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## **AGENDA WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE**

**DATE:** Thursday, September 16, 2021

**TIME:** Noon – 12:10 p.m.: Call to Order  
12:10 – 1:00 p.m.: Meeting of the Committee

**PLACE:** Pursuant to Governor Newsom’s Executive Order N-29-20 to minimize the spread of COVID-19, this will be a teleconference meeting and we will not be offering physical locations.

### **Join Zoom Meeting**

<https://us06web.zoom.us/j/88382160006?pwd=VWFOUC93dHJ3OWpJeTFWSG1QTEM3UT09>

**Meeting ID:** 883 8216 0006

**Passcode:** 792277

One tap mobile

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+12532158782,,88382160006#,,,\*792277# US (Tacoma)

### **Dial by your location**

+1 669 900 6833 US (San Jose)

**Meeting ID:** 883 8216 0006

**Passcode:** 792277

Find your local number: <https://us06web.zoom.us/j/kdUu68s4A3>

### **Meeting Participant:**

- Limit the background noise (i.e. shuffling of paper, cell phone calls, etc.)
- Mute your phone when you are not speaking to eliminate background noise.
- If joining after the meeting has started, wait for the conference leader to ask who joined.
- When speaking, please state your name and your organization, followed by your comment and or question.

\*\*\*\*\*

- 1. Call to Order by Chairperson Dianna Diallo, MD. 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 17, 2021.**
  - A. Reference Materials: Minutes as above                      D. Diallo, MD
  - B. Grievance Update    S. Sanders

**Regular Agenda Items: 12:20 p.m.**

- 4. New Business**
  - A. Age-Out Process/CCS Referrals from Q1&Q2      K. Riggs, RN, J. Newton, RN
  - B. Enhanced Care Management (ECM)                      D. Diallo, MD
- 5. Open Discussion:**
  - A. Committee may discuss any urgent items                      All
- 6. Adjourn: 12:50 pm**

The next Whole Child Model Clinical Advisory Committee meeting will take place on  
Thursday, December 16, 2021 from 12:00 - 1:00 p.m.  
Locations: TBD

Members of the public interested in attending should call the Alliance  
at (831) 430-5556 to verify meeting  
dates and locations prior to the meetings.

# Whole Child Model Clinical Advisory Committee



## Meeting Minutes

Thursday, June 17, 2021

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

### Teleconference Meeting

(Pursuant to Governor Newsom's Executive Order N-29-20)

#### **Committee Members Present:**

Cal Gordon, MD  
Jennie Jet, MD

Provider Representative  
Provider Representative

#### **Committee Members Absent:**

Patrick Clyne, MD  
Salem Magarian, MD  
John Mark, MD

Provider Representative  
Provider Representative  
Provider Representative

#### **Staff Present:**

Dianna Diallo, MD  
Jennifer Mockus, RN  
Jordan Turetsky  
Lilia Chagolla  
Ronita Margain  
Mary Brusuelas, RN  
Michelle Stott, RN  
Sarah Sanders  
Jessie Newton, RN  
Kelsey Riggs, RN  
Julie Norton, LMFT  
Jacqueline Van Voerkens  
Tracy Neves

Medical Director  
Community Care Coordination Director  
Provider Services Director  
Regional Operations Director, Monterey  
Regional Operations Director, Merced  
UM & Complex Case Management Director  
QI & Population Health Director  
Grievance and Quality Manager  
Complex Case Management Supervisor  
Complex Case Management Supervisor  
Behavioral Health Program Manager  
Administrative Specialist  
Clerk of the Committee

#### **Hospital Representatives Present:**

Salvador Sandoval, MD  
Mike Barrett  
Kaitlyn Krentz

Provider Representative  
Aveanna Healthcare  
Aveanna Healthcare

#### **1. Call to Order by Chairperson Bishop.**

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 March 18, 2021 meeting were reviewed.

#### B. Grievance Update

Sarah Sanders reviewed the Grievance presentation with the Committee.

**M/S/A** Consent agenda items approved.

### 4. New Business.

#### A. Whole Child Updates: Advances in Closing Corrective Action Plans (CAPs), Age-Out Process, California Children's Services (CCS) Eligibility/Referrals

Dr. Diallo noted Alliance teams have been meeting with all 3 counties monthly to discuss process improvements, targeted physician paneling, increasing referrals, coordination of care and any issues that arise.

Kelsey Riggs, RN noted in March 2020, there were 5 areas of opportunity identified in Alliance programs and since then the CAPs were completed and condensed into 3 areas. Areas include age-out risk stratification and CCS referrals and the Alliance continues to monitor and develop process improvements.

The Alliance is required to initiate an Initial Care Plan (ICP) for all high-risk members within 90 days of enrollment. Improvements have been made in this area and are ongoing. In 2019, there were approximately 70 ICPs completed and currently ICPs are about 1,500 for high-risk members. In Q1 2021, there was 100% compliance for ICPs. Work continues on the care plan which includes standardized tools for monitoring and consistency.

The age-out process was developed to help members that are aging out of CCS at 21 years of age and recently this was expanded to age 17; this change will double outreach from about 25 to 50 members per month. A standardized tool was developed to help assess these unique needs, and additional outreach has been added to this process.

Jessie Newton, RN noted that CCS referrals continue to increase even during the pandemic. Monthly and quarterly CCS referral data was presented to the Committee. The increase has resulted from a team effort with the counties, and various teams within Health Services and collaboration continues.

Provider noted the aging-out process is much smoother now, and all the teams are more confident with the process in assisting clients make the transition, good job!

B. Non-Emergency Medical Transportation (NEMT)/All Plan Letter (APL)/Memorandum of Understanding (MOU)

Mary Brusuelas, RN noted there has been a revision to the APL California Children's Services Whole Child Model Program. APL letters are received for the WCM and the Alliance adjusts policies and practices based on the direction. The Alliance follows the recent APL that was updated, and it supersedes the previous letter. The Alliance received direction through the APL regarding screenings and referrals:

- MCPs must provide screening, diagnostic, and treatment services in accordance with APL 19-010: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21, or any superseding APL, to identify potential CCS-eligible members.
- MCPs must also refer potential CCS-eligible members to the County CCS program for a CCS eligibility determination if the members:

The Alliance is meeting with the 3 counties monthly and is in the process of working on the changes and responsibilities in the MOUs. The MOUs are reviewed every 2 years, and outline the plan and counties' responsibilities.

The red-line draft APL was shared with the Committee. Once the APL is received by the Alliance, the draft requirements are reviewed and the Alliance has the opportunity to provide feedback to the state. APL letters are published and are available online. CCS letters and APLs are also reviewed at Tri-County Meetings. The Alliance will keep the Committee updated on any further changes.

Regarding NEMT, the Alliance met with the transportation provider regarding transporting members. There are many transportation grievances and this is true for most plans. Members were missing specialist visits due to transportation issues. When appointments are missed, it can affect the entire day. Call-to-Car calls was sending non-scheduled visits out to Lyft drivers and they were not always willing to travel far distances for extended periods of time. The Alliance is working on finding vendors that will work with families with special needs and help to expand other services.

C. COVID/Children's Behavioral Health

Julie Norton, LMFT began the presentation by asking the Committee reflective questions. What if any are 2 impacts of COVID-19 for you or your kids and families you serve (physical, emotional, financial, social)? Data was shared with the Committee regarding the effects of COVID. Changes noted include significant sleep disturbances, weight changes, increased obesity in children, lower mood, increase in irritability major financial changes, sense of isolation and disconnection, and social anxiety. Information from the kid's study for California households was shared with the Committee, it was noted that households with children experienced nervousness and stress and households with special needs children experienced more of these symptoms.

Mental Health problems increased for both parents and children during 2020.

- Those who experienced hardships had worse psychological well-being.
- Providers and pediatricians should screen for mental health problems among the children in their practices, with particular attention to children whose families are vulnerable to economic as well as disease aspects of the crisis.
- Beginning in April 2020, children's mental health related emergency department (ED) visits among all pediatric ED visits increased and remained elevated through October.
- Compared with 2019, the proportion of mental health related visits for children 5–11 years increased approximately 24%. and 12–17 years increased 31%.

Warning signs from the National Alliance on Mental Illness:

- Excessive worrying or fear, feeling excessively sad or low.
- Confused thinking or problems concentrating.
- Extreme mood changes.
- Prolonged or strong feelings of irritability or anger.
- Avoiding friends and social activities.
- Difficulties understanding or relating to other people.
- Changes in sleeping habits or feeling tired and low energy.
- Changes in eating habits.
- Thinking about suicide.
- Multiple physical ailments without obvious causes.

Information regarding access to mental health services through Beacon was shared with the Committee. Members can **call 855-765-9700**, 24 hours a day, 7 days a week, and a Beacon staff person will help. Beacon's website is **[www.beaconhealthoptions.com](http://www.beaconhealthoptions.com)**. For Substance Abuse Services, contact the county's Behavioral Health department:

- Santa Cruz: 800-952-2335
- Monterey: 888-258-6029
- Merced: 888-334-0163

Providers can fill-out a screening form from the Alliance's website to determine the level of care needed: **[https://www.ccah-alliance.org/medical\\_MH\\_benefits.html](https://www.ccah-alliance.org/medical_MH_benefits.html)**

Resources and references were shared with the Committee:

- <https://www.cdc.gov/childrenindisasters/helping-children-cope.html>
- <https://zerotothrive.org/helping-children-with-big-feelings-during-covid-19/>
- <https://www.kidsdata.org/blog/?p=9530>
- <https://psychiatry.ucsf.edu/copingresources/families#a>

## 5. Open Discussion.

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

Dr. Diallo noted that the WCMCAC is seeking Committee members, please pass along the information to providers and specialists.

The meeting adjourned at 12:30 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

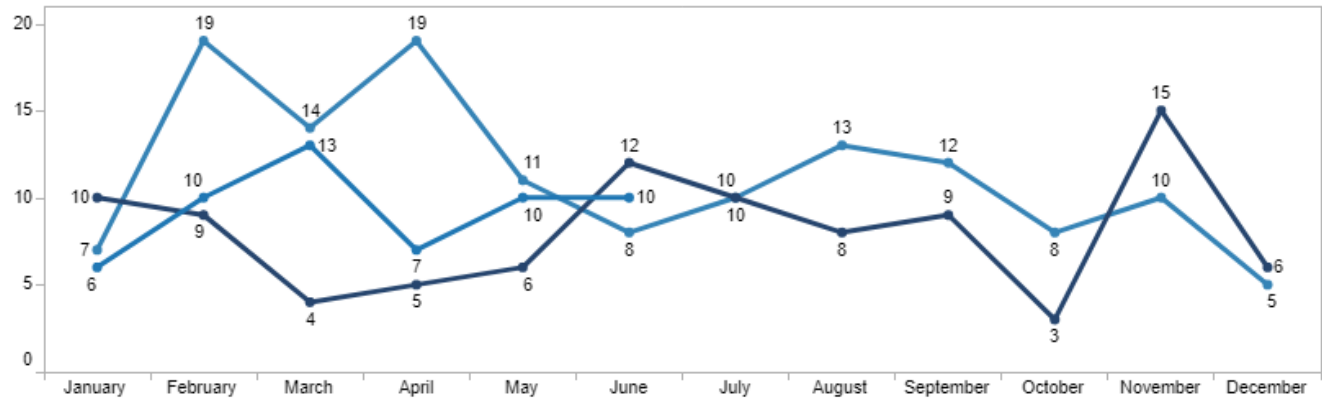
Prepared by: Sarah Sanders, Grievance and Quality Manager

9/16/2021



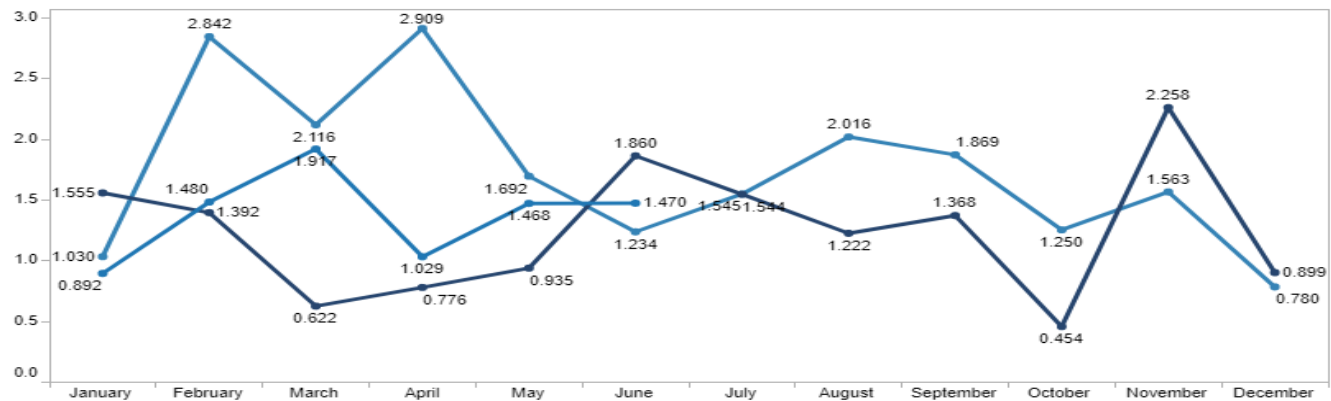
# WCM **GRIEVANCE RATE:** Per thousand WCM/CCS Members Per Month (PKPM)

Number  
Rec'd



Year  
2021  
2020  
2019

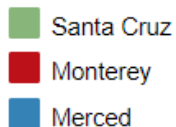
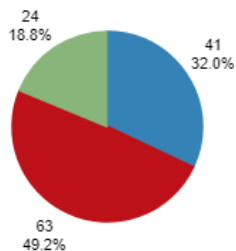
RATE



# WCM Q2 2020 – Q2 2021 GRIEVANCES by LOCATION

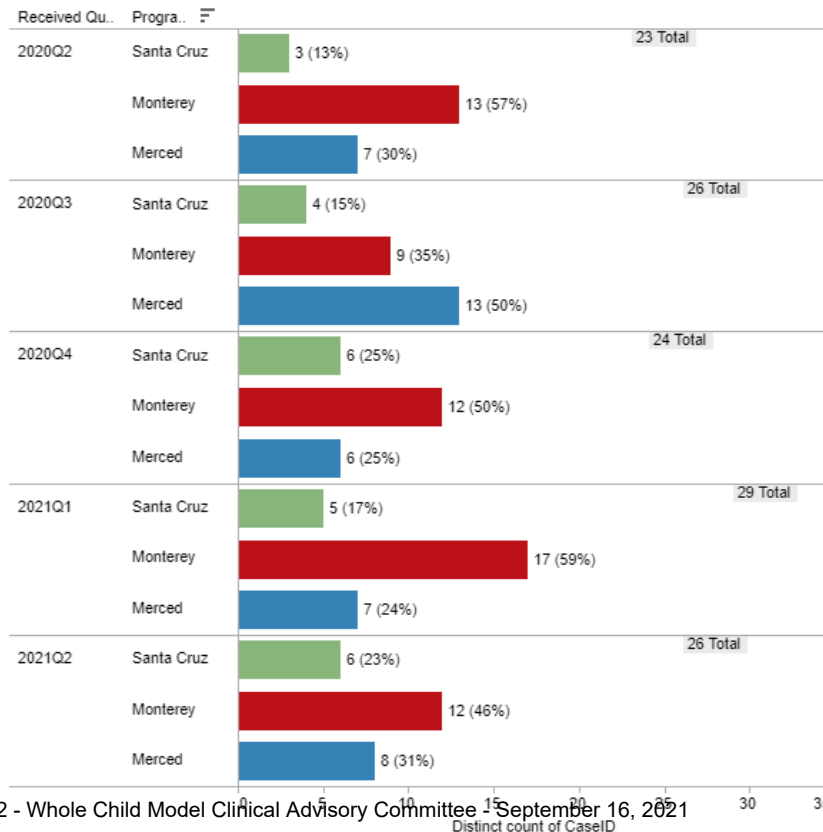
**WCM Grievances by Member Location**

Last update: 9/1/2021 9:44:51 PM

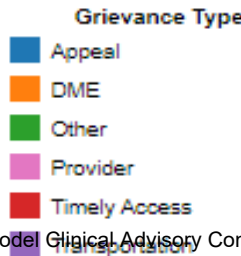
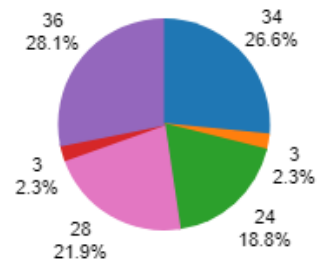
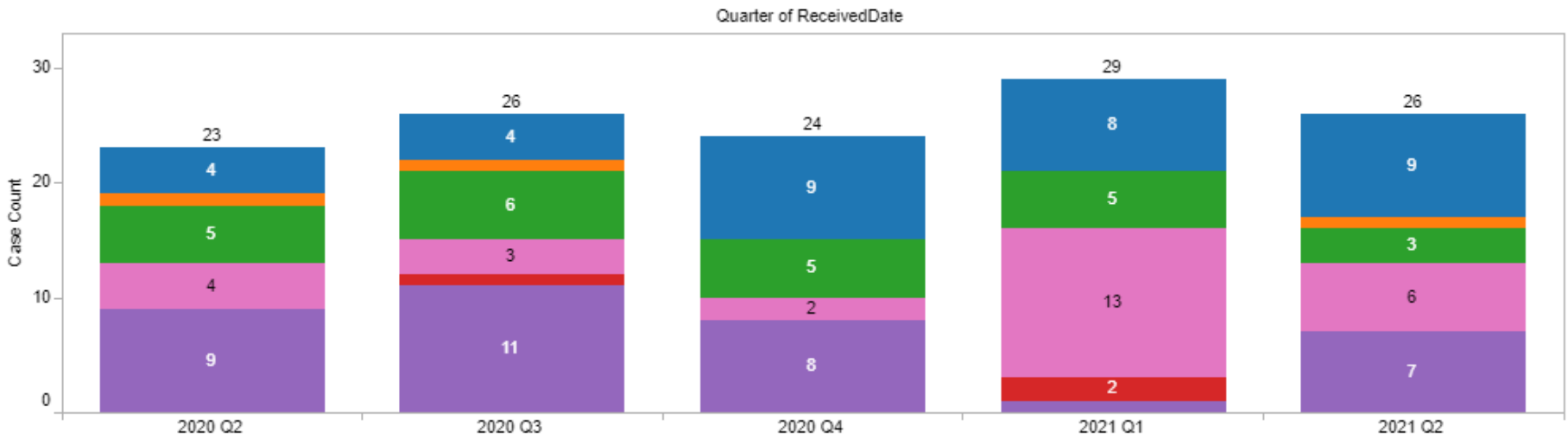


**WCM Grievances by Member Location by Quarter**

Last update: 9/1/2021 9:44:51 PM



# WCM Q2 2020 through Q2 2021 GRIEVANCES by TYPE





WCM Review

## Q2 2021 TRENDS

### REVIEW and TRENDS:

1. WCM Grievances are closely monitored and trended by the Staff Grievance Review Committee (SGRC)
2. WCM Grievances STABLE, access grievances due to dignity termination notification
3. Recurring themes include:
  - ❖ Transportation
  - ❖ Genetic Testing
  - ❖ Provider Billing

# WCM GRIEVANCE CASE REVIEW

## WCM Case Review #1

- Parent notified of provider bills from 2016 sent to collections.
- No claims on file for dates of service. Staff sent member eligibility file to collections agency.
- Collections agency supervisor confirmed that the account was closed and that confirming letter would be sent to parent.

## WCM Case Review #2

- Parent appealed denial of whole exome sequencing (WES) testing.
- Chromosomal microarray approved, but WES remained denied.
- Parent informed of state hearing rights, as WES testing did not meet medical necessity.

## WCM Case Review #3

- Parent upset about receiving a denial NOA regarding anesthesia.
- Although dental anesthesia was ultimately approved, it was first in an extended state to receive additional documentation
- Parent expressed feeling the extended NOA was unacceptable and stress even after the approval status.



# WCM **GRIEVANCE** Next Steps



- Continue to monitor emerging issues
- Aim to intervene quickly to prevent adverse events
- CCS/WCM Transportation classification to improve vendor service
- Expanded NEMT options for Santa Cruz and Monterey counties



# Questions?







# Whole Child Model Updates

Whole Child Model Clinical Advisory Committee

September 16, 2021

Jessie Newton, RN, BSN

Kelsey Riggs, RN, MSN



# California Children's Services (CCS) Eligibility & Referrals

- We continue to increase our CCS members and referrals.
- New report created for Q2 to more accurately capture internal activity related to CCS referrals.
  - Total internal referrals to CCS for **Q2 = 396.**
  - Total internal reviews of possible CCS found to not meet criteria for **Q2 = 516.**



## CCS Eligibility & Referrals

- Total CCS Members:
  - ✓ Quarter 1 - 6990
  - ✓ Quarter 2 - 7285
- New CCS Members:
  - ✓ Quarter 1 - 335
  - ✓ Quarter 2 - 305



## CCS Age Out Update

- June 2021- Outreach begins at age 17
- Q1 2021- **Total of 59**
- Q2 2021– **Total of 86**

April 20

May 22

June 44



## CCS Individualized Care Plans (ICPS)

- In Q2 2021, a total of **1489** Individualized Care Plans were completed:
  - Merced County 516
  - Monterey County 741
  - Santa Cruz County 232





# Questions?



## WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE MEETING CALENDAR FOR 2021

Thursday, March 18	12:00 PM to 1:00 PM
Thursday, June 17	12:00 PM to 1:00 PM
Thursday, September 16	12:00 PM to 1:00 PM
Thursday, December 16	12:00 PM to 1:00 PM