



Stakeholder Advisory Committee Meeting

April 29, 2021



Webinar Tips

- Please use either your computer or phone for audio connection.
- Please mute your line when not speaking.
- For questions or comments, email: SACInquiries@dhcs.ca.gov



Welcome and Introductions



Director's Update



Medi-Cal Managed Care Plan (MCP) Procurement



DHCS Stakeholder Advisory Committee Meeting

MCP Procurement Update

Discussion Items

Items
1. Potential 2021 County/Plan Model Changes
2. DRAFT Request for Proposal (RFP)
3. County Letter of Support Memorandum
3. Current Contract Awards by Plan Model and County
4. Next Steps
5. Q&A



Interaction Between Model Change and the Procurement

Impacts to MCP procurement:

- The implementation date for commercial plans procured in the RFP, AND any **new** local plans implementing outside of the RFP, is January 1, 2024.
- If a county transitions to a model that includes a local plan, DHCS may:
 - Remove that county from the commercial plan procurement (for a single local plan model).
 - Reduce the number of commercial plans procured in the county (for a Two-Plan or Regional Model).



Letter of Intent Process

- On February 2, DHCS released [Letter of Intent instructions](#) for counties that intend to transition to a local Medi-Cal managed care plan model by January 2024 (either a Two-Plan or County Organized Health Systems (COHS) model).
- To begin the model change process, DHCS required counties to submit either a preliminary letter of interest or a full letter of intent by March 31. Counties that did not submit either letter by the March 31 deadline were disqualified from the model change process.
- The letter of **interest** includes only basic information about the proposed model change. The full letter of **intent** requires all of the information noted in the instructions linked above.
- Counties that only submitted a preliminary letter of interest must submit a full letter of intent by tomorrow, April 30.



County Model Change List As of March 31

The counties listed on this slide and the following slide submitted either the preliminary letter of interest or the full letter of intent, which indicates the model choice and local plan the county is pursuing.

Single Counties:

- Alameda County: COHS with Alameda Alliance
- Contra Costa County: COHS with Contra Costa Health Plan
- Imperial County: COHS with California Health and Wellness



County Model Change List As of March 31 (continued)

COHS with Central California Alliance for Health

- Mariposa County
- San Benito County

COHS with Partnership HealthPlan

- Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, and Tehama counties (These counties submitted the full letter of intent)
- Sutter and Yuba counties

Two-Plan with Health Plan of San Joaquin

- El Dorado County
- Calaveras County
- Alpine County



Next Steps in the Model Change Process

Key Event	Date
All counties must submit to DHCS the full letter of intent and financial assessment	By April 30, 2021
Last day to amend a bill (as needed)	September 3, 2021
Last day to pass a final bill (as needed)	September 10, 2021
Approved county ordinance filed with DHCS (required for all)	October 10, 2021
Last day for Governor to sign/veto bills (as needed)	October 10, 2021
Final RFP release	After October 10, 2021



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MCP Procurement Update

Key Activities Since Last SAC Meeting

- **DRAFT RFP**
 - Completed incorporating the Request For Information (RFI) feedback into the sample managed care plan (MCP) contract.
 - Completed the DRAFT RFP packet.
 - Departmental review completed.
- **County Letter of Support Memorandum Released**



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MCP Procurement Update

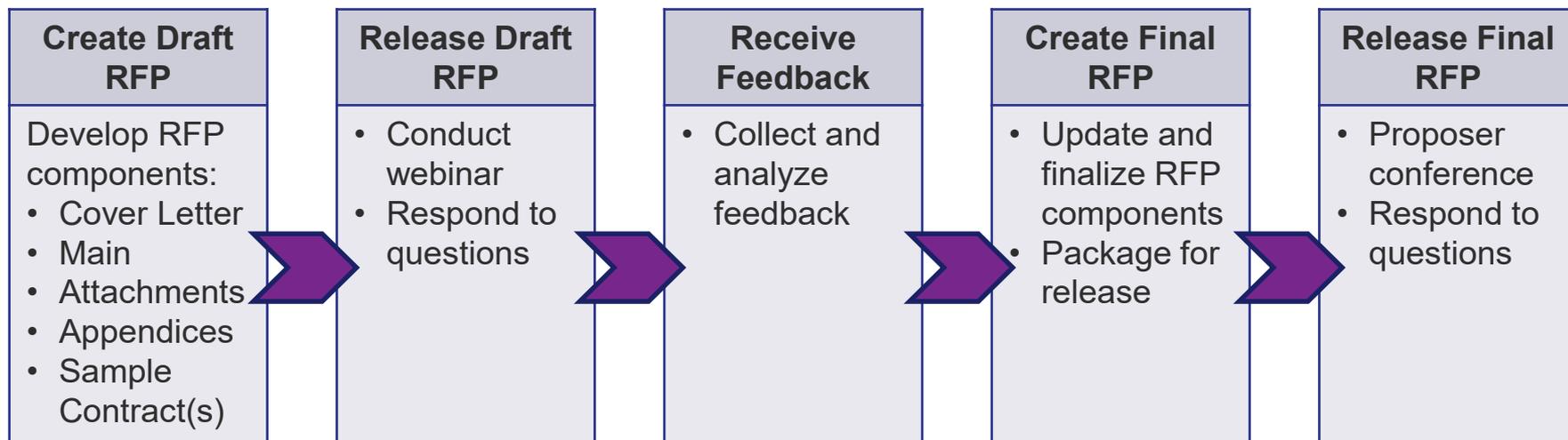
DRAFT RFP-What to Expect

- Intent of draft RFP is released for public feedback.
- Feedback due to DHCS in the approved format, 30 days from the release of the DRAFT RFP.
- DRAFT RFP public webinar will be scheduled shortly after the release.
- DRAFT RFP will include:
 - A sample MCP contract
 - RFP cover letter, main, various attachments, and appendices



MCP Contract Update and Procurement

The Road from Draft RFP to Final RFP





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MCP Procurement Update

County Letter of Support Memorandum

- On April 13, DHCS released a memorandum to counties and MCPs participating in the upcoming procurement of commercial Medi-Cal MCPs.
- The memo provides details on an optional county letter of support for potential MCPs to include as part of their RFP submission.
- The optional letter, which must be included with the final RFP to be part of the evaluation and scoring process, demonstrates the county's support for the MCP.
- DHCS will still evaluate an RFP submission without a county letter of support.
- A letter is only applicable for counties where DHCS is procuring more than one commercial plan. Therefore, a county letter of support is not applicable for COHS or Two-Plan model counties.
- The memo identifies and takes into account the counties that submitted a preliminary letter of interest or a full letter of intent on or before March 31 for potentially changing the MCP model type operating in the county.



MCP Contract Update and Procurement

Current Contract Awards by Plan Model and County

Managed Care Plan Model	Current County(s) for Procurement	Intended Number of Awards
Two-Plan Commercial	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare	One award for a commercial health plan for each county identified in this MCP model.
Geographic Managed Care (GMC)	Sacramento, San Diego	No more than two awards for each county identified in this MCP model.
Imperial	Imperial	Two awards for commercial health plans for Imperial County
Regional	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba	Two awards for commercial health plans per county. The awardee must serve two or more contiguous counties in the designated rural expansion region
San Benito	San Benito	One award for a commercial health plan for San Benito County

Table does not include potential plan model changes.



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MCP Procurement Process Timeline

Next Steps

Key Event	Date
1. Draft RFP Release	Targeting Late Spring 2021
2. Final RFP Release	Targeting Late 2021
3. Proposals Due	Targeting Late 2021 – Early 2022
4. Notice of Intent	Targeting Early 2022 – Mid 2022
5. MCP Operational Readiness	Targeting Mid 2022 – Late 2023
6. Implementation	January 2024



1115 and 1915(b) Waiver Updates



CaAIM Section 1115 Demonstration & 1915(b) Waiver

DHCS is seeking two federal waivers to implement many CaAIM initiatives and priorities, and is seeking public comments through May 6.

[Access Public Comment Materials](#)

[CaAIM Section 1115 Demonstration & Section 1915\(b\) Webpage](#)

- Public notice
- Section 1115 demonstration application
- Section 1915(b) waiver overview

[CaAIM Indian Health Program Webpage](#)

- Tribal notice

[CaAIM Homepage](#)



CaAIM Section 1115 Demonstration

CaAIM Section 1115 Demonstration

- Five-year renewal and amendment of the Medi-Cal 2020 Section 1115 demonstration
- Will include **innovative initiatives that are not implemented via State Plan authority or a Section 1915(b) waiver:**
 - Coverage for low-income pregnant women and out-of-state former foster care youth*
 - Community-Based Adult Services*
 - Global Payment Program*
 - Designated State Health Care Programs*
 - Services for justice-involved populations 30-days pre-release
 - Peer support specialists
 - Traditional Healers and Natural Helpers (in DMC-ODS)
 - Providing Access and Transforming Health Supports
- The [Section 1115 demonstration application](#) is the **draft application**.



CalAIM Section 1915(b) Waiver

CalAIM Section 1915(b) Waiver

- California currently has a Section 1915(b) waiver authorizing Specialty Mental Health Services (SMHS).
- DHCS will renew that waiver and **consolidate Medi-Cal managed care programs under the same authority**; the consolidated 1915(b) will include:
 - Medi-Cal Managed Care • SMHS
 - Dental Managed Care • Drug Medi-Cal Organized Delivery System (DMC-ODS)
- DHCS continues to develop the Section 1915(b) pre-print application and has posted the [Section 1915\(b\) overview](#), including **detailed attachments summarizing behavioral health policy improvements** developed through the CalAIM stakeholder engagement process:
 - [Attachment 2: Medi-Cal Behavioral Health Changes](#) (see page 20)
 - [Attachment 3: DMC-ODS Program Description](#) (see page 31)

Additional components of the CalAIM proposal will be implemented via **Medi-Cal State Plan, managed care contract procurement, and state guidance.** 22



CaAIM Waiver Public Comment Period

The CaAIM waiver public comment period is ongoing. To be considered prior to CMS submission, public comments must be received by 11:59 PT on May 6; comments from Tribes and Indian Health Programs must be received by May 7.

Email Comments

Email CaAIMWaiver@dhcs.ca.gov and include “**CaAIM 1115 & 1915(b) Waiver**” in the email subject line

Write-In Comments

Mail written comments to:
DHCS
Director’s Office
Attn: Angeli Lee & Amanda Font
P. O. Box 997413, MS 0000
Sacramento, CA 95899-74173

Public Hearings

Q&A Box. All information and questions received through the Zoom webinar Q&A box will be recorded as public comments in the three public hearings (April 26, April 30, May 3).

Spoken. Participants will have the opportunity to submit public comments in the last half of each of the three public hearings (April 26, April 30, May 3).



Timeline & Next Steps

Milestones	Proposed Timeline
Conduct 30-day state public comment	April 6 – May 6, 2021
Conduct 30-day Tribal state public comment	April 7 – May 7, 2021
Public Hearing (1 of 2)	April 26, 2021 (1 – 2:30 PM PT)
Tribal Public Hearing	April 30, 2021 (2 – 3:30 PM PT)
Public Hearing (2 of 2)	May 3, 2021 (2 – 3:30 PM PT)
Review public comments and finalize documents for CMS submission	May – July 2021
<i>Submit 1115 and 1915(b) applications</i>	<i>By July 2021</i>
CMS conducts federal 30-day public comment period	July – August 2021
Negotiations with CMS	August – December 2021
<i>Effective date of Section 1115 demonstration and Section 1915(b) waiver</i>	<i>January 1, 2022</i>



California Advancing and Innovating Medi-Cal (CalAIM) Program Updates



ECM & ILOS Initiative Updates

- DHCS completed a public comment period for a set of foundational ECM and ILOS policy documents and has finished reviewing feedback from stakeholders to inform overall design efforts.
- DHCS intends to release final required documents at the end of May.
- In addition, TA activities are underway to promote a successful implementation and transition from WPC pilots and the HHP, including:
 - Monthly meetings with MCPs (moving to biweekly in June)
 - Weekly and monthly standing calls with associations
 - WPC pilot engagement
 - Periodic webinars for stakeholders
 - Regular publishing of FAQs



ECM Updates

Current DHCS priorities for the ECM initiative include:

- Refining the mandatory ECM target population definitions based on public comment feedback.
- Issuing further guidance on how ECM will intersect with other existing programs that offer care coordination for MCP members.
- Developing guidance for members transitioning from WPC pilots and the HHP.
- Evaluating key policy issues raised by the MCPs, health plan associations, providers, and counties.
- Finalizing the contract requirements and model of care (MOC) template based on public comment feedback and refining the overall policy design.



In Lieu of Services Update

Current DHCS priorities for the ILOS initiative include:

- Incorporating feedback from the CalAIM proposal released in January and working to finalize the contract requirements and the MOC template.
- Drafting informational materials (e.g., FAQs, fact sheets) to provide stakeholders with information on the role of ILOS in promoting whole person care for Medi-Cal beneficiaries.
- Developing non-binding ILOS pricing guidance to support a seamless contracting experience between MCPs and ILOS providers.
- Facilitating the transition from WPC pilots and the HHP through the provision of TA.



ECM / ILOS Next Steps

In Spring/Summer 2021, DHCS will:

- Finalize contractual requirements between DHCS and MCPs, as well as standard terms and conditions for MCPs to use with ECM and ILOS providers.
- Develop an “ECM Program Guide” to provide MCPs with comprehensive implementation guidance.
- Develop an “ILOS Program Guide” to provide MCPs with comprehensive information regarding ILOS.
 - As part of the ILOS Program Guide, release non-binding ILOS pricing guidance to facilitate MCP and ILOS provider contracting.
- Continue supporting ongoing technical assistance activities.

Updates will be posted on the [DHCS CalAIM Website](#)
Questions can be submitted to: CalAIMECMILOS@dhcs.ca.gov



Mandatory Managed Care Enrollment Update

- **To enhance coordination of care, increase standardization, and reduce complexity across the Medi-Cal program, DHCS is standardizing which groups will require mandatory managed care enrollment (as opposed to mandatory FFS enrollment), across all models of care and aid code groups, statewide.**
- This will occur in two phases, with the following populations in Phase 1, launching in January 2022:
 - Trafficking and Crime Victims Assistance Program (excluding share of cost)
 - Accelerated enrollment individuals
 - Child Health and Disability Prevention infant deeming
 - Pregnancy-related Medi-Cal (pregnant women only, 138-213% citizen / lawfully present)
 - American Indians/Alaskan Natives
 - Beneficiaries with other health care coverage
 - Beneficiaries living in rural zip codes



Mandatory Managed Care Enrollment Update

- In preparation for the January 1, 2022, “Phase 1” transition:
 - DHCS intends to send outreach notices to populations impacted by this proposal 60 days and 30 days prior to January 1, 2022.
 - DHCS is targeting to release data to MCPs in April 2021 and plan readiness deliverables in June 2021.
 - Currently, DHCS is working with MCPs on evidence of coverage updates and other readiness deliverables prior to January 1, 2022.
 - An APL is in draft form and will be shared for stakeholder feedback in late May 2021.
 - DHCS systems are on track to make the appropriate system modifications to ensure system readiness by January 1, 2022.



Benefit Standardization Update

DHCS is standardizing the benefits that are provided through Medi-Cal MCPs statewide, so that regardless of a beneficiary's county of residence or plan they are enrolled in, they will have the same set of benefits delivered through their Medi-Cal MCP as they would in another county or plan.

In preparation, DHCS is:

- Drafting outreach notices to send to beneficiaries impacted by the January 1, 2022, carve-out of
 - MSSP (90 days, 60 days, and 30 days prior)
 - SMHS (60 days and 30 days prior)
- Planning to issue a Provider Bulletin and Newsflash on the Medi-Cal website informing providers of the overall change in MCP responsibility
- Working on updating the 2022 evidence of coverage template to include the benefit standardization changes, targeting release to MCPs in August 2021
- Targeting to release data to MCPs in April 2021 and plan readiness deliverables in June 2021
- Drafting an APL and FAQ to be shared for stakeholder feedback in late May
- Making appropriate system modifications to ensure system readiness



Increased Access to Student Behavioral Health Services 2021 Governor's Budget Proposal

Lindy Harrington, Health Care Financing Division



Increased Access to Student Behavioral Health Services: Proposal

- \$400 million (\$200 million General Fund), over three years, to increase the number of K-12 students receiving preventive and early intervention behavioral health services offered by school-affiliated behavioral health providers.
- Distributed via incentive payments that include a variety of interventions.
- Incentive payments will be paid through Medi-Cal MCPs, in partnership with county behavioral health departments, to build infrastructure, partnerships, and capacity for school behavioral health services.
- Incentives will not include payments for treatment services.
- Eligible school-affiliated behavioral health providers include schools, providers in schools, school-affiliated community based organizations or clinics, or school-based health centers.



Increased Access to Student Behavioral Health Services: Goal

- Increase the number of K-12 students receiving preventive and early intervention behavioral health services provided by school-affiliated behavioral health providers.
- Develop partnerships between Medi-Cal MCPs, county behavioral health departments and school districts, charter schools, and/or county offices of education within the county.
- Partnerships should maximize all available additional funds.
- Although Medi-Cal focused, developing more robust opportunities to provide school prevention, early intervention, and behavioral health services will also likely lead to improvements for children and youth who have commercial coverage.



Increased Access to Student Behavioral Health Services Considerations:

- Non-specialty mental health services are provided by managed care plans
- Specialty mental health services and substance use disorder treatment services are “carved-out” of the managed care plans’ responsibility and may be accessed through county mental health plans
- LEA BOP is cost based and is only available to students who have a care plan – generally those with IEPs or those identified with special needs
- Nearly half of California’s children are in Medi-Cal, and the vast majority of them are enrolled in managed care plans
- Implementing incentives to increase care coordination will significantly impact the delivery of services to this population and ultimately benefit all delivery systems



Increased Access to Student Behavioral Health Services: Incentives

- Planning and Coordination
 - Local planning efforts with MCPs, behavioral health departments, schools, and other key local stakeholders.
 - Technical assistance, training, toolkits, and/or learning networks between entities.
 - Improve performance and outcomes-based accountability for behavioral health access and quality measures.
- Infrastructure
 - Implement information technology and systems for cross-system management between the school and the MCP and county behavioral health department.
 - Expand the workforce.
 - Access to equipment to provide telehealth services.
- Prevention and Early Intervention
 - Develop or pilot behavioral health wellness programs to expand greater prevention and early intervention practices in school settings.
 - Implement Adverse Childhood Experiences (ACEs) and other age and developmentally appropriate behavioral health screenings and referral processes in schools.
 - Implement a school suicide prevention strategy.



Increased Access to Student Behavioral Health Services: Implementation

- Plans and local partners can decide which incentives to pursue.
- Models may include:
 - Schools with in-house providers that contract with a MCP directly to become an in-network provider. In this model, schools would bill the MCP directly for services provided.
 - Schools that contract with a MCP to facilitate MCP in-network providers to provide services in or adjacent to the school. In this model, the network providers would bill the MCP for the services provided.
 - Schools that contract with a county mental health plan (MHP) that then contracts with the MCP for non-specialty services so there is one provider entity to provide these services for all students.
 - Schools that have a combination of the above contracting arrangements (i.e., contract with the MCP/MHP) for some services while leveraging the Local Educational Agency Medi-Cal Billing Option Program or School-Based Medi-Cal Administrative Activities program for other allowable school services.



Public Comment