

Whole Child Model Clinical Advisory Committee

Meeting Agenda

Thursday, December 16, 2021

12:00 p.m. – 1:00 p.m.



**Held via Teleconference Pursuant to Assembly Bill 361
signed by Governor Newsom, September 16, 2021**

Important notice regarding COVID-19: In the interest of public health and safety due to the state of emergency caused by the spread of COVID-19, this meeting will be conducted via teleconference. The following alternatives are available to members of the public to view this meeting and to provide comments to the Committee:

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: 526 561 746#

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, December 15, 2021 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 September 16, 2021.

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

Regular Agenda Items: 12:20 p.m.

4. Old Business

- A. CCS Members & Pharmacy Carve-Out N. Sachdeva, Pharm D.
- B. Transportation Update G. Taboada
- C. Age Out Letter/CCS Paneling Outreach. K. Riggs, RN

5. New Business

- A. Cultural & Linguistic Services D. Pineda
- B. COVID Vaccine H. Gillette-Walch, 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 December 16, 2021 meeting:

- Thursday March 17, 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.

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

Committee Members Absent:

Salem Magarian, MD	Provider Representative
Cal Gordon, MD	Provider Representative

Staff Present:

Dianna Diallo, MD	Medical Director
Gordan Arakawa, MD	Medical Director
Jennifer Mockus, RN	Community Care Coordination Director
Lilia Chagolla	Regional Operations Director, Monterey
Ronita Margain	Regional Operations Director, Merced
Michelle Stott, RN	QI & Population Health Director
Kelsey Riggs, RN	Complex Case Management Supervisor
Jacqueline Van Voerkens	Administrative Specialist
Tracy Neves	Clerk of the Committee

Hospital Representatives Present:

Salvador Sandoval, MD	Provider Representative
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 12:04 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 June 17, 2021 meeting were reviewed.
- B. Grievance Update
Grievance data was provided to the Committee.

M/S/A Consent agenda items approved.

4. **New Business.**

- A. Age-Out Process/California Children's Services (CCS) Referrals from Q1 & Q2:
Kelsey Riggs, RN provided an update on CCS Eligibility & Referrals. The CCS team continues to see an increase in CCS members and referrals. The CCS team recently developed a new report that allows the team to see more detail in our internal referral activity. For quarter 2, there were 516 referrals received and reviewed for potential CCS membership with 396 referred to CCS. In Quarter 2, there was a total of 7,285 new and existing CCS members and 305 new CCS members added.
CCS Age-Out Process: The age-out process now begins at age 17. In quarter 1, the CCS team outreached to 59 members and in quarter 2 to a total of 86 members. The process changed in June and monthly member outreach has doubled. In quarter 2 2021, there were a total of 1,489 Individualized Care Plans (ICPs) completed for high-risk members. ICPs completed by county: Merced 516 members, Monterey 741 members and Santa Cruz 232 members.
- B. Enhanced Case Management (ECM) & In Lieu of Services (ILOS)
Dianna Diallo, MD gave a presentation on ECM & ILOS. ECM aims to provide person centered support which goes beyond case management, care coordination and disease management and services are arranged by community base providers. ECM will become a Medi-Cal benefit beginning January 1, 2022. ECM is high-touch, face-to-face work in the community with frequent member contact and extends beyond standard case management, care coordination and disease management activities. It is person-centered, goal-oriented and culturally relevant and is integrated with other care coordination processes and assumes responsibility for all primary, acute, behavioral, developmental, oral, and long-term services and supports regardless of setting.

The goals of ECM include:

- Improving care coordination
- Integrating services
- Facilitating community resources
- Improving health outcomes
- Addressing social determinants of health
- Decreasing inappropriate medical utilization

Phase I

- Individuals and Families Experiencing Homelessness.
- High Utilizer Adults.

- Adults who have serious mental illness (SMI) and substance use disorder (SUD) conditions.

Phase II

- Adults & Children/Youth Transitioning from incarceration.
- Eligible for long-term care and at risk for institutionalization.
- Nursing Facility Residents who want to transition back to the community.

Phase III

- Children and Youth who are high utilizers, serious emotional disturbance (SED), CCS with needs beyond physical needs, and child welfare.

In Lieu of Services

According to Federal Medicaid program rules, "in lieu of services" are medically appropriate and cost-effective alternatives to services that can be covered if:

- Services are focused on medical/social determinants of health as a substitute for, or to avoid, hospital/nursing facility admissions, discharge delays, and avoidable emergency department use.
- Services are optional for members and they are not required to use the ILOS.
- Each service will have defined eligible populations, code sets, potential providers, restrictions, and limitations.
- Services are optional for the managed care plan to provide.

ILOS Planning & Next Steps Include:

- DHCS is proposing statewide implementation over time, focusing in the short term on infrastructure development.
- DHCS is strongly encouraging Health Plans to continue ILOS implemented during Whole Person Care pilots.
- Health Plans can add new ILOS in 6-month intervals.
- The State will provide technical assistance to Health Plans to prepare for this new set of services.

Whole Person Care Pilot (WPC)

WPC pilots began in 2017 throughout California and pilots are administered by the counties. The goal was to improve member health and wellbeing through more efficient and effective use of resources. The targeted populations are high-cost, high utilizers of emergency departments (ED) and inpatient services who are chronically homeless and have mental illness and/or SUD. The program focuses on coordinated health, behavioral health, and social services, in a patient-centered manner. WPC incorporates case management, care coordination, and data sharing infrastructure.

Provider noted he recently worked closely with the Alliance regarding a terminal patient and coordination of care went smoothly. Provider also noted efforts are happening through the rescue mission in Merced, and a center is opening for individuals with SUD.

5. Open Discussion.

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

Provider noted transition of care from CCS to adult care is going more smoothly. Provider asked about the information being provided to transitioning members. Kelsey noted an Alliance letter will go out to members in addition to phone outreach introducing members to the transition process. It was noted members are requesting pediatric and adult care nurses attend MTP virtual meetings. Dr. Diallo noted that the age was lowered for member outreach due to member complex needs and to address gaps before they happen with transition at age 21 out of CCS. Provider noted the importance of beginning outreach early due to complexities and conservatorships and difficulty finding providers. Also noted, was the importance of providers understanding they are part of a care team.

Provider noted there are a low number of pediatric COVID admissions at Stanford and the adult side has 36 patients in the hospital. The last several weeks they are seeing patients with RSV. Dominican Hospital has 10 COVID patients in the hospital, mostly non-vaccinated. Dr. Diallo noted the Alliance began our flu campaign.

Provider noted there are 96 COVID patients with the local hospital with about half that number and others are going to nearby county for care. There are currently RSV cases at Valley Children's Hospital but no numbers of RSV/COVID cases.

The meeting adjourned at 12:50 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

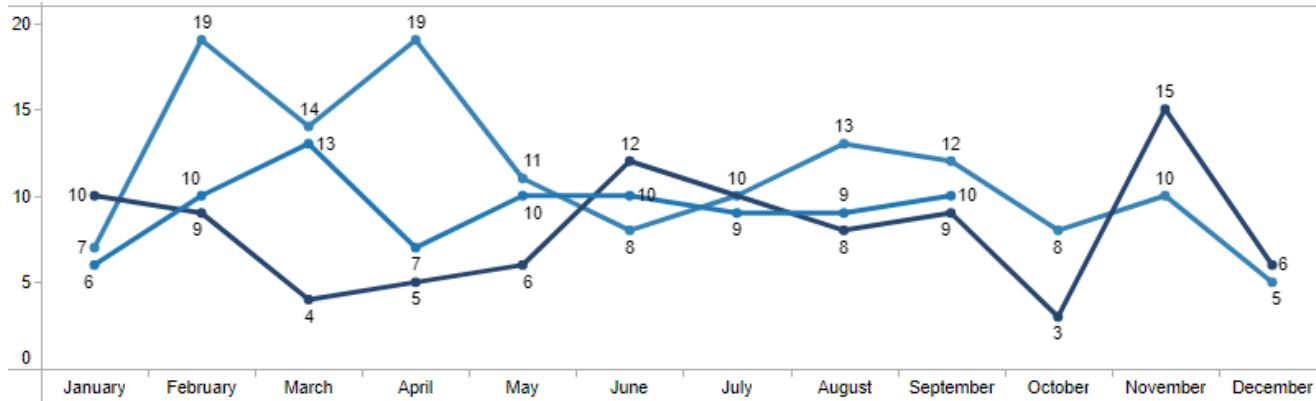
Whole Child Model Clinical Advisory Committee: WCMCAC

Prepared by: Sarah Sanders, Grievance and Quality Manager

12/16/2021

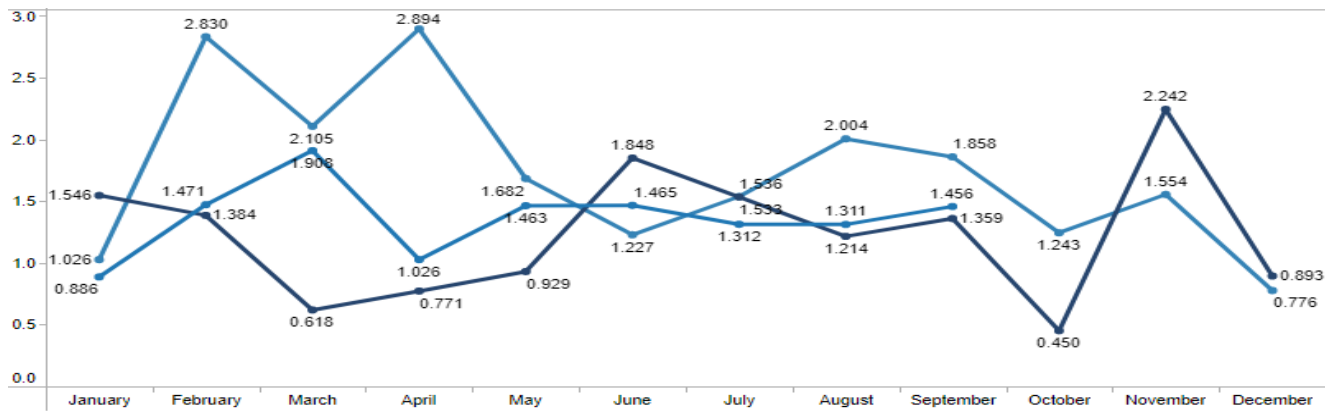
WCM GRIEVANCE RATE: Per thousand WCM/CCS Members Per Month (PKPM)

Number Rec'd

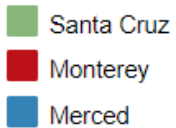
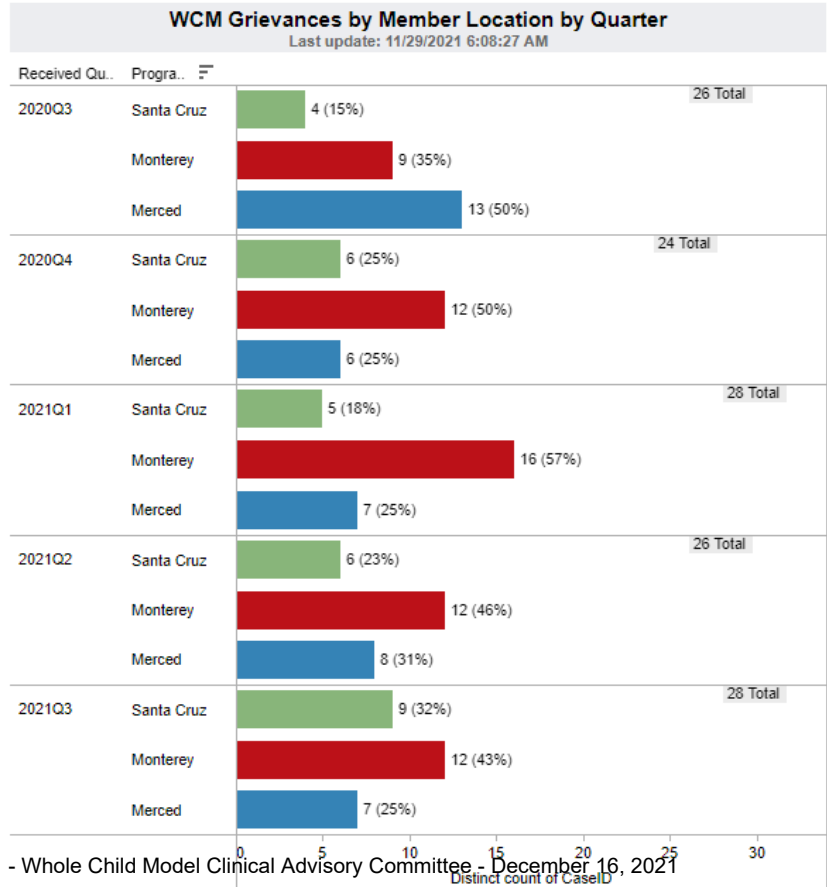
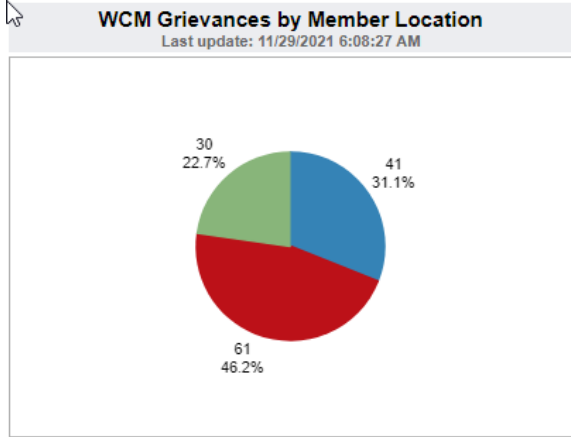


Year
■ 2021
■ 2020
■ 2019

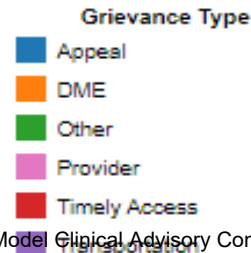
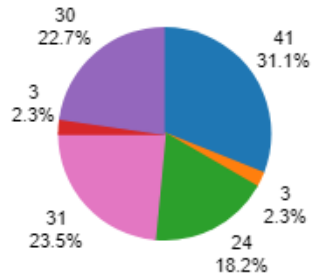
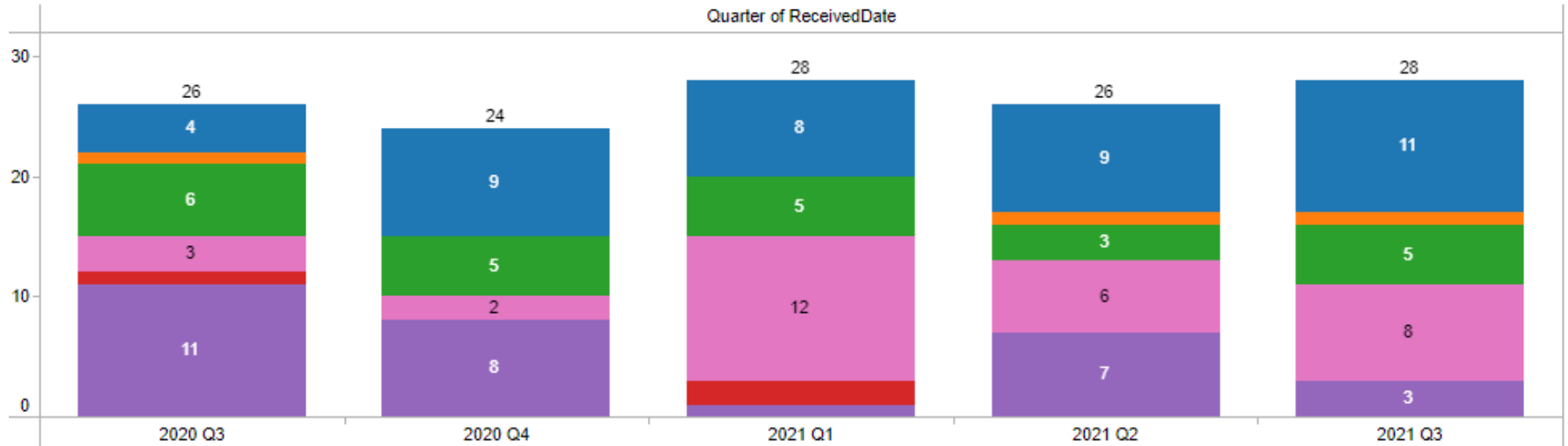
RATE



WCM Q3 2020 – Q3 2021 GRIEVANCES by LOCATION



WCM Q3 2020 through Q3 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.**
3. Recurring themes include:
 - ❖ Transportation
 - ❖ Genetic Testing
 - ❖ Provider Billing

WCM GRIEVANCE CASE REVIEW

WCM Case Review #1

- Parent notified of provider bills from 2020 –Provider asked MBR to request referral for additional days of OT.
- Auth received to increase units for coverage.
- Claim reprocessed to pay for all units based on updated Auth.

WCM Case Review #2

- Parent appealed denial of genetic testing. (Fragile X & CGH)
- Fragile X approved, but Chromosomal microarray (CGH) remained denied.
- Parent informed of state hearing rights, as CGH testing did not meet medical necessity.

WCM Case Review #3

- Parent appealed denial for Rx Hosting Implant (Zeppelin LA).
- Initially denied due to Dx & Rx history as originally submitted.
- A separate Authorization was approved based on additional supportive information that was submitted.



WCM **GRIEVANCE** Next Steps



- Continue to monitor emerging issues
- Aim to intervene quickly to prevent adverse events
- Transportation Provider (CTC) adjusted workflows to identify CCS/WCM members in an effort to improve their service



Questions?



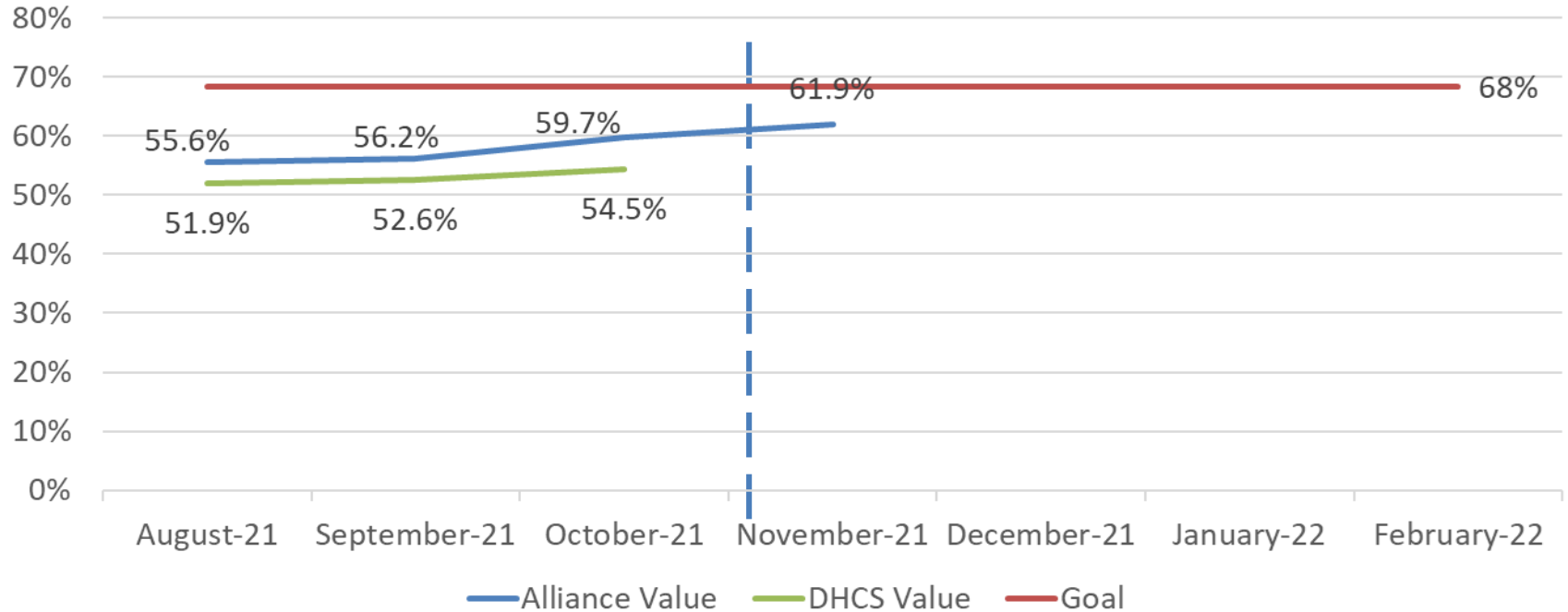


Whole Child Member's COVID Vaccination Status

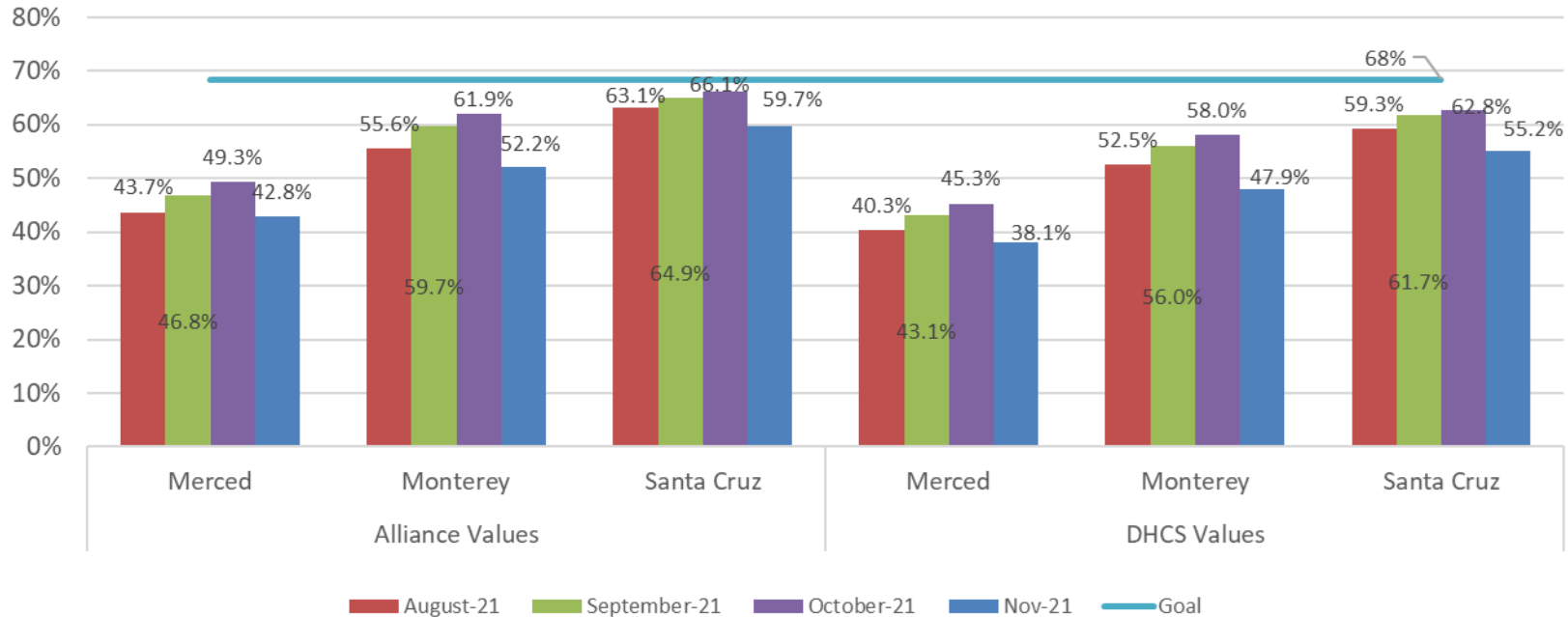
Hilary Gillette-Walch, RN, MPH,
Quality and Population Health Manager

12/16/2021

Overall Vaccine Coverage, Members 12 years and older



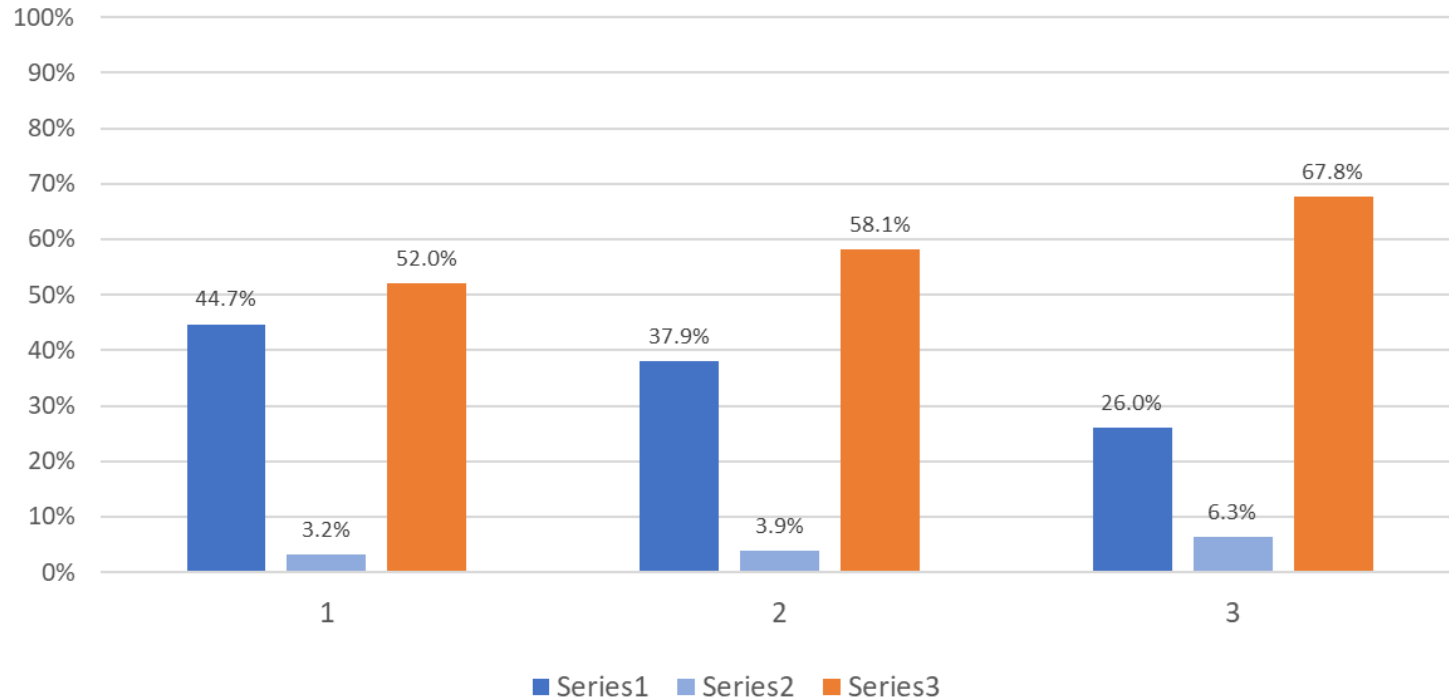
COVID Vaccination Rates by County, Month and Data Source for Members 5+ years of age with ≥ 1 COVID-10 Vaccine Dose



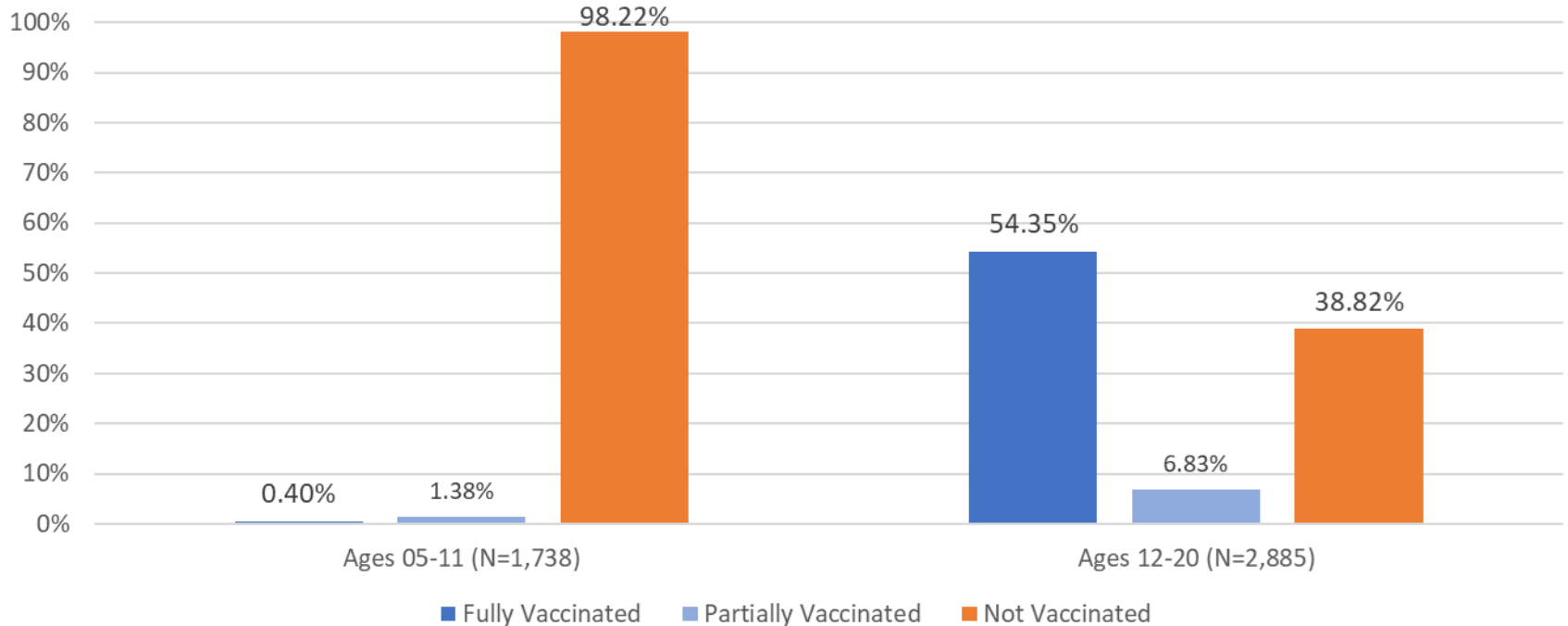
Note: DHCS data used here are reports that are generated mid-month for plans. These are not the final data for overall coverage that is pending from DHCS. The eligible population was changed from 12 and older to 5 and older in November 2021.



Vaccination Status of WCM by County for Members 5 years and older, November 2021



COVID Vaccination Status by Age Group, November 2021



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

