# Medi-Cal Managed Care Advisory Group Meeting

**December 14, 2023**
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DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

December 2023

# Thank you for joining!

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

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

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

The host will read off any questions posed in chat

# Welcome

**Amara Bahramiaref**

Branch Chief,

Managed Care Policy Branch

DHCS

# Agenda

- Welcome and Introductions
- Justice Involved (JI)
- Continuous Coverage Unwinding
- Age 26 – 49 Adult Expansion
- 2024 Managed Care Plan (MCP) Transition Monitoring
- Student Behavioral Health Incentive Program (SBHIP)
- Screening and Transition Tools (STT)
- Providing Access and Transforming Heath (PATH) – Capacity and Infrastructure, Transition, Expansion, and Development (CITED) Updates
- Open Discussion

# Justice Involved (JI)

**Sydney Armendariz**

Branch Chief,

Justice-Involved Re-entry Services

Office of Strategic Partnerships (OSP)

DHCS

# Agenda

- Provide Update on Pre-Release Services Go-Live Dates
- Review Key Updates to Policy and Operational Guide
- Preview Correctional Facility Readiness Assessment and Review Process
- Discuss Approach for On-Going Technical Assistance

# Pre-Release Services
# Go-Live Dates

# Updates on Go-Live Timelines for Justice-Involved Initiative

**On October 20, 2023, DHCS announced that the initial go-live date for the justice-involved initiative has moved from April 1, 2024, to October 1, 2024.**

## Date Change: Pre-Release Service Go-Live

- This change in go-live dates will allow California's correctional facilities, county partners, MCPs, and community-based organizations more time to prepare for the implementation of targeted pre-release services. DHCS will continue to provide technical assistance during this extended time.

- **No change for the ECM Justice-Involved Population of Focus (JI POF) go live on January 1, 2024.**

## CalAIM Justice-Involved Initiative Go-Live Timeline

**January 1, 2024**
ECM goes live for the JI POF.

**October 1, 2024**
1) Correctional facilities begin to go-live with pre-release services, based on readiness assessment.
2) County Behavioral Health Agencies go live with behavioral health links.

**October 1, 2026**
Final date for correctional facilities to go-live with pre-release services and behavioral health links.

*All correctional facilities must go-live with pre-release services and behavioral health links in the two-year window between October 2024 and October 2026.*

# Key Updates to Policy and Operational Guide

# Overview of Stakeholder Feedback

## Release of Draft Policy and Operational Guide

- On **June 12, 2023**, DHCS released a draft Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative for stakeholder feedback. DHCS received comments from 40 distinct organizations. A full list of commenters can be found in the appendix.

## Stakeholder Feedback

Top areas for which DHCS received stakeholder feedback related to:

- Timelines in the Short-Term Model
- 90-Day Pre-Release Period Timelines When Expected Release Date Changes
- Provider Enrollment and Billing NPIs
- Care Management Bundles

# Release of Final Policy and Operational Guide

**On October 20, 2023, DHCS released the updated Policy and Operational Guide for Planning and Implementing the CalAIM Justice Involved Initiative.**

- This guidance lays out to implementing stakeholders—correctional facilities, County Behavioral Health Agencies, providers, community-based organizations, and Medi-Cal managed care plans, among others—the policy, design and operational processes that will serve as the foundation for implementing this important initiative.

- DHCS requests implementing partners to continue to share questions on the Policy and Operations Guide. Additional feedback regarding the Policy and Operational Guide or questions for technical assistance should be sent to the Justice Involved Advisory Group inbox: CalAIMJusticeAdvisoryGroup@dhcs.ca.gov.

DHCS will update the Policy and Operational Guide on an as needed basis as implementing partners begin to advance the process of standing up the JI Initiative and as CMS continues to refine its sub-regulatory guidance for states that receive 1115 demonstration approval.

# Short Term Model

## Overview of Guidance

- The Justice-Involved Initiative will provide a targeted set of pre-release services in the 90 days prior to release.
- To ensure services are provided to all eligible individuals, DHCS laid out requirements that correctional facilities establish processes to screen for and deliver services to all eligible individuals, including those with unknown release dates and/or short-term stays.
- DHCS expects pre-release services to begin as close to intake as possible and laid out expectations and requirements in the Short-Term Model.

## Summary of Feedback and Updates

- ✓ DHCS updated the service initiation timelines in the short-term model based on stakeholder feedback.
- ✓ During the initial implementation period, timelines for the first 7 days of aid code coverage will be considered recommended implementation practices and not requirements; once the aid code is active for more than 7 days, the short-term model outlines minimum requirements.
- ✓ DHCS expects to mandate all timelines in the short-term model in the future and will memorialize those requirements in subsequent iterations of the Policy and Operational Guide.

# Clarifying 90-Day Pre-Release Period Timelines

**Stakeholders requested clarification of when the 90-day period begins for those with unknown or changed release dates. DHCS is actively working with CMS to confirm all scenarios listed on the following two slides and will update the Policy and Operational Guide as needed.**

- **Individuals Transferred from Jail to State Prison:** An individual may receive 90 days of pre-release services in a county jail and then be transferred to a state prison and receive 90 days of pre-release services in that facility prior to their release. While the individual may receive pre-release services under these circumstances, such time period may not exceed 90 days per facility per incarceration. Note that when an individual is transferred from one state prison to another the 90-day period will not restart.
- **Individuals Incarcerated Multiple Times Per Year:** An individual may be incarcerated multiple times in the same year and under these situations, individuals will be eligible for up to 90 days of pre-release services for each time the individual is incarcerated.
- **Individuals Transferred Between Jail and State Hospital:** If an individual is found to be incompetent to stand trial and transferred to a state hospital from a jail to get a mental health assessment, and then transferred back to the jail, the 90-day period will restart. Note that Medi-Cal reimbursement for pre-release services will not be available while the individual is in the state hospital.

# Care Management Model

## Overview of Guidance

- Care management is a critical component of the Justice-Involved Initiative intended to:
  - Support the coordination of services delivered during the pre-release period and upon reentry;
  - Ensure smooth links to services and supports; and
  - Ensure arrangements of appointments and timely access to appropriate care delivered in the community.
- Pre-release care management will be delivered by in-reach or embedded care managers and billed via fee-for-service (FFS).

## Summary of Updates

In response to stakeholder feedback:

- ✓ DHCS **clarified roles and responsibilities of the pre-release care manager and post-release ECM provider**, including during the warm handoff.
- ✓ DHCS **clarified expectations for collaboration with correctional facilities to support care management.** DHCS requires MCPs have operational processes to engage and coordinate with CFs in their county of operation, including MOUs once a model MOU has been released by DHCS.
- ✓ DHCS updated policy on the pre-release care manager/post-release ECM **provider assignment** to **delegate assignment of in-reach pre-release care managers and post-release ECM providers to the MCP,** if MCP assignment is known.

# Billing and Claiming: Care Management Bundles

## Overview of Guidance

- In response to stakeholder feedback related to billing and claiming for care management services in the FFS environment, DHCS developed five care management bundles for the JI Initiative. The care management bundles do not include community health worker (CHW) services, such as patient outreach and education. Supervisors of in-reach CHW will be able to bill Medi-Cal under FFS for delivery of CHW services.
- Care Management may be billed via a bundled rate if all requirements are met. If bundle requirements are not met, individual services may be billed FFS.

## Summary of Updates

- ✓ **DHCS will create care management bundles to support pre-release care management.** The updated Guide provides an overview and lists minimum documentation requirements needed to bill for each of the following bundles:
  - Health Risk Assessment/Whole-Person Needs Assessment
  - Care Coordination
  - Care Manager Warm Handoff
  - Reentry Care Plan
  - Post-Transition Support

# Billing and Claiming: Provider Enrollment and Billing NPIs

## Overview of Guidance

- Pre-release services will be delivered, claimed, and paid for via Medi-Cal fee-for-service.
- All providers seeking reimbursement for delivery of pre-release services must enroll as a Medi-Cal provider.
- All claims will be submitted through normal processes using Medi-Cal Rx for pharmacy services and CA-MMIS for all other services.

## Summary of Updates

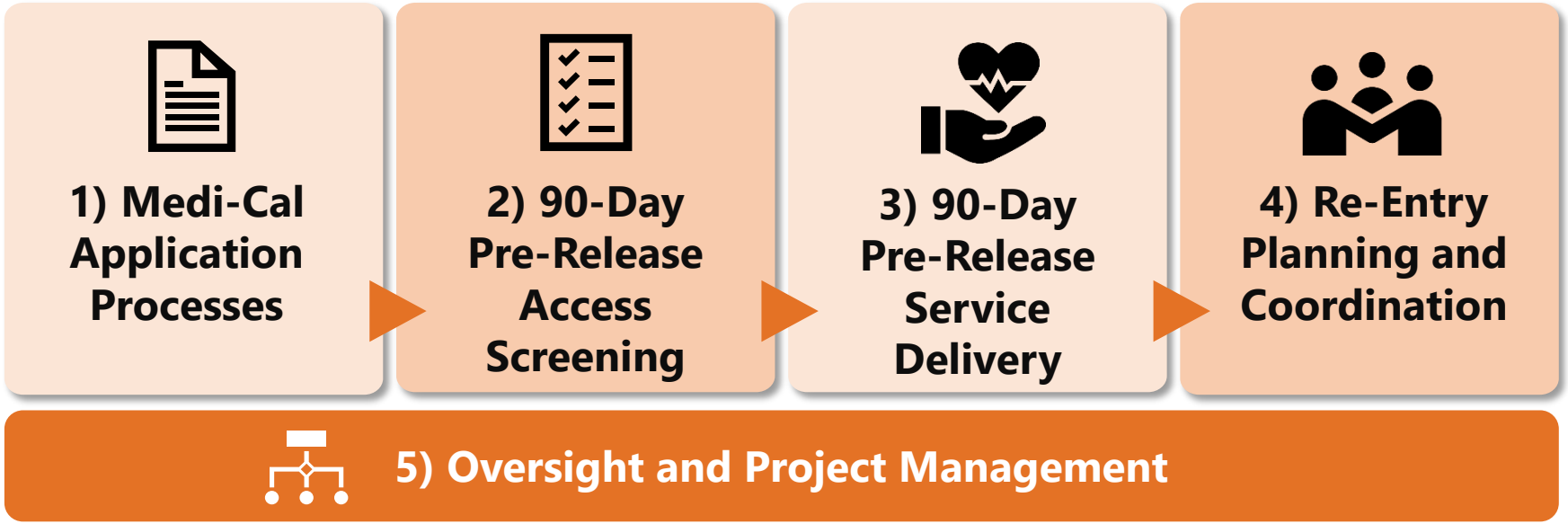
- ✓ DHCS **clarified NPI requirements for embedded correctional facility providers**. Federal and state law requires all providers who provide medical care to have a national provider identification (NPI), meaning **each correctional exempt from licensure clinic (i.e., correctional agency or county health department who is responsible for providing all correctional health care services) will need to have a registered NPI**.
  - Facilities within an agency (e.g., jails in the same county or all state prisons) can apply as an organization; each individual pharmacy site requires its own unique NPI.
- ✓ DHCS understands correctional facilities may contract with out of state pharmacies to provide medications. **DHCS will allow a pharmacy located in or out of state that is contracted to provide pre-release prescription services to eligible incarcerated individuals to enroll as a Medi-Cal pharmacy for the purpose of this Demonstration.**

# Correctional Facility Readiness Assessment and Review Process

# Ensuring Provision of Pre-Release Services

**Correctional facilities are statutorily mandated to comply with the CalAIM pre-release service requirements per California Welfare and Institutions Code §14184.800 and in accordance with correctional facilities' obligations to provide medically necessary care to justice-involved individuals. Additionally, as a condition of the 1115 Reentry Demonstration, all prisons, jails and youth correctional facilities will be required to demonstrate readiness to participate in the justice-involved initiative prior to going live with pre-release services.**

**DHCS will launch a readiness assessment process that will focus on five key areas needed to operationalize 90-day pre-release services:**




*Note: A readiness assessment will also be established for county social service departments to ensure eligibility and enrollment processes facilitate pre-release services and for county behavioral health agencies to ensure processes for Behavioral Health Links are in place.*

# Summary: Correctional Facility Readiness Assessment

**Below is an overview of the draft readiness elements within each focus area. Correctional facilities must attest to their ability to meet minimum requirements and explain in narratives how they will meet these requirements.**

| Focus Areas | Readiness Element | Minimum Requirement for Pass? |
|---|---|---|
| **1: Medi-Cal Application Processes** | 1a: Screening | Minimum Requirement |
| | 1b: Application Support | Minimum Requirement |
| | 1c: Unsuspension/Activation of Benefits | Minimum Requirement |
| **2: 90 Day Pre-Release Eligibility and Behavioral Health Link Screening** | 2a: Screening for Pre-Release Services | Minimum Requirement |
| | 2b: Screening for Behavioral Health Links | Minimum Requirement |
| **3: 90 Day Pre-Release Service Delivery** | 3a: Medi-Cal Billing and Provider Enrollment | Minimum Requirement |
| | 3b: Short Term Model | Minimum Requirement |
| | 3c: Support of Pre-Release Care Management | Minimum Requirement |
| | 3d: Clinical Consultation | Non-Minimum Requirement |
| | 3e: Virtual/In-Person In-Reach Provider Support | Minimum Requirement |
| | 3f: Support for Medications | Minimum Requirement |
| | 3g: Support for MAT | Minimum Requirement |
| | 3h: Support for Prescriptions Upon Release | Minimum Requirement |
| | 3i. Support for DME Upon Release | Non-Minimum Requirement |
| **4: Reentry Planning and Coordination** | 4a: Release Date Notification | Minimum Requirement |
| | 4b: Care Management Reentry Care Plan Finalization | Minimum Requirement |
| | 4c: Reentry Care Management Warm Handoff | Minimum Requirement |
| | 4d. Behavioral Health Links | Minimum Requirement |
| **5: Oversight and Project Management** | 5a: Staffing Structure and Plan | Minimum Requirement |
| | 5b: Governance Structure for Partnerships | Non-Minimum Requirement |
| | 5c: Reporting and Oversight Processes | Minimum Requirement |

- Elements flagged as Minimum Requirement indicates that the correctional facility must have the capability in place in order to go live with pre-release services.
- Elements that are not flagged as Non-Minimum Requirements must still be supported. CFs must demonstrate that the facility will be ready to implement Non-Minimum Requirements within six months of the requested go-live date as a condition of DHCS's approval.

# Readiness Assessment Review Process

DHCS released a draft Correctional Facility Readiness Assessment in October 2023 for stakeholder feedback and intends to finalize the Readiness Assessment in early 2024. Correctional facilities must submit their Readiness Assessment at least six (6) months prior to their desired go-live date; facilities will go-live with pre-release services and behavioral health links on a quarterly basis.

| Example Timelines for Go-Live Dates Within Two Year Phase In Time Period | | | |
|---|---|---|---|
| Milestone | Illustrative Timelines | | |
| Correctional Facilities Submit Readiness Assessment to DHCS<br>Correctional Facilities may submit their Readiness Assessment before the April 1 due date | April 1, 2024 | January 1, 2025 | April 1, 2026 |
| DHCS Reviews Readiness Assessments<br>DHCS will engage Correctional Facilities as needed during review | April – July 2024 | January - April 2025 | April – July 2026 |
| DHCS Communicates Final Readiness Decision to Correctional Facilities<br>DHCS will publicly post facilities approved to go-live on the Justice Involved Initiative website after approval is communicated to correctional facilities | August 1, 2024 | May 1, 202 | August 1, 2026 |
| Correctional Facilities Finalize Preparations for Go-Live | August – September 2024 | May – June 2025 | August – September 2026 |
| Correctional Facilities Go Live with Pre-Release Services | October 1, 2024 | July 1, 2025 | October 1, 2026 |

# On-Going Technical Assistance

# Continued Stakeholder Engagement

Now that the Policy and Operation Guide has been released, DHCS will shift to stakeholder engagement and technical assistance (TA) for implementing partners.

- **Stakeholder Engagement:**
  - DHCS will continue to provide updates to the JI Implementation Advisory Group on a quarterly basis, or as need.
  - DHCS will participate in larger All Comer webinars to provide updates on this initiative, as needed
- **Technical Assistance:**
  - DHCS intends to facilitate monthly correctional facility implementation partner "office hours" where correctional facilities are invited to ask questions to support their operational planning.
  - DHCS is also considering implementing a regional-based or readiness-based technical assistance model where it will bring together correctional facilities, community-based providers, and managed care plans.
  - DHCS will continue to be available for 1:1 technical assistance via. Please submit questions and requests for TA to *CalAIMJusticeAdvisoryGroup@dhcs.ca.gov*.

*Reminder: DHCS encourages all correctional facilities and county behavioral health agencies to apply for PATH JI funding if they have not already done so. TA for PATH JI, including support on implementation plans, is available through scheduled Office Hours every Monday from now through December 18. Please email justice-involved@ca-path.com with any questions about Path Round 3.*

# Questions?

**CalAIMJusticeAdvisoryGroup@dhcs.ca.gov**

# Continuous Coverage Unwinding

**Yingjia Huang**

Assistant Deputy Director,

Health Care Benefits and Eligibility Division

DHCS

# Redeterminations Update

Automation of Federal Waivers

Data Monitoring

Surveys to Medi-Cal members who were disenrolled

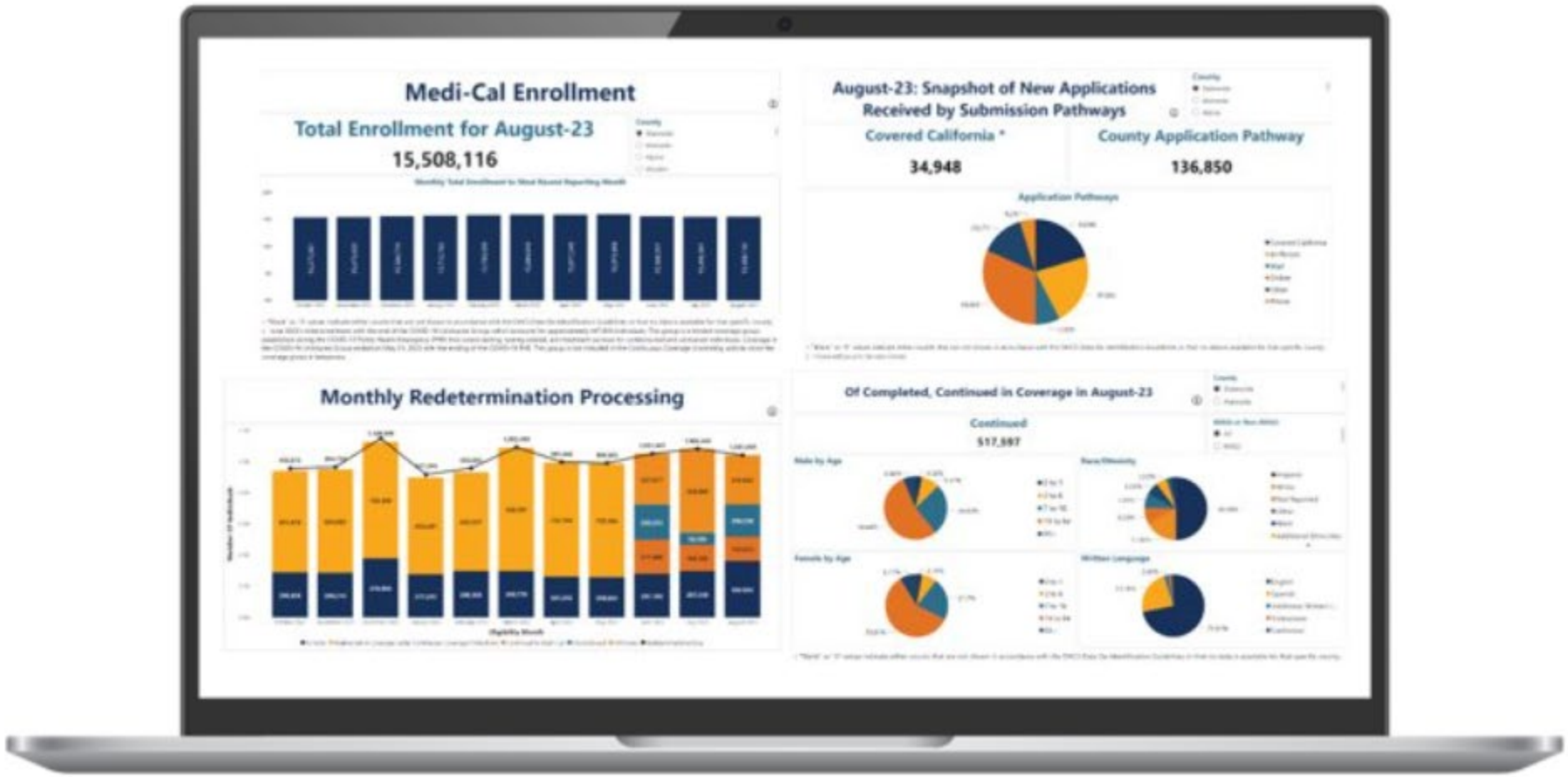
# Automation of Federal Waivers

- During the continuous coverage unwinding period, the 100 percent FPL and zero (0) income waivers will assist counties in streamlining case processing for beneficiaries that have reported or will report income less than or equal to 100 percent FPL or no/zero (0) income.
- Automation of Stable Income Waiver – Non-MAGI populations.

# Additional Federal Waivers

- Ex Parte and Renewal Packet Requirement Flexibility:
  - As condition of eligibility, Medi-Cal members who receive an annual renewal form must sign and return their renewal form (via any allowable modality). This means that situations occur where counties are able to complete a renewal via ex parte from receipt of information received after a packet is generated but must wait for the return of the packet from the member before eligibility can be redetermined.
  - The renewal packet requirement unwinding flexibility allows counties to complete the annual redetermination via ex parte (if successful), even after a renewal packet is sent to a Medi-Cal member.

# Medi-Cal Continuous Coverage Unwinding Dashboard



# Redetermination Outcomes

| | June 2023 | July 2023 | August 2023 | Sept 2023 |
|---|---|---|---|---|
| **Redeterminations** | | | | |
| Number redeterminations due | 1.05 million | 1.08 million | 1.04 million | 1.07 million |
| Percentage returned renewal packets for review or completed through ex parte | 81% | 80% | 82% | 81% |
| Number of disenrollments as a result of renewals | 225,231 | 76,705[1] | 209,320 | 219,500 |
| Percentage disenrolled (of total redeterminations due) | 21% | 7%[2] | 20% | 20% |
| Ex parte percentage | 27% | 25% | 35% | 35% |

# Redetermination Outcomes (cont.)

- [1] 76,705 Medi-Cal members (7 percent of July redeterminations) were disenrolled for not returning information or because they were determined ineligible; disenrollments occurred on August 1 and would be tracked separately since the redetermination month would the same. This would not be reflected in August's data. DHCS will report final July disenrollment rates in late November 2023.

- [2] Historically, California has seen a reinstatement rate of approximately 4 percent over the 90-day cure period. Medi-Cal members who were disenrolled in July have until October 30, 2023, to return needed information to have their coverage restored. DHCS anticipates the final disenrollment rate in July 2023 to be reduced by approximately 4 percent after the 90-day cure.

# Questions?

# Age 26 – 49 Adult Expansion

**Yingjia Huang:** Assistant Deputy Director,
Health Care Benefits and Eligibility Division

**Sean Barber:** Chief,
Managed Care Networks and Access Branch

DHCS

# Age 26-49 Adult Expansion

The Adult Expansion will begin on January 1, 2024, and will provide full scope Medi-Cal to California residents 26-49 years of age, regardless of immigration status, if they meet all Medi-Cal eligibility criteria.

- With this expansion, full scope Medi-Cal coverage will be available to all otherwise eligible Californians, regardless of immigration status.
- The Governor's 2022-2023 Budget estimates the Adult Expansion population to be 707,000 individuals.
- Policy guidance is posted in ACWDL 23-08. DHCS is on track for implementation.
- Additional information and resources available on the DHCS Age 26-49 Adult Expansion webpage.

# Outreach

- DHCS worked closely with foundations and CBOs to have materials tested by community members.
- DHCS has developed a Get Your Community Covered Resource Hub of materials that is translated into all Medi-Cal threshold languages.
  - DHCS recommends counties and partners utilize the messaging and integrate it into their outreach and social media campaigns.
  - DHCS is sharing the global outreach language to be used by Medi-Cal Managed Care Plans, other State departments, Medi-Cal providers, and other community partners for use in their outreach activities.
- Statewide paid media campaign to run from November 2023 through May 2024.
  - Including a new Medi-Cal.dhcs.ca.gov page in English and Spanish.

# Medi-Cal Managed Care Plan (MCP) Implementation of Primary Care Provider Assignment for the Age 26-49 Adult Expansion Transition

# APL Goals

1. Maintain Primary Care Provider (PCP) assignments to the maximum extent possible for the Adult Expansion Population; and
2. Support and strengthen traditional county health providers who treat a high volume of uninsured and Medi-Cal patients.

# APL Summary

- DHCS is issuing this APL to ensure the transitioning AE population maintains their existing Primary Care Provider (PCP) assignments to the maximum extent possible.
- MCPs will coordinate with county uninsured programs and public health care systems to share data for the Adult Expansion Population and use that data to effectuate PCP assignment.
- MCPs are required to accept data from, transmit data to, and coordinate with, the county uninsured programs and public health care systems serving the Adult Expansion Population to maintain the Members' PCP assignment.
- MCPs are required to review and utilize the data provided by the county uninsured programs and public health care systems to effectuate PCP assignments for these Members.

# Background & Status

- Age 26-49 Adult Expansion will take effect on January 1, 2024.
- Governing authority: Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) amended Welfare and Institutions Code (W&I) section 14007.8 and requires DHCS maximize PCP assignment retention.
- Department of Health Care Services (DHCS) coordinated with key association stakeholders and plans to discuss lessons learned from the Older Adult Expansion and develop a process to meet WIC requirements.
- DHCS is reviewing stakeholder comments on the APL draft and targeting to publish the APL by the end of December.

# Matching Policy

- Individuals will need to be matched to MCP records without the use of a unique identifier such as Client Index Number (CIN).
- MCPs should develop matching processes to identify unique individuals in the county uninsured programs or public health care systems, for example by using data elements such as name, date of birth, and address.
- MCPs must coordinate with the county uninsured programs and public health care systems to develop methodologies allowing for some flexibility in the matching algorithm utilized by the MCPs.

# Continuity of Care and Assignment Policy

- MCPs must not preclude assignment based on a PCP having a closed panel status, or not accepting new Members status.
- MCPs are not permitted to exclude assignment for Members who are assigned to a federally qualified health center(FQHC) or rural health clinic (RHC).
- Members with an existing PCP that is in-Network with the receiving MCP, the MCP is required to maintain that assignment.
- If the PCP is out-of-Network, Continuity of Care policy in APL 23-022 applies.

# Data Sharing Requirements

- Participating county uninsured programs and public health care systems must share the PCP Assignment File securely in accordance with the requirements in the APL.
- MCPs must inform those organizations of the outcome of the assignment using the PCP Assignment Return File and provide verification of the PCP assignment.

# Questions?

# 2024 Managed Care Plan (MCP) Transition Monitoring

**Sean Barber:** Chief,

Managed Care Networks and Access Branch

**Dana Durham:** Division Chief,

Managed Care Quality and Monitoring

**Bambi Cisneros:** Assistant Deputy Director,

Health Care Delivery Systems

DHCS

# Objective

- Provide Overview of the DHCS Monitoring Approach for Upcoming Transitions:
  - Adult Expansion Phase II
  - Long Term Care Phase II Transition
  - Whole Child Model
  - 2024 MCP Transition
- 2024 MCP Transition Monitoring Detail

# Adult Expansion (AE)
# Phase II Monitoring

# AE Monitoring Approach

**DHCS is utilizing a multi-pronged approach to ensure compliance with AE Phase II Transition policies.**

- **Scale**: Approximately 659,109 members will transition from Medi-Cal Fee-for-Service to Medi-Cal Managed Care on January 1, 2024.
- **Complexity**: This transition will take place across 22 MCPs.

| Domain | Activities | Status |
|---|---|---|
| **MCP Survey Responses** | MCPs are required to submit post-transitional data via SurveyMonkey across the following domains:<br>» Continuity of Existing PCP Assignment<br>» Grievances and Appeals<br>» Continuity of Care (CoC) | **Monitoring begins 1/1/24**<br>*Initial MCP Survey Responses will be submitted on Wednesday, 1/17/24* |
| **Stakeholder Engagement** | DHCS engaged stakeholders during continuity of existing PCP assignment policy development<br><br>DHCS will solicit and track stakeholder feedback through a monthly survey; MCPs are also expected to track stakeholder input and ensure appropriate feedback loops. | **Ongoing**<br>*Regular engagement since May 2023*<br>*Stakeholder survey to be released in December 2023* |
| **Provider Networks** | Assessing ability to absorb the projected transitioning membership and confirming compliance with ratio requirements. | **Ongoing**<br>*Initial ratio reviews completed October 2023*<br>*Final ratios assessment will be complete December 2023 with follow up through June 2024* |

# MCP AE Survey Responses Timeline

**The goal of MCP Survey Responses is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions.**

| Dates | Frequency |
|---|---|
| ***Post-Transition Monitoring (2024)*** | |
| January 1 – February 29 | Bi-Weekly |
| March 1 – June 30 | Monthly |

**DHCS reserves the right to modify the frequency based on the ongoing status of the implementation.*

# Long Term Care (LTC) Phase II Monitoring

# LTC Phase II Monitoring Approach

**DHCS is utilizing a multi-pronged approach to ensure compliance with LTC Phase II Transition policies.**

- **Scale**: Approximately 6,150 members will transition from Medi-Cal Fee-for-Service to Medi-Cal Managed Care on January 1, 2024.
- **Complexity**: This transition will take place across all counties Statewide and all 25 MCPs.

| Domain | Activities | Status |
|---|---|---|
| **MCP Survey Responses** | MCPs are required to submit post-transitional data via SurveyMonkey across the following domains:<br>» Member Counts<br>» In-Network and Out-of-Network Providers<br>» Grievances and Appeals<br>» Claims and Timely Payments | **Monitoring begins 1/1/24**<br>*Initial MCP Survey Responses will be submitted on Wednesday, 1/17/24* |
| **Strike Team** | DHCS will be managing implementation through tracking and responding to stakeholder issues sent to the LTCTransition@dhcs.ca.gov inbox through an agile strike team triage process. | **Ongoing**<br>*Pre- & post-implementation monitoring* |
| **Provider Networks** | MCPs are required to meet specific Network Readiness Requirements for ICF/DD, ICF/DD-H, ICF/DD-N, Adult Subacute Care and Pediatric Subacute Care. | **Ongoing**<br>*Pre- & post-implementation monitoring* |
| **Ongoing Engagement** | DHCS has also scheduled workgroups to provide a forum for the stakeholder feedback after the January 1, 2024, implementation and an opportunity for DHCS to respond to issues that have been identified. | **Workgroups scheduled**<br>*Webinars planned for 1/26 & 2/23* |

# MCP Survey Responses Timeline

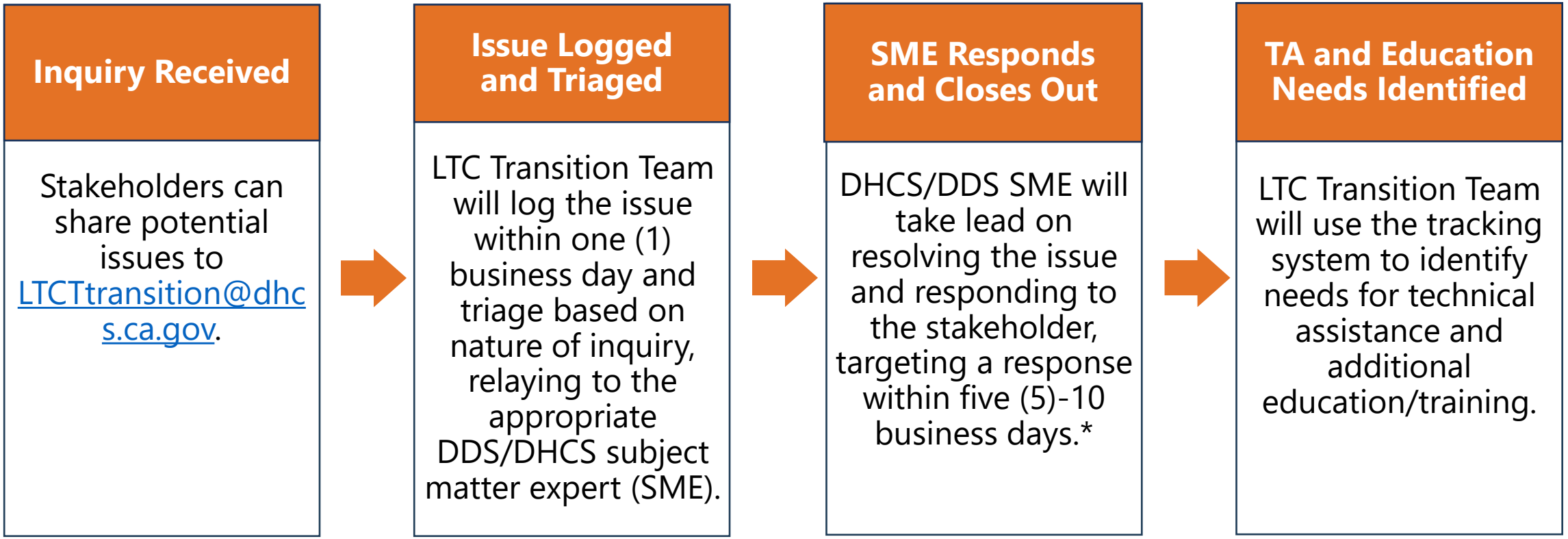
**The goal of MCP Survey Responses is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions.**

| Dates | Frequency |
|---|---|
| ***Post-Transition Monitoring (2024)*** | |
| January 1 – February 29 | Bi-Weekly |
| March 1 – June 30 | Monthly |
| ***Regular Quarterly Monitoring (2024)*** | |
| July 1 – December 31 | Quarterly |

**DHCS reserves the right to modify the frequency based on the ongoing status of the implementation.*

# LTC Phase II Carve-In Strike Team Process

» DHCS has developed a collaborative process across 10 divisions and two (2) departments for tracking, triaging, and resolving issues that may arise during the LTC Phase II Carve-In Transition:




**DHCS aims to resolve issues as quickly as possible; however, time it takes to resolve issues will vary based on their complexity.*

# 2024 WCM Transition Monitoring Approach

# WCM Monitoring Approach

**DHCS is utilizing a multi-pronged approach to enable oversight and ensure compliance with WCM Transition policies. WCM members are considered a Special Population and are monitored as such in the 2024 MCP Transition.**

- **Scale**: Approximately 2,600 members will transition to Kaiser on January 1, 2024.
- **Complexity**: These transitions will take place across 8 counties and 5 unique MCPs.

| Domain | Activities | Status |
|---|---|---|
| **MCP Survey Responses** | Kaiser is required to submit Continuity of Care (CoC) performance data via SurveyMonkey across 4 domains:<br>» PCP and Specialist retention and assignment for all transitioning members<br>» CoC for all transitioning WCM members<br>» Care Coordination<br>» Member Issues | **Ongoing**<br>*Initial MCP Survey Responses submitted on Wednesday, 11/22* |
| **Stakeholder Feedback** | » DHCS will monitor existing DHCS inboxes and discuss at DHCS forums (e.g. WCM Coordination meeting). Kaiser is also expected to track stakeholder input and ensure appropriate feedback loops exist with leadership | **Ongoing**<br>*Pre and post transition monitoring* |
| **Provider Network** | » DHCS is assessing Kaiser's overlap with providers that are already serving the WCM population today<br>» DHCS is assessing Kaiser's overall network capacity by specialty, sub-specialty, and facility type | **Ongoing**<br>*Pre and post transition monitoring* |

WCM Transition Monitoring will be an added layer of monitoring to the 2024 Transitional Monitoring.

# WCM MCP Survey Responses Timeline

**The goal of MCP Survey Responses is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions. DHCS began conducting pre-transition monitoring activities in November 2023.**

| MCP Survey Response Frequency* | |
|---|---|
| **Dates** | **Frequency** |
| ***Pre-Transition (2023)*** | |
| Nov. 22 – Dec. 31 | Bi-Weekly |
| ***Post-Transition (2024)*** | |
| Jan. 1 – Feb. 29 | Bi-Weekly |
| March 1 – June 30 | Monthly |
| ***Regular Monitoring WCM Dashboard (2024)*** | |
| July 1 – December 31 | Quarterly |

**DHCS reserves the right to modify the frequency based on Kaiser's responses*

# 2024 MCP Transition Monitoring Approach

# 2024 MCP Transition Context

- **Scale**: Approximately 2.1 million members will transition to a new MCP on January 1, 2024.
- **Complexity**: These transitions will take place across 21 counties and 14 unique MCPs. Some members will also shift to Kaiser as their prime plan in 27 counties.
  - 243,000 members will receive an enrollment packet to choose an MCP.
  - 420,000 members will transition because of the county plan model change and be enrolled in COHS or Single Plan County.
  - 900,000 members will transition from Kaiser as a subdelegate to Kaiser as a Prime Plan.
  - 500,000 members will transition from Health Net to Molina as a subdelegate in Los Angeles County.
- **Note**: An additional 900,000 members will transition from Kaiser as a subdelegate to Kaiser as a Prime Plan on January 1, 2024.

# MCP Transition Monitoring Approach

**Due to the scale and complexity of the 2024 MCP Transition, DHCS is utilizing a multi-pronged approach to enable oversight and ensure compliance with MCP Transition policies. DHCS began conducting pre-transition monitoring activities in Nov. 2023.**

| Domain | Activities | Status |
|---|---|---|
| **Plan-to-Plan Data Sharing Verification** | DHCS is reviewing copies of data files shared by Previous MCPs to Receiving MCPs for timeliness and completeness; DHCS will follow up with the Previous MCP regarding identified data quality issues | **Ongoing**<br>*Initial plan-to-plan files shared on Thursday, 11/9* |
| **MCP Survey Responses** | Receiving and Previous MCPs are required to submit Continuity of Care (CoC) performance data via SurveyMonkey across 4 domains:<br>» PCP retention and assignment for all transitioning members<br>» CoC for all transitioning members and Special Populations members<br>» CoC for Enhanced Care Management (ECM) and Community Supports<br>» Member Issues | **Ongoing**<br>*Initial MCP Survey Responses submitted on Wednesday, 11/22* |
| **Proactive Sampling** | DHCS is conducting proactive outreach to Receiving MCPs and requiring detailed reporting on samples of transitioning members related to CoC for Special Populations, including transitioning members authorized to receive ECM and Community Supports | **Ongoing**<br>*Initial proactive sample response submitted on Wednesday, 12/6* |
| **Stakeholder Survey** | DHCS is soliciting and tracking stakeholder feedback through a monthly survey; MCPs are also expected to track stakeholder input and ensure appropriate feedback loops exist with leadership | **Ongoing**<br>*Initial Stakeholder Survey submitted on Wednesday 11/22* |
| **Provider Network** | Assessing MCP compliance with all network adequacy requirements | **Ongoing**<br>*Initial network review completed July 2023.*<br>*Final review complete by 12/31/2023 with follow up through June 2024* |

# MCP Transition Monitoring Timeline

**Most monitoring activity will occur between November 2023 and March 2024, with some continued monitoring focused on PCP Retention and Continuity of Care throughout 2024.**

***January 1, 2024***

| **Pre-Transition**<br>*November – December 2023* | **Post-Transition**<br>*January – December 2024* |
|---|---|
| **MCP Survey** (through December 2024) | |
| **Proactive Sampling** (through December 2024) | |
| **Plan-to-Plan Data Sharing Verification** (through March 2024) | |
| **Stakeholder Survey** (through March 2024) | |
| **Provider Network** (through June 2024) | |

# MCP Transition Monitoring Domains: Plan-to-Plan Data Sharing Verification

**To ensure Receiving MCPs are receiving timely, high-quality data needed from Previous MCPs to implement Continuity of Care protections for transitioning members, DHCS will receive copies of shared files for monitoring purposes.**

- **Approach:** Upon receipt of plan-to-plan files DHCS will perform data verification checks to confirm successful data sharing according to timeliness and quality expectations
  - DHCS Contact Managers will follow up with Previous MCPs regarding identified data quality issues or delinquent submissions
- **Timeline:** Initial transfer on Thursday, November 9th
  - Weekly data refreshes from Tuesday, December 5th through Tuesday, March 26th

**Summary of Plan-to-Plan Files**

| File Type | Description |
|---|---|
| **Transitioning Member Identifying Data** | Identifying information (e.g., name, date of birth) and contact information for transitioning members |
| **Transitioning Member Utilization Data** | Claims and encounter information for transitioning members |
| **Transitioning Member Authorization Data** | Prior authorization information for transitioning members |
| **Transitioning Member NEMT/NMT Schedule and Physician Certification Statement Data** | Scheduled transportation information for transitioning members |
| **Transitioning Member Special Populations Information Data** | Transitioning members who meet Special Populations criteria and relevant accompanying data elements |

# MCP Transition Monitoring Domains: Proactive Sampling

**Proactive sampling aims to ensure that Receiving MCPs are implementing CoC requirements and surface problems with MCP implementation before members experience disruptions in care.**

- **Approach:** DHCS will compile a sample of Special Population member CINs from each Receiving MCP at the county level.
  - MCPs will populate a template with the following requests for each sampled CIN:
    - Count of OON providers
    - Count of OON providers contacted by the Receiving MCP
    - Count of OON providers by disposition: Network Contract, CoC for Providers Agreement, Pending, Final outcome of No Agreement/Contract
    - Count of authorizations from the Previous MCP
  - DHCS will compare Receiving MCP responses for the member sample to DHCS/Previous MCP-generated data.
  - As needed, DHCS will follow up with the MCP regarding identified discrepancies.

# MCP Transition Monitoring Domains: Proactive Sampling (cont.)

**Proactive sampling aims to ensure that Receiving MCPs are implementing CoC requirements and surface problems with MCP implementation before members experience disruptions in care.**

- **Timeline:** The initial completed Sampling Templates were due on December 6, 2023. Subsequent sampling dates are below:
  - DHCS releases sample Wednesday, January 3rd; Receiving MCPs completed template due Wednesday, January 10th
  - DHCS releases sample Friday, February 2nd; Receiving MCPs completed template due Friday, February 9th
  - DHCS releases sample Friday, March 1st; Receiving MCPs completed template due Friday, March 8th

# MCP Transition Monitoring Domain: MCP Survey

**The goal of the MCP Survey is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions.**

- **Approach:** Data related to the January 1, 2024, MCP transition will be reported by Receiving MCPs; Previous MCPs will also have limited submission requirements.
  - Receiving and Previous MCPs will report required data elements at the county level, as noted in the Data Element Detail in Section IX of the 2024 MCP Transition Policy Guide

## MCP Survey Data Element Reporting Cadence

| Month(s) | Data Elements | Cadence |
|---|---|---|
| November 22, 2023 | Baseline for select data element | One-time reporting |
| November 2, 2023 – December 31, 2023 | Select data elements | Bi-weekly reporting[129] |
| January 1, 2024 – February 29, 2024 | All data elements | Bi-weekly reporting |
| March 2024 | All data elements | Monthly reporting |
| April 1, 2024 – December 31, 2024 | Select data elements | Quarterly reporting |

# MCP Transition Monitoring Domain: MCP Survey (cont.)

**The goal of the MCP Survey is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to member care for potential oversight actions.**

- **Timeline:** MCP reporting will begin with baseline reporting in November 2023 for select data elements, pre-transition reporting in December 2023, and post-transition reporting continuing through December 2024. MCPs will report data to DHCS via SurveyMonkey on Wednesdays for the previous reporting period
  - The reporting cadence for all data elements is outlined in Section IX, Figure 1 of the MCP Transition Policy Guide *(see table*), except for PCP retention which will be reported monthly through June 2024

# MCP Transition Monitoring Domains: Stakeholder Survey

**The Stakeholder Survey aims to systematically gather stakeholder feedback about the MCP Transition to complement DHCS' other efforts to monitor the Transition.**

- **Approach:** Monthly survey of advocates, MCPs, providers, counties, associations, and other stakeholders
  - Initial November Survey requested stakeholder feedback on:
    - Pre-transition communications and resources for members and providers
    - Where members are turning for information and support
    - Awareness of continuity of care protections
  - Survey allows respondents to include county and/or MCP-specific feedback
  - Survey questions will change month-to-month as the transition progresses
- **Timeline:** Stakeholder survey will be conducted monthly between November 2023 and April 2024

# MCP Transition Monitoring: Escalating Oversight to Enforcement

**Through monitoring and oversight activities, DHCS may determine that MCP enforcement action becomes necessary to address transition performance issues.**

1. Upon contact from DHCS, identified MCPs must explain submitted data and any actions the MCP has initiated to address issues.

2. MCPs may be required to submit a plan to mitigate/remedy issue(s).

3. DHCS will provide technical assistance to MCPs as appropriate .

4. DHCS will escalate issues with MCP leadership as needed.

5. DHCS will pursue corrective action plan(s), audits and sanctions, as needed.

# *For Discussion*

- In relation to the four transitions occurring on 1/1/2024 and the related monitoring activities:
  - What is going well?
  - What could be improved?
  - Where can DHCS focus resources to minimize member disruption?
  - Is there anything DHCS should be aware of?

# Questions?

# Student Behavioral Health Incentive Program (SBHIP)

**Jessica Harris**

Health Program Specialist II,

Project Coordination Section

DHCS

# SBHIP Overview

## AB 133, Section 5961.3

DHCS is to distribute incentive payments over three years (January 2022-December 2024) to Medi-Cal Managed Care Plans (MCPs) that meet predefined goals and metrics.

## SBHIP Objectives

The SBHIP aims to increase coordination among MCPs, Local Education Agencies (LEAs), and county mental health plans with the understanding it will significantly impact the delivery of services to CA students and ultimately benefit all delivery systems.

# SBHIP Goals

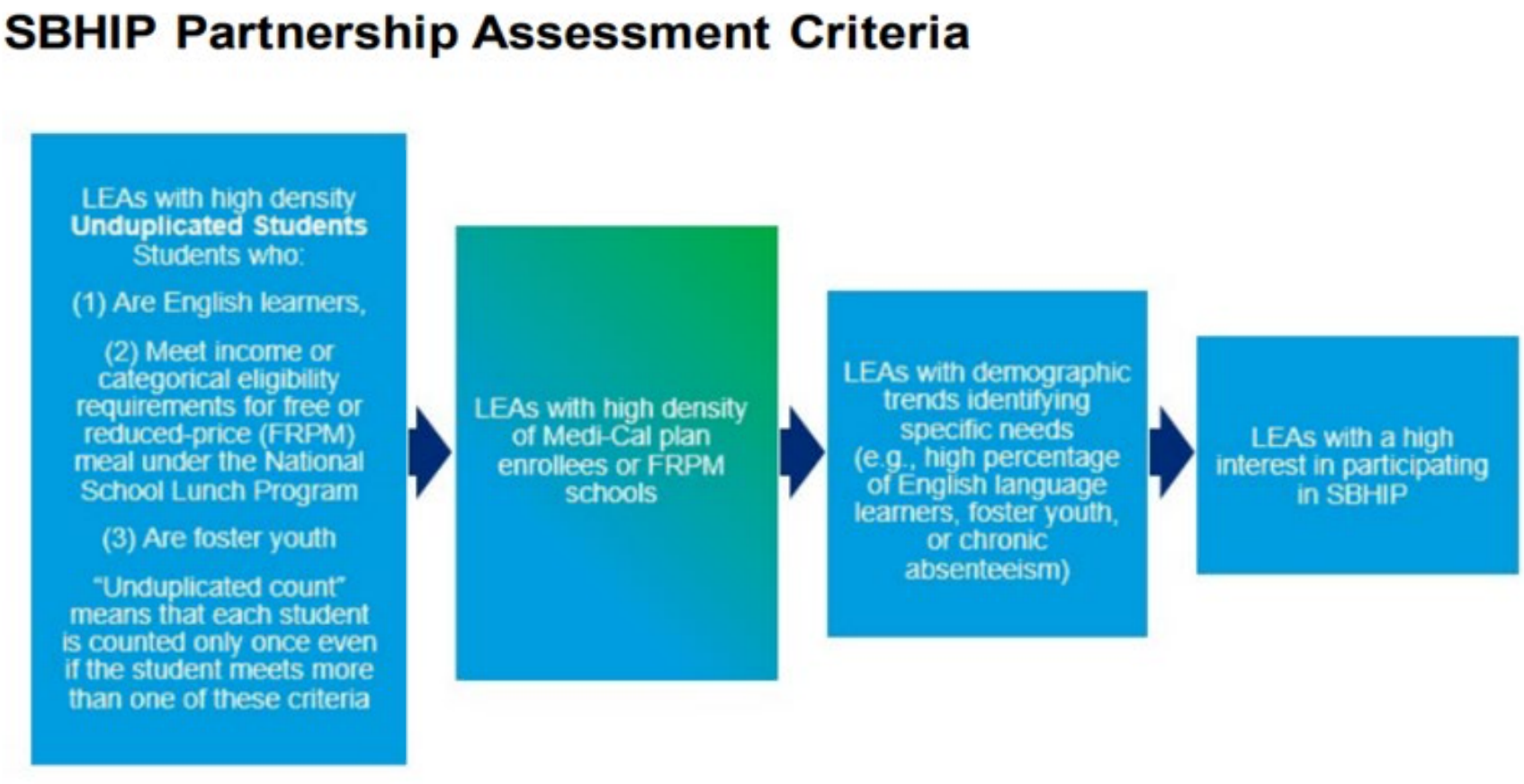
- Break down silos and improve coordination of student behavioral health services through communication with schools, school-affiliated programs, MCPs, county Behavioral Health Departments, and Behavioral Health (BH) providers.
- Increase the number of TK-12 students receiving preventive and early intervention BH school-based services provided the county.
- Strengthen relationships between Medi-Cal Managed Care Plans (MCPs), County Offices of Education (COEs), Local Education Agencies (LEAs), and county behavioral health stakeholders by issuing incentive payments to Medi-Cal MCPs and encouraging them to partner and identify appropriate Targeted Interventions (TIs) to meet the greatest needs of student populations.

# SBHIP Timeline

| MCP Deliverable | MCP Submission Deadline |
|---|---|
| **Letter of Intent** | » January 31, 2022 |
| **Partner Form** | » March 15, 2022 |
| **Optional Accelerated Timeline: Project Plan (Milestone One)** | » On or before June 1, 2022 |
| **Needs Assessment** | » On or before December 31, 2022 |
| **Project Plan (Milestone One)** | » On or before December 31, 2022 |
| **Bi-Quarterly Reports** | » Due at the end of every other quarter throughout the duration of the project. |
| **Transition Plan Part 1 (Acknowledgement)** | » On or before June 30, 2023 |
| **Transition Plan Part 2 (Narrative)** | » On or before September 29, 2023 |
| **Project Outcome Report (Milestone Two)** | » December 31, 2023 (MCPs exiting counties due to the 2024 Medi-Cal Re-procurement process)<br>» December 31, 2024 (All remaining and incoming MCPs) |
| **Memorandum(s) of Understanding (MOU(s))** | » December 31, 2024 |

# Partner Form Overview

- Partner Form outlines the LEAs participating in SBHIP.
- MCPs worked with the County Office of Education's (COE) Superintendent (or designee) to provide feedback related to potential LEA(s) SBHIP engagement.



# Needs Assessment and Project Plan Overview

Between March and December 2022, Medi-Cal Managed Care Plans (MCPs) participating in SBHIP collaborated with County Offices of Education (COEs), Local Education Agencies (LEAs), County Behavioral Health Departments, and other local stakeholders to conduct Needs Assessments and to develop Project Plans.

**All 23 Medi-Cal MCPs, across 58 counties, are collaborating with the local COEs, County Behavioral Health Departments, and other MCPs (when applicable) to implement SBHIP.**

**Needs Assessments:**

- Understanding the behavioral health needs, population disparities, and service delivery gaps and barriers within a county.

**Project Plans:**

- Developing Targeted Interventions (TIs) to address the behavioral health needs, gaps, and barriers identified in the Needs Assessment.

# Overview of Needs Assessment and Project Plan Findings

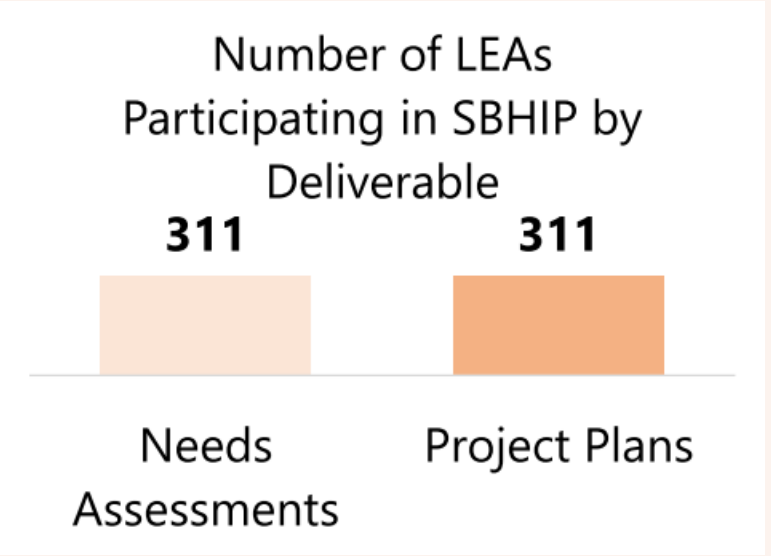
**Number of Submitted Needs Assessments*: 58**

- *Top Behavioral Health Need:* Anxiety
- *Top Population Disparity:* BIPOC
- *Top Service Delivery Gap:* Availability of Behavioral Health Providers and Staff

**Number of Submitted Project Plans**: **147**

- *Top TI Category:* Behavioral Health Wellness Program

**All LEAs that Participated in the Needs Assessments are also Implementing Targeted Interventions**




*Needs Assessment findings were self-reported by MCPs and their local county / LEA partners. There was no limit on the number of behavioral health needs or population-specific disparities each county could report. MCPs could also opt to not respond to a question if it did not apply to the selected county / LEA.

# Overview of Needs Assessment and Project Plan Findings (cont.)

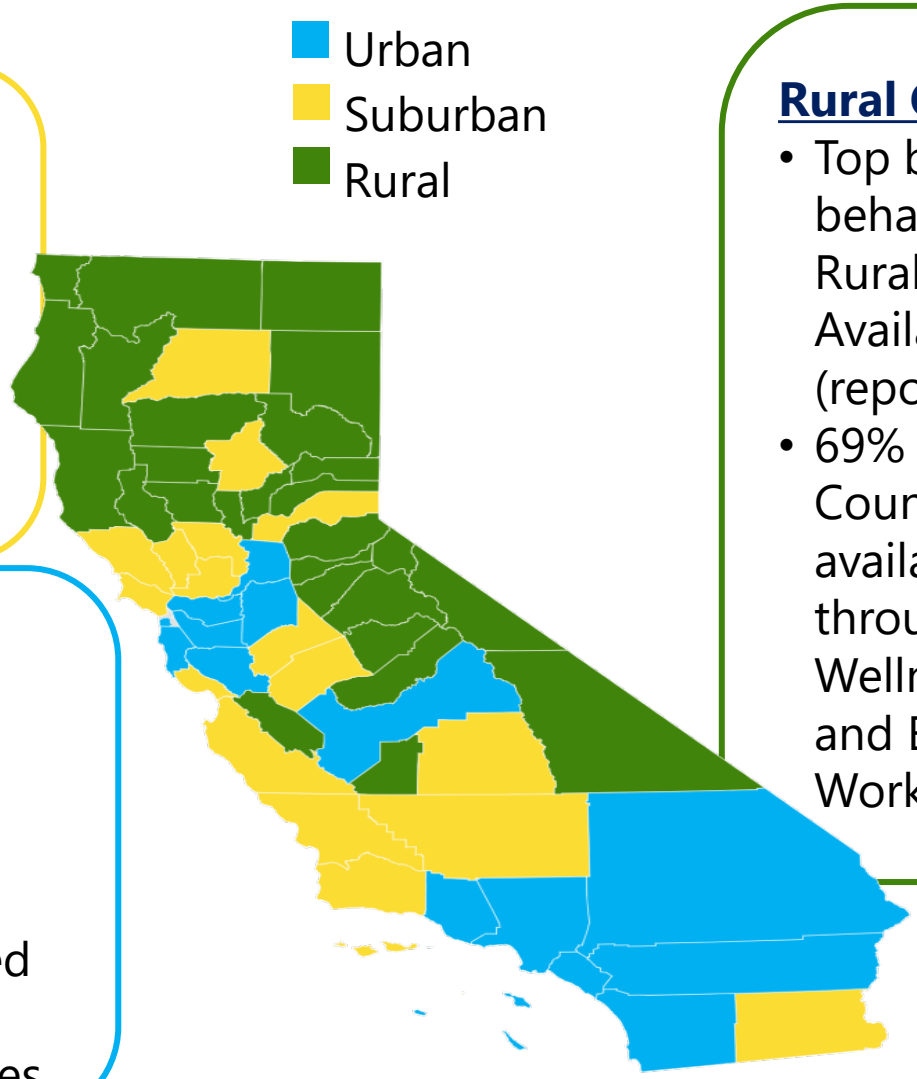
✓ **Project Plans selected by the MCPs address the behavioral health needs and service delivery gaps / barriers identified by the Needs Assessments.**

**Suburban Counties:**

- 43% of LEAs in suburban counties reported parental engagement / support as a barrier to providing behavioral health services.
- Three suburban counties are implementing Parenting TIs to improve parental engagement.

**Urban Counties:**

- Behavioral health disparities among BIPOC communities were reported most frequently by Urban Counties (33% of LEAs).
- 36% of Urban Counties are implementing Culturally and Targeted Population TIs. The Category is only being implemented in Urban Counties.




**Rural Counties:**

- Top barrier to providing behavioral health services in Rural Counties was Availability of Providers (reported by 67% of LEAs).
- 69% of TIs selected by Rural Counties increase the availability of services through Behavioral Health Wellness Programs (49%) and Expanding the Workforce (20%).

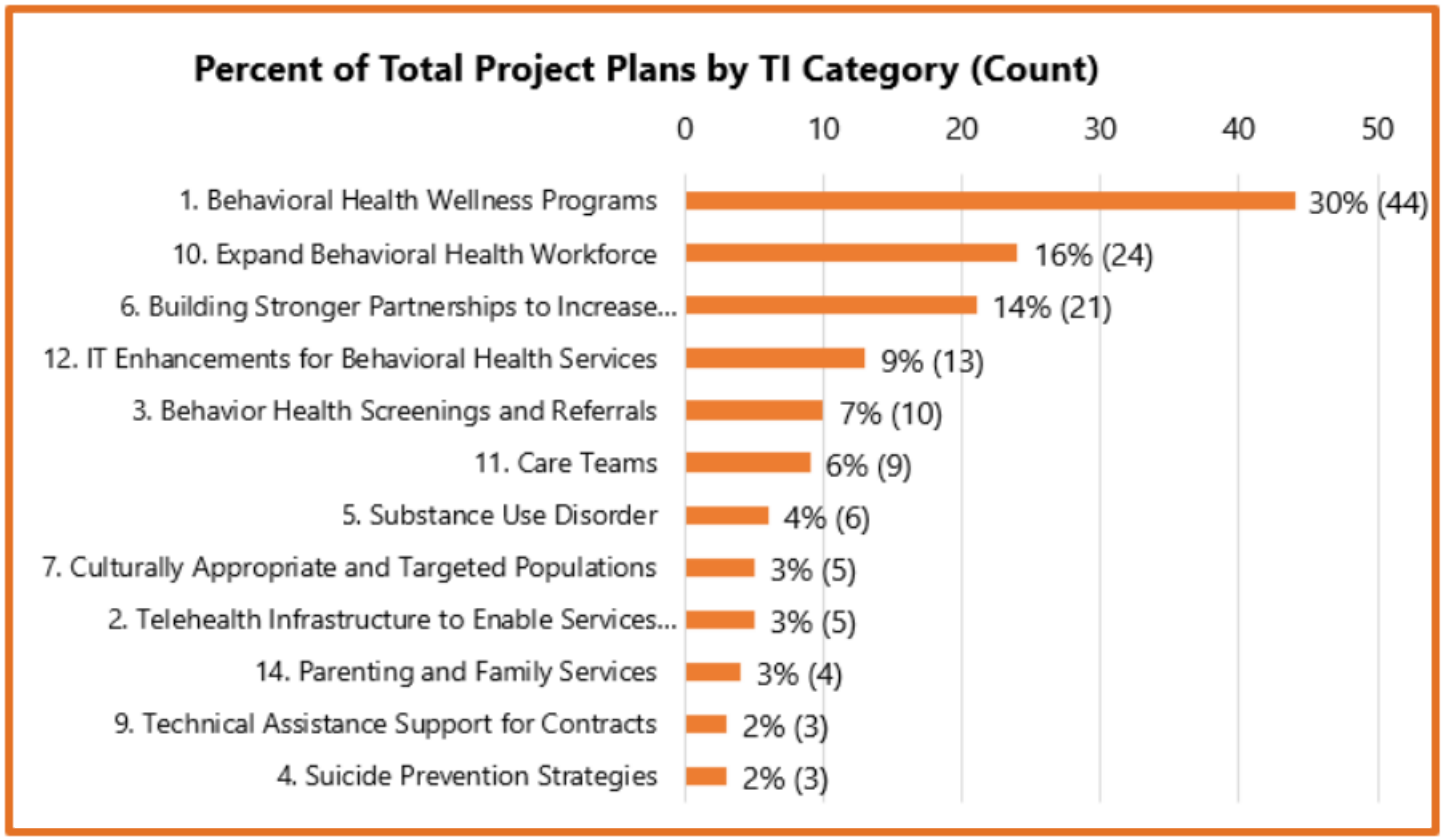
# Targeted Interventions

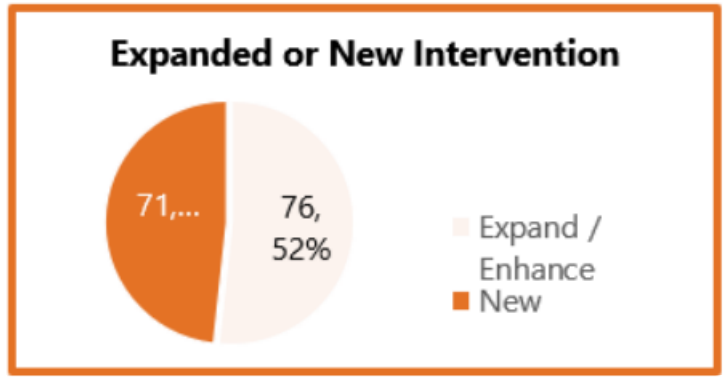
MCPs selected from 14 SBHIP Targeted Intervention categories.

| | |
|---|---|
| 1: Behavioral Health Wellness (BHW) Programs | 8: Behavioral Health Public Dashboards and Reporting |
| 2: Telehealth Infrastructure to Enable Services and/or Access to Technological Equipment | 9: Technical Assistance Support for Contracts |
| 3: Behavior Health Screenings and Referrals | 10: Expand Behavioral Health Workforce |
| 4: Suicide Prevention Strategies | 11: Care Teams |
| 5: Substance Use Disorder | 12: IT Enhancements for Behavioral Health Services |
| 6: Building Stronger Partnerships to Increase Access to Medi-Cal Services | 13:Pregnant Students and Teens Parents |
| 7: Culturally Appropriate and Targeted Populations | 14: Parenting and Family Services |

# Targeted Interventions Overview

» MCPs selected Targeted Interventions (TIs) to address the behavioral health needs, gaps, and barriers identified in the Needs Assessment and developed Project Plans for implementation.



# Bi-Quarterly Report (BQR) Overview

- MCPs must submit a BQR for each Targeted Intervention (TI) at the end of every other quarter throughout the duration of SBHIP.
- BQRs provide Medi-Cal Managed Care Plans (MCPs) an opportunity to communicate implementation status, challenges encountered, and any project changes to DHCS at regular intervals throughout the duration of SBHIP.

| BQRs Identify | |
|---|---|
| **1. TI Implementation Status** | » Whether projects are On Track or Not On Track<br>» Progress made towards TI implementation |
| **2. SBHIP Partner Changes** | » Changes to Local Educational Agencies (LEAs), school districts, and other SBHIP partners<br>» Changes to student populations served by the TI |
| **3. TI Implementation Challenges** | » Internal and external challenges faced in the implementation process to date<br>» Impact of the challenges on the implementation process |

# Transition Plan Deliverables

| Transition Plan Deliverables | | | |
|---|---|---|---|
| **Submitted:**<br>**June 30, 2023** | ***Transition Plan (Part I)*** | MCPs submit their SBHIP Transition Plan Acknowledgement (Part I). | The purpose of this deliverable is to certify that exiting MCP(s) will collaborate with remaining and/or incoming MCP(s) to successfully transition SBHIP responsibilities, and to certify that remaining and/or incoming MCP(s) will continue the implementation and sustaining of selected targeted interventions through December 31, 2024. |
| **Submitted:**<br>**September 29, 2023** | ***Transition Plan (Part 2)*** | MCPs in counties where all MCPs are exiting submit their Transition Plan (Part 2). | The purpose of this deliverable is to identify a transition plan for MCP(s) exiting a county on December 31, 2023. The Transition Plans must include a detailed description of how the succeeding MCP(s) will sustain the selected targeted intervention(s) through December 31, 2024. |

# Project Outcome Report (POR)

| POR Narrative Evaluation Factors |
| --- |
| 1. Baseline and post-implementation data<br>2. Intervention implementation<br>3. Performance measures and outcome metrics<br>4. Challenging tasks related to implementing the intervention(s)<br>5. Impact of the intervention(s) on student access to behavioral health services<br>6. Future opportunities for the intervention(s)<br>7. Successes related to the intervention(s)<br>8. Plan for sustaining intervention(s) post SBHIP<br>9. SBHIP-related MOUs or other agreements |

- The purpose of this deliverable is to identify the impact of each implemented Targeted Intervention on the specific student populations within each selected LEA.
- Narrative Evaluation factors will be used to determine the adequacy of the respective SBHIP Project Outcome Report submission responses.

# What's Next?

| SBHIP Submission Deadlines | | |
|---|---|---|
| **2. December 31, 2023** | ***Standard Project Plan Deliverable:*** Bi-Quarterly Report 2 | MCPs submit their second Bi-Quarterly Report if they submitted a standard Project Plan(s) on December 31, 2022. |
| **3. December 31, 2023** | ***Accelerated Project Plan Deliverable:*** Accelerated Bi-Quarterly Report 3 | MCPs submit their third Bi-Quarterly Report if they submitted an accelerated Project Plan(s) on June 1, 2022. |
| **4. December 31, 2023** | ***Exiting MCPs:*** Project Outcome Report(s) | MCPs that are exiting as a result of the 2024 re-procurement process submit Project Outcomes Report for each Targeted Intervention in lieu of December 2023 Bi-Quarterly Report. |

# Questions?

# Screening and Transition Tools (STT)

**Marc Fujii**

Health Program Specialist II,

Project Coordination Section

DHCS

# Background

- Previously, multiple mental health screening and transition tools were in use for Medi-Cal members across the state, which led to **inconsistencies around when and how members were referred** to county networks and managed care plan networks.
- To **streamline this process and improve patient care**, DHCS developed standardized Screening and Transition of Care Tools for Medi-Cal Mental Health Services.
- The policy became effective and statewide implementation began on January 1, 2023.

# The Screening and Transition of Care Tools

The Screening and Transition of Care Tools are distinct tools with distinct purposes:

- **Adult and Youth Screening Tools**: Determine the appropriate Medi-Cal delivery system for members who are ***not currently receiving mental health services*** when they contact their MCP or MHP seeking mental health services.
  - Note: If a provider specifically refers a member to an MCP/MHP based on an understanding of the member's needs, the MCP/MHP is not required to use the Screening Tools.
- **Transition of Care Tool**: Supports timely and coordinated care for members who are ***currently receiving mental health services*** from either the MCP or MHP. This tool is used when services are transitioned to or added from the other Medi-Cal mental health delivery system.

# Development Process

The development process for the Screening and Transition of Care Tools involved robust testing and stakeholder input, including:

- **Working groups** to inform tool development and process.
- **Beta testing** to refine tools before piloting on a larger scale.
- **Pilot testing** to ensure statewide applicability.
- **Field testing** to identify critical issues following updates.
- **Public comment** periods to solicit additional feedback.

# Guidance & Technical Assistance

- **Guidance**: APL 22-028 and BHIN 22-065 provide aligned guidance on the Adult and Youth Screening and Transition of Care Tools.
- **Frequently Asked Questions:** Provide additional clarity on topics such as tool administration, requirements for use, and referrals.
- **6 Public Webinars**: Review requirements, best practices, common questions, and case scenarios.
- **Ongoing TA for MCPs and MHPs**: Respond to stakeholder questions and provide additional implementation support through monthly calls with counties and plans.

# Translation of the Adult and Youth Screening Tools

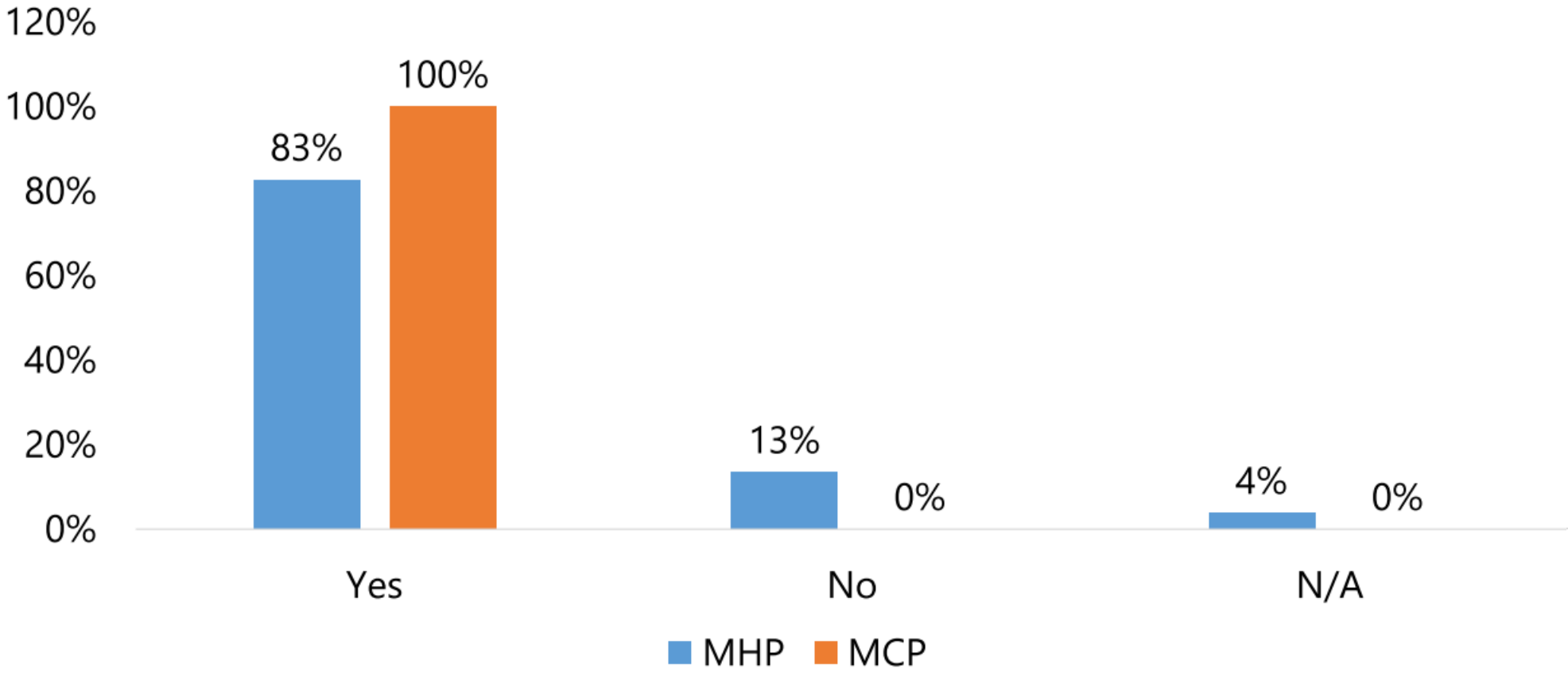
- DHCS released draft translations of the Adult and Youth Screening Tools in the following **12 threshold languages**:
  - Arabic
  - Armenian
  - Chinese Simplified
  - Chinese Traditional
  - Farsi
  - Hmong
  - Khmer-Cambodian
  - Korean
  - Russian
  - Spanish
  - Tagalog
  - Vietnamese
- Translations can be accessed on the Screening and Transition of Care Tools webpage.
- To ensure the translations are culturally appropriate and consistent with tool intent, DHCS has requesting that MCPs and MHPs use these tools and provide feedback.

# Screening and Transition Tools: Implementation Monitoring

- Survey disseminated fall 2023 with questions on Access Criteria, No Wrong Door, and Screening and Transition of Care Tools.
- Solicited MHP and MCP feedback on implementation to date.
- 90% of MHPs and 95% of MCPs responded (still accepting survey submissions):
  - MHP Survey
  - MCP Survey

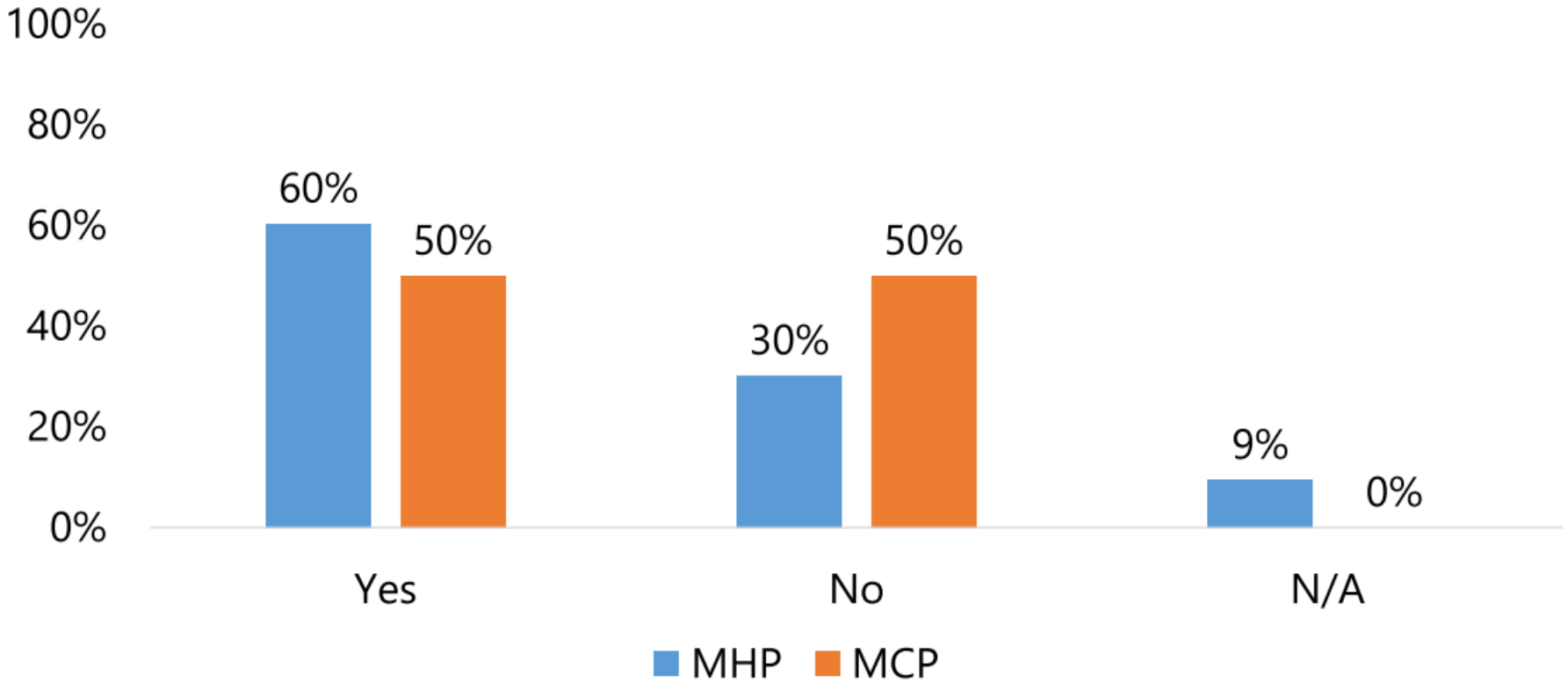
# Implementation Survey Findings: Tool Applicability

Is there clarity on when, how, and with whom to use the Screening and Transition of Care Tools?



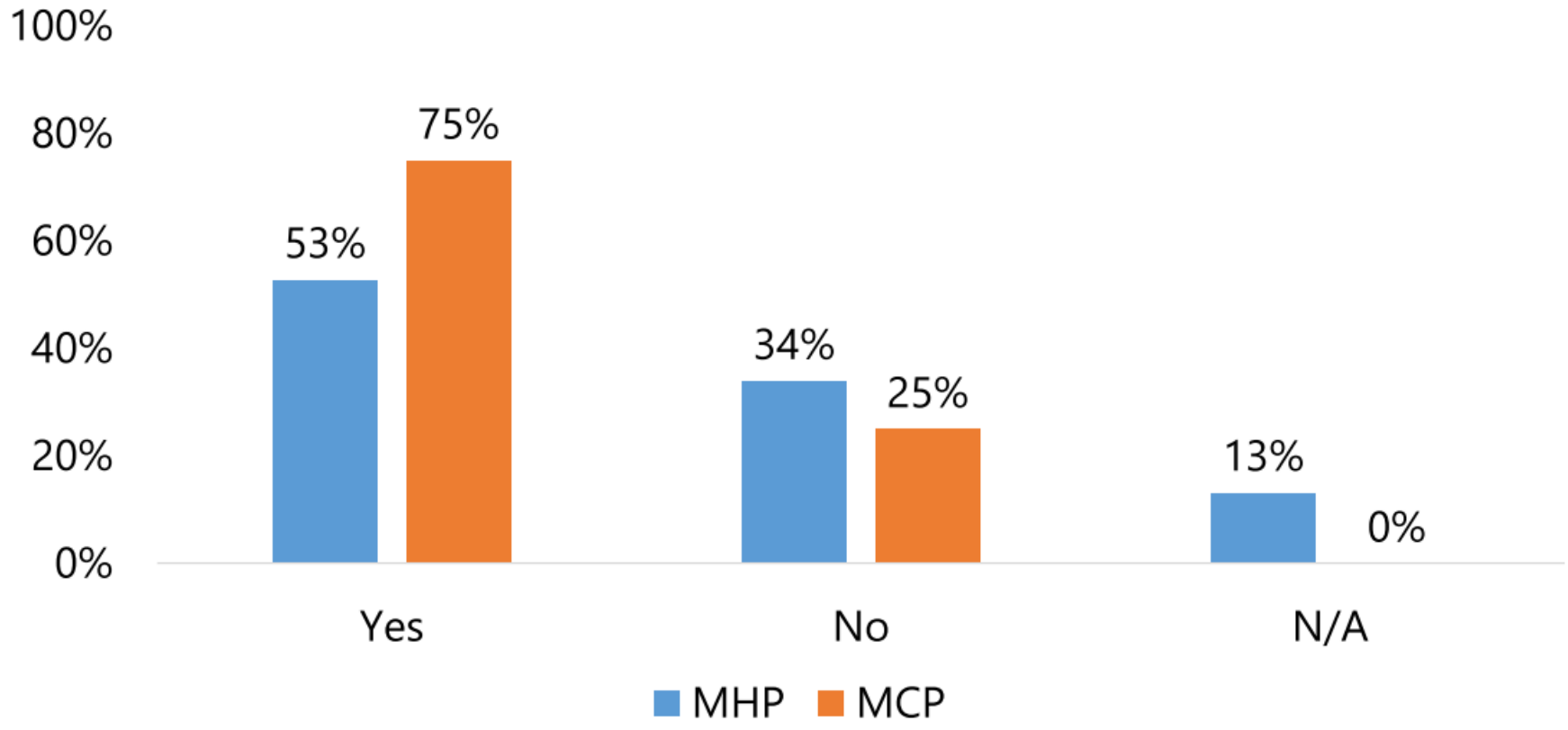
# Implementation Survey Findings: Barriers to Care

Is implementation of No Wrong Door and Access Criteria and use of the Screening and Transition of Care Tools resulting in fewer barriers to care for Medi-Cal members?



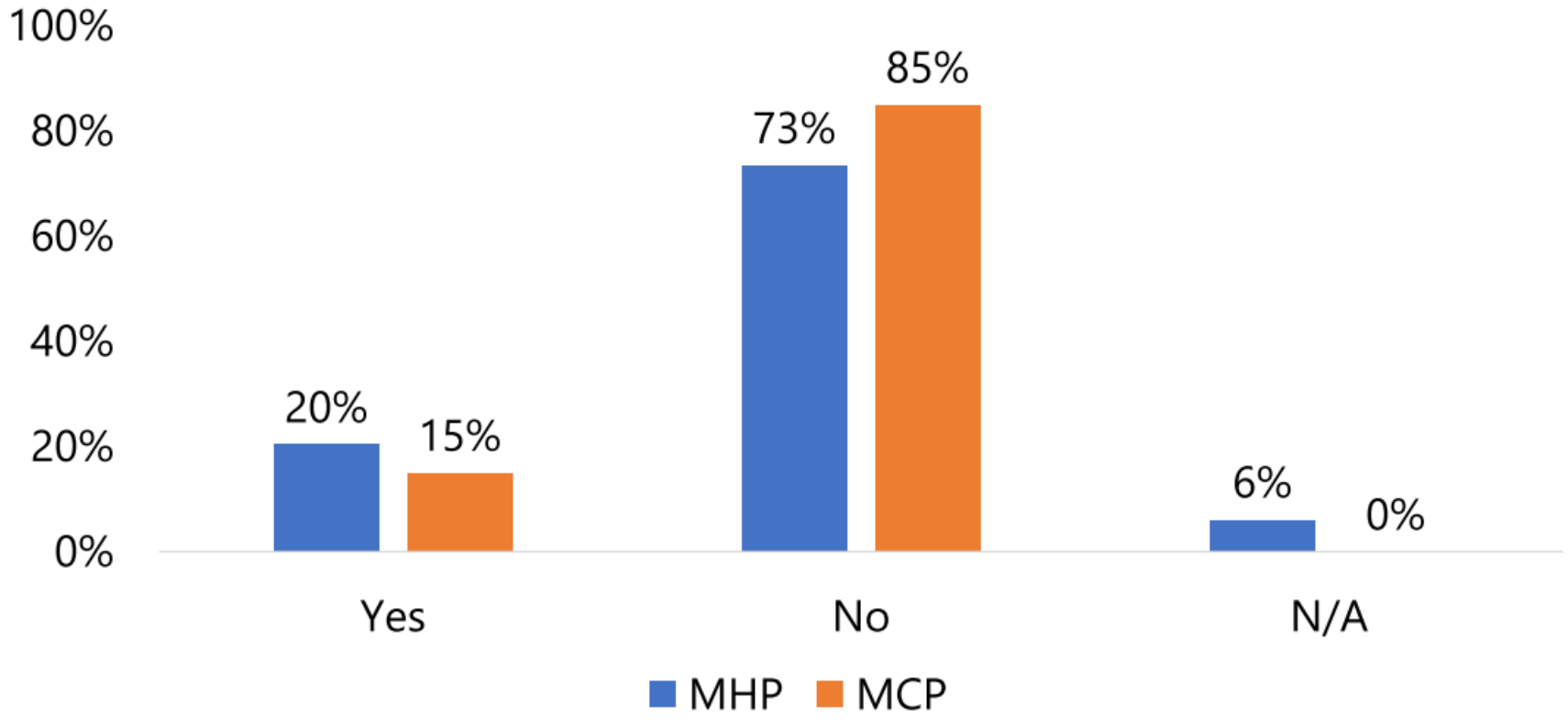
# Implementation Survey Findings: Care Coordination

Is implementation of Access Criteria, No Wrong Door, and Screening and Transition Tools fostering improved coordination with other delivery system?



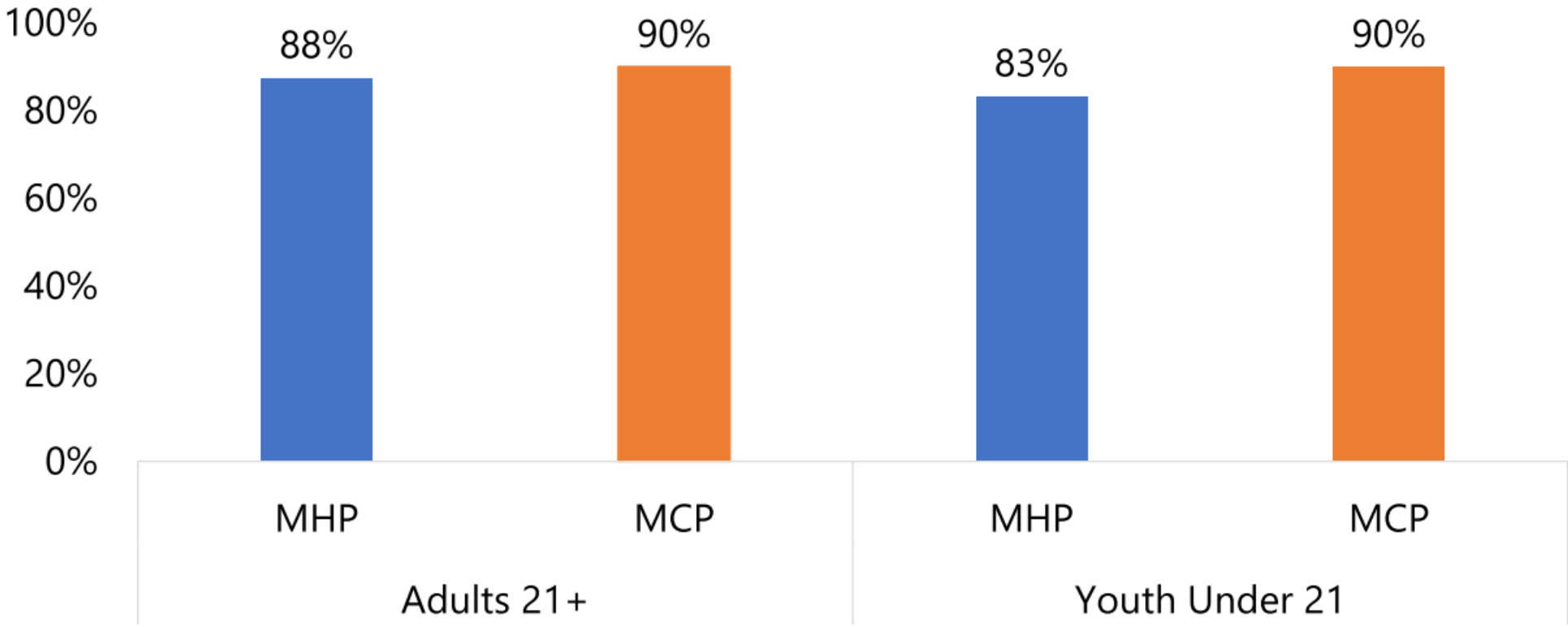
# Implementation Survey Findings: Administrative Burden

Is implementation of the Screening and Transition of Care Tools and other CalAIM initiatives resulting in less daily administrative burden for your county and/or contracted providers?



# Implementation Survey Findings: Appropriate Referrals

Percent of Respondents Reporting That Members Are Referred to the Appropriate Delivery System Based on Their Screening Score Most of the Time or Almost Always



# Implementation Monitoring Survey: Successes

- *"Since the screening tool does not require a licensed or registered clinical staff to complete it, this has allowed our MHP to train our case managers to complete the tool and free up some time for our limited clinical staff." – MHP*
- *"Having standard forms cuts down on confusion and ensures the type of information exchanged is consistent." – MCP*
- *"The screening tool has been a nice way to screen out those who should be served by the MCP. We recently also configured the tool right into the EHR which will help us pull reports from the data overtime." - MHP*

# Questions?

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

**Michelle Wong**

Chief, Project Coordination Section

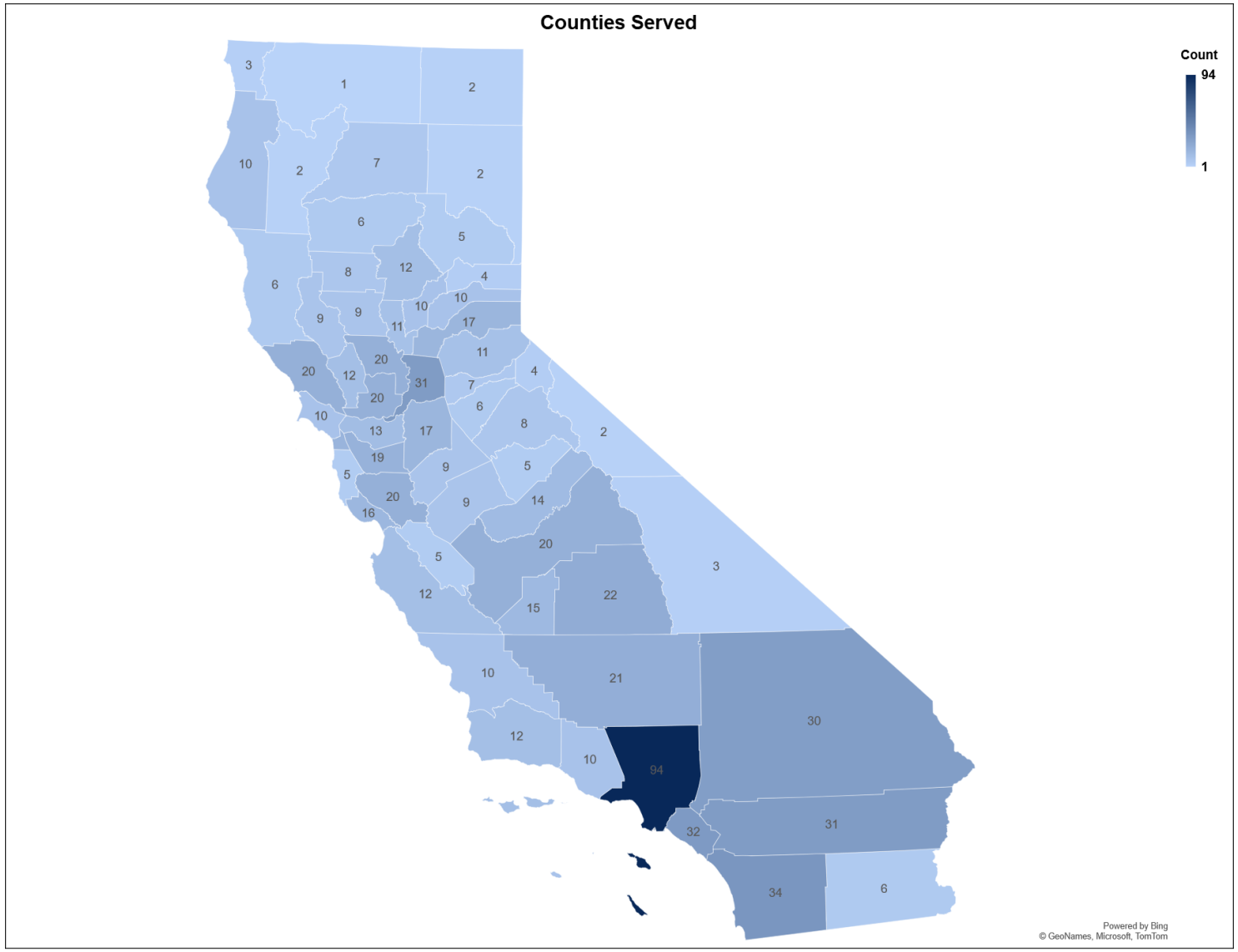
**Trish Perazzelli**

TA Marketplace Co-Lead, Public Consulting Group

DHCS

# Capacity and Infrastructure Transition, Expansion, and Development (CITED) Updates

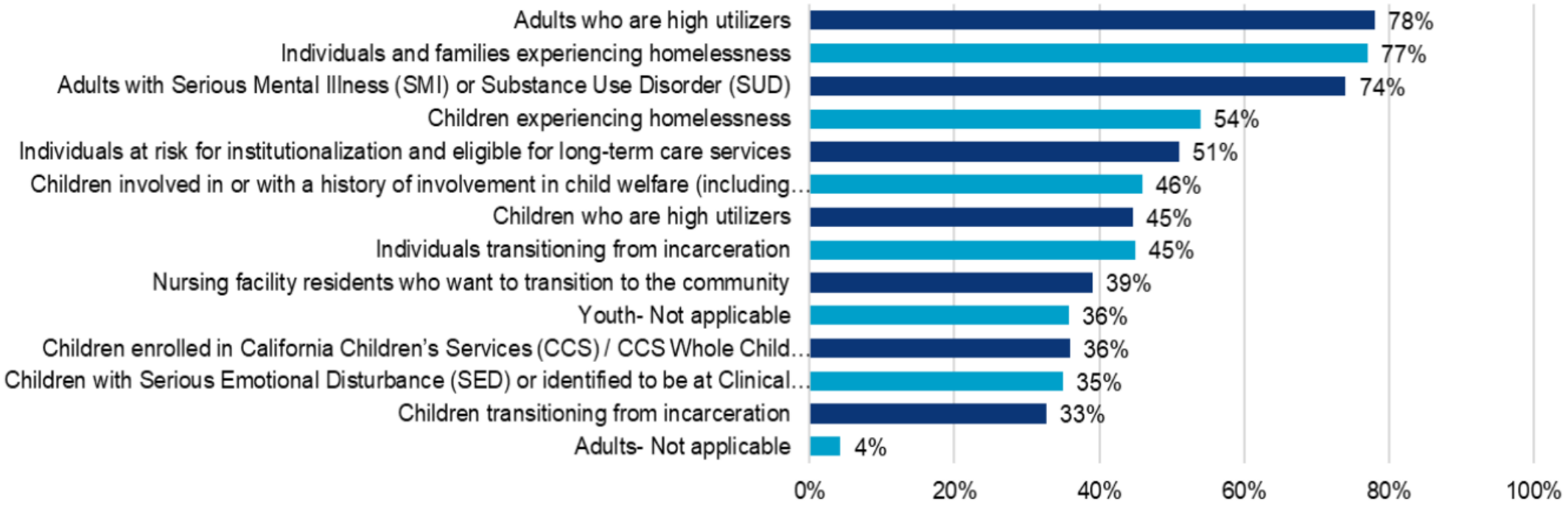
# CITED Round 2 Applicant Overview



# CITED Round 2 Applicant Overview (cont.)

## ECM Adult and Youth Populations

Of the 261 applicants that selected adult populations of focus, 78% selected High utilizers. Of the 259 applicants that selected youth populations of focus, 54% selected Children experiencing homelessness.



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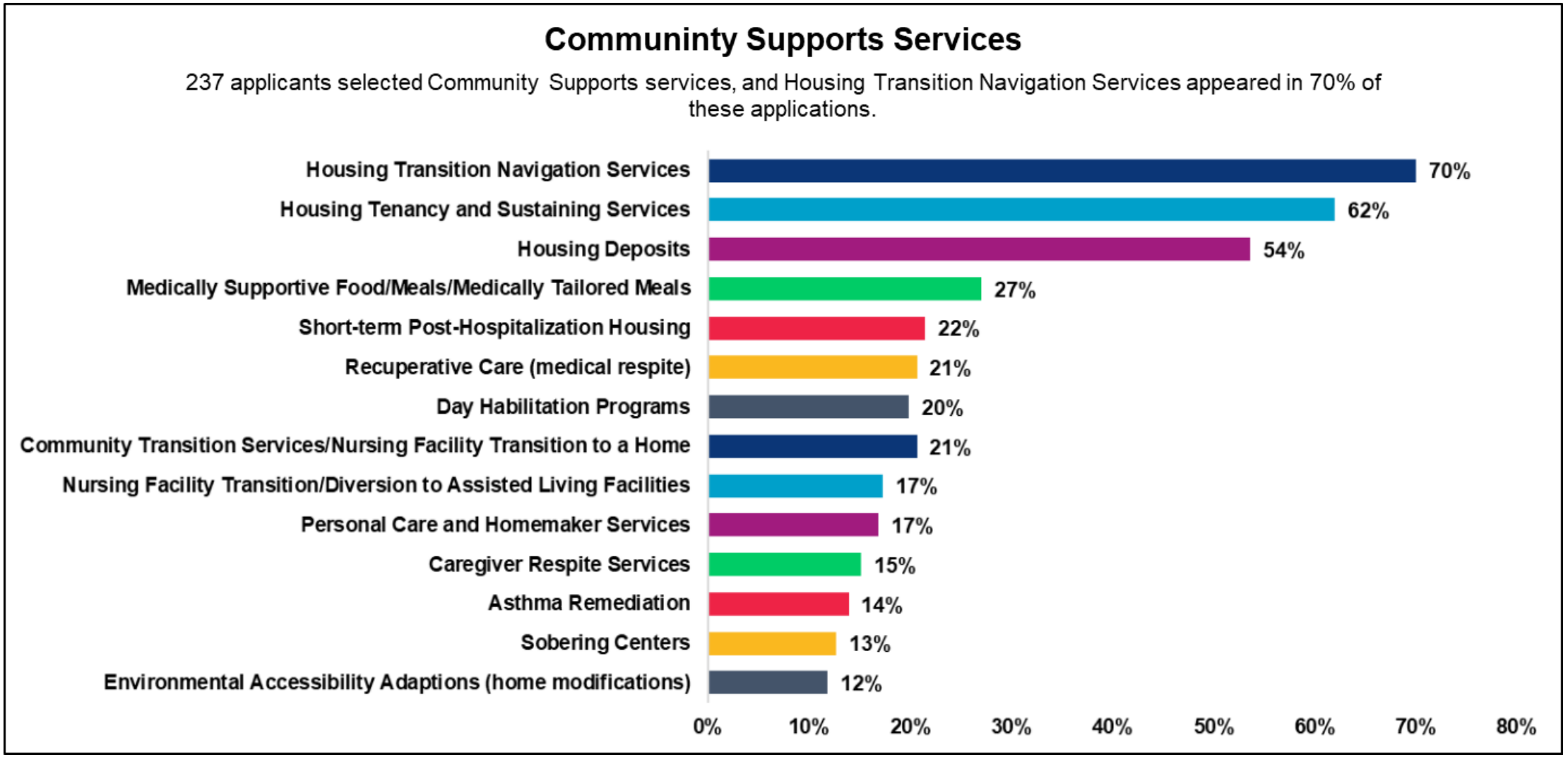
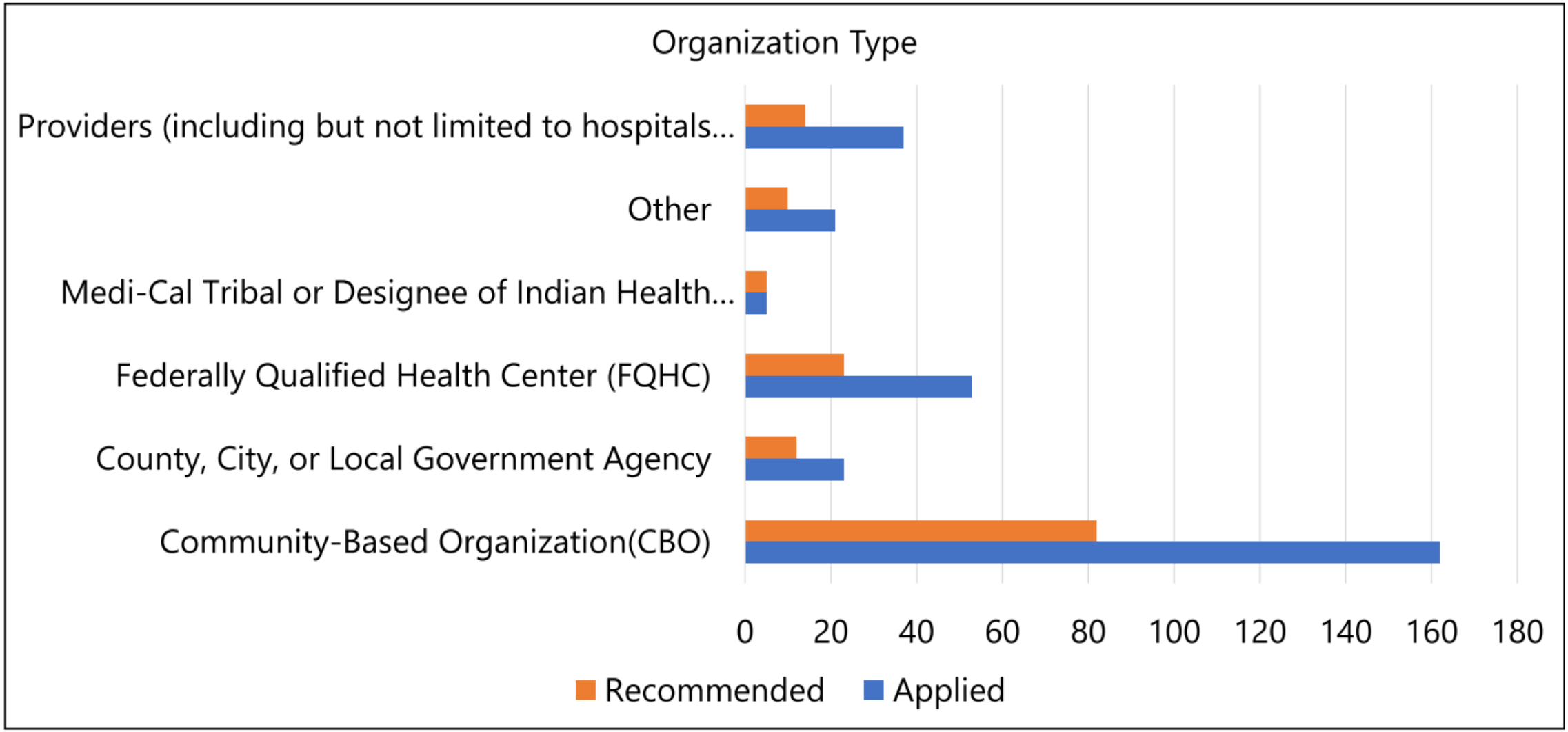


# CITED Round 2 Applicant Overview



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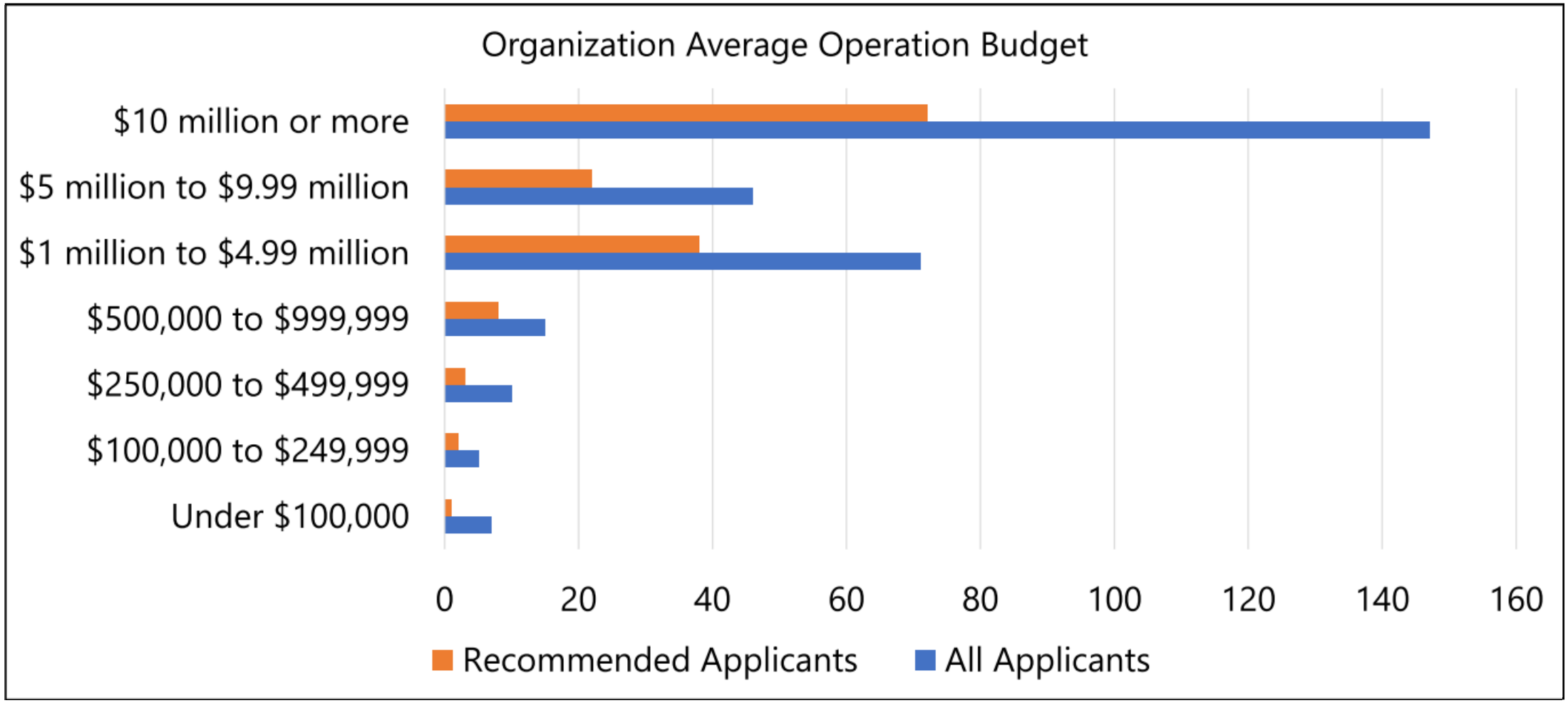
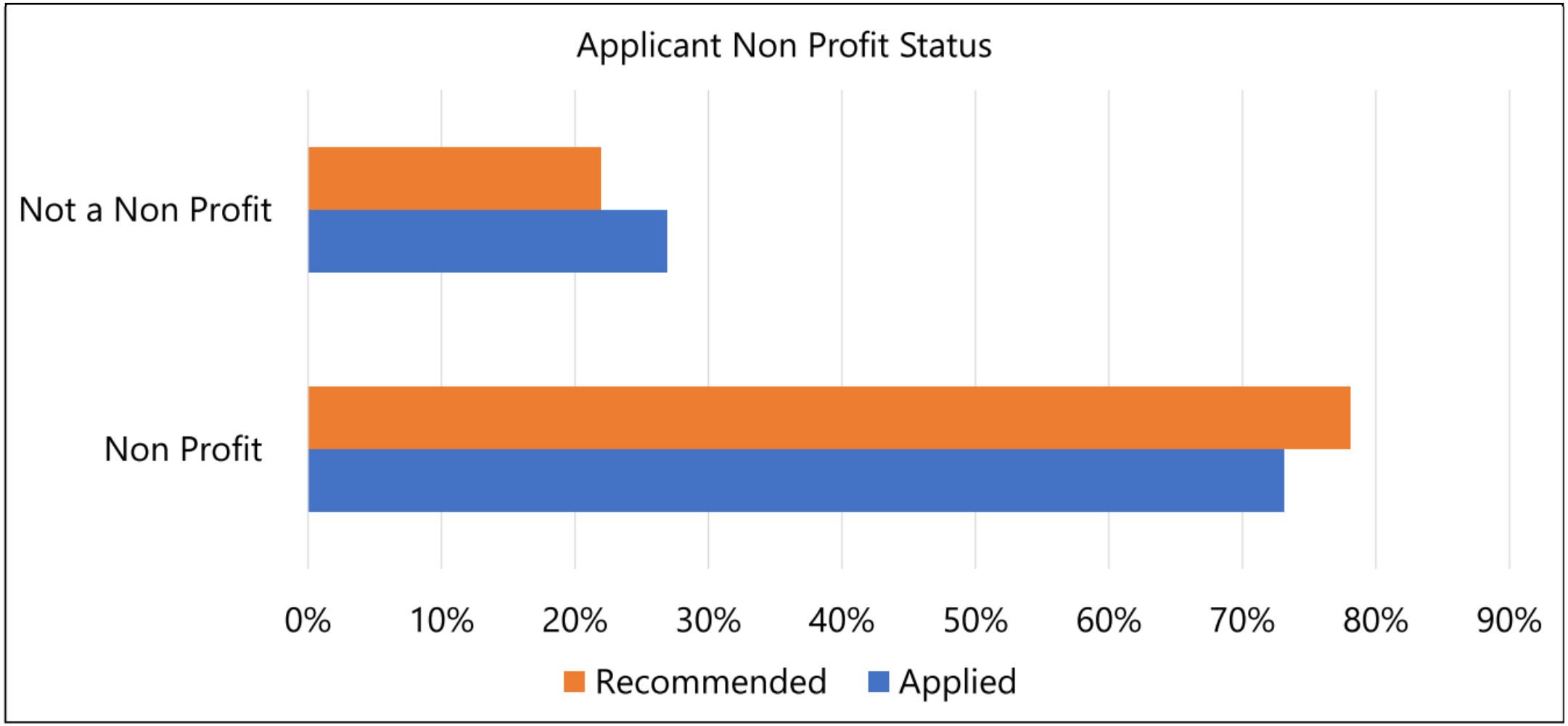
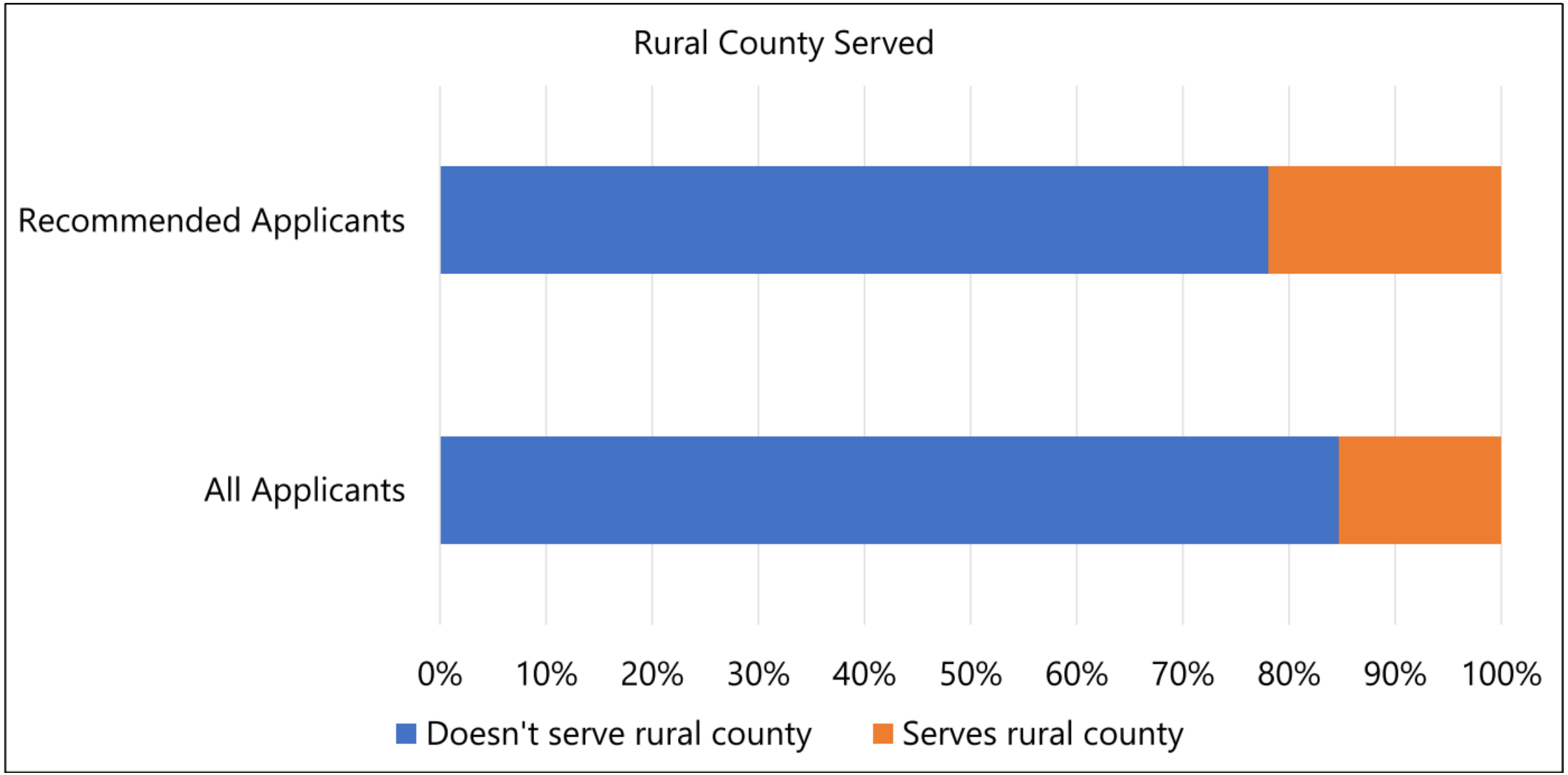


# CITED Round 2 Applicant Overview (cont.)



# CITED Round 2 Applicant Overview (cont.)



# CITED Round 2 Applicant Overview

| Applications Submitted | Applications Recommended | Amount Requested from Applications Submitted | Amount Recommended from Applications Submitted |
|---|---|---|---|
| 300 | 145 | $614.9M | $144.4M |

DHCS funded 48% of all applications submitted

# CITED Round 2 Priorities

- ECM/Community Supports in Rural Counties
- ECM Providers for Children/Youth Populations of Focus
- Tribal Partners and Tribal Providers
- Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF) *and* Community Transition Services/Nursing Facility Transition to a Home
- County-specific Gaps in ECM by Population of Focus
- County-Specific Gaps in Community Supports by type of Community Support

# CITED Round 3

- Round 3 is scheduled to launch in January 2024
- CITED Round 3 will focus on the below priorities:
  - Meets County ECM POF Gap from Exception or Corrective Action Plan
  - ECM/Community Supports in Rural Counties
  - ECM providers for Children/Youth Populations of Focus
  - Tribal Partners and Tribal Providers
  - Statewide Community Supports needs
    - Asthma Remediation
    - Day Habilitation Programs
    - Nursing Facility Transition/Diversion to ALFs
    - Short-Term Post-Hospitalization Housing
    - Recuperative Care
  - County-specific Gaps in ECM by Population of Focus
  - County-specific Gaps in Community Supports by type of Community Support
  - New ECM POFs Going Live

# TA Marketplace Overview

# What is the Technical Assistance (TA) Initiative?

The **PATH Technical Assistance Initiative** enables entities that are providing or that intend to provide **ECM/Community Supports under CalAIM** to access technical assistance from an array of **qualified TA Vendors**.

TA Vendors are promoted via a **virtual "TA Marketplace,"** which serves as a one-stop-shop environment where eligible entities can access TA resources.

The TA Marketplace is designed, launched, and managed by **Public Consulting Group (PCG)**, the Third-Party Administrator, with **oversight from DHCS.**

- Approved TA Vendors enter into a General Agreement with PCG that enables them to provide TA under the CalAIM PATH TA Marketplace.

# Eligible TA Recipients

**TA Recipients may include, but are not limited to:**

- City, county, and other government agencies.
- County and community-based providers (including but not limited to public hospitals).
- Community-Based Organizations (CBOs)
- Correctional agencies and other Justice Involved stakeholders.
- Tribal Designees and Indian Health Programs.

- **Contracted:** Contracted with an MCP or other entity to provide ECM/Community Supports.
- **Planning to Contract:** Actively engaged with an MCP or other eligible entity to explore the possibility of contracting to provide ECM / Community Supports.
- **Approved by DHCS:** Other entities that are not contracted or engaged with an MCP or other entity may receive special approval from DHCS to receive TA.
- MCPs are not eligible to receive TA support through the TA Marketplace.

# Modalities for Accessing TA Resources

- **"Off-the-Shelf" TA Projects** Ready to go, TA offerings packaged for convenient, efficient delivery
  - "Off-the-Shelf" projects are **more standardized resources** like trainings, well-defined program models or data tools, or best practices guides that are relevant in a variety of settings with little to no customization
- **"Hands-On" TA Projects** – Customized TA projects tailored to the unique needs of the TA recipient
  - Hands-On projects require the TA Vendor to work together with the TA recipient to develop a **unique Scope of Work (SOW) and Budgets** to describe the project and corresponding deliverables

**Coming Soon: On Demand Resources**

On Demand Resources are static resources which will be made available directly through the CA-PATH website, and do not require any direct contact between the Recipient and Vendor, unlike OTS & HO Projects.

# TA Resources Organized Under TA Domains

## The TA Marketplace offers TA in seven TA Domains*:

- Building Data Capacity: Data Collection, Management, Sharing, and Use
- Community Supports: Strengthening Services that Address the Social Drivers of Health
- Enhanced Care Management (ECM): Strengthening Care for ECM "Populations of Focus"
- Promoting Health Equity
- Supporting Cross-Sector Partnerships

**Cross-Cutting Competency: Rural Communities**

The TA Marketplace also includes TA Vendors with expertise / experience specific to rural communities in all TA Domains.

Note that TA Domains may be revised over the life of the TA initiative as new TA needs emerge.

**A detailed description of each TA Domain is available on the TA Marketplace website*

# TA Marketplace Access Policy *(Updated)*

- **All TA Recipients** may access both **Off-the-Shelf TA Projects** and **Hands-On TA Projects** in all seven TA Domains

**Previous Policy:**

  - **Option 1 TA Recipients** may access both **Off-the-Shelf TA Projects** and **Hands-On TA Projects** is all seven TA Domains
  - **Option 2** and **Option 3 TA Recipients** may access only **Off-the-Shelf TA Projects** in two TA Domains: Domain 3: Engaging in and Navigating CalAIM through Medi-Cal Managed Care and Domain 4: Enhance Care Management (ECM): Strengthening Care for ECM "Populations of Focus

- New organizations must still demonstrate that they meet either the **Option 1**, **Option 2**, or **Option 3 TA Recipient eligibility criteria** via the relevant signed Attestation Forms and contract signature pages to be approved as a TA Recipient

# Three Step Process for Accessing TA

The process of applying for TA is broken into three smaller, more manageable pieces to minimize the application burden for TA Registrants and move forward DHCS/PCG approvals more quickly.

1. **TA Recipient Eligibility Application** – Confirm the eligibility of prospective TA Registrants per the DHCS-established eligibility criteria and collect standard data for all registered TA Registrants. **TA Recipients must create one account and submit one application for their organization.**

2. **TA Project Eligibility Application** – Vet the ideas for TA Projects put forward by entities already approved as TA Registrants for appropriateness within the CalAIM PATH framework so that such entities do not invest substantial time and effort developing a scope of work (SOW) and budget for TA Projects that will not be approved. **TA Recipients must submit TA Project Eligibility Applications.**

3. **TA Project SOW and Budget** – Enable DHCS/PCG to review and weigh in on how TA funds will be spent at a detailed level prior to approving a TA Project. **TA Vendors are expected to complete and submit TA Project SOWs and Budgets.**

# Domain 1: Building Data Capacity: Data Collection, Management, Sharing, Use

This TA Domain includes TA Vendors with the expertise to help TA Recipients better understand and navigate the requirements of CalAIM and Medi-Cal managed care delivery system, as well as leveraging the numerous new opportunities (CITED, CPI, JI) made available by CalAIM.

**Examples:**

- Strategic and tactical support for data collection, exchange, management, and use.
- Workflow redesign necessary to receive, integrate, use, analyze, and share information, including help developing data collection, implementing integration and analysis tools and protocols, and identifying and implementing data management and/or data exchange services.
- Guidance related to implementing electronic health records (EHRs) and care management documentation systems across Medi-Cal managed care plans (MCPs) and community-based organizations (CBOs).
- Best practices and technical assistance related to billing and coding, including following the DHCS Billing and Invoicing guidance and Coding Options and understanding the use of modifiers and intersections with social determinants of health (SDOH) coding.

# Domain 2: Community Supports: Strengthening Services to Address the Social Drivers of Health

This TA Domain includes TA Vendors with expertise in designing, implementing, and improving one or more of the Medi-Cal "Community Supports" services.

**Examples:**

- Strategic and tactical support for designing and implementing any one of the fourteen different Community Supports services.
- Support for designing workflows to improve transitions from nursing facilities to home and community settings.
- Support for developing processes for identifying and enrolling individuals for the delivery of medically tailored meals (MTMs) based on clearly articulated eligibility criteria.
- Toolkits and training for asthma remediation and/or home accessibility adaptations.

# Domain 3: Engaging in CalAIM through MediCal Managed Care

This TA Domain includes TA Vendors with the expertise to help TA Recipients better understand and navigate the requirements of CalAIM and Medi-Cal managed care delivery system, as well as leveraging the numerous new opportunities (CITED, CPI, JI) made available by CalAIM.

**Examples:**

- Strategic planning and implementation support for developing MCP relationships, executing contracts, and developing systems and processes to adhere to program requirements.
- Support for navigating MCP registration processes to become an ECM or Community Supports provider.
- Support for developing staffing models, qualifications, and ratios for ECM/Community Supports that can help ensure the sustainability of these services.
- Best practices for compliance with CalAIM monitoring, oversight, and program integrity requirements.

# Domain 4: Strengthening Care for the ECM Populations of Focus

This TA Domain includes TA Vendors with the expertise to help TA Recipients strengthen and improve the delivery of the seven ECM "Core Services" they provide for ECM "Populations of Focus."

**Examples:**

- Best practices for outreach to a particular population and/or assistance with developing innovative strategies for engaging high needs individuals within a population.
- Support for designing and implementing a responsive Comprehensive Assessment and Care Management Plan.
- Support for developing and implementing workflows for the coordination of care, including the coordination of and referral to community and social support services.
- Guidance related to designing a responsive set of member and family supports.

# Domain 5: Promoting Health Equity

TA Vendors with the expertise to help TA Recipients advance health equity through their implementation of ECM/Community Supports and in their work with Medi-Cal members overall.

**Examples:**

- Best practices and resources for improving outreach to, engagement of, and service delivery for racial and ethnic minorities, people with disabilities, non-English speakers and individuals with limited English proficiency, individuals who identify as LGBTQ+, rural populations, and other historically underserved populations.
- Support for developing and implementing language access plans, including the creation of language-specific outreach and education materials.
- Resources and guidance for integrating health equity goals into organization-level strategic and operational planning.

# Domain 6: Supporting Cross Sector Partnerships

TA Vendors with the expertise to help TA Recipients successfully engage in cross-sector partnerships, including partnerships between MCPs and counties.

**Examples:**

- Legal and technical assistance to support ECM and Community Supports providers and Medi-Cal Managed Care Plan contracting processes.
- Support for designing and implementing care plans (and Medi-Cal enrollee-facing tools and resources) that must be shared across agencies and sectors.
- Support for building high-performing, mutually respectful cross-sector teams.

# Domain 7: Workforce

TA Vendors with expertise in recruiting and retaining a well-prepared, high performing workforce, with a particular focus on members of the frontline, clinical, and/or "lived experience" workforces.

**Examples:**

- Strategic and tactical support for hiring staff needed to effectively deliver ECM and/or Community Supports services and/or services for individuals with a history of justice involvement, including developing job descriptions and outlining recruitment strategies.
- Support for forging relationships with community/local colleges to create workforce pipelines for specific roles.
- Delivery of or access to role-specific core competency and advanced trainings (e.g., trainings for community health workers, peer specialists, recovery coaches, doulas, etc.).

# We recognize that the TA Recipient Eligibility Application process can be challenging.

- The PATH Sign Up and Password Reset Guide walks through much of the process, including the process for utilizing the Authenticator App:
  - The free Microsoft Authenticator App must be downloaded separately.
  - The PATH Sign Up and Password Reset Guide can be found in the Reference Materials section of the TA Marketplace website.
- Organizations that are still experiencing difficulties can also send a note to ta-marketplace@ca-path.com, and a member of the TA Marketplace team will help them troubleshoot.

# TA Marketplace Vendors

# Round 1 & Round 2 TA Vendors

- TA Marketplace launched in January 2023 with **47 TA Vendors** ("Round 1 TA Vendors") approved across seven TA Domains.
- An additional **32 TA Vendors** joined the TA Marketplace in June 2023 ("Round 2 TA Vendors").

| TA Domains | Round 1 TA Vendors | Round 2 TA Vendors |
|---|---|---|
| Domain 1: Building Data Capacity: Data Collection, Management, Sharing, and Use | 16 | 19 |
| Domain 2: Community Supports Strengthening Services that Address the Social Drivers of Health | 17 | 10 |
| Domain 3: Engaging in CalAIM through Medi-Cal Managed Care | 20 | 3 |
| Domain 4: Enhanced Care Management (ECM) Strengthening Care for ECM "Populations of Focus" | 15 | 6 |
| Domain 5: Promoting Health Equity | 15 | 0 |
| Domain 6: Supporting Cross-Sector Partnerships | 22 | 1 |
| Domain 7: Workforce | 13 | 1 |
| **Total** | **118** | **40** |

# Round 1 & Round 2 Vendor OTS Projects

- **15 TA Vendors** were approved in Round 1 to provide a total of **118 Off-the-Shelf TA Projects.**
- A total of **132 new Off-the-Shelf TA Projects** were added to the TA Marketplace in July 2023 across **79 TA Vendors** (inclusive of both Round 1 and Round 2 TA Vendors).

| TA Domains | Approved in Round 1 | Approved in Round 2 |
|---|---|---|
| Domain 1: Building Data Capacity: Data Collection, Management, Sharing, and Use | 16 | 13 |
| Domain 2: Community Supports Strengthening Services that Address the Social Drivers of Health | 17 | 20 |
| Domain 3: Engaging in CalAIM through Medi-Cal Managed Care | 20 | 10 |
| Domain 4: Enhanced Care Management (ECM) Strengthening Care for ECM "Populations of Focus" | 15 | 18 |
| Domain 5: Promoting Health Equity | 15 | 5 |
| Domain 6: Supporting Cross-Sector Partnerships | 22 | 20 |
| Domain 7: Workforce | 13 | 46 |
| **Total** | **118** | **132** |

# Most Popular TA Projects Requested to Date

# True Management Services

93 Total Requested Projects; 79 Total Approved Requests.

Most Requested Projects:

**1. Contracting Process (OTS)**

- 14 TA Recipients have contracted to receive TMS' Contracting Process offering.
- *Project Description*: Includes the following one-hour training sessions provided virtually:
  - The CalAIM ECM/CS Contracting Life Cycle: What to expect and how to prepare. (Resource Guide)
  - Gap Closure: Examples and case studies
  - CalAIM Funding Strategic Planning
  - DHCS-ECM Policy Guide Debrief
  - DHCS-CS Policy Guide Debrief
  - Resource Guide: Documents required by MCPs for final contracting
  - Checklist: Organizational Assessment for CalAIM Contracting

# True Management Services, Cont.

**2. CalAIM Compliance (OTS)**

- 11 TA Recipients have contracted to receive TMS' CalAIM Compliance offering.
- *Project Description*: Includes the following one-hour training sessions provided virtually:
  - Staffing Model Recommendations (as set forth by DHCS/MCP)
  - CalAIM ECM/CS Sample Job Descriptions (as set forth by DHCS/MCP)
  - Staffing Capacity Best Practices: Revising and assessing your organizational chart
  - Checklist/Self-Assessment: CalAIM ECM/CS Staffing Capacity
  - Case Management Capacity and Best Practices: Licensed Staff and LCM Supervision
  - CalAIM ECM Standards: Addressing existing case management procedures and capacity

# True Management Services, Cont.

**3. CalAIM Implementation & Monitoring (OTS)**

- 13 TA Recipients have contracted to receive TMS' CalAIM Implementation & Monitoring
- *Project Description*: Includes the following one-hour training sessions provided virtually:
  - Implementation Guide: MIFs, Billing, and Authorizations
  - Outreach, Documentation, and Billing Resources
  - Referring Existing Clients for Authorization
  - Hiring Best Practices: Finding the right people for the CalAIM job.
  - Other CalAIM Grant Opportunities (PATH CITED, IPP)
  - Training Your Team: Best Practices & Guide
  - Preparing Quarterly CalAIM Audits and Risk Assessments
  - Program Design: Assisting and assessing your program design prior to implementation.
  - Checklist/Self-Assessment for CalAIM Implementation

# True Management Services, Cont.

**4. CalAIM Organizational Capacity (OTS)**

- 11 TA Recipients have contracted to receive TMS' CalAIM Organizational Capacity.
- *Project Description*: Includes the following one-hour training sessions provided virtually:
  - Staffing Model Recommendations (as set forth by DHCS/MCP)
  - CalAIM ECM/CS Sample Job Descriptions (as set forth by DHCS/MCP)
  - Staffing Capacity Best Practices: Revising and assessing your organizational chart
  - Checklist/Self-Assessment: CalAIM ECM/CS Staffing Capacity
  - Case Management Capacity and Best Practices: Licensed Staff and LCM Supervision
  - CalAIM ECM Standards: Addressing existing case management procedures and capacity

# Eviset

- 10 Total Approved Requests
- Most Requested Project: **Business Data Profile: Supporting Cross Sector Partnerships**
  - 10 TA Recipients have contracted to receive Eviset's Business Data Profile offering.
  - *Project Description:* This off-the-shelf project helps CBOs develop high-quality business materials to increase the chance to access partnerships and improve the communication of value-proposition with healthcare payers (including Medi-Cal Managed Care Plans) and other potential cross-sector partners. We envision these tools improving the scale and quality of statewide ECM and CS provider capacity by facilitating more efficient procurement and contracting processes between CBOs and potential cross-sector partners and making these processes more accessible to a diverse range of social care providers. This is important as smaller and under-resourced CBOs must often rely on partnerships with other community organizations in order to grow their capacity, reach, and impact.

# Camden Coalition of Healthcare Providers

- Eight (8) Total Approved Requests. Most Requested Projects:

**COACH (OTS)**

- Four (4) TA Recipients have contracted to receive CCHP's COACH offering.
- *Project Description*: COACH is a framework of techniques and tools designed to engage and empower individuals with complex health and social needs. Care team members learn behaviors to build authentic healing relationships, build self-efficacy, and create sustained behavioral change.

**RELATE (OTS)**

- Three (3) TA Recipients have contracted to receive CCHP's RELATE offering.
- *Project Description*: RELATE teaches supervisors how to move from a directive style of supervision to a reflective style. RELATE reflective supervision promotes complex care staff adaptability, flexibility, and positive team dynamics. RELATE helps supervisors build resilience in frontline staff to better tolerate the work's emotional impact, and then to innovate and think creatively to address challenges.

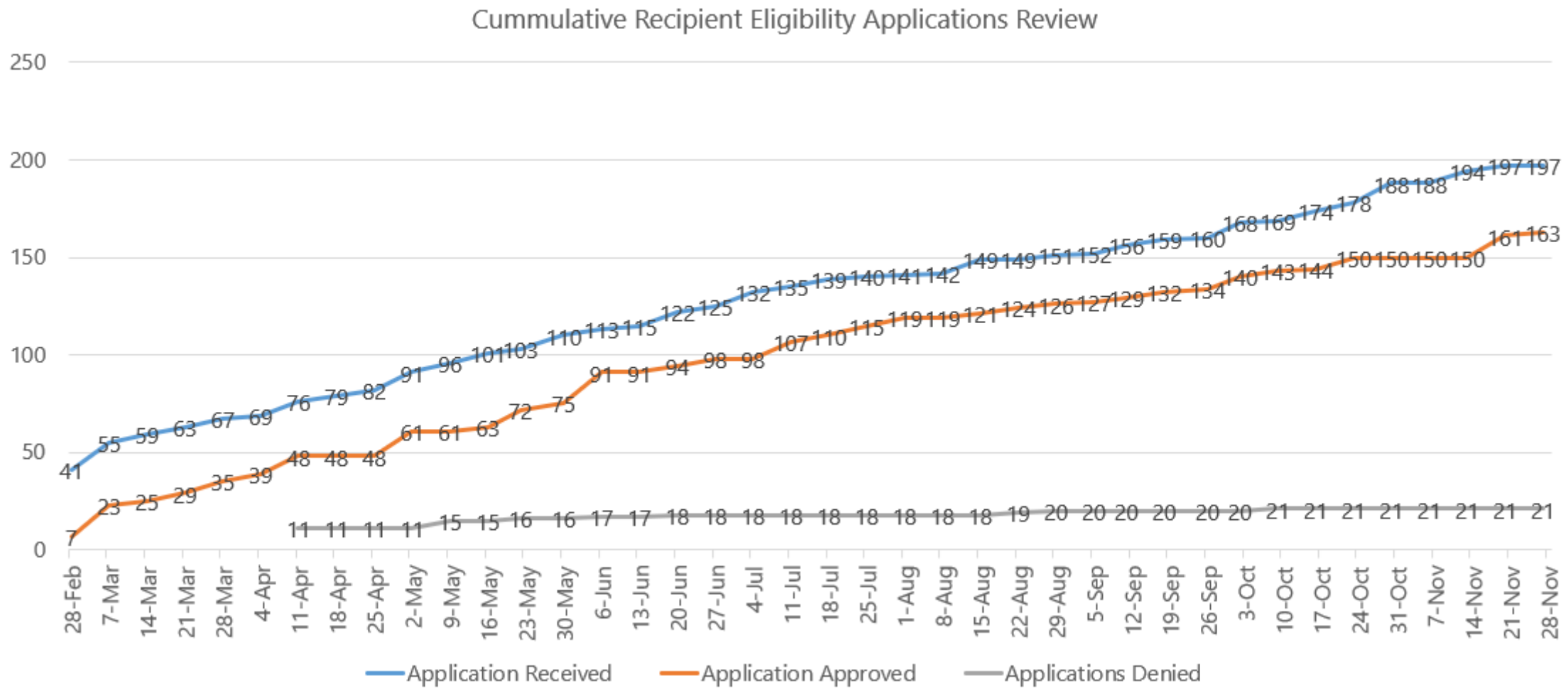
# Popular Hands-On Vendors

- **BluePath Health:** Seven (7) Approved Hands-On Projects under Domain 1: Building Data Capacity.
- **Greg Facktor & Associates:** Four (4) Approved Hands-On Projects under Domain 1: Building Data Capacity & Domain 4: Enhanced Care Management.
- **Health Management Associates:** Four (4) Approved Hands-On Projects across Domains 1, 3 (Engaging in CalAIM through Medi-Cal Managed Care), & 4.
- **Eleanor Castillo Sumi, Ph.D, Ohana Healthcare Partners:** Four (4) Approved Hands-On Projects across Domains 1 & 3.

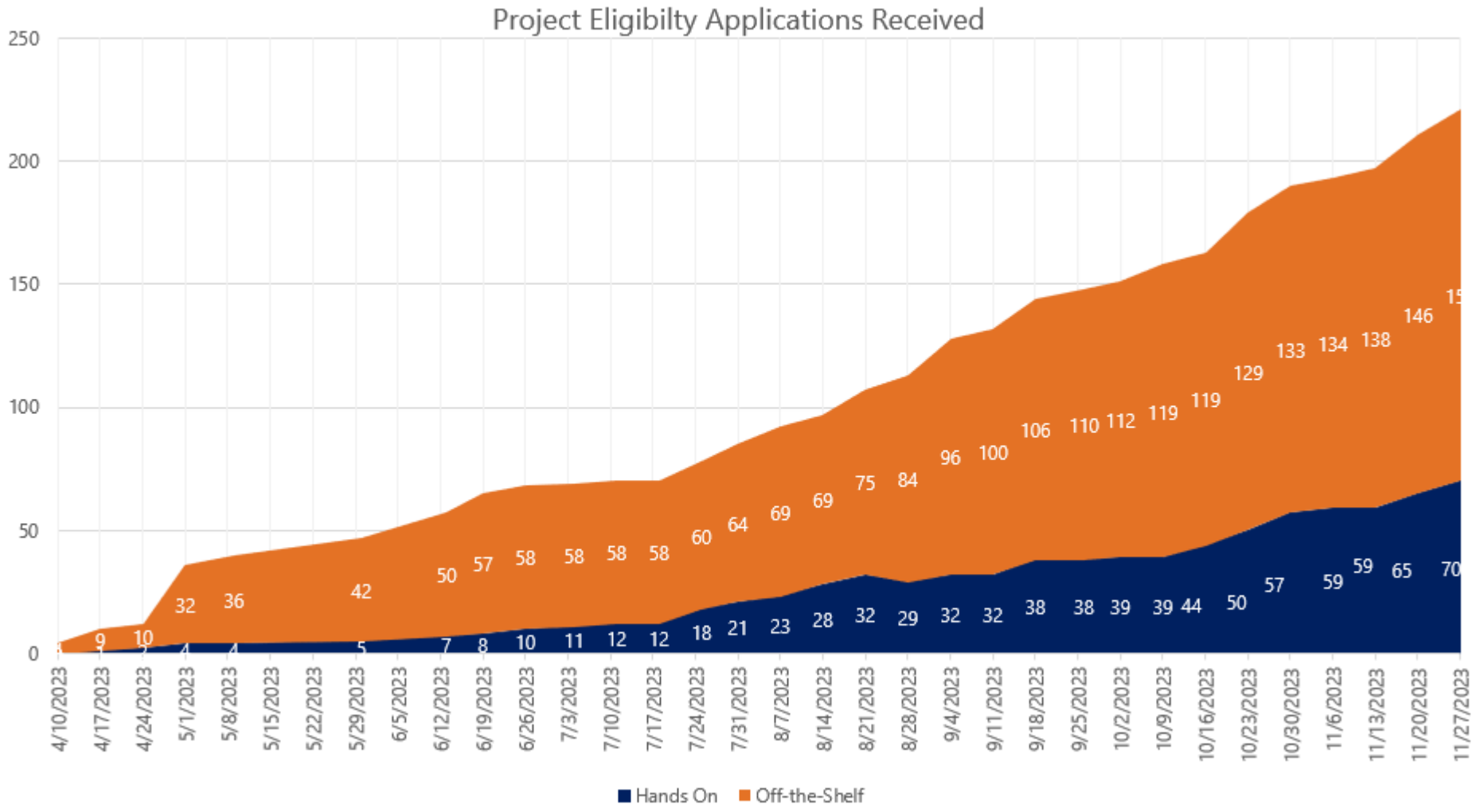
# TA Marketplace Recipients & Projects Update

# TA Recipient Eligibility Applications as of 11/29/23

*As of 11/29/2023, there have been **197** recipient registrations submitted through the portal. **163 of the 197** TA Recipients have been approved to date.*



# TA Marketplace - Project Eligibility Application Received as of 11/29/23




*As of 11/29/2023, there have been **221** Project Eligibility Applications submitted through the portal – **151** Off-the-Shelf projects & **70** Hands-On projects.*

# TA Project SOWs and Budgets Reviews as of 11/29/23

**126 TA Project SOWs and Budgets submitted to date:**

- **102** TA Project SOWs fully executed
- **Five (5)** TA Project SOWs awaiting signature
- **13** TA Project SOWs in re-work or on hold
- **Four (4)** TA Project SOWs in PCG review
- **One (1)** TA Project SOWs recommended to DHCS for approval
- **One (1)** Withdrawn
- **Zero (0)** Rejected

**Total $ Requested: 7,207,685.53**

**Total $ Approved: 4,785,310.80**

# Questions?

# Open Discussion

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

# JI Appendix

# Summary of Changes Made to the Policy and Operational Guide

**DHCS received extensive feedback from numerous implementation partners. The table included on the following slides provides a high-level summary of the changes that were made to the Policy and Operational Guide based on the comments and feedback received.**

| Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative | | |
|---|---|---|
| **Section Number** | **Section Name** | **Summary of Changes** |
| **ii** | Glossary of Terms | » DHCS created a new section providing definitions of common terms used in this Guide. |
| **iii** | Introduction | » Formatting non-substantive changes. |
| **iv** | Context Setting | |
| **1** | California's 1115 Demonstration Waiver | |
| **2** | Justice-Involved PATH Funding for Pre-Release Application and Services | » This section was revised to further clarify the process by which DHCS will seek approval from CMS for on-going Medicaid administrative matching funds. |

# Summary of Changes Made to the Policy

| Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative | | |
|---|---|---|
| **Section Number** | **Section Name** | **Summary of Changes** |
| **3** | Approach to Planning and Implementation of Pre-Release Services | » Formatting non-substantive changes |
| **4** | Enrolling in Medi-Cal Coverage | » This section was revised to further clarify expectations related to intercounty transfers prior to release and requirements related to Medi-Cal redeterminations while an individual is incarcerated. |
| **5** | Readiness Assessments | » This section was revised to clarify expectations related to readiness assessment submission requirements and the review and approval process. |
| **6** | Pre-Release Services and Behavioral Health Links Eligibility Screening Process | » This section includes new scenarios on when the 90-day pre-release period starts, stops and is restarted. |
| **7** | Compliance with SSA 1902 | » Formatting non-substantive changes |

# Summary of Changes Made to the Policy

| Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative | | |
|---|---|---|
| **Section Number** | **Section Name** | **Summary of Changes** |
| **8** | Providing Pre-Release Services Delivery Model | » Formatting non-substantive changes. |
| | Short-Term Model | » This section includes changes related to when the delivery of pre-release services must be initiated and provides additional guidance on recommended implementation practices. |
| | Telehealth Services | » This section clarifies that embedded providers may delivery and bill Medi-Cal for services delivered via telehealth. |
| | Care Management Model | » This section further clarifies the roles and responsibilities of the pre-release care manager and outlines the processes for assignment of pre-release care managers and post-release ECM providers. |
| | Physical and Behavioral Health Clinical Consultation | » Formatting non-substantive changes. |

# Summary of Changes Made to the Policy

| Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative | | |
|---|---|---|
| **Section Number** | **Section Name** | **Summary of Changes** |
| **8** | Medication coverage during Pre-Release Period | » This section further clarifies the requirements related to: Medi-Cal enrollment for community-based pharmacies; medications covered by Medi-Cal as part of the Contract Drug List, and billing for medications dispensed from a shared stock. |
| | Medications for Substance Use Disorder Coverage | » This section provides new guidance related to the administration of methadone in correctional facilities and provides additional clarification on the requirements related to the provision of Medications for Substance Use Disorder Coverage. |
| | Medications Upon Release | » Formatting non-substantive changes. |
| | Durable Medical Equipment Upon Release | |
| **9** | Provider Enrollment and Payment | » This section clarifies expectations related to the use of a correctional health NPI. |

# Summary of Changes Made to the Policy

| Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative | | |
|---|---|---|
| **Section Number** | **Section Name** | **Summary of Changes** |
| **10** | Pre-Release Service Rate Setting | » This section provides clarification on billing and claiming processes for federally qualified health centers (FQHCs) and updated the guidance related to the five care management bundles. |
| **11** | ECM Eligibility | » Formatting non-substantive changes. |
| | Pre- and Post-Release Warm Handoff | |
| | Managed Care Auto-Assignment and Current Month Enrollment | |
| | Behavioral Health Links | » This section provides further clarification on the roles and responsibilities for correctional facilities and county behavioral health agencies in implementing behavioral health links and modifies the go-live date. |

# Summary of Changes Made to the Policy

| Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative | | |
|---|---|---|
| **Section Number** | **Section Name** | **Summary of Changes** |
| **12** | Monitoring and Evaluation | » This section provides additional detail on DHCS approach for overall monitoring and oversight. |
| **13** | MCP Requirements for Implementing Enhanced Care Management for the Justice Involved Population of Focus | » This section: revises the minimum requirements for JI ECM providers, updates processes for assignment of pre-release care managers and post-release ECM providers; and includes additional detail on expectations for managed care plan (MCP) coordination with correctional facilities, the MCP JI Liaison, and JI ECM Provider network development and monitoring |

# List of Stakeholders Who Provided Feedback on P&O

| Stakeholder Type | List of Stakeholders |
|---|---|
| **Correctional Facilities and Correctional Associations** | 1. California Department of Corrections and Rehabilitation (CDCR)<br>2. California Department of Corrections and Rehabilitation's Division of Adult Parole Operations (CDCR DAPO)<br>3. Alameda County<br>4. LA County Jails<br>5. San Diego Sheriff's Department<br>6. San Francisco Sheriff's Office<br>7. San Luis Obispo County Sheriff's Administration<br>8. Santa Barbara County Probation<br>9. Santa Clara County<br>10. Shasta County Sheriff's Office<br>11. Yolo County Sheriff's Office |
| **State Associations** | 1. California State Association of Counties (on behalf of CPOC, CHEAC, CBHDA, CWDA)<br>2. County Behavioral Health Directors Association (CBHDA)<br>3. County Health Executives Association of California (CHEAC)<br>4. County Welfare Directors Association of California (CWDA)<br>5. Department of Managed Health Care |

# List of Stakeholders Who Provided Feedback on P&O

| Stakeholder Type | List of Stakeholders |
|---|---|
| **Counties/Behavioral Health Plans** | 1. Calaveras County Behavioral Health (CCBH)<br>2. Contra Costa Health<br>3. LA County (DHS, DMH, DPH)<br>4. LA County Department of Public Social Services (DPSS)<br>5. Merced County Human Services Agency<br>6. Orange County<br>7. Sacramento County DHS<br>8. San Francisco Behavioral Health<br>9. San Diego County Health and Human Services (HHS)<br>10. Tulare County Health & Human Services |
| **Managed Care Plans** | 1. Blue Cross of California Partnership Plan (BCCPP)<br>2. California Association of Health Plans<br>3. CalOptima Health<br>4. Health Plan of San Joaquin<br>5. Inland Empire Health Plan<br>6. Partnership Health Plan of California |

# List of Stakeholders Who Provided Feedback on P&O

| Stakeholder Type | List of Stakeholders |
|---|---|
| **Providers** | 1. California Association of Public Hospitals and Health Systems (CAPH)<br>2. California Primary Care Association<br>3. Transitions Clinic Network (TCN)<br>4. WellPath |
| **Consumer Advocates** | 1. California HHS (Office of Youth and Community Restoration)<br>2. Justice in Aging<br>3. LA County Justice, Care, and Opportunities Department (JCOD)<br>4. National Health Law Program (NHeLP) |

# State Mandate for Pre-Release Services and Behavioral Health Links

**Pre-Release Services**

- Welfare & Institutions Code section 14184.102 required DHCS to seek federal approval for and to implement the CalAIM initiative, which includes the provision of targeted pre-release Medi-Cal benefits to qualified individuals.
  - Provides DHCS with authority to implement pre-release services by means of all-county letters, plan letters, provider bulletins, information notices, or similar instructions, without taking any further regulatory action.
  - With the 1115 demonstration approved by CMS, the CalAIM Special Terms and Conditions (STCs) related to the Justice-Involved Reentry Initiative are mandatory per federal and state law.

**Behavioral Health Links**

- CA Penal Code §4011.11 (2021) requires DHCS to develop and implement a mandatory process by which county jails and county juvenile facilities coordinate with Medi-Cal managed care plans and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for county jail inmates and juvenile inmates that were receiving behavioral health services before their release.

# Covered Pre-Release Services

**The pre-release services authorized under the Justice-Involved Reentry Initiative include the following services currently covered under DHCS's Medicaid and CHIP State Plans. Pre-Release services may be provided by correctional facilities, their contracted providers, or community-based in-reach providers.**

- Reentry case management services;
- Physical and mental health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medication-Assisted Treatment (MAT),* for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.

*(service definitions can be found in the appendix)*

In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

* MAT Services may be provided by correctional facilities that are not DMC-certified providers, as otherwise required under the State Plan for the provision of the MAT benefit.

# Thank you

DHCS