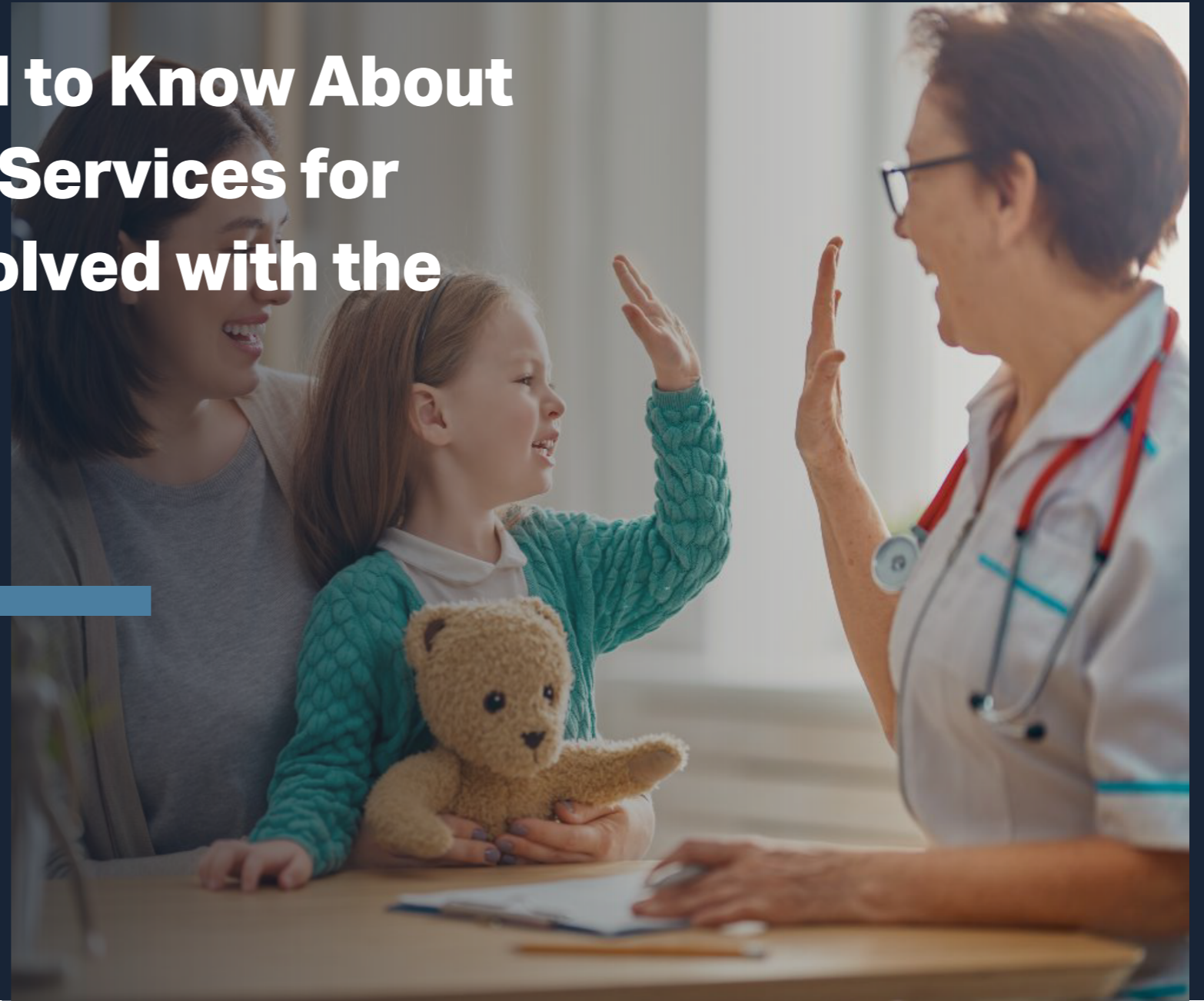


WEBINAR | MAY 2023

CalAIM: What You Need to Know About Accessing Health Care Services for Children and Youth involved with the Child Welfare System

ALLIANCE
for CHILDREN'S
RIGHTS



CalAIM and Other Health Care Opportunities for Children and Youth Involved in the Child Welfare System

May 31, 2023

Kim Lewis

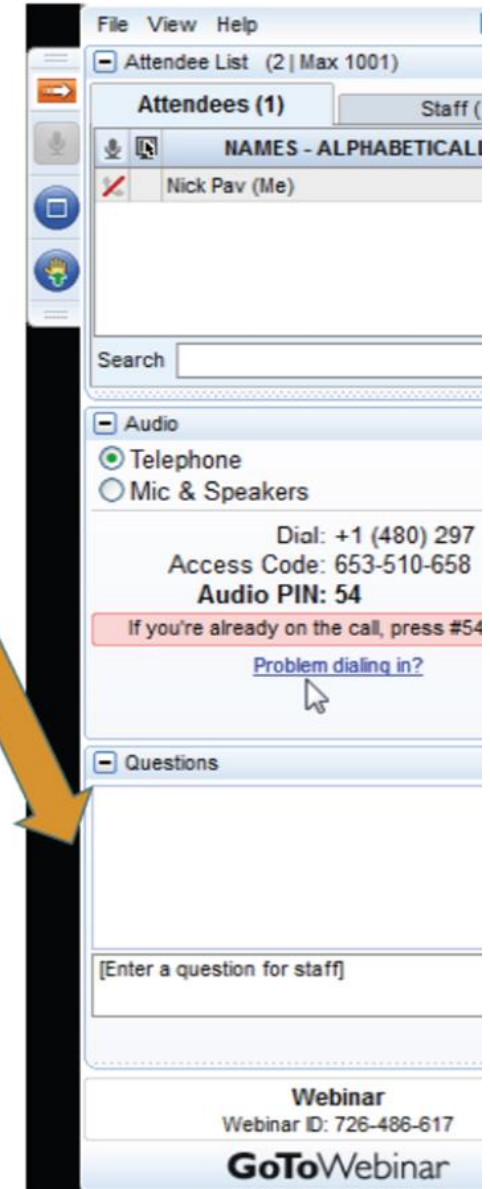
National Health Law Program

www.healthlaw.org



Logistics

- Webinar resources, including recording and supplemental materials, will be posted at <https://allianceforchildrensrights.org/resources/>
- All attendees are muted during webinar.
- Please submit questions using the “Questions” function on your GoToWebinar dashboard.



About the National Health Law Program

- National non-profit law firm committed to improving health care access, equity, and quality for underserved individuals and families
- State & Local Partners:
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 - Poverty & legal aid advocates – 50 states + DC
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- Offices: CA, DC, NC
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NHeLP's Mission

The National Health Law Program (NHeLP) protects and advances the health rights of low-income and underserved individuals to access high quality health care. NHeLP advocates, educates, and litigates at the federal and state levels.

We stand up for the rights of the millions of people who struggle to access affordable, quality health care.

NHeLP's Equity Stance

Health equity is achieved when a person's characteristics and circumstances — including race and ethnicity, sex, gender identity, sexual orientation, age, income, class, disability, health, immigration status, nationality, religious beliefs, language proficiency, or geographic location — do not predict their health outcomes.

<https://healthlaw.org/equity-stance/>

Reminders: Medi-Cal & Foster Youth

- Children/youth in foster care are entitled to get Medicaid/Medi-Cal
- [Former foster youth](#) (who were in foster care on their 18th birthday in California or another state) can keep Medi-Cal until age 26, regardless of income
- Must be redetermined on another basis

Medi-Cal & Juvenile Justice

- Youth involved in the juvenile justice system should NOT lose Medi-Cal if they are incarcerated or on “inmate” status
- The Counties have an obligation to determine their eligibility for Medi-Cal on release and to get them enrolled

(Federal SUPPORT Act; DHCS [ACWDL 21-22](#))

- Penal Code § 4011.10; 4011.11
- Welf. & Inst. Code § 14029.5

Medi-Cal Delivery Systems

& Changes to Medi-Cal Managed Care

Medi-Cal Service Delivery Systems

- County Behavioral Health Delivery System
 - Provide Specialty Mental Health services (SMHS)
 - Substance Use Disorder services (Drug Medi-Cal and Drug Medi-Cal Organized Delivery System)
- Medi-Cal Managed Care Health Plans (MCPs)
 - Provide physical health services and non-Specialty mental health services (NSMHS), i.e. individual, group, and family psychotherapy
 - Brief interventions and Referral to Treatment services
- Fee for service (FFS) (aka “straight Medi-Cal”)
 - Some populations have the option to choose to remain in FFS in some counties – e.g. foster youth and former foster youth in LA County

Medi-Cal Mental Health and Substance Use Disorder Services (MHSUDS) Delivery Systems

Target Populations and Services

Medi-Cal Managed Care Plans (MCP)

Target Population:

Children and adults eligible for outpatient non-specialty mental health services (adults: mild to moderate conditions)

Non-Specialty Behavioral Health Services Carved-in Effective 1/1/14

Mental Health Services

- ✓ Individual and group mental health evaluation and treatment, family therapy services (psychotherapy), dyadic services
- ✓ Psychological & neuropsych testing when clinically indicated to evaluate a mental health condition
- ✓ Outpatient services for monitoring drug therapy
- ✓ Outpatient laboratory, drugs, supplies, and supplements
- ✓ Psychiatric consultation

Alcohol & Drug Use Disorder Services

- ✓ Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT)

County Mental Health Plan (MHP)

Target Population:

Children and adults with conditions that require mental health treatment (children; adults w/ severe cond.)

Medi-Cal Specialty Mental Health Services

Outpatient Services

- ✓ Mental Health Services (assessments, plan development, therapy, rehabilitation and collateral, medication support)
- ✓ Day Treatment services and rehabilitation
- ✓ Crisis intervention and stabilization
- ✓ Targeted Case Management
- ✓ EPSDT specialty mental health services

Inpatient Services

- ✓ Acute psychiatric inpatient hospital services
- ✓ Psychiatric Health Facility services
- ✓ Psychiatric Inpatient Hospital Professional Services if the beneficiary is in a FFS hospital

County Alcohol and Drug Program

Target Population:

Children and adults with substance use disorders (adults must meet ASAM medical necessity criteria for DMC-ODS services)

Substance Use Disorder Services

Drug Medi-Cal

- ✓ Methadone treatment
- ✓ Outpatient drug free treatment
- ✓ Intensive Outpatient Treatment
- ✓ Perinatal Residential Treatment
- ✓ Naltrexone treatment services
- ✓ EPSDT SUD services

Drug Medi-Cal Organized Delivery System

- ✓ Physician Consultation
- ✓ Additional Medication-Assisted Treatment
- ✓ Withdrawal Management
- ✓ Residential Treatment
- ✓ Partial Hospitalization
- ✓ Case Management
- ✓ Recovery Services

Current Medi-Cal Managed Care Models

- California's MCP delivery system consists of multiple managed care models that vary by county
- Today, each county offers one of these MCP models:
 - One plan operated by the county (County Organized Health System (COHS) model)
 - One local initiative plan operated by the county and one commercial plan (Two-Plan model)
 - Multiple commercial plans (Geographic Managed Care (GMC), Regional, and Imperial model)
 - One commercial plan and a fee-for-service (FFS) option (San Benito model)

Medi-Cal Managed Care Model Changes in 2024

New Mix of High-Quality Managed Care Plans Available to Members

New Commercial MCP Mix

- Contracts with commercial MCPs announced in Dec. 2022, readiness process began in Jan. 2023

Model Change in Select Counties

- Conditional approval for 17 counties to change their managed care model
- Subject to federal approval
- Includes a new Single Plan Model and expansion of COHS model

Direct Contract with Kaiser

- In 32 counties in which Kaiser operates
- Subject to state and federal approval
- Based on provider / plan linkage or population-specific criteria for active choice / assignment such as Dual-eligible, foster children

**Restructured and More Robust Contract
Implemented Across All Plans in All Model Types in All Counties**

Managed Care: Children and Youth in Foster Care

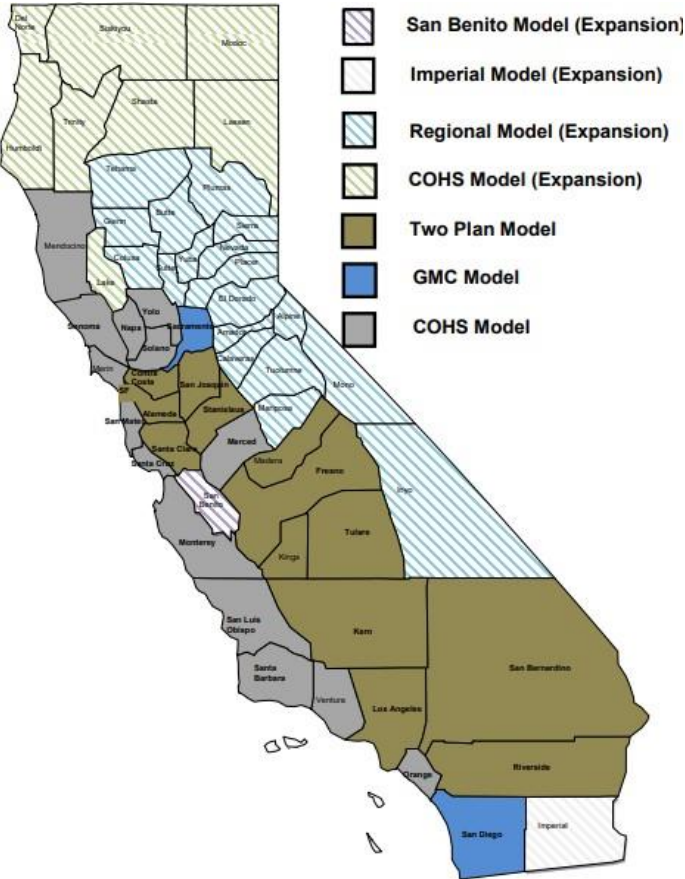
Children and youth in foster care will be enrolled in managed care if they live in a county with a County Operated Health System (COHS) or Single Plan.

- Today:
 - In counties where Medi-Cal managed care is operated by a single County Operated Health System (COHS), children and youth in foster care are **mandatorily** enrolled in managed care.
 - Enrollment in managed care is **voluntary** in all other counties (see map on next slide).
- DHCS has conditionally approved Medi-Cal managed care model changes in 17 counties, including 12 transitioning to a COHS model and 3 implementing a new county-led Single Plan model.
- As the COHS model expands to new counties in 2024, and the COHS-like Single Plan model is implemented in three counties, **foster children and youth living in COHS / Single Plan counties will be moved into mandatory managed care** (see map on next slide).
- Relative to this policy, the Department is considering:
 - » State and federal authorization updates needed to implement the policy

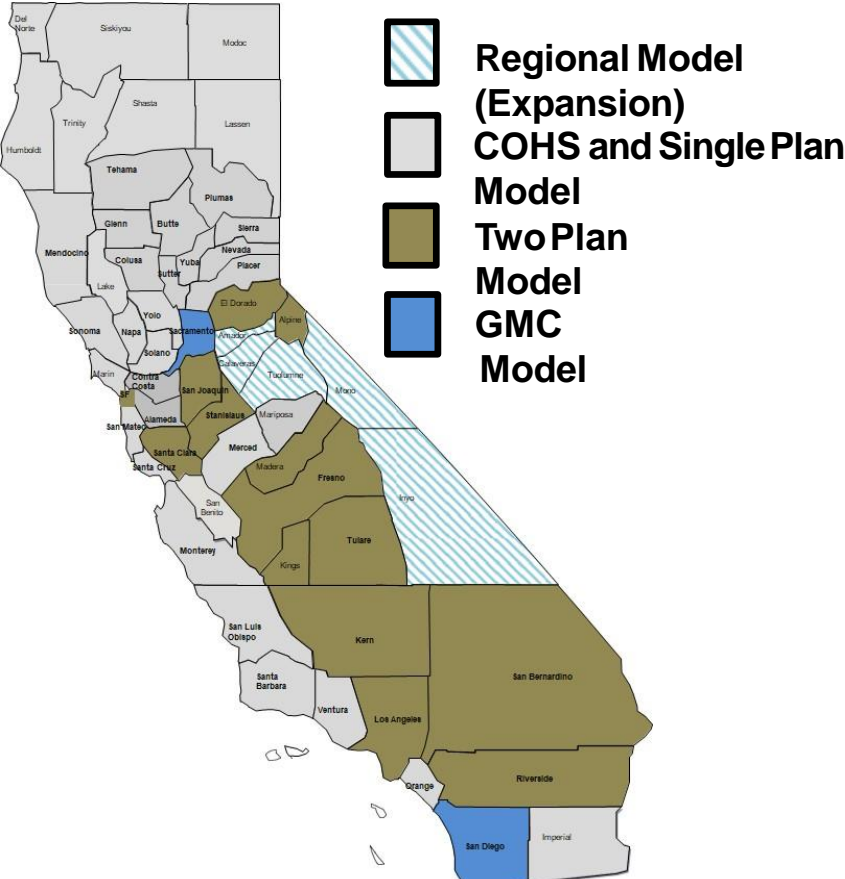
Medi-Cal Managed Care Plan (MCP) Model Change

With MCP model change, approximately 13,300 children and youth in foster care in counties transitioning to COHS and Single Plan models will be moved to mandatory managed care.

Current Models:



Conditionally Approved 2024 Models:*



New COHS Expansion Counties in 2024: Butte, Colusa, Glenn, Mariposa, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Yuba
(approximately 5,000 children and youth living in foster care)

New Single Plan Counties in 2024: Alameda, Contra Costa, Imperial
(approximately 8,300 children and youth living in foster care)



California Advancing and Innovating Medi-Cal (CalAIM)

CaAIM Overview

- Comprehensive changes to Medi-Cal
 - Waiver renewals – Section 1115 waiver and 1915(b) waiver
- Encompasses a broader delivery system, program and payment reform across the Medi-Cal program
- Initiatives and reforms began in 2022:
 - Medi-Cal Managed Care – PHM; ECM; Community Services & Supports
 - Behavioral Health Delivery System Transformation
 - Oral Health Benefits
 - Managed Long Term Services and Supports
 - Services and Supports for Justice Involved Populations
 - Other Delivery System Changes: Integration of Care

<https://www.dhcs.ca.gov/provgovpart/Pages/CaAIM.aspx>

CalAIM Behavioral Health Initiatives Schedule

Policy	Go-Live Date
Specialty Mental Health Services - Criteria for Services 🍷	January 2022
Behavioral Health No Wrong Door 🍷	July 2022
Behavioral Health Standard Screening and Transition Tools 🍷	January 2023
Contingency Management – Stimulant Use Disorders	January 2023
Behavioral Health Payment Reform	July 2023
Behavioral Health CPT Code Transition	July 2023
Behavioral Health Community-Based Continuum Waiver (<i>now called BH-CONNECT</i>)	2023 (Earliest to CMS) 2024 (Starts)
Administrative Integration of SMHS and SUD	January 2022 January 2027 (Fully Integrated)
DMC-ODS Traditional Healers and Natural Helpers	TBD

Specialty Mental Health Services (SMHS) Access Criteria (Effective 1/1/2022)

Streamlined SMHS medical necessity to match EPSDT

- Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition and are thus medically necessary and covered as EPSDT services.

New trauma-informed criteria to access SMHS

- The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS*, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness
- No diagnosis required prior to receiving services

*The [Pediatric ACES and Related Life-Events Screener \(PEARLS\) tool](#) is one example of a standard way of measuring trauma for children and adolescents through age 19. The [ACE Questionnaire](#) is one example of a standard way of measuring trauma for adults beginning at age 18. DHCS will explore the approval process and standards for trauma screening tools for beneficiaries under 21 years of age through continued stakeholder engagement. Mental health plans are not required to implement the tool until DHCS issues additional guidance regarding approved trauma screening tool(s) for the purposes of SMHS access criteria.

SMHS Criteria for Beneficiaries *under* age 21:

Criteria 1

- A beneficiary has a condition placing her/him at high risk for a mental health disorder due to experience of trauma evidenced by any of the following:
 - scoring in the high-risk range under a trauma screening tool approved by the department,
 - involvement in the child welfare system,
 - juvenile justice involvement, or
 - experiencing homelessness

Definition: Involvement in Child Welfare

- Beneficiary has an open child welfare services case
 - a) is in foster care or in out of home care, including both court-ordered and by voluntary agreement; or
 - b) has a family maintenance and/or prevention services case (pre-placement or post-reunification), including both court-ordered and by voluntary agreement
- Child can remain in the home or be placed out of the home
- Involvement in child welfare also includes adoption through the child welfare system

Criteria for Beneficiaries under 21:

Criteria 2

The beneficiary meets **BOTH** of the following requirements:

(1) The beneficiary has **at least one** of the following:

- A significant impairment and/or
- A reasonable probability of significant deterioration in an important area of life functioning and/or
- A reasonable probability of not progressing developmentally as appropriate and/or
- A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide

AND

(2) The beneficiary's condition as described above is due to **one of the following**:

- A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems or
- A suspected mental health disorder that has not yet been diagnosed and/or
- Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

Screening and Transition of Care Tools for Mental Health Services (Effective 1/1/2023)

- The **Youth or Adult Screening Tool** determines the appropriate delivery system for beneficiaries newly seeking mental health services
- Required for use by MCPs and MHPs when individuals contact the MCP or MHP seeking mental health services
- Tools can be administered by clinicians or non-clinicians and in a variety of ways (e.g., by phone, or in person) or formats (e.g., PDF or EHR)
 - specific order and wording of questions cannot be altered
- Not an assessment

Transition of Care Tool for Medi-Cal Mental Health Services (Adult and Youth)

- The **Youth or Adult Transition of Care Tool** supports timely and coordinated care supports for individuals currently receiving mental health services
 - when adding a service from the other delivery system, or
 - completing a transition of services to the other delivery system
- A single Transition of Care Tool has been developed for all beneficiaries, including Adults and Youth

Together, the tools ensure beneficiaries have access to the right care, in the right place, at the right time.

Guidance and FAQ

- DHCS released [APL 22-028](#) and [BHIN 22-065](#) to provide aligned guidance on Screening and Transition of Care Tools
- Guidance and FAQs are available on the [Screening and Transition of Care Tools for Medi-Cal Mental Health Services webpage](#)
 - Purpose of the tool, administration, scoring, requirements for use, translation

No Wrong Door Policy (Effective 7/1/2022)

Non-Specialty Mental Health Services (NSMHS) and SMHS services are covered even when:

- Provided during the assessment period, prior to determination of a diagnosis, or prior to determination of whether NSMHS or SMHS access criteria are met
- The beneficiary has a co-occurring mental health condition and SUD
- Services are not included in an individual treatment plan*
- Provided concurrently, if those services are coordinated and not duplicated

**Applies to NSMHS; SMHS guidance issued via Behavioral Health (BH) Documentation Reform*

NWD Guidance

- [BHIN 22-011](#) (MHPs)
 - Clarifies division of responsibilities between MHPs and MCPs
 - Clarifies that services are covered and reimbursable prior to diagnosis, even if it's eventually determined that the beneficiary does not meet access criteria
 - Clarifies that services are covered and reimbursable even when they're provided concurrently or when a beneficiary has a co-occurring disorder
- [APL 22-005](#) (MCPs)
 - Clarifies division of responsibilities between MHPs and MCPs

Enhanced Care Management & Community Support Services

New Medi-Cal Managed Care Benefits for Select Members

Overview of New Benefits

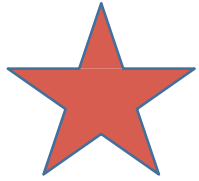
- On January 1, 2022, DHCS launched two new benefits for Medi-Cal beneficiaries enrolled in managed care, both of which are intended to promote a more coordinated and person-centered approach to health care, consistent with CalAIM.
- **Enhanced Care Management (ECM)** addresses the clinical and non-clinical needs of high-need beneficiaries through the coordination of services and comprehensive care management.
- **Community Support Services (CSS)**, which are optional for managed care plans to offer, provide community-based alternatives to traditional medical services and settings.

What is ECM?

- ECM is a **statewide** Medi-Cal benefit that provides intensive coordination of health and health-related services to certain high-needs individuals across physical, behavioral, dental, developmental, and social services delivery systems.
- ECM is provided through the beneficiary's **managed care plan (MCP)**.
- ECM recipients will have a single **Enhanced Care Manager**, who will coordinate all clinical and non-clinical care, and meet the beneficiary in-person where they live, seek care, or access covered services.

CalAIM Care Management Continuum

Managed Care Plans (MCPs) are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas.



Enhanced Care Management (ECM) is for the **highest-need members** and provides intensive coordination of health and health-related services.

Complex Care Management (CCM) is for members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

Basic Population Health Management (BPHM) is the array of programs and services for **all** MCP members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

Transitional Care Services are also available for all Medi-Cal MCP members transferring from one setting or level of care to another.









ECM Services

- If a beneficiary falls within a Population of Focus, then the ECM benefit offers seven core services:
 - 1. Outreach and Engagement**
 - 2. Comprehensive Assessment and Care Management Plan**
 - 3. Enhanced Coordination of Care**
 - 4. Health Promotion**
 - 5. Comprehensive Transitional Care**
 - 6. Member and Family Supports**
 - 7. Coordination and Referral to Community & Social Support Srvcs**

ECM Populations of Focus (POF)

New in July 2023



ECM Population of Focus	Adults	Children & Youth
 1 Individuals Experiencing Homelessness	✓	✓
 2 Individuals At Risk for Avoidable Hospital or ED Utilization <i>(formerly called "High Utilizers")</i>	✓	✓
 3 Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
→ 4 Individuals Transitioning from Incarceration *	✓	✓
 5 Adults Living in the Community and At Risk for LTC Institutionalization	✓	
 6 Adult Nursing Facility Residents Transitioning to the Community	✓	
 7 Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
 8 Children and Youth Involved in Child Welfare		✓
 9 Birth Equity Population of Focus *	✓	✓

* In July 2023, children and youth with I/DD or who are pregnant/postpartum will also be eligible for ECM if they meet the eligibility criteria for any existing Population of Focus.

ECM POF: Children/Youth Involved in Child Welfare

Children/youth who are:

- (1) Under age 21 and are **currently receiving foster care services in California; OR**
- (2) Under age 21 and was **previously receiving foster care services in California or another state within the last 12 months; OR**
- (3) Have aged out of foster care up to age 26** (they were in foster care on their 18th birthday or later) in California or another state; **OR**
- (4) Under age 18 and are **eligible for and/or in California's Adoption Assistance Program (AAP); OR**
- (5) Under age 18 and are **receiving or have received within the last 12 months services from California's Family Maintenance.**

Notes on the Definition:

- California's [Adoption Assistance Program \(AAP\)](#) is defined by [WIC 16120](#) and available to children under age 18 or under age 21 if the child has a mental or physical handicap that warrants the continuation of assistance, per [WIC 16120\(d\)](#). AAP provides financial and medical coverage with the goal of facilitating the adoption of children who otherwise may have remained in long-term foster care. AAP is provided for up to five years.
- California's Family Maintenance program is defined by [WIC 16506](#) as services that "shall be provided or arranged for by county welfare department staff in order to maintain the child in his or her own home." Family Maintenance provides strength-based, family-focused services to support a child or youth remaining in a safe, secure, stable home. Services are only eligible up to age 18.

Identification and Referral for ECM

- MCPs must proactively identify members, but also providers, self-referral referrals and community partners and agencies
- Sharing of information
 - Guidance: DHCS' "[Member-Level Information Sharing between MCPs and ECM Providers](#)" - standardizes how providers can "push" referrals to MCPs to minimize burden
 - To address barriers to data sharing between counties and MCPs, DHCS is updating the existing [CalAIM Data Sharing Authorization Guidance](#) that will include an analysis of the **laws related to sharing minors' data** as well as use cases specific to behavioral health, in recognition of the ECM for children and youth
- Population Health Management Service
 - Service is expected to support standardization and improve identification
 - [CalAIM PMH Policy Guide](#) & [FAQ](#)

What are Community Supports?

- **Community Supports**, or in lieu of services (ILOS), are services or settings that MCPs may offer as an alternative for those covered under the State Plan
- Community Supports are **optional** for MCPs to offer. If a MCP chooses to offer a Community Support service, then it must first obtain State approval
- If offered, Community Supports will be available to all Medi-Cal beneficiaries who meet the eligibility criteria for the specific service at issue. The benefit is *not* restricted to Populations of Focus
- Community Supports are **optional** for beneficiaries to utilize

Pre-Approved Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care (Medical Respite)
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition & Diversion to Assisted Living Facilities
9. Community Transition Services & Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)
12. Meals, Medically-Supportive Food, and Medically Tailored Meals
13. Sobering Centers
14. Asthma Remediation

Timeline and more info: Community Supports

- MCPs in all counties can launch pre-approved Community Supports starting **January 1, 2022**
- MCPs may **add** Community Supports every **6 months**.
- MCPs may **remove** a previously-offered Community Support **annually**

[Key Documents on CSS](#)

- Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide
- CalAIM Community Supports Model of Care Template
- CalAIM Data Guidance: Community Supports Member Information Sharing Guidance

Access Standards and Rights in Medi-Cal Managed Care

Network Adequacy and Due Process

Geographic Access

- **Knox Keene plans:**
 - Primary care & hospitals available within 15 miles or 30 minutes of home or work
 - Ancillary services are “a reasonable distance” from primary care facilities
- **All Medi-Cal plans:**
 - Primary care within 10 miles or 30 minutes
 - Transportation assistance – provided when a person needs an ambulance, gurney van, or wheelchair van

Timely Access

- Urgent care: 48 hours / 96 hours if prior authorization required
- Primary care: 10 business days
- Specialty care: 15 days
- Mental health: 10 business days
- Ancillary care: 15 business days
- Dental: urgent – 72 hours, routine – 36 days, preventive – 40 days
- 24/7 Nurse hotline
- 24/7 emergency care

Timely Access – New: SB 221 & SB 225 (Weiner)

SB 221:

- Mental health: 10 business days
- Clarifies that timely access for mental health includes ongoing visits, not just the initial visit

SB 225:

- DMHC must monitor plans for compliance with appointment wait times and averages
- Annually review plan network adequacy submissions

Out-of-network rules

- All plans must provide access to out-of-network services in cases of emergency
- When medically necessary services are “unavailable” in the plan’s network, plans must provide access to services out-of-network at no additional cost to the enrollee
- Plans must allow members of childbearing age to access family planning and reproductive health services out-of network

Note: All plans must make its provider directory available to potential and current enrollees, either in paper or electronic form

Grievances and Appeals

- Consumers generally must exhaust the plan's **internal** plan resolution process before they can proceed to external review
 - Types: Appeals for adverse benefits determinations (denial, termination reduction), and grievances (other complaints)
 - Deemed exhaustion: when plan fails to provide adequate notice or follow grievance rules, or does not resolve grievance within 30 days
 - Exception: urgent cases
- **External** review:
 - Medi-Cal State Fair Hearing
 - *Independent Medical Review* (IMR) if a KKA Licensed Plan (before Fair Hearing has been held)
 - Best practice: request both and postpone hearing until IMR is complete

State Fair Hearings

- Heard by an Administrative Law Judge (ALJ)
- Must file within 120 days of Notice of Appeal Resolution from the health plan
 - Note: was temporarily extended to 210 days during the COVID-19 Public Health Emergency (and new pending request)
 - Exceptions: enrollee never received notice, notice never issued, good cause
- Hearing request can be submitted via telephone, writing, or online
- ALJ decision must issue within 90 days*

Looking Ahead

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

BH-Connect (formerly “Cal CBC Demonstration”)

- 1115 demonstration waiver to address the gaps in the behavioral health continuum of care for Medi-Cal members for adults with SMI and children and youth with SED by -
 - Strengthening the statewide continuum of community-based services and evidence-based practices
 - Supporting statewide practice transformations in county behavioral health
 - Improve statewide county accountability
 - Establish a county option to enhance community-based services through coverage of evidence-based practices
 - Establish a county option to receive FFP for services provided during short-term stays in IMDs
- Process:
 - State proposal with 30 day comment period
 - Federal Waiver submission with Notice and 30 day comment period

BH-Connect: Components to Support Children and Youth involved in child welfare

DHCS is requesting 1115 waiver authority to make targeted improvements statewide for youth in child welfare:

- » **Cross-sector incentive pool** to collectively reward MCPs and county behavioral health and child welfare agencies for meeting specified measures for children and youth in the child welfare system
- » **Activity stipends** for children and youth involved in child welfare to promote social and emotional well-being and resilience, manage stress and counteract the harmful effects of trauma.
- » **Centers for Excellence** to support implementation of evidence-based practices for children and youth (e.g., MST, FFT, PCIT, intensive care coordination, intensive home-based services, high-fidelity wraparound).

DHCS is also pursuing activities in parallel with the demonstration that do not require CMS authority:

- » **Clarifying coverage of specific evidence-based practices** for children and youth (MST, FFT, PCIT)
- » **Alignment of the CANS tool** to ensure both child welfare and behavioral health providers are using the same CANS tool with the same modules
- » **Initial Behavioral Health Assessment** jointly administered by the behavioral health and child welfare systems.
- » **Foster Care Liaison role** within MCPs (next)
- » **Other activities** (e.g., strengthening statewide standards for medical necessity determinations and clinical guidance for IHBS and therapeutic behavioral services).

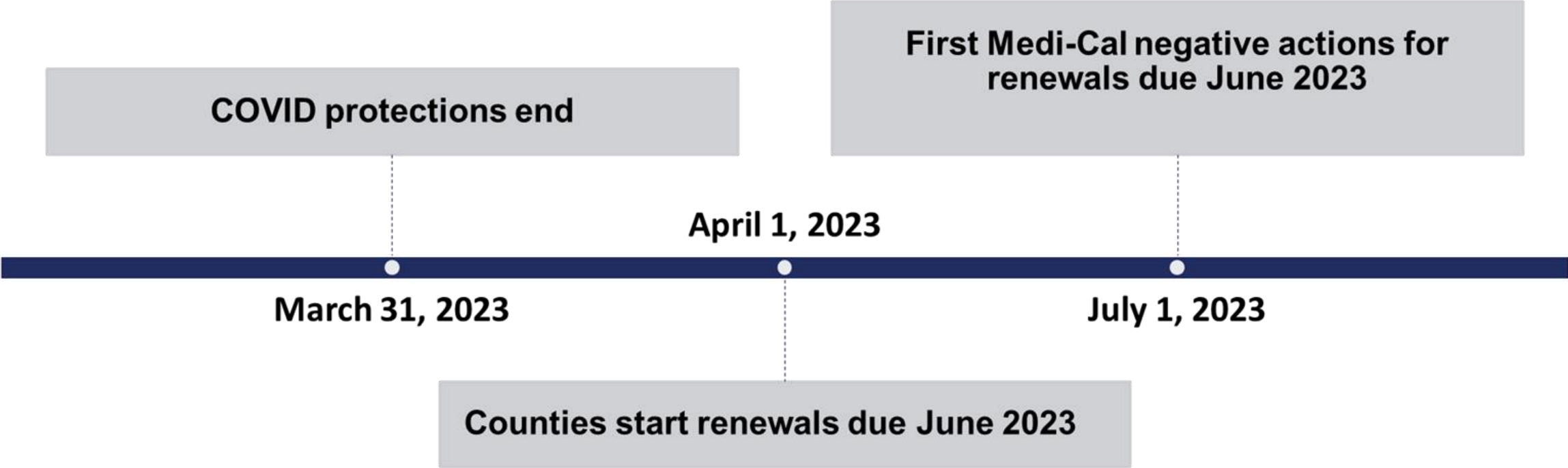
MCP Foster Care Liaison Role - proposal

- Require plans to assign a Foster Care Liaison as single point of contact for coordinating and managing issues related foster youth
 - Expected expertise in child welfare and county behavioral health
- Ensuring MCPs adhere to the MOU between the MCP and County social services / child welfare departments
- Responsible to oversee the ECM providers in their case load, provide technical assistance to MCP and address obstacles when working with county and community partners
- Contract changes and guidance for this role will developed

Medi-Cal Unwinding

End of the COVID Public Health Emergency

Renewals Timeline during the “Unwinding”



Top Medi-Cal Renewal Rights

- Counties must review for **ALL categories** of Medi-Cal eligibility before termination
- Counties must use info. they already have before requesting info.
- Counties must send pre-populated renewal forms, two reminder notices, and a final termination notice before Medi-Cal cutoff
- Medi-Cal must stay active until counties complete renewal processing
- Resources: DHCS [ACWDL 22-33](#), Welf. & Inst. Code § 14005.37

Renewal Obligations –Returned Mail or Outreach for Loss of contact

- Updated in-state Medi-Cal member contact information received from the National Change of Address (NCOA) or United States Postal Service (USPS) returned in-state mail is reliable and valid
 - County can accept the in-state forwarding address from NCOA or USPS and update the Medi-Cal member's case record ([MEDIL 22-45](#))
- Loss of contact: Must conducting Medi-Cal beneficiary outreach using two modalities based on return mail prior to termination (e.g. mail, phone, text)
 - [MEDIL I 23-11](#)
 - [ACWDL 22-09](#) (undeliverable mail)

Medicaid Unwinding – Resuming Medi-Cal Redeterminations

- Former foster youth renewals process
 - Under age 26: Specific renewal process for current FFY (see [MEDIL 23-28](#))
 - If not aging out, and contact is not established follow the guidance in ACWDL 14-41 - continue the Medi-Cal member in aid code 4M and place in fee-for-service.
- FFY who have turned age 26 during the PHE:
 - If a youth has aged out, a full assessment must be completed, including an ex parte and full review of the Medi-Cal hierarchy for eligibility for any other Medi-Cal program (see [MEDIL 21-33](#))
- Adoption Assistance Program (AAP)
 - auto-renewal process and packets are not sent
 - these individuals still must have a full redetermination conducted
 - Follow ACWDLs [22-18](#) and [22-33](#)

questions? Email: FFY@dhcs.ca.gov

Take Action Today to Keep Medi-Cal

People with Medi-Cal:

- Report contact info. changes to county or Covered CA
- Sign up for account at BenefitsCal.com
- Sign up for alerts at KeepMediCalCoverage.org
- Watch mail for renewal in yellow envelope
- Respond to county requests for info. (mail, online, phone, and in person)
- Request State Fair Hearing if needed to keep Medi-Cal

Call the Health Consumer Alliance for help

- Call toll-free (888) 804-3536 / TTY (877) 735-2929
- Visit our [“Keep Your Coverage” website](#) for resources
- [NHeLP PHE Unwinding Landing Page](#) -
 - [Comprehensive list](#) of guidance, toolkits, and partner resources
 - [Unwinding Checklist](#)

New Resources for Foster Youth

Foster Youth Resources

- NHeLP, in partnership with the National Center for Youth Law, recently released a suite of infographics aimed at helping foster youth better understand the services available to them through California's Medicaid program.
- [Guide to Accessing Medi-Cal Mental Health Services for Current and Former Foster Youth](#)
- [Reproductive and Sexual Health Resources for California Foster Youth](#)

A GUIDE TO ACCESSING MEDI-CAL MENTAL HEALTH SERVICES FOR CURRENT AND FORMER FOSTER YOUTH

About This Guide

This guide provides information and resources to current and former foster youth on how to access mental health services through California's Medicaid program (Medi-Cal).

Who is a "current foster youth" under Medi-Cal?

A current foster youth is someone who is in foster care *right now*. This includes non-minor dependents in extended foster care.

What about a "former foster youth"?

A former foster youth is someone who was in foster care in *any* state on their 18th birthday or later.



If you're unsure whether you're a current or former foster youth, contact the **Foster Care Ombudsman Office** at 1-877-846-1602 or fosteryouthhelp@dss.ca.gov

If you're not a foster youth, you may still qualify for Medi-Cal mental health services for other reasons. Check out Page 5 of this guide for additional resources.

Need mental health help now?

Free. No insurance needed.

- Family Urgent Response System (FURS) (available 24/7 for current and former foster youth): Call or text 1-833-939-3877, or chat online at Cal-FURS.org
- Suicide and Crisis Lifeline: Call or text 988
- Crisis Text Line: Text HOME to 741-741
- The Trevor Project (for LGBTQIA+ youth): Call 1-866-488-7386, text START to 678-678, or chat online at thetrevorproject.org/webchat
- CalHOPE (for peer support): Call 833-317-HOPE (4673) or chat online at calhopeconnect.org



MEDI-CAL ABORTION SERVICES



IS ABORTION LEGAL IN CALIFORNIA?

Yes! In California, a person has a **legal right to obtain an abortion**.

DOES MEDI-CAL COVER ABORTION?

Yes, California **covers abortions for all Medi-Cal enrollees** and all services related to getting an abortion. For foster youth and former foster youth, there is no out of pocket costs.

WHERE CAN I GET AN ABORTION?

You can get an abortion by **asking your health care provider**. To find out who is your provider, call your Medi-Cal health plan. You can also go to any abortion provider that accepts Medi-Cal, even if they are not part of your health plan.



WHAT IF I HAVE TROUBLE GETTING AN ABORTION?

The Health Consumer Alliance (HCA) offers free assistance over-the-phone or in-person to help people who are struggling to get or maintain health coverage and resolve problems with their health plans. They can assist individuals accessing abortion care. You can **reach the HCA** at 1-888-804-3536 (TTY 1-877-735-2929) or at <https://healthconsumer.org/>.

ACCESS Reproductive Justice operates a free healthline to provide information, referrals, procedural, and practical support around abortion care, birth control, and other reproductive health services. You can **reach ACCESS** at 1-800-376-4636 or at <https://accessrj.org/access-rj-online-request-form/>.

You can **call your attorney**. If you are in foster care in Los Angeles County, Placer County, or Sacramento County, you can call your attorney at Children's Law Center.

You also can **call your social worker and/or CASA** to ask for help.

You can also **talk to the Foster Care Ombuds Office** to find out about all your rights, have someone hear what is going wrong, or get help. Go to fosteryouthhelp.ca.gov or call 1-877-846-1602 or email fosteryouthhelp@dss.ca.gov.

DO I NEED TO TELL ANYBODY ABOUT THE ABORTION?

Youth of any age can get an abortion without the permission of and without having to tell their parent/guardian, spouse/partner, social worker, foster caregiver, or the biological parent of the fetus.

Your health care provider also cannot tell your parent/guardian, spouse/partner, social worker, foster caregiver, or the biological parent of the fetus, that you got an abortion, unless you give the health care provider permission to tell.



NHeLP's Upcoming Reports

Evaluating County Implementation of CalAIM: Access to mental health services for foster youth



Policy & Procedure Review



Data Review



Qualitative Research

NHeLP Resources:

- [An Advocate's Guide to Medi-Cal Services](#)
- [Fact Sheet: New Criteria for Access to Medi-Cal Specialty Mental Health Services for Beneficiaries Under Age 21](#)
- [Fact Sheet: Medi-Cal Family Therapy](#)
- [Medi-Cal Dyadic Services](#) Advocates and Consumer-Facing Factsheets
- [Access to Medi-Cal Specialty Mental Health Services: Network Adequacy Requirements and Other Beneficiary Rights](#)
- [NHeLP welcomes new mental health network adequacy reporting for California plans](#)

Resources Continued

- **Department of Health Care Services**

- Medi-Cal Member Helpline
 - Call [1\(800\) 541-5555](tel:18005415555)
 - Visit [online resources](#)

- **Health Consumer Alliance (HCA)**

- Offers **free assistance** over-the-phone or in-person to help people who are struggling to get or maintain health coverage and resolve problems with their health plans
 - Consumer Hotline 888-804-3536 (TTY 877-735-2929)
 - healthconsumer.org/ (English)
 - healthconsumer.org/es/ (Spanish)



Questions?

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Connect with National Health Law Program online:



www.healthlaw.org



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[@NHeLP_org](https://twitter.com/NHeLP_org)

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