CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM) DEMONSTRATION (PROJECT NUMBER 11-W-00193/9)

SECTION 1115(A) WAIVER QUARTERLY REPORT

DEMONSTRATION/QUARTER REPORTING PERIODS:

DEMONSTRATION YEAR: TWENTY (JANUARY 1, 2024 - DECEMBER 31, 2024)

FIRST QUARTER REPORTING PERIOD: JANUARY 1, 2024 – MARCH 31, 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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INTRODUCTION

On June 30, 2021, California submitted a renewal request for the CalAIM Section 1115 demonstration to the Centers for Medicare & Medicaid Services (CMS). This Section 1115 demonstration requested a five-year renewal of components of the Medi-Cal 2020 Section 1115 demonstration to continue improving health outcomes and reducing health disparities for individuals enrolled in Medi-Cal and other low-income populations in the state. In tandem, the Department of Health Care Services (DHCS or the Department) requested authority through a renewal of the state's longstanding Specialty Mental Health Services (SMHS) Section 1915(b) waiver. This request would transition nearly all Medi-Cal managed care delivery systems to a single authority, streamlining California's managed care programs and applying statewide lessons learned from previous Section 1115 demonstrations, as described below.

On December 29, 2021, CMS approved California's 1115(a) "CalAIM" demonstration, effective through December 31, 2026. The approval is a part of the state's larger CalAIM initiative that includes the transition of the Medi-Cal managed care from the demonstration into 1915(b) waiver authority. The demonstration aims to assist the state in improving health outcomes and advancing health equity for Medi-Cal members and other low-income people in the state.

The periods for each Demonstration Year (DY) of the waiver will be as follows:

- DY 18 January 1, 2022 through December 31, 2022
- DY 19 January 1, 2023 through December 31, 2023
- DY 20 January 1, 2024 through December 31, 2024
- DY 21 January 1, 2025 through December 31, 2025
- DY 22 January 1, 2026 through December 31, 2026

The overview below outlines: (1) Medi-Cal 2020 Section 1115 demonstration initiatives continued via the Medi-Cal State Plan or CalAIM Section 1915(b) waiver; (2) Medi-Cal 2020 Section 1115 demonstration initiatives renewed in the CalAIM Section 1115 demonstration; and (3) Current CalAIM Section 1115 demonstration initiatives.

- **Medi-Cal 2020 Section 1115 Demonstration Initiatives DHCS Continued Under Other Authorities:**
  - **Medi-Cal Managed Care, Dental Managed Care, and DMC-ODS Delivery System Authorities** transitioned to the CalAIM Section 1915(b) waiver; the SMHS managed care program was already authorized under Section 1915(b) authority.
  - **Medi-Cal Coverage for Low-Income Pregnant Women** with incomes from up to 109 to 138 percent of the federal poverty level (FPL) transitioned from Section 1115 authority to the Medi-Cal State Plan. The sunset date for this authority was on

December 31, 2021.

- **Dental Transformation Initiative (DTI)** authority as outlined under the Medi-Cal 2020 Section 1115 demonstration transitioned into a new statewide dental benefit for children and certain adults and an expanded pay-for-performance initiative to the Medi-Cal State Plan; DTI, as outlined under the Medi-Cal 2020 demonstration, was formally sunset at the conclusion of the Medi-Cal 2020 Section 1115 demonstration.

» **Medi-Cal 2020 Section 1115 Demonstration Initiatives DHCS Renewed in the CalAIM Section 1115 Demonstration:**

- **Global Payment Program (GPP)** to renew California's statewide pool of funding for care provided to California's remaining uninsured populations, including streamlining funding sources for California's remaining uninsured population with a focus on addressing social needs and responding to the impacts of systemic racism and inequities.
- **Substance Use Disorder (SUD) Institutions for Mental Disease (IMD)** authority to continue short-term residential treatment services to eligible individuals with a SUD in the Drug Medi-Cal-Organized Delivery System (DMC-ODS).
- **Coverage for Out-of-State Former Foster Care Youth** to continue Medi-Cal coverage for this population during the renewal period, up to age 26.
- **Community Based Adult Services (CBAS)** to continue to authorize CBAS for eligible adults receiving outpatient skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, care coordination, and transportation, with modest changes to allow flexibility for the provision and reimbursement of remote services under specified emergency situations.
- **Tribal Uncompensated Care (UCC) for Chiropractic Services** to continue authority to pay Tribal providers for these services, which were eliminated as a Medi-Cal covered benefit in 2009.
- **Designated State Health Programs (DSHP)** Expenditures for DSHPs, which are otherwise fully state-funded, and not otherwise eligible for Medicaid matching funds. These expenditures are subject to the terms and limitations and not to exceed specified amounts as set forth in the CalAIM Standard Terms and Conditions (STCs).

» **CalAIM Initiatives Currently Authorized in the CalAIM Section 1115 Demonstration:**

- **Community Supports** to authorize recuperative care and short-term post-hospitalization housing services via the CalAIM Section 1115 demonstration; 12 other Community Supports were authorized via managed care authority and outlined in the CalAIM Section 1915(b) waiver.
- **Dually Eligible Enrollees in Medi-Cal Managed Care** expenditure authority allows

the state to keep a member in an affiliated Medicaid plan once the member has selected a Medicare Advantage plan unless and until the member changes Medicare Advantage plans or selects Original Medicare. As part of CalAIM, DHCS is implementing policies to promote integrated care for members dually eligible for Medicare and Medi-Cal.

- **Providing Access and Transforming Health (PATH) Supports** expenditure authority to: (1) sustain, transition, and expand the successful Whole Person Care (WPC) pilots and Health Homes Program (HHP) services initially authorized under the Medi-Cal 2020 demonstration as they transition to become Enhanced Care Management (ECM) and Community Supports; and (2) support justice-involved (JI) pre-release and post-release services and support Medi-Cal pre-release application planning and Information Technology (IT) investments.
- **Contingency Management** to offer Medi-Cal members, as a DMC-ODS benefit, this evidence-based, cost-effective treatment for individuals with a SUD that combines motivational incentives with behavioral health treatments.
- **Peer Support Specialists** authority via the CalAIM Section 1115 demonstration, as well as CalAIM Section 1915(b) waiver and Medi-Cal State Plan, to provide this service in DMC-ODS and Drug Medi-Cal (DMC) counties and county mental health plans (MHPs).
- **Justice-Involved** authority via the CalAIM Section 1115 demonstration waiver was most recently approved on January 26, 2023. DHCS will partner with state agencies, counties, and community-based organizations to establish a coordinated community reentry process that will assist people leaving incarceration connect to the physical and behavioral health services they need prior to release.

The WPC Pilots and HHP, which were implemented under the Medi-Cal 2020 Section 1115 demonstration, concluded on December 31, 2021, following approval of the CalAIM Section 1115 demonstration renewal. Under CalAIM, California launched new ECM and Community Supports that built on the successes of the WPC Pilots and HHP. ECM is authorized through Medi-Cal managed care authority, and the Community Supports are authorized through a combination of CalAIM Section 1115 demonstration authority and Medi-Cal managed care authority as effectuated through the Section 1915(b) waiver.

Since the initial approval of the CalAIM Section 1115 demonstration, CMS has approved several amendments which can be viewed on DHCS' website. Further, DHCS continues to finalize with CMS on protocols and attachments related to CalAIM Section 1115 demonstration initiatives that were approved as part of the Section 1115 renewal. During DY 20-Q1, CMS issued approvals for the Reentry Demonstration Initiative Implementation Plan (IP) and for the DSHP Related Provider Payment Increase Assessment Attestation Table, which were incorporated in the STCs as Attachment CC and Attachment BB respectively.

GENERAL REPORTING REQUIREMENTS

Special Terms and Conditions (STCs) Item 15.8: Monitoring Calls

During September 2023, DHCS and CMS mutually agreed to cancel the CalAIM 1115 portion of the monitoring call during the months of September and October and move forward with quarterly calls for the 1115 portion of the demonstration only. The winter quarterly monitoring call during DY 20-Q1 took place on February 12, 2024. DHCS and CMS discussed Contingency Management (CM) and PATH – Justice Involved (JI) Initiative/Stakeholder Engagement updates. As needed, separate CalAIM 1115 deliverable-specific calls also took place during the quarter.

STCs Item 15.9: Post Award Forum

In DY 20-Q1, a meeting was held to garner valuable input from the stakeholder community on relevant health care policy issues impacting DHCS. DHCS hosted a joint Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting on February 15, 2024. The purpose of the SAC and BH-SAC is for stakeholders to provide DHCS with input on ongoing implementation efforts for CalAIM, the state's Section 1115 waiver, and behavioral health activities. DHCS provided updates on: Governor's 2024-2025 Proposed Budget; Managed Care Plan (MCP) 2024 Transition; Adult Expansion Enrollment; Long Term Care Phase II; DHCS Response to California State Auditor report on barriers to timely access to behavioral health services for children; Medi-Cal Redeterminations; CalAIM Behavioral Health Key Findings from Preliminary Implementation Feedback Report; Equity and Practice Transformation (EPT) Provider Directed Payment Program; Behavioral Health Payment Reform Update; QPHM: Overview and Stakeholder Engagement for Behavioral Health Components; and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT): Evidence-based Practices and Child and Adolescent Needs and Strengths Alignment. To view past meeting agendas, visit DHCS' website at DHCS Behavioral Health Stakeholder Advisory Committee Past Meeting Archive or DHCS Stakeholder Advisory Committee Past Meeting Archive.

During this quarter, DHCS Consumer-Focused Stakeholder Workgroup (CFSW) meetings also took place on January 5, 2024, February 2, 2024, and March 1, 2024. The meetings included discussion of DHCS programmatic implementation updates, such as: California Health and Human Services (CalHHS) Language Access Policy; Continuous Coverage Unwinding; Conlan; Assets Limits Elimination; FPL; CMS SPA; Medical Interpreter Pilot Project; Expanded Spousal Impoverishment; and Newborn Gateway. The purpose of the CFSW meetings is to provide stakeholders an opportunity to review and provide feedback on a variety of consumer messaging materials. The forum focused on eligibility and enrollment related activities and strived to offer an open discussion on Medi-Cal

policies and functionality. Past meeting materials are available on the DHCS website: CFSW Meeting Archive (ca.gov).

Further, DHCS held a Managed Care Advisory Group (MCAG) meeting on March 14, 2024. DHCS discussed the following topics: 2024 Managed Care Provider (MCP) Post-Transitional Updates; Enhanced Managed Care (ECM); Screening and Transition of Care Tool; Memorandum of Understandings (MOUs); Managed Care Plan (MCP) Liaisons; PATH Technical Assistance (TA) Marketplace; and Vision of the Cross Guide to TA Marketplace Journey. The purpose of the MCAG is to facilitate active communication between the managed care program and all interested parties and stakeholders. The MCAG meets quarterly to discuss an array of issues relevant to managed care and is attended by stakeholders and advocates, legislative staff, health plan representatives, medical associations, and providers. Past meeting materials are available on the DHCS website: MCAG archives.

The meetings were conducted in accordance with the Bagley-Keene Open Meeting Act, and public comment occurred at the end of each meeting. Stakeholder members are recognized experts in their fields, including, but not limited to member advocacy organizations and representatives of various Medi-Cal provider groups.

PROGRAM UPDATES

The program updates section describes key activities and data across CalAIM 1115 program initiatives for DY 20-Q1, as required in item 15.5[1] of the CalAIM 1115 demonstration STCs. For each program area, this section describes program highlights, performance metrics, outreach activities, operational updates, consumer issues and interventions, quality control/assurance activity, budget neutrality and financial updates, and progress on evaluation interim findings. Key program areas described in this section include:

- Community Based Adult Services (CBAS)
- Drug Medi-Cal-Organized Delivery System (DMC-ODS)
- Global Payment Program (GPP)
- Providing Access and Transforming Health (PATH) Supports
- Community Supports: Recuperative Care and Short-Term Post Hospitalization
- Dually-Eligible Enrollees in Medi-Cal Managed Care

[1] The Department of Health Care Services, CalAIM 1115 Demonstration & 1915(b) Waiver, March 6, 2024, CalAIM Provider Rate Approval.

COMMUNITY BASED ADULT SERVICES

Assembly Bill (AB) 97 (Chapter 3, Statutes of 2011) eliminated Adult Day Health Care (ADHC) services as a Medi-Cal program effective July 1, 2011. A class action lawsuit, *Esther Darling, et al. v. Toby Douglas, et al.*, sought to challenge the elimination of ADHC services. In settlement of this lawsuit, ADHC was eliminated as a payable benefit under the Medi-Cal program effective March 31, 2012, and was replaced with a new program called Community Based Adult Services (CBAS) effective April 1, 2012. DHCS amended the "California Bridge to Reform" 1115 demonstration waiver (BTR waiver) to include CBAS, which was approved by the CMS on March 30, 2012. CBAS was operational under the BTR waiver for the period of April 1, 2012, through August 31, 2014.

In anticipation of the end of the CBAS BTR waiver period, DHCS and the California Department of Aging (CDA) facilitated extensive stakeholder input regarding the continuation of CBAS. DHCS proposed an amendment to the CBAS BTR waiver to continue CBAS as a managed care benefit beyond August 31, 2014. CMS approved the amendment to the CBAS BTR waiver, which extended CBAS for the duration of the BTR waiver through October 31, 2015.

CBAS was a CMS-approved benefit through December 31, 2020, under California's 1115(a) "Medi-Cal 2020" waiver. With the delayed implementation of the CalAIM initiative due to the COVID-19 public health emergency (PHE), DHCS received approval from CMS on December 29, 2020, for a 12-month extension through December 31, 2021.

On December 29, 2021, CMS approved California's CalAIM Section 1115 demonstration waiver, effective through December 31, 2026, which included the CBAS benefit. The following information was included in the CMS approval letter: "Under the 1115 demonstration, the state will also continue the CBAS program to eligible older adults and adults with disabilities in an outpatient facility-based setting while now also allowing flexibility for the provision and reimbursement of remote services under specified emergency situations, i.e., Emergency Remote Services (ERS). This flexibility will allow beneficiaries to restore or maintain their optimal capacity for self-care and delay or prevent institutionalization."

Program Requirements

CBAS is an outpatient, facility-based program, licensed by the California Department of Public Health (CDPH) and certified by CDA to participate in the Medi-Cal program. The CBAS benefit is provided to eligible Medi-Cal members who meet CBAS criteria and includes the following services: professional/skilled nursing care, personal care, social services including family/caregiver training and support, therapeutic activities, therapies such as occupational therapy, physical therapy, speech therapy, behavioral health

services, dietary/nutrition services including a meal, and transportation to and from the CBAS members' place of residence and the CBAS center when needed. CBAS participants have chronic medical, cognitive, mental health, and/or intellectual developmental disabilities and are at risk of needing institutional care. The overarching goals of the CBAS program are to support community living, promote health and wellbeing, and prevent hospitalization and institutionalization.

CBAS providers are required to: 1) meet all applicable licensing/certification and Medicaid waiver program standards; 2) provide services in accordance with the participant's multi-disciplinary team members and physician-signed person-centered Individual Plans of Care (IPCs); 3) adhere to the documentation, training, and quality assurance requirements as identified in the CalAIM 1115 demonstration waiver; and 4) maintain compliance with the requirements listed above.

Initial eligibility for the CBAS benefit is traditionally determined by a Medi-Cal Managed Care Plan (MCP) by conducting a face-to-face assessment, using a standardized tool and protocol approved by DHCS. The assessment is conducted by a registered nurse with level-of-care determination experience. An initial face-to-face assessment is not required when an MCP determines that an individual is eligible to receive CBAS and that the receipt of CBAS is clinically appropriate based on information the MCP possesses. The eligibility for ongoing receipt of the CBAS benefit is determined at least every six months through a reauthorization process, or every 12 months for individuals determined by the MCP to be clinically appropriate. Reauthorization is the process by which CBAS providers reassess members to assess if their needs are being met with the services they are receiving.

The state must maintain CBAS access and capacity in every county where ADHC services were provided prior to CBAS starting on April 1, 2012[2]. From April 1, 2012, through June 30, 2012, CBAS was only provided as a Medi-Cal Fee-For-Service (FFS) benefit. On July 1, 2012, 12 of the 13 County Organized Health Systems (COHS) began providing CBAS as a benefit. The final transition of the CBAS benefit to managed care took place beginning October 1, 2012, into the Two-Plan Model, (available in 14 counties), Geographic Managed Care Plans (available in two counties), and the final COHS County (Ventura) at that time. As of December 1, 2014, Medi-Cal FFS only provided CBAS

[2] CBAS access/capacity must be provided in every county except those that did not previously have ADHC centers: Del Norte, Siskiyou, Modoc, Trinity, Lassen, Mendocino, Tehama, Plumas, Glenn, Lake, Colusa, Sutter, Yuba, Nevada, Sierra, Placer, El Dorado, Amador, Alpine, San Joaquin, Calaveras, Tuolumne, Mariposa, Mono, Madera, Inyo, Tulare, Kings, San Benito, and San Luis Obispo.

coverage for CBAS eligible participants who had an approved medical exemption from enrolling into managed care. The four rural counties (Shasta, Humboldt, Butte, and Imperial) transitioned the CBAS benefit to managed care in December 2014.

Effective April 1, 2012, eligible participants can receive "unbundled services" if there is insufficient CBAS center capacity to satisfy the demand. Unbundled services refer to parts of the CBAS benefit delivered outside of centers with a similar objective of supporting participants and allowing them to remain in the community. Unbundled services include local senior centers to engage members in social and recreational activities; coordination with home delivered meals programs; group programs; home health nursing and/or therapy visits to monitor health status and provide skilled care; and In-Home Supportive Services (IHSS), which consists of personal care and home chore services to assist participants with Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL). If the participant is enrolled in a managed care plan, the MCP will be responsible for facilitating the appropriate services on the members' behalf.

Beginning in March 2020, in response to the COVID-19 PHE, DHCS and CDA worked with stakeholders including the California Association for Adult Day Services (CAADS), CBAS providers, and the MCPs, to develop and implement CBAS Temporary Alternative Services (TAS). On October 9, 2020, CMS approved DHCS' disaster 1115 amendment, which allowed flexibilities pertaining to the delivery of CBAS TAS and permitted CBAS TAS to be provided telephonically, via telehealth, via live virtual video conferencing, or in the participant's home (if proper safety precautions were implemented). These flexibilities are described in greater detail below. CBAS TAS was a short-term, modified service delivery approach, that granted CBAS providers time-limited flexibility to reduce day-center activities, and to provide services, as appropriate, via telehealth, live virtual video conferencing, or in the home, if proper safety precautions are taken, and if no other option for providing services was available to meet the participant's needs.

However, in accordance with Executive Order N-11-22, issued June 17, 2022, and the CDPH All Facility Letter (AFL) 20-34.7, issued on June 30, 2022, all licensed ADHCs were required to be open and provide all basic services in the center as of September 30, 2022. CDA issued All Center Letter (ACL) 22-02 notifying all CBAS providers that CBAS TAS flexibilities in effect during the COVID-19 pandemic will end on September 30, 2022. DHCS submitted an updated 1115 waiver Attachment H on July 8, 2022, requesting to end the TAS flexibility effective October 1, 2022, prior to the previously approved flexibility period of six months post the end of the federal PHE. In ending the CBAS TAS flexibility, the state did not alter or reduce the eligibility criteria, available services, or rate of payment for the CBAS benefit. All services included in the CBAS TAS flexibility are included in the core service package and additional services

package. These service packages are what is included in the CBAS in-center services, which comprise the per diem rate.

On September 8, 2022, CMS approved California's request to revise the end date of the CalAIM demonstration authorities in the state's Attachment H to allow the state to resume normal operations for CBAS beginning on October 1, 2022. This was incorporated into the demonstration's STCs as an updated Attachment H and supersedes the June 9, 2021, Attachment H, which previously allowed TAS and virtual assessment activities up to six months after the end of the public health emergency. The authorizations the State requested in the Attachment H were effective from March 13, 2020, through September 30, 2022. These authorities applied in all locations served by the demonstration for anyone impacted by COVID-19 who received home and community-based services (HCBS) through the demonstration. CBAS TAS ended on September 30, 2022, and CBAS ERS were implemented as of October 1, 2022.

CBAS Emergency Remote Services (ERS) is a new service delivery method approved by CMS 1115 waiver renewal in 2022 to provide time-limited services in the home, community, via doorstep, and/or telehealth during specified emergencies for individuals already receiving CBAS. ERS are provided to protect continuity of care and provide immediate assistance to participants experiencing public emergencies caused by state or local disasters, such as wildfires and power outages; or personal emergencies caused by illness/injury, crises, or care transitions. CDA collaborated with DHCS, MCPs, and CBAS providers, to develop ERS policy guidance, reporting templates, and processes to support compliance with CalAIM 1115 waiver requirements including compliance with the Electronic Visit Verification System (EVV) requirements for the provision of personal care services (PCS) and home health services in accordance with Section 12006 of the 21st Century CURES Act. The state incorporated lessons learned from the implementation and operation of CBAS TAS during the PHE to assist with constructing processes and parameters that keep the CBAS benefit as a congregate, facility-based service, while providing the ERS flexibility when specific criteria are met. ERS enable the facilitation of immediate interventions with CBAS participants and their caregivers at the onset of the emergency and for its duration, as needed, to promote a smooth transition back to the CBAS congregate program, if possible, with continued access to services.

Performance Metrics

CDA continues to facilitate the Quality Strategy Advisory Committee meetings for DY 20-Q1 which includes members of the CDA Executive Team, CBAS staff, DHCS, MCPs, and other stakeholders. The committee meets monthly, and this forum is utilized to develop performance measures required in STC 5.8. In addition, per STC 5.9, "The state will work on establishing the performance measures with CMS to ensure there is no

duplication of effort and will report on the initial series within one year of finalization and from that point will report annually."

In DY 20-Q1, the committee worked to develop performance measures. Draft performance measures were shared with the CBAS Quality Assurance & Improvement Strategy Advisory Committee members for review, discussion, and to solicit feedback. On March 26, 2024, the Advisory Committee met and further discussed the draft eligibility performance measures and reached a consensus to move four measures forward for prioritization and implementation. The next category of Qualified Providers was discussed during the April 23, 2024, meeting. The committee will also begin reviewing the data metrics that CDA, MCPs, DHCS, and CBAS providers maintain to develop the performance measures related to eligibility. CDA will continue this process on a rolling basis as the performance measures are developed within each waiver category. Future updates and established performance measures will be forthcoming and communicated in future reports.

Enrollment and Assessment Information

Per STC 5.6(a), CBAS enrollment data for both MCP and FFS participants per county is shown in Figure 1 below. The CBAS Center's licensed capacity by county is also incorporated into the same figure.

Each quarter the MCPs self-report enrollment data, which sometimes results in data lags. In addition, some MCPs report enrollment data based on the geographical areas they cover, which may include multiple counties. For example, data for Marin, Napa, and Solano counties are combined, as these are smaller counties, and they share the same population.

See the next pages for Figure 1.

Figure 1: Preliminary CBAS Unduplicated Participant – FFS and MCP Enrollment Data with County Capacity of CBAS.

	DY 19 – Q1		DY 19-Q2		DY 19-Q3		DY 19-Q4	
	Jan – Mar 2023		Apr – Jun 2023		Jul - Sept 2023		Oct - Dec 2023	
County	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used
Alameda	448	71%	436	70%	417	67%	405	65%
Butte	24	24%	20	20%	20	20%	25	25%
Contra Costa	116	53%	81	37%	78	35%	80	36%
Fresno	1,009	46%	962	44%	1,062	48%	965	44%
Humboldt	88	15%	101	17%	112	19%	110	19%
Imperial	278	46%	298	50%	285	47%	122	20%
Kern	191	18%	231	22%	236	23%	225	17%
Los Angeles	22,838	52%	17,008	38%	20,099	45%	19,504	41%
Merced	110	52%	137	65%	119	57%	126	60%
Monterey	91	49%	89	48%	93	50%	110	59%
Orange	2,6382,871	48%	2,578	46%	2,834	50%	2,992	53%
Riverside	602	35%	648	37%	653	38%	646	37%
Sacramento	451	51%	403	46%	460	52%	427	48%
San Bernardino	829	54%	926	60%	917	37%	997	41%
San Diego	2,252	70%	2,193	59%	2,055	51%	2,398	60%

Figure 1: Preliminary CBAS Unduplicated Participant – FFS and MCP Enrollment Data with County Capacity of CBAS.

	DY 19 – Q1		DY 19-Q2		DY 19-Q3		DY 19-Q4	
	Jan – Mar 2023		Apr – Jun 2023		Jul - Sept 2023		Oct - Dec 2023	
County	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used	Unduplicated Participants (MCP & FFS)	Capacity Used
San Francisco	959	61%	922	59%	950	61%	886	56%
San Joaquin	**	**	**	**	**	**	**	**
San Mateo	138	136%	121	119%	126	124%	133	32%
Santa Barbara	13	8%	11	6%	16	5%	13	4%
Santa Clara	554	40%	486	35%	462	33%	458	33%
Santa Cruz	74	49%	74	49%	77	51%	117	58%
Shasta	44	31%	47	33%	45	31%	50	35%
Stanislaus	**	**	**	**	**	**	**	**
Ventura	821	55%	840	56%	859	57%	840	56%
Yolo	244	64%	246	65%	246	65%	239	63%
Marin, Napa, & Solano	48	10%	50	13%	54	14%	63	17%
Total	**34,927**	**50%**	**28,917**	**41%**	**32,288**	**45%**	**31,905**	**43%**

Figure 1: FFS and MCP Enrollment Data 12/2023

**Information is not available for DY 20-Q1 due to a delay in the availability of data and will be presented in the DY 20-Q2 Report. For future reports, Figure 1 data will be submitted one quarter in arrears due to the reporting delays.*

***Pursuant to the Privacy Rule and the Security Rule contained in the Health Insurance Portability and Accountability Act, and its regulations 45 CFR Parts 160 and 164, and the 42 CFR Part 2, these small counts are suppressed to protect the privacy and security of participants.*

The data provided in Figure 1 demonstrates the enrollment capacity varying per quarter for the previous 12 months. For instance, enrollment for Q1 was approximately 50 percent, while Q2, Q3, and Q4 were 41 percent, 45 percent, and 43 percent respectively.

Most counties maintained consistent enrollment capacity utilization that did not experience fluctuations greater than five percent. However, Figure 1 demonstrates two counties reported a decrease in enrollment utilization between DY 19-Q3 and DY 19-Q4. Kern County experiences a six percent decrease due to a new center beginning enrollment. San Mateo County experienced a 92 percent decrease due to a new center opening, increasing enrollment capacity. However, three counties reported an increase in enrollment capacity utilization. For instance, Monterey was able to provide more services due to a COVID-19 outbreak, which allowed more participants to receive services via ERS; this resulted in a nine percent increase between the quarters. San Diego County experienced a nine percent increase due to an enrollment ban being lifted for one center and Santa Cruz County shows a seven percent increase due mostly to seasonal changes/increases. The data received for Imperial County appears to show an inaccurate anomaly and will be updated with accurate data in DY 20-Q2 reporting. In addition, as reported in DY 19-Q1, the sole CBAS center in San Joaquin County closed, however there are still CBAS participants reflected in the data above.

Figure 2: CBAS Participants Enrolled in Enhanced Care Management & Community Supports

Demonstration Year and Quarter	Number of CBAS Participants	Enrolled in Enhanced Care Management (ECM)	Enrolled in Community Supports (CS)	Enrolled in Enhanced Care Management (ECM) & Community Supports (CS)
DY 19-Q1 (Jan – Mar 2023)	34,436	494	473	65

Demonstration Year and Quarter	Number of CBAS Participants	Enrolled in Enhanced Care Management (ECM)	Enrolled in Community Supports (CS)	Enrolled in Enhanced Care Management (ECM) & Community Supports (CS)
		1.43%	1.37%	0.19%
DY 19-Q2 (Apr - Jun 2023)	34,183	993	959	54
		2.90%	2.81%	0.16%
DY 19-Q3 (Jul - Sep 2023)	35,945	1,514	1,396	219
		4.21%	3.88%	0.61%
				DHCS Data 10/2023

**ECM/CS information is not reported for DY 19-Q4 and DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report.*

Figure 2 displays the number of CBAS participants who also receive Enhanced Care Management (ECM) and Community Supports through their Medi-Cal managed care plans. ECM and Community Supports are a new statewide Medi-Cal benefit as part of CalAIM. ECM is available to select "Populations of Focus" that will address clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services. It will meet members wherever they are (e.g., on the street, in a shelter, in their doctor's office, or at home). Members receiving ECM have a lead care manager who coordinates care and services among the physical, behavioral, dental, developmental, and social services delivery systems. Community Supports are designed to address social drivers of health (factors in people's lives that influence their health). All Medi-Cal managed care plans are encouraged to offer as many of the 14 pre-approved Community Supports as possible and are available to eligible Medi-Cal members regardless of whether they qualify for ECM services. As of DY 19-Q3, there were a total of 35,945 CBAS participants – 1,514 received ECM, 1,396 received Community Supports and 219 received both benefits.

Figure 3: CBAS Assessments Data for MCPs and FFS

Demonstration Year	MCPs			FFS		
	New Assessments	Eligible	Not Eligible	New Assessments	Eligible	Not Eligible
DY 19-Q2 (Apr - Jun 2023)	3,225	3,155 (97.8%)	70 (2.2%)	2	0 (0%)	2 (100%)
DY 19-Q3 (Jul - Sept 2023)	3,228	13,184 (98.4%)	54 (1.6%)	0	0 (0%)	0
DY 19-Q4 (Oct - Dec 2023)	3,352	3,285 (98%)	67 (2%)	0	0	0
5% Negative change between last Quarter	No	No	No	No	No	No

**MCP and FFS assessment information is not reported for DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report. For future reports, Figure 3 data will be submitted one quarter in arrears due to the reporting delays.*

Assessments for MCPs and FFS Participants

Individuals who request CBAS will be given an initial face-to-face assessment by a registered nurse with qualifying experience to determine eligibility. An individual is not required to participate in a face-to-face assessment if an MCP determines the eligibility criteria is met based on medical information and/or history the plan possesses. Figure 3 above illustrates the number of new assessments reported for DY 19-Q4.

Requests for CBAS are collected and assessed by the MCPs and DHCS. According to the previous figure, for DHCS FFS members in DY 19-Q4, 0 assessments were performed for CBAS benefits, with 0 being eligible and 0 being ineligible. For MCPs in DY 19-Q4, 3,352 assessments were performed with 3,285, 98 percent, being eligible. As demonstrated in Figure 3, the number of CBAS FFS participants are low, given that most participants are in a managed care plan, although there are occasional requests for CBAS FFS.

Figure 4: CDA and CBAS Provider Self-Reported Data

DY 19-Q3

CDA - CBAS Provider Self-Reported Data	
CA Counties with CBAS Centers	26
Total CA Counties	58
Number of CBAS Centers	290
Non-Profit Centers	46
For-Profit Centers	244
ADA at 290 Centers	25,240
Total Licensed Capacity	43,447
Statewide ADA per Center	58%
CDA – Monthly Statistical Summary Report (MSSR) Data 10/2023	

DY 19-Q4

CDA - CBAS Provider Self-Reported Data	
CA Counties with CBAS Centers	26
Total CA Counties	58
Number of CBAS Centers	294
Non-Profit Centers	45
For-Profit Centers	249
ADA at 294 Centers	26,097
Total Licensed Capacity	44,242
Statewide ADA per Center	59%
CDA - MSSR Data 12/2023	

**CBAS Provider Self-Reported Data is not reported for DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report. For future reports, Figure 4 data will be submitted one quarter in arrears due to the reporting delays.*

The opening or closing of a CBAS center effects the CBAS enrollment and CBAS center licensed capacity. The closing of a CBAS center decreases licensed and enrollment capacity while conversely new CBAS center openings increase licensed and enrollment capacity. CDPH licenses CBAS centers and CDA certifies the centers to provide CBAS benefits and facilitates monitoring and oversight of the centers.

Figure 4 on the previous page identifies the number of counties with CBAS centers and the average daily attendance (ADA) for DY 19-Q3 through DY 19-Q4. ADA data fluctuates somewhat from month to month, but for DY 19-Q4 the average ADA at the 294 operating CBAS centers was approximately 26,097 participants, which corresponds to 59 percent of total capacity. Provider-reported data identified in Figure 4 reflects data through December 2023.

The differences between DY 19-Q3 and DY 19-Q4 are: 1) the increase in the number of CBAS Centers from 290 to 294; 2) the increase by 5 in for-profit centers. In addition, in DY 19-Q4 the total ADA at 294 centers increased by 857 compared to DY 19-Q3, increasing the ADA percentage by one percent. Lastly, the total licensed capacity increased by 795.

Outreach Activities

CDA provides ongoing outreach and program updates to CBAS providers, MCPs, CAADS, and other interested stakeholders via multiple communication strategies, including the following:

- CBAS Updates
- CBAS ACLs and CBAS News Alerts
- CBAS webinars
- CAADS conferences
- CDA meetings with MCPs that contract with CBAS centers
- CDA meetings with the CBAS Quality Advisory Committee
- Monthly CAADS Education Committee Meetings

The following are CDA's outreach activities during DY 20-Q1:

- CBAS News Alerts **(15)**
- CBAS Webinars **(0)**
- CDA-MCP meetings **(3)**
- CAADS Education Committee Meetings **(3)**

- CBAS Quality Advisory Committee Workgroup Meetings **(3)**
- CDA DHCS meetings **(3)**
- CDA CDPH meetings **(3)**
- Responses to CBAS Mailbox Inquiries **(768)**

In addition to the outreach activities mentioned above, CDA also responds to ongoing written and telephone inquiries from CBAS providers, MCPs, and other interested stakeholders. Outreach, education, and training activities focused on the following topics: (1) EVV office hours and in-person training to promote EVV compliance; (2) formal discussions and recommendations from the Quality Advisory Committee on prioritization and implementation of performance measures to comply with 1115 Waiver requirements; (3) reminders related to personal protective equipment supply requests, revisions to several forms for Certification Renewals and Change Applications, and notification of CAADS Spring Conference 2024 and (4) Education and training opportunities to promote quality of care and to comply with CBAS program requirements. In addition, CDA (in collaboration with DHCS) performed outreach activities related to EVV, registration reminders, March 2024 training opportunities, the launch of EVV Multi-Factor Authentication, EVV new mobile application availability, and Jurisdictional Entity Business Intelligence Tools.

CBAS Webinar Updates

CDA did not facilitate any webinars in DY 20-Q1.

CAADS Education Committee Meetings

In DY 20-Q1, CDA attended three monthly CAADS Education Committee meetings to discuss and assist with planning of the CAADS Spring Conference 2024 – schedule overview, CDA sessions, peer-to-peer sessions, advocacy keynote focus exhibitors/sponsors, pricing, and legislative updates. This meeting forum is also used to collaborate and plan future webinars.

MCP Meetings with CDA

CDA convenes meetings with MCPs that contract with CBAS providers to (1) promote communication between CDA and MCPs on issues of concern by the MCPs; (2) update MCPs on CBAS activities, data collection, policy directives, as well as the number, location, and approval status of new center applications; and (3) request feedback from MCPs on CBAS provider issues that require CDA assistance.

During DY 20-Q1 CDA convened three meetings with MCPs. The purpose of the meetings was to: (1) plan and discuss CBAS program challenges with the MCP's, placing

focus on overall CBAS operations, coordination, and information sharing. (2) CDA/MCPs also discussed and vetted the draft performance measures, solicited input and feedback on prioritization and implementation strategies, as well as identified common data that is collected by the represented MCPs towards operationalizing the draft performance measures discussed. (3) In addition, the CDA/MCPs also covered topics related to MCP communications with CBAS providers in transition, discharge plans, ERS events, and data for Q1.

CBAS Quality Strategy Advisory Committee Meetings

This meeting series is comprised of various stakeholders which include members of the CBAS Executive Team, CBAS providers, MCPs, DHCS, and representatives from CAADS. The quality strategy has two overarching goals: 1) to assure CBAS provider compliance with program requirements through improved state oversight, monitoring, and transparency activities; and 2) to improve service delivery by promoting CBAS best practices, including person-centered and evidence-based care, which continue to guide CBAS program planning and operations. Throughout DY 20-Q1, stakeholders provided input and feedback on the draft key performance measures with a focus on prioritization and implementation.

CBAS Mailbox Inquiries

During this quarter, CDA responded to 768 CBAS mailbox inquiries, which included questions about: (1) how to enroll participants into the CBAS Program; (2) starting up a new CBAS center that serves specific communities, for example, individuals with autism, dementia, and/or wheelchair-bound individuals; (3) where to find formulas for license capacity limits; (4) staffing requirements for various CBAS positions; and (5) the required Participant Characteristic Report (PCR) requirements.

Home and Community Based (HCB) Settings and Person-Centered Planning Requirement Activities

CDA, in collaboration with DHCS, continues to implement the activities and commitments required for CBAS centers to demonstrate compliance with the federal HCB Settings Final Rule as of March 17, 2023, and thereafter on an ongoing basis. CDA determines CBAS center compliance with the federal requirements during each center's onsite certification renewal survey process every two years. Per CMS' directive in the CBAS Sections of the 1115 waiver, CDA developed the CBAS HCB Settings Transition Plan (CBAS Transition Plan/CTP), as an attachment to California's Statewide Transition Plan (STP). On February 23, 2018, CMS granted initial approval of California's STP and the CTP, based on the state's revised systemic assessment and proposed remediation strategies. CMS requested additional revisions of the STP and CTP before granting final

approval. CDA responded to additional revisions as requested. DHCS informed CDA in June 2023 that CMS granted STP final approval.

Program Highlights

Compliance with CBAS EVV Requirements

Effective March 23, 2023, the California Electronic Visit Verification (CalEVV) system began supporting CDA and CBAS providers to ensure compliance with CBAS ERS EVV requirements. The EVV system is utilized when providing participants with professional services such as clinical nursing services, personal care services to support activities of daily living, physical and occupational therapy, and a meal when prepared in the home.

The CalAIM 1115 Waiver directs the state to demonstrate compliance with the EVV requirements for the provision of in-home PCS and Home Health Care Services (HHCS) to CBAS participants utilizing the CBAS ERS benefit. To ensure continued compliance, EVV in-person training is underway as of the end of DY 20-Q1. This includes several office hour sessions and in-person training at locations across California. These office-hour events are available to caregivers, providers, and Jurisdictional Entities. Office hours are informal Question and Answer sessions, whereby attendees can get their individual questions addressed by state EVV staff members.

Public and Personal Emergencies ERS Experience

The new ERS modality is in full operation. All CBAS centers can offer clinical support to CBAS participants who may be experiencing either a public or personal emergency as defined in the fully developed ERS policy. The ERS events are broken down into two categories: public emergencies and personal emergencies. In January 2024, CDA received 1,320 ERS events; 676 personal emergencies and 644 public emergencies. Roughly half were due to serious illness/injury and the other half were due to disease outbreaks. In February of 2024, CDA received 1,458 ERS events; 524 personal emergencies and 934 public emergencies. The number of outbreak-related CBAS ERS Initiation Forms (CEIFs) decreased dramatically in February, from 640 to 209, but CDA did see an increase in power outages and flood-related events due to weather. In March 2024, CDA received 632 ERS events; 335 personal emergencies and 297 public emergencies. The number of events decreased in almost every category for March, and when compared to February, the events in March were less than half. CDA continues to see the successful utilization, implementation, and value ERS brings to the CBAS providers and participants.

In DY 20-Q1, CDA continued to facilitate the CBAS Quality Advisory Committee meetings. The meetings include CBAS providers, MCPs, DHCS, and CDA team members.

The continued focus of these meetings is to establish performance measures for CBAS to meet the requirements in the 1115 Waiver. Feedback and insights from all stakeholders are also welcomed. The meeting cadence is monthly for these meetings, which will be ongoing to ensure performance measures are finalized and implemented to ensure compliance.

Policy Development/Issues

Areas of operations were assessed, and it was determined that new applicants applying for CBAS initial certification would benefit by CDA streamlining internal initial certification processes. Process improvements are ongoing to support the initial CBAS certification application processes for applicants desiring to open a new CBAS Center. CDA also restructured the pre-screening phase of the initial certification application process. Desirable outcomes include greater efficiency and reduced timeframes to certify new centers, resulting in more CBAS participants being served quickly and an increase in new centers being certified.

One main challenge identified by CBAS in DY 20-Q1 were documentation challenges. During onsite recertification surveys, CBAS identified CBAS Centers that lacked documentation or displayed inaccurate documentation practices. Documentation challenges were addressed with individual centers through adequate plans of correction.

Figure 5: Data on CBAS Complaints

Demonstration Year and Quarter	Participant Complaints	Provider Complaints	Total Complaints
DY 19-Q2 (Apr – June 2023)	0	0	0
DY 19-Q3 (Jul – Sep 2023)	0	1	1
DY 19-Q4 (Oct – Dec 2023)	0	3	3
CDA Data – Complaints 12/2023			

**CBAS complaint information is not reported for DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report. For future reports, Figure 5 data will be submitted one quarter in arrears due to the reporting delays.*

Figure 6: Data on CBAS Managed Care Plan Complaints

Demonstration Year and Quarter	Participant Complaints	Provider Complaints	Total Complaints
DY 19-Q2 (Apr – Jun 2023)	0	0	0
DY 19-Q3 (Jul – Sep 2023)	0	1	1
DY 19-Q4 (Oct – Dec 2023)	1	0	1
Phone Data – Phone Center Complaints 12/2023			

**MCP phone center complaint information is not reported for DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report. For future reports, Figure 6 data will be submitted one quarter in arrears due to the reporting delays.*

Consumer Issues and Interventions

CBAS Member /Provider Call Center Complaints (FFS/MCP)

DHCS continues to respond to issues and questions from CBAS participants, CBAS providers, MCPs, and members of the Legislature on various aspects of the CBAS program. DHCS and CDA maintain webpages to provide information on CBAS to stakeholders. In addition, providers and members can submit inquiries to CBASinfo@dhcs.ca.gov for assistance from DHCS, and CBASCDA@Aging.ca.gov for assistance from CDA.

Issues that generate CBAS complaints are minimal and are collected from both participants and providers. Complaints are collected via telephone or emails by MCPs and CDA for research and resolution. Complaints collected by MCPs were primarily related to the authorization process, cost/billing issues, and dissatisfaction with services from a current managed care plan partner. Figures 5 and 6, above, detail complaint data received by CDA and MCPs from CBAS members and providers. Figure 5, above, demonstrates a total of three provider complaints received in DY 19-Q4. Figure 6, above, demonstrates a total of one participant complaint received in DY 19-Q4. DHCS continues to work with the MCPs to uncover and resolve sources of increased complaints identified within these reports.

Figure 7: Data on CBAS Managed Care Plan Grievances

Demonstration Year and Quarter	Grievances				
	CBAS Providers	Contractor Assessment or Reassessment	Excessive Travel Times to Access CBAS	Other CBAS Grievances	Total Grievances
DY 19-Q1 (Jan – Mar 2023)	6	0	1	1	8
DY 19-Q2 (Apr – May 2023)	4	1	0	2	7
DY 19-Q3 (Jun - Aug 2023)	7	1	1	6	15
DY 19-Q4 (Sep - Dec 2023)	7	1	0	4	12
MCP Data - Grievances 12/2023					

**MCP information is not reported for DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report. For future reports, Figure 7 data will be submitted one quarter in arrears due to the reporting delays.*

Figure 8: Data on CBAS Managed Care Plan Appeals

Demonstration Year and Quarter	Appeals				
	Denials or Limited Services	Denial to See Requested Provider	Excessive Travel Times to Access CABS	Other CBAS Appeals	Total Appeals
DY 19-Q1 (Jan – Mar 2023)	1	0	0	0	1
DY 19-Q2 (Apr – Jun 2023)	4	1	0	0	5
DY19 – Q3 (Jul - Aug 2023)	4	0	0	0	4
DY19 – Q4 (Sep - Dec 2023)	7	2	0	0	9
MCP Data - Appeals 10/2023					

**MCP information is not reported for DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report. For future reports, Figure 8 data will be submitted one quarter in arrears due to the reporting delays.*

CBAS Grievances/Appeals (FFS/MCP)

Grievance and appeals data are provided to DHCS by the MCPs. Under Figure 7 for DY 19-Q4, there were a total of 12 grievances received regarding CBAS services, which is a decrease from DY 19-Q3. The data provided for DY 19-Q4 for Figure 8 shows nine appeals for any of CBAS services, indicating an increase from DY 19-Q3. DHCS continues to work with the MCPs to uncover and resolve sources of increased grievances identified within these reports.

Quality Control/Assurance Activity

The CBAS Quality Assurance and Improvement Strategy (dated October 2016), developed through a year-long stakeholder process, was released for comment on September 19, 2016, and began implementation in October 2016. The Quality Strategy has two overarching goals: (1) to assure CBAS provider compliance with program requirements through improved state oversight, monitoring, and transparency activities; and (2) to improve service delivery by promoting CBAS best practices, including person-centered and evidence-based care, which continue to guide CBAS program planning and operations.

CDA established the CBAS Quality Advisory Committee (Committee), comprised of CBAS providers, MCPs, and representatives from DHCS, CAADS, and the Alliance for Leadership and Education (ALE), to review/evaluate progress on achieving the Quality Strategy's original goals and objectives and to identify new goals and objectives that will support and promote the delivery of quality CBAS. This is a continuous quality improvement effort designed to support CBAS providers in meeting program standards, while continuing to develop and promote new approaches to improving service delivery.

CDA facilitates monthly Quality Strategy Advisory Committee meetings to discuss previous goals, objectives and, review the excerpt from the 1115 Waiver which states, "The state will work on establishing the performance measures with CMS to ensure there is no duplication of effort and will report on the initial series within one year of finalization and from that point will report annually. The performance measures shall include the following components: Administrative Authority; Level of Care of Eligibility based on 1115 Requirements; Qualified Providers; Service Plan; Health and Welfare; and Financial Accountability." As noted above, in DY 20-Q1 the committee worked to develop performance measures. These details are reported in the CBAS Performance Metrics section of this report.

DHCS and CDA continue to monitor CBAS center locations, accessibility, and capacity for monitoring access as required under CalAIM. Figure 9 below illustrates overall utilization of licensed capacity by CBAS participants statewide for DY 19-Q4.

Figure 9: CBAS Centers Licensed Capacity

CBAS Centers Licensed Capacity						
County	**DY 19-Q1 (Jan – Mar 2023)**	**DY 19-Q2 (Apr - Jun 2023)**	**DY 19-Q3 (Jul - Sep 2023)**	**DY 19-Q4 (Oct - Dec 2023)**	**Percent Change Between Last Two Quarters**	**Capacity Used *****
Alameda	370	370	370	370	0.0%	74%
Butte	60	60	60	60	0.0%	32%
Contra Costa	130	130	130	130	0.0%	43%
Fresno	1,297	1,297	1,297	1297	0.0%	65%
Humboldt	349	349	349	349	0.0%	18%
Imperial	355	355	355	355	0.0%	51%
Kern	610	610	805	805	0.0%	35%
Los Angeles	26,083	26,520	27,175	27,755	+2%	64%
Merced	124	124	124	124	0.0%	60%
Monterey	110	110	110	110	0.0%	72%
Orange	3,241	3,321	3,321	3,321	0.0%	67%
Riverside	1,025	1,025	1,025	1,025	0.0%	40%
Sacramento	520	520	520	520	0.0%	57%
San Bernardino	911	911	1,446	1,446	0.0%	36%
San Diego	1,903	2,186	2,359	2,359	0.0%	46%
San Francisco	926	926	926	926	0.0%	63%
San Joaquin	0	0	0	0	0.0%	0%
San Mateo	60	60	60	245	+308%	12%
Santa Barbara	100	100	180	180	0.0%	29%
Santa Clara	820	820	820	820	0.0%	48%
Santa Cruz	90	90	90	120	+33%	45%
Shasta	85	85	85	85	0.0%	41%
Stanislaus	510	510	510	510	0.0%	1%
Ventura	886	886	886	886	0.0%	51%
Yolo	224	224	224	224	0.0%	68%

CBAS Centers Licensed Capacity						
County	**DY 19-Q1 (Jan – Mar 2023)**	**DY 19-Q2 (Apr - Jun 2023)**	**DY 19-Q3 (Jul - Sep 2023)**	**DY 19-Q4 (Oct - Dec 2023)**	**Percent Change Between Last Two Quarters**	**Capacity Used *****
Marin, Napa, Solano	295	220	220	220	0.0%	59%
SUM	**41,084**	**41,809**	**43,447**	**44,242**	**1.8%**	**58%**

**Information is not reported for DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report. For future reports, Figure 9 data will be submitted one quarter in arrears due to the reporting delays.*

****Capacity Used measures the average number of total individuals receiving CBAS at a given CBAS center daily (average daily attendance [ADA]) versus the maximum capacity available.*

As shown in Figure 9, in DY 19-Q4, the following counties had increases greater than five percent between the last two quarters: Santa Cruz County and San Mateo County. In Santa Cruz County, a sole CBAS center was approved for a capacity increase by CDPH, which increased their capacity by 30. In San Mateo County, one new center opened which increased their capacity by 185. The overall total licensing capacity increased by almost two percent.

Unbundled Services

CDA certifies and provides oversight of CBAS Centers. DHCS continues to review and monitor any possible impact on participants due to CBAS Center closures. For counties that do not have a CBAS Center, the MCPs will work with the nearest available CBAS Center to provide the necessary services. This may include but is not limited to the MCP contracting with a non-network provider, to ensure that continuity of care continues for the participants if they are required to enroll into managed care. Members can choose to participate in other similar programs should a CBAS Center not be present in their county or be within the travel distance requirement of participants traveling to and from a CBAS Center.

Prior to closing, a CBAS Center is required to notify CDA and their contracted MCPs of their planned closure date and to conduct discharge planning for each of the CBAS participants to which they provide services. CBAS participants affected by a center closure and who are unable to attend another local CBAS Center can receive unbundled services in counties with CBAS Centers. The majority of CBAS participants in most counties served by CBAS can choose an alternate CBAS Center within their local area.

Figure 10: CBAS Center History

CBAS Center History					
Month	**Operating Centers**	**Closures**	**Openings**	**Net Gain/Loss**	**Total Centers**
Dec 2023	293	0	1	+1	294
Nov 2023	291	0	2	+2	293
Oct 2023	290	0	1	+1	291
Sept 2023	286	0	4	+4	290
Aug 2023	284	0	2	+2	286
July 2023	283	0	1	+1	284
June 2023	283	0	0	0	283
May 2023	282	0	1	+1	283
April 2023	281	1	2	+1	282
Mar 2023	278	0	3	+3	281
Feb 2023	280	2	0	-2	278
Jan 2023	280	0	0	0	280

**Information is not reported for DY 20-Q1 due to a delay in the availability of the data and will be presented in the DY 20-Q2 Report. For future reports, Figure 10 data will be submitted one quarter in arrears due to the reporting delays. Sept 2023 data has been updated to reflect updated/newly available data.*

DHCS and CDA continue to monitor the opening and closing of CBAS centers since April 2012 when CBAS became operational. According to Figure 10 above, no centers closed in DY 19-Q4 and four new centers opened in DY 19-Q4.

Figure 10 shows there was no negative change greater than five percent in DY 19-Q4, therefore, no analysis is needed to address such variances.

Budget Neutrality and Financial Updates

MCP payment relationships with CBAS Centers have not affected the center's capacity to date, and adequate networks remain for this population.

The CalAIM Section 1115 Demonstration waiver, approved by CMS on December 29, 2021, will have no effect on budget neutrality as it is currently a pass-through, meaning that the cost of CBAS remains the same with the waiver as it would be

without the waiver. As such, the program cannot quantify savings and the extension of the program will have no effect on overall waiver budget neutrality.

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a program for the organized delivery of substance use disorder (SUD) services to Medi-Cal eligible individuals with a SUD who reside in a county that elects to participate in the DMC-ODS (previously and hereafter referred to as DMC-ODS members). Since the DMC-ODS pilot program began in 2015, all California counties had the option to participate in the program to provide their resident Medi-Cal members with a range of evidence-based SUD treatment services in addition to those available under the Medi-Cal State Plan.

Originally authorized by the Medi-Cal 2020 demonstration, most of the components of DMC-ODS are authorized under California's Section 1115 CalAIM demonstration approved through December 31, 2026 [for expenditure authority for services provided to DMC-ODS members receiving short-term SUD treatment in Institutions of Mental Diseases (IMDs); for expenditure authority for contingency management (CM)], California's Section 1915(b) CalAIM waiver (for service delivery within a regional managed care environment), and California's Medicaid State Plan (for benefits coverage), as of January 1, 2022. This CalAIM demonstration will continue to provide the state with authority to claim federal financial participation (FFP) for high quality, clinically appropriate SUD treatment services for DMC-ODS members who are short-term residents in residential and inpatient treatment settings that qualify as an IMD. Critical elements of the DMC-ODS continue to include providing a continuum of care, patient assessment, and placement tools modeled after the American Society of Addiction Medicine (ASAM) Criteria.

Contingency Management Updates

On March 28, 2023, DHCS approved the first site to offer CM services as part of the Recovery Incentives Program. On April 3, 2023, CM services began in Los Angeles County. Since the launch of the program in April 2023, 2,285 members have received CM services.

Currently, 24 DMC-ODS counties are participating in the Recovery Incentives Program. These counties include Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Marin, Nevada, Orange, Riverside, Sacramento, San Bernadino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Tulare, Ventura, and Yolo. Among these 24 counties, 18 counties have implemented CM services. There are 76 approved sites providing CM services to 1,329 members, as of March 31, 2024. Alameda County has one approved site, Contra Costa County has one approved site, Fresno County has one approved site, Imperial County has four approved sites, Kern County has three approved sites, Los Angeles County has 40 approved sites, Marin County has three approved sites, Nevada County has one approved site, Orange County has two approved sites, Riverside County has five approved sites, San Bernardino

County has one approved site, San Diego County has three approved sites, San Francisco County has four approved sites, San Mateo has one approved site, Santa Barbara County has three approved sites, Santa Clara County has one approved site, Tulare County has one approved site, and Ventura County has one approved site. Collectively, these counties cover 80 percent of Medi-Cal membership.

In addition to the 76 sites offering CM services, there are 28 sites that have completed the required Implementation Training and are working to complete the Readiness Assessment prior to launching CM services. Additional sites will be approved on a rolling basis as they complete the Implementation Training and Readiness Assessment process.

CM recognizes individual positive behavioral change, as evidenced by drug tests that are negative for stimulants, and reinforces that behavior through motivational incentives. As part of the Recovery Incentives Program, urine drug tests (UDTs) are used to qualify a member for motivational incentives. The abstinence rate in Q1 2024, which factors in drug test results and absences, is 76 percent across all sites. Between January 1 and March 31, 2024, 15,244 UDTs were administered, of which 14,341 were negative for stimulants. As a result, $217,136.50 in gift cards (motivational incentives) were earned in Q1 by eligible members for meeting the treatment goal of submitting a UDT negative for stimulants. DHCS' incentive manager (IM) portal allows members to redeem their gift card immediately when earned, or they can choose to 'bank' the incentive amount to save up for a larger gift card to be disbursed at a later date. Of the total incentives earned, $169,264.50 were disbursed in Q1. When a member chooses to redeem a gift card, they can choose from a list of pre-approved vendors. The most common gift card redemptions in Q1 include Walmart (62%), Nike and Foot Locker (eight percent), and Marshalls (four percent).

DHCS finalized the processes for the intake of CM data, which will be used for a multitude of purposes, including incentive payment processing, evaluation activities, and creation of reports and dashboard metrics. The CM measures are included in Phase One of the CalAIM dashboard.

Throughout Q1 of 2024, the DHCS Recovery Incentives Program team continued weekly planning meetings with the CM training and technical assistance provider, University of California, Los Angeles (UCLA), and the Incentive Manager (IM) vendor, Q2i. DHCS is working to publish a revised Behavioral Health Information Notice (BHIN) and frequently asked questions (FAQs) to account for program and funding updates. Additionally, DHCS is finalizing an Implementation Plan (IP) to allow the remaining DMC-ODS counties not currently in the program to submit an IP for DHCS review, indicating they are interested in providing CM services through the Recovery Incentives Program. Oversight and monitoring activities included continued and ongoing coaching calls,

which provide support to CM providers, and fidelity reviews, which began in July 2023 with sites and counties participating to discuss adherence to the CM protocol. DHCS released an optional county audit tool on January 31, 2024, and plans to release a quarterly progress report template to counties by Q3 of 2024 to use for tracking oversight activities. The Recovery Incentives Program team continued to respond to questions from participating counties and provider sites, supported the refinement of training materials for counties and providers, and coordinated with CDPH for expedited processing of Clinical Laboratory Improvement Amendments waivers.

Recovery Incentives: California's Contingency Management Program – Training and Technical Assistance Activities, DY 20-Q1

DY 20-Q1 (January 1, 2024 – March 31, 2024)

Statewide CM pilot training curriculum, readiness review and fidelity assessment tool development activities: Key activities accomplished during DY 20-Q1 included:

- **Ongoing Fidelity Monitoring:** Fidelity Monitoring occurs for all launched sites twice in the first six months of CM service implementation, and then once every six months thereafter for the duration of the Recovery Incentives Program. Fidelity Monitoring Self-Study and Interview #1 is completed 2-3 months following Program launch, and Fidelity Monitoring Self-Study and Interview #2 is completed 4-6 months following Program launch. Copies of Fidelity Monitoring Self-Study #1 and #2 are on file at DHCS. The Fidelity Monitoring #3 Qualtrics Self-Study tool was finalized and approved by DHCS. This tool is intended for sites that have been implementing CM services for at least eight to ten months. Scheduling these regularly required check-ins ensures the Recovery Incentives Program is being delivered consistently and rigorously over time, and for the UCLA Training and Implementation Team to gauge how well the site is implementing their CM program to fidelity. A total of 13 Fidelity Monitoring #1 interviews and 10 Fidelity Monitoring #2 interviews have been completed.

- **Outreach Efforts:** A recruitment flyer was created in Spanish and English and approved by DHCS for sites to use to increase enrollment.

- **Site-Level CLIA Waiver/State Lab Registration:** A total of 167 State Lab Registration Applications and 167 Clinical Laboratory Improvement Amendments (CLIA) Certificate Applications have been identified as completed/approved. A total of 164 Site Lab Directors have been identified.

- **Recovery Incentives Program Website:** The Recovery Incentives website was updated as materials were refined. Website updates included the Implementation Training registration links, an editable recruitment flyer in

English and Spanish, Provider Outreach Toolkit, Program Manual with Appendices, and the IM Portal gift card list.

- **CM Overview Training (On-Demand):** A total of 76 individuals completed the CM Overview Training on-demand course between January 1, 2024 – March 31, 2024.
- **Two-Part CM Implementation Training:** Twelve Implementation Trainings were delivered (with 127 total participants) from 20 of the 24 counties.
- **Coaching Calls:** Twenty-eight interactive Zoom Coaching Calls were conducted with a total of 378 attendees.
- **Readiness Assessment:** Seven Readiness Assessment interviews were conducted. Five outreach calls for Readiness Assessment preparedness were conducted. The two-step Readiness Assessment process was initiated by six sites (they received a link to the Qualtrics self-study to initiate the Readiness Assessment process).

Medi-Cal Peer Support Services Updates

Medi-Cal Peer Support Services are an optional behavioral health Medi-Cal benefit that can be implemented within DMC-ODS, DMC, and/or SMHS delivery systems. As of March 31, 2024, there are 3,014 individuals who are certified as Medi-Cal Peer Support Specialists through the California Mental Health Services Authority (CalMHSA) certification program. CalMHSA is currently the sole county selected and DHCS-recognized certification program for Medi-Cal Peer Support Specialists (see Figure 11 for a breakdown of new applicants by application/certification status). As of March 31, 2024, 51 out of 58 California counties provide Medi-Cal Peer Support Services, including 32 DMC-ODS, 49 MHPs, and 10 DMC programs. DHCS provides the opportunity for counties to opt-in to provide Medi-Cal Peer Support Services on an annual basis.

Figure 11: Medi-Cal Peer Support Specialist Applications and Certifications Status

Applications & Certifications per Quarter[3]	Q1 (1/1/24-3/31/24)
New Applications submitted	854
New Certifications	508

[3] Source: California Mental Health Services Authority Peer Certification Data

Throughout Q1 of 2024, DHCS conducted stakeholder engagement on program implementation, addressed stakeholder questions on service delivery, claiming, updates for Medi-Cal Peer Support Specialists in the Provider Information Management System (PIMS), and coordinated regularly with CalMHSA to ensure responsiveness to stakeholders and alignment with policy. In DY 20-Q1, DHCS also integrated stakeholder feedback into an all-inclusive Medi-Cal Peer Support Services BHIN, as well as accompanying FAQs, which are expected to be released in Q2 of 2024.

DHCS continued to gather feedback from internal and external stakeholders to inform policy development around requiring Medi-Cal Peer Support Specialists and other unlicensed providers to obtain a National Provider Identifier (NPI) number. NPI guidance is expected to be developed by late 2024.

Performance Metrics

Prior quarters have been updated based on new claims data. For DY 19-Q4 and DY 20-Q1, only partial data is available since counties have up to six months to submit claims after the month of service.

Figure 12: Demonstration Quarterly Report Members with FFP Funding

Quarter	ACA*	Non-ACA	Total
DY 19-Q2	9,191	3,427	12,618
DY 19-Q3	7,381	2,584	9,965
DY 19-Q4	5,181	1,640	6,821
DY 20-Q1	1,815	480	2,295

**Affordable Care Act (ACA)*

Figure 13: Member Enrollment

Population	Month 1	Month 2	Month 3	Quarter	Current Enrollees to Date
ACA	12,330	12,527	12,667	DY 19-Q2	12,859
ACA	12,762	12,852	12,868	DY 19-Q3	13,190
ACA	12,883	12,838	12,818	DY 19-Q4	13,190
ACA	12,819	12,772	12,732	DY 20-Q1	13,055
Non-ACA	4,961	4,839	4,758	DY 19-Q2	5,187
Non-ACA	4,692	4,618	4,615	DY 19-Q3	4,993
Non-ACA	4,599	4,597	4,572	DY 19-Q4	4,930
Non-ACA	4,529	4,522	4,512	DY 20-Q1	4,793

Figure 14: Aggregate Expenditures: ACA and Non-ACA

Population	Units of Service	Approved Amount	FFP Amount	SGF Amount	County Amount	DY
ACA	310,549	$ 52,086,691.80	$46,170,839.54	$ 5,145,323.92	$ 770,528.34	DY 19-Q2
Non-ACA	118,974	$ 18,042,756.33	$ 9,934,696.58	$ 6,704,367.71	$ 1,403,692.04	DY 19-Q2
ACA	217,180	$ 57,050,705.81	$50,467,057.46	$ 6,028,771.23	$ 554,877.12	DY 19-Q3
Non-ACA	68,193	$ 17,786,113.28	$ 9,384,294.69	$ 7,463,188.30	$ 938,630.29	DY 19-Q3
ACA	154,127	$ 40,311,519.79	$35,566,925.88	$ 4,396,691.81	$ 347,902.10	DY 19-Q4
Non-ACA	40,791	$ 10,587,106.73	$ 5,478,234.82	$ 4,512,912.31	$ 595,959.60	DY 19-Q4
ACA	44,996	$ 12,385,211.21	$10,681,518.05	$ 1,570,475.56	$ 133,217.60	DY 20-Q1
Non-ACA	9,988	$ 2,853,645.93	$ 1,429,141.22	$ 1,197,749.48	$ 226,755.23	DY 20-Q1

The performance metrics on the previous page consist of preliminary data: Counties have 12 months to submit claims, which can lead to lower reported numbers when data is pulled prior to the claiming deadline. Accurate enrollment numbers are updated and provided in subsequent quarterly report cycles.

Performance Metrics Enclosures/Attachments

The attachment, CalAIM 1115 Waiver Progress Report DY20-Q1_ODS-RES V2.1.xlsx, contains the Enrollment data, Member Month data, and Aggregate Expenditures data referenced in this section of the report. Additionally, the attachment contains the ACA and Non-ACA Expenditures reported for DY 20-Q1 as of April 30, 2024.

Outreach Activities

- DHCS held monthly calls with each participating DMC-ODS county to provide technical assistance and monitor ongoing compliance with contractual and regulatory compliance, including status updates on Corrective Action Plans (CAPs) and reports.
- DHCS issues weekly Behavioral Health Stakeholder Updates and Behavioral Health Information Notices (BHINs) via email to stakeholders. The information provided includes announcements of finalized and draft BHINs, and upcoming webinars.
- DHCS held webinars through the monthly All County Behavioral Health Call to provide technical assistance and program updates regarding contractual and regulatory compliance. The dates of these webinars and topics presented are as follows:
  - January 17, 2024
    - Medi-Cal Mobile Crisis Services: Implementation Plan Updates
    - Interoperability: Patient Access and Provider Directory Application Programming Interfaces
    - DMC-ODS Requirements Overview
  - February 21, 2024
    - Behavioral Health Quality Improvement Program
    - Documentation Re-Design Update
  - March 20, 2024
    - Parity Discussion
    - Documentation Re-Design Frequently Asked Questions
    - Interoperability Compliance Monitoring Process
    - Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration – County Assessments for the Statewide Incentive Program

- Recovery Incentive Program Updates

Operational Updates

CalAIM includes a suite of changes to the Medi-Cal behavioral health system to advance whole-person, accessible, high-quality care, including: 1) updates to the criteria to access SMHS; 2) implementation of standardized statewide screening and transition tools; 3) behavioral health payment reform; and 4) streamlining and standardizing clinical documentation requirements through documentation reform. DMC-ODS counties are utilizing policy guidance that was released from December 2021 through March 2024 (related to these items) to update and implement policies and procedures.

Following is a list of Behavioral Health Information Notices (BHINs) updated during this quarter:

- 24-001 - Drug Medi-Cal Organized Delivery System (DMC-ODS) Requirements for the Period of 2022 – 2026.
- 24-006 - Updated guidance for the California Advancing and Innovating Medi-Cal Initiative (CalAIM) Behavioral Health Quality Improvement Program (BHQIP)
- 24-007 – Effective Communication, Including Alternative Formats, for Individuals with Disabilities
- 24-008 – County of Responsibility and Reimbursement for Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS)
- 24-010 - Drug Medi-Cal (DMC) Claiming Timelines for Short Doyle Medi- Cal (SD/MC)

Consumer Issues and Interventions

DHCS continues to respond to issues, complaints, or grievances related to DMC-ODS counties delivering DMC-ODS services for members. Issues that generate complaints or grievances related to DMC-ODS are minimal. DHCS received one grievance, which has been resolved for DY 20-Q1.

Quality Control/Assurance Activity

DHCS conducts annual compliance reviews of each county that participates in the provision of DMC-ODS services. During DY 19-Q3, DHCS scheduled the annual DMC-ODS compliance review dates for DY 20-Q1 and began sending counties the FY 2023-24 DMC-ODS review document request. DHCS requested the counties' supporting documentation to demonstrate compliance with federal regulations, state regulations,

program requirements and contractual obligations. DHCS completed six compliance reviews with counties during DY 20-Q1. Once a review is completed, a Findings Report is issued to the county. The county is required to submit a CAP for each area of non-compliance within 60 days of receipt of the compliance report for review, acceptance, and follow-up. DHCS follows up with each county to periodically check on the status of the CAP and provide technical assistance for resolution of CAP items until resolved. The Findings Reports are posted to the DHCS website on the County Performance Reports webpage.

Figure 15 demonstrates when county DMC-ODS compliance reviews were completed during DY 20-Q1.

Figure 15: DY 20-Q1 Monitoring Reviews

County	Dates
Kern	January 2024
San Diego	January 2024
Stanislaus	February 2024
San Francisco	February 2024
Napa	February 2024
Fresno	March 2024

DHCS continues to provide technical assistance and support to DMC-ODS counties to resolve outstanding CAPs. There are no major activities to provide an update on regarding quality control/assurance during DY 20-Q1.

Budget Neutrality and Financial Updates

Nothing to report.

Evaluation Activities and Interim Findings

UCLA continued activities on the 1115 waiver evaluation as described below:

Survey and Interview Data Collection

CM/Recovery Incentives Evaluation Activities

- Throughout this reporting period, UCLA continued the dissemination of Provider Surveys at approved/launched programs following five months from their approval to launch. At the end of this reporting period, 126 surveys were received, with an 88 percent response rate. A sample of the respondents will be

followed up with for qualitative interviews in Q2 for a more in-depth understanding of their experience with the delivery of the Recovery Incentives protocol. Preliminary findings will be summarized in the Mid-Point Assessment Evaluation Report.

- In February 2024, UCLA launched a cross-sectional Client Survey over a one-week period to all active members enrolled in the Recovery Incentives program among 49 launched programs. A total of 546 surveys were received. A sample of the respondents who were in weeks one and two (N=47) will be followed up with as part of a longitudinal survey study (at approximately weeks six, 14, and 26). The week six surveys started dissemination in late March and will continue into Q2. In addition, a sample of the respondents will be followed up with for qualitative interviews in Q2 for a more in-depth understanding of their treatment experience in the Recovery Incentives Program. Preliminary findings will be summarized in the Mid-Point Assessment Evaluation Report.

1115 Waiver Evaluation Activities

- In this reporting period, UCLA prepared and submitted a draft of the annual County Administrator Survey for DHCS review, comment, and approval. The survey is aimed to continue measuring the impact of the DMC-ODS waiver on SUD service delivery as well as addressing priority areas addressed under CalAIM (e.g., health equity/racial disparities, contingency management, peers, harm reduction efforts, etc.) Dissemination to SUD/BH County Administrators of waivered counties is intended to occur in Q2. Findings will be reported in the Mid-Point Assessment Evaluation Report.

Administrative Data Analysis

- UCLA continued to receive administrative datasets including California Outcomes Measurement System (CalOMS) files, Short-Doyle Medi-Cal (SDMC) Claims, Monthly Medi-Cal Eligibility File (MMEF), and ASAM data. UCLA is pending receipt of the Incentive Manager data (from DHCS through Q2i), which is critical for the evaluation and the mid-point evaluation report, particularly for the Contingency Management evaluation analysis.

Statewide Perception Surveys

- Consumer Perception Surveys (CPS)/Mental Health (MHSIP) – During the reporting period, UCLA submitted the 2023 CPS Data Summary Report to DHCS and it was approved in February 2024. Additionally, UCLA began the preparation for the 2024 CPS Data collection period scheduled for May 20-24, 2024, as detailed in BHIN 24-009 which was issued on February 22, 2024. Finalized versions of the 2024 forms added questions on telehealth, gender identity, sexual orientation, and consolidated questions on language. UCLA finished developing

online surveys, program flyers, and conducted a statewide training for the CPS county coordinators on March 19, 2024. The latest updates and additional information regarding the CPS can be found on the CPS website.

- Treatment Perception Survey (TPS)/Substance Use – During this reporting period, UCLA finalized the dataset from the 2023 TPS Data Collection period and began analysis of the data for delivery of County, Provider and Statewide reports. Counties received reports in March, and the Statewide report will be delivered in early April. UCLA also began preparations for TPS 2024 with proposed dates as October 21-25, 2024. The latest updates and additional information regarding the TPS can be found on the TPS website.

Additional Activities/Technical Assistance

- ASAM Assessment and Screening: UCLA continues to work with ASAM to update the existing ASAM Criteria Assessment Interview Guide with the recently released 4th Edition of the ASAM Criteria. In this reporting period, the collaborative agreement was in negotiation with UCLA and ASAM. Additionally, UCLA continues to support the utilization of the Brief Questionnaire for Initial Placement (BQuIP), which is accessible on the BQuIP website for resource support.

GLOBAL PAYMENT PROGRAM

The Global Payment Program (GPP) assists public health care systems (PHCS) that provide health care to the uninsured. The GPP focuses on value, rather than volume of care provided. The purpose is to support PHCS in their key role of providing services to California's remaining uninsured and to promote the delivery of more cost-effective and higher-value care to the uninsured. In addition to providing value-based care, the GPP incorporates services that are otherwise available to the state's Medi-Cal members under different Medicaid authorities with the aim of enhancing access and utilization among the uninsured, and thereby advancing health equity in the state. Under the CalAIM waiver, GPP continues the work accomplished under the Medi-Cal 2020 waiver and has added services that aim to address health disparities for the uninsured population, as well as align GPP service offerings with those available to Medicaid members.

The funding for GPP is a combination of a portion of California's federal Disproportionate Share Hospital (DSH) funds, and Uncompensated Care Pool (UC Pool) funding.

Performance Metrics

Nothing to report.

Outreach Activities

Nothing to report.

Operational Updates

The Families First Coronavirus Response Act (FFCRA) provided increased federal funding by increasing the federal medical assistance percentage (FMAP) by 6.2 percentage points for certain expenditures in Medicaid. The FFCRA-increased FMAP was effective January 1, 2020, and extended through December 31, 2023. The national public health emergency (PHE) was terminated on May 11, 2023, and the amended FFCRA implemented a step-down of the increased FMAP, ending December 31, 2023.

On February 9, 2024, the DHCS waiver webpage was updated with CalAIM STCs following the approval of Attachment M: GPP Health Equity Monitoring Metrics Protocol.

On February 23, 2024, CMS published Final Rule 2024-03542, which provided clarification regarding the Consolidated Appropriations Act (CAA), 2021. Impacts of the final rule resulted in an increase to the Non-Designated Public Hospitals' FFY 2022 DSH allotment allocation, thereby impacting the GPP budget for both FFY 2022 and FFY 2023 allotments. The adjustments will be implemented in DY 20-Q2 and impacts GPP budgets for program years (PY) 7 and 8.

On March 9, 2024, the CAA, 2024 (H.R. 4366) was enacted, which eliminated the FFY 2024 DSH Reduction (H.R. 133) and delayed implementation of the FFY 2025 DSH Reduction until January 1, 2025.

On March 20, 2024, DHCS, in collaboration with California Association of Public Hospitals and Health Systems (CAPH), disseminated the GPP Health Equity Reporting Manual and Reporting Template to the PHCS.

Consumer Issues and Interventions

Nothing to report.

Quality Control/Assurance Activity

Nothing to report.

Budget Neutrality and Financial Updates

Figure 16: GPP PY 8 Final Reconciliation

Payment	FFP Payment	IGT Payment	Service Period	Total Funds Payment
PY 8 Final Reconciliation	$87,269,629.96	$87,269,629.96	DY 18	$174,539,259.92
Total	**$87,269,629.96**	**$87,269,629.96**		**$174,539,259.92**

DY 20-Q1 reporting activities include recoupments in January 2024 for the GPP PY 8 Final Reconciliation. DHCS recouped $11,182,357.88 in total funds and returned IGT overpayment funds in the amount of $6,944,175.37 from two PHCS. The recoupments were due to overpayments to Alameda Health System in the amount of $5,794,805.55 and Natividad Medical Center in the amount $5,387,552.33.

Additionally, DY 20-Q1 reporting activities include payments made in February 2024, for the GPP PY 8 Final Reconciliation, where PHCS received $87,269,629.96 in federally funded payments and $87,269,629.96 in IGT funded payments.

Evaluation Activities and Interim Findings

DHCS finalized a contract with an external contractor, The Regents of the University of California on behalf of its Los Angeles campus (UCLA-RAND) to develop and evaluate GPP and other programs, as required by the CalAIM Waiver. Throughout DY 20-Q1, DHCS worked collaboratively with UCLA-RAND and CAPH by meeting bi-weekly to discuss evaluation activities and reporting.

PROVIDING ACCESS AND TRANSFORMING HEALTH SUPPORTS

California's Section 1115 waiver renewal includes expenditure authority for the Providing Access and Transforming Health (PATH) initiative to maintain, build, and scale services, capacity, and infrastructure necessary to ensure successful implementation of the CalAIM initiative. PATH funding aims to support community level service delivery networks to participate in the Medi-Cal delivery system as California widely implements ECM, Community Supports, and Justice-Involved Services under CalAIM. PATH funding is available for various entities such as providers, counties, cities, local government agencies, former WPC Lead Entities (LEs), community-based organizations (CBOs), hospitals, Medi-Cal Tribal and designees of Indian Health Programs, and others as approved by DHCS.

PATH is comprised of two aligned programs:

- Justice-Involved (JI) Capacity Building to maintain and build pre-release services to support implementation of a full suite of statewide CalAIM JI initiatives in 2023, and
- Support for implementation of ECM and Community Supports (previously known as In Lieu of Services (ILOS)), which are foundational elements of CalAIM at the community level, and support for the expansion of access to services that will enable the transition from Medi-Cal 2020 to CalAIM.

PATH includes the following four initiatives:

1. WPC Services and Transition to Managed Care Mitigation Initiative – PATH funding will directly support former WPC Pilot LEs to pay for existing WPC services before those services are transitioned to be paid for by Medi-Cal MCPs under CalAIM on or before January 1, 2024.
2. Technical Assistance (TA) Marketplace Initiative – PATH funding is available for the provision of TA for qualified applicants that intend to provide ECM and/or Community Supports.
3. Collaborative Planning and Implementation Initiative – PATH funding is available for community stakeholders to work with the PATH Third-Party Administrator (TPA) to establish collaborative planning and implementation efforts that support the CalAIM launch.
4. Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative – PATH funding will enable transition, expansion, and development of ECM and Community Supports capacity and infrastructure.

The anticipated implementation timelines for the PATH Initiatives are as follows:

PATH Initiatives	2022				2023				2024				2025				2026			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
WPC Services and Transition																				
TA Initiative																				
Collaborative Planning and Implementation																				
CITED																				
JI Planning and Capacity Building																				

Performance Metrics

Enrollment and Utilization data was collected for the WPC Services and Transition to Managed Care Mitigation Initiative in DY 20-Q1. Through the TA Marketplace initiative, 160 TA Projects were approved during DY 20-Q1.

Operational Updates

WPC Services and Transition to Managed Care Mitigation Initiative

During DY 20-Q1, two of the three currently active approved grantees of the PATH WPC Services and Transition to Managed Care Mitigation Initiative submitted their PATH Utilization Reports to DHCS, with one requesting an extension for reporting due to identified data discrepancies. DHCS reviewed and validated utilization reports as part of the payment process. Data validation is required to ensure accurate reporting for services provided. For any data discrepancies, DHCS worked with LEs to ensure all reports were accurate before payment was made. Many services were adopted in CalAIM earlier than originally anticipated in DY 18, and only three LEs are currently providing services not launched through managed care. The next invoicing period will be for services from July-December 2023 and submissions are expected in April of DY 20-Q2.

TA Marketplace

The PATH TA Marketplace initiative provides funding for providers, CBOs, counties, and others to obtain TA resources to establish the infrastructure needed to implement ECM and Community Supports. Organizations interested in receiving TA must complete an initial Recipient Eligibility Application. This application is standardized and allows entities to establish an online account for each applicant organization. Once approved, entities can shop the website for TA resources, select a Vendor and apply for a Project. Applying for a TA Project requires the applicant to fill out the standardized TA Project Eligibility Application on the TA Marketplace website. The TPA and DHCS will then review the submitted applications. Once approved, entities will be able to contract with the selected TA Marketplace vendor to develop a Scope of Work (SOW) that describes the requested project along with corresponding budget, deliverables, and milestones.

The TA Marketplace website was made live in January 2023. Recipient registration and project applications windows will remain open the duration of the TA Marketplace and are reviewed on a rolling basis. As of March 31, 2024, 274 TA Recipient registration requests have been received and 206 of those have been approved. Additionally, as of March 31, 2024, 175 projects have been approved or fully executed. Entities are able to shop and access TA resources from curated and approved TA Vendors. Currently there are 92 approved vendors from three rounds of vendor procurement. A fourth round will open in DY 20-Q2. In DY 20-Q2 during the fourth round of vendor procurement, new organizations can apply to become TA vendors and currently contracted TA vendors can apply for an expansion to provide additional TA, as defined below:

- Provide TA in additional TA domains.
- Add new off-the-shelf TA projects in the TA domains in which they are already qualified.
- Qualify as a TA vendor that meets the cross-cutting competency for rural communities.

The seven TA domains are listed below and will be expanded and revised through the lifespan of the initiatives as needed to meet the needs of ECM and Community Supports providers. All domains have cross-cutting competencies focused on rural communities. These domains include:

- Domain 1: Building Data Capacity: Data Collection, Management, Sharing, and Use
- Domain 2: Community Supports: Strengthening Services that Address the Social Drivers of Health
- Domain 3: Engaging in CalAIM through Medi-Cal Managed Care
- Domain 4: ECM: Strengthening Care for ECM "Population of Focus"

- Domain 5: Promoting Health Equity
- Domain 6: Supporting Cross-Sector Partnerships
- Domain 7: Workforce

Each domain listed above must also incorporate a focus on rural communities to ensure providers in those vulnerable areas receive comprehensive technical support.

The Round Three TA Marketplace Vendor application window opened in October 2023. In Round Three, 13 new TA Vendors were approved for offerings across all seven TA Domains. Additionally, six existing TA Vendors were newly approved to expand service offerings. A total of 141 new Off-the-Shelf TA Projects were added across 22 TA Vendors. Round Three Vendors and projects approved during Round Three were added to the Marketplace in January 2024. As of DY 20-Q1 there are 396 approved off-the-shelf projects and 92 vendors approved to provide hands-on TA projects. The Round Four Vendor procurement opened April 1, 2024, and closed on April 30, 2024.

During DY 20-Q1 DHCS and the TPA worked to procure On-Demand Resources to make available through the TA Marketplace beginning with two resources: 1) "CalAIM Navigator" and 2) "Medi-Cal Managed Care 101." The vendor proposals submitted during the procurement period were reviewed and DHCS and the TPA met with selected vendors. The On-Demand Resources are expected to be made available through the PATH TA Marketplace website in DY 20-Q2. Additional On-Demand Resources are planned to be procured and made available throughout DY 20.

Collaborative Planning and Implementation (CPI) Initiative

For the CPI, nine facilitators conducted 26 collaborative groups throughout the State. These collaborative groups were established based on regional location, size, and with consideration to preserving existing collaboratives. The TPA and facilitators continue to meet monthly to review updates, provide outreach, discuss deliverables, address gaps in services, share ideas, challenges, and successes. Facilitators hold roundtables with their collaborative groups monthly. Between August 2022 through March 2024, the TPA has registered a total of 1091 participant organizations. Participant registrations are accepted on a continual basis and participants are connected with selected facilitators.

In DY 20-Q1, DHCS and the TPA collected and reviewed 390 Q4 Facilitator deliverables. A DY 20-Q1 lookback analysis indicated the TPA collected and reviewed 351 Q2 deliverables, conducted 30 one-on-one coaching sessions with facilitators, and held 75 collaborative convenings across the state.

In DY 19-Q3 an Indian Health Collaborative was established. By the end of DY 20-Q1, there were a total of 152 organizations registered in the Indian Health Collaborative. In

January, participants in the CPI collaboratives were provided a "Funding Opportunities Cheat Sheet" that introduced several resources available to participants and where to access the resources. A poll was conducted to understand participant perspectives on success: 46 percent of participants identified increasing contracted Community Supports and ECM Indian Health providers as key, while 30 percent were focused on expanding Indian Health providers' service offerings, increasing referrals, and increasing community resources for tribal and urban Indian members.

For DY 20-Q1 DHCS and the TPA hosted three CPI Monthly Facilitator Support Meetings on January 9, February 13, and March 12, 2024, for all PATH CPI Facilitators to discuss implementation challenges, solutions and best practices learned.

Capacity and Infrastructure Transition, Expansion, and Development (CITED) Initiative

CITED Round Three applications opened on January 15, 2024, and closed on February 15, 2024. A total of 470 applications were received. DHCS is in the process of reviewing Round Three applications and intends to announce Round Three awardees in DY 20-Q3. During DY 20-Q1 Round Three guidance was expanded to clarify permissible uses of funding. Applicants that receive CITED funding must be actively contracted with the Medi-Cal MCP to provide ECM/Community Supports or have a signed attestation from the MCP that they intend to contract with to provide ECM/Community Supports in a timely manner. MCPs are not eligible to receive CITED funding.

The availability of WPC Transition initiative funding and increased demand for CITED initiative grants presented an opportunity for DHCS to leverage WPC Transition funds to support funding for CITED and maximize funding across programs. DHCS is repurposing unclaimed funds into a specific CITED-IGT Round to be available for eligible entities. During DY 19-Q3, DHCS leveraged the availability of additional funding through a CITED-IGT round of funding that provides an opportunity to further support cities, counties, public hospitals, and other local government agencies in further developing and expanding infrastructure as they implement ECM and Community Supports. To be eligible for CITED-IGT, applicants must be able to contribute the non-federal share through IGT. Through CITED-IGT there are $85 million in total computable unencumbered funds ($42.5 million from federal funding and $42.5 million non-federal share contributed by IGT eligible entities). In DY 19-Q3, DHCS awarded 15 entities via CITED-IGT funds for approximately $48.8 million. Another CITED-IGT Round is available to eligible entities in Round Three.

Justice-Involved Capacity Building Program (JI)

The application period for PATH JI Round Two closed on March 31, 2023, with $151 million allocated for the round. A total of 42 applications were received with an initial total funding request of $62,585,580.62. The PATH JI Round Two award notifications were released on a rolling basis. As of the end of DY 20-Q1, $65.54 million has been approved and awarded. PATH JI Round Two awardees submitted their Interim Progress Report on March 1, 2024. DHCS is reviewing the Progress Reports in DY 20-Q2.

The application period for PATH JI Round Three closed on August 31, 2023, with $410 million allocated for the round. DHCS and PCG completed review of all applications and are pending final items for approval. DHCS is now working with stakeholders to develop implementation plans for the Round Three funding. As of the end of DY 20-Q1, DHCS and PCG have reviewed a total of 129 applications for Round Three, approving 120 with $334.54 million total funds approved. DHCS and PCG have continued to hold office hours and provided targeted responses to questions via the mailbox or during scheduled office hours.

DHCS will release an updated Policy and Operational Guide for planning and implementing the CalAIM JI Reentry Initiative for stakeholder comment in DY 20-Q2. DHCS is currently requesting additional internal comments and feedback on the new draft guidance. The draft guidance updates are intended to provide clarification on stakeholder feedback and comments.

TPA Support Activity

Public Consulting Group (PCG) LLC serves as the TPA to administer, market, facilitate, develop support tools, and implement the following PATH initiatives:

- TA Marketplace
- Collaborative Planning and Implementation Initiative
- CITED Initiative
- JI Initiatives - Reentry Demonstration Initiative Planning and Implementation Program

PCG has been actively working with DHCS as the TPA to ensure the various PATH initiatives are implemented in a timely manner. PCG has provided communications to stakeholders about funding opportunities and organized informational webinars relating to application processes, timelines, and deliverables. PCG has kept track of applications and held weekly meetings with DHCS on status updates for each of the initiatives, sent documents out for reviews, addressed questions from stakeholders and organizations, and updated stakeholders on products PCG has been developing.

Stakeholder Engagement

JI Initiative

- DHCS and the California Department of Corrections and Rehabilitation (CDCR) meet on a monthly basis to discuss the pre-release application process, policy and technical issues, concerns, and barriers to the implementation of mandatory pre-release processes.
- The JI Pre-Release Application Sub-Workgroup meets bi-weekly as of January but previously met monthly beginning in September 2022. The workgroup participants include county agencies, advocates, and stakeholders. DHCS uses this forum to provide additional guidance and technical assistance to implementation partners to support the ongoing efforts regarding the broader pre-release Medi-Cal enrollment and suspension processes mandate. The sub-workgroup participants include county agencies, county correctional agencies, advocates, and stakeholders.
- The Inmate Workgroup meets monthly and consists of county sheriffs from all 58 counties, representatives from the California Statewide Automated Welfare System, California Work Opportunity, and Responsibility to Kids Information Network (CalWIN[4]), and the Chief Probation Officers of California.
- The Data Sharing Workgroup meets with county social services departments (SSDs) throughout the state and all Medi-Cal providers to gain knowledge on issues relating to data-sharing among agencies. The feedback from these agencies is assisting in the drafting of a new data-sharing agreement in compliance and alignment with the HIPAA rules and regulations.
- DHCS and PCG have paused PATH Office Hours for the month of May for review of PATH Round Three implementation plans and will restart office hours in June to begin discussion of PATH Round Three progress reports.
- On October 20, 2023, DHCS released the updated Policy and Operational Guide for Planning and Implementing the CalAIM JI Initiative Guide, which includes DHCS policy and Medi-Cal MCP requirements related to member transitions among MCPs that took effect on January 1, 2024. Updates from previous versions are reflected with highlights and strikethroughs to facilitate MCP and stakeholder tracking of the changes. The Policy and Operational Guide for Planning and Implementing the CalAIM JI Initiative Guide will be updated as needed.

[4] CalWIN is an online system that administers public assistance programs which include but are not limited to Medi-Cal, employment services, childcare, in-home support services, general assistance, foster care, and food stamps.

CITED Initiative

- On January 12, 2024, DHCS and the TPA hosted an informational session to discuss the Round Three funding opportunity that would open for applications from January 15 to February 15.
- On January 16 and 23, 2024, DHCS and the TPA hosted a two-part "How to Improve your Grant Application" webinar. During the first part, key scoring considerations were clarified, along with strategies and tactics for writing a higher-scoring grant application. The second part covered the Excel Workbook that is used for funding requests, DHCS guardrails in place for funding requests, strategies, and tactics for developing the budget when completing an application.
- On January 25, 2024, DHCS and the TPA hosted a webinar for Tribal entities to provide an opportunity to ask more specific questions in a smaller, dedicated meeting format. The webinar clarified the purpose and uses of CITED funding, how to apply, and covered specific Tribal considerations. From January 22 to February 12, 2024, CITED Round Three office hours were held three times per week to provide guidance and updates. The January 24 occurrence focused on the TA Marketplace, the January 26 and February 7 occurrences focused on the intersection of CITED and JI initiative, as well as the CPI initiative.
- DHCS and the TPA are actively working on identifying opportunities for engagement of historically marginalized populations. DHCS and the TPA organized an outreach and engagement plan geared toward optimizing engagement efforts to tribal entities.

TA Marketplace

- On January 19, 2024, there was an informational onboarding webinar for new TA Vendors during which frequently asked questions were covered, including progress and overall TA Marketplace engagement.
- The first of five TA Marketplace Virtual Vendor Fairs was held on February 29, 2024. During Virtual Vendor Fairs, approved TA vendors provided information on their organization and services to potential TA Recipients and encouraged utilization of the TA Marketplace. Vendor Fairs are open to anyone who is interested in learning more about TA offerings through the TA Marketplace. Approved TA Recipients and organizations currently contracted with or planning to contract with a Medi-Cal MCPs to provide ECM/Community Supports are encouraged to attend. The first Vendor Fair focused on vendors providing services in Domain Three: Engaging in CalAIM through Medi-Cal Managed Care. Four additional Vendor Fairs will be held in DY 20-Q2, split across the other six TA Domains.

CPI Initiative

- A monthly newsletter is sent out to CPI Facilitators with updates on ECM, Community Supports, and MCP guidance and reporting policies, including various PATH Initiative updates.
- DHCS and the TPA host monthly facilitator support meetings to discuss implementation challenges along with potential solutions, and facilitate communication and collaboration between DHCS, the TPA and the facilitators. In DY 20-Q1, these meetings were held on January 9, February 13, and March 12, 2024.

Consumer Issues and Interventions

DHCS and the TPA received stakeholder feedback on the TA Marketplace initiative overall useability. One highlighted challenge was the use of multi-factor authentication (MFA). The recommendation to remove MFA was not approved as this is a requirement of California's State Information Security Office. The TPA developed additional technical assistance resources, including instructional videos to assist applicants and recipients with MFA access.

Some recipients have expressed concerns with the process to request TA Projects, as there are multiple approval steps. The TPA is continuing to develop additional resources to assist recipients with the process and is working to streamline approval activities. One of these additions is the enhancement of the TA Marketplace website. These enhancements went live on September 29, 2023, and included the consolidation of the initiative and Shop TA Marketplace pages, the depreciation of the steps 1- and 2-page flow, and the anonymous browsing versus the recipient application to shop features.

Following the revamp of the TA Marketplace website and the addition of TA Vendor profile cards from December 2023, a series of enhancements went live on the TA Marketplace website in January 2024. To attract applicants that have not engaged in the TA Marketplace, the webpage layout was changed, and several new features were added: advanced filtering capability, updated Vendor Profile Cards, and the addition of On-Demand Resources to be made available in DY 20-Q2.

The TA Marketplace On-Demand Resource Library will launch in DY 20-Q2. This library will contain static resources which will be made available directly through the CA PATH website for organizations looking to learn more about CalAIM and CA PATH. On-Demand resources are suitable for organizations at all levels of readiness for ECM and/or Community Supports.

Quality Control/Assurance Activity

The TPA conducts ongoing cross-initiative collaboration to ensure there is no duplication or inappropriate use of funds. For example, upon review of CITED applications there is a review step to track whether the applicant has applied or received funds from CITED prior. Moreover, there is a check on whether the applicant has applied for the TA Marketplace. In some instances, an applicant's request may be better suited for the TA Marketplace. Such applicants are referred to apply to the TA Marketplace. Additionally, when reviewing TA Marketplace project applications, there is a review to ensure no aspects of the project are funded through CITED.

Budget Neutrality and Financial Updates

For the WPC Mitigation Initiative, services are claimed through invoicing biannually. Out of the ten LEs, three are eligible to submit claims through the initiative. The three entities submitted invoices for PATH WPC Services and Transition to Managed Care Mitigation for DHCS expenditures for the period of January to June 2023. These payments will be paid during DY 20-Q2 due to invoicing corrections and budget modifications. The next payment will be reported and invoiced during DY 20–Q2 and Q3. DHCS is working with one entity to complete invoices through the WPC Mitigation Initiative and receive payment for services from January 2022 to June 2023.

For the CPI Initiative in DY 20, there are nine facilitators and one policy improvement coordinator contracted to oversee 26 collaborative planning groups. Some facilitators oversee multiple collaboratives across different counties/regions. During this quarter, payments totaling $3,677,251.93 were made to facilitator groups for meeting milestones.

The CITED Initiative awarded funds are only disbursed for completed milestones. Awarded applicants are required to submit quarterly progress reports detailing movement toward goals, purchases made, challenges encountered, and milestones accomplished. During DY 20-Q1 DHCS reviewed and approved CITED Progress Reports for Round 1A and 1B approved applicants. As of March 31, 2024, $94,723,353.33 has been paid out to Round One entities. In DY 19-Q4, DHCS reviewed and approved retroactive requests for Round Two approved applicants and as of March 31, 2024, $349,257.49 has been paid to Round Two entities. Also, during DY 20-Q1, DHCS reviewed and approved CITED Progress Reports for Round Two approved applicants with payments to be released at the beginning of DY 20-Q2. DHCS is reviewing applications for CITED Round Three at this time and awards are expected to be announced by DY 20-Q3.

During DY 20-Q1, payments totaling $1,680,501.85 were made to vendors for

completion of milestones of approved TA projects via the TA Marketplace Initiative. As of DY 20-Q1 there are 175 approved TA projects.

PATH JI Capacity Building efforts have awarded $4,550,952.95 across 39 counties, including CDCR, to support initial planning efforts in Round One of the initiative. In Q1 of DY 20, $5,458,465.67 in additional funds have been approved for distribution to Round Two approved applicants and $5,495,830.69 have been approved for distribution to Round Three approved applicants for completion of milestones. DHCS is also still reviewing remaining applications for JI Round Three and ongoing awards are expected to be announced in DY 20-Q3.

Figure 17: PATH Initiative Amounts

PATH Initiative Amounts				
PATH Initiative	**Approved Amount**	**Federal Financial Participation**	**State**	**Intergovernmental Transfer**
DY 18-Q1				
n/a	$0	$0	$0	$0
DY 18-Q2				
n/a	$0	$0	$0	$0
DY 18-Q3				
JI	$775,000	$387,500	$387,500	$0
DY 18-Q4				
JI	$3,775,952.95	$1,887,976.50	$1,887,976.48	$0
WPC Mitigation	$16,314,792.73	$8,157,321.37	$0	$8,157,321.37
Collaborative Planning	$1,450,000	$725,000	$725,000	$0
CITED	$0	$0	$0	$0
DY 19-Q1				
JI	$0	$0	$0	$0
WPC Mitigation	$0	$0	$0	$0

PATH Initiative Amounts				
PATH Initiative	**Approved Amount**	**Federal Financial Participation**	**State**	**Intergovernmental Transfer**
TA Marketplace	$0	$0	$0	$0
Collaborative Planning	$2,610,000.00	$1,305,000.00	$1,305,000.00	$0
CITED	$207,433,952.46	$103,716,976.23	$103,716,976.23	$0
DY 19-Q2				
JI	$2,115,577.90	$1,057,788.95	$1,057,788.95	$0
WPC Mitigation	$19,778,113.42	$9,889,056.71	$0	$9,889,056.71
TA Marketplace	$0	$0	$0	$0
Collaborative Planning	$5,220,000.00	$2,610,000.00	$2,610,000.00	$0
CITED	$0	$0	$0	$0
DY 19-Q3				
JI	$16,209,737.68	$8,104,868.84	$8,104,868.84	$0
WPC Mitigation	$0	$0	$0	$0
TA Marketplace	$0	$0	$0	$0
Collaborative Planning	$2,610,000.00	$1,305,000.00	$1,305,000.00	$0
CITED	$1,604,311.50	$802,155.75	$802,155.75	$0

PATH Initiative Amounts				
PATH Initiative	**Approved Amount**	**Federal Financial Participation**	**State**	**Intergovernmental Transfer**
DY 19-Q4				
JI	$55,219,451	$27,609,725.50	$27,609,725.50	$0
WPC Mitigation	$0	$0	$0	$0
TA Marketplace	$569,777	$284,888.50	$284,888.50	$0
Collaborative Planning	$3,142,538.47	$1,571,269.24	$1,571,269.24	$0
CITED	$41,241,845	$20,620,922.50	$20,620,922.50	$0
DY 20-Q1				
JI	$10,955,296.36	$5,477,648.18	$5,477,648.18	$0
WPC Mitigation	$0	$0	$0	$0
TA Marketplace	$1,680,501.85	$840,250.93	$840,250.93	$0
Collaborative Planning	$3,677,251.93	$1,838,625.96	$1,838,625.96	$0
CITED	$26,387,135.00	$13,193,567.50	$13,193,567.50	$0

Figure 18: Total Approved Amounts by PATH Initiative, DY 20-Q1

PATH Initiative	Total Payment
JI	$10,955,296.36
WPC Mitigation	$0.00
TA Marketplace	$1,680,501.85
Collaborative Planning	$3,677,251.93
CITED	$26,387,135.00
TPA	
Public Consulting Group LLC	$5,884,133.36
TOTAL	**$42,700,185.14**

Evaluation Activities and Interim Findings

DHCS submitted an Evaluation Design to CMS on February 7, 2024. University of California Los Angeles (UCLA) and the RAND Corporation (UCLA-RAND) submitted an Americans with Disabilities Act (ADA) compliant version of the Evaluation Design on March 8, which was approved by DHCS and posted on the DHCS website. While the Evaluation Design remains under CMS review, DHCS and UCLA-RAND have been collaborating on the evaluation components, including the PATH Initiative, the GPP, the Medi-Cal matching plan policy for dually eligible members (duals), and the Reentry Initiative for JI individuals via weekly, monthly, or ad-hoc meetings. DHCS and UCLA-RAND are planning a data meeting to coordinate data accession activities, optimize data reliability and validity, and more efforts surrounding data exchange.

COMMUNITY SUPPORTS: RECUPERATIVE CARE AND SHORT-TERM POST HOSPITALIZATION

California's Section 1115 waiver renewal includes expenditure authority for two of the state's fourteen preapproved Community Supports, previously known as ILOS. MCPs can cover alternative services or settings that are "in-lieu" of services covered under the Medicaid State Plan to address their members' physical, behavioral, developmental, long-term care (LTC), oral health, and health-related social needs more effectively and efficiently.

Community Supports are optional for MCPs to offer and for members to utilize. MCPs cannot require members to use Community Supports instead of a service or setting listed in the Medicaid State Plan. Pursuant to 42 Code of Federal Regulations (CFR) 438.3, MCPs cannot provide Community Supports without first applying to the state and obtaining state approval to offer the Community Support and demonstrating the requirements will be met. MCPs may voluntarily agree to provide any service to a member outside of an approved Community Supports construct; however, the cost of any such voluntary services may not be included in determining the MCP rates. Once approved by DHCS, the Community Support will be added to the MCP's contract and posted on the DHCS ECM & Community Supports website as a state-approved Community Support.

The full list of Community Supports includes:

1. **Housing Transition Navigation Services** - Assistance and support for individuals in transitioning from homelessness to stable housing.
2. **Housing Deposits** - Financial assistance for housing deposits to help individuals secure stable housing.
3. **Housing Tenancy & Sustaining Services** - Services aimed at helping individuals maintain their housing stability, such as ongoing support for rent and tenancy-related needs.
4. **Short-Term Post-Hospitalization Housing** - Provision of temporary housing for individuals who require it after a hospitalization.
5. **Recuperative Care (Medical Respite)** - Care services for individuals who need a safe and stable place to recover after a medical procedure or illness.
6. **Respite Services (for caregivers)** - Temporary relief and support for caregivers of individuals with disabilities or special needs.
7. **Day Habilitation Programs** - Programs that provide structured activities and support for individuals with disabilities during the day.
8. **Nursing Facility Transition/Diversion to Assisted Living Facilities or Residential Care Facilities for the Elderly** - Support for transitioning individuals from nursing facilities to assisted living facilities like Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF).

9. **Community Transition Services/Nursing Facility Transition to a Home** - Assistance for individuals transitioning from nursing facilities to community-based living arrangements.
10. **Personal Care and Homemaker Services** - Assistance with personal care and homemaking tasks for individuals who need support to remain independent in their homes.
11. **Environmental Accessibility Adaptations** - Modifications to homes to make them accessible and safe for individuals with disabilities.
12. **Medically Tailored Meals** - Provision of specialized meals or food for individuals with specific medical conditions.
13. **Sobering Centers** - Facilities that provide a safe environment for individuals under the influence of alcohol or substances to sober up and receive support.
14. **Asthma Remediation** - Services and support aimed at addressing environmental factors that contribute to asthma.

These services benefit Medi-Cal enrollees with complex health needs and unmet social needs who are at high risk of hospitalization, institutionalization, and other higher cost services. Several Community Supports, such as Short-Term Post-Hospitalization Housing, Housing Transition Navigation Services, and Housing Tenancy and Sustaining Services have a built-in Housing First approach, recognizing that people experiencing homelessness have higher rates of diabetes, hypertension, human immunodeficiency virus, and mortality resulting in longer hospital stays and higher readmission rates than the general public. Community Supports are authorized through the CalAIM demonstration in a manner that assures consistent implementation.

Community Supports are a significant change and a high priority for DHCS. DHCS recognizes the work California MCPs and communities are undertaking to operationalize these new initiatives and to smoothly transition services that had been previously provided under the WPC Pilots and through the Health Homes Program.

In conjunction with the authority to provide the state-approved Community Supports under 42 CFR 438.3(e)(2), the demonstration provides separate authority for Short-Term Post-Hospitalization Housing and Recuperative Care services delivered by MCPs consistent with the other Community Supports. These two services both play an important role in California's care continuum to provide cost-effective and medically appropriate alternatives to hospitalization or institutionalization for individuals who otherwise would not have a safe or stable place to receive treatment. These alternative settings can provide appropriate medical and behavioral health supports following an inpatient or institutional stay for electing individuals, who are homeless or at risk of homelessness and who may otherwise require additional inpatient care in the absence of recuperative care.

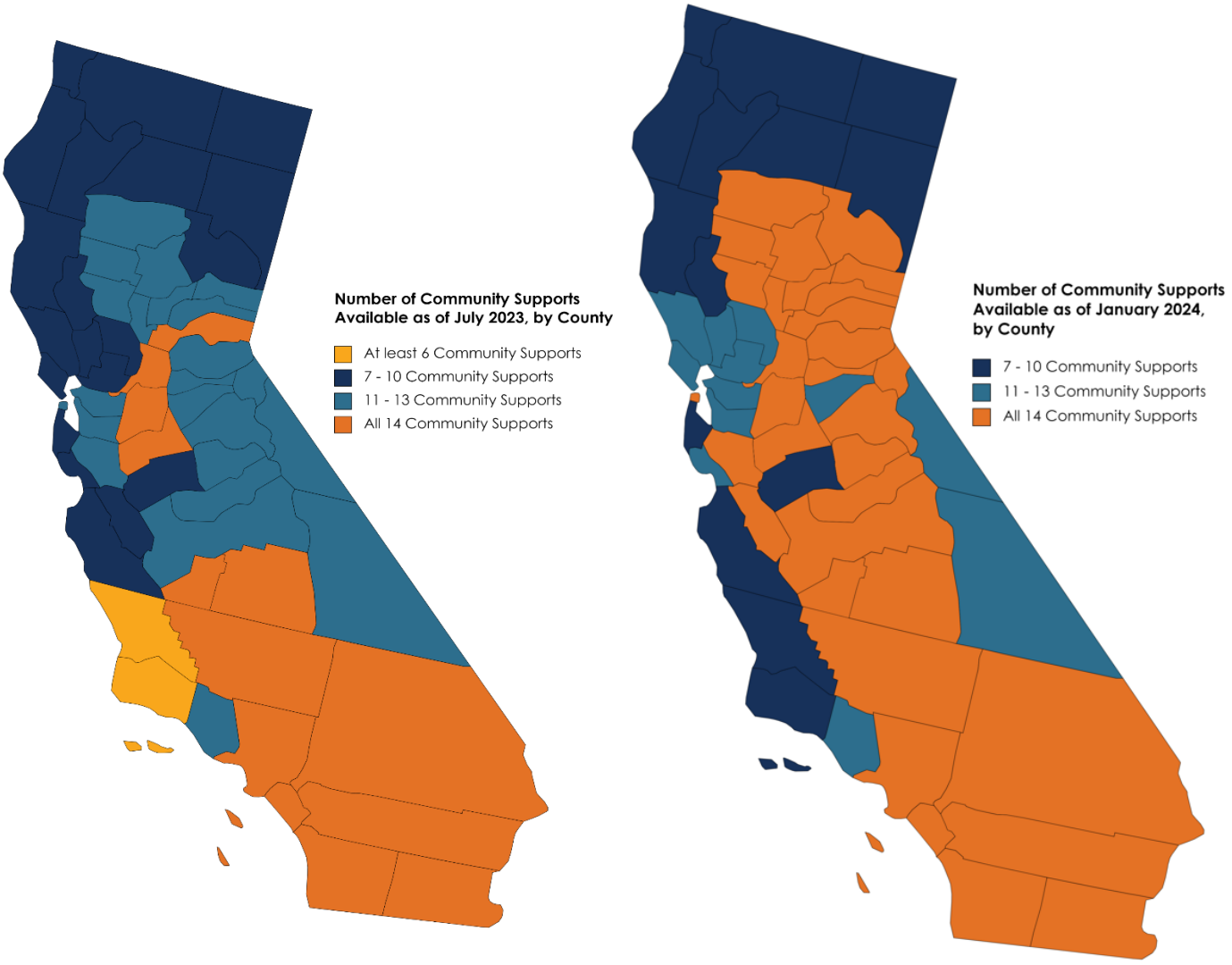
Demonstration monitoring covers reporting of performance metrics data related to the state's Recuperative Care and Short-Term Post-Hospitalization housing services, and where possible, informs the progress in addressing access needs of communities that have been historically under-resourced because of economic or social marginalization due to race and ethnicity, urbanity, and other factors.

The evaluation of the Recuperative Care and Short-Term Post-Hospitalization Housing Community Supports will focus on studying the impact on member health outcomes and will include an assessment of whether the services lead to an avoidance of emergency department use and reductions in inpatient and LTC. The state will also conduct a thorough cost-effectiveness analysis of these Community Supports, as required.

Monitoring and evaluation efforts will accommodate data collection and analyses stratified by key subpopulations of interest to inform a fuller understanding of existing disparities in access, health outcomes, and how these two Community Supports might support bridging any such inequities.

See next page for Figure 19: Number of Community Supports, by County, Live as of July 1, 2023, and January 1, 2024.

Figure 19: Number of Community Supports, by County, Live as of July 2023 and January 2024



Performance Metrics

To monitor ECM and Community Supports implementation, DHCS developed the Quarterly Implementation Monitoring Report (QIMR), which MCPs are required to report to DHCS across multiple domains. For Community Supports specifically, MCPs must report Community Supports that were requested, approved, utilized, and/or denied, in addition to provider capacity. The data from this report is designed to provide DHCS with information to monitor the initial rollout of ECM and Community Supports and inform the implementation of MCP performance incentives. DHCS continues monitoring MCPs offering and implementation of Community Supports, including as it relates to the

2024 MCP transition in certain counties.[5]

Community Supports offer MCPs the opportunity to better address critical health-related social needs for their members, and the services most widely offered by MCPs have included Housing Transition/Navigation, Housing Deposits, Housing Tenancy and Sustaining Services, Medically Tailored Meals, Personal Care and Homemaker Services, Respite Services, Recuperative Care (Medical Respite), and Short-term Post-Hospitalization Housing services. Figure 20 below displays currently available data as of January 2024, indicating the number of providers and counties where services are available throughout California for the following Community Supports:

Figure 20: Number of Providers and Counties Offering Community Supports

Community Supports	Number of Providers	Number of Counties Offering CS
Housing Transition Navigation Services	809	58
Housing Deposits	544	58
Housing Tenancy & Sustaining Services	630	58
Respite Services	276	58
Personal Care and Homemaker Services	247	58
Medically Tailored Meals	369	57
Recuperative Care (Medical Respite)	221	53
Short-term Post Hospitalization Housing	185	53
Environmental Accessibility Adaptations	195	40
Nursing Facility Transition/Diversion to Assisted Living Facilities	129	38
Community Transition Services/Nursing Facility Transition to a Home	163	38
Day Habilitation Programs	137	30
Asthma Remediation	80	29
Sobering Centers	97	25

At least one plan in all 58 California counties has elected to offer all three of the Housing Supports, Respite Services (for caregivers), and Personal Care and Homemaker Services. Medically Tailored Meals/Medically-Supportive Food will also become available in all 58 counties effective July 1, 2024. Short-Term Post-Hospitalization Housing and Recuperative Care continue to expand and are now both available in 91 percent (53 out of 58) of

[5] See the list of 2024 Medi-Cal MCPs (https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx).

counties. All 58 counties will have at least eight services live by July 1, 2024, with several MCPs in 23 total counties having already adopted all 14 preapproved Community Supports.

Utilization data for Community Supports

Figure 21 below reflects current available data indicating the following number of unique individuals served across the last four quarters (Q4 2022 – Q3 2023) for DHCS' available Community Supports.

Figure 21: Individuals Served Across DY 18 Q4 – DY 19 Q3

Community Support	2022 Q4	2023 Q1	2023 Q2	2023 Q3
Housing Transition/ Navigation Services	9,272	13,681	17,999	18,486
Housing Deposits	415	585	662	945
Housing Tenancy and Sustaining Services	8,271	6,137	14,033	12,746
Short-Term Post-Hospitalization Housing	183	232	287	422
Recuperative Care	1,024	1,295	1,572	1,719
Respite Services	*	79	139	274
Nursing Facility (NF) Transition/Diversion to Assisted Living Facility	163	188	244	375
Community Transition Services/Nursing Facility Transition to a Home	137	161	128	150
Personal Care and Homemaker Services	69	218	439	795
Day Habilitation Programs	103	238	301	450
Environmental Accessibility Adaptations	28	15	35	130
Medically Tailored Meals/ Medically Supportive Food	4,645	12,583	20,935	29,001
Sobering Centers	223	406	541	688
Asthma Remediation	92	324	937	560
Grand Total of Unique Members	**22,988**	**33,629**	**54,835**	**61,759**

Outreach Activities

During this reporting period, DHCS continued to strategize and discuss the implementation of Community Supports and drafted responses to questions pertaining to the suite of benefits, which were submitted by various stakeholders. DHCS continues to accept stakeholder feedback and intends on continuing to refine guidance on this unique set of services. A few of the webinars and meetings hosted by DHCS for this quarter included:

- CalAIM Implementation Advisory Group – This group, composed of a select group of MCPs and counties participating in ECM and Community Supports, plays a critical role in ensuring that DHCS maintains visibility into the rollout of newly launched benefits. In addition, this group helps DHCS identify and work through transition challenges, provides critical review of decisions and documents before DHCS releases them more broadly, provides input on infrastructure needs to be supported by new performance incentives and PATH funding opportunities, and advises on TA needs in the market. Topics of discussion include:
  - Experience with implementation
  - Member experience of ECM and Community Supports
  - Progress of contracting between MCPs and providers
  - Referrals and authorization of members into Community Supports
- Monthly MCP TA and Guidance webinars geared towards health plan executives and personnel, who have a significant role in the implementation of Community Supports.
- Weekly meetings with the Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP) to provide TA and receive regular updates on the implementation of ECM and Community Supports.

Over the course of the reporting period, DHCS also met with several MCPs to reconcile differences found in their member noticing policies for Community Supports. These calls helped in reducing variation between policies across plans/counties and ensuring eligible members can easily access Community Supports.

On January 3, 2024, DHCS hosted its first monthly MCP Call of 2024. The purpose of this meeting is to collaborate with Medi-Cal MCPs to discuss upcoming projects and program transitions, including updates on Community Supports implementation.

On January 5, 2024, DHCS released its updated ECM & Community Supports Healthcare Common Procedure Coding System (HCPCS) Coding Guidance, which was originally released in 2021 and contains the HCPCS codes and modifiers that must be used to

report ECM and Community Supports service encounters. This includes (1) claims and encounter data that ECM and Community Supports Providers submit to MCPs and (2) encounter data MCPs submit to DHCS to monitor program performance and integrity. Based on feedback submitted from stakeholders throughout the first 1.5 years of the ECM and Community Supports implementation, DHCS made updates to this guidance with the aim of increasing the level of statewide data standardization and easing administrative burden.

On January 11, 2024, DHCS hosted its first monthly ECM & Community Supports Implementation Advisory Group (IAG) meeting of the year. For this meeting, DHCS was interested in learning what CalAIM-related policy or implementation issues are top of mind for IAG members to help inform identification of areas where additional policy refinement, guidance, or implementation support may be needed in the market for 2024.

On January 23, 2024, DHCS hosted its first monthly ECM & Community Supports MCP TA call. For Community Supports, the primary focus of this meeting was in highlighting the "Transition to Java Script Object Notification (JSON) for QIMR Reporting" for which Phase One initiated in January. DHCS relayed its expectations for this reporting cycle with MCPs, reiterated the "phased-in" approach DHCS Is utilizing, answered questions, and affirmed reporting periods and due dates.

On February 8, 2024, DHCS hosted its Manatt Health Strategies consultant colleagues for an in-person strategy session and discussion, and to collectively look at the progress of Community Supports since implementation, what the current "state of the State" looks like, and further define the future vision, goals, and strategy for Community Supports over the coming years. After an in-depth initial look at historical data, DHCS and Manatt teams discussed the updating of several service definitions within the context of ongoing redesign work. The PATH team hosted a session highlighting awardees for Community Supports, and various payment approaches for Community Supports were analyzed and discussed.

On February 27, 2024, DHCS hosted its second monthly ECM & Community Supports MCP TA call and encouraged MCPs to invite their JSON data reporting leads as the agenda included a FAQs section about the transition to JSON for ECM and Community Supports. While the majority of this meeting was focused on ECM and relating requirements, DHCS provided a Q&A opportunity and fielded questions on both ECM and Community Supports.

On March 7, 2024, DHCS hosted its March IAG monthly webinar, which featured a discussion on proposed updates to the Asthma Remediation Community Supports

service definition. DHCS encouraged attendance from individuals at organizations who work directly with and/or oversee the Asthma Remediation service, and distributed materials with draft recommendations for discussion ahead of the meeting.

On March 19, 2024, Center for Health Care Strategies (CHCS) hosted a webinar on "Expanding Access to Personal Care & Homemaker Services, Respite, and Asthma Remediation Services Under Medicaid." This webinar is part of CHCS' CalAIM Community Supports Early Adopters Webinar Series which seeks to spotlight early adopters of less commonly offered Community Supports to help increase uptake of these critical services.

On March 20, 2024, DHCS presented on ECM and Community Supports to the SouthBay Collaborative Planning group, specifically related to exclusively aligned enrollment (EAE) Dual Special Needs Plans (D-SNPs) and dual members' eligibility to receive ECM and/or Community Supports within those care settings. For context, SouthBay participants had conversations at the end of CY 2023 about the confusion for members and providers about the impact of enrollment into an EAE D-SNP on their ability to get ECM and/or Community Supports. They also were not clear on the enrollment process and the rules/requirements around enrollment into a D-SNP and asked DHCS to share more information. SouthBay participants noted the considerable need for further education and resources among ECM and Community Supports providers to enhance their support for dual eligible members or those requiring assistance. They also emphasized the necessity of clarifying the procedures for continuity of care when an individual enrolls in an EAE D-SNP.

2024 MCP Transition

DHCS' expectation as it pertains to the MCP transition, effective January 1, 2024, was that transitioning members actively receiving Community Supports would not face disruption. Receiving MCPs were to honor existing authorizations and maintain continuity of care for Community Support services. The Receiving MCP must maintain all authorizations for no less than the length of time originally authorized by the Previous MCP; however, the Receiving MCP is not required to maintain the authorization for more than 12 months beyond January 1, 2024, unless it chooses to do so. These, and related expectations were outlined in Section V, Continuity of Care of the Transition Policy Guide[6]. In some instances, the Transition Policy for Community Supports offered

[6] Transition Policy Guide available at: https://www.dhcs.ca.gov/Documents/Managed-Care-Plan-Transition-Policy-Guide.pdf

enhanced protections beyond those for other services.

DHCS closely monitored MCP adherence to this Transition Policy for Community Supports to prevent disruptions in Community Supports authorizations, provider relationships, and/or services in affected counties.

Network Overlap and Continuity of Care (CoC) for Community Supports Providers

DHCS expected that transitioning members who had been actively receiving Community Supports would continue with their existing Community Supports Provider.

When MCPs' Community Supports Aligned: If the Previous MCP and the Receiving MCP offered the same Community Supports, even if there were variances in amount, duration, or scope, DHCS required mandatory overlap of the Previous MCP's and Receiving MCP's Community Supports providers to the maximum extent possible to ensure CoC and maintain delivery system capacity. DHCS has other initiatives that facilitate contracting between Community Supports Providers and MCPs. The Incentive Payment Program (IPP) rewards MCPs for contracting with Community Supports providers as part of the transition and PATH CITED grants encourage awardees to enter into Community Supports contracts with Receiving MCPs. Receiving MCPs were required to proactively contact all eligible Out-of-Network (OON) Community Supports providers with whom transitioning members had pre-existing relationships and contract with them as Community Supports providers in advance of the transition on January 1, 2024.

If a Previous MCP's Community Supports provider did not wish to enter into a contract with the Receiving MCP's network, or if both parties were unable to reach an agreement, the Receiving MCP was required to offer a CoC for Provider agreement with the Community Supports provider for up to 12 months. If the Receiving MCP's efforts did not result in an agreement with the Community Supports provider, the Receiving MCP had to explain in writing to DHCS why the provider and the MCP could not execute a contract or CoC for Provider agreement.

When MCPs' Community Supports Did Not Align: Nothing in the policy required the Receiving MCP to offer Community Supports, as it is considered voluntary for each MCP. Therefore, if the Receiving MCP did not offer a Community Support which had been offered by the Previous MCP, the Receiving MCP was not required to build a contracted network for delivery of the specific Community Support. However, the Receiving MCP was strongly encouraged to offer a CoC for Provider agreement with the Community Supports provider for up to 12 months. If the Receiving MCP's efforts did not result in an agreement with the Community Supports provider, and as a result there was no

Community Supports provider in the Receiving MCP's Network to deliver the Community Support, the Receiving MCP was strongly encouraged to arrange for an OON provider.

DHCS' Approach to Connecting Transitioning Members with Community Supports Providers for Continuity of Care

If the Receiving MCP confirmed the member's former Community Supports provider was part of its network, agreed to join its network, or participates under a CoC for Provider agreement, the Receiving MCP was required to connect the member with their existing Community Supports provider to ensure that relationship was not disrupted. The Receiving MCP received data necessary to effectuate this policy in November 2023 from both DHCS as well as Previous MCPs in an effort to achieve both comprehensiveness and timeliness.

If the Receiving MCP did not bring the Community Supports provider into its network or establish an agreement with the Community Supports provider, the Receiving MCP was required to transition the member to an in-network Community Supports provider. If a member wanted to change their Community Supports provider, they could contact and notify the Receiving MCP (their new MCP) to do so.

Quarterly Implementation Monitoring Report

DHCS works to produce program data and make it publicly available at the earliest opportunity, while factoring in member privacy concerns. It takes the Department, on average, approximately 6 months to validate, fully process the quarterly data it receives, visualize it through Microsoft Power Business Intelligence (BI), an enterprise business performance management solution, as well as develop and review materials for public reporting.

Dashboards are currently internal and for Department use only, but DHCS has created external versions utilizing the ArcGIS StoryMaps solution to share program data publicly through the newly established Quarterly Implementation Report reporting cycle.

DHCS continues working to ensure a high level of data quality covering the first two years of implementation and recognizes the gaps that continue to exist in new providers' reporting capabilities, which MCPs are helping to address. DHCS currently has seven quarters of data available for Community Supports and is still processing and validating Q4 2023 data, but MCPs have consistently communicated caution due to the significant data lag they are experiencing with their providers, many of whom are brand new to Medi-Cal and/or the managed care delivery system.

DHCS is improving data availability by (1) leveraging claims and encounter data in addition to QIMR data, and (2) improving cycle time of implementation data by transitioning data collection JSON electronic file types.

JavaScript Object Notation (JSON) Transition

The transition to JSON began in January 2024, when DHCS officially began transitioning the quarterly reporting performed via the QIMR Excel Reports by requiring additional monthly JSON file submissions. JSON, or JavaScript Object Notation, is an open standard file format that streamlines the collection and transmission of implementation data and is utilized by the Department for other mandatory reporting purposes. Currently, QIMR data lags real-time implementation by approximately four to six months; the transition to JSON is expected to significantly reduce lag on data collection.

The introduction of JSON monthly reporting does not remove Excel-based reporting requirements. MCPs must continue reporting as normal through the QIMR process within 45 days of the end of each quarter. MCPs must adopt the JSON monthly process as it is implemented and continue reporting via both JSON and QIMR Excel for at least 12-18 months, or until DHCS determines the data is robust enough to support the discontinuation of the QIMR in favor of receiving all program reporting via the monthly JSON file. The next QIMR, which will include data through Q1 2024, is due to DHCS by May 15, 2024.

The transition from QIMR to JSON is occurring across several phases:

- Phase One (January 2024): Limited data elements specific to ECM and Complex Care Management (CCM) enrollment status.
    - Phase One was successfully adopted in January 2024 and all MCPs have been producing and submitting monthly JSON files beginning on February 10th (for the reported month of January). DHCS has worked with MCPs to identify and address technical issues and continues to provide additional technical assistance.
- Phase Two (July 2024): ECM Populations of Focus, Eligibility, Outreach, Authorizations, and Provider Networks.
- Phase Three (January 2025): All remaining QIMR data elements specific to Community Supports, including member-level details, utilization, authorizations, and provider networks.

DHCS has produced accompanying Technical Documentation through an available Technical Assistance Companion Guide, containing technical information (including data dictionaries, file layouts, JSON Schemas, and details on response files) required for MCPs

to be able to submit one data file to DHCS monthly. A data dictionary is also available, describing the required data values as well as the validation edits performed on specific data elements.

Operational Updates

DHCS regularly updates its ECM and Community Supports webpage with guidance materials and program documents, in timely response to stakeholder and consumer feedback. DHCS restructured the page at the end of March 2024 to ensure key policy and guidance documents are highlighted while at the same time archiving some of the older, more outdated guidance. All program documentation, including historic documentation remains, and will continue to remain accessible to the general public.

On January 1, 2024, DHCS received final updated Models of Care (MOCs) and final July 2024 Elections from MCPs implementing Community Supports in all 58 California counties, including proposed networks and estimated capacities for services. Revised Community Supports elections are posted on the DHCS website once DHCS issues its final approval for all outstanding MCP MOCs. DHCS will continue to update Community Supports elections semi-annually. Technical assistance and guidance webinars are recorded and hosted on the DHCS website and are updated regularly. DHCS also maintains a regularly updated FAQs document on its ECM and Community Supports webpage, which highlights several FAQs from MCPs, providers, and stakeholders, and includes answers and policy clarifications provided by DHCS.

Moving forward, DHCS is publishing Quarterly Implementation Reports on a quarterly cadence to relay data publicly on Community Supports, including member characteristics, service utilization metrics, and network development. On January 29, 2024, DHCS publicly released its ECM and Community Supports Quarterly Implementation Report for Q2 2023 along with the following message:

This report summarizes ECM and Community Supports implementation trends and data for the first 18 months of the programs, spanning January 2022 through June 2023. Similar to the 2022 Year One Implementation Report released in August 2023, this report provides insight into state-, county-, and managed care plan-level data.

In the first 18 months, 140,886 Medi-Cal MCP members across the state received the ECM benefit and 75,834 members received 167,960 Community Supports services. As California continues advancing its Medi-Cal transformation, ECM and Community Supports play a critical role in supporting whole-person care for Medi-Cal members with complex medical and health-related social needs. DHCS expects to see more enrollment growth across both programs in the coming months and years, including as additional Populations of Focus

become eligible for ECM and additional Community Supports services are offered in counties across the state. DHCS remains committed to supporting and sustaining this growth through program monitoring, design improvements, and standardization. Please note that the report is published via ArcGIS StoryMaps, a data visualization tool, and is best viewed on a desktop or laptop computer.

On April 4, 2024, DHCS published its ECM and Community Supports Quarterly Implementation Report for Q3 2023[7] along with the following message and press release:

Medi-Cal Transformation Continues
New Enhanced Care Management and Community Supports Report Shows Progress

SACRAMENTO - The Department of Health Care Services (DHCS) today released the latest Enhanced Care Management (ECM) and Community Supports Quarterly Implementation Report that includes data from January 2022 through September 2023. This data release adds third quarter 2023 utilization data at the state, county, and Medi-Cal managed care plan (MCP) levels and demographics, including ethnicity, primary language spoken, age, and sex.

WHAT THE DATA SHOWS: *The data report demonstrates the uptick in both the availability and use of Community Supports, showing significant growth in the number of counties offering these services. As of January 2024, 23 counties across California offered all 14 Community Supports, and all counties offered at least seven Community Supports. This marks a significant increase from the end of 2022, when only three counties offered all 14 Community Supports. Overall, approximately 103,000 unique Medi-Cal members used Community Supports in the first 21 months of the program, with more than 186,000 total services delivered. There is significant quarter-over-quarter growth in utilization; approximately 62,000 members utilized Community Supports in Q3 2023 alone, up 170% from Q4 2022.*

ECM and Community Supports aim to improve Medi-Cal members' overall health and well-being by addressing both medical and social factors that can impact a person's health, including housing assistance, medically tailored meals to support short term recovery, homemakers and personal services to create a high-touch, person-centered approach to care.

WHAT THEY'RE SAYING: *"Every day, more Medi-Cal members are benefitting from personalized care that goes beyond the traditional doctor's office or hospital setting," said* ***DHCS Director Michelle Baass****. "Enhanced Care Management and Community Supports*

[7] Report available at: https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

are two key pillars of Medi-Cal transformation, and we're seeing a great response. But there is still room to help even more people."

"CalAIM is a nation-leading effort that requires the support of all individuals, organizations, and health plans trusted with delivering care to members," said ***State Medicaid Director Tyler Sadwith.*** *"We are working closely with stakeholders, providers, and Medi-Cal managed care plans to ensure members and their caregivers know they can readily access these transformative services."*

WHY THIS MATTERS: *The latest ECM and Community Supports Quarterly Implementation Report update shows a sustained increase in utilization as additional Populations of Focus (POF) become eligible for ECM and additional Community Supports services are offered in counties across the state. DHCS expects to see more enrollment growth across ECM and Community Supports in the coming months and years. As California continues transforming Medi-Cal, ECM and Community Supports play a critical role in supporting whole-person care for Medi-Cal members with complex medical and health-related social needs. DHCS remains committed to supporting and sustaining this growth through program monitoring, design improvements, standardization, and direct technical assistance.*

"At Pacific Clinics, everything we do helps the people we serve to achieve their wellness *goals and advance health equity. Medi-Cal transformation is essential to this work," said* ***Vice President of Emerging and Statewide Services Jacquelyn H. Torres****. "Through Community Supports, we provide crucial pathways to affordable housing for individuals and families. Additionally, Enhanced Care Management ensures access to comprehensive services tailored to meet complex health needs with life-affirming services and care.*

DHCS is additionally finalizing further policy to clarify several ongoing, planned, and future activities specific to updating Community Supports policy and facilitating a higher degree of standardization of services and service delivery between counties.

Other Monitoring Activities

DHCS is committed to ensuring that members and providers can easily access information about ECM and Community Supports. As such, it has established clear requirements for making information about the programs publicly available. Per the Community Supports Policy Guide, MCPs' websites must include the following easily accessible member- and provider- facing information:

- **Community Supports**: As required in A.B. 133 14184/206(e), Cal Assembly, 2021 Reg. Sess. (CA 2021), up-to-date information about Community Supports services being offered by the MCP, including, at minimum:

- A short description of each available service that is consistent with the service definitions listed in the Community Supports Policy Guide (terminology should not differ from DHCS' terminology).
- The eligible population(s) for each service, inclusive of any DHCS approved approach to narrow or limit the eligible populations.
- Any such limitations must meet the requirements in the CalAIM Waiver Special Terms and Conditions, must be approved (in writing) by DHCS, and must be included in member handbooks.
- Member and provider facing information about how to access the Community Supports offered by the MCP.

» **Community Supports Provider Networks**: MCPs are required to list all Community Supports providers in their provider directories as follows:

- MCPs are to list all Community Support providers in the provider directories as "Other Services Providers," and should specify if a provider is an ECM, Community Supports provider, or both.
- MCPs must add a disclaimer in their provider directory stating that Community Supports require prior authorization and are limited to members who meet specific eligibility criteria.
- MCPs may use symbols denoting Community Supports providers that may be listed in other sections of their provider directories in lieu of listing providers multiple times.

DHCS conducts focused reviews of MCP websites to ensure that all required information relevant to Community Supports is available and accessible to members and providers. Reviews for all MCP websites are conducted on a semiannual basis as Community Supports elections are updated. The latest reviews, completed in October 2023, confirm:

» Up-to-date member and provider facing information about Community Supports and how to request access to Community Supports.

» Up-to-date information about all Community Supports being offered by the MCP, including, at minimum: A short description of each available service that is consistent with the service definitions listed in the DHCS Community Supports Policy Guide. Terminology should not differ from DHCS' terminology.

» The eligible population(s) for each service, inclusive of any DHCS approved approach to modify or restrict the Community Supports service definitions (including eligibility). Beginning on January 1, 2024, MCPs were required to fully align with the

DHCS Community Supports service definitions and had to remove any language about previously approved modifications and/or restrictions from its website.

In March 2024, DHCS issued a Community Supports Monitoring Request for Information (RFI) to select MCPs based on their Community Supports implementation for CY 2023. In April 2024, DHCS published ECM and Community Supports implementation data for Q3 2023, including statewide, county-level, and MCP-level data. Using this data, DHCS examined the degree of MCPs' implementation of Community Supports based on the utilization of Community Supports services. MCPs received this RFI if they provided zero, or relatively few, Community Supports services for a Community Support service that they elected to offer in a county where they had an average of 10,000 or more Medi-Cal MCP members and where they continue to operate in CY 2024.

The purpose of this Monitoring RFI is to understand specific service uptake issues and solutions the MCP has implemented, or plans to implement, in order to address low uptake. DHCS will schedule follow-up meetings with each MCP, as needed, to further discuss uptake issues and the approach for addressing these issues. MCPs are required to submit responses for each Community Support service flagged in an email they received from DHCS and were encouraged to highlight county-specific uptake issues or strategies in their RFI responses.

Over the nine full quarters of Community Supports implementation, the number of Community Supports elected by MCPs across California's 58 counties has significantly increased. Now that MCPs have had sufficient time to ramp up their processes, DHCS' primary focus is increased monitoring in addition to the following regular activities:

- Data monitoring, aggregation, and analysis
- Model of Care reviews (every six months)
- Surveys/interviews to discuss IPP investments
- Fact sheets and program report development
- Ad hoc meetings with MCPs based on individual plan needs
- Oversight of IPP earned funding and provider investments
- Workgroups/Office Hours with MCPs (with a focus on sharing best practices as well as providing support and technical assistance)

DHCS and its MCP partners are working to expand access, use and utilization of Community Supports in 2024 and beyond. This work will include:

- Refining program operations and policies to eliminate barriers to provider contracting and service use through an ECM and Community Supports "Action Plan" that includes streamlining authorizations and referral processes, expanding provider networks, and improving data exchange.
- Hosting regular listening sessions, including PATH CPI Initiative workgroups for providers and community members across the state, welcoming feedback on the implementation of Community Supports from diverse stakeholder groups.
- Expanding and utilizing a variety of methods as required in MCP contracts to identify members who may benefit from Community Supports. This also includes proactively ensuring contracted networks of providers are aware of Community Supports services, what the eligibility criteria are, and encourage and make clear the pathway for submitting referrals to MCPs.
- Ensuring MCP public-facing websites, Member Handbooks, and Provider Directories include the most up-to-date information about Community Supports offered and how to access them.

Updated Guidance in Production and Opportunities to Enhance Service Definitions

DHCS has always envisioned modifying the ECM and Community Supports programs over time and is committed to continuous improvement based on data and stakeholder feedback. DHCS has already issued several policy changes and/or clarifications and provides associated TA to MCPs, including through the TA Marketplace. The TA Marketplace allows funding for the provision of TA for entities that intend to provide ECM and/or Community Supports. Entities may register for hands-on TA support from vendors and access off-the-shelf TA resources in pre-defined TA domains.

DHCS has identified the following priority areas and has begun implementing program design refinements to increase the total number of Members served over CY 2024:

- Clarifying eligibility
- Streamlining and standardizing referral/authorization processes
- Enhancing service definitions
- Strengthening market awareness
- Improving data exchange

The goal of all these efforts is to increase the availability and uptake of Community Supports for Medi-Cal Members who need them.

Other Opportunities for Improvement

Although DHCS has made a firm commitment to help with addressing homelessness with the addition of new statewide resources and new, ongoing funding to support these efforts, there have been challenges and concerns, including:

- Lack of affordable housing throughout the state.
- Scarcity of infrastructure and resources.
- Challenges with member engagement and identifying new ways and opportunities to engage.
- A general need for alignment in workflows to increase efficiency, minimize risk for error, and reduce time spent completing redundant work.
- Increasing member trust in the health system and supporting ongoing primary and behavioral health care.
- Lack of understanding about when services should be billed as Community Supports or through other programs.

DHCS has also identified several outstanding challenges facing Community Supports through the feedback loops it has created, including:

- Persistent large workforce shortages.
- Affordable housing challenges.
- CBOs being unfamiliar with billing or Medi-Cal requirements.
- Scarcity of infrastructure and resources in some parts of the state.
- Less contracted providers than can meet the current demand for some of these services.
- Broad need for alignment in authorization processes.
- Protected data exchange.
- Variation in outreach and engagement.

To address these concerns, DHCS has moved forward utilizing the following approaches with MCPs and community-based providers:

- Promote ongoing education of staff, Community Supports providers, community partners, and outreach efforts. MCPs are actively working on

creating robust training and educational platforms to help identify eligible members and refer them to Community Supports. DHCS maintains a resource library of all Community Supports webinars on our public website.

- Directing CBOs and Providers who may be eligible for PATH Technical Assistance, Engagement through Collaborative and/or for CITED funding to those resources.
- Engage members with flyers, notices, and open forums.
    - Continued implementation of the Housing and Homelessness Incentive Program (HHIP), a voluntary incentive program that enables Medi-Cal MCPs to earn incentive funds for making progress in addressing homelessness and housing insecurity as health-related social needs.
- Implementation of the CalAIM IPP. From January 2022 to December 2024, the IPP provided incentive payments totaling $1.5 billion, to MCPs in order to complement and expand CalAIM.
- Direct engagement with contracted Community Supports providers on ways to improve utilization of Community Supports services among members.
- Exploring methods by which to further integrate Community Supports into the overall continuum of care for members in each county.

DHCS continues to track stakeholder feedback and indicators in the marketplace, including comments received from providers and members of the public, to effectively gauge the amount and severity of any challenges presented. DHCS has also created reliable provider feedback loops and kicked off a Statewide Listening Tour which helped to inform much of its work over 2023 and continues to inform ongoing work in 2024.

DHCS continues to monitor data quality and has begun analyzing the differences between the plan-submitted data on the QIMRs and the Encounters/Claims to start visualizing how accurate the data received via the QIMR process is relative to Post Adjudicated Claims & Encounters Systems. The transition to JSON will further accelerate this reconciliation process and enable better overall data quality and integrity for the program.

DHCS continues to invest in Community Supports provider education, expanding opportunities to connect with prospective Community Supports providers and utilizing the experience of current Community Supports providers to knowledge-share and orient non-traditional providers to Medi-Cal and Community Supports. The Department frequently fields requests for provider TA and provides additional guidance to both its contracted MCPs and Community Supports providers at every opportunity.

DHCS continues to work with MCPs and community-based organizations/providers to spread awareness of Community Supports and understand any barriers to increasing access for services. Feedback from MCPs and CBOs will continue to inform further development and enhancement of DHCS guidance, including clarification of Community Supports service definitions and further defining expectations and requirements.

Consumer Issues and Interventions

Nothing to report.

Quality Control/Assurance Activity

Nothing to report.

Budget Neutrality and Financial Updates

Nothing to report.

Evaluation Activities and Interim Findings

Nothing to report.

Enclosures/Attachments

Community Supports Elections (by MCP and County) – PDF chart showing the Community Support Elections MCPs have elected to offer, current as of March 2024.

Community Supports Policy Guide – The operational document for CalAIM's Community Supports, which builds on the contractual requirements for Community Supports, and outlines Community Supports policies, including member eligibility criteria, and contains DHCS' operational requirements and guidelines. DHCS updates the Community Supports Policy Guide.

DUALLY-ELIGIBLE ENROLLEES IN MEDI-CAL MANAGED CARE

California's Section 1115 waiver includes flexibilities to support the state's effort to integrate dually eligible populations statewide into Medi-Cal managed care through the 1915(b) waiver prospectively as well as support integrated care by allowing the state, in specific counties with multiple Medicaid plans, to keep a member in an affiliated Medicaid plan once the member has selected a Medicare Advantage (MA) plan.

Members impacted by this expenditure authority will be able to change Medicaid plans by picking a new MA plan or Original Medicare once a quarter. A dually eligible members' Medicaid plan will be aligned with their MA plan choice, to the extent the MA plan has an affiliated Medicaid plan. This policy is known as the Medi-Cal Matching Plan policy. For 2022 and 2023, DHCS has implemented the waiver authority provisions for this policy in twelve counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, San Bernardino, Sacramento, San Diego, San Francisco, Santa Clara, and Stanislaus. Starting January 1, 2024, DHCS expanded the Medi-Cal matching plan policy to also apply in Kings, Madera, Orange, San Mateo, and Tulare counties, to align with changes in Medi-Medi plans described below.

In 2022 DHCS developed a webpage to provide stakeholders with more detailed information about the Medi-Cal matching plan policy. In addition, DHCS updated the member notice regarding this policy, to explain the policy more clearly, effective January 1, 2023.

In a separate but related policy, on January 1, 2023, members of the federal financial alignment initiative known as Cal MediConnect (CMC) transitioned into Exclusively Aligned Enrollment (EAE) Dual-Eligible Special Needs Plans (D-SNPs) and matching MCPs, in the seven Coordinated Care Initiative (CCI) counties: Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara. Under EAE D-SNPs, (known as Medi-Medi plans in California), members can enroll in a D-SNP for Medicare benefits and will be enrolled in an MCP for Medi-Cal benefits, both operated by the same parent organization for better care coordination and integration. For these plans, DHCS is committed to implementing integration through integrated member materials, integrated appeals and grievances, and care coordination that extends across Medicare and Medicaid benefits. Aligned Medicare and Medicaid plans may also reduce inappropriate billing, improve alignment of Medicare and Medicaid networks, and improve access to care. For contract year 2024, beginning January 1, 2024, DHCS expanded the availability of Medi-Medi plans to five additional counties: Fresno, Kings, Madera, Sacramento, and Tulare.

Two other related policy changes were implemented on January 1, 2023: 1) all dually eligible members statewide were required to enroll in Medi-Cal managed care, except for those with a share of cost (SOC) who were not in a LTC facility; and 2) all dually

eligible members residing in LTC facilities, including those with a SOC, were required to enroll in Medi-Cal managed care. As of 2022, most dually eligible members in COHS counties and the seven CCI counties were already enrolled in Medi-Cal managed care plans. This policy for the remaining 31 counties is intended to help meet the statewide goals of improving care integration and person-centered care for dually eligible members, under both CalAIM and the California Master Plan for Aging.

As a result of the policy changes described above, the Medi-Cal matching plan policy applies to more members in 2023, as more are enrolled in Medi-Cal managed care. Also, for the Medi-Cal plans in CCI counties in 2023 with delegated Medi-Cal plans affiliated with an EAE D-SNP, the Medi-Cal matching plan policy will apply to the delegated Medi-Cal plans. This policy change also results in additional members where the Medi-Cal matching plan policy applies.

DHCS developed member notices for these transitions, in coordination with CMS and stakeholders. DHCS also conducted stakeholder meetings to discuss all aspects of these transitions related to member communication, TA impacts on any system changes, continuity of care, and provider network adequacy and reporting requirements.

As part of post-transition monitoring, DHCS is reviewing feedback from the Medi-Medi Ombudsman program, successor to the Cal MediConnect Ombudsman. DHCS is also continuing stakeholder meetings as part of the monitoring efforts.

Performance Metrics

DHCS reports annually on the matching plan policy and on the number of members enrolled in MA plans that request to change MCPs and are referred to the MA plan in the matching plan counties.

Outreach Activities

DHCS hosts and participates in a variety of meetings to engage with stakeholders about the current matching plan policy, and future Medi-Medi plan expansion counties. DHCS also meets regularly with California's State Health Insurance Assistance programs, known as Health Insurance Counseling and Advocacy Program (HICAP) in California, as well as Medicare agents and brokers, to provide information about the Medi-Cal matching plan policy.

Operational Updates

DHCS has implemented the waiver authority provisions to enroll a member in an affiliated Medicaid plan once the member has selected a MA plan, in the seventeen

counties identified above.

Consumer Issues and Interventions

With the mandatory Medi-Cal managed care enrollment of all dual eligible members effective January 1, 2023, several Medicare providers mistakenly thought that they could no longer get reimbursed for those patients if the provider was not enrolled in the Medi-Cal plan's network. As a result, some Medicare providers initially stopped seeing their dually eligible patients, and several dual eligible members requested an exemption to enrollment in Medi-Cal managed care, and an exemption to the Medi-Cal matching plan policy. DHCS has conducted extensive provider and member outreach for providers and members from September 2022 through the present, to address these concerns and to educate providers and members.

Quality Control/Assurance Activity

Nothing to report.

Budget Neutrality and Financial Updates

Nothing to report.

Evaluation Activities and Interim Findings

Nothing to report.