Whole Child Model Clinical Advisory Committee

Meeting Agenda

Thursday, September 21, 2023

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.

   Click here to join the meeting

   Meeting ID: 282 879 936 401
   Passcode: 7vKJpo

   Download Teams | Join on the web

   Or call in (audio only)

   +1 872-242-9041,,598749300#

   Phone Conference ID: 598 749 300#

   Find a local number | Reset PIN

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, September 20 to the Clerk of the Advisory Committee at rguerrerro@ccah-alliance.org
      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.)

****

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

1. **Call to Order by Chairperson Diallo 12:00 p.m.**
   A. Roll call.
   B. Supplements and deletions to the agenda.

2. **Oral Communications. 12:10 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: 12:15 p.m.

3. **Approve WCMCAC Meeting Minutes of June 15, 2023**
   A. Reference materials: Minutes as above.
   B. Grievance Update — S. Sanders
   C. WCM Updates — J. Stromsoe, RN

Regular Agenda Items: 12:20 p.m.

4. **New Business**
   A. Pediatric ECM Update — J. Hampton
   B. Pharmacy Update — Y. Sato, Pharm.D.
   C. Redetermination & Outreach — G. Taboada

5. **Open Discussion: 12:50 p.m.**
   A. Group may discuss any urgent items.

6. **Adjourn: 1:00 p.m.**

The next meeting of the Whole Child Model Clinical Advisory Group, after this September 21, 2023 meeting:

- Thursday December 13, 2023, 12:00-1:00 p.m.
  Locations: Teleconference via MS Teams

Members of the public interested in attending should call the Alliance at (831) 430-5556 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/boardmeeting.html

Whole Child Model Clinical Advisory Committee

Meeting Minutes

Thursday, June 15, 2023
12:00 p.m. - 1:00 p.m.

Teleconference Meeting

Committee Members Present:

Cal Gordon, MD	Provider Representative
Lena Malik, MD	Provider Representative
Patrick Clyne, MD	Provider Representative
Devon Francis, MD	Provider Representative

Committee Members Absent:

Camille Guzel, MD	Provider Representative
Ibraheem Al Shareef, MD	Provider Representative
John Mark, MD	Provider Representative
Salvador Sandoval, MD	Provider Representative
Sarah Smith, MD	Provider Representative
Jennifer Yu, MD	Provider Representative
James Rabago, MD	Board Representative

Staff Present:

Dianna Diallo, MD	Medical Director
Dale Bishop, MD	Chief Medical Officer
Shaina Zurlin, LCSW, PsyD.	Behavioral Health Director
Andrea Swan	QI & Population Health Director
Jennifer Mockus, RN	Community Care Coordination Director
Tammy Brass, RN	Utilization Management Director
Kristynn Sullivan	Program Development Director
Kelsey Riggs, RN	Pediatric Complex Case Mgmt. Manager
Jasmin Galindo-Romero	Member Services Supervisor
Cynthia Balli	Provider Relations Supervisor
Jenna Stromsoe, RN	Complex Case Management Supervisor
Jacqueline Morales	Provider Relations Representative
Jessica Hampton	ECM/CS Manager
Sarah Sanders	Grievance & Quality Manager
Ashley McEowen, RN	Pediatric CCM Supervisor
Desiree Herrera	Quality & Health Programs Manager
Veronica Lozano	Quality Improvement Program Advisor
Gisela Taboada	Member Services Call Center Manager
Azura Sanchez	Administrative Assistant

Other Representatives Present:

Allyson Garcia, MD	Provider Representative
Becky Shaw	Provider Representative
Laurie Soman	Provider Representative
Kenny Ha	Aveanna Healthcare

Marc Mar-Yohana OtisHealth

1. **Call to Order by Chairperson Diallo.**
Chairperson Dr. Dianna Diallo called the meeting to order at 12:00 p.m.

Roll call was taken.

2. **Oral Communications.**
Chairperson Dr. Diallo opened the floor for any 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 April 6, 2023 meeting were reviewed.

B. Grievance Update
Grievance data was provided to the Committee.

M/S/A Consent agenda items approved.

4. **Regular Business.**
A Whole Child Model California Children's Services (CCS) Referral Updates
Ashley McEowen, RN shared CCS referral data from Q1, Total referral approval rates by county for Q1 includes Merced – 72.8%, Monterey – 74.8% and Santa Cruz – 71.4%. Average approval rate is 73.4%.

CCS Referral Approval Counts by County:
Merced: 162
Monterey: 206
Santa Cruz: 91
Total Referrals: 459

B. Transportation Update
Gisela Taboada provided a Transportation Update. The Alliance continues to work closely with Call the Car to ensure that members are getting to appointments timely. For CCS Members, Call the Car is at a 98% pick up rate. Regarding the other 2%, Members Services (MS) has a transportation specialist working on the root cause and working with Call the Car. If there are any outstanding transportation issues, please contact Gisela. There was a question regarding whether families have a direct number to contact Call to Car or the Alliance in the event there are issues. Member calls go through normal MS queues and would be escalated if there are issues. Also noted, members can reach out to their care coordinator regarding issues. The phone number for transportation was shared with the Committee, and Call to Car is open 24 hours.

C. Health Rewards Program
Veronica Lozano presented on Health Rewards Program, Healthy Start.. The Health Rewards member incentives went live on April 1st. The first incentive is for children ages birth-2 years. If the Combo 10 immunizations are complete by the 2nd birthday, the member qualifies for a $100 Target gift card. For Adolescent Immunizations, for ages 9-13, if IMA immunizations are complete by 13th birthday, and a well care visit, the member is eligible for $50 Target gift card.

For Well Child Visits for birth-15 months, if 6 or more child visits are complete by 15 months, the member qualifies for a $50 Target gift card; and for 15-30 months, if 2 well visits are complete by 30 months of age, the member qualifies for a $25 Target gift card. Well Care Visits for members 18-21 years of ages, will qualify for a $25 Target gift card if 1 well care visit is completed between April 1 – December 31, 2023. This age group is a bit more challenging to get in for well care visits.

Member Rewards Eligibility:

- Meet each member incentive criteria..
- Must be an Alliance member at the time of service and/or when becoming eligible for the incentive.
- Members with health insurance other than Medi-Cal, are not eligible for these rewards.
- Vendor will mail out certificate with instructions on how to redeem their gift cards.

The Healthy Start Flyer was shared with the Committee that outlines the member incentives. There are bus advertisements, Facebook posts, and outreach in all 3 counties in English and Spanish. The information was also shared with the Provider Network and in the June Member Newsletter.

Member Reward Resources:

- Members can call:

The Alliance Health Education Line @ 800-700-3874, ext. 5580

- https://thealliance.health/for-members/health-and-wellness-rewards/
- Flyers are available in: (English) (Spanish) (Hmong)
- Health Rewards Brochure available in all 3 Threshold languages.
- Flyers & Brochure are available by request, please contact Veronica.

There was a question whether this includes COVID vaccines, it was noted this does not include COVID vaccinees and measures are in alignment with MCAS measures. Members can earn multiple rewards. The Health Rewards Program Brochure was shared with the Committee which outlines all the incentives and is available in all 3 threshold languages. A provider noted it would be important to know how many members were awarded and the trends. Performance regarding the measures for these populations would be useful. Veronica noted the Alliance is tracking and monitoring these measures, and annual state evaluation. **Action:** The Alliance will track measures and present at future meetings.

D. California Children's Services (CCS) Age Out Process

Ashley McEowen presented on CCS Age Out Process. The Pediatric Complex Case Management team consists of registered nurses, care coordinators, social workers and there is close collaboration with externals providers and other Alliance staff. The pediatric team supports all pediatric Alliance members in need of case management which includes 8,000 CCS members. The pediatric team works to identify needs, provide support, and connects members to resources as well as ensuring members are connected with their PCP and specialty providers. The team also reviews for CCS eligibility and refers to County CCS and community partners. CCS Members are assigned to Alliance team members based on their last name and county, so they have one point of contact. The goal of the CCS Age Out Process is to educate and prepare members on what to expect and this includes parents or the designated representative. Outreach begins as early as 16-17 years of age.

- CM RN is assigned to case and outreaches member.
- CCS Age Out Letter is mailed.
- Age Out Assessment and current PHRA

- Member is followed until 21 years old.
- Referred to Adult CM Team

Some examples of support include:

- Medication assistance
- Linkage to community resources
- Linkage to Therapies: PT/OT/ST
- MTP Coordination
- Assist with DME needs.
- Mental Health Resources
- PCP and/or Specialty Coordination
- Transportation

Adult Case Management (CM) Team Process: The Adult Case CM RN will attempt contact with high risk members and offer the voluntary program to the member. The RN can assist the member with setting up provider appointments, medication, referrals to specialists and advocacy with general healthcare concerns. The CM team will follow the member for 3 years. Once all needs are addressed, the case is deescalated. to the care coordinator for continued follow-up.

- Will attempt contact with low-risk members.
- When CC is able to contact, CM is offered to member, this is a voluntary program for the member.
- CC can assist member with setting up provider appointments, DME concerns, contacting providers and more.
- The member will be followed for a minimum of 1 year with 2-3 month follow up calls.

Members are followed until age 24 years. A prodder asked about With CalAIM and ECM, will there be a focus on this particular population around the difficulties with obtaining PCPC and specialists. Dr. Diallo noted many of these members will be eligible for ECM. Is there consideration for pediatric provider to be included in the documentation provided to the families so providers are aware of what is happening between ages of 16-21 years of age. **Action**: The Alliance to look at adding PCP to communication. The team will continue outreach to PCPs. Also, the pediatric team is working on sending care plans to providers thar are involved with these members. A provider noted it would be helpful if they were aware of the members receiving outreach and case management services. The Alliance teams work closely to serve these members.

5. Open Discussion.

Chairperson Diallo opened the floor for the Committee to have an open discussion.

In Santa Cruz County, there is a new Health Officer in addition to a new occupational and physical therapist. CCS levels remain stable. At Salud Para La Gente, the biggest challenging is staffing, and working on recruiting pediatricians.

A provider noted in Monterey County, mental health care remains challenging, and more support is needed. It is difficult to coordinate care and proper levels of care. Ohana is attempting to expand in Monterey but there is no contract with the Alliance. Provider also noted, she has not had success with Carelon. Provider will reach out to Shaina Zurlin, Behavioral Health Director. Another provider noted, he is having issues with staffing and getting kids in for check-ups. Another provider in Monterey County noted she is also experiencing issues with mental health access.

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

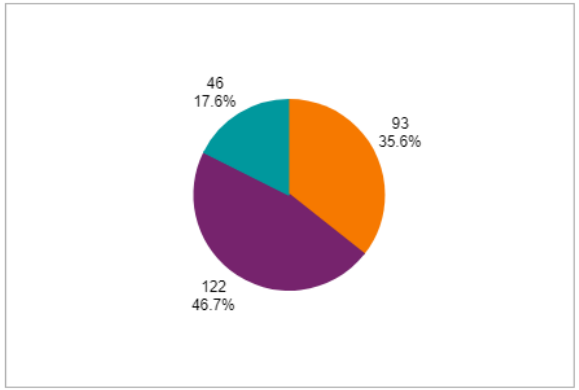
Whole Child Model Clinical Advisory Committee: WCMCAC

Prepared by: Sarah Sanders, Grievance and Quality Manager

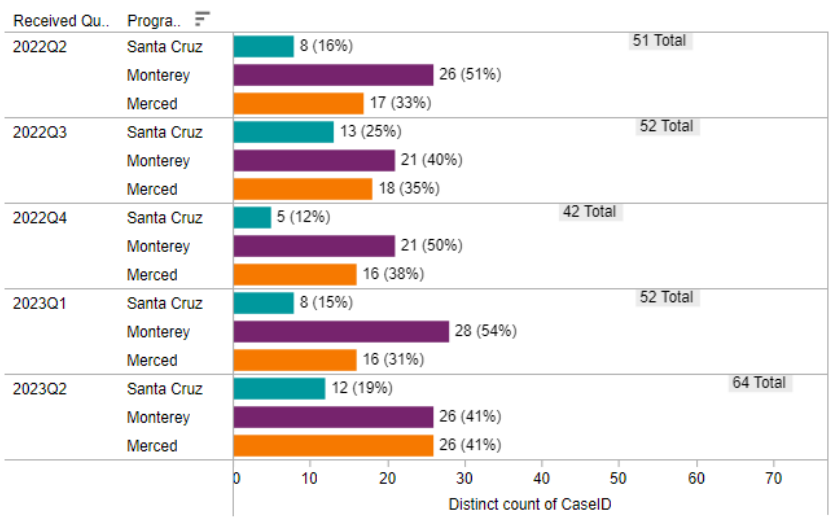
9/21/2023

WCM Q2 2022– Q2 2023 GRIEVANCES by **LOCATION**

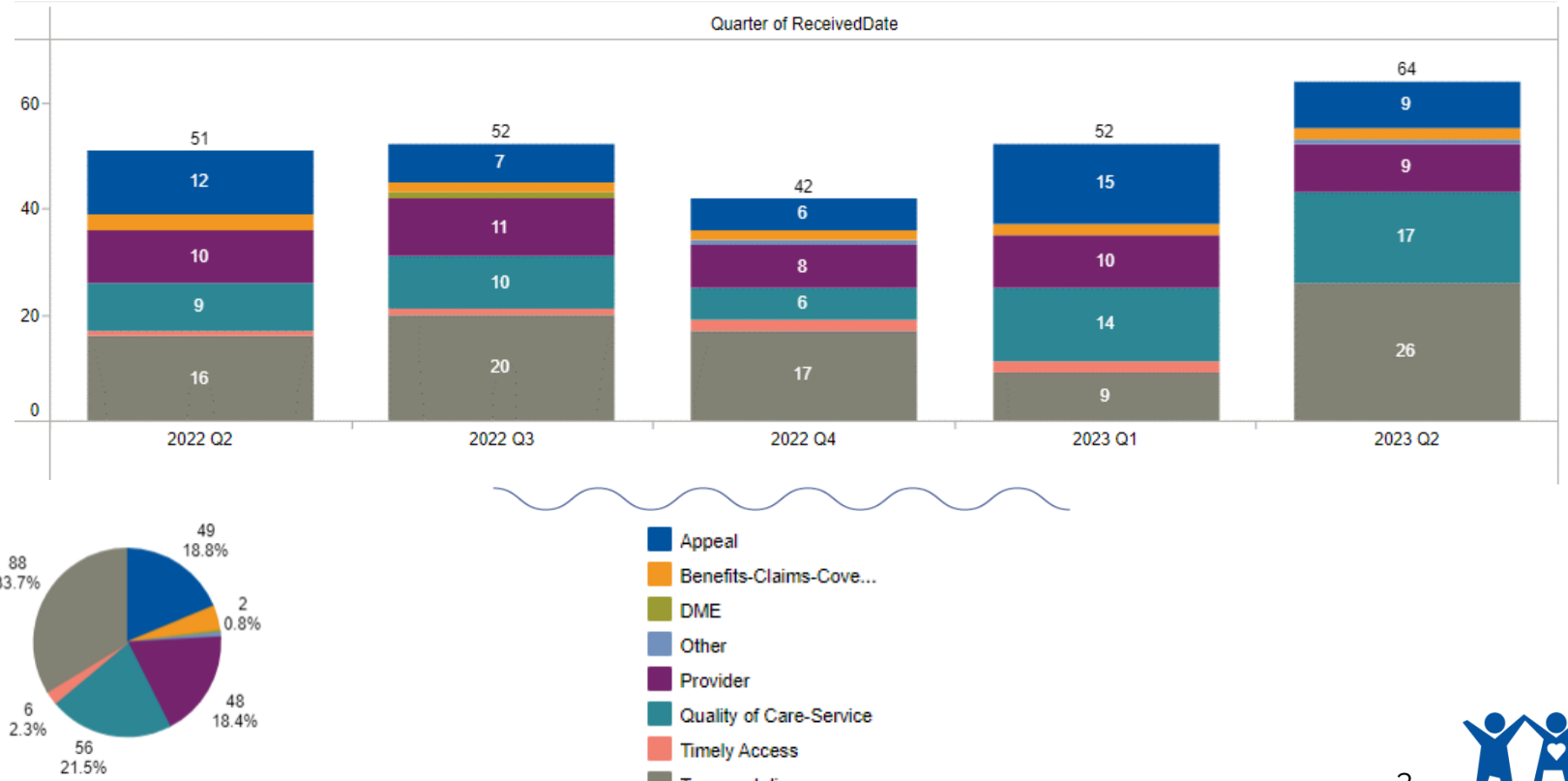
WCM Grievances by Member Location
Last update: 9/13/2023 7:36:02 AM



WCM Grievances by Member Location by Quarter
Last update: 9/13/2023 7:36:02 AM



WCM Q2 2022 through Q2 2023 GRIEVANCES by **TYPE**



WCM Review

Q2 2023 TRENDS

REVIEW and TRENDS:

1. WCM Grievances are closely monitored to identify trends by the Staff Grievance Review Committee (SGRC)
2. WCM Grievances **increased** during Q2 2023
3. Volume Increased:
   - ❖ Quality of Care
4. Recurring themes continue:
   - ❖ Appeals – WES Genetic Testing
   - ❖ Provider Billing
   - ❖ Transportation (**increased**)

WCM **GRIEVANCE** Actions

- Continue engaged monitoring and interventions.
- **Solicit input:** Clinical Partners, please share if you would like to see something in specific with future reports.

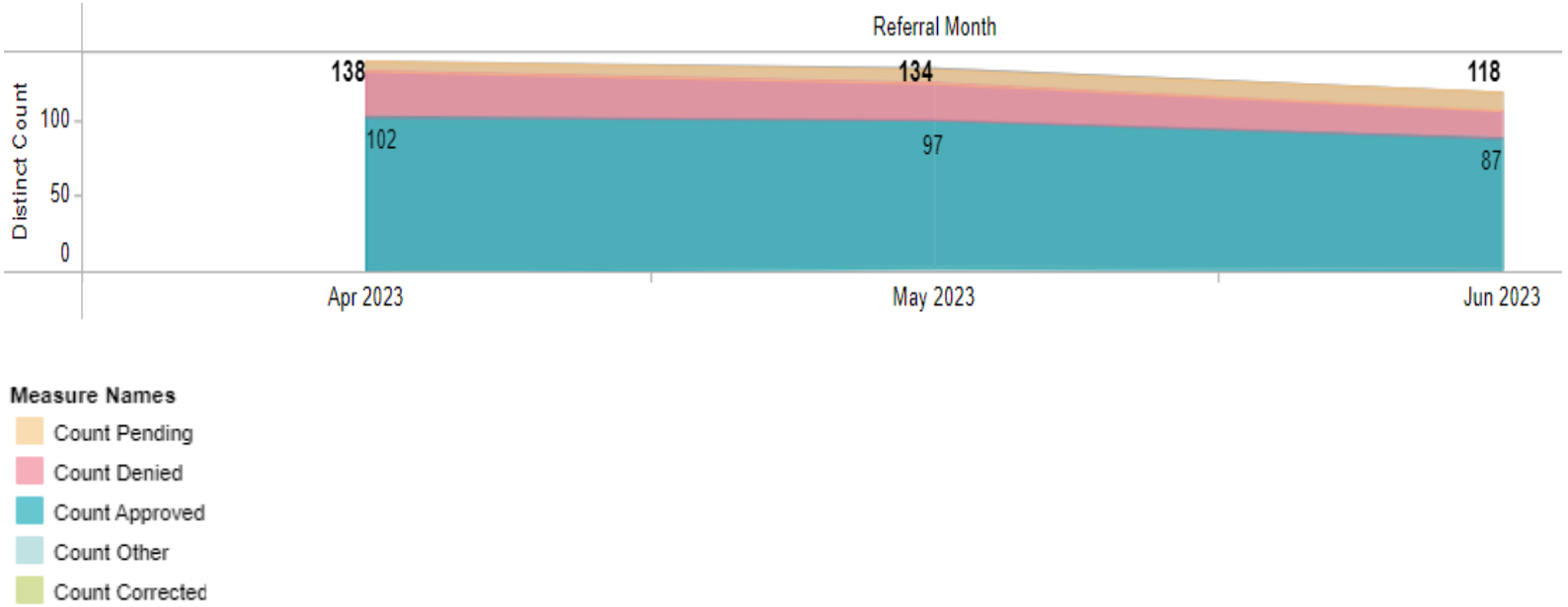
WCM Referral Volumes

Pediatric Complex CM

Jenna Stromsoe, Peds CCM Supervisor

September 21, 2023

CCAH CCS Referral Trending



Referral Counts

Q2: Alliance Referrals by County

- Merced: 139
- Monterey: 180
- Santa Cruz: 71
- Total Referrals: 390

Referral Counts

Q2: Alliance Referrals by Department

- Prior Authorizations: 70.0%
- Peds CM: 15.4%
- Concurrent Review: 14.6%

Referral Approval Rates

Q2: CCS Referral Approval Rates by County

- Merced: 77.7%
- Monterey: 71.1%
- Santa Cruz: 70.4%

- Average Approval Rate: 73.3%


QUESTIONS?

Enhanced Care Management (ECM) and Community Supports Peds Update

Jessica Hampton, ECM Manager

September 21, 2023

ECM Youth Pops of Focus

- Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
  - Children, Youth, and Families with members under 21 years of age
- Children and Youth At Risk for Avoidable Hospital or ED Utilization
- Children and Youth with Serious Mental Health and/or SUD Needs
- Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition
- Children and Youth Involved in Child Welfare
- Birth Equity Population of Focus– **Jan 2024**
- Children and Youth Transitioning from a Youth Correctional Facility- **Jan 2024**
  - Post-release services will be offered by MCP on 1/1/24
  - Pre-release services go-live timeline April 2024- March 2026

- Sub Populations:
  - Pregnant and Post-Partum
  - Individuals with Intellectual/Development Disabilities

Community Supports Offered

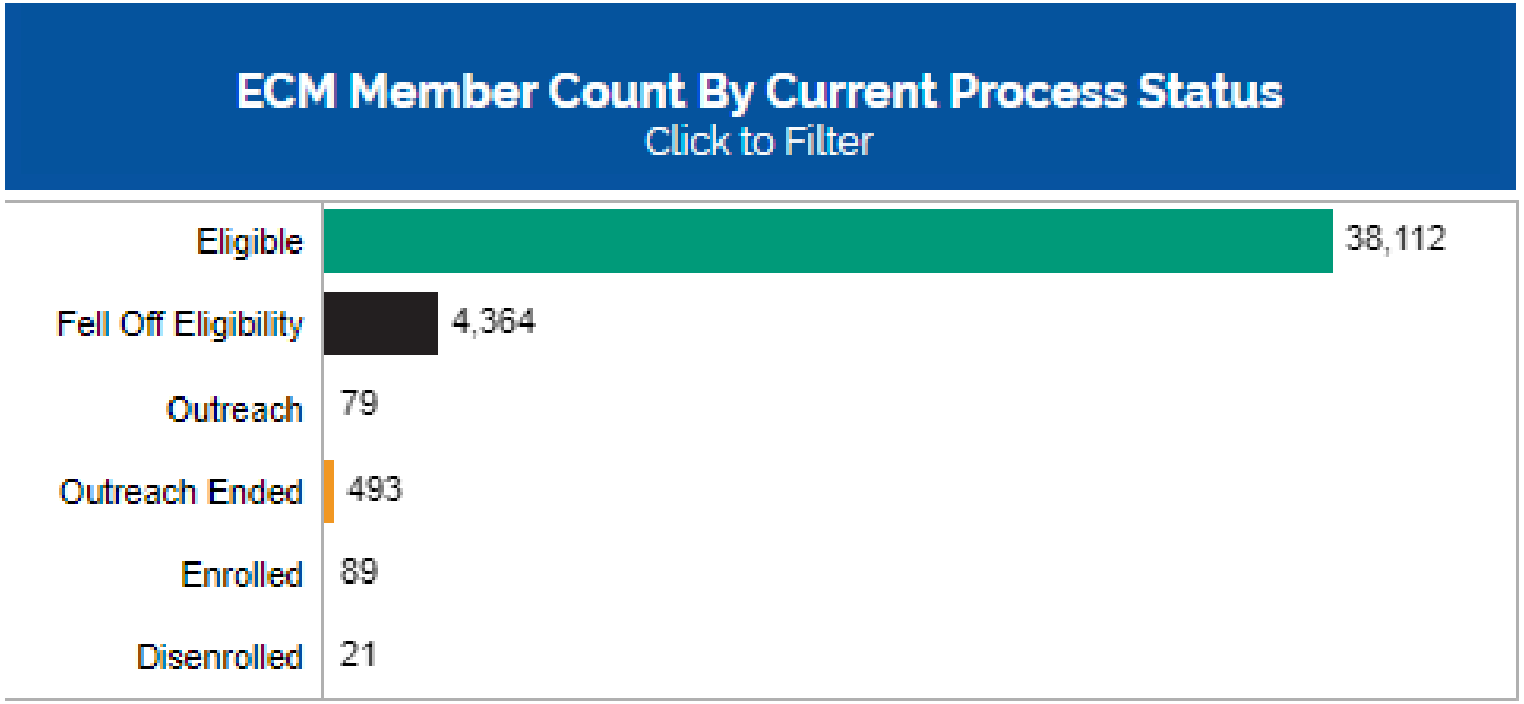
Community Supports	Merced County	Monterey County	Santa Cruz County
Environmental Accessibility Adaptations (EAA)	January 1, 2023	January 1, 2023	January 1, 2023
Housing Transition Navigation Services	July 1, 2022	January 1, 2022	January 1, 2022
Housing Deposits	July 1, 2022	January 1, 2022	January 1, 2022
Housing Tenancy and Sustaining Services	July 1, 2022	January 1, 2022	January 1, 2022
Medically Tailored Meals	January 1, 2022	January 1, 2022	January 1, 2022
Personal Care and Homemaker Services	July 1, 2023	July 1, 2023	July 1, 2023
Recuperative Care	July 1, 2022	July 1, 2022	July 1, 2022
Respite Services for Caregivers	July 1, 2023	July 1, 2023	July 1, 2023
Short-term Post Hospitalization Housing	July 1, 2022	July 1, 2022	July 1, 2022
Sobering Centers	September 1, 2022	January 1, 2022	January 1, 2024

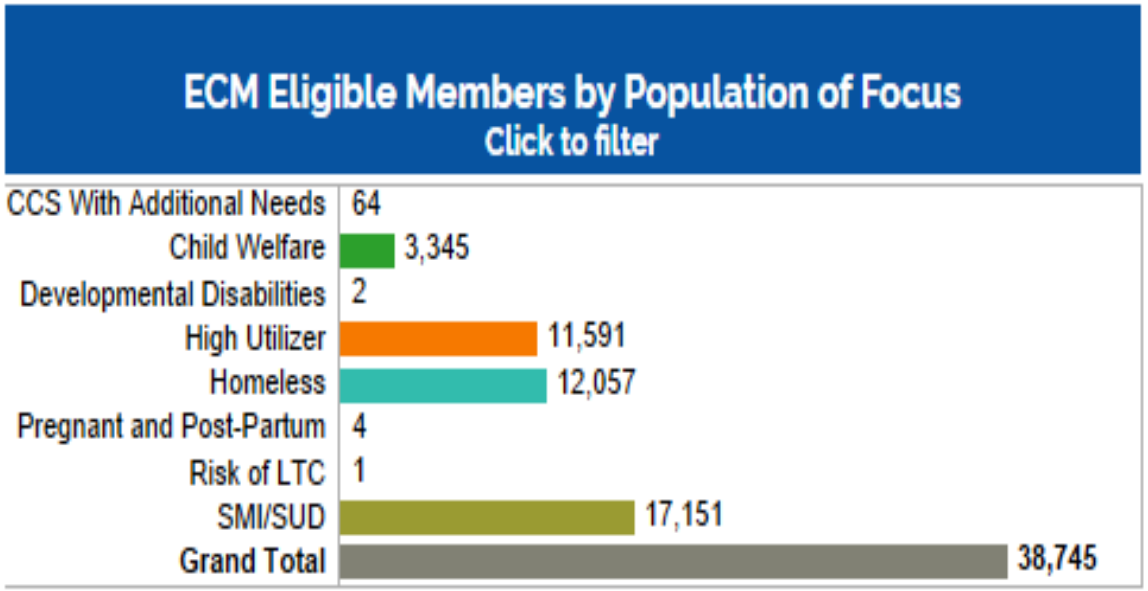
Link: DHCS-Community-Supports-Policy-Guide

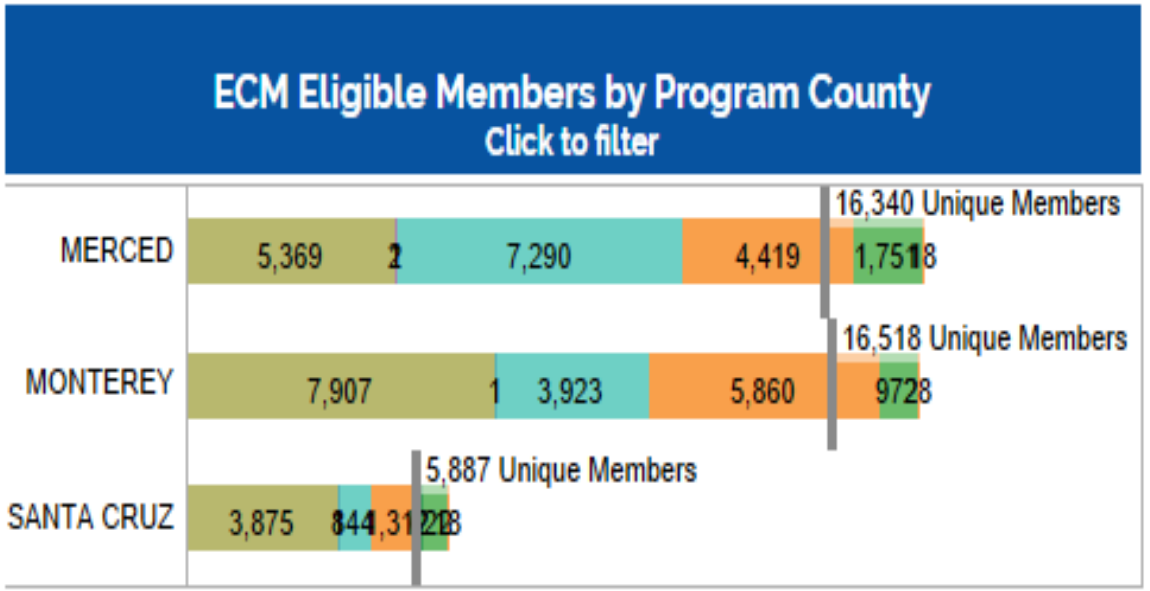
Youth Providers by County

Merced County	Monterey County	Santa Cruz County
Pair Team	Seneca	Jacob's Heart
King's View (not yet started)	Community Bridges WIC	Community Bridges WIC
Love Focus (9/1)	Jacob's Heart	Salud Para La gente
Sierra Vista Child & Family Services (9/1)		Coastal Kids Homecare

ECM by Numbers

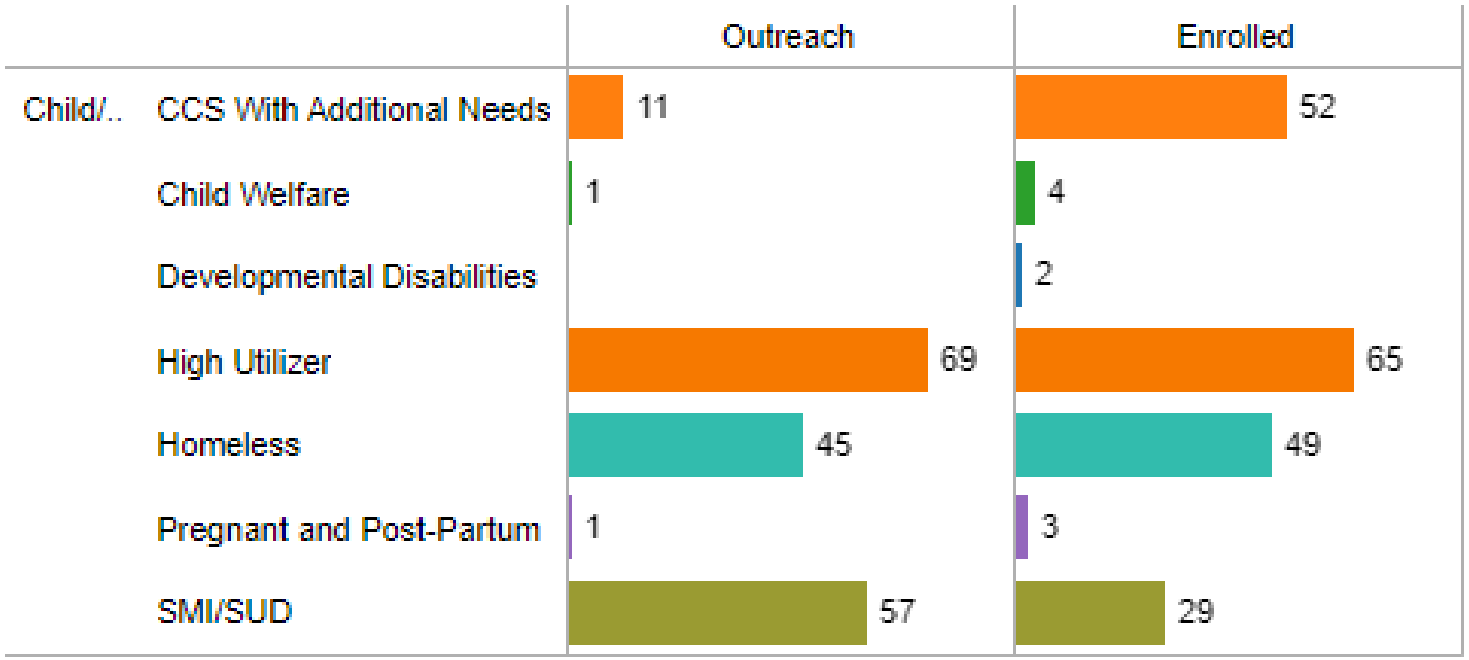



ECM Eligible Members by Population of Focus
Click to filter
CCS With Additional Needs 64
Child Welfare 3,345
Developmental Disabilities 2
High Utilizer 11,591
Homeless 12,057
Pregnant and Post-Partum 4
Risk of LTC 1
SMI/SUD 17,151
Grand Total 38,745
Child/Youth
17,151
4
12,057
11,591
3,346
4

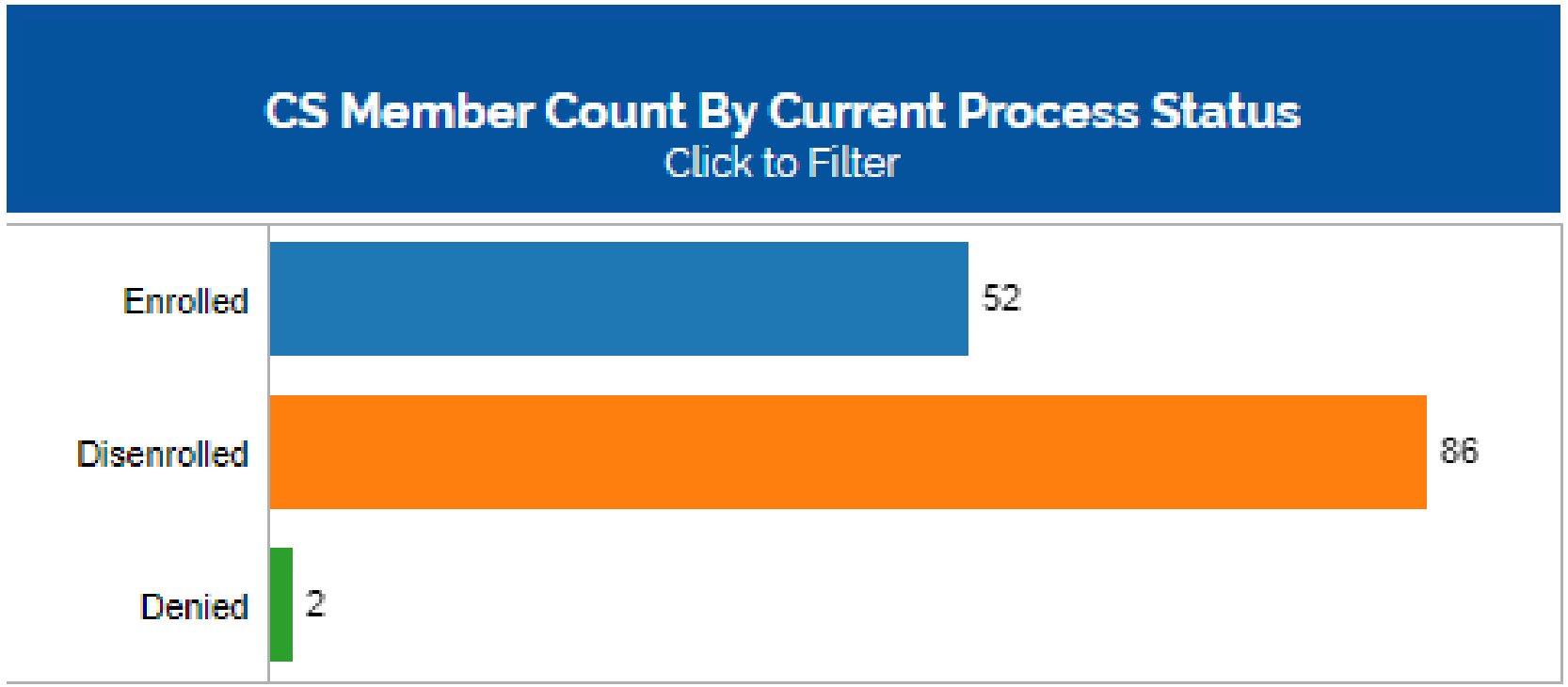

ECM Eligible Members by Program County
Click to filter
MERCED
5,369
2
7,290
4,419
1,751
8
16,340 Unique Members
MONTEREY
7,907
1
3,923
5,860
972
8
16,518 Unique Members
SANTA CRUZ
3,875
844
1,31
2
8
5,887 Unique Members
SMI/SUD
Pregnant and ...
High Utilizer
Child Welfare
Risk of LTC
Homeless
Developmental...
CCS With Addi...

Current ECM Auth Counts

ECM Active Members By Population



Current CS Auth Counts



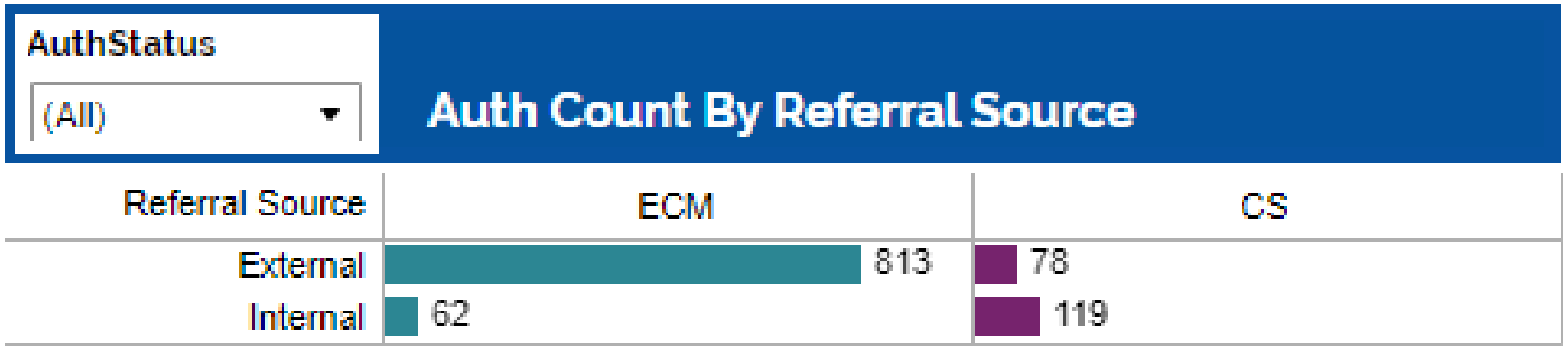
CS Auth Details

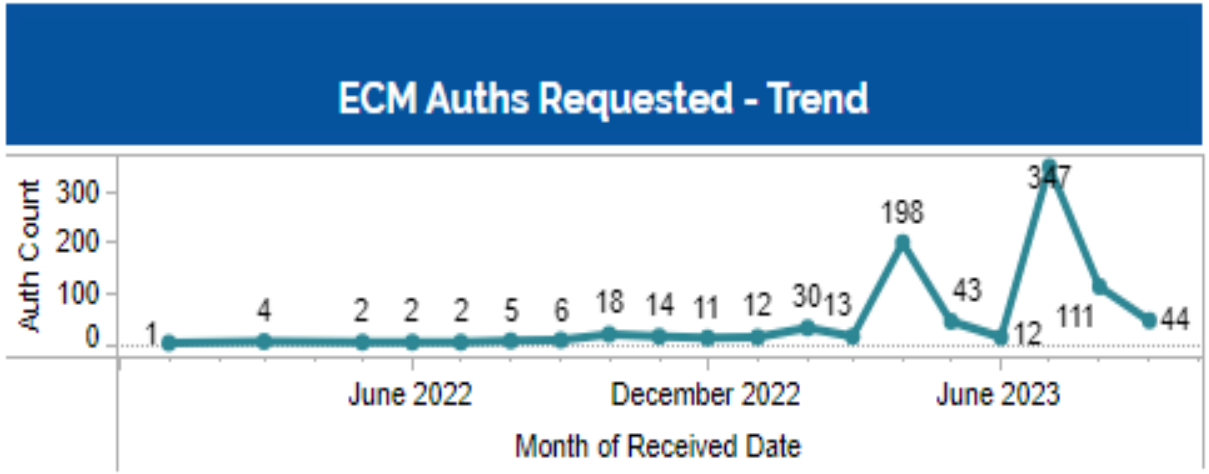
Open Auth Count By Service Code

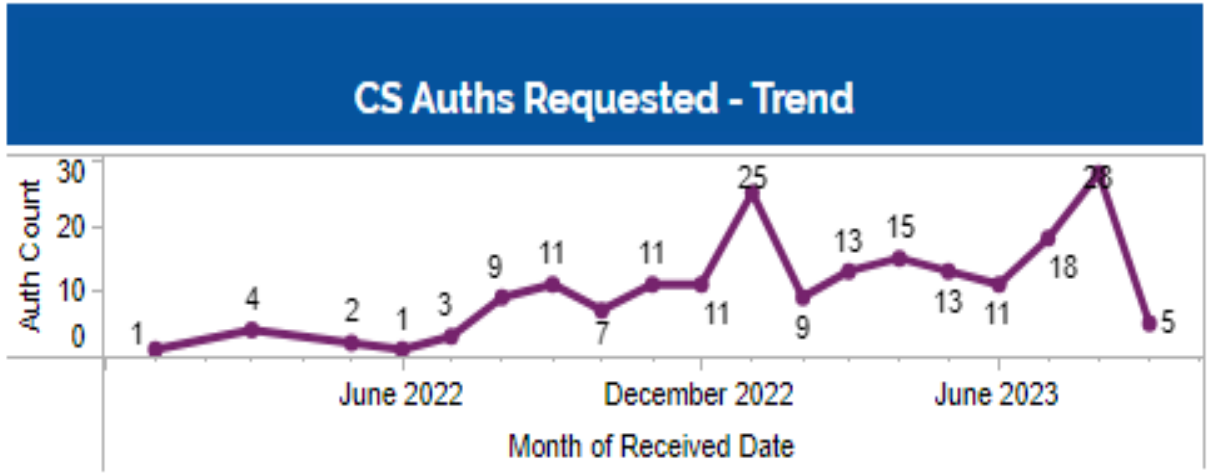
Auths with Service Codes Approved and Currently Authorized

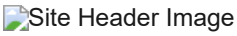
CalAIM..	ServiceCode	Service	
CS	CS01	Housing Tenancy and Sustaining Services Per ..	5
	CS02	Housing Transition/Navigation Ser..	43
	CS03	Housing Deposits	35
	CS06	Environmental Accessibility Adaptations	2
	CS08	Personal Care / Homemaker Services Pe..	2
	S5170	Home Delivered Meals, Including Preparation; Pe..	4
	S9470	Nutritional Counseling, Dietitian Visit (Not Payabl..	4

Auth Sources and Trends









ACIP and AAP Recommendations for Nirsevimab

August 15, 2023

Article type: Resources

Topics: Infectious Diseases

ACIP and AAP Recommendations for the Use of the Monoclonal Antibody Nirsevimab for the Prevention of RSV Disease

Nirsevimab was approved by the US Food and Drug Administration (FDA) on July 17, 2023. Nirsevimab is a long-acting monoclonal antibody product intended for use in newborns and infants to protect against (medically attended) respiratory syncytial virus (RSV) disease. Nirsevimab is recommended for:

- All infants younger than 8 months born during or entering their first RSV season, including those recommended by the American Academy of Pediatrics (AAP) to receive palivizumab;
- Infants and children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season, including those recommended by the AAP to receive palivizumab.

Per the FDA label, children who have received nirsevimab should not receive palivizumab for the same RSV season.

On August 3, 2023, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) voted unanimously in favor of recommending use of nirsevimab as indicated in its FDA package insert.[1] The ACIP also voted unanimously for inclusion of nirsevimab in the Vaccines for Children (VFC) program. Equity in access to nirsevimab is of the highest priority to the AAP. As with any new product, nirsevimab may not be readily available in all clinical settings, including birthing hospitals and primary care settings, particularly in the first season of implementation of this recommendation. If nirsevimab is not available or not feasible to administer, high-risk infants who are recommended to receive palivizumab in the first or second year of life[2] should receive palivizumab, as previously recommended, until nirsevimab becomes available.

Some considerations for the 2023–2024 RSV season with regard to palivizumab versus nirsevimab administration for high-risk infants during the same RSV season

1. If nirsevimab is administered, palivizumab should not be administered later that season.
2. If palivizumab was administered initially for the season and <5 doses were administered, the infant should receive 1 dose of nirsevimab. No further palivizumab should be administered.
3. If palivizumab was administered in season 1 and the child is eligible for RSV prophylaxis in season 2, the child should receive nirsevimab in season 2, if available. If nirsevimab is not available, palivizumab should be administered as previously recommended.

Timing of nirsevimab

- Providers should aim for nirsevimab administration in the first week of life for infants born shortly before and during the RSV season based on geography. Administration can occur during the birth hospitalization or in the outpatient setting. Infants with prolonged birth hospitalizations because of prematurity or other causes should receive nirsevimab shortly before or promptly after discharge.
- Nirsevimab should be administered shortly before the start of the RSV season for infants younger than 8 months.
- Nirsevimab should be administered shortly before the start of the RSV season for infants and children 8 through 19 months of age who are at increased risk of severe RSV disease.
- Nirsevimab may be given to age-eligible infants and children who have not yet received a dose at any time during the season.
- Only children who meet high-risk criteria should receive more than one dose of nirsevimab – one dose in their first RSV season and one dose in their second RSV season. Healthy newborns born at the end of RSV season who received nirsevimab around the time of delivery (first RSV season) should not receive a second dose entering their second season even if they are <8 months of age; conversely, healthy infants born at the end of their first RSV season who did NOT receive nirsevimab and are <8 months of age entering their second RSV season may receive one dose of nirsevimab.
- On the basis of pre-pandemic RSV infection patterns, nirsevimab may be administered in most of the continental United States from October through the end of March. Because timing of the onset, peak, and decline of RSV activity may vary, providers can adjust administration schedules on the basis of local RSV activity in the community.

Tropical climates and Alaska

- Tropical climates may have RSV circulation patterns that differ from most of the continental United States or are unpredictable. Locations with tropical climates include southern Florida, Hawaii, Guam, Puerto Rico, US Virgin Islands, and US-Affiliated Pacific Islands.
- In Alaska, RSV circulation patterns are less predictable, and the duration of RSV season is often longer than the national average.
- Providers in these jurisdictions should consult state, local, or territorial guidance on timing of nirsevimab administration.

Children 8 through 19 months of age who are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease

- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season.
- Children who are severely immunocompromised.
- Children with cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or have weight-for-length that is <10th percentile.
- American Indian and Alaska Native children (note that this is a new group for whom second-season prophylaxis is recommended in contrast to the current palivizumab recommendations).

Coadministration with routine childhood vaccines

- In accordance with the CDC’s general best practices for immunizations, simultaneous administration of nirsevimab with age-appropriate vaccines is recommended.
- In clinical trials, when nirsevimab was administered concomitantly with routine childhood vaccines, the safety and reactogenicity profile of the concomitantly administered regimen was similar to the childhood vaccines administered alone.
- When concomitantly administered, nirsevimab is not expected to interfere with the immune response to other vaccines.

Additional Information

- Palivizumab Prophylaxis in Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection (AAP Technical Report)
- Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection (AAP Policy Statement)
- Respiratory Syncytial Virus (Red Book)
- Nirsevimab Frequently Asked Questions (AAP.org)

---

1. Jones JM, Fleming-Dutra KE, Prill MM, et al. Use of nirsevimab for the prevention of respiratory syncytial virus disease among infants and young children: recommendations of the Advisory Committee on Immunization Practices – United States, 2023. *MMWR Morb Mortal Wkly Rep*. 2023;72(34):920-925

2. American Academy of Pediatrics. Respiratory syncytial virus. In: Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH, eds. *Red Book: 2021 Report of the Committee on Infectious Diseases*. 32nd ed. American Academy of Pediatrics; 2021:628-636

Whole Child Model Clinical Advisory Committee Meeting Calendar 2023

Thursday, April 6	12:00 - 1:00 PM
Thursday, June 15	12:00 - 1:00 PM
Thursday, September 21	12:00 - 1:00 PM
Wednesday, December 13	12:00 – 1:00 PM

Meetings held via MS Teams