

Whole Child Model Clinical Advisory Committee

Meeting Agenda

Thursday, September 15, 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, September 14, 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.)

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 June 16, 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

5. New Business

- A. Adverse Childhood Experiences (ACEs) B. Vigurs

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 September 15, 2022 meeting:

- Thursday December 15, 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



HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Whole Child Model Clinical Advisory Committee



Meeting Minutes

Thursday, June 16, 2022

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

Teleconference Meeting

Committee Members Present:

Jennie Jet, MD
Cal Gordon, MD
Devon Francis, MD
Sarah Smith, MD

Provider Representative
Provider Representative
Provider Representative
Provider Representative

Committee Members Absent:

John Mark, MD
Patrick Clyne, MD
Salvador Sandoval, MD

Provider Representative
Provider Representative
Provider Representative

Staff Present:

Dale Bishop, MD
Maurice Herbelin, MD
Gordan Arakawa, MD
Jennifer Mockus, RN
Ashley McEowen, RN
Michelle Stott, RN
Kelsey Riggs, RN
Jessie Newton, RN
Tammy Brass, RN
Sarah Sanders
Gisela Taboada
Tracy Neves

Medical Director
Chief Medical Officer
Medical Director
Community Care Coordination Director
Complex Case Management Supervisor
QI & Population Health Director
Complex Case Management Supervisor
Care Coordination Manager
UM & Complex Case Management Manager
Grievance and Quality Manager
Member Services Call Center Manager
Clerk of the Committee

Other Representatives Present:

James Rabago, MD
Becky Shaw
Laurie Soman

Board Representative
Provider Representative
Provider Representative

1. Call to Order by Chairperson Bishop.

Chairperson Dr. Dale Bishop called the meeting to order at 12:00 p.m.
Roll call was taken.

Dr. Maurice Herbelin, new CMO, introduced himself to the Committee.

2. Oral Communications.

Chairperson Dr. Bishop 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 March 17, 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. Pharmacy Carve-Out Update**

Dr. Bishop noted that on July 1st the Department of Health Care Services (DHCS) was going to require plans to submit prior authorizations (PAs) for medication that was previously approved. DHCS has decided to suspend PAs and health plans will be given 90 day notification prior to implementation of this process. DHCS recognized there were concerns and issues with this process. A provider noted some edits to the implementation were suspended and there was significant push back from providers and patients to delay implementation. DHCS will have phase reinstatements and transitions and training will be provided with opportunities for feedback.

Also noted was the Medi-Cal Rx contract drug list tool is not working, Back-up mechanism not working either. Provider inquired about the need for a sterile compounding pharmacy, and concerns that families are having to pay out-of-pocket. Dr. Bishop noted the Alliance was not able to find a sterile compound pharmacy willing to contract with Medi-Cal Rx. The Alliance has reimbursed patients in the past for emergent needs a case-by-case basis. Providers will need to work with the Alliance Pharmacy department on these medications. Meetings with DHCS and Magellan are happening, and provider will take this information forward regarding sterile compounding issue. Magellan has created a special populations clinical liaison team available from 8:00 AM – 8:00 PM Monday thru Friday to address problematic issues.

B. Whole Child Model California Children's Services (CCS) Referral Updates

Tammy Brass shared referral data from 2021 to current day. Total referral by County for Q1 includes a total of 473 CCS referrals with Merced - 167, Monterey - 233 and Santa Cruz - 72.

CCS Referral Approval Rates by County for Q1:

Merced: 70.5%

Monterey: 59.5%

Santa Cruz: 74.5%

Average Approval Rate: 68.2% higher now that processes have been streamlined.

CCS Referral Denial Rates by County for Q1:

Merced: 20.6%

Monterey: 30.9%

Santa Cruz: 24.3%

Average Denial Rate: 25.3% (the Alliance working to lower this number).

Newly eligible CCS member totals increased in Quarter 1 and was higher than any prior quarter in 2021. There were 388 new members total and increases included Merced - 10%, Santa Cruz - 7% and Monterey - 4 % increase.

Many of the referrals are coming from prior authorization. The Alliance partners and meets with the Counties monthly. The prior authorization team looks for anything trending towards a CCS diagnosis, and the team works proactively monitoring and referring members to specialty care.

A provider asked about the gap in referral totals, Majority of new referrals are coming from Alliance activity identifying authorizations with CCS diagnoses. The gap has developed as a result of decreased referral activity coming from outside the Alliance. Provider inquired about how to make referrals. It was noted some providers send inpatient CCS referrals. Also noted, providers may need some training and communication around the CCS referral process.

C. Non-Emergency Medical Transportation (NEMT) & Non-Medical Transportation (NMT)

Tammy Brass provided an overview of NEMT. If a member is medically unable to utilize other forms of transportation such as a car, bus, train or taxi, the Alliance will arrange transportation for the member based on prescribed transportation service level. This type of transportation is considered NEMT. The NEMT service requires a PA and the level of service needed is based on the Physicians Certification Statement (PCS) form. The NEMT modalities available are:

- NEMT ambulance services
- Van services
- Wheelchair van services
- NEMT by air

All of these require a complete PCS form. The PCS indicates the level of transportation services for Medi-Cal members. The same PCS form can be utilized for 12 months of NEMT services and transportation is arranged by Alliance Transportation Coordinators.

Transportation is a growing need for Alliance members. There have been reports of NEMT provider and access issues such as no shows, late pick-ups, safety concerns and limited NEMT provider availability. The Alliance continues to strengthen communication with vendors. VIP status for all CCS members and tracking of members that require door-to-door service. The Alliance is also actively working on efforts to broaden the NEMT provider network.

Gisela Taboada provided an overview or Non-Medical Transportation (NMT).

NMT is private or public transportation provided to and from Medi-Cal services for eligible beneficiaries. A member calls the Member Services line and goes through an attestation process. The Alliance works with the vendor Call the Car to coordinate rides for Alliance members. Transportation trends from 2021 to 2022 was shared with the Committee. Calls have steadily increased in 2022 due to members getting out into the community more and more awareness about the benefit. Member Services has been doing outreach regarding the transportation benefit. Members will also call if they cannot afford gas.

NMT is a benefit for Medi-Cal members only. NMT is utilized when a member:

- Cannot get in and out of a vehicle without assistance.
- Is not in need of special medical equipment while traveling to or from an approved appointment.
- Can show no other forms of transportation are available.

If a member is eligible for the benefit, the Alliance will determine which transportation option to provide based on the need of the member and will assist with scheduling.

A provider asked about tracking of WCM members and NEMT and NMT as transportation is a concern. More specific information on this topic in the future would be helpful. There have been some NMT issues with drivers such as no shows, late pick-ups and safety concerns. The Alliance continues to strengthen communication with Call the Car and tracks members requiring door-to-door assistance. CCC members are flagged as VIPs in the system. Currently there are not enough drivers for the need statewide, other counties are experiencing similar issues. Providers and members can request VIP status. All CCS members are considered VIP.

5. Open Discussion.

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

Provider asked about occupational therapy (OT) as she was made aware that the Dominican center is closing. Provider is concerned that this leaves members without services due to reimbursement issues. This impacts NICU and other vulnerable members.

Action: The Alliance will discuss reimbursement for OT with Provider Services.

Provider noted transportation services have made it possible for members to go up and down stairs and this has made a dramatic difference. Stair chair service is available for members utilizing NMT.

The meeting adjourned at 1:20 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Committee

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

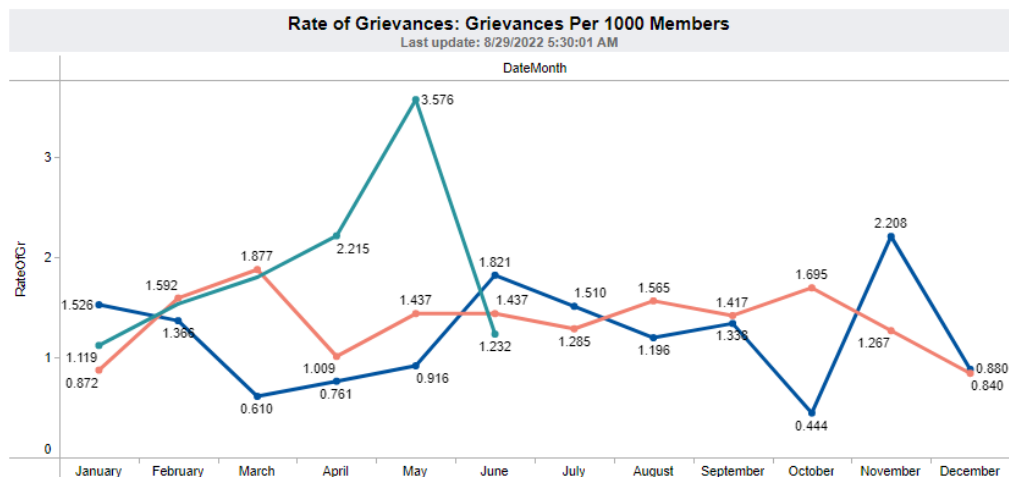


Whole Child Model Grievances

Whole Child Model Clinical Advisory Committee
Sarah Sanders, Grievance and Quality Manager
September 15, 2022

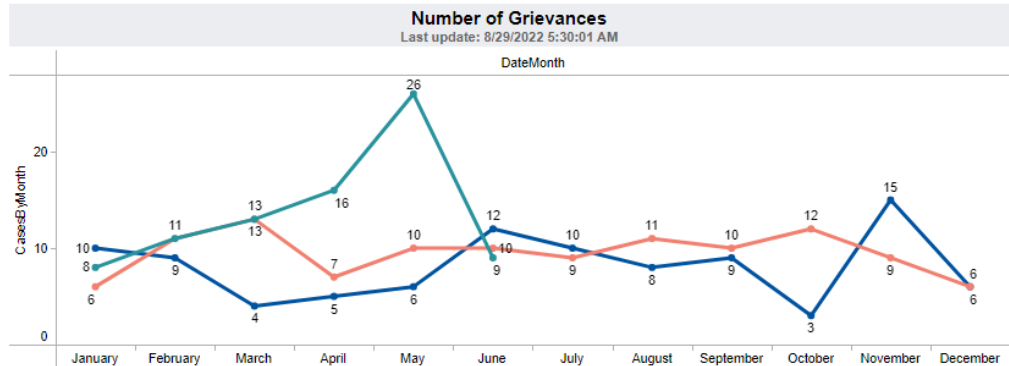
WCM **GRIEVANCE RATE:** Per thousand WCM/CCS Members Per Month (PKPM)

RATE

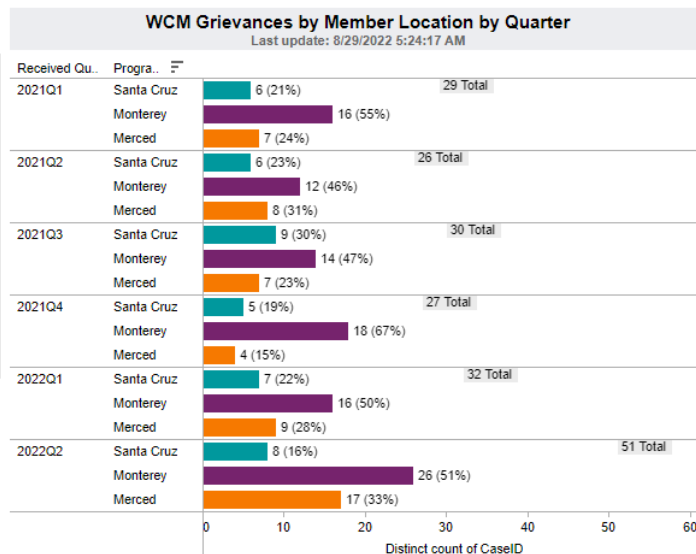
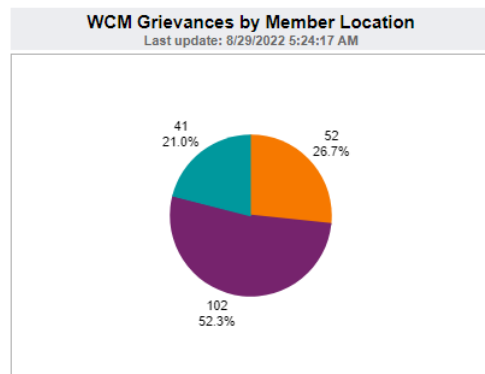


Year
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2021
2020

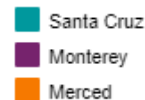
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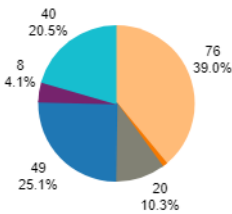
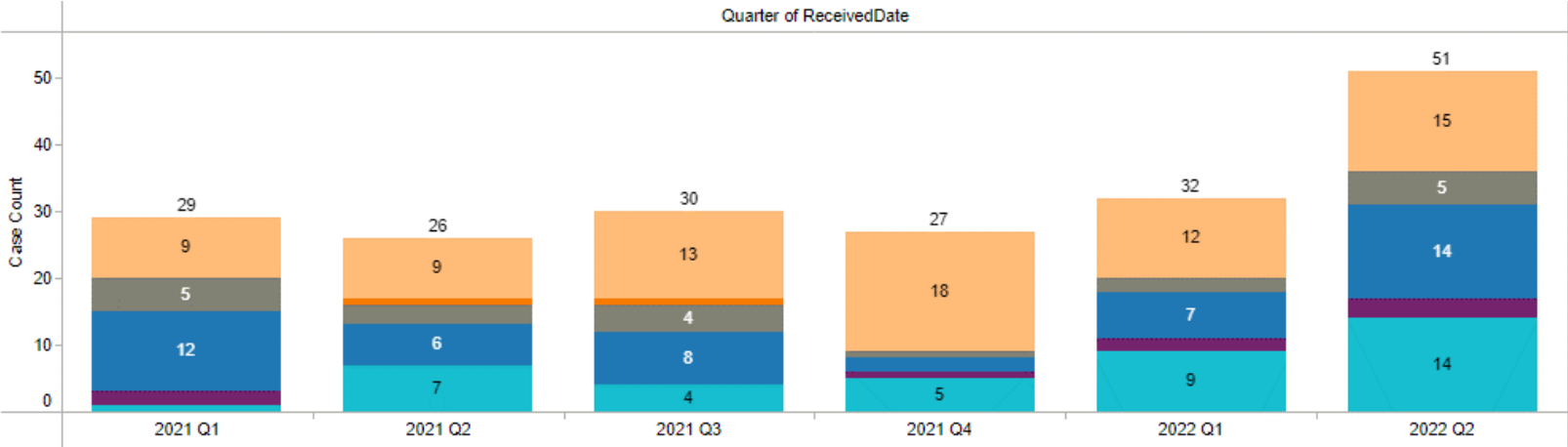
WCM Q1 2021 – Q2 2022 GRIEVANCES by LOCATION



ProgramCounty



WCM Q1 2021 through Q2 2022 GRIEVANCES by TYPE



Grievance Type

- Appeal
- DME
- Other
- Provider
- Timely Access
- Transportation





WCM Review

Q2 2022 TRENDS

REVIEW and TRENDS:

1. WCM Grievances are closely monitored and trended by the Staff Grievance Review Committee (SGRC)
2. WCM Grievances **increased** during Q2 2021 due to APL implementation
3. Recurring themes continue:
 - ❖ Genetic Testing
 - ❖ Provider Billing
 - ❖ Transportation

WCM GRIEVANCE CASE REVIEW

WCM Case Review #1

- Parent complained about difficulty with a return NMT trip.
- The member was set up for a will-call return trip and the investigation found that parent did not activate the return ride.
- Parent was educated on how to activate return rides for the future.

WCM Case Review #2

- Parent notified of provider bills from 2021
- The Alliance outreached to the provider multiple times, but provider had not yet submitted a clean claim to the Alliance.
- Investigation found that the prior claims submitted had an incorrect member ID.
- The Alliance educated the provider, and they sent a clean claim.

WCM Case Review #3

- Provider appealed denial for genetic testing.
- Appeal for NCB microarray genetic testing was overturned upon additional information provided and subsequent medical review.



WCM **GRIEVANCE** Actions



- 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?





Pediatric Complex CM
Kelsey Riggs, Peds CCM Manager

WCM Clinical Advisory Committee
September 15, 2022

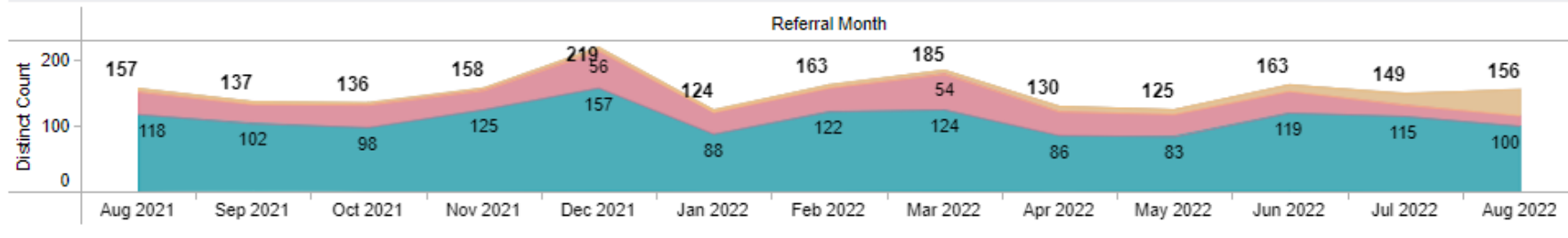
WCM CCS REFERRAL UPDATES

CCAH CCS Referral Trending

CM CCS Referral Assessments: Referral Trending

Last Refresh date: 9/8/2022 8:45:46 AM

Counties: All



Measure Names

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



Referral Counts

Q2: Alliance Referrals by County

- Merced: 144
- Monterey: 211
- Santa Cruz: 63
- Total Referrals: 418



Referral Approval Rates

Q2: CCS Referral Approval Rates by County

- Merced: 77 % (Previous Quarter 70.5%)
- Monterey: 58% (Previous Quarter 59.5%)
- Santa Cruz: 83% (Previous Quarter 74.5%)
- Average Approval Rate: 72% (Previous Quarter 68.2%)



Summary

- Q2 brought us **350** new CCS members
- Currently at over **8,000** CCS eligible members
- While total new referral volume slightly decreased from the previous quarter, our approval percentages increased





QUESTIONS?



Whole Child Model Clinical Advisory Committee

Britta Vigurs, QI Program Advisor II
September 15, 2022



Agenda:

- What Are ACE Screenings?
- ACEs Aware Initiative
- Disparity Learning Project
- ACE Screening Goals
- CBI Incentives
- Milestones
- Challenges

Adverse Childhood Experiences (ACE) Screenings

What are ACE screenings?

- Evaluation for trauma and exposure to toxic stress

Trauma:

- Abuse
- Neglect
- Household instability
- Violence, bullying

Toxic Stress:

- High doses of adversity
- Poverty, racism/discrimination, household and food insecurity

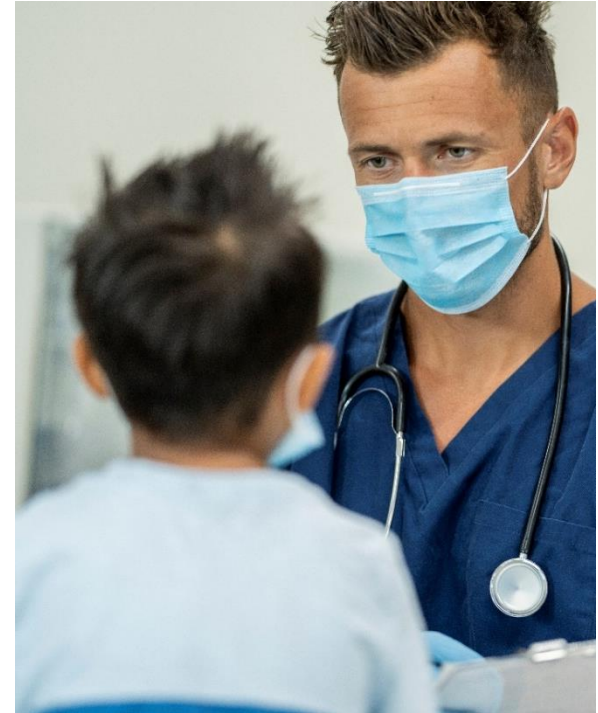


Adverse Childhood Experiences (ACEs)



California ACEs Aware Initiative

- Launched by California Surgeon General & DHCS
- Provides training, clinical protocols, screening tools and resource information
- ACE Screening Implementation Guide
- Community grants



ACEs Disparity Learning Project (DLP)

DLP Project Description

Design ACE screening implementation strategy to increase the number of providers who are trained to provide ACE screenings in our Merced County service area for Medi-Cal (Medicaid) pediatric members <21 years of age.



2022 ACE Screenings Goals



- Assess landscape of ACE screenings in Merced
- Promote provider training, screenings, billing best practices
- Support the network of care
- Alliance educational webinar/collaborative
- 2023 CBI Program payment incentives



CBI Fee-For-Service: ACEs Training and Attestation

Measure

This measure is intended to provide compensation for time to complete the ACE training and attestation

Payment

\$200 for PCPs and non-physician medical practitioners, credentialed as primary care providers, and/or qualifying residents

Qualification

- “Becoming ACEs Aware in California” Core Training
<https://www.acesaware.org/learn-about-screening/training/>
- Submit Training Attestation
 - National Provider Identifier (NPI); Clinic name and address
 - <https://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx>



CBI Measure: Adverse Childhood Experiences (ACEs) Screening in Children and Adolescents

Measure

Percentage of members 1 – 20 years of age who were screened for Adverse Childhood Experiences (ACEs), using a standardized screening tool, during the measurement period.

Codes

- **G9919** – score **4 or greater (high risk)**, results are positive
- **G9920** – score **between 0 – 3 (lower risk)**, results are negative

For FQHCs, ACE screenings will need to be submitted on a separate claim from the visit.



ACE Screenings Milestones



- Assessment of the state of ACE screenings and referral pathways in Merced County
- ACE screening dashboard
- ACE bus tour in Merced County
- Provider incentives
- Increase in trauma informed care, ACE screenings, to treat and heal those experiencing toxic stress.
- Supporting network of care with collaboration in applying for ACEs Aware grant in Merced County.



ACE Screenings Challenges

- Knowledge gaps and resource constraints
- COVID-19 surge
- Clear referral pathways
- Integration of PCP and behavioral health providers
- Provider hesitancy
- Understaffed clinics
- Providers not completing attestations
- ACEs champions misalignment





Become an ACEs Champion at your clinic!

- Implement workflows for screenings
- Train clinic staff on ACEs
- FQHCs ensure billing screenings on a separate claim
- Reach out to other ACE Champions

ACEs Resources

- **ACEs Aware Website:** <https://www.acesaware.org/>
- **ACEs Aware Provider Training:** <https://www.acesaware.org/learn-about-screening/training/>
- **Provider Training Attestation:** <https://www.medical.ca.gov/TSTA/TSTAattest.aspx>
- **Alliance CBI Website:** <https://thealliance.health/for-providers/manage-care/quality-of-care/care-based-incentive/care-based-incentive-resources/>

Contact Information

Britta Vigurs: bvigurs@ccah-alliance.org

CBI Team: CBI@ccah-alliance.org





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

