Medi-Cal Excellence in Early Childhood Outcomes Collaborative (MEECOC) Learning Community

May 10th, 2023

bit.ly/MEECOCLearningCommunity
meecoc@childrennow.org

Newborn Hospital Gateway Proposal

- Would require all qualified presumptive eligibility providers to report the births of any Medi-Cal eligible infant born in their facilities, including hospitals and birthing centers or other birthing settings, within 24 hours after birth through the Newborn Hospital Gateway

- Proposal will reduce delays in establishing the infant's eligibility and expedite access to Medi-Cal benefits and necessary medical care.

  - DHCS Budget Highlights
  - Factsheet
  - Trailer Bill Language

Make sure people get *"full breadth"* Medi-Cal during pregnancy and *for the year after*.

"Full breadth" coverage during pregnancy and for the year after! Everyone who has Medi-Cal, whether Full-Scope or Restricted, or the Medi-Cal Access Program (MCAP) qualifies for the "full breadth" of medically necessary services during both pregnancy and the year after, **even if income increases.** This eligibility lasts until the end of the month in which the 365th day post-pregnancy occurs.

The coverage is the same as Full-Scope Medi-Cal. Immigration status does not matter. It also doesn't matter how the pregnancy ends. The only exceptions are if the Medi-Cal was Presumptive Eligibility or Minor Consent or if the person moves out of California. A new Provider Bulletin is expected soon.

- **Report the pregnancy or when it ended!** In order for this full, extended coverage to show up in the Medi-Cal eligibility system, **the county needs to know that the person is pregnant or was pregnant within the past year.** So, people with Medi-Cal need to report pregnancy (or its end) to the county as soon as possible. Documentation of the pregnancy is not required, and the county isn't supposed to ask for it.

  Reporting is especially important for these two groups:

  - Immigrants with Medi-Cal who haven't already told the county about the pregnancy (for example, at application).
    - For some immigrants, including those in aid code M2 or M4, among others, the county is supposed to add a dual aid code, 76, to their Medi-Cal files when the report is made.

  - People with Full Scope Medi-Cal who would lose it but for their one-year of post-pregnancy eligibility.
    - This can come up when income increases. The county might move the person to a different aid code.

- **NOTE: The Redetermination Form being sent to beneficiaries now that the COVID continuous eligibility protection has ended does not ask if the person was pregnant within the past year. Beneficiaries likely won't know they need to tell the county.**

  If a person's Medi-Cal file doesn't already show full breadth coverage during pregnancy and 365 days after, **medical providers, maternity hospitals, public health departments, and others should help consumers tell the county about the pregnancy or when it ended.**

- **How can pregnancy care providers and others help?** Ask the county to provide a direct phone and/or fax number for accepting and processing reports of pregnancy with the expected due date, birth of a newborn, or other end of pregnancy and date.

    - This approach is already in place and working well in some counties.
    - **Newborns** would get enrolled for the first year without a Medi-Cal application (unless the mother's Medi-Cal was Minor Consent).
    - If the pregnancy wasn't reported until after the birth or other end of pregnancy, the 365-day post-pregnancy coverage will go back to the date the pregnancy ended. If the beneficiary had any bills during the gap, they can use their Medi-Cal to pay.

- **Why not just instruct Medi-Cal beneficiaries to report to the county on their own?** People will struggle with this due to extremely long call wait times, no Internet access, language barriers, and other obstacles.

- **Why is reporting the pregnancy to the county for Medi-Cal even necessary?** MCHA has repeatedly recommended to the state ways for implementing this coverage seamlessly. Your institutions or organizations pressing for a simpler process could really help.

- **What about the Medi-Cal Access Program?** MCAP is only for people who are pregnant when they apply for coverage. All MCAP enrollees are automatically covered for the year after the pregnancy ends. But the actual date when the 365-day post-pregnancy period ends might change based on the actual date the pregnancy is over.

  It is important to report to MCAP the birth of the child (here's how) or other end of pregnancy (FAX 1-888-889-9238, mail to MCAP, P.O. Box 15559, Sacramento, CA 95852-0559, or phone 1-800-433-2611) as soon as possible. After the report, MCAP-linked newborns get Medi-Cal from the date of birth and continuously for the first year. Their coverage can continue for a second year if the family income remains within the MCAP limit (322% FPL), which is a lot higher than the limit for Children's Medi-Cal (266% FPL), and the infant doesn't have employer-sponsored coverage.

More information? Contact lucyqmas@gmail.com. **5/8/2023**

CA Youth and Behavioral Health Initiative (CYBHI)-EBPs/CDEPs

- **$429 million to organizations to scale evidence-based and/or community-defined evidence practices (EBPs/CDEPs)** that improve youth behavioral health based on robust evidence for effectiveness, impact on racial equity, and sustainability.

- **Goal:** Improve access to critical behavioral health interventions, including those focused on prevention, early intervention, and resiliency/recovery for children and youth, with a specific focus on children and youth who are from either or both of the following groups: Black, Indigenous, and People of Color (BIPOC) and the LGBTQIA+ community.

Grant Round	Description	Populations of Focus	Status	Awards Posted	Expected Outcomes/Key Metrics	Example EBPs/CDEPs in Priority Category
Round 1: Parents and Caregivers Support Programs and Practices	Funds programs and practices to increase support for and improve parental and caregiver involvement.	As identified by CRDP and OHE w/ a priority focus on parents and caregivers of children and youth w/ BH needs and parents and caregivers of children who benefit most from preventative strategies (e.g., ages 0-5).	**Closed**	June 15, 2023	Strengthen positive parenting practices, improve the response to emotional and behavioral challenges commonly experienced in childhood, promote child social and emotional development, improve caregiver involvement and relationships with children, and increase support for individuals that may be experiencing heightened levels of caregiver-related stress among other outcomes.	Include, not limited to: HealthySteps/ Dyadic Care Services; Incredible Years; ParentChild Interaction Therapy; Positive Parenting Program (Triple P); and, Parents Anonymous®.
Round 2: Trauma-Informed Programs and Practices	Funds trauma-informed programs and practices to increase access to services that address behavioral health needs and the impact of Adverse Childhood Experiences (ACEs).	As identified by CRDP and OHE.	**Closed**	July 31, 2023	Expand access to early interventions, support the resilience of children and youth by mitigating the adverse effects of ACEs, build knowledge of trauma-informed support and communication, increase the capacity of child-serving service systems on trauma-informed practices, improve the understanding of how community trauma and racism impact child and youth well-being, and improve grief support for children and youth with COVID-related trauma among other outcomes.	Include, not limited to: Child-Parent Psychotherapy; Cognitive Behavioral Interventions for Trauma in Schools; Dialectical Behavioral Therapy; Family-Centered Treatment; Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems; and Trauma-Focused Cognitive Behavioral Therapy.
Round 3: Early Childhood Wraparound Services	Fund early childhood wraparound services to build family strength and overall well-being.	As identified by CRDP and OHE, w/ a priority focus on parents and caregivers w/ young children (e.g., age 0-5).	TBA; Release date **May 2023**		Increase access to home visiting services and consultation services, improve coordination of services between pregnant and parenting/ caregiving people and their support systems, improve parent/caregiver and child health, reduce ACEs, and reduce emergency department visits and substantiated child abuse calls due to child maltreatment among other outcomes.	Include, limited to: Healthy Families America, Nurse Family Partnership, and Infant and Early Childhood Mental Health Consultation.

Grant Round	Description	Populations of Focus	Status	Awards Posted	Expected Outcomes/Key Metrics	Example EBPs/CDEPs in Priority Category
Round 4: Youth Driven Programs	Funds youth-driven programs to provide California children and youth the opportunity to shape their behavioral health services.	As identified by CRDP and OHE with a priority focus on youth between the ages of 12-25	TBA - Expected release date **May 2023**		Increase accessibility to peer-to-peer support and other related programs that are informed through youth voice, provide non-clinical access to BH support, improve engagement in other BH related services, improve self-reported well-being, and promote long-term recovery among other outcomes.	Include, not limited to: peer support and youth drop-in centers (e.g., Allcove™).
Round 5: Early Intervention Programs and Practices	Funds early intervention programs and address BH needs more effectively earlier and reduce reliance on more intensive services.	As identified by CRDP	TBA - Expected release date **May/June 2023**		Increase early identification of BH concerns, improve or properly address BH challenges preventing escalation to more intensive services, and improve coordination of services among other outcomes.	Include, not limited to: early psychosis programs (e.g., Coordinated Specialty Care) and Youth Crisis Peer Mobile Response.
Round 6: Community Defined Programs and Practices	Funds community defined evidence programs and practices to provide culturally competent prevention and early intervention services.	As identified by CRDP	TBA - Expected release date **June/July 2023**		Increase the availability of culturally relevant BH services to communities across the state among other outcomes.	Include, not limited to: the 35 pilot projects funded during CRDP Phase II which include services for children and youth under 25.

Sources:

Evidence-Based and Community-Defined Evidence Practices Grants Website (DHCS)

Evidence-Based Practices and Community-Defined Evidence Practices Grant Program Strategy Document (DHCS, Dec. 2022)

2024 Ballot Initiative

Governor’s Proposal:

- Bond Proposal ($3-5 billion)
- MHSA Reform

Governor's Proposal on MHSA Reform

MHSA-Current FY 2022-23

Component	Amount*
Community Services and Supports, incl. FSPs	2,802.6
Prevention and Early Intervention (total)	700.6 (357.0 for 0-25 yo).
Innovation	184.4
State Directed Purposes	194.1
Total	3,881.7

Gov Proposal Estimate (if FY 2022-23)

Component	Amount*
Full-Service Partnerships	1,358.5
Community Services and Supports, PEI, Innovation, Capital Supports, Workforce, Technology	1,358.5
Housing and Res. Settings (New!)	1,164.5
State Directed Purposes	unk
Total	3,881.7

*in millions

Current MHSA	Governor's Proposal
MHSA requires 20 percent of expenditures be spent on PEI. MHSA requires 51% of PEI be spent on 0-25 yo population.	35% for other services category, including Community Services and Supports (non FSP), Prevention and Early Intervention, Capital Facilities and Technological Needs, Workforce Education and Training, and prudent reserve. Subject to community process.
76 percent required to be spent on community supports and services.	35% of MHSA to be used for FSPs, remaining CSPP rolled into remaining category.
Housing allowed but underinvested in due to lack of FFP.	30% for housing and enhanced care in residential settings for individuals with serious mental illness/serious emotional disturbance and/or substance use disorder. Rental subsidies, operating subsidies, and non-federal share for Medi-Cal covered services, including clinically enriched housing. Funding could be used for full spectrum of housing services and supports,
Excludes SUD population (as a single issue).	Broaden the target population to include those with debilitating substance use disorders
MHSOAC is a separate entity, governed by Gubernatorial appointed Commissioners.	Restructure role of the Mental Health Services Oversight Accountability Commission. Moves MHSOAC under CA HHS, commission would be advisory and ED would be a Gubernatorial appointee.
Services and supports on the continuum offered.	Focus on the most vulnerable: Children and youth with serious emotional disturbance or SUD, who are experiencing homelessness, are involved or at risk of being justice-involved, meet the criteria for behavioral health linkages under the CalAIM Justice-Involved Initiative or are in or transitioning out of the child welfare system
Clear language about non- supplantation, though in practice counties encouraged to draw down FFP.	Encourages counties to use services that draw down FFP

Thank you.

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California's Data Exchange Framework Overview

MEECOC Meeting

May 10, 2023

Stephanie Thornton, BluePath Health

Connecting for Better Health

- **Connecting for Better Health (C4BH)**, founded in 2021, is a coalition of diverse stakeholders including providers, caregivers, health plans, patient advocates, and community-based organizations.

- We strive to improve the state's data sharing infrastructure with a shared goal of transforming health and social outcomes for all Californians.

Visit us at www.connectingforbetterhealth.com

About the Multi-Association DxF Education Initiative

- **Develop targeted initiatives** educating physicians, physician organizations, medical groups, skilled nursing facilities, community-based organizations and HIE/HIOs on the DxF, its execution, and subsequent implementation
- **Create a comprehensive, multi-stakeholder platform** for educating and supporting other required and optional signatories in the health and social services space on the DxF
- **DxF Educational supports** include Speakers' Bureau, story bank, tailored material development (FAQs, issue briefs), communications support (newsletter content, social media, etc.)

The Vision for Data Exchange in California

Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care.

The DxF is California's first-ever statewide Data Sharing Agreement (DSA) that requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and wellbeing.

Source: CDII Information is Power Webinar, March 23, 2022

About the Data Exchange Framework

- **Background:** Assembly Bill 133 required the California Health and Human Services Agency (CalHHS), in consultation with stakeholders and local partners, to establish a Data Exchange Framework (DxF) to **govern and require the exchange of health information** among health care entities and government agencies in California.

- **Purpose:** the purpose of the DxF is to promote secure electronic health data exchange among health care providers, consumers of health care and others.

About the Data Exchange Framework

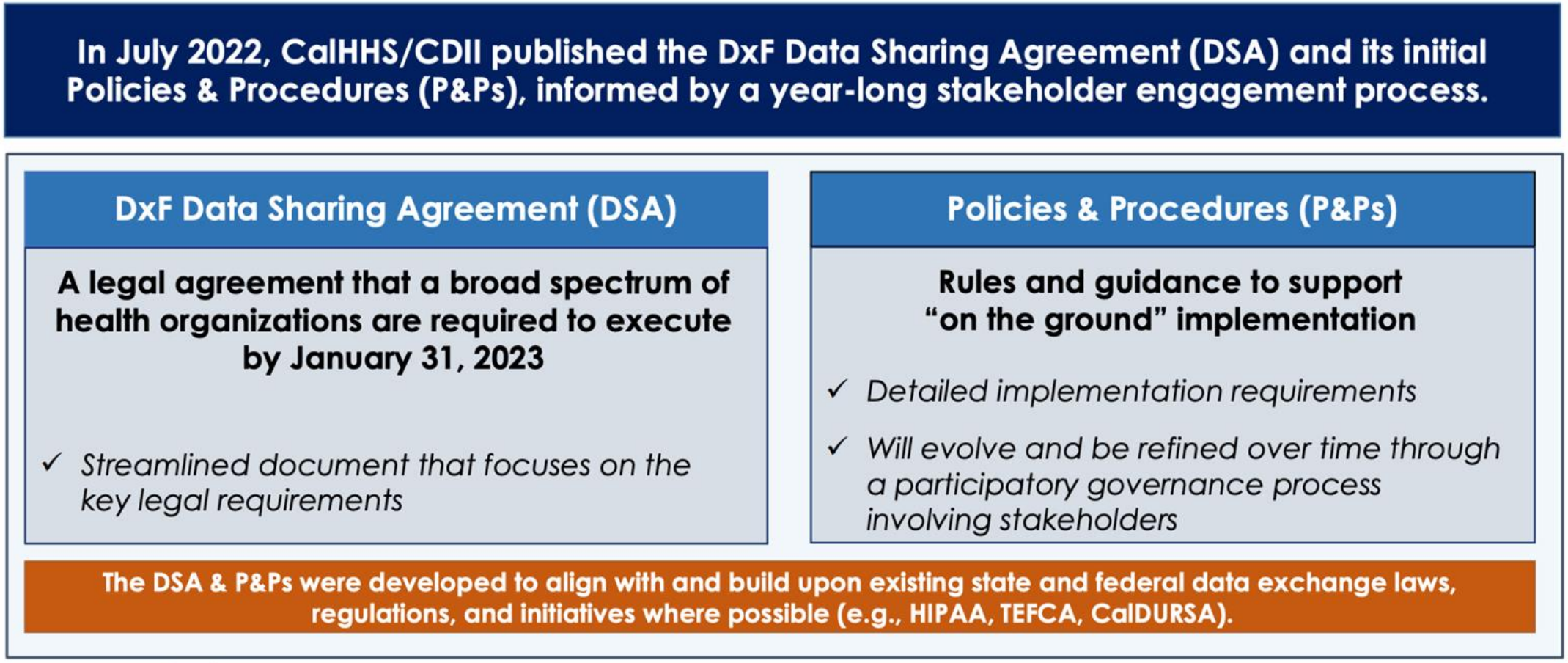
What the DxF is

- The DxF provides the **rules of the road** to bring existing standalone health systems, providers, and social services together to seamlessly provide better care and outcomes for all Californians.
- The DxF is a **technology-agnostic** collection of organizations that are required to share health information using national standards and a common set of policies in order to improve the health outcomes of the individuals they serve.
- The DxF includes a **strategy for unique, secure digital identities** capable of supporting master patient indices to be implemented by both private and public organizations in California. **Signing the DSA is the first step of the DxF implementation process.**

What the DxF *isn't*

- The DxF is not a **technology system or a single repository of data**.

What is the Data Sharing Agreement?



Source: CDII Information Is Power Webinar, October 24, 2022.

What organizations were required to sign the DSA by January 31, 2023?

#	Required Signatory Type
1	**General acute care hospitals**, as defined by Health and Safety Code (HSC) section 1250.
2	**Physician organizations and medical groups.**
3	**Skilled nursing facilities**, as defined by HSC section 1250, that currently maintain electronic records.
4	**Health care service plans and disability insurers that provide hospital, medical, or surgical coverage** that are regulated by the Department of Managed Health Care or the Department of Insurance. This section shall also apply to a Medi-Cal managed care plan under a comprehensive risk contract with the Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code that is not regulated by the Department of Managed Health Care or the Department of Insurance.
5	**Clinical laboratories**, as that term is used in Section 1265 of the Business and Professions Code, and that are regulated by the Department of Public Health.
6	**Acute psychiatric hospitals**, as defined by HSC section 1250.

This includes organizations required to begin sharing data by January 31, 2024 and January 31, 2026.

Source: CDII, DxF Information is Power Webinar, February 21, 2023.

Who has signed the DSA?

Signatories to the DSA represent 1,400+ Entities!

CalHHS welcomes over 1,000 signatories of the DxF representing over 1,400 health care organizations.

800+
ambulatory care facilities and practices

150+
hospitals and other acute care settings

90+
long-term care facilities

80+
health plans and insurers

A WIDE VARIETY
of other health care entities, community-based organizations, and voluntary signers

The full list of organizations that have signed the DSA is available on the DxF website.

DATA EXCHANGE FRAMEWORK

Note: The numbers of organizations shown on this slide are based upon self-reported entity type information provided through the DSA Signing Portal.

17

DSA requires that participants share health *and* social services information

Health and Social Services Information (HSSI):

"Health and Social Services Information shall mean any and all information received, stored, processed, generated, used, transferred, disclosed, made accessible, or shared pursuant to [the DSA], including but not limited to:

- Data Elements as set forth in the applicable Policy and Procedure [i.e., the HIPAA designated record set];
- Information related to the provision of health care services, including but not limited to PHI; and
- Information related to the provision of social services.
- [HSSI] may include PHI, PII, de-identified data (as defined in HIPAA Regulations), anonymized data, pseudonymized data, metadata, digital identities, and schema."

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C4BH and ITUP Workshops: Data Sharing Needs of CBOs and Social Service Organizations

Lack of Access to Necessary Information

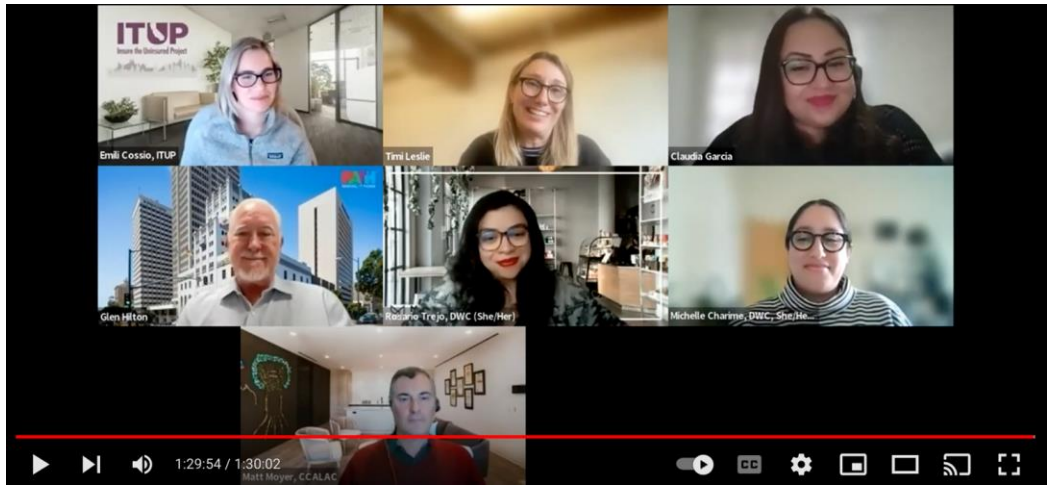
Data Scattered Across Multiple Platforms

Duplication of Data Entry

MCP Providers and CBOs Learning to Work Together

Systemic Barriers between Health and Social Service Agencies within Counties

Varying Data Submission Requirements for Different Programs



Connecting for Better Health
Advancing data sharing to improve the health of all Californians

The DxF and CalAIM: supporting early childhood health

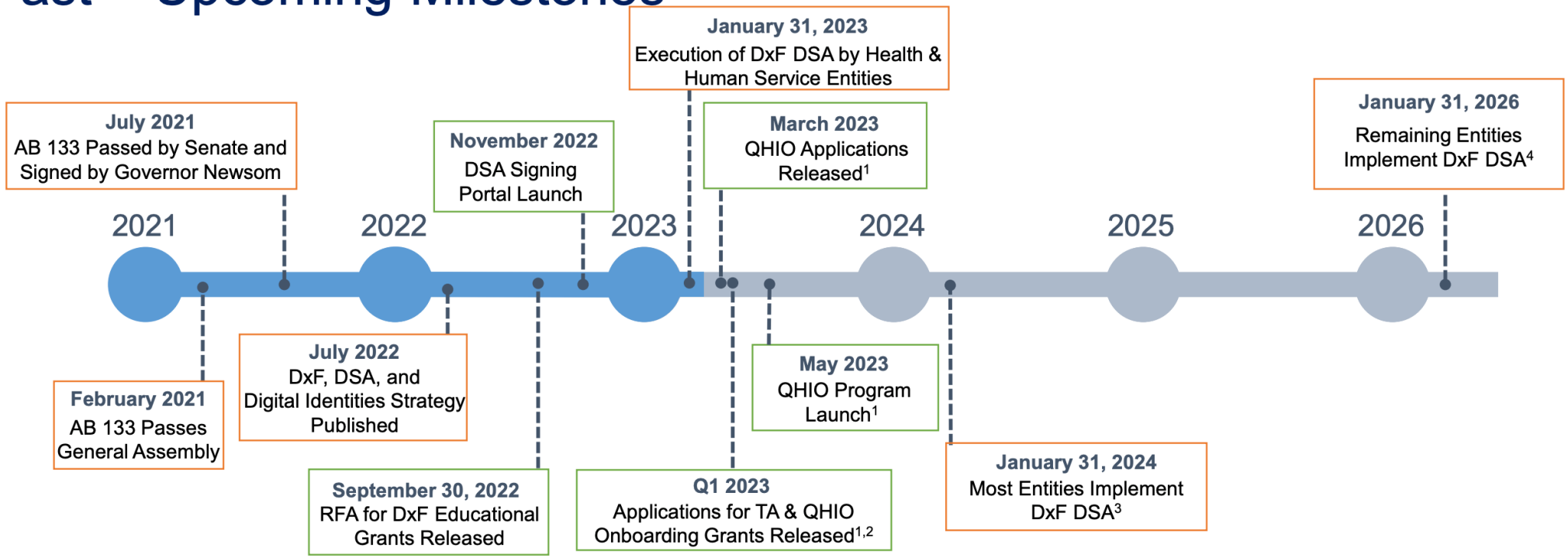
- DHCS Vision: “Whole Person Data to Support Whole Person Care”
- Population Health Management (PHM) service vs DxF
- Integration of social service providers; particularly ECM and Community Supports
  - ECM Children & Youth Pop. - July 1
- DxF targets now included in Behavioral Health Quality Improvement and CalAIM Incentive Payment Programs
- “How the DxF Supports CalAIM” Webinar Recording

What to watch

- CDII Data Sharing Agreement Signatory Grants Town Hall
  Register Here: Link
- DHCS ASCMI Universal Consent Form Pilot Project
- Assembly Bill 1331 (Wood)
  AB 1331 would establish governance for the Data Exchange Framework under the Center for Data Insights and Innovation

Data Exchange Framework Timeline

Past + Upcoming Milestones



Notes

1. DxF Program implementation milestones are estimates and subject to change.
2. TA Grant Applications close on a quarterly basis.
3. General acute care hospitals, physician organizations and medical groups, skilled nursing facilities, health service plans and disability insurers, Medi-Cal managed care plans, clinical laboratories, and acute psychiatric hospitals. County health, public health, and social services providers are encouraged to connect to the DxF.
4. Physician practices of <25 physicians, rehabilitation hospitals, long-term acute care hospitals, acute psychiatric hospitals, critical access hospitals, and rural general acute care hospitals with <100 acute care beds, state-run acute psychiatric hospitals, and nonprofit clinics with <10 providers

13

Source: CDII, Implementation Advisory Committee Meeting #4, February 4, 2023.

Where to find more information

- Multi-Association DxF Information Hub: https://connectingforbetterhealth.com/data-exchange-framework-information-hub/
- CDII Data Exchange Framework website: https://www.cdii.ca.gov/committees-and-advisory-groups/data-exchange-framework/
- Connecting for Better Health DSA/P&P fact sheet: https://connectingforbetterhealth.com/resources/california-data-sharing/

Contacts

Stephanie Thornton
BluePath Health
stephanie.thornton@bluepathhealth.com

DxF Question Inbox – Send us your questions!
dxfeducation@connectingforbetterhealth.com

Next Meeting: July 12th from 3:30 pm - 4:30 pm

Join our listserv: bit.ly/MEECOCLClistserv
Online hub: bit.ly/MEECOCLearningCommunity
Email: meecoc@childrennow.org