Whole Child Model Clinical Advisory Committee



Meeting Agenda

Thursday, March 21, 2024

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: 255 334 460 21 Passcode: qxh3Nv

Download Teams | Join on the web

Or call in (audio only)

<u>+1 323-705-3950,,364156365#</u> United States, Los Angeles

Phone Conference ID: 364 156 365#

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, March 20 to the Clerk of the Advisory Committee at <u>tneves@ccah-alliance.org</u>
 - 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.

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

- 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.

Approve WCMCAC Meeting Minutes of December 13. 2023. 3.

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

S. Sanders

<u>Regular Agenda Items</u>: 12:20 p.m.

New Business 4.

- A. WCM CCS Referral Volumes J. Stromsoe, RN, K. Riggs, RN, A. McEowen, RN
- B. ECM/CS Update & Discussion
- D. Hsieh, MD C. Provider feedback/challenges (CCS & CCAH) D. Hsieh, MD
- D. How to best approach and panel providers for CCS D. Hsieh, MD
- E. How best to partner with providers to identify/refer to CCS D. Hsieh, MD

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 March 21, 2024 meeting:

Thursday, June 20, 2024 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 bottom of page under Community – Meetings and Events.

HEALTHY PEOPLE. HEALTHY COMMUNITIES

Whole Child Model Clinical Advisory Committee



Meeting Minutes

Thursday, December 13, 2023

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

Teleconference Meeting

Committee Members Present:

Cal Gordon, MD Patrick Clyne, MD Devon Francis, MD Allyson Garcia, MD Salvador Sandoval, MD John Mark, MD Lena Malik, MD Allyson Garcia, MD Jennifer Yu, MD Sarah Smith, MD James Rabago, MD Ibraheem Al Shareef, MD

Committee Members Absent:

Camille Guzel, MD

Staff Present:

Dennis Hsieh, MD Mike Wang, MD Dianna Diallo, MD Yasuno Sato, Pharm. D. Andrea Swan Gisela Taboada Jessie Newton, RN Kelsey Riggs, RN Jenna Stromsoe, RN Ashley McEowen, RN Jacqueline Morales Jessica Hampton Sarah Sanders Ronita Margain Lillia Chagolla Provider Representative Provider Representative

Provider Representative

Chief Medical Officer Medical Director Medical Director Clinical Pharmacy Manager QI & Population Health Director Member Services Call Center Manager Continuum of Health Manager Pediatric Complex Case Mgmt. Manager Complex Case Management Supervisor Complex Case Management Supervisor Provider Relations Representative ECM/CS Manager Grievance & Quality Manager Community Engagement Director Member Services Director

Other Representatives Present:

Kenny Ha

Aveanna Healthcare

1. Call to Order by Chairperson Diallo.

Chairperson Dr. Dianna Diallo called the meeting to order at 12:00 p.m.

Dr. Diallo welcomed new Alliance staff members Dr. Hsieh, Chief Medical Officer. and Dr. Wang, Medical Director.

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. <u>Approval of WCMCAC Minutes</u> Minutes from the September 21, 2023 meeting were reviewed.
- B. <u>Grievance Update</u> Grievance data was provided to the Committee.

M/S/A Consent agenda items approved.

4. Regular Business.

A <u>Whole Child Model California Children's Services (CCS) Referral Updates</u> Jenna Stromsoe shared CCS referral data from Q3, Total referral approval rates by county for Q3 includes Merced – 65.1%, Monterey – 66.2% and Santa Cruz – 78%. Average approval rate is 67.9%.

CCS Referral Approval Counts by County: Merced: 126 Monterey: 139 Santa Cruz: 59 Total Referrals: 324

Dr. Diallo noted the Alliance meets with the counties monthly to work through the referral process. As of December 2023, WCM enrollment totals were 7,860 and age out count was 64. Enrollment increased by 1,000 members from the prior year. Dr. Gordon would like to increase participants and identify primary care providers (PCPs) in each county to conduct outreach. Outreach to PCPs regarding recruitment and CCS process would be helpful. A provider noted she learned about CCS from other providers and would appreciate an in-service. Provider noted she prefers one on one training or an in-person meeting. Another provider noted referrals are sent to a referral center, and it is redirected. CCS partnership with the countries would be helpful. It was noted, Monterey County used to reach out to providers when a member was seen in hospital. It was suggested, making the process as easy as possible is important. Collaboration and follow-up were also suggested. **Action:** Dr. Malik would like more information shared with her practice. Dr. Diallo noted the Alliance will partner regarding CCS in monthly meetings moving forward.

B. Medi-Cal Redetermination & Continuous Coverage

Gisela Taboada provided an update on Redetermination.

Medi-Cal redetermination is an annual review of the program were households or an individual reapply for Medi-Cal. Due to COVID-19 public health emergency (PHE), on December 29, 2022, the Consolidated Appropriations Act was enacted, which included provisions affecting the continuous coverage requirement. This meant members would not be required to reapply for Medi-Cal. On April 1, 2023, continuous coverage was no longer linked to the COVID 19 PHE.

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Beginning in April, members with a June renewal date began receiving redetermination paperwork in the mail. The counties have 14 months to complete their backlog of redeterminations, and members have 30-90 days to submit paperwork to the county. The Alliance responded with a robust member outreach communication plan and noted completing the paperwork is urgent to maintain coverage. The Alliance's response included member outreach materials, Alliance website updates, call center phone tree, county collaboration, member texting campaign, live outreach, and monitoring.

Member Services shared impact monitoring data for September, October and November for Merced, Monterey and Santa Cruz counties which included redetermination and disenrollment totals. About 5,000 members have fallen off of coverage per month. A provider asked if coverage is retro-active? It was noted, this depends on the scenario of the member and the county.

C. Transportation Update

Gisela provided an update regarding non-medical transportation (NMT). The biggest change is the Alliance has a dedicated person working on NMT and serving as a liaison for call to car, members, and the provider network. This individual has the ability to act on grievances and can coordinate with all involved, this has been very helpful. Issues are being addressed timely, and Milagros Galindo is working on escalation pathways. Dr. Mark noted everything is going well. Gisela informed the committee any new CCS kids are designated VIPs and are picked up by call to car and not a ride share.

D. CalAIM Enhanced Care Management & Community Supports CCS (ECM/CS) Update

Jessica Hampton provided an update on Cal AIM Enhanced Care Management & Community Supports. Youth providers by county (Santa Cruz, Monterey, & Merced) was shared with the committee, youth is ages 20 years and under. In January, Mariposa and San Benito counties will be added. All the providers are effective and providing services as of November. ECM member count from July to November was shared with the committee, there has been much progress. Counts included eligible members, those that fell of eligibility, outreach, enrolled and disenrolled members. Outreach doubled over a brief period of time. ECM active members by population of focus were also shared. High utilizers were the focus in July, and in November the focus was high utilizers, homeless and SMI/SUD. It was noted it can take several attempts before members will enroll in services. Total ECM member count and populations of focus by county was shared with 15,703 eligible members in Merced, numbers could actually be higher, but this is the Alliance data. Eligible members in Monterey are about 15,702 with 59 enrolled.

Jessica also provided background on ECM and CCS Roles. Care Managers act as "air traffic control" and are responsible for whole-child care coordination between and among all participants in the child's care plan. An ECM provider is expected to leverage CCS' comprehensive assessment and the care plan developed by CCS in developing the Member's ECM care management plan. Provider is also expected to leverage CCS WCM's Individual Care Plan (ICP) when developing the Member's ECM care management plan. Consideration should be given to members' risk-levels and CCS eligibility determination when developing the Member's ECM care management plan.

Examples of Applicable ECM Services:

- Addressing other needs that are not already being met by CCS/CCS WCM
- Facilitating access to Community Support services
- Coordinating the transition from hospital to inpatient rehabilitation and to home after a traumatic injury

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- Coordinating care across all applicable delivery systems and care coordinators.

5. Open Discussion.

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

It was noted, Golden Valley has received the first shipment of the RSV vaccine, this will require training of staff, and working with the women's department. Watsonville Community Hospital has Beyfortus and is depending on Salud para la Gente. Emergency departments are being impacted by RSV and are currently possibly at the peak. Some facilities have limited supply of the vaccine. Stanford is seeing 4-8 kids a day with RSV and other viruses, lots of RSV and earlier this year. Monterey County is having trouble getting doses and relying on hospitals.

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

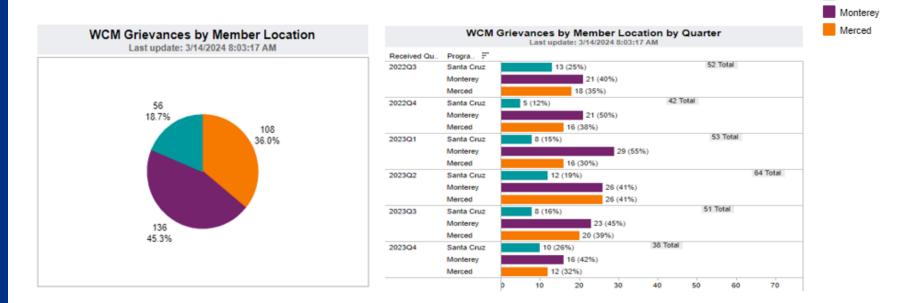
Q42023 Data Review Whole Child Model Clinical Advisory Committee: WCMCAC

Prepared by: Sarah Sanders, Grievance and Quality Manager

3/21/2024

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WCM Q4 2022– Q4 2023 GRIEVANCES by LOCATION

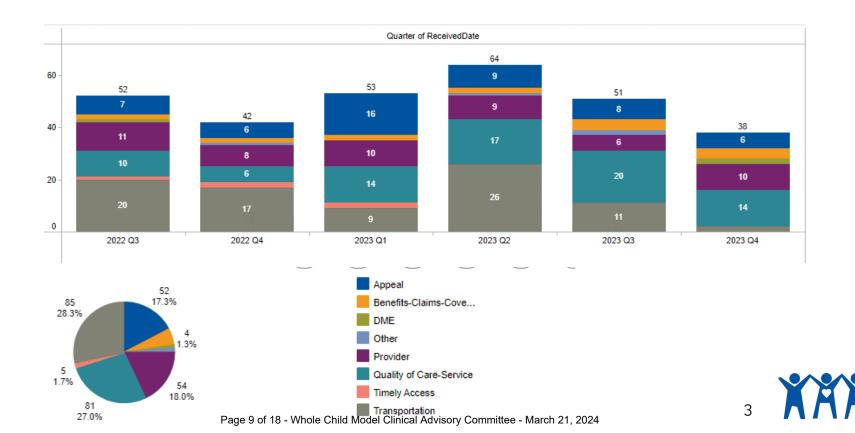




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ProgramCounty Santa Cruz

WCM Q4 2022 through Q4 2023 GRIEVANCES by **TYPE**





WCM Review

Q4 2023 TRENDS

REVIEW and TRENDS:

- 1. WCM Grievances are closely monitored to identify trends by the Staff Grievance Review Committee (SGRC)
- 2. WCM Grievances **decreased** again during Q4 2023
- 3. Volume **decreased**:
 - Quality of Care/Services
- 4. Recurring themes continue:
 - Appeals WES Genetic Testing
 - Provider Billing (increased)
 - Transportation (decreased)

WCM **GRIEVANCE** Actions



- Continue engaged monitoring and interventions.
- Monitoring adults exiting from WCM program.
- Solicit input: Clinical Partners, please share if you would like to see something specific with future reports.

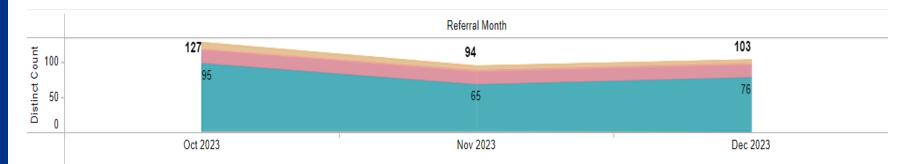


Pediatric Complex CM

Kelsey Riggs, Peds CCM Manager Jenna Stromsoe, Peds CCM Supervisor Ashley McEowen, Peds CCM Supervisor March 2024

WCM CCS REFERRAL UPDATES Q4 2023

CCAH CCS Referral Trending



Measure Names

Count Pending

Count Denied

Count Approved

Count Other

Count Corrected

XXX

2

Referral Counts

Q4: Alliance Referrals by County

- Merced: 143
- Monterey: 134
- Santa Cruz: 47
- Total Referrals: 324





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Referral Approval Rates

Q4: CCS Referral Approval Rates by County

- Merced: 72.0%
- Monterey: 73.1%
- Santa Cruz: 74.5%
- Average Approval Rate: 73.2%







WCM Member Volumes – February 2024

- Total WCM Enrollment: 7,519
- Age Out Count: 68



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QUESTIONS?

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Whole Child Model Clinical Advisory Committee Meeting Calendar 2024

Thursday, March 21	12:00 - 1:00 PM
Thursday, June 20	12:00 - 1:00 PM
Thursday, September 19	12:00 - 1:00 PM
Thursday, December 19	12:00 - 1:00 PM

Meetings will be held via MS Teams

