Whole Child Model Clinical Advisory Committee

Meeting Agenda Thursday, April 6, 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: 225 137 343 929

Passcode: mhEGqu

Download Teams | Join on the web

Or call in (audio only)

+1 872-242-9041,,115301674# United States

Phone Conference ID: 115 301 674#

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, April 5 to the Clerk of the Advisory Committee at tneves@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 December 15, 2022
 - A. Reference materials: Minutes as above.
 - B. Grievance Update S. Sanders

Regular Agenda Items: 12:20 p.m.

4. Old Business

A. WCM Updates K. Riggs, RN, B. Ruiz, A. McEowen, RN

B. Transportation Update G. Taboada

5. New Business

A. ECM Pediatric Update

B. Health Rewards Program

J. Hampton

V. Lozano

6. Open Discussion: 1:20 p.m.

A. Group may discuss any urgent items.

7. Adjourn: 1:30 p.m.

The next meeting of the Whole Child Model Clinical Advisory Group, after this April 6, 2023 meeting:

 Thursday June 15, 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, December 15, 2022

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

Teleconference Meeting

Committee Members Present:

Jennie Jet, MD

Ibraheem Al Shareef, MD

Cal Gordon, MD

John Mark, MD

Salvador Sandoval, MD

Provider Representative

Committee Members Absent:

Patrick Clyne, MD Provider Representative Devon Francis, MD Provider Representative

Staff Present:

Dianna Diallo, MD Medical Director
Gordan Arakawa, MD Medical Director
Dale Bishop, MD Chief Medical Officer

Jennifer Mockus, RN Community Care Coordination Director Tammy Brass, RN Utilization Management Director

Michelle Stott, RN

Otilization Management Director

QI & Population Health Director

Navneet Sachdeva, Pharm D. Pharmacy Director

Shaina Zurlin, LCSW, PsyD. Behavioral Health Director

Kelsey Riggs, RN Pediatric Complex Case Mgmt. Manager

Jessie Newton, RN

Care Coordination Manager

Cynthia Balli

Provider Relations Supervisor

Jenna Stromsoe, RN Complex Case Management Supervisor Jacqueline

Jacqueline Morales Provider Relations Representative

Tracy Neves Clerk of the Committee

Other Representatives Present:

James Rabago, MD

Jennifer Yu, MD

Camille Guzel, MD

Becky Shaw

Laurie Soman

Kenny Ha

Board Representative

Provider Representative

Provider Representative

Provider Representative

Provider Representative

Aveanna Representative

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.

Thank you to Dr. Jett for her many years serving on the WCMCAC.

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 September 15, 2022 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

Kelsey Riggs, RN shared CCS referral data from Q3. Referral trends from January 2022 to September 2022 were shared with the Committee. Total referrals by county for Q3 includes Merced – 77%, Monterey – 71% and Santa Cruz – 67%. Average approval rate is 74% (previous quarter was 70%).

CCS Referral Approval Counts by County for Quarter 3:

Merced: 154 Monterey: 210 Santa Cruz: 70 Total Referrals: 436

In Quarter 3, there were 380 new CCS members, with 8,000 eligible members. Referral volumes and approval rates continue to steadily increase. The Alliance continues to collaborate and meet with county partners regarding cases. Work is being done to improve approval rates among counties, and turnaround times making referrals. The Alliance has also instituted smaller staff-to-staff meetings to discuss cases prior to meeting with the counties. Process improvement for Santa Cruz has begun and work on Merced County will begin next year. Overall, there continues to be really strong collaboration and communication in all counties.

There was a question whether there is comparison data to pre-whole child model implementation. It was noted, initially there was a reduction in referrals, but they are continuing to trend upwards.

The Alliance reviewed the data a year ago and referrals have increased even during the pandemic. There has been a definite increase over the last few years.

Another provider noted, numbers went down initially, and providers worked really hard to improve referrals and the Alliance has done a wonderful job educating providers on the process. It was noted, Santa Cruz County has the same numbers as Merced and Monterey a bit less and yet referral rates are less than the other 2 counties. There are not many referrals from primary care providers and there is an opportunity in Santa Cruz County in increasing referrals.

B. Pharmacy Update

Navneet Sachdeva, Pharm D. provided a Pharmacy Update. It was noted providers should be aware that if there are any issues with Medi-Cal Rx or access issues that they can advise members to report back to Medi-Cal Rx. Information was shared with the Committee.

The reinstatement policy is going back in place, there was an exception made for members less than 21 years of age in the transition policy. The exception will be going away, and we wanted to make the Committee aware of the change. If there was anything that was granted that did not require a prior authorization (PA), after July, it will now require a PA. If you are meeting with members, you can send the PAs and they will be approved. If there are any issues, please reach out to the Alliance Pharmacy department.

C. Transportation Update

Dianna Diallo, MD gave a transportation update and noted that the Alliance teams are working with transportation vendors for same day transportation. Transportation can be available if the transportation request is received by noon for more urgent issues. In addition, reimbursement is available for taxis, Lyft, Uber, or gas for CCS members. There is more urgent support available than what was previously available.

D. Whole Child Model (WCM) Program Overview

Dianna Diallo, MD provided an Overview of WCM and information on CCS History.

- California Children's Services is a statewide program for children and young adults under the age of 21 with certain defined special health care needs.
- One of the nation's oldest Public Health Programs started in 1927 to address the polio epidemic.
- The program expanded through the years to encompass children with various special health care needs.

CCS Program Goals include:

- Assist in treatment costs including medical, surgical, therapies and DME costs.
- Provide medical case management.
- Medical Therapy Program (MTP) services physical therapy and/or occupational therapy for medically eligible children.
- Guarantee quality through paneling providers for CCS eligible conditions.

Prior to the WCM, counites received referrals from the Alliance, primary care providers (PCPs), subspecialists and hospitals. Referrals were only accepted from CCS paneled providers. The counites opened CCS cases for 3 month-diagnoses period and monitored through their case management. In July 2018, DHCS implemented the Whole Child Model through managed care organizations (MCOs) in counties with county organized health systems. The health plans took responsibility for intensive case management for the children with CCS eligible conditions. The goal was to authorize and facilitate treatment for children within CCS more quickly and efficiently. This led to partnership with MCOs and CCS county offices to best deliver care for members. The Alliance identifies CCS eligible diagnoses through claims, utilization authorizations and referrals from providers and other external sources. Providers may refer to either the county CCS office or to the Alliance. The Alliance collaborates closely with the counties to identify and connect children with CCS eligible conditions to the benefits of CCS/WCM. Provider Services is actively working to panel providers.

Kelsey Riggs, RN gave an overview of Pediatric Complex Case Management which consists of a multidisciplinary team of registered nurses, care coordinators and social workers. There is close collaboration with external providers and other Alliance staff such as the Prior Page 3 of 4

Authorizations, Pharmacy, Registered Dieticians and Medical Directors. The team screens and identifies potential CCS eligible members. These members are referred to the applicable County CCS Program to receive an eligibility determination. The team also coordinates and provides the delivery of CCS services to CCS eligible members according to regulatory guidelines. The team can also assist with medication assistance, linkage to community resources, durable medical equipment (DME), linkage to physical or speech therapy, medical therapy, mental health resources, PCP coordination, transportation, general referrals, and authorization assistance. The team works on member campaigns and other program updates.

Alliance caseloads and member volumes were presented to the Committee. Total CCS member volume is 8,161. A provider asked if there is an age limit for Evusheld. It was noted that it is for ages 12 years and older.

5. Open Discussion.

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

Provider noted Stanford is experiencing lots of respiratory viruses and other viruses. There is a multitude of children with many issues, and they are at 99% capacity. Flu is the most severe right now. Residents are getting experience on how to care for those with respiratory issues. Another provider noted RSV is going down statewide, but Santa Cruz County wastewater indicators show a continued rise, and not just pediatrics but total hospital beds. There is very little capacity. Dr. Diallo noted the Alliance has an incentive for obtaining the flu vaccine.

Dr. Bishop noted regarding emergency department (ED) utilization, the Alliance is releasing more information to Communications regarding the Nurse Advice Line and considering an MD live/telemedicine affiliated with Nurse Advice Line. Provider noted Merced hospital staff is overwhelmed and there are tents outside the ED. Children that need admissions are transferred to Valley Children's Hospital, and they are also experiencing issues with bed capacity. Patients seem more encouraged to take the flu vaccine this year. Provider noted Merced is trying to expand pediatric services, they had previously eliminated pediatric in-patient and that left few trained providers.

Dr. Diallo asked the Committee if they agreed to move the December 21st meeting to December 14. All members present agreed. *Please note since this meeting, the meeting was moved to December 13 instead.

The meeting adjourned at 1:00 p.m.

Respectfully submitted,

Ms. Tracy Neves Clerk of the Advisory Committee

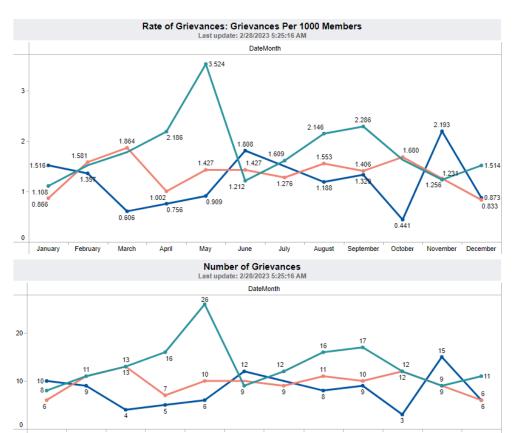
The Whole Child Model Clinical Advisory Committee is a public meeting.



Whole Child Model Grievances

Whole Child Model Clinical Advisory Committee: WCMCAC Prepared by: Sarah Sanders, Grievance and Quality Manager April 6, 2023

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



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RATE

Number

Rec'd



Year 2022

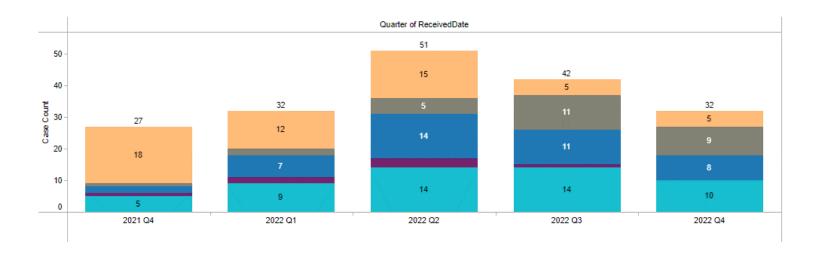
WCM Q4 2021 - Q4 2022 GRIEVANCES by LOCATION







WCM Q4 2021 through Q4 2022 GRIEVANCES by TYPE









WCM Review

Q4 2022 TRENDS

REVIEW and TRENDS:

- WCM Grievances are closely monitored and trended by the Staff Grievance Review Committee (SGRC)
- WCM Grievances decreased during Q4 2022
- 3. Recurring themes continue:
 - Genetic Testing
 - Provider Billing
 - Transportation

WCM **GRIEVANCE** Actions



- Continue engaged monitoring and intervention.
- Solicit input: Clinical Partners, what are you hearing from WCM/CCS members?



Pediatric Complex Case Management Emergency Outreach

Whole Child Model Clinical Advisory Committee
Ashley McEowen, RN & Bri Ruiz
April 6, 2023

Emergency Outreach

- Potential situations: Power outages, fires, flooding, evacuations, PCP closures d/t inclement weather, public health emergencies i.e. Covid-19
- High Risk and Moderate Risk members are identified and outreached
- Staff are educated on emergency preparedness and utilize talking points as a
 guide to support consistent education and messaging to members, including
 providing member with both general and scenario specific resources



California Storms

High Risk and Moderate Risk members were identified, including those requiring electricity dependent DME, and those in geographical specific areas that were at risk or potentially affected

Outreach was made to members & resources provided:

- -Outreach to 650+ members
- -Evacuation zones throughout the state of California
- -Evacuation sites/shelters
- -Weather Service Updates
- -General information for service delivery counties
- -California Emergency Notifications
- -Sand bag locations
- -Food resources

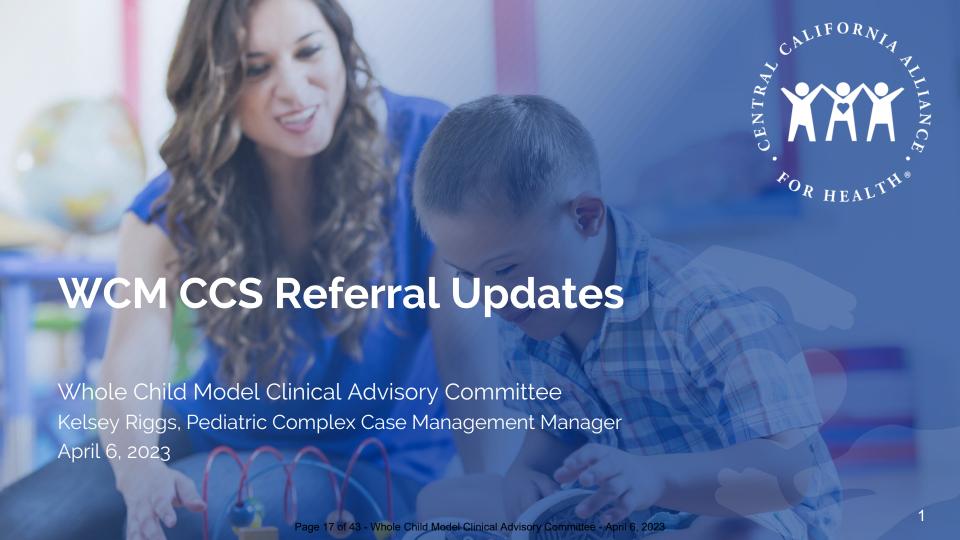
Member script included:

- -Detailed message alerting member of current situation
- -Ensuring member has an emergency plan in place
- -Contact information to CCAH MS and NAL
- -Directed member to PCP and/or FR/Urgent Care for medical emergencies

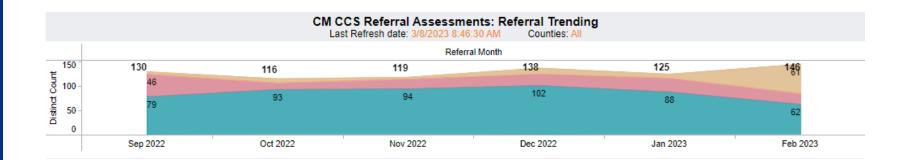


Thank you!





CCAH CCS Referral Trending



Measure Names

- Count Pending
- Count Denied
- Count Approved
- Count Other
- Count Corrected



Referral Counts

Q4: Alliance Referrals by County

• Merced: 137

• Monterey: 170

• Santa Cruz: 67

• Total Referrals: 374



Referral Approval Rates

Q4: CCS Referral Approval Rates by County

• Merced: 73.7%

• Monterey: 76.5%

• Santa Cruz: 81.4%

• Average Approval Rate:76.2%



Summary

- Q4 brought us 285 new CCS members
- Currently 8,233 CCS eligible members







New ECM Populations of Focus Definitions (7/1/23)

Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition

Children and Youth Involved in Child Welfare

Children and youth who:

(1) Are enrolled in CCS OR CCS WCM;

AND

(2) Are experiencing at least one complex social factor influencing their health.

<u>Examples include</u> (but are not limited to) lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (four or more) of ACEs screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health and/or substance use symptoms.

Children and youth who meet one or more of the following conditions:

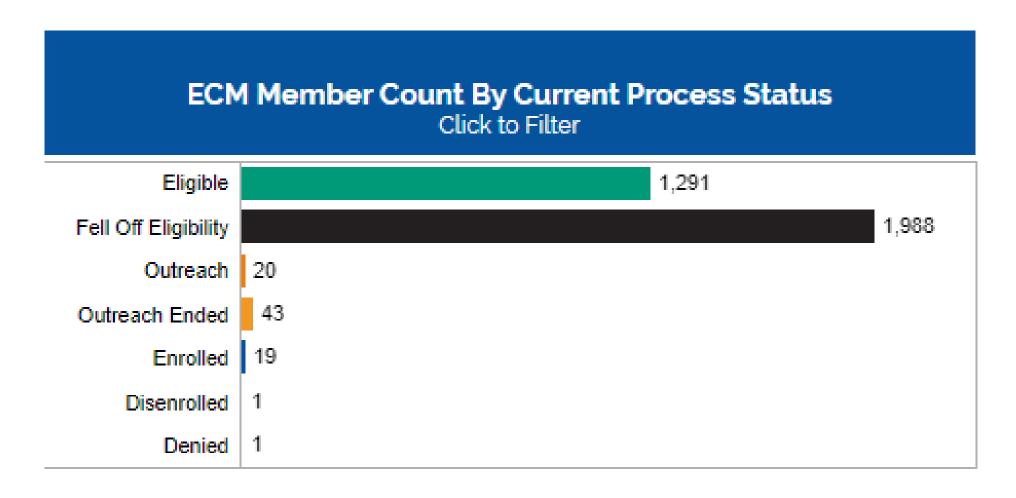
- 1. Are under age 21 and are currently receiving foster care in California;
- 2. Are under age 21 and previously received foster care in California or another state within the last 12 months;
- 3. Have aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later)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

Link DHCS ECM Policy Guide

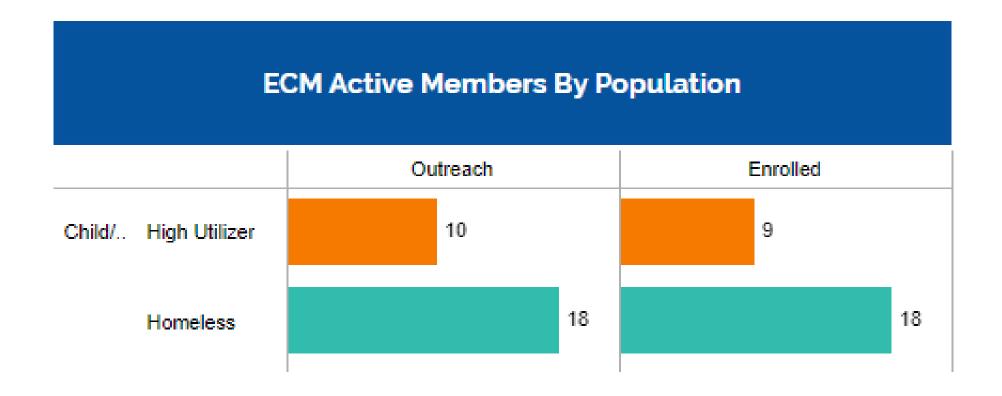
Community Supports Offered

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	<mark>July 1, 2023</mark>	<mark>July 1, 2023</mark>	<mark>July 1, 2023</mark>
Recuperative Care	July 1, 2022	July 1, 2022	July 1, 2022
Respite Services for Caregivers	<mark>July 1, 2023</mark>	<mark>July 1, 2023</mark>	<mark>July 1, 2023</mark>
Short-term Post Hospitalization Housing	July 1, 2022	July 1, 2022	July 1, 2022
Sobering Centers	September 1, 2022	January 1, 2022	TBD

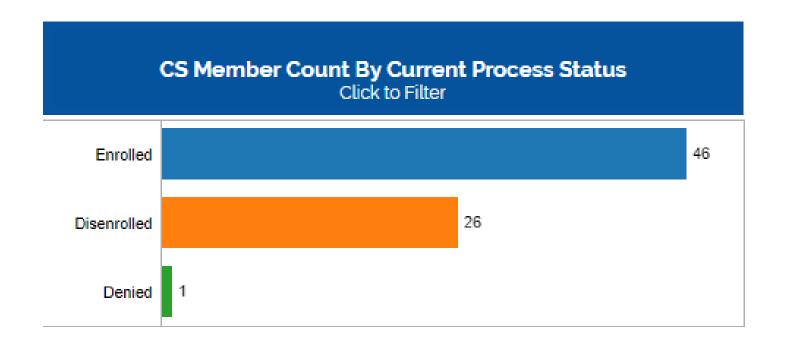
ECM by Numbers



Current ECM Auth Counts



Current CS Auth Counts



CS Member Population Counts Total Known Eligible (incl. Enrolled or Disenrolled, + on Medi-Cal) Total Cumulative Enrolled 72 Total Currently Enrolled 46





Health Rewards Program

Whole Child Model Clinical Advisory Committee
Veronica Lozano, MBA, CHES, Quality Improvement Program Advisor II
April 6, 2023



Health Rewards Program

AGENDA:

- Health Rewards
- 2. Eligibility
- 3. Resources
- 4. Questions



Infant Immunizations -New Effective April 1st Birth - 2 years

- Complete childhood immunizations (CIS-10) by 2nd birthday.
- Member will qualify for a \$100 Target gift card.

Flu Second Dose

7 months - 2 years

- Complete second Flu dose by 2nd birthday
- \$100 Target gift card monthly raffle
- Seasonal: Only during Flu Season (Sept-May)

Adolescent Immunizations- *New* Effective April 1st 9 – 13 years

- Complete adolescent immunizations (IMA) by 13th birthday.
- Complete 1 well care visit in the previous 12 months.
- Member will qualify for a \$50 Target gift card.





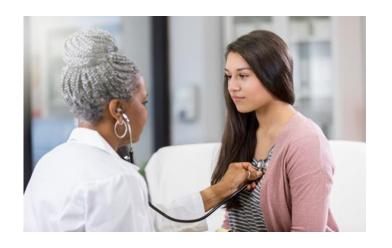
New Effective April 1st Well-Child Visits birth – 15 months

- Complete 6 or more well-child visits by 15 months...
- Member will qualify for a \$50 Target gift card.

Well-Child Visits

15 – 30 months

- Complete 2 well-child visits by 30 months of age.
- Member will qualify for a \$25 Target gift card.



New Effective April 1st Well Care Visits ages 18-21 years old

- Complete 1 well care visit April 1st –
 December 31st 2023.
- Member will qualify for a \$25 Target gift card.

Alliance Nurse Advise Line

- When members call the Alliance Nurse Advice Line they will be entered into a monthly raffle.
- \$50 Target gift card raffle.



Healthy Moms & Healthy Babies

Prenatal

- When our expecting members visit their doctor within the first 13 weeks of being pregnant or 6 weeks of joining the Alliance they get entered in a monthly raffle.
- \$50 Target gift card

Postpartum

- When members visit their doctor 1 to 12 weeks after having their baby and complete a postpartum visit.
- Members will receive a \$25 Target gift card

Healthy Weight for Life

- 10-week workshop series provides parents with tools and knowledge to help their child reach a healthy weight.
- The workshops are offered in person or virtually.
- Child can earn up to a \$100 Target gift card.
- If the parent attends the 10-week workshop, their child will get entered in an annual raffle for the chance to win a bike





Healthier Living Program

- 6-week workshop that give members the tools and knowledge to live healthier lives.
- The workshops are offered in person, virtually, or telephonic.
- These workshops are for those members who have a chronic health condition or are a caregiver to someone who does.
- Earn up to a \$50 Target gift card.

Health Rewards- Eligibility

- Meet each member incentive criteria.
- Must be an Alliance member at the time of service and when becoming eligible for the incentive.
- Members with other health insurance, besides Medi-Cal, are not eligible for these rewards.
- Gift cards are mailed to address of record.

Health Rewards- Resources

For more information:

Members can call:

The Alliance Health Education Line:

800-700-3874, ext. 5580

- https://thealliance.health/for-members/health-and-wellness-rewards/
- Brochure & New Flyer (new incentives) available in April.

Questions?

Thank you!

Veronica Lozano, MBA, CHES

Quality Improvement Program Advisor II

Office Number: (209) 381-7336

Email: vlozano@ccah-alliance.org

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

