

# MANAGED CARE ADVISORY GROUP (MCAG)

## Meeting Notes: March 13, 2025

### Community Reinvestment (CR) All Plan Letter (APL) Overview

- » The CR APL was released on February 28, 2025. The APL establishes key guidelines for Managed Care Plans (MCPs) regarding their CR obligations. It outlines guiding principles that emphasize community engagement and alignment with local priorities to address social determinants of health. The APL also specifies applicability criteria, detailing which MCPs and their subcontractors have CR obligations and the percentage of funds that must be allocated. Additionally, the document lays out core requirements, including how investments should be structured and the need to consider local planning processes. The APL also provides a timeline of key deadlines for MCPs to submit CR plans and ongoing updates. The Department of Health Care Services (DHCS) recognizes the strong interest in CR, how both commercial and non-commercial plans are approaching implementation, and ballpark estimates for additional CR funding.
- » During the Next MCAG meeting on **June 12, 2025**, DHCS will provide a deeper dive into key aspects of the CR policy. This session will include discussions on how MCPs are meeting CR requirements, with participation from Quality and Population Health Management, Health Care Financing, and representatives from both commercial and non-commercial plans.
- » The APL is now publicly available on the [MCP APL webpage](#) for reference.

### Population Health Management (PHM) Service: Medi-Cal Connect Updates

- » Medi-Cal Connect is a data driven business solution that supports whole person care by integrating information from trusted partners to support population health and allow for multi-party data sharing and access. Data sources for the July release to Medi-Cal Plans will include the All Medi-Cal Claims Data file, the Supplemental Eligibility File and data that will be generated within Medi-Cal Connect. The service will also provide the following dashboards: Condition Prevalence, Quality Measures, Health Equity, Risk Stratification, Segmentation and Tiering as well as Care Management Demographics. The first 2 releases have

rolled out within DHCS, and rollout to Medi-Cal plans is scheduled for July 2025. DHCS will start to work with Advisor plans in March 2025 to prepare for the roll out to the broader group of plans.

## Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Overview

- » The BH-CONNECT initiative is designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members living with significant behavioral health needs. BH-CONNECT is comprised of a new five-year Medicaid section 1115 demonstration, State Plan Amendments to expand coverage of Evidence-Based Practices (EBPs) available under Medi-Cal, and complementary guidance and policies to strengthen behavioral health services statewide.
- » **About BH-CONNECT:** BH-CONNECT reduces reliance on facility-based care while strengthening community support to improve access and outcomes for individuals with significant behavioral health needs.
- » **EBPs:** BH-CONNECT expands and clarifies Medi-Cal coverage of adult and children and youth focused EBS. [Discover the EBP models and the Centers of Excellence](#) that will offer training and technical assistance and support fidelity implementation for BH-CONNECT and Behavioral Health Transformation.
- » **Incentive Program:** BH-CONNECT supports a \$1.9 billion incentive program to reward participating behavioral health plans for demonstrating improvements in access to behavioral health services and outcomes among Medi-Cal members living with significant behavioral health needs. [View participation details.](#)
- » **Children and Youth Initiatives:** BH-CONNECT strengthens family-based services and supports for children and youth living with significant behavioral health needs. Learn more about the children and youth initiatives.
- » **Workforce Initiative:** BH-CONNECT bolsters the state's behavioral health workforce by providing training and resources to enhance service quality. [Explore the workforce initiatives.](#)
- » **Opt-in to BH-CONNECT:** BH-CONNECT includes new services and programs available at county option. [Learn more and opt-in to BH-CONNECT optional activities.](#)

## Justice Involved (JI) Initiative Overview

- » The Federal Consolidated Appropriations Act (CAA), passed in December 2022, includes two provisions that impact incarcerated youth populations. Section 5121 requires pre- and post-release case management and screening/diagnostic services for post-disposition youth, is mandatory for all states. Section 5122 gives states the option to cover full scope Medicaid for pre-disposition youth.
- » Source: Children’s Medical Services, “Provision of Medicaid and Children’s Health Insurance Program Services to Incarcerated Youth,” 24-004 State Health Official Letter (July 23, 2024).
- » Because of the significant overlap of this requirement and the JI Reentry Initiative, DHCS received approval from the federal government to subsume this requirement into the JI Reentry Initiative.
- » JI Reentry Initiative services include care management, physical and behavioral health clinical consultation services, laboratory and radiology services, medications and medication administration, medications for Substance Use Disorder, Community Health Worker services, and 30-day supply of medications and durable medical equipment at release.
- » For more detailed information about the CAA and JI Reentry Initiative, including timelines, overlap of services, and eligibility, please see the slide deck presentation.

## Providing Access and Transforming Health (PATH) Capacity and Infrastructure Transition, Expansion and Development (CITED) Round 4 Overview

- » The CITED initiative offers grant funding to providers, Community Based Organizations (CBOs), county agencies, hospitals, Tribes and Indian health care providers, and others that are contracted or plan to contract with a managed care plan for capacity and infrastructure needs for Enhanced Care Management (ECM) and Community Supports (CS).
- » PATH priorities in round 4 include: County-Specific ECM/CS gaps; Statewide ECM/CS gaps including Birth Equity, Justice-Involved, and Transitional Rent; Tribes and Indian health care providers; Rural counties; Entities operating in counties with lower funding in prior CITED rounds; Entities serving individuals

whose primary language is not English; Local CBOs; and Counties providing Transitional Rent.

- » The PATH CITED Round 4 is currently open through 11:59pm on Friday, May 2, 2025. The CITED Round 4 awardees will be announced in the Fall of 2025.
- » Resources are available at [www.ca-path.com/cited](http://www.ca-path.com/cited).

## **Community Supports Service Definition Refinements Overview**

- » In 2022, DHCS launched 14 CS that may be a substitute for, and can potentially decrease utilization of, a range of covered Medi-Cal services, such as hospitalization, nursing facility care, and emergency department use. As part of its commitment to continuous improvement, DHCS has always envisioned making updates to CS based on data and feedback from implementors and stakeholders. In 2023, DHCS released the ECM and Community Supports Action Plan “focused on improving the standardization of both ECM and Community Supports and increasing the number of Members who can access and receive the services they need.” The Action Plan commitments included clarifying and refining CS service definitions to respond to feedback from those implementing the services and increase the number of Members who can access and receive the services they need. DHCS has refined service definitions to increase clarity, improve access, and address stakeholder feedback, for the 4 community supports. [Community Supports: Select Service Definition Updates](#)
  - Nursing Facility Diversion/Transition to Assisted Living Facilities
  - Community Transitions/Nursing Facility Transition to a Home
  - Asthma Remediation
  - Medically Tailored Meals/Medically Supportive Foods
- » The refined service definitions will take effect on July 1, 2025.
- » March and April 2025: Deep dive Technical Assistance sessions on Asthma Remediation and Medically Tailored Meals.
- » April 2025: DHCS will release additional refinements to the Housing Trio + Transitional Rent.

## **Birthing Care Pathway Overview and Next Steps**

On February 4, DHCS released the Birthing Care Pathway Report, which includes a series of policy solutions and strategic opportunities for further exploration that aim to address the physical, behavioral, and health-related social needs of pregnant and postpartum members by improving access to providers, strengthening clinical care and care coordination across the care continuum, providing whole-person care, and modernizing how Medi-Cal pays for maternity care.

During the MCAG meeting, attendees heard about the goals of the Birthing Care Pathway, a comprehensive overview of the policies DHCS is implementing, a summary of strategic opportunities for further exploration, and how the Transforming Maternal Health Model will complement and bolster DHCS' work to strengthen California's health care delivery system, improve maternal health outcomes, and reduce disparities.

## **Community Advisory Committee (CAC)**

Historically, Medi-Cal MCPs have been required to maintain a CAC, which had served to inform the MCPs cultural and linguistic services program. DHCS has enhanced the CAC policy to improve engagement opportunities for Medi-Cal Members, families, and the community. DHCS has clarified the CACs role, member composition, and the MCPs role in the CAC. The CAC is intended to empower Medi-Cal Members to become active participants in their care and for necessary stakeholders to be involved in the feedback loop.

The requirements on MCPs related to the CACs as stated in the MCP Contract include but are not limited to:

- » Convening a selection committee and must demonstrate a good faith effort to ensure that the selection committee is comprised of a variety of persons as listed in the MCP contract to bring different perspectives, ideas, and views to the CAC
- » Designating a CAC coordinator. The coordinator may be an employee of the MCP, subcontractor, or Downstream Subcontractor but must not be a member of the CAC or a member enrolled with the MCP
- » Holding quarterly CAC meetings
- » Posting meeting information for quarterly CAC meetings publicly on the MCPs website in advance of the meetings and posting meeting minutes after each meeting

- » Providing necessary tools and materials to run meetings
- » MCPs must submit an Annual Demographic Report to DHCS by April 1, each year
- » MCP must demonstrate and provide a feedback loop to show that CAC input is considered in annual reviews and updates to relevant policies and procedures

CAC duties include but may not be limited to:

- » Identifying and advocating for Preventive Care practices to be utilized by MCP
- » Participating in developing and updating cultural and linguistic policy
- » Advise on necessary Member or Provider targeted services, programs, and trainings
- » Provide recommendations to MCPs regarding the cultural appropriateness of communications, partnerships, and services
- » Review Population Needs Assessment (PNA) findings and have a process to discuss improvement opportunities with an emphasis on Health Equity and Social Drivers of Health

Topics reviewed by the CAC include but are not limited to:

- » Culturally appropriate service or program design, Priorities for health education and outreach program, Member satisfaction survey results, Findings of the PNA, Plan Marketing Materials and Campaigns, Communication of needs for Network development and assessment, Community resources and information, PHM, Quality, Health Delivery Systems Reforms to improve health outcomes, Carved Out Services, Continuum of Care, Health Equity, and Accessibility of Services.

## **Additional Information**

- » Next meeting is Thursday, June 12, 2025. Additional information will be forthcoming.
- » All upcoming and previous meeting information along with materials can be located on the [Managed Care Advisory Group](#) webpage.