

Whole Child Model Clinical Advisory Committee

Meeting Agenda

Thursday, March 20, 2025

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.

[Join the meeting now](#)

Meeting ID: 298 016 803 423

Passcode: s4if6rs6

Dial in by phone:

[+1 872-242-9041, 354642570#](#) United States, Chicago

[Find a local number](#)

Phone conference ID: 354 642 570#

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 19 to the Clerk of the Advisory Committee at tneves@thealliance.health
 - 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.)

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

A. Roll call.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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 Whole Child Model Clinical Advisory Committee (WCMCAC) Meeting Minutes of December 19, 2024.

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

Regular Agenda Items: 12:20 p.m.

4. New Business

- | | |
|----------------------------------|-----------------|
| A. WCM Referral Volumes | A. McEowen, RN |
| B. WCM Overview | J. Stromsoe, RN |
| C. WCM Family Advisory Committee | K. Smith |

5. Open Discussion: 12:50 p.m.

- A. Committee to have roundtable discussion.

6. Adjourn: 1:00 p.m.

The next meeting of the Whole Child Model Clinical Advisory Committee, after this March 20, 2025, meeting:

- Thursday, June 26, 2025, 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 19, 2024

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

Teleconference Meeting

Committee Members Present:

Salvador Sandoval, MD
John Mark, MD
Lena Malik, MD
Sarah Smith, MD
James Rabago, MD
Ibraheem Al Shareef, MD
Camille Guzel, MD
Nicole Shelton, PA
Devon Francis, MD
Hue Nguyen, MD
Michelle Perez, MD
Jennifer Yu, MD
Cal Gordon, MD

Provider Representative
Provider Representative
Provider Representative
Provider Representative
Board Representative
Provider Representative
Provider Representative
Provider Representative
Provider Representative
Provider Representative
Provider Representative
Provider Representative

Committee Members Absent:

Staff Present:

Dianna Myers, MD
Dennis Hsieh, MD, JD
Tammy Hoeffel
Andrea Swan, RN
Tammy Brass, RN
Lisa Moody, RN
Jasmin Galindo-Romero
Ronita Margain
Cynthia Bali
Kelsey Riggs, RN
Jenna Stromsoe, RN
Ashley McEowen, RN
Jacqueline Morales
Sarah Sanders
Tracy Neves

Medical Director
Chief Medical Officer
Enhanced Health Services Director
QI & Population Health Director
Utilization Management Director
Senior Complex Case Manager
Provider Relations Representative
Community Engagement Director
Provider Relations Supervisor
Pediatric Complex Case Mgmt. Manager
Complex Case Management Supervisor
Complex Case Management Supervisor
Provider Relations Representative
Grievance & Quality Manager
Clerk of the Committee

Other Representatives Present:

Becky Shaw
Laurie Soman
Kevin McBride

Provider Representative
Provider Representative
Provider Representative

1. Call to Order by Chairperson Dr. Dianna Myers.

Chairperson Myers called the meeting to order at 12:00 p.m.

Roll call was taken.

Welcome to Dr. Michelle Perez from Camarena Health.

2. Oral Communications.

Chairperson Myers 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 19, 2024, meeting were reviewed.

B. Grievance Update

Grievance data was provided to the Committee.

M/S/A Consent agenda items approved.

4. Regular Business Items.

A. Enhanced Care Management and Community Supports (ECM & CS)

Tammy Hoeffel, RN provided an overview of ECM and CS. The ECM program is focused on a whole person approach that can address medical and social needs of Alliance members. Currently there are 33 ECM providers across the Alliance's 5 counties with 19,347 children and youth eligible for ECM services. There are 4,844 enrolled in services. The various populations of focus were shared with the Committee. In Community Supports, there are 3,764 children and youth enrolled. Populations of focus for 2025 include child welfare, pregnancy and post-partum and homelessness. Population of focus for adults and children and youth was further reviewed. The criteria for children, youth and families with members under 21 years of age experiencing homelessness was reviewed and includes those sharing the housing of other persons due to loss of housing, economic hardship, or similar reason; living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations, are living in emergency or transitional shelters; abandoned in hospitals. The team works to assist children and youth enrolled in CCS or CCS WCM that are experiencing at least one complex social factor influencing their health.

ECM services are provided to individuals at risk for avoidable hospital and emergency department (ED) utilization. The goal is to utilize resources to ensure members have timely access and long-term care. A provider inquired about timely access for mental health services. Tammy noted the Alliance works with the county and they are provided with eligible members on a monthly basis based on populations of focus. The county will reach out to the members within 30-60 days. The ECM team conducts an evaluation with members, and if services are needed, the team will reach out. If referrals come directly to the Alliance, the process can be more quickly expedited. The criteria for individuals with serious mental health and/or substance use disorder (SUD), adult and children/youth and children and youth involved in child welfare and birth equity was reviewed.

There are 14 pre-approved Community Supports that were developed to help Alliance members to obtain care in the least restrictive setting possible. Members do not need to be enrolled in ECM to receive Community Supports. Members can access Community Supports through provider referrals or through self-referral. There are guidelines for qualifications and services provided. The Community Supports were developed and/or enhanced through the CalAIM initiatives to provide services that are cost effective alternatives to help members remain in their communities. The types of services were reviewed with the most popular highlighted: Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and

Sustaining Services, Short-Term Post Hospitalization Housing, Personal Care and Homemaker Services, Environmental Accessibility Adaptations (Home Modifications), Medically-Supported Food/Meals/Medically Tailored, and Asthma Remediation – Pending Rollout in 2025.

There was a question regarding improving access if members are connected with ECM. Tammy noted ECM is there to assist members with services. The team advocates and provides resources for the members. The ECM team can assist members to navigate through any issues in the network, including the counties. Dr. Myers stated it is important to note that behavioral health is a bifurcated system. A provider inquired about what diagnoses are approved for medically supported meals. **Action:** Tammy will share the meal guidelines. Another provider asked about the 33 providers for kids and what pediatric experience have they provided. Tammy is still familiarizing herself with the providers within the various counties. Tammy is researching providers and if they work with children and youth and investigating services. Work is also being done on the Alliance website to make it more user friendly. The ECM team is currently working on outreach to providers to further understand the populations and services provided. It was noted this is a vulnerable population that requires providers with expertise. **Action:** Dr. Hsieh suggested Tammy report back in 6 months with her findings. There was a question whether providers are providing in-person services to children and families. It was noted, the Alliance has a diverse group of providers and is requesting providers have local teams 'on the ground.' The Alliance is setting expectations that some of the of the provider meetings will be in-person. Tammy noted, this year the focus will be on the quality and depth of services provided. A provider asked about closed looped referrals and communication back to the referring party. Also, she asked whether there is good coordination between the ECM provider and the plan and CCS programs. The Alliance team has set-up monthly meetings and complex care rounds with providers. A provider requested at a follow-up meeting if information regarding the providers in each county can be shared. The provider also asked how we measure success. Also suggested was to compare multi-state data to local providers. Tammy noted she is meeting with providers regarding goals and evaluating the provider network. **Action:** Tammy will bring county provider information to the Q2 meeting. A provider noted there is a new Health Equity Officer at Stanford, and she would be a good ally to work with the Alliance. He also suggested the Alliance work with the CORE team and hospital staff to assist members.

B. WCM Referral Volumes

Jenna Stromsoe RN shared CCS referral data trends from January 2023 to January 2024 for Merced, Monterey, and Santa Cruz. A provider asked for CCS trends prior to WCM. Dr. Gordon will look into this request and obtain the data. The Committee decided to move onto the WCM expansion topic.

C. WCM Expansion

Lisa Moody, RN provided an Overview of the WCM Expansion. It was noted the plan took responsibility for intensive case management for children with CCS conditions, including accessing care and coordination of services, appeals, transportation, and meals and lodging. The Alliance has been supporting the WCM program in Santa Cruz, Monterey, and Merced since 2018 and the program will expand to Mariposa and San Benito counties in January 2025. The pediatric team has reached out to members in the new CCS counties beginning January 2024. In Mariposa County, members 19 years and younger, there are 1,883 members with 60 members CCS, and in San Benito there are 8,467 members and 343 identified as CCS. Annually the pediatric team conducts a pediatric health risk assessment for kids with high-risk needs, and outreach is conducted. Members are assigned a nurse, social worker, or care coordinator. Santa Cruz, Monterey, and Merced are considered independent CCS counties while Mariposa and San Benito are dependent counties. In preparation for the expansion, the team has been meeting with San Benito and Mariposa counties on a regular basis. Outreach communication to

members has been done by mail and phone as well as participation in webinars. In January virtual drop-in office hours will be offered. For continuity of care (COC), Members Service and Case Management departments have assisted with COC requests. Provider Services has actively recruited providers for Mariposa and San Bentio counties. Providers can reach out to case management by completing an online referral form on the website or by reaching out to the pediatric leadership team.

5. Open Discussion.

Dr. Myers opened the floor for the Committee to have an open discussion.

A provider noted Santa Cruz received a grant from the Alliance for MTU online. Another provider requested an updated contact list from the Alliance. He also noted he is seeing lots of viral illnesses and reminded providers to encourage members to get vaccinated.

Adjourn.

The meeting adjourned at 1:05 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

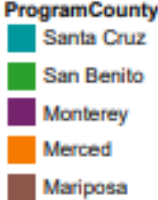
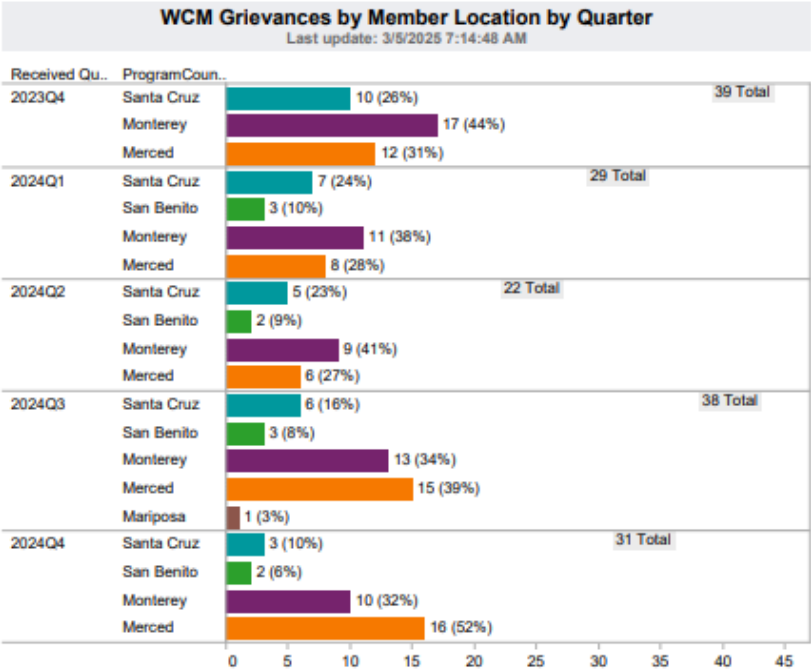
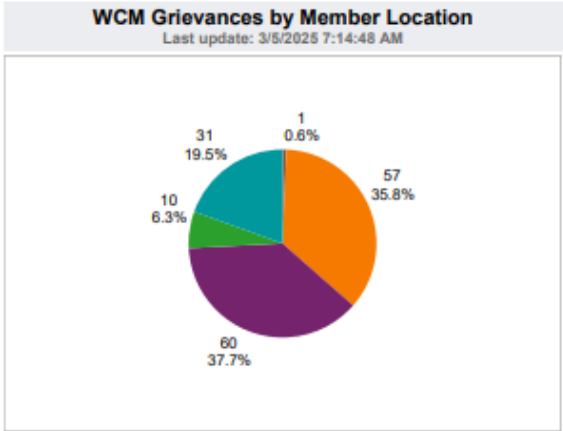
Q4 2024 Appeal & Grievance (AG) Review

Whole Child Model, Clinical Advisory Committee: WCMCAC

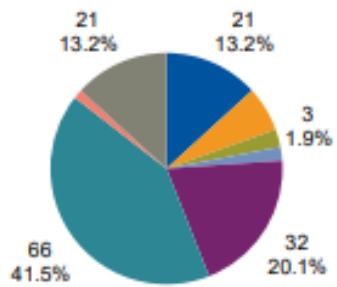
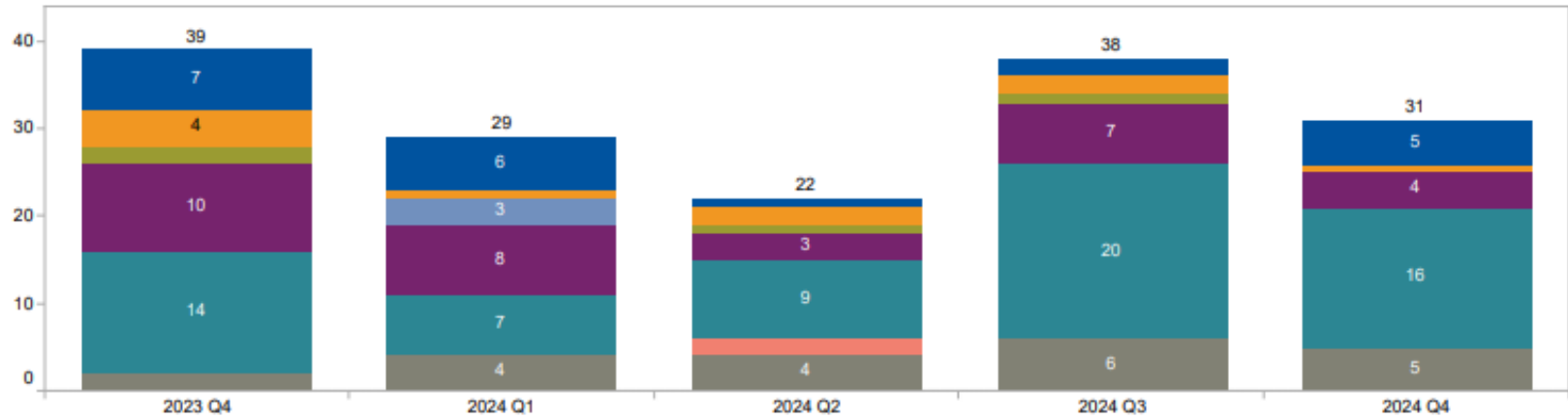
Prepared by: Sarah Sanders, Grievance and Quality Manager

03/20/2025

WCM Q4 2023– Q4 2024 GRIEVANCES by LOCATION



WCM Q4 2023 through Q4 2024 GRIEVANCES by TYPE



- Appeal
- Benefits-Claims-Cove...
- DME
- Other
- Provider
- Quality of Care-Service
- Timely Access
- Transportation





WCM Review

Q4 2024 TRENDS

REVIEW and TRENDS:

1. WCM Grievances are closely monitored to identify trends by the Staff Grievance Review Committee (SGRC)
2. Overall WCM Grievance volume **increased** from the lowest during 2024 (Q2) yet still stable based on historical review.
3. QOC/QOS makes up the **largest** volume of WCM/CCS case type
4. Common Themes continued:
 - ❖ QOC/QOS
 - ❖ Provider Billing
 - ❖ Transportation

WCM **GRIEVANCE** Actions



- Continue engaged monitoring and interventions.
- Monitoring adults exiting from WCM program.
- **Solicit input:** Clinical Partners, please share any questions or suggestions to ssanders@thealliance.health



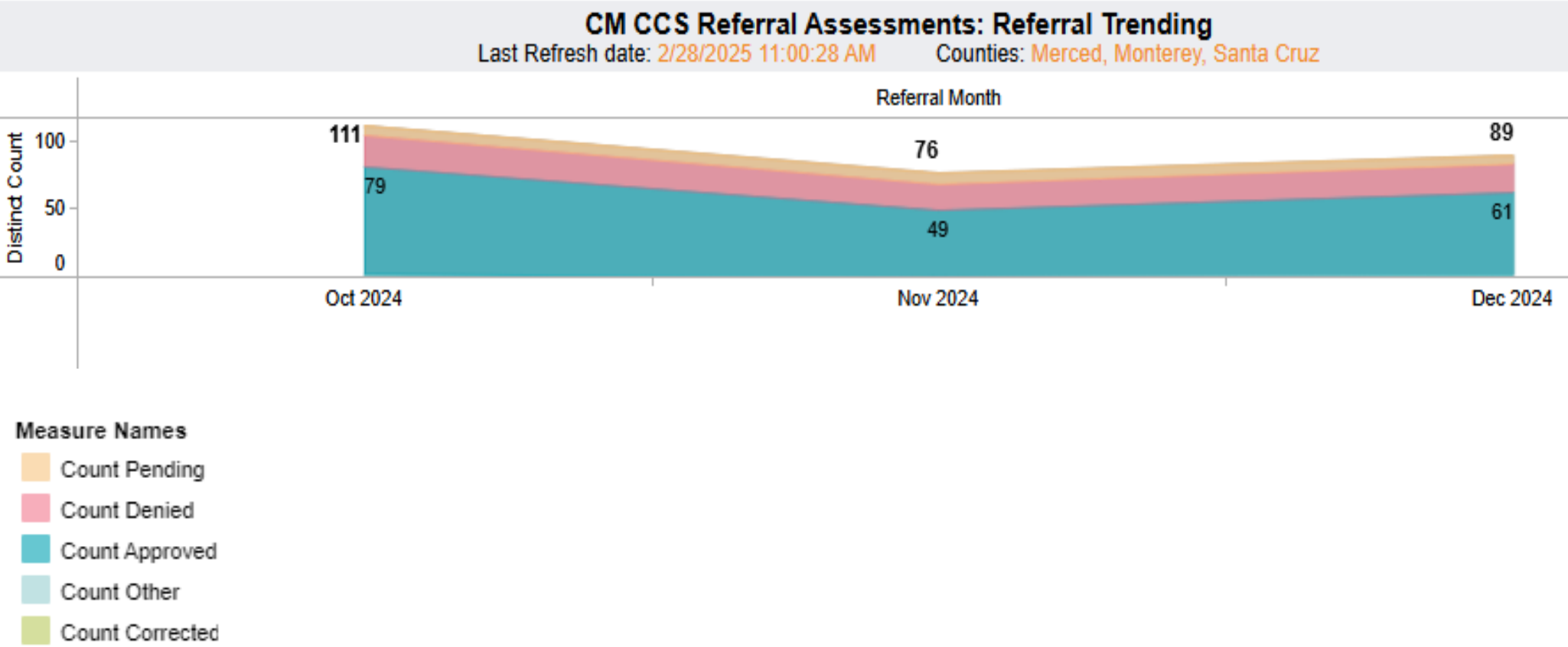


WCM Clinical Advisory Committee
Pediatric Complex Case Management

March 20, 2025

WCM CCS Referral Volumes

CCAH CCS Referral Volumes Q4 2024



Referral Counts

Q4: Alliance Referrals by County

- Merced: 107
- Monterey: 120
- Santa Cruz: 49
- Total Referrals: 276



Referral Approval Rates

Q4: CCS Referral Approval Rates by County

- Merced: 70.1%
- Monterey: 69.2%
- Santa Cruz: 63.3%

- Average Approval Rate: 68.5%



Referral Denial Rates

Q4: CCS Referral Denial Rates by County

- Merced: 21.5%
- Monterey: 22.5%
- Santa Cruz: 26.5%
- Average Denial Rate: 22.8%



WCM Member Volumes

March 2025:
WCM Members

Age Out Volumes

- | | |
|---------------------|------------------|
| • Merced: 3,273 | • Merced: 36 |
| • Monterey: 4,049 | • Monterey: 20 |
| • Santa Cruz: 1,178 | • Santa Cruz: 10 |
| • San Benito: 373 | • San Benito: 1 |
| • Mariposa: 67 | • Mariposa: 0 |
| • Total: 8,940 | • Total: 67 |



QUESTIONS?





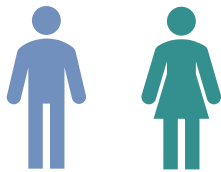
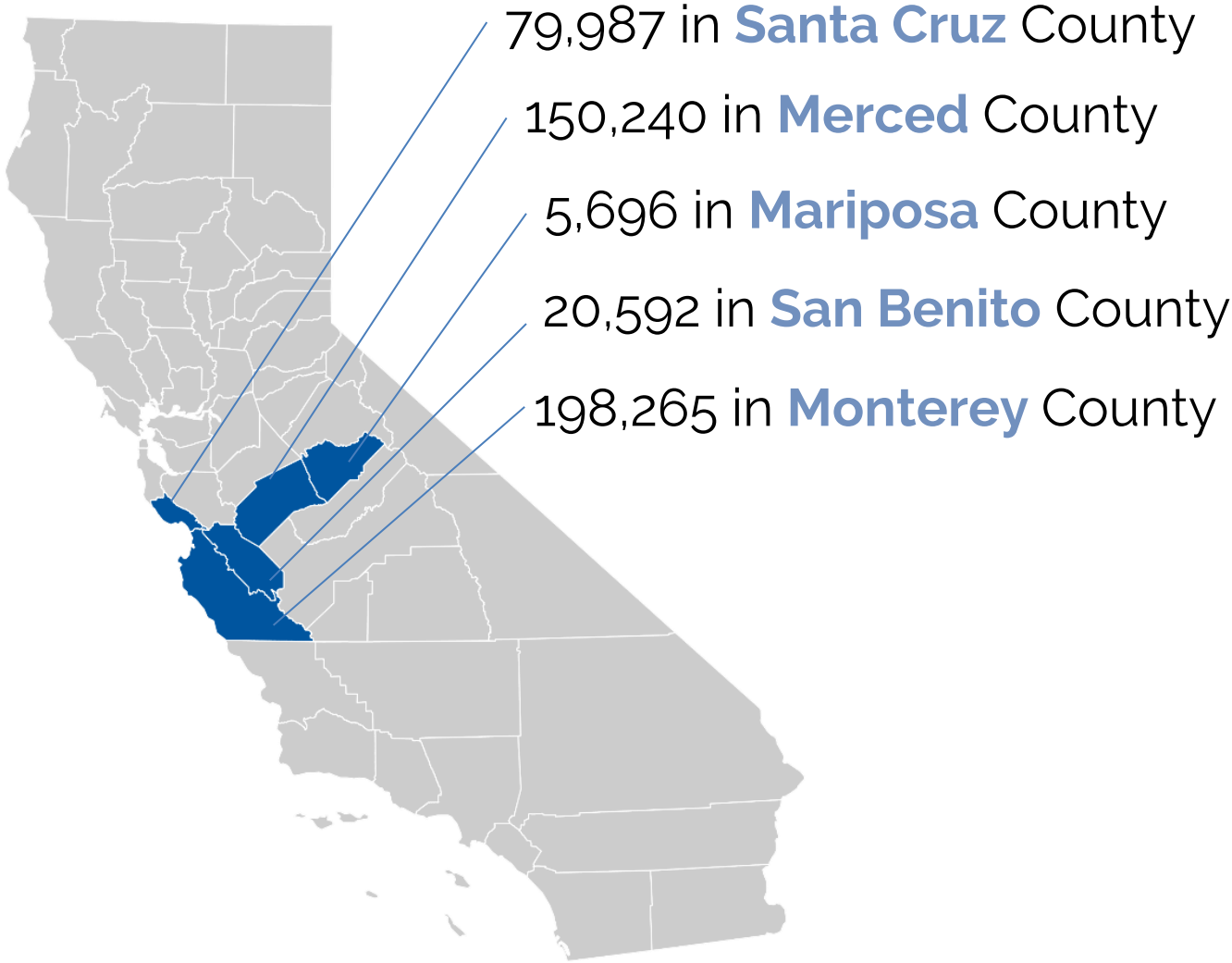
Whole Child Model Overview

Pediatric Complex Case Management Team

Jenna Stromsoe, RN, Complex Case Management Supervisor - Pediatric
Whole Child Model Clinical Advisory Committee

March 20, 2025

MEMBER **DEMOGRAPHICS**



1 out of every 2

Merced County Residents
Monterey County Residents



1 out of every 3

Mariposa County Residents
San Benito County Residents
Santa Cruz County Residents



What is **Whole Child Model (WCM)**?

The Whole Child Model (WCM) was authorized under SB 586 in September 2016.

Under the WCM, the majority of functions that were previously assigned to CCS was **integrated into the health plan.**

The Whole-Child Model is a program that aims to help CCS children, and their families get better care coordination, access to care, and health results.

The WCM program **integrates** the child's Medi-Cal and CCS benefits **under one plan-Central California Alliance for Health.** All CCS and non-CCS services will be provided by the managed health plan instead of two separate systems.



Whole Child Model County Expansion

Whole Child Model Independent Counties: Merced, Monterey, Santa Cruz

- Implemented July 2018
- Case Management services provided by the Alliance
- Referrals for potential CCS eligible conditions are sent to County CCS office
- County CCS determines financial, residential, and medical eligibility for CCS, and performs annual medical eligibility review

Whole Child Model Dependent Counties: Mariposa, San Benito

- Implemented January 2025
- Case management services provided by the Alliance
- Referrals for potential CCS eligible conditions are sent to County CCS office
- County CCS determines financial and residential eligibility. State determines CCS medical eligibility, including MTP eligibility, and performs annual eligibility review

Alliance Pediatric Case Management Team is your primary contact to support for any case management needs!



WHOLE CHILD MODEL POPULATION

WCM Member per County:

Mariposa County: 63

Merced County: 3,153

Monterey County: 3,875

San Benito County: 345

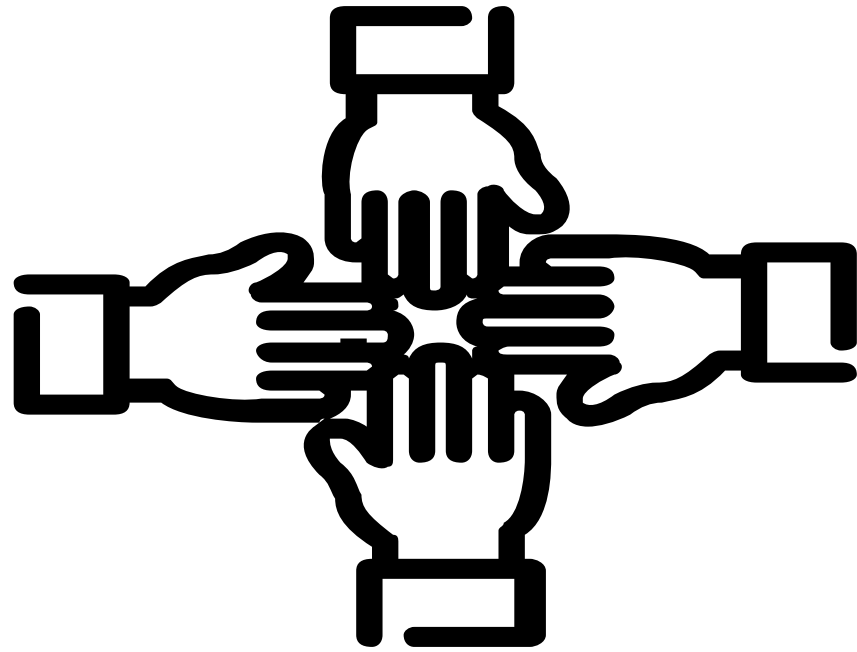
Santa Cruz County: 1,127

Grand Total: 8,563

December 4, 2024



WHO is the Pediatric Complex Case Management Team?



Multidisciplinary Team

- Registered Nurses
- Care Coordinators
- Social Workers
- Work closely with County CCS Team, PCP's, Specialty Providers, DME Providers, Behavioral Health Providers, and teams within the Alliance such as Member Services, Prior Authorizations Team, Pharmacy, Registered Dietitians and Medical Directors



WHAT we do

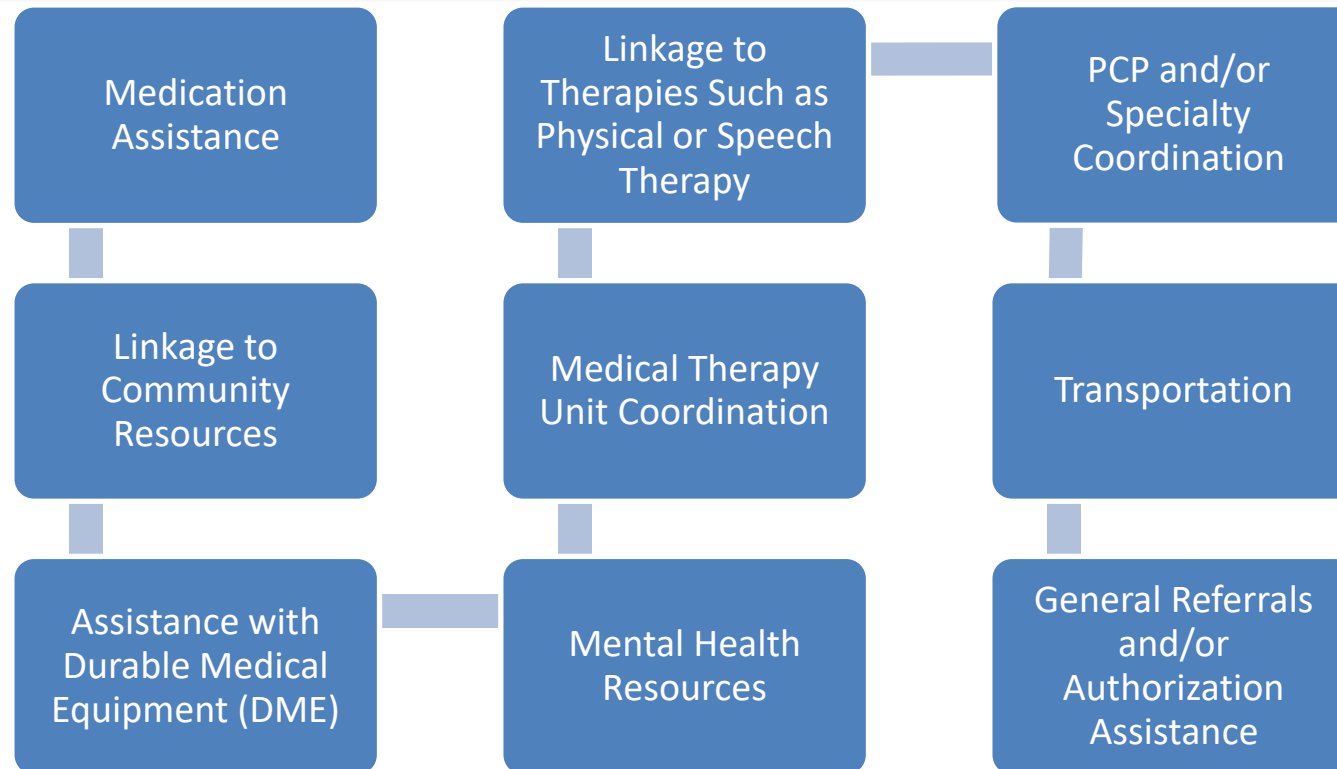
Pediatric Case Management

- Dedicated to serving Alliance members 0-17 years old, up to 21 years old for CCS members
- Works with members and their families to identify needs and barriers, coordinate care, and provide support
- Communication done primarily via telephone
- Interpretation services available
- Annual Assessments
 - Pediatric Health Risk Assessment/General Pediatric Assessment
 - Risk Stratification
 - Plan of Care
- CCS Referrals
 - Screen and identify potential CCS eligible members
 - Refer these members to the applicable County CCS Program
 - County CCS Program or the State reviews and determinations eligibility



HOW we do it

What can we do to assist?



What **YOU** can do

Ensure you are CCS paneled: DHCS CCS Program Paneling

Providers need to be paneled for CCS eligibility, even with the Whole Child Model program implementation.

Prior to applying as a CCS Program provider, your National Provider Identifier (NPI) number must be enrolled with Medi-Cal.

CCS Program Paneling Requirements

- Interested providers must submit their [paneling application online](#). A list of CCS Program paneling requirements are available on the [Provider Paneling Standards](#) webpage



<https://www.dhcs.ca.gov/services/ccs/Pages/ProviderEnroll.aspx>



What YOU can do

Familiarize Yourself with CCS Medical Eligibility Guidelines + Make Referrals!

CCS medical eligibility and MTP eligibility did not change with WCM implementation.

[Medical Eligibility](#)

[Medical Therapy Program](#)



CCS MEDICAL ELIGIBILITY EXAMPLES

CATEGORY (not a comprehensive list)	FREQUENTLY RECOGNIZED AS CCS ELIGIBLE DX	FREQUENTLY RECOGNIZED AS CCS INELIGIBLE DX
Endocrine, Nutritional, Metabolic Diseases and Immune Disorders	Diabetes JRA	Morbid obesity Symptoms concerning nutrition, metabolism and development
Hematological Disorders	Acute lymphoblastic leukemia Sickle cell anemia Hemophilia Von Willebrand's disease	Beta thalassemia trait Sickle-cell trait Anemia, unspecified
Neurological Diseases	Cerebral Palsy as defined in CCS regulations Spina Bifida Hydrocephalus Tethered cord Idiopathic epilepsy when seizures are uncontrolled (require 2 meds also other criteria)	ADHD Rule out seizures Learning disabilities Microcephaly
Diseases of the Respiratory System	Cystic Fibrosis Asthma when it has produced chronic lung disease	Asthma-well controlled
Congenital Anomalies	Cleft lip, palate Craniosynostosis	Inguinal & umbilical hernia
Accidents, Poisonings, Violence	Spine, pelvis or femur fractures Fractures requiring ORIF Some types of 2 nd and 3 rd degree burns	Fractures not requiring surgery or growth plate/joints



CONNECT with us

Resources

- **Member Walk In Support**
- **Pediatric Case Management: 800-700-3874, ext. 5513**
- **Alliance Website: thealliance.health/**
- **Member Services: 800-700-3874**
- **Nurse Advice Line 24 hours a day, 7 days a week: 844-971-8907**
- **Carelon Behavioral Health: 855-765-9700**



Questions?





Whole Child Model Clinical Advisory Committee Meeting Calendar 2025

Thursday, March 20	12:00 - 1:00 PM
Thursday, June 26	12:00 - 1:00 PM
Thursday, September 18	12:00 - 1:00 PM
Thursday, December 18	12:00 - 1:00 PM

Meetings will be held via MS Teams

