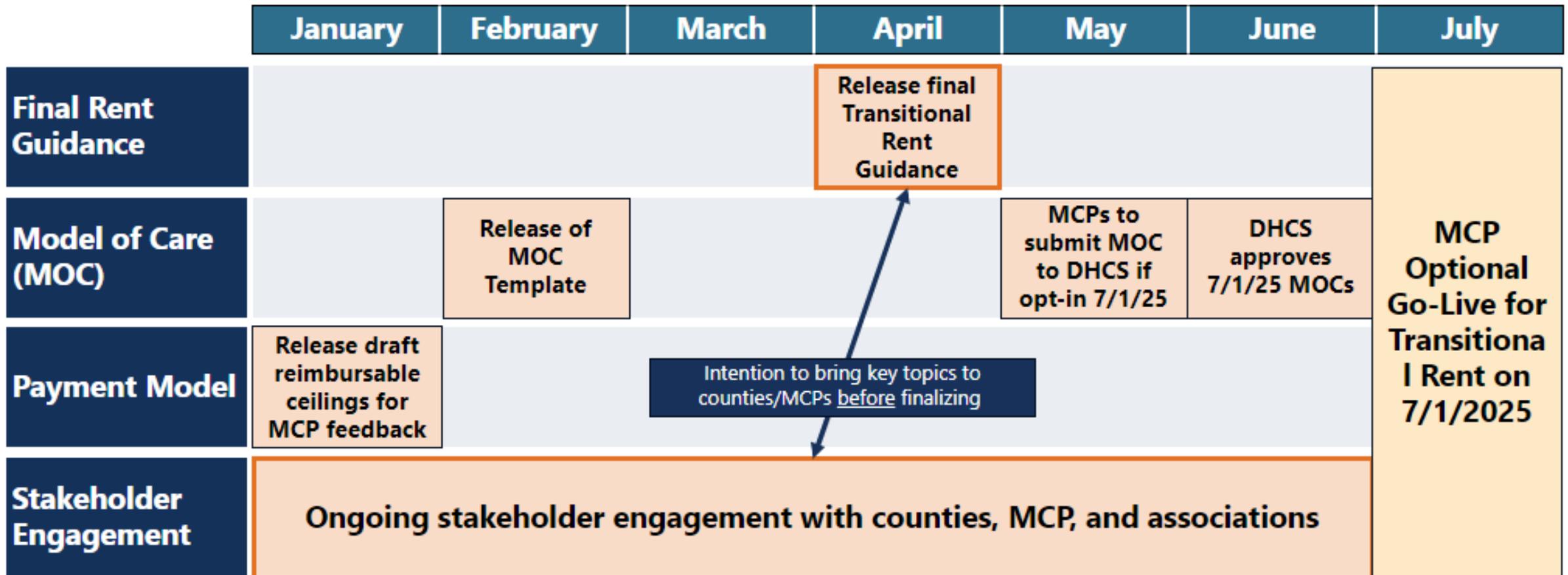
DHCS is revising the implementation timeline for Transitional Rent as depicted below.

Transitional Rent – Key Dates	Original Implementation Timeline	Revised Implementation Timeline
January 1, 2025	MCP optional go-live 1	
July 1, 2025	MCP optional go-live 2	<p>Optional go-live for MCPs on 7/1/2025</p> <ul style="list-style-type: none"> MCPs going live 7/1/25 can choose to go live for: <ul style="list-style-type: none"> The BH Population of Focus for Transitional Rent population that must go live 1/1/26, and/or Additional populations within the overall TR-eligible population – <i>if choosing this option, must continue offering to this population</i>
January 1, 2026	Mandatory launch for all MCPs	<p>Phase 1: Mandatory launch for all MCPs <u>for the BH Population of Focus for Transitional Rent</u></p> <ul style="list-style-type: none"> MCPs <u>may also choose to cover</u> additional populations within the overall population eligible for Transitional Rent
July 1, 2026 (BHSA go-live)		
January 1, 2027		Future phase-in of additional populations TBD.

The BH POF includes individuals who meet the access criteria for SMHS, DMC or DMC-ODS services and meet the other two criteria.

Timeline for Stakeholder Engagement and Final Guidance for Transitional Rent prior to July 1, 2025

The plan is for DHCS to have multiple scheduled discussions with MCPs and County BH between now and April to land decisions, and beyond to support implementation.

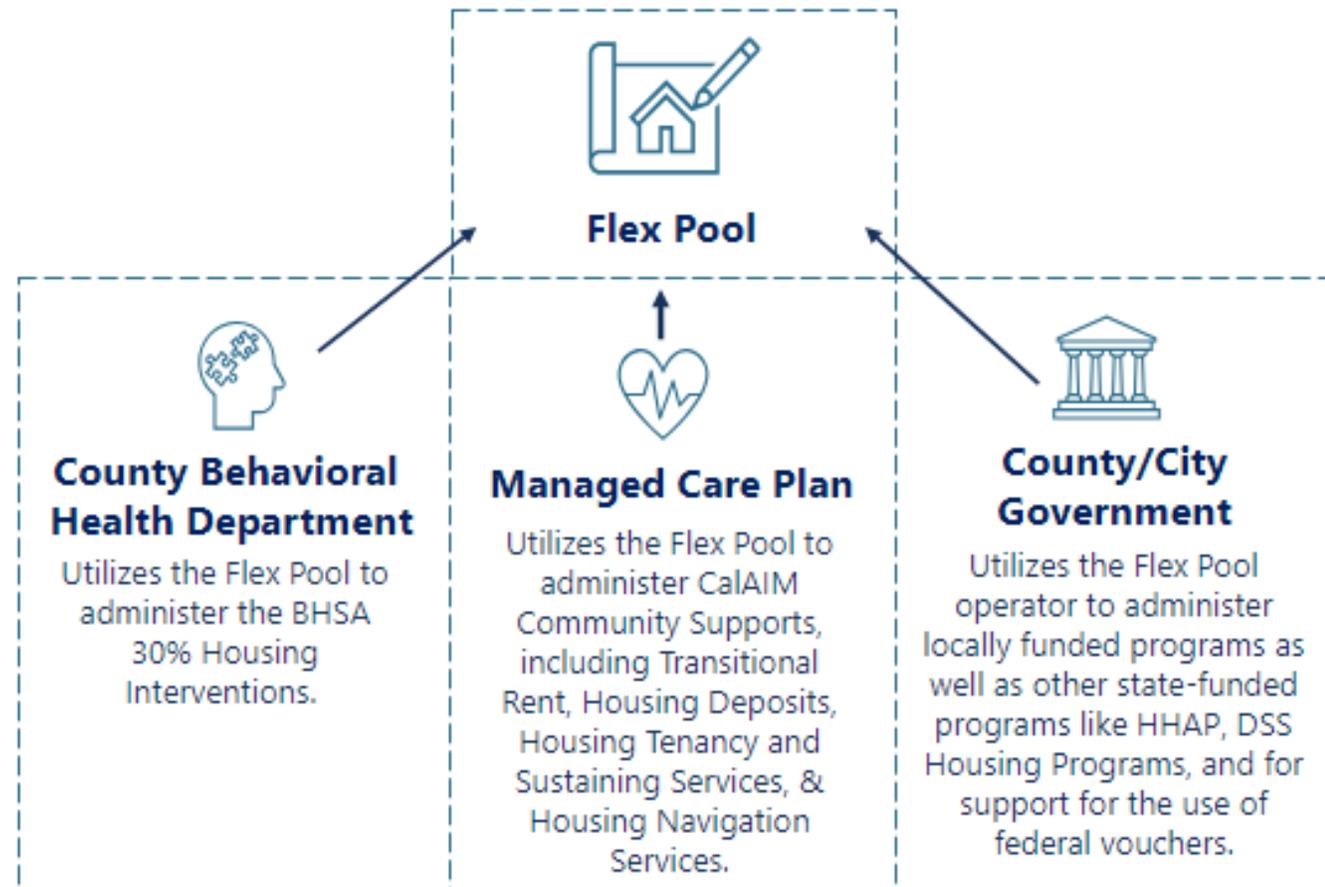


Encouragement of Flexible Housing Subsidy Pools

Flex Housing Subsidy Pools ("Flex Pools") offer a framework for managing and coordinating various funding sources for rental subsidies and housing support services. DHCS encourages the creation of local Flex Pools to help administer Transitional Rent, Housing Deposits, and the forthcoming Behavioral Health Services Act (BHSA)-funded Housing Interventions.

Benefits for County BH and MCPs

- » Creates the necessary infrastructure to administer a rental subsidy program at scale that ensures a **centralized deployment** of housing location, navigation, and rental subsidy payments.
- » Enables the necessary relationships within the county, or across the region, to **leverage resources strategically** and across silos of funding including BHSA-funded Housing Interventions and CalAIM Community Supports, including Transitional Rent.
- » Creates mechanism to further leverage other funds such as philanthropic funds or other local, state, or federal funds quickly.



Questions?



ECM/Community Supports

Laura Miller MD, Medical Consultant II,

Jennifer Johnson, Health Program Specialist II

Quality and Population Health Management

Anthony Davis, Community Supports Unit Chief

MCQMD

ECM and Community Supports Data Collection

- » What data is collected?
- » How is data collected?
- » How data is used – current and future

Quarterly Implementation Monitoring Report (QIMR)



Contents

1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports	1
2. Overview of Quarterly Implementation Monitoring Report and Timelines	2
3. Quarterly Implementation Monitoring Report Elements	5
Quarterly ECM Implementation Monitoring Report Elements	5
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Appendix A. Version Updates	20

- » ECM
 - » Members and Services
 - » Requests and Outreach (includes denials)
 - » Provider Capacity
- » Community Supports
 - » Members and Services
 - » Provider Capacity
 - » Requests and Denials

ECM Data Fields in the QIMR

The Excel QIMR submission template has **3 tabs** that collect multiple data fields each, as represented in the table below:

Tab	Fields		
1. ECM Members and Services	<ul style="list-style-type: none"> » Plan Name » Plan Code » County » Reporting Period » Member CIN » Member Last Name » Member First Name » Member Date of Birth 	<ul style="list-style-type: none"> » Eligibility for [Each Population of Focus] <p style="text-align: center;"><i>Non-Exclusive – 16 Fields Between Adults, Children/Youth</i></p>	<ul style="list-style-type: none"> » ECM Benefit Start Date » ECM Benefit End Date » ECM Discontinuation Reason » Member’s ECM Provider NPI » Number of In-Person ECM Encounters » Number of Telephonic or Telehealth ECM Encounters
2. ECM Requests and Outreach	<ul style="list-style-type: none"> » Plan Name » Plan Code » County » Reporting Period 	<ul style="list-style-type: none"> » Number of Members Identified as ECM Eligible during Reporting Period » Number of Members with Initial Outreach Attempt during Reporting Period » Number of Members Enrolled in ECM during Reporting Period 	<ul style="list-style-type: none"> » Number of Members with External ECM Request » Number of Members with External ECM Request Denied » Number of Members with External ECM Request Approved
3. ECM Provider Capacity	<ul style="list-style-type: none"> » Plan Name » Plan Code » County » Reporting Period » ECM Provider NPI » ECM Provider Type 	<ul style="list-style-type: none"> » Ability to Serve Members in Each Populations of Focus <p style="text-align: center;"><i>Non-Exclusive – 16 Fields Between Adults, Children/Youth</i></p>	<ul style="list-style-type: none"> » Number of Adult Members the ECM Provider is Serving » Number of Child Members the ECM Provider is Serving » Number of Adult Members the ECM Provider can Serve » Number of Child Members the ECM Provider can Serve

Community Supports Data Fields in the QIMR

The Excel QIMR submission template has **3 tabs** that collect multiple data fields each, as represented in the table below:

Tab	Fields
4. CS Members and Services	<ul style="list-style-type: none"> » Plan Name » Plan Code » County » Reporting Period » Member CIN » Member Last Name » Member First Name » Member Date of Birth <ul style="list-style-type: none"> » Member Received Community Supports Services » Member Approved of [Each Community Support] <p style="text-align: center;"><i>Non-Exclusive – 15 Fields for the 14 Community Supports and “Other Services”</i></p>
5. CS Provider Capacity	<ul style="list-style-type: none"> » Plan Name » Plan Code » County » Reporting Period <ul style="list-style-type: none"> » Community Supports Provider NPI » Community Supports Provider Type » Community Supports Offered by Provider » Number of Members the Provider is serving » Number of Members the Provider can serve
6. CS Requests and Denials	<ul style="list-style-type: none"> » Plan Name » Plan Code » County » Reporting Period » Number of Members with External Community Supports Request » Number of Members with External Community Supports Request Denied <ul style="list-style-type: none"> » Ability to Serve Members in Each Populations of Focus <p style="text-align: center;"><i>Non-Exclusive – 16 Fields Between Adults, Children/Youth</i></p>

ECM and Community Supports Quarterly Implementation Report Dashboard

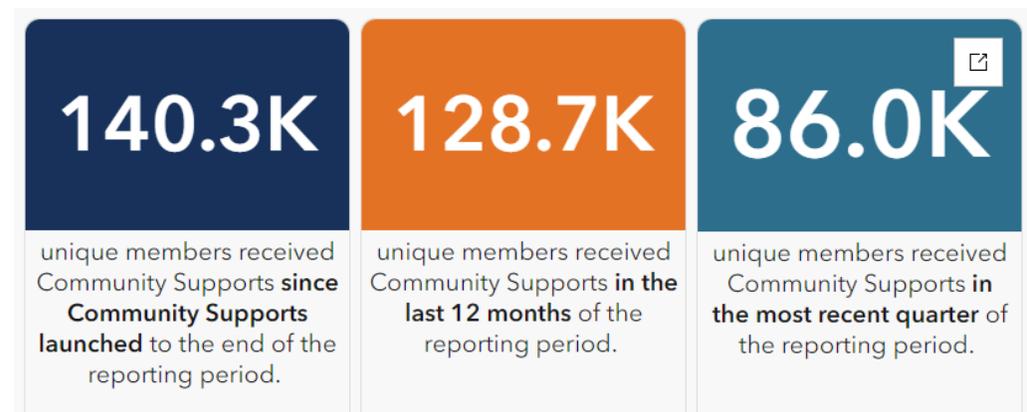
ECM Highlights

This report includes data on ECM members and providers at the state, county, and MCP levels. Key highlights include:



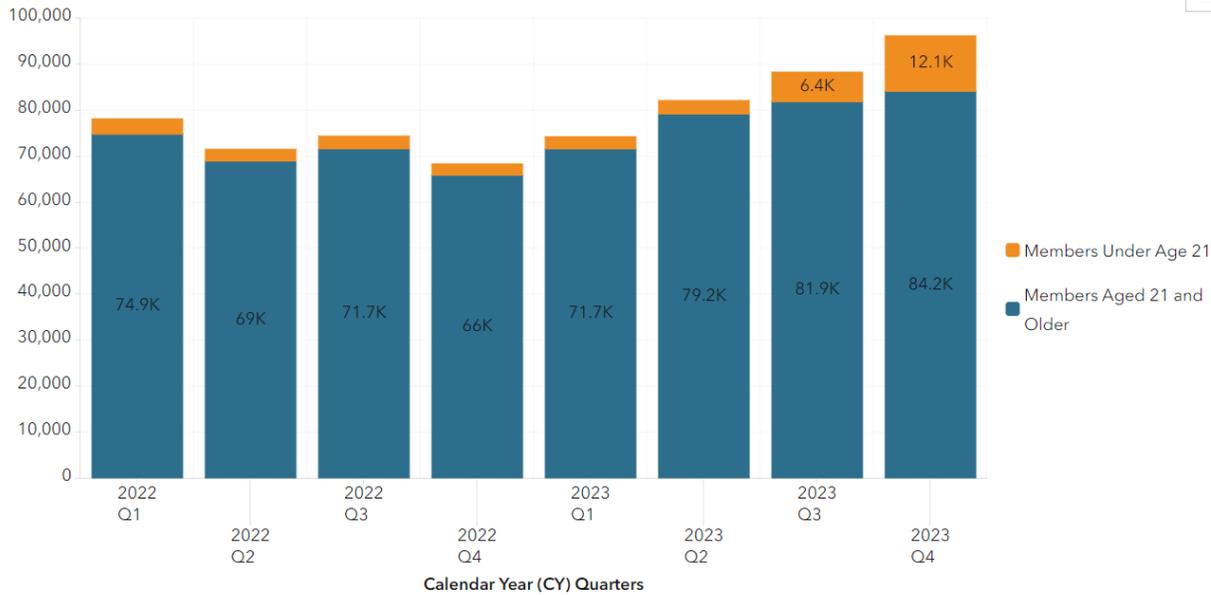
Community Supports Highlights

This report includes data on Community Supports members and providers at the state, county, and MCP levels. Key highlights include:

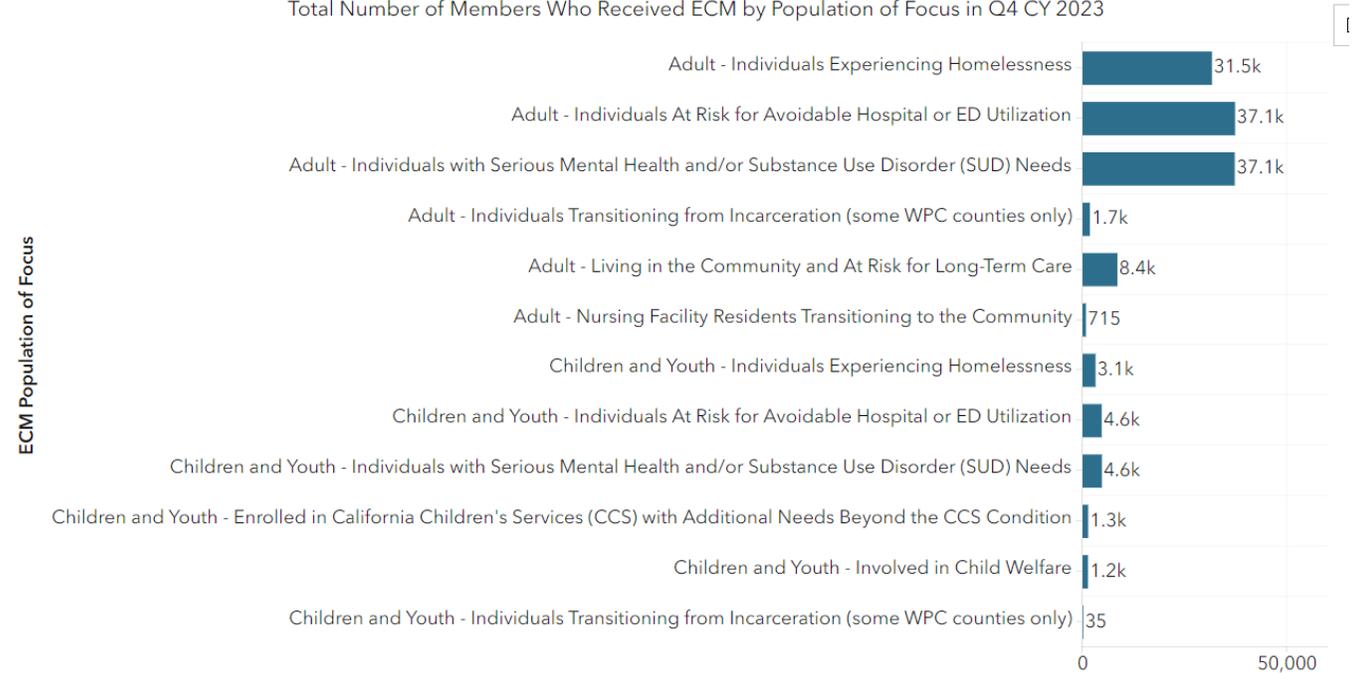


Many ways to explore the data

Total Number of Members Who Received ECM by Quarter in Any County Since Launch



Total Number of Members Who Received ECM by Population of Focus in Q4 CY 2023



Data informs the Monitoring Approach for ECM and CS

- » In 2024, the ECM and Community Support teams at DHCS developed monitoring strategies for their respective programs, using available data sources.
- » This monitoring strategy has been shared with MCPs and will go live 1/1/2025.

About Today's Update

DHCS is launching a new approach for monitoring MCP implementation of ECM and Community Supports in 2025.

The goal of this presentation is to provide an overview of the monitoring approach.

Additional details will be provided via email to MCPs in December.

Monitoring Approach

DHCS has identified monitoring priorities and measures for 2025 through a goal-driven approach.

Monitoring Goal

MCPs provide ECM and Community Supports to members who need the services, in a manner that is timely, in line with DHCS policy, and addresses their care management and health-related social needs.

Steps Required to Achieve the Goal

1. Ensure sufficient network of ECM and Community Support providers
2. Increase access to and uptake of ECM and Community Supports
3. Improve delivery of ECM and Community Supports services

Monitoring Measures Guardrails

DHCS will update monitoring measures each year as policy, implementation, and data availability evolve.

- » Measures whether the MCP is delivering on a key component required for the steps above.
- » Can be measured using available data.
- » Focused on an area needing significant MCP performance improvement.
- » *[For measures with thresholds]* Has quantifiable minimum performance expectations that MCPs have had time to meet.

Overview of Monitoring Approach

What Will Be Monitored

DHCS will update monitoring measures each year as policy, implementation, and data availability evolve.

Primary Measures

- » Assess quantifiable compliance with DHCS policy, with specific minimum performance thresholds set by DHCS.

Secondary Measures

- » Assess quantifiable performance on Community Supports and ECM delivery, where minimum thresholds do not yet exist.

Feedback & Events

- » Assess incidents, qualitative input, and grievances from members, providers, media, and others.

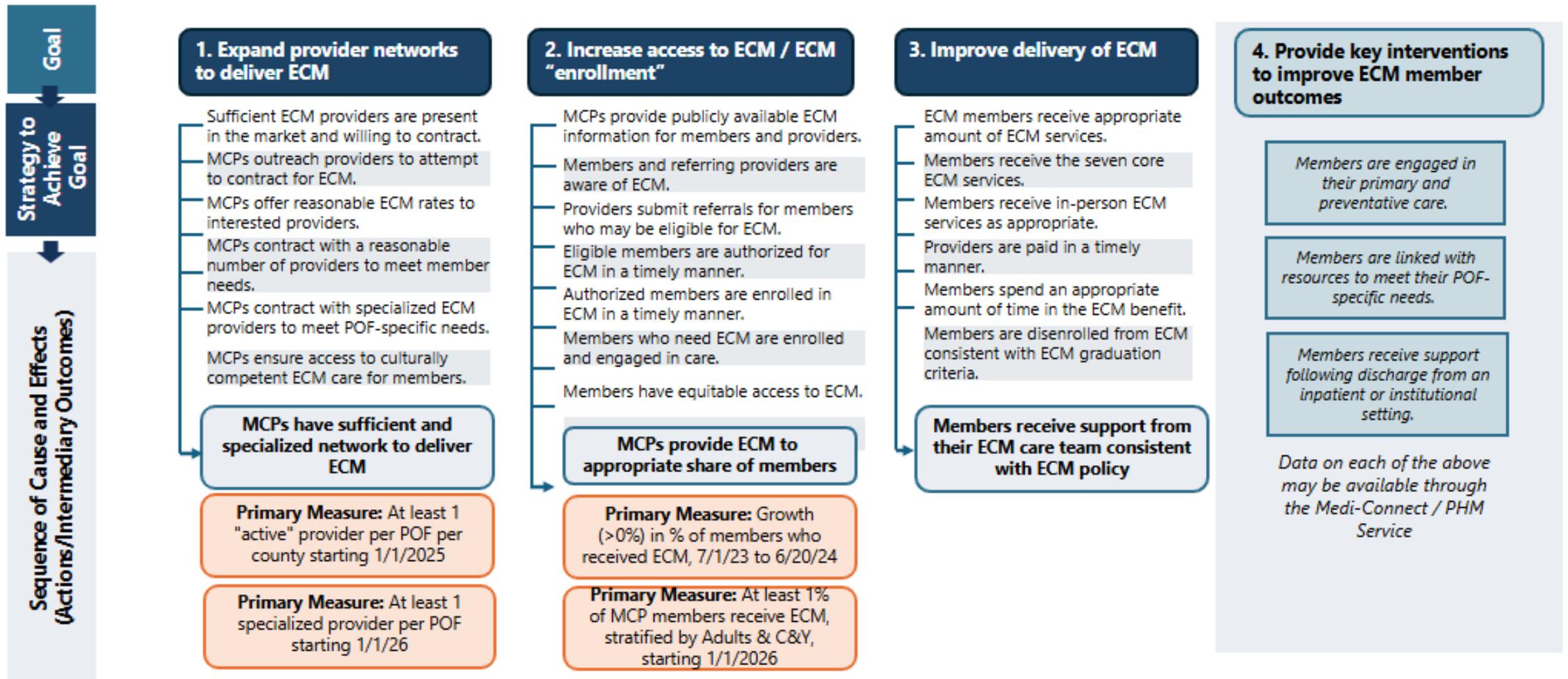
How It Will Be Monitored:

DHCS will adopt a multi-pronged approach to monitoring performance on the above, including:

- » **Meeting regularly** with each MCP to discuss implementation of each program.
- » Providing **TA** through the monthly MCP TA Meeting and other DHCS-MCP forums.
- » Continuing to make data on MCP performance **publicly available**.
- » Taking **compliance actions** (e.g., Performance Improvement Projects (PIPs) and Corrective Action Plans (CAPs)) for primary measures.

ECM Monitoring Theory of Change

Ensure that MCPs provide ECM to members who need the benefit, in a manner that is timely, in line with DHCS policy, and addresses their key care management needs.



ECM Primary Measures (1/2)

Population Health Management Division (PHMD) has identified four Primary Measures for ECM, with implementation spread over 2025 and 2026.

2025		
	12-Month Growth in Percent of Members Receiving ECM	ECM Provider Network Completion
Description	Growth in the percentage of MCP members receiving ECM in each county, in the 12-month period after the ECM & Community Supports Action Plan was released.	Number of "active" ECM providers for each POF in each county, with "active" defined as a provider with at least one ECM encounter in that county that quarter.
Frequency	One-time, for the 12-month period from July 1, 2023, to June 30, 2024.	Quarterly
Minimum Performance Threshold	Growth > zero percent in each county	Starting 1/1/25: At least one "active" provider per POF in each county.
Compliance Actions	MCPs who do not meet the threshold will need to submit a PIP.	<ul style="list-style-type: none"> » Q1 2025: MCPs who do not meet the threshold will need to submit a PIP. » Q2 and beyond: MCPs who do not meet the threshold will receive a CAP.

ECM Primary Measures (2/2)

PHMD has identified four Primary Measures for ECM, with implementation spread over 2025 and 2026.

2026		
	ECM Provider Type Diversity	Percent of Members Receiving ECM
Description	<p>Number of “specialized” ECM providers for each POF in each county, with “specialized” defined as:</p> <ol style="list-style-type: none"> 1. Eligible for ECM Prior Authorization per pages 110-112 of the ECM Policy Guide; 2. Identified as POF-specific specialized providers per pages 95-97 of the ECM Policy Guide; or 3. Shown to have proven expertise and experience in the specific POF, per MCP description. 	<p>Percentage of MCP members who received ECM in each county that quarter, stratified by adult and children & youth members.</p>
Frequency	Semi-annual. (A semi-annual supplemental data submission will be needed for this measure.)	Quarterly
Minimum Performance Threshold	Starting 1/1/26: At least one “specialized” provider per POF in each county.	Starting 1/1/26: At least one percent of MCP members receiving ECM in each county, stratified by adult and children & youth members.
Compliance Actions	To be defined in late 2025.	To be defined in late 2025.

SUBJECT TO CHANGE

Community Supports Primary Measures (1/2)

MCQMD has identified three Primary Measures for Community Supports, all for implementation in 2025.

2025		
	12-Month Referral Growth	Active Provider Network
Description	Growth in the number of Community Supports community-based referrals, in the 12-month period after the ECM & Community Supports Action Plan was released.	Number of "active" Community Supports providers for each elected service in each county, with "active" defined as a provider with at least one Community Supports encounter in that county that quarter.
Frequency	One-time, for the 12-month period from July 1, 2023, to June 30, 2024.	Quarterly
Threshold	Growth > zero percent in each county	Starting 1/1/25: For each service, in every county, MCP has at least one "active" Community Supports Provider.
Compliance Actions	MCPs who do not meet the threshold will need to submit a PIP .	<ul style="list-style-type: none">» Q1 2025: MCPs who do not meet the threshold will need to submit a PIP.» Q2 and beyond: MCPs who do not meet the threshold will receive a CAP.

Community Supports Primary Measures (2/2)

MCQMD has identified three Primary Measures for Community Supports, all for implementation in 2025.

2025	
Public Information for Providers and Members	
Description	MCP website contains required member information, required provider information, and provider directories.
Frequency	Semi-annual
Threshold	MCP website includes 100 percent of required information
Compliance Actions	Plans will receive a notice to address any website gaps within 30 days.

DHCS expects to identify additional Primary Measures for Community Supports in 2026, including for Closed Loop Referrals and Timely Authorizations.

Secondary Measures & Event Priorities

Secondary Measures and Event & Feedback Priorities represent priority policy areas for DHCS monitoring where sufficient data is not yet available or DHCS is not yet ready to establish a quantifiable minimum performance threshold. DHCS will monitoring performance in these areas based on available quantitative and qualitative information.

ECM & Community Supports:

- » **Equitable Access:** DHCS will work with MCPs in 2025 on strategies for improving equitable access to ECM based on potential gaps observed in demographics.
- » **Timely Payment to Providers:** DHCS is working to address issues with MCPs' timely payment to ECM and Community Support Providers.
- » **Dosage:** DHCS will track and begin publicly reporting the percentage of ECM members who received an ECM service each quarter.
- » **Utilization:** DHCS will continue to track and publish utilization rates for Community Supports services at the county level and will work with MCPs on strategies for increasing access to the services.

Meetings with MCPs

Regular 1:1 MCP Meetings

- » DHCS will meet regularly with each MCP in 2025 to discuss compliance issues and overall implementation of ECM and Community Supports.

Monthly MCP TA Meeting & Other Joint Forums

- » DHCS will provide TA and 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 Q1 2025.

Thank You

Please visit the DHCS ECM & Community Supports Website for more information and access to the ECM & Community Supports documents and supporting resources:

<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

Please send questions to CaAIMECMILOS@dhcs.ca.gov



Open Discussion

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

