

Whole Child Model Clinical Advisory Committee

Meeting Agenda

Thursday, July 10, 2025

12:00 p.m. - 1:00 p.m.



Held Via Teleconference

1. Members of the public wishing to join the meeting may do so as follows:

Join on your computer, mobile app, or room device.

[Join the meeting now](#)

Meeting ID: 298 016 803 423

Passcode: s4if6rs6

Dial in by phone:

[+1 872-242-9041, 354642570#](#) United States, Chicago

[Find a local number](#)

Phone conference ID: 354 642 570#

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Committee or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Wednesday, July 9, 2025 to the Clerk of the Advisory Committee at jvanvoerkens@thealliance.health
 - i. Indicate in the subject line "Public Comment." Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to five minutes.
 - b. Public comment during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to five minutes.
3. Mute your phone during presentations to eliminate background noise.
 - a. State your name prior to speaking during comment periods.
 - b. Limit background noise when unmuted (i.e., paper shuffling, cell phone calls, etc.)

1. **Call to Order by Chairperson Myers. 12:00 p.m.**

A. Roll call.

B. Supplements and deletions to the agenda.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

2. Oral Communications. 12:05 p.m.

- A. Members of the public may address the Committee on items not listed on today's agenda that are within the jurisdiction of the Committee. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.
- B. If any member of the public wishes to address the Committee on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

Consent Agenda Items: 12:10 p.m.

3. Approve Whole Child Model Clinical Advisory Committee (WCMCAC) Meeting Minutes of March 20, 2025.

- A. Reference materials: Minutes as above.
- B. Grievance Update S. Sanders

Regular Agenda Items: 12:15 p.m.

4. New Business

- A. Behavioral Health Insourcing R. McMullen

5. Old Business

- A. ECM Update D. Redmond, E. Castillo, S. Sherman
- B. Transportation E. Castillo
- C. WCMFAC Update J. Espinoza
- D. WCM Referral Volumes A. McEowen, RN

6. Future Topics

7. Open Discussion: 12:50 p.m.

- A. Committee to have roundtable discussion
 - i. CCS Education for PCPs

8. Adjourn: 1:00 p.m.

The next meeting of the Whole Child Model Clinical Advisory Committee, after this July 10, 2025, meeting:

- Thursday, September 18, 2025, 12:00-1:00 p.m.
Locations: Teleconference via MS Teams

Members of the public interested in attending should call the Alliance at (831) 430-2622 to verify meeting dates prior to the meetings.

The complete agenda packet is available for review on the Alliance website at:
www.ccah-alliance.org bottom of page under Community – Meetings and Events.

Whole Child Model Clinical Advisory Committee



Meeting Minutes

Thursday, March 20, 2025

12:00 p.m. - 1:00 p.m.

Teleconference Meeting

Committee Members Present:

John Mark, MD	Provider Representative
Lena Malik, MD	Provider Representative
James Rabago, MD	Board Representative
Ibraheem Al Shareef, MD	Provider Representative
Camille Guzel, MD	Provider Representative
Nicole Shelton, PA	Provider Representative
Devon Francis, MD	Provider Representative
Jennifer Yu, MD	Provider Representative
Cal Gordon, MD	Provider Representative

Committee Members Absent:

Hue Nguyen, MD	Provider Representative
Michelle Perez, MD	Provider Representative
Sarah Smith, MD	Provider Representative

Staff Present:

Dianna Myers, MD	Medical Director
Tammy Hoeffel	Enhanced Health Services Director
Lisa Moody, RN	Senior Complex Case Manager
Ronita Margain	Community Engagement Director
Cynthia Bali	Provider Relations Supervisor
Kelsey Riggs, RN	Care Management Director
Jenna Stromsoe, RN	Complex Case Management Supervisor
Ashley McEowen, RN	Complex Case Management Supervisor
Jacqueline Morales	Provider Relations Representative
Sarah Sanders	Grievance & Quality Manager
Tracy Neves	Clerk of the Committee

Other Representatives Present:

Aditi Mhaskar, MD	Provider Representative
Linda Smith, RN	Provider Representative
Becky Shaw	Provider Representative
Kevin Smith	FAC Representative
Janna Espinoza	FAC Representative
Amanda Wright	Aveanna Healthcare

1. Call to Order by Chairperson Dr. Dianna Myers.

Chairperson Myers called the meeting to order at 12:05 p.m.
Roll call was taken.

2. Oral Communications.

Chairperson Myers opened the floor for members of the public to address the Committee on items not listed on the agenda.

No members of the public addressed the Committee.

3. Consent Agenda Items.

A. Approval of WCMCAC Minutes

Minutes from the December 19, 2024, meeting were reviewed.

B. Grievance Update

Grievance data and update were provided to the Committee.

M/S/A Consent agenda items approved.

4. Regular Business Items.

A. Whole Child Model Overview

Jenna Stromsoe, RN provided an overview of the Whole Child Model (WCM) program, its history, member demographics and the role of the pediatric complex case management team. Jenna emphasized the importance of California Children's Services (CCS) paneling and making CCS referrals for eligible patients.

The Whole Child Model program was authorized by Senate Bill 586 in September 2016 to better support CCS children and their families. Under the WCM program, many of the functions that were previously assigned to CCS were integrated into the health plan. The program aims to alleviate confusion and improve outcomes by having the managed care plan steward the CCS benefit. The WCM program was implemented in July 2018 in Santa Cruz, Monterey, and Merced counties. In January 2025, the program expanded into San Benito and Mariposa counties. Jenna also highlighted the differences between independent and dependent counties in terms of medical eligibility determinations. The Alliance case management team is the primary contact for any case management needs and works closely with county partners. The Complex Case Management team is a multidisciplinary team consisting of registered nurses, care coordinators, and medical social workers. The team collaborates with various providers and internal teams to ensure comprehensive care for pediatric members. Dr. Myers noted that the case management team is also available to support members without CCS. The team serves members up to 17 years of age and to 21 years of age if a CCS member. Annual assessments are completed with members to identify the members' needs and determine who is best suited to provide assistance. Providers need to be paneled for CCS eligibility, even with the Whole Child Model program implementation. Prior to applying as a CCS program provider, providers' National Provider Identifier (NPI) number must be enrolled with Medi-Cal. Links to the application and DHCS provider paneling standards were shared and providers encouraged to become paneled and make referrals. Jenna discussed the CCS medical eligibility guidelines and the importance of making referrals for potential CCS eligible conditions. Links to the guidelines were provided. It was noted 'there is "no wrong door" and the team will connect members with staff that can assist. A provider empathized that there is a great benefit for children and families to be connected with CCS.

B. Family Advisory Committee

Kevin Smith and Janna Espinoza discussed the Family Advisory Committee (FAC) and its purpose, meeting schedule, and the need for new members. They highlighted the accessibility of the meetings and the importance of family input. Kevin explained that the FAC promotes open communication between families with children who have special health care needs, Alliance leadership, and local family support providers. The FAC serves as a mutual learning forum to improve care for CCS beneficiaries. Currently FAC members are needed in the following counties: 1 member in Mariposa, 2 members in Merced, 2 members in Monterey, 2

members in Santa Cruz and 1 member in San Benito. A provider noted she is not clear which patients are in the WCM program. **Action:** Ashley will generate a report for the provider with WCM member information. A provider noted receiving feedback on what is working and what are the challenges at future WCMCAC meetings would be beneficial.

The FAC meetings are held once per quarter for about an hour and a half on Mondays from 1:30 to 3:00 PM. Appointed members may receive a stipend for each meeting attended. Kevin and Janna highlighted the need for new members from various counties, including family representatives and parent center representatives. They provided information on how to apply and encouraged providers to share the opportunity with interested families. Janna emphasized the accessibility of FAC meetings, noting that members can call in and participate remotely making it easier for families with complex schedules and medical needs to attend.

C. WCM CCS Referral Volumes

Ashley McEowen, RN presented on CCS referrals and WCM membership volumes, noting a decrease in referral approval rates and an increase in membership. The team is working to validate referral data and investigate potential causes for the changes. Ashley presented data on CCS referrals for quarter 4, showing a total of 276 referrals, with 107 in Merced, 120 in Monterey, and 49 in Santa Cruz. Ashley noted a decrease in referral approval rates compared to the previous quarter. The average approval rate for quarter 4 was 68.5%, a slight decrease from 72.8% in quarter 3. Ashley emphasized the importance of sending high-quality referrals and mentioned the team's efforts to validate the data. Comparison data from 2023 and 2024 was reviewed and it was noted the team monitors referrals and trends closely. WCM members that aged out in all counties from January to March this year included 201 members. The team makes referrals to the adult case management team regarding the age out members.

The WCM membership volumes have increased, with a current total of 8,955 members, including 440 CCS children from San Benito and Mariposa counties. The pediatric team continues their ongoing efforts to monitor and support these members. The team is working closely with CCS partners to validate referral data and investigate potential causes for the changes in referral volumes. This includes ensuring accurate data reporting from the new care management platform.

5. **Open Discussion.**

Dr. Myers opened the floor for the Committee to have an open discussion.

A provider in Santa Cruz noted he appreciates the collaboration with the Alliance, and they are working with DHCS on oversight and monitoring of the CCS programs. Also noted was that there could be potential budgetary issues for the counties.

Several providers mentioned the impact of immigration fears on patient attendance at appointments, noting a significant drop in visits to Stanford clinics and other healthcare services. They emphasized the need to address this issue and support affected families. Dr. Myers suggested connecting with Stanford's social workers and the Alliance to provide targeted support for families. The team discussed the importance of addressing these fears and finding ways to ensure families can access the care they need. The discussion included the potential for increasing telehealth services to mitigate the impact of immigration fears on patient attendance. This approach could help maintain continuity of care for families reluctant to travel. Another provider in Monterey county noted having Kaiser come into the county has caused some confusion with members. There was a suggestion to discuss ongoing patient fears and share best practices at a future meeting.

Adjourn.

The meeting adjourned at 1:00 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Committee

The Whole Child Model Clinical Advisory Committee is a public meeting.



Whole Child Model Grievances

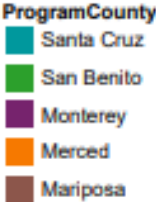
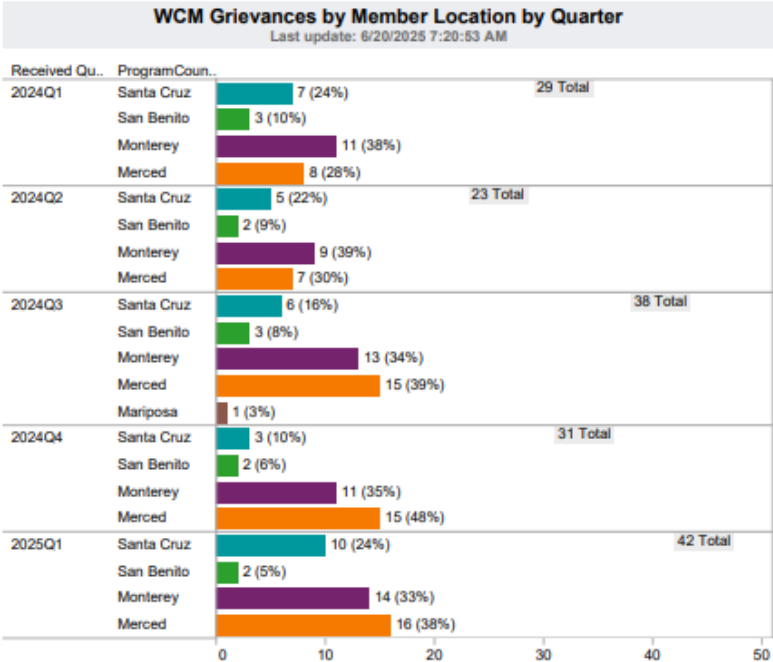
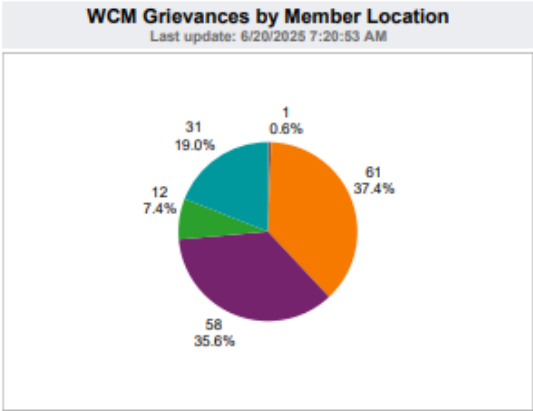
Q1 2025 Appeal & Grievance (AG) Review

Whole Child Model, Clinical Advisory Committee: WCMCAC

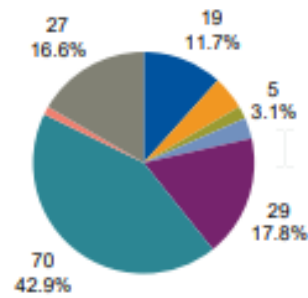
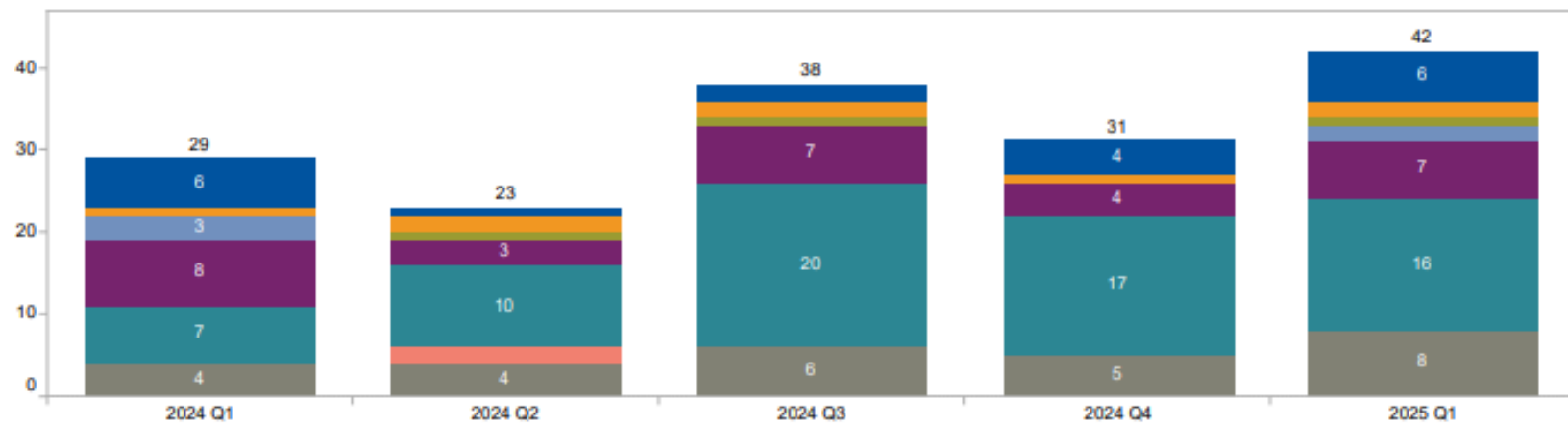
Prepared by: Sarah Sanders, Grievance and Quality Manager

7/10/25

WCM Q1 2024– Q1 2025 GRIEVANCES by LOCATION



WCM Q1 2024 through Q1 2025 GRIEVANCES by TYPE



- Appeal
- Benefits-Claims-Cove...
- DME
- Other
- Provider
- Quality of Care-Service
- Timely Access
- Transportation





WCM Review

Q1 2025 TRENDS

REVIEW and TRENDS:

1. WCM Grievances are closely monitored to identify trends by the Staff Grievance Review Committee (SGRC)
2. Overall WCM Grievance volume **increased** from the lowest quarter (Q224) and still stable when compared historically.
3. QOC/QOS makes up the **largest** volume of WCM/CCS case type
4. Common Themes continued:
 - ❖ QOC/QOS
 - ❖ Provider Billing
 - ❖ Transportation

WCM **GRIEVANCE** Actions



- Continue engaged monitoring and interventions.
- Monitoring adults exiting from WCM program.
- **Inputs Welcome:** Clinical Partners, please share any questions or suggestions to ssanders@thealliance.health





WCMCAC: Behavioral Health Services Overview

Rebecca McMullen, LPCC, Behavioral Health
Manager



Healthy People
Healthy Communities

Goals for today!

We want to:

- Tell you a little bit about behavioral health and the services we offer
- Overview of the change from Carelon to Alliance 7/1/25
- How to access Behavioral Health Services from the Alliance

First...What do we mean when we say Behavioral Health?

Behavioral health includes mental health and behavioral issues as well as issues with substance use. Taking care of your behavioral health is an important part of your overall health and wellness. Some examples of behavioral health concerns are:

- Anger
- Anxiety, phobias and obsessive-compulsive disorder (OCD)
- Autism, attention-deficit/hyperactivity disorder (ADHD) and attention-deficit disorder (ADD)
- Depression
- Difficulty coping with life changes, frustration and stress
- Drug or alcohol use
- Over exercise and eating disorders
- Grief and loss
- Stress
- Childhood traumas and other traumas
- Post-traumatic stress disorder (PTSD)



Behavioral Health in California

- One in five children in California have a mental health diagnosis such as depression, anxiety, ADHD and other behavioral needs



- One in seven adults has a mental illness



- One in ten adults struggle with a substance use problem



The Alliance hopes to:

- Make behavioral healthcare easier to get
- Expand coverage
- Teach members and providers about behavioral health
- Fight behavioral health stigma
- Have more providers available and offer different language options
- Use data to make improvements

What is Changing 7/1/25?



Caelon will no longer manage the behavioral health services for members, The Alliance will directly



All behavioral health providers will now be able to be part of the network directly with the Alliance rather than Caelon



The Alliances' Behavioral Health Care Management Team will now handle screenings and care transitions, not Caelon. This means there will be new instructions for how we receive and act on referrals.



BHT/ABA services will now be sent to the Alliances UM team that specializes in BHT/ABA care. They will approve the services, help with connection to treatment, and make sure the care is going well.



What is NOT changing 7/1/25?



Behavioral health coverage for members is staying the same, there is no changes to what services you can get with us



Members will still have access to Behavioral health care management services and can still see many of the same behavioral health care providers.



If a behavioral health provider switched from Carelon to the Alliance, members should not notice any changes or problems with their care.



The Alliance must follow the same rules that Carelon did, including getting members to providers timely, working with providers, and meeting state behavioral health care requirements.



Accessing Behavioral Health Services

There are two types of behavioral health services for Medi-Cal members:

- **Non-Specialty Mental Health Services (NSMHS),**
These services help with mental health needs. Starting July 1, 2025, the Alliance now provides support to getting these services, rather than Carelon.
- This used to be called "mild to moderate" mental health services, such as for less serious conditions, possibly such as Anxiety or depression , or for those whose mental health needs are not as severe but can still benefit from counseling support.
- **Specialty Mental Health Services (SMHS) and Substance Use Disorder Services (SUDS)**
These services support mental health and help with substance use problems. The County Behavioral Health provides these services for medi-cal members.
- This used to be called "moderate to severe" mental health services. It means help for people with usually more serious conditions such as bipolar disorder or schizophrenia, or for people whose mental health needs could benefit from more intensive support.
- Good News:
- Most behavioral health services don't need a referral from a doctor.
- With the "No Wrong Door" approach, you can ask for help through your managed care plan (the Alliance) or County Behavioral Health, and they will help you get the services you need.
- For more details on how to get help, check out our Frequently Asked Questions handout.



How Members Access BH Care



Member in need of BH Services

- Member can self-refer by calling Alliance directly
- Member can call contracted BH provider directly for services and bypass Alliance
- Member can call/walk into local MHP access for screening and assessment
- PCP can access referral forms online at Behavioral Health

MCP or MHP completes DHCS Screening Tool

- If member is referred to Alliance or the Mental Health Plan (MHP), a BH CM staff member will screen member for correct system of care and need and provide appropriate referrals within timely access requirement. The Alliance and our 5 MHPs coordinate daily on these referrals

Member Connected to Care

- Member will be offered appointment assistance and to be connected to a provider with an appointment within timely access requirements

Members can call 800-700-3874
All members should have received new CCAH
ID cards in June 2025 with updated information



Behavioral Health CM Referral



Providers can call the alliance case management line 800-700-3874 X5512



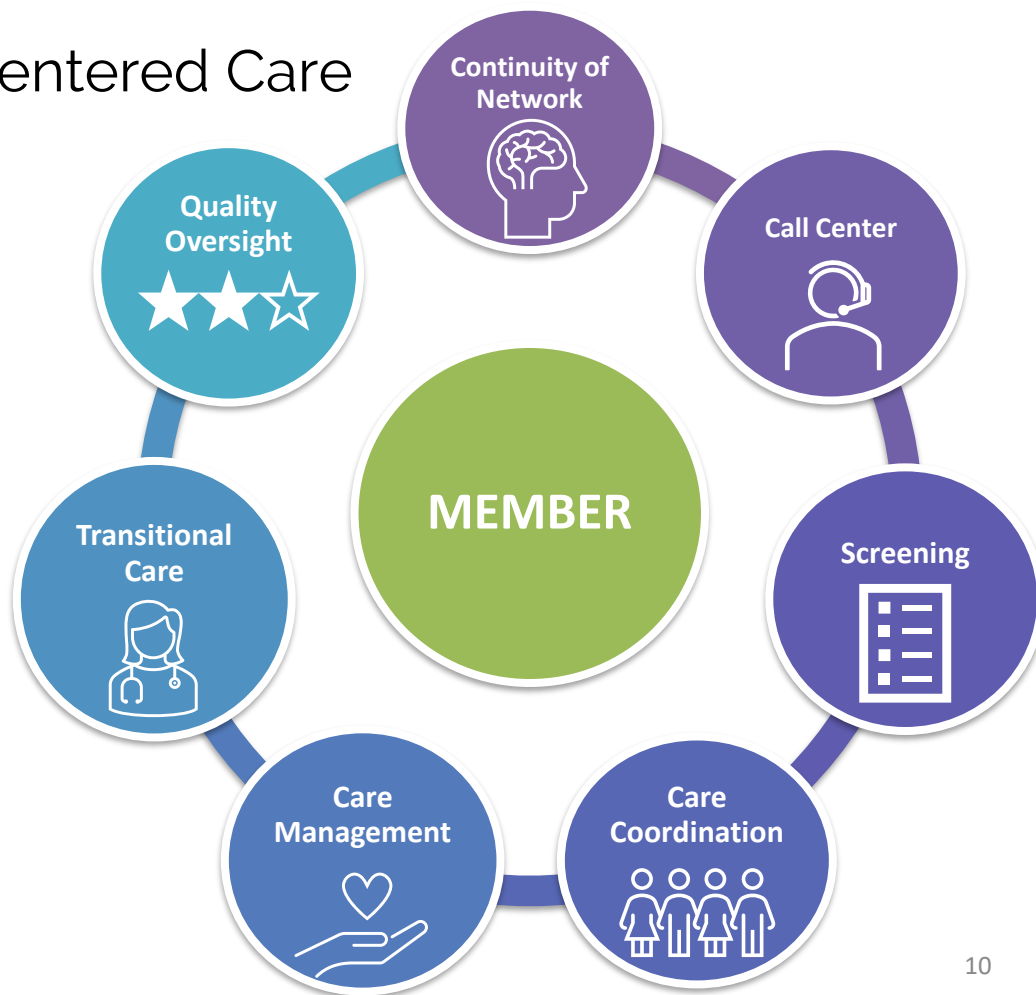
Providers can submit a care management referral form directly through the Alliance website. [Care Management Referral Form - Central California Alliance for Health](#) or Referrals via fax to (831)430-5850.



Referral via e-mail to list CM behavioral health team
ListBHCMintakecoordinators@thealliance.health



Member Centered Care



Supplemental Material: Frequently Asked Questions

- **What should I do if I'm having a mental health emergency?**
 - If you're having a mental health emergency and need help right away:
 - Call 911 or go to the nearest emergency room.
 - If you or someone you know is thinking about hurting themselves or suicide,
 - Call the Suicide & Crisis Lifeline at 988. It's available 24/7 and offers help in English and Spanish.



Supplemental Material: Frequently Asked Questions

- **How can I get Behavioral Health services?**

- If you have Medi-Cal, getting help is easier with the *No Wrong Door for Mental Health Services Policy*. Here's how you can get help:
 - o Call the Alliance number on the back of your member card.
 - o Visit the Alliance website: <https://thealliance.health> and under the *For Members* drop down menu, go under *Get Care* and choose *Behavioral Health*.
 - o Call your County Behavioral Health Services.
 - o Talk to your Primary Care Provider/Doctor. Your doctor can help connect you to behavioral health services.



Supplemental Material: Frequently Asked Questions

- **What should I expect when I call and ask about Behavioral Health Services:**
 - If you call the Alliance or your County Behavioral Health, a staff member will complete a screening with you. If you are calling as a parent/caregiver for a child in your care, you will be asked screening questions for the child.
 - Based on your answers, you'll be referred to a provider in the network or your county behavioral health office.
 - If you reach out to an Alliance provider directly, they will meet with you to help assess your needs.
- **What if I Need Services in another Language?**
 - The Alliance offers language help and interpreters. For written information or interpreter services, call the Alliance Health Education Line at 800-700-3874, ext. 5580



Supplemental Material: Frequently Asked Questions

- **What changes occurred on July 1st, 2025 when Alliance became the provider for Behavioral Health instead of Carelon?**
 - You'll use a new phone number to access behavioral health services: 800-700-3874
 - You should have received a new member ID card with the updated phone number above.
 - Benefits and coverage will stay the same.
 - If you're seeing a provider and want to continue with them, you can use the *Continuity of Care* option for up to 12 months, even if they're not in the Alliance network.
- **What if I had an open Care Management Case with Carelon?**
 - Carelon and the Alliance worked together to transition any open Care Management cases and members should be outreached by an Alliance Behavioral Health Care manager for support.



Supplemental Material: Frequently Asked Questions

- **What are some examples of Non-Specialty Mental Health Services (NSMHS) provided by the Alliance?**
 - These services help with mental health and can include:
 - Mental Health Assessment and Treatment: You can get help through individual, group, or family therapy. Dyadic services (therapy for a parent and child) are also available.
 - Psychiatric Consultation: Talk with a psychiatrist for expert advice.
 - Behavioral Health Treatment (BHT) and Applied Behavioral Analysis (ABA): Specialized care for needs such as autism and other developmental issues.
 - Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): Health checks and early treatment, especially for children.
 - These services help with drug and alcohol issues:
 - Screenings, Assessments, Brief Interventions & Referral to Treatment (SABIRT): Quick checks and referrals for treatment.
 - Medications for Addiction Treatment (MAT): Medicine to help with addiction recovery.
 - Acute Medical Detoxification: Safe removal of drugs from your system.



Supplemental Material: Frequently Asked Questions

- **If you need further assistance, Contact us | Toll free: [800-700-3874](tel:800-700-3874)**
- **For Deaf and Hard of Hearing Assistance TTY: 800-735-2929 (Dial 711)**





ECM Process

Delorise Redmond, RN-ECM Manager
Sabryna Sherman, UM Auth Manager

PRESENTATION OBJECTIVE

- Understand DHCS 2025 ECM requirements
- Review MCP UM team roles and coordination
- Walk through the standardized ECM process
- Clarify provider interactions and responsibilities
- Address questions and next steps



What is Enhanced Care Management?

ECM: Definition & Goals

- Intensive, whole-person care coordination for high-risk Medi-Cal members
- DHCS 2025 focus: equity, clinical stabilization, social determinants of health
- Outcomes: improved quality, reduced readmissions, cost-effective care



Eligibility Criteria

- **High-risk member indicators:** clinical complexity, social needs, demographic risk factors
- **Defined by DHCS as Populations of Focus (POF):**
 - Individuals and families experiencing homelessness
 - Individuals at Risk for Avoidable Hospital or ED Utilization (formerly Adult High Utilizers).
 - Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)
 - Individuals with Intellectual or Developmental Disabilities, if they meet any of the criteria for the above 3 populations of focus
 - At Risk for Institutionalization and Eligible for Long Term Care
 - Nursing Facility Residents Transitioning to the Community
 - Children/Youth enrolled in CCS or CCS WCM with Additional Needs
 - Children and Youth Involved in Child Welfare
 - Birth Equity (Pregnant and Postpartum Individuals)
 - Individuals Transitioning from Incarceration



ECM Referrals

ECM Referral Workflow

- **Referral sources:** providers, hospitals, community agencies
- Referrals can be submitted directly to ECM providers or to the Alliance
- ECM providers can be identified in the [Provider Directory](#) with the populations of focus that they serve
- Referrals to the Alliance can be submitted through the Provider Portal or through our online [web forms](#)
- **MCP UM's role:** process referrals, validate eligibility, oversee ECM providers, assist with member and ECM provider connection



Initial Assessment & Care Planning

Comprehensive Assessment & Person-Centered Plan

- Initial intake by ECM Provider
- **Assessment includes:** clinical, behavioral, housing, food security, transportation, etc.
- **Care plan components:** SMART goals, timeline, service roles



Care Coordination & Service Delivery

Provider Responsibilities:

- Regular coordination with doctors, specialists, mental health and substance use providers, hospitals, and community organizations
- Help with medications, discharge planning, housing, and more
- Ongoing check-ins, assessments, and care plan updates



Quality Monitoring & Performance Metrics

ECM Quality Assurance & Outcomes Tracking

- **Utilization metrics:** readmissions, ED visits, hospital days
- **Process metrics:** contact frequency, referral completion, HRA outcomes
- Oversight Reviews



Transitions & Care Discontinuation

Managing Transitions & Goal Completion

- **Transition indicator:** discharge, plan stability, inpatient stays, service changes
- PCP notification, handoff documentation
- **Discontinuation protocol:** completing goals or step-down to lighter care



Provider Engagement & Resources

How Providers Can Support ECM Success

- Best practices: timely referrals, pre-discharge notifications, strong provider-ECM communication
- Tools: referral forms, shared care plan
- ECM training sessions and support channels (Office Hours, listecmteam@thealliance.health)



QUESTIONS/COMMENTS/CONCERNS

ECM Enrolled Count History By Program, Per Auths

Current date: 7/2/2025 12:55:00 PM

Program County	Show Provider	2023 Q1	2023 Q2	2023 Q3	2023 Q4
MARIPOSA	ECM Enrolled Count				
	ECM New Enrolled				
	ECM Enrolled Count - Dropping Members				
MERCED	ECM Enrolled Count	256	351	562	833
	ECM New Enrolled	141	136	276	371
	ECM Enrolled Count - Dropping Members	28	37	68	60
MONTEREY	ECM Enrolled Count	403	541	751	882
	ECM New Enrolled	155	209	328	314
	ECM Enrolled Count - Dropping Members	41	85	123	87
SAN BENITO	ECM Enrolled Count				
	ECM New Enrolled				
	ECM Enrolled Count - Dropping Members				
SANTA CRUZ	ECM Enrolled Count	482	602	832	1,272
	ECM New Enrolled	219	161	343	581
	ECM Enrolled Count - Dropping Members	29	80	103	129
Unknown	ECM Enrolled Count				
	ECM New Enrolled				
	ECM Enrolled Count - Dropping Members				
Grand Total	ECM Enrolled Count Total	1,141	1,492	2,142	2,987
	ECM New Enrolled Total	515	505	947	1,266
	ECM Enrolled Count - Dropping Members Total	98	202	294	276

ECM Enrolled Count History By Program, Per Auths

Current date: 7/2/2025 12:55:00 PM

Program County	Show Provider	2024 Q1	2024 Q2	2024 Q3	2024 Q4
MARIPOSA	ECM Enrolled Count	22	59	77	130
	ECM New Enrolled	22	37	22	54
	ECM Enrolled Count - Dropping Members	0	4	3	12
MERCED	ECM Enrolled Count	1,593	3,366	6,193	8,714
	ECM New Enrolled	838	1,875	3,103	2,936
	ECM Enrolled Count - Dropping Members	91	284	367	493
MONTEREY	ECM Enrolled Count	1,747	2,680	3,727	5,010
	ECM New Enrolled	948	987	1,307	1,755
	ECM Enrolled Count - Dropping Members	77	221	485	458
SAN BENITO	ECM Enrolled Count	53	130	250	442
	ECM New Enrolled	53	75	128	217
	ECM Enrolled Count - Dropping Members	0	14	24	50
SANTA CRUZ	ECM Enrolled Count	1,743	2,227	2,486	2,781
	ECM New Enrolled	626	641	518	541
	ECM Enrolled Count - Dropping Members	154	232	250	309
Unknown	ECM Enrolled Count				
	ECM New Enrolled				
	ECM Enrolled Count - Dropping Members				
Grand Total	ECM Enrolled Count Total	5,158	8,452	12,731	17,068
	ECM New Enrolled Total	2,487	3,610	5,077	5,501
	ECM Enrolled Count - Dropping Members Total	322	754	1,129	1,321

ECM Enrolled Count History By Program, Per Auths

Current date: 7/2/2025 12:55:00 PM

Program County	Show Provider	2025 Q1	2025 Q2	2025 Q3
MARIPOSA	ECM Enrolled Count	182	196	176
	ECM New Enrolled	63	39	2
	ECM Enrolled Count - Dropping Members	25	21	14
MERCED	ECM Enrolled Count	10,259	11,293	10,172
	ECM New Enrolled	2,018	1,587	82
	ECM Enrolled Count - Dropping Members	674	1,216	2,543
MONTEREY	ECM Enrolled Count	6,881	8,617	7,819
	ECM New Enrolled	2,268	2,142	87
	ECM Enrolled Count - Dropping Members	499	892	1,232
SAN BENITO	ECM Enrolled Count	672	769	703
	ECM New Enrolled	273	129	5
	ECM Enrolled Count - Dropping Members	47	72	117
SANTA CRUZ	ECM Enrolled Count	3,244	3,754	3,381
	ECM New Enrolled	704	727	31
	ECM Enrolled Count - Dropping Members	296	400	586
Unknown	ECM Enrolled Count			0
	ECM New Enrolled			0
	ECM Enrolled Count - Dropping Members			0
Grand Total	ECM Enrolled Count Total	21,222	24,610	22,251
	ECM New Enrolled Total	5,323	4,622	207
	ECM Enrolled Count - Dropping Members Total	1,541	2,599	4,492



WCM Clinical Advisory Committee

Pediatric Complex Case Mgmt

Ashley McEwen, RN

July 10, 2025

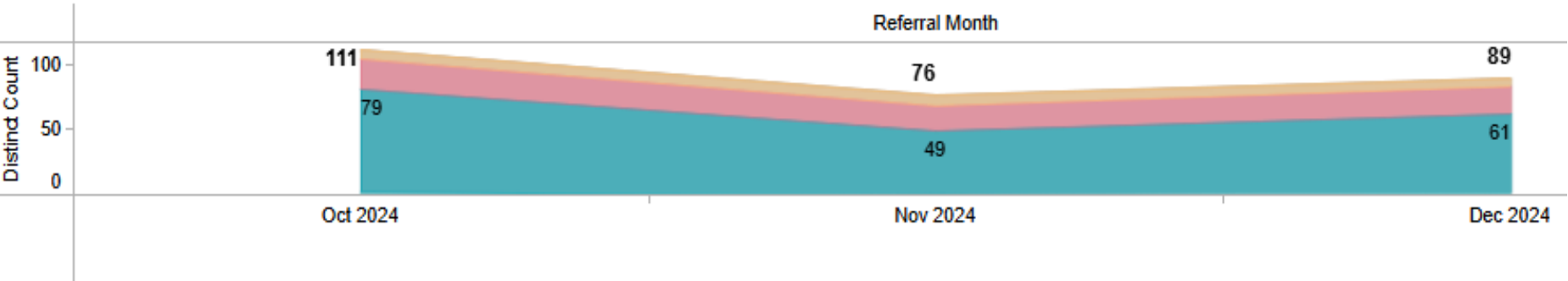
WCM CCS Referral Volumes

CCAH CCS Referral Volumes

Q4 2024

CM CCS Referral Assessments: Referral Trending

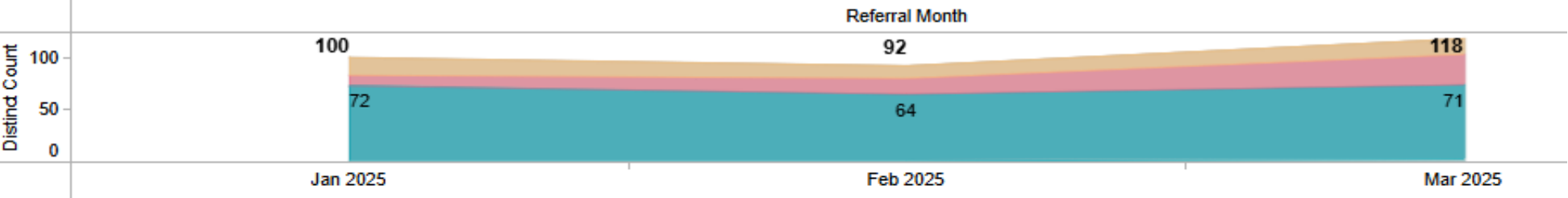
Last Refresh date: 2/28/2025 11:00:28 AM Counties: Merced, Monterey, Santa Cruz



Q1 2025

CM CCS Referral Assessments: Referral Trending

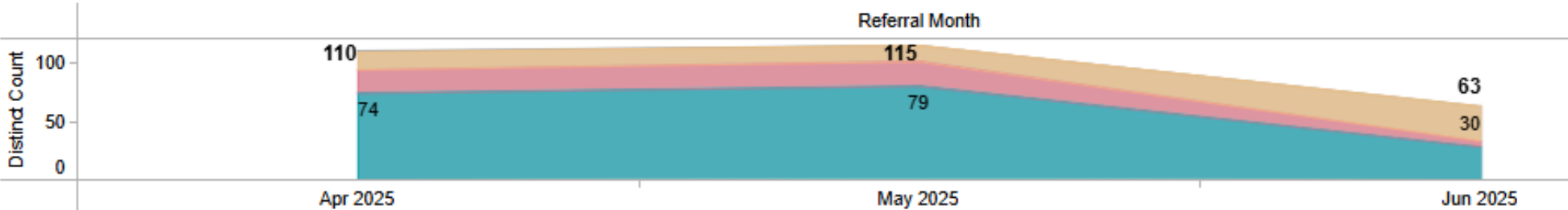
Last Refresh date: 6/9/2025 11:37:48 AM Counties: All



Q2 2025

CM CCS Referral Assessments: Referral Trending

Last Refresh date: 6/18/2025 11:16:43 AM Counties: Mariposa, Merced, Monterey and 2 more



- Measure Names
- Count Pending
 - Count Denied
 - Count Approved
 - Count Other
 - Count Corrected



Referral Counts by County

Q1

- Merced: 101
- Monterey: 138
- Santa Cruz: 55
- Mariposa: 4
- San Benito: 12
- Total Referrals: 310

Q2

- Merced: 114
- Monterey: 95
- Santa Cruz: 71
- Mariposa: 3
- San Benito: 5
- Total Referrals: 288



Referral Approval Rates by County

Q1

- Merced: 67.3 %
- Monterey: 72.5%
- Santa Cruz: 63.3%
- Mariposa: 0.0%
- San Benito: 16.7%
- Average Approval Rate: 66.8%

Q2

- Merced: 62.3%
- Monterey: 64.2%
- Santa Cruz: 67.6%
- Mariposa: 0.0%
- San Benito: 20.0%
- Average Approval Rate: 62.8%



Referral Denial Rates by County

Q1

- Merced: 18.8%
- Monterey: 18.1%
- Santa Cruz: 18.2%
- Mariposa: 0.0%
- San Benito: 0.0%
- Average Denial Rate: 17.4%

Q2

- Merced: 14.0%
- Monterey: 14.7%
- Santa Cruz: 21.1%
- Mariposa: 0.0%
- San Benito: 20.0%
- Average Denial Rate: 16.0%



WCM Member Volumes

June 2025:
WCM Members

Age Out Volumes

- | | |
|---------------------|-----------------|
| • Merced: 3,399 | • Merced: 23 |
| • Monterey: 4,193 | • Monterey: 18 |
| • Santa Cruz: 1,234 | • Santa Cruz: 9 |
| • San Benito: 387 | • San Benito: 0 |
| • Mariposa: 69 | • Mariposa: 0 |
| • Total: 9,282 | • Total: 50 |



A young boy with dark hair is running through water, splashing, with a blue gradient background. He is wearing a white t-shirt with a graphic that says "THIS WORLD IS FULL OF HOPE let's BEGIN to PROCEED with POSITIVE" and blue jeans. The word "QUESTIONS?" is written in large white letters on the right side of the image.

QUESTIONS?





WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE MEETING CALENDAR FOR 2025

Thursday, March 20	12:00 PM to 1:00 PM
Thursday, July 10	12:00 PM to 1:00 PM
Thursday, September 18	12:00 PM to 1:00 PM
Tuesday, December 16	12:00 PM to 1:00 PM

All meetings will be held via MS Teams