Whole Child Model Clinical Advisory Committee

Meeting Agenda

Thursday, March 17, 2022

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:
    a. **Join on your computer, tablet or smartphone:**
       Click here to join the meeting

    b. **Or call in (audio only):**
       United States: 1+ (323) 705-3950
       Phone Conference ID: 977 284 60#

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, March 16, 2022 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.)

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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.**

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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 16, 2021.
   A. Reference materials: Minutes as above.
   B. Grievance Update   S. Sanders

Regular Agenda Items: 12:20 p.m.
4. Old Business
   A. Pharmacy Carve-Out   V. Eichenbaum, Pharm D.
   B. WCM Update   K. Riggs, RN

5. New Business
   A. Enhanced Care Management & Community Support Services   J. Hampton, RN

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 March 17, 2022 meeting:

- Thursday June 16, 2022, 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.

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The complete agenda packet is available for review on the Alliance website at:
www.ccah-alliance.org/boardmeeting.html

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Whole Child Model Clinical Advisory Committee

Meeting Minutes

Thursday, December 16, 2021
12:00 p.m. - 1:00 p.m.

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

Committee Members Present:

Jennie Jet, MD	Provider Representative
Cal Gordon, MD	Provider Representative
Salvador Sandoval, MD	Provider Representative
Devon Francis, MD	Provider Representative
Sarah Smith, MD	Provider Representative

Committee Members Absent:

John Mark, MD	Provider Representative
Patrick Clyne, MD	Provider Representative

Staff Present:

Dianna Diallo, MD	Medical Director
Gordan Arakawa, MD	Medical Director
Navneet Sachdeva, Pharm D.	Pharmacy Director
Mary Brusuelas, RN	Utilization Management/CCM Director
Jennifer Mockus, RN	Community Care Coordination Director
Lilia Chagolla	Regional Operations Director, Monterey
Ronita Margain	Regional Operations Director, Merced
Gisela Taboada	Member Services Call Center Manager
Michelle Stott, RN	QI & Population Health Director
Deborah Pineda, MPH	Quality and Health Programs Manager
Hilary Gillette-Walch, RN, MPH	Quality and Population Heath Manager
Kelsey Riggs, RN	Complex Case Management Supervisor
Jessie Newton, RN	Care Coordination Manager
Tammy Brass, RN	UM & Complex Case Management Manager
Sarah Sanders	Grievance and Quality Manager
Tracy Neves	Clerk of the Committee

Hospital Representatives Present:

Mike Barrett	Aveanna Healthcare
Kaitlyn Krentz	Aveanna Healthcare

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 September 16, 2021 meeting were reviewed.

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

    M/S/A Consent agenda items approved.

4. **Regular Business.**
    A. CCS Members & Pharmacy Carve-Out
        Navneet Sachdeva informed the Committee the prior authorization process will change in regards to taking information over the phone to expedite high-risk medication, this may not be available with Magellan. If there is any new information that arises regarding authorizations, Magellan will only accept changes made by written request and not verbally. The Magellan portal will need to be utilized for communication purposes. Magellan will review authorizations and process claims.

    B. Transportation Update
        Gisela Taboada noted beginning on July 1, 2017, the Alliance began administering non-medical transportation (NMT) for medically necessary transportation services The Alliance meets with the transportation vendor (Call to Car) on a monthly basis to discuss issues. In addition, the Alliance has adjusted workflows to prioritize the Whole Child Model (WCM) and California Children's Services (CCS) populations. There are two families in King City and Greenfield where transportation is limited and the Alliance is working closely with LPCH regarding processes to assure the member is pick-upped and dropped-off safely. Call to Car is experiencing driver shortages, and there are shortages across all transportation vendors. Barriers continue with member NMT but the Alliance is working closely with the vendor to resolve the issues.

    C. Age-Out Letter/CCS Paneling Outreach
        Kelsey Riggs noted the team continues to work on growing the CCS paneled provider network. Work is taking place with the Provider Services team to finalize a letter that will go out to targeted providers. The letter is intended to encourage paneling and provides instructions and resources on how to begin the process. Provider Services information is included in the letter as well. The letter will continue the Alliance's efforts to encourage CCS paneling.

An age-out letter was produced and will go out to members at age 17 to help support and prepare them for the age-out process. The letter briefly explains the transition and the member will receive a call from a pediatric complex case management team member, this work does not replace current work and is intended to help the member and establish contact.

The team is restarting calls to targeted CCS members to help support them in the pharmacy carve-out process and to help educate them and make the process smoother.

D. Cultural & Linguistic (C&L) Services

Deborah Pineda gave a presentation on Cultural & Linguistic (C&L) Services. Membership demographics (Medi-Cal & IHSS) for all 3 counties were shared with the Committee. The largest demographic of members are those ages 18 – 64 years of age. The majority of Alliance members identify as Hispanic, followed by White, Asian/Pacific Islander, Black, and Other. Membership preferred languages include English, Spanish and Hmong. Although the Hispanic population still represents the highest ethnic population served, the percentage of Medi-Cal members who prefer Spanish remains slightly lower than the percentage of members who prefer English. Language also varies by county. Monterey County is also home to Mexican and Central American immigrants who previously lived in rural areas (villages) so isolated that they speak indigenous languages and very little to no Spanish.

The average reading level of the Medi-Cal population is 4th-6th grade. Most health-related materials are written at a 10th grade level. Hispanic adults have the lowest average health literacy scores of all racial/ethnic groups followed by Black. Nearly 9 out of 10 adults struggle with health literacy, and those with low health literacy skills are more likely to have poor health outcomes, make medication errors, and skip preventative services.

The Alliance works to reduce health disparities and improve health literacy. The C&L program is part of the health plan's efforts to help improve health outcomes for members.

C&L Core Objectives:
- Ensure that all Alliance members receive culturally and linguistically appropriate health care services;
- Reduce health disparities related to language and cultural barriers; and
- Improve communication between Alliance staff, health care providers, and Alliance members.

C&L Core Services:
- DHCS Population Needs Assessment
- Culturally Competency Training
- Language Assistance Services
- Readability, Suitability and Translation Services.

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The Alliance Language Assistance Program consists of both telephonic and onsite face-to-face interpreting services, we inform/encourage our providers to use this service to satisfy Federal and State laws around access to interpreting. These are timely individual access to interpreter services at no charge to members who have Limited English Proficiency (LEP), and/or who are deaf or hard of hearing when members are accessing Alliance covered services. There is an Interpreter Services Provider Quick Reference Guide for providers to reference. In addition, Alliance C&L forms are available on the Alliance website, and the Provider Bulletin contains information in the Cultural Crossroads section.

E. COVID-19 Vaccine
Hilary Gillette-Walch reviewed Overall Vaccine Coverage for members 12 years and older; overall vaccination rate is at 50%. DHCS tracks vaccination rates and shares the data every 2 weeks, the Alliance tracks rates weekly. Vaccination rates by county were shared with the Committee. Vaccinations for ages 5-11-years began last month. Vaccination status of WCM members (approximately 6,800) by county for members 5 and older in November showed highest rates of fully vaccinated are in Monterey and Santa Cruz Counties. For ages 5-11 about 2% are partially or fully vaccinated and ages 12-20 years have a 54% overall vaccination rate.

Provider inquired about the distribution of member incentives. Some member incentives for 5 years and older are available at pop-up clinics, a $50 gift card will be provided for first or second vaccines. Incentives are distributed at point-of-service or mailed to the member's home. Vaccination data is received from various sources, and members eligible for the program were identified. There are approximately 38,800 individuals eligible between September 1, 2021, through November 30, 2021, and a mailing was sent out to those members regarding incentives. The eligibility date is September 1, 2021 through February 28, 2022. **Action:** Deborah noted she would share member incentive flyers in all 3 languages with the Committee. The vaccine incentive program was first launched with community-based organizations at point-of-service, and work is being done on how to work with providers to distribute gift cards. There is a provider interest form that can be emailed to Deborah if providers are interested in the program. Lilia informed providers to contact her via email if Alliance staff is needed to participate in pop-up clinics. It was noted boosters and other healthcare coverage are not currently covered under the incentive program.

5. **Open Discussion.**
Chairperson Diallo opened the floor for the Committee to have an open discussion.

Dr Jett noted she is doing in-person and virtual visits, kids are happy to receive in-person services when available. Transition back to office visits is going well. Dr. Sandoval inquired about the Alliance participating in in-home evaluations for triggers for Asthma and would like to discuss this further. **Action:** Dr. Diallo to investigate further and report back to the Committee.

Page 4 of 5

Dr. Francis asked whether the Alliance could provide a list of her WC and CCS members and those that are high-risk pediatric patients. **Action:** Mary to take information back to her team to obtain the information. It was also suggested, that having Alliance staff members attend clinic meetings would be helpful.

The meeting adjourned at 1:00 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Committee

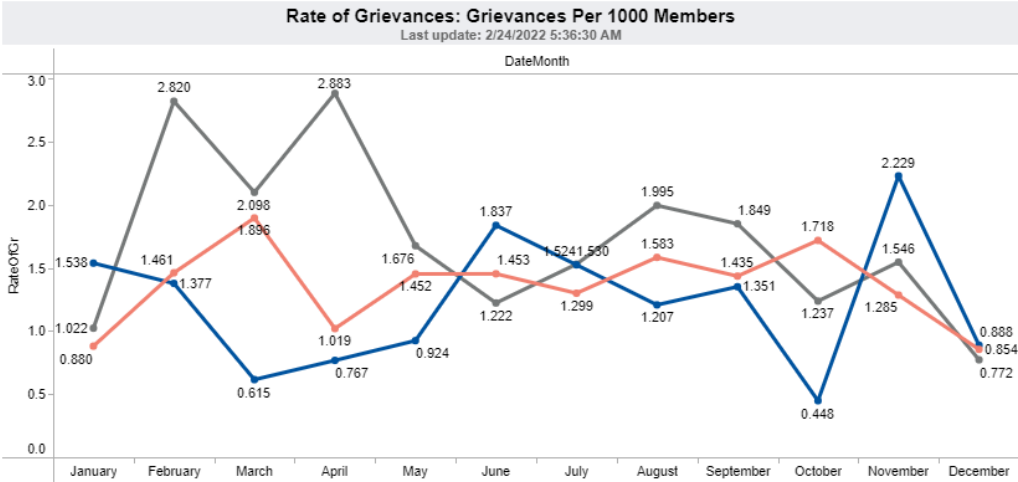The Whole Child Model Clinical Advisory Committee is a public meeting.

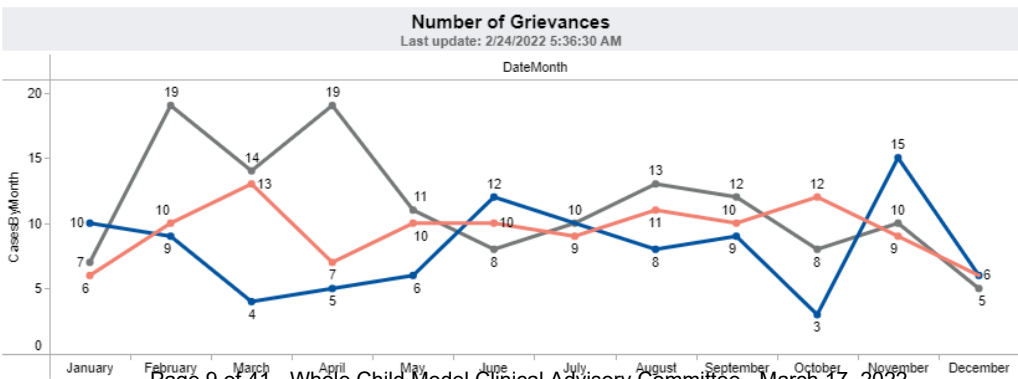# Whole Child Model Grievances

Sarah Sanders, Grievance and Quality Manager

Whole Child Model Clinical Advisory Committee

March 17, 2022

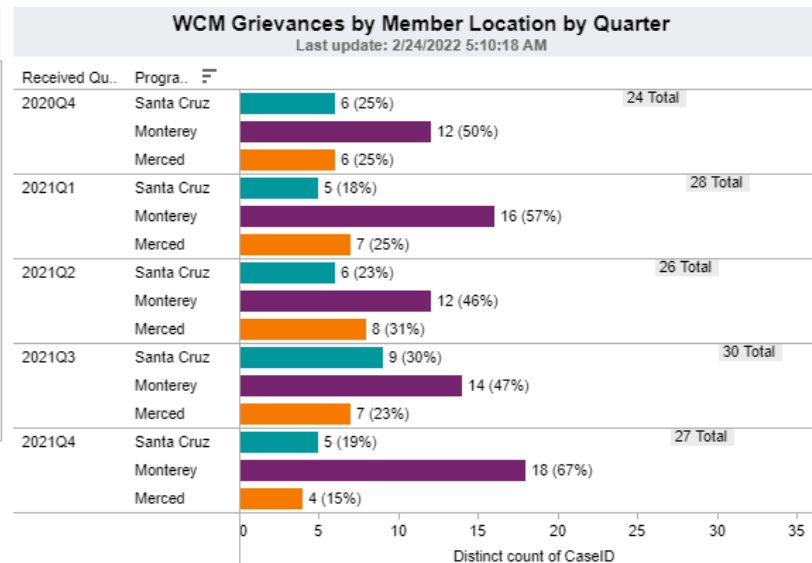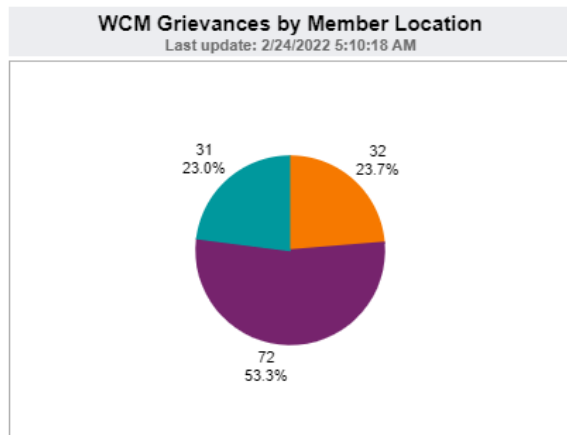# WCM **GRIEVANCE RATE:** Per thousand WCM/CCS Members Per Month (PKPM)

RATE

Number Rec'd
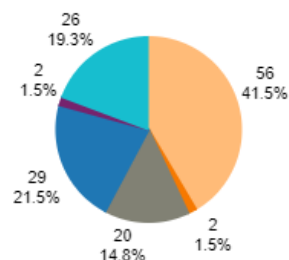
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WCM Q4 2020 – Q4 2021 GRIEVANCES by **LOCATION**

WCM Grievances by Member Location
Last update: 2/24/2022 5:10:18 AM

31
23.0%

32
23.7%

72
53.3%

WCM Grievances by Member Location by Quarter
Last update: 2/24/2022 5:10:18 AM

Received Qu..	Progra..	Distinct count of CaseID	
2020Q4	Santa Cruz	6 (25%)	24 Total
	Monterey	12 (50%)	
	Merced	6 (25%)	
2021Q1	Santa Cruz	5 (18%)	28 Total
	Monterey	16 (57%)	
	Merced	7 (25%)	
2021Q2	Santa Cruz	6 (23%)	26 Total
	Monterey	12 (46%)	
	Merced	8 (31%)	
2021Q3	Santa Cruz	9 (30%)	30 Total
	Monterey	14 (47%)	
	Merced	7 (23%)	
2021Q4	Santa Cruz	5 (19%)	27 Total
	Monterey	18 (67%)	
	Merced	4 (15%)	

ProgramCounty
- Santa Cruz
- Monterey
- Merced

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WCM Q4 2020 through Q4 2021 GRIEVANCES by **TYPE**

4

REVIEW and TRENDS:
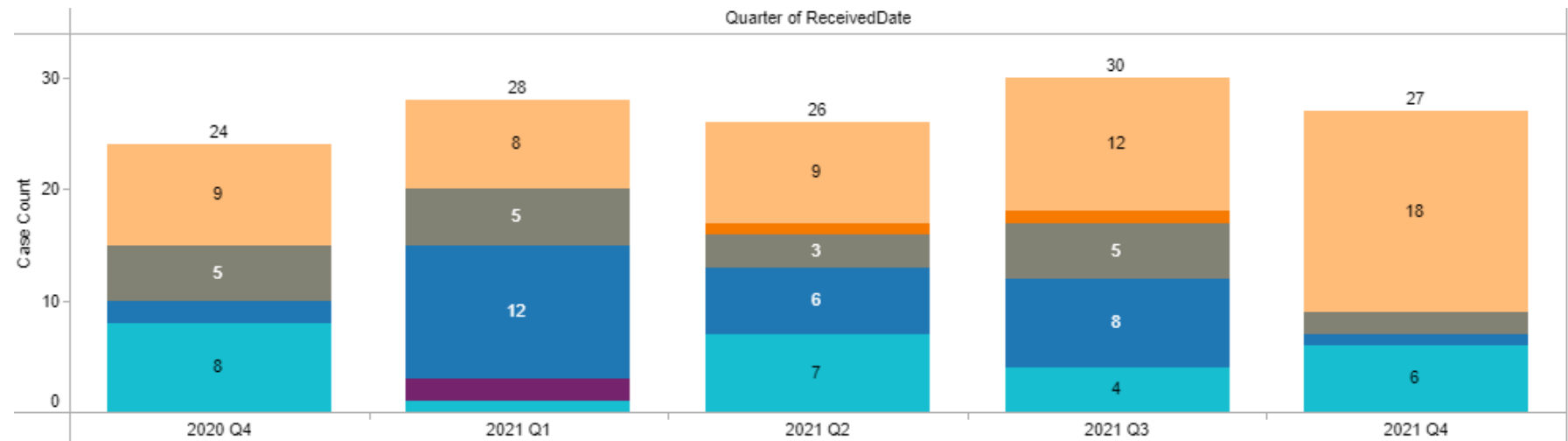
1. WCM Grievances are closely monitored and trended by the Staff Grievance Review Committee (SGRC)
2. WCM Grievances are **STABLE.**
3. Recurring themes continue:
   - ❖ Genetic Testing
   - ❖ Provider Billing
   - ❖ Transportation

WCM Review

Q4 2021 TRENDS

WCM GRIEVANCE **CASE REVIEW**

WCM Case Review #1	• Provider appealed denial for genetic testing for severe inherited conditions. Notations were requested to accompany the request. • Upon appeal, additional notations were submitted and the request was approved.
WCM Case Review #2	• Parent notified of provider bills in 2021 and collections attempt. • Provider submitted claims and paid by Other Health Coverage (OHC) & CCAH, yet continued to balance bill the member. • CCAH informed the provider and provider agreed to adjust the account to zero.
WCM Case Review #3	• Provider appealed denial for CGH Microarray and Fragile X • Initially denied due to lack of history with the request. • Upon appeal, Fragile X testing was approved.

WCM **GRIEVANCE** Next Steps

- Continue to monitor emerging issues.

- Aim to intervene quickly to prevent adverse events.

- Solicit input: Clinical Partners, what are you hearing from WCM/CCS members?

Questions?

Pharmacy Carve-Out

Vera Eichenbaum, BCMAS, TTS
Clinical Pharmacist
Whole Child Model Clinical Advisory Committee
March 17, 2022

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TOPICS:

1. Carve-out facts and proactive actions

2. Common medication access issues

3. Recommendations to providers

MEDI-CAL RX &
ALLIANCE PHARMACY
TEAM

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Pharmacy Carve Out: Facts and Actions Taken

Successful Go-Live January 1, 2022

- Medi-Cal's pharmacy benefit transitioned to Medi-Cal Rx.
- No changes to medical and/or institutional claims as they remain Alliance responsibility.

Proactive Actions by Medi-Cal Rx

- Medi-Cal Rx 180-day Transitional Period through June 30.
- Many Reject Code Suspension until April 30, 2022.
- Auto-Prior Authorization (PA) for Synagis and Makena until April 30. 2022.

Proactive Actions by CCAH

- Review daily data feeds from Medi-Cal Rx/MedImpact.
- Utilize Medi-Cal Rx Portal and Clinical Liaison for care coordination.
- Communicate with DHCS and Medi-Cal Rx on ongoing issues.

Proactive Outreach: Daily Reports

Reports Evaluated:
1. **Medi-Cal Rx data**: claims, PA requests
2. **Alliance data:** claims, PA requests

Outreach:
1. **Assist pharmacy with billing**

2. **Assist provider with medications requiring Prior Authorization (PA):**
   - Suggest preferred alternatives
   - Provide PA submission information

3. **Refer to Alliance Care Management**

Proactive Outreach: Beneficial Outcomes

- Members have faster access to their medications.

- Prevent gaps in therapy.

- Reduce provider burden and decrease submission of unnecessary or avoidable PA requests.

- Help pharmacies resolve adjudication issues without calling Medi-Cal Rx.

- Leads to fewer phone calls by members/providers to Medi-Cal Rx.

- Fewer unnecessary prior authorization requests submitted to Medi-Cal Rx.

Medication Access: Issues Identified

Off-label use and not FDA-approved medications:

- Require PA submission with evidence-based documentation.
- Unable to locate pharmacies that can provide sterile compounding for Medi-Cal RX members.

Brand name and specific manufacturer restrictions:

- Brand vs generic coverage.
- Restricted to CMS approved manufactures.
- Delays due to pharmacies not carrying the covered manufacturer/brand name.

Prior authorizations :

- Peer-to-peer process unavailable.
- PA criteria unpublished.

Inadequately trained Medi-Cal Rx Customer Service /PA review staff

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Recommendations to Providers

Be aware of restrictions:
- Specific manufacturers/NDC.
- Non-FDA approved drugs & covered alternatives.

Submit chart notes and relevant documentation:
- Medi-Cal Rx only has access to medication history.

Provide accurate and complete details on PA requests and pay attention to the questions
- All relevant diagnosis codes.
- Trial and failure of all previous medications, dates, response or reason for failure.
- Prescription directions, symptoms, lab results.
- Contraindications to Medi-Cal Rx preferred drugs.

Off-label use requires evidence-based documentation

Questions?

Whole Child Model Updates

Kelsey Riggs, RN

Pediatric Complex Case Management Supervisor

Whole Child Model Clinical Advisory Committee

March 17, 2022

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California Children's Services (CCS) Eligibility & Member Volumes

2021 **Total** CCS Members per Quarter
- Q1 - 6990
- Q2 - 7374
- Q3 - 7479
- **Q4 - 7208**

2021 **New** CCS Members per Quarter
- Q1 - 343
- Q2 - 310
- Q3 - 288
- **Q4 - 373**

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CCS Referrals

- Q1 Data Unavailable
- Q2 394 Referrals
- Q3 419 Referrals
- **Q4 513 Referrals**

CCS Individualized Care Plans (ICPS)

- Quarter 4 2021

- Total of **1,979** Individualized Care Plans
  - Merced 714
  - Monterey 961
  - Santa Cruz 304

Questions?

CalAIM Enhanced Care Management & Community Supports Overview

Jessica Hampton, RN

ECM/CS Manager

Whole Child Model Clinical Advisory Committee

March 17, 2022

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Topics:

1. Enhanced Care Management (ECM) Overview
2. ECM Populations of Focus Timeline
3. Community Supports (CS) Overview
4. Community Supports Availability Timeline

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Enhanced Care Management (ECM) **Overview**

- ECM is a Medi-Cal benefit which began January 1, 2022 in Santa Cruz and Monterey Counties, and will be beginning July 1st in Merced County.

- High-touch, face-to-face work in the community with frequent member contact. Available to Medi/Medi's.

- The ECM benefit provides intensive whole-person care management and coordination to help address the clinical and non-clinical needs of Medi-Cal MCP's highest risk members.

- Person-centered, goal-oriented and culturally relevant.

- Services are arranged through county or community-based providers that serve the populations of focus.

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ECM Populations of Focus **Timeline**

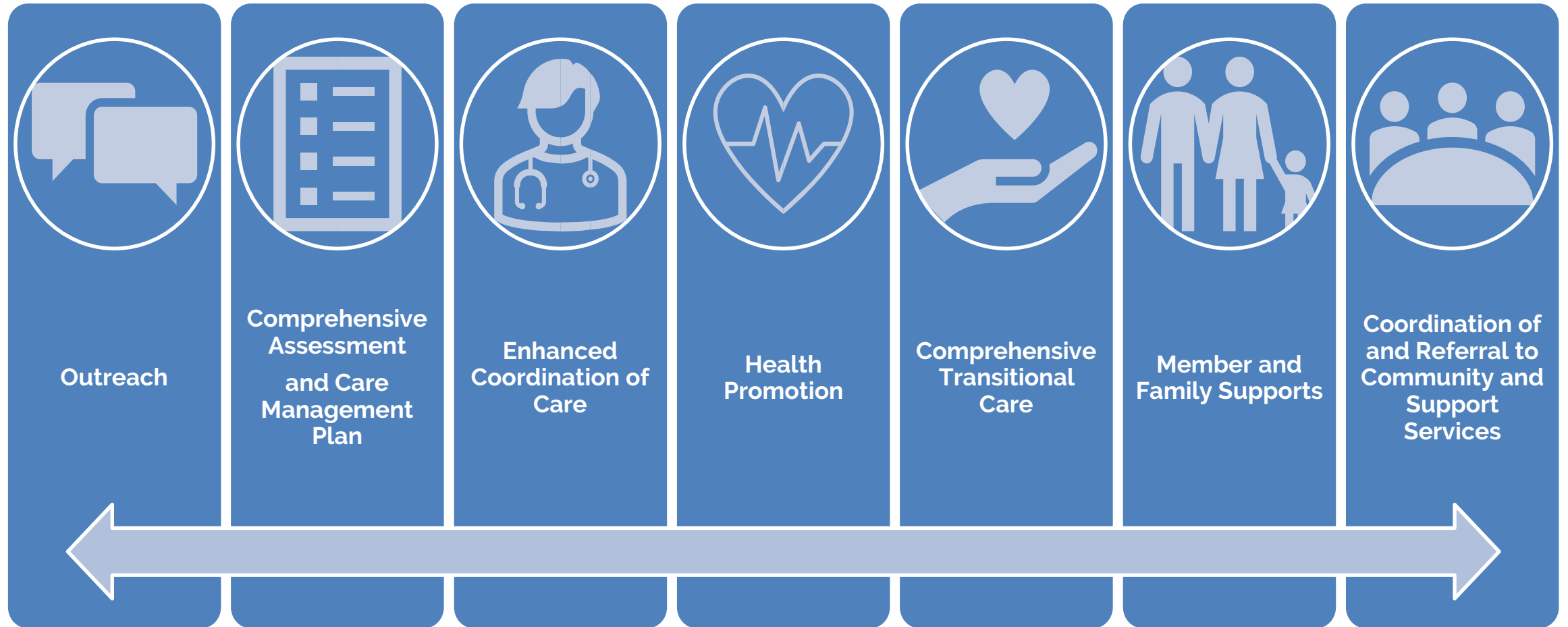|	
Phase I - Jan. 2022	• Individuals and Families Experiencing Homelessness • High Utilizer Adults • Adults who have SMI/SUD conditions
Phase II – no sooner than Jan. 2023	• Adults & Children/Youth Transitioning from Incarceration • Eligible for LTC and at risk for Institutionalization • Nursing Facility Residents who want to transition back to community
Phase III – no sooner than July 2023	• Children and Youth who are high utilizers, SED, CCS with needs beyond physical needs, child welfare

ECM Core Service **Components**

Outreach

Comprehensive Assessment and Care Management Plan

Enhanced Coordination of Care

Health Promotion

Comprehensive Transitional Care

Member and Family Supports

Coordination of and Referral to Community and Support Services

Community Supports (CS) Overview

• CS builds upon the work of the Whole Person Care Pilots to better address health related social needs of Medi-Cal members.

• Medically appropriate, cost-effective alternative services or settings that are provided "in lieu of" / substitute for more costly services or settings such as hospital or skilled nursing facility admissions, discharge delays, or ED use.

• Optional for Medi-Cal managed care members to receive.

• Implemented statewide 1/1/2022.

• MCPs can add additional Community Supports every six months, discontinue once per year with DHCS approval.
- • Initially started with 5
- • Adding two additional community supports 7/1/22

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Community Support Services

Housing Transition Navigation

- Providers must assist members with obtaining housing and have the ability to provide **15** services such as:
  - Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy.
  - Developing an individualized housing support plan.
  - Assisting in securing housing, including the completion of housing applications and obtaining vital records.

Tenancy & Sustaining Services

- Providers must assist members with a goal of maintaining safe and stable tenancy once housing is secured. Providers must have the ability to provide **13** services such as:
  - Providing early identification and intervention for behaviors that may jeopardize housing.
  - Education and training on the roles, rights, and responsibilities of the tenant and landlord.
  - Coordination with the landlord and case management to address issues that may impact housing stability.

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Community Support Services

Housing Deposits

– Providers must assist members with one-time funding/coordination with **6** services based upon member needs assessment. Services include:

- Security deposits required to obtain a lease on a dwelling.
- Setup fees/deposits for utilities or service access and utility arrearages.
- First-month coverage of utilities.
- First month's and last month's rent as required.
- Services necessary for the individual's health and safety, such as pest eradication and cleaning.
- Goods such as an air conditioner or heater, and other medically necessary adaptive aids and services designed to preserve an individuals' health and safety in the home, such as a lift, hospital bed, or air filters.

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Community Support Services

Sobering Center (Monterey Co.)

- Provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, treatment for nausea, wound and dressing changes, shower and laundry facilities, substance use education and counseling.
- Direct coordination with county behavioral health is required and warm hand-offs for additional behavioral health services.

Medically Tailored Meals

- Meals delivered to the home immediately following discharge from a hospital or skilled nursing facility when members are most vulnerable to readmission.
  - Members must have a way to store the meals that are delivered weekly and have a way to safely heat them.
  - Deliver 2 meals a day for 12 weeks

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Community Support Services

Recuperative Care

- Also referred to as medical respite care, is short-term residential care for individuals who no longer require hospitalization, but still need to heal from an injury or illness and whose condition would be exacerbated by an unstable living environment.
- At a minimum, the service will include interim housing with a bed and meals and ongoing monitoring of the individual's ongoing medical or behavioral health condition
- No more than 90 days duration

Short Term Post Hospitalization Housing

- Provides members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital
- The setting must provide individuals with ongoing supports necessary for recuperation and recovery
- Members must be offered Housing Transition Navigation supports during the period of Short-Term Post-Hospitalization housing to prepare them for transition from this setting.
- Once in a lifetime
- Should not exceed 6 months

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Community Supports Availability

The table below outlines the Community supports being implemented, and the effective date by county:

Community Support	Santa Cruz County	Monterey County	Merced County
Housing Transition Navigation Services	January 1, 2022	January 1, 2022	TBD
Housing Deposits	January 1, 2022	January 1, 2022	TBD
Housing Tenancy and Sustaining Services	January 1, 2022	January 1, 2022	TBD
Recuperative Care	**July 1, 2022**	**July 1, 2022**	**July 1, 2022**
Short-Term Post Hospitalization Housing	**July 1, 2022**	**July 1, 2022**	**July 1, 2022**
Medically Tailored Meals	January 1, 2022	January 1, 2022	January 1, 2022
Sobering Centers		January 1, 2022	TBD

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Questions??

Whole Child Model Clinical Advisory Committee Meeting Calendar 2022

Thursday, March 17	12:00 - 1:00 PM
Thursday, June 16	12:00 - 1:00 PM
Thursday, September 15	12:00 - 1:00 PM
Thursday, December 15	12:00 - 1:00 PM