

Whole Child Model Clinical Advisory Committee

Meeting Agenda

Thursday, December 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, December 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 September 15, 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
- B. Pharmacy Update N. Sachdeva, Pharm. D.
- C. Transportation Follow-up D. Diallo, MD

5. New Business

- A. WCM Review - History, Roles & Responsibilities D. Diallo, MD, K. Riggs, RN

6. Open Discussion: 1:20 p.m.

- A. Group may discuss any urgent items.
 - i. Complex issues, gaps in care, RSV

7. Adjourn: 1:30 p.m.

The next meeting of the Whole Child Model Clinical Advisory Group, after this December 15, 2022 meeting:

- Thursday March 16, 2023, 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, September 15, 2022

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

Teleconference Meeting

Committee Members Present:

Jennie Jet, MD

Devon Francis, MD

Ibraheem Al Shareef, MD

Cal Gordon, MD

Provider Representative

Provider Representative

Provider Representative

Provider Representative

Committee Members Absent:

John Mark, MD

Patrick Clyne, MD

Salvador Sandoval, MD

Sarah Smith, MD

Provider Representative

Provider Representative

Provider Representative

Provider Representative

Staff Present:

Dianna Diallo, MD

Gordan Arakawa, MD

Jennifer Mockus, RN

Ashley McEowen, RN

Michelle Stott, RN

Kelsey Riggs, RN

Jessie Newton, RN

Sarah Sanders

Britta Vigurs

Cynthia Balli

Jacqueline Morales

Tracy Neves

Medical Director

Medical Director

Community Care Coordination Director

Complex Case Management Supervisor

QI & Population Health Director

Pediatric Complex Case Mgmt. Manager

Care Coordination Manager

Grievance and Quality Manager

Quality Improvement Program Advisor II

Provider Relations Supervisor

Provider Relations Representative

Clerk of the Committee

Other Representatives Present:

James Rabago, MD

Kevin McBride

Laurie Soman

Board Representative

Aveanna Representative

Provider Representative

1. Call to Order by Chairperson Bishop.

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

Roll call was taken.

Welcome Dr. Al Shareef.

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 16, 2022 meeting were reviewed.

B. Grievance Update

Grievance data was provided to the Committee and Sarah shared a brief review of grievances.

M/S/A Consent agenda items approved.

4. Regular Business.**A. Whole Child Model California Children's Services (CCS) Referral Updates**

Kelsey Riggs shared CCS referral data from August 2021 to August 2022. Total referral by County for Q2 includes a total of 418 CCS referrals with Merced - 144, Monterey - 211 and Santa Cruz - 63. Monterey County is the largest county.

CCS Referral Approval Rates by County for Q2:

Merced: 77%

Monterey: 58%

Santa Cruz: 83%

Average approval rate increased to 72% over previous quarter which was 68.2%.

Currently there are over 8,000 CCS eligible members across all three counties. In Q2 there were an additional 350 new CCS members. While total new referral volume is slightly decreased from the previous quarter, the Alliance approval percentages have increased. The Alliance continues to work collaboratively with county partners.

Provider asked about the reasons for denials. It was noted there can be a variety of reasons for denials including the county asking for more information or additional labs or imaging may be needed. The Alliance follows Title 22 criteria, and the counties make the final determination. Occasionally, providers are not paneled, and Provider Services works to panel providers. Dr. Diallo noted denial rates are going down due to communication and partnership.

Provider asked about denials and those that are pending, and how the information is captured. The Alliance works to provide records and captures re-referral rates as well. There is a variance among counties whether they cases are pending or denied. The Alliance continues to work to obtain eligibility for the member and will continue to case manage the member. Provider noted she would be increased in re-referrals rates.

B. Adverse Childhood Experiences (ACE) Screenings

Britta Vigurs provided an overview of ACE Screenings. ACE screening is an evaluation for trauma and exposure to toxic stress. Trauma can consist of abuse (emotional, physical, or sexual), neglect, household instability, violence, and bullying. These types of traumas can lead to toxic stress, and in high doses, adversity in early life can become embedded in children leading to toxic stress. Other forms of trauma that can contribute to toxic stress include high doses of adversity, poverty, racism, discrimination, household, and food insecurity.

on January 1, 2020, the California Surgeon General & the Department of Health Care Services (DHCS) launched the California ACEs Aware Initiative. The goal of the initiative is to provide training, clinical protocols, screening tools and resource information. Payment is given to providers for screening children and adults. However, for providers to be able to bill for ACE Screenings, they must complete the ACEs training and attestation on the ACEs Aware website.

Early detection and intervention improve health outcomes. Addressing toxic stress in children and adults can mitigate its effects on health conditions like asthma, diabetes, depression, heart disease, and others. In addition, the Alliance collaborated with Health Improvement Partnership (HIP) to create a training for front office and clinical staff. The training information is located on the Alliance Provider website under the Webinars and Training Section.

Several Alliance staff members are participating in the Disparities Learning Project (DLP). The project focus is to design ACE screening implementation strategies to assist providers in increasing the number of providers who are trained to complete ACE screenings in Merced County for pediatric members <21 years of age. Merced County has the highest ACE scores amongst all counties.

ACE Screening 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

In an effort to increase awareness and screening, the Alliance has developed a fee-for-service measure that will pay a one-time amount of \$200 for primary care providers (PCPs) and non-physician medical practitioners credentialed as primary care providers, and/or qualifying residents. The financial incentive will be awarded to those PCP sites that submit their ACEs training attestation through the ACEs Aware Website. Certification earned prior to the current Care Based Incentives (CBI) year counts and will be paid retroactive if they have not been paid previously. The Alliance will pay for each CBI group under which the clinician practices. So, if a clinician practices under two or three different CBI groups, each will be paid. Mid-level providers and/or second and third year residents who are licensed with a completed ACEs Training and Attestation must be supervised by a credentialed physician that has also completed the training and attestation.

In addition, there is a CBI measure for the ACEs Screening in Children and Adolescents measure for members 1-21 years of age who had an annual ACE or trauma screening. This measure looks at the rate of screenings being completed after a provider has completed their training and attestation. Claim submissions for ACE screenings from providers in our network has been low. To support ACE screenings, the Alliance is encouraging PCPs to complete these screenings through the addition of this measure.

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 Screening challenges were shared with the Committee, and the Alliance is working to educate providers in support of ACE Screenings. Providers were also encouraged to become ACE Champions by implementing workflows and screenings, training staff, ensuring correct billing, and reaching out to other ACE providers.

It was noted in Merced County, Merced Inc. has developed a referral form for providers to refer to community resources. A provider requested this information be presented at a pediatric provider workgroup in Santa Cruz County.

5. Open Discussion.

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

Dr. Diallo gave an update regarding the gap in transportation services. The Alliance Member Services team is working with Call the Car on same day (before 1 PM) and 24 hour notification for transportation to medical appointments.

Dr. Diallo asked the group if an overview of WCM and CCS programs with the counties would be helpful; the group agreed this would be of value.

Providers were encouraged to attend and participate in the Alliance's Whole Child Model Family Advisory Committee (WCMFAC) meetings in support of families.

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

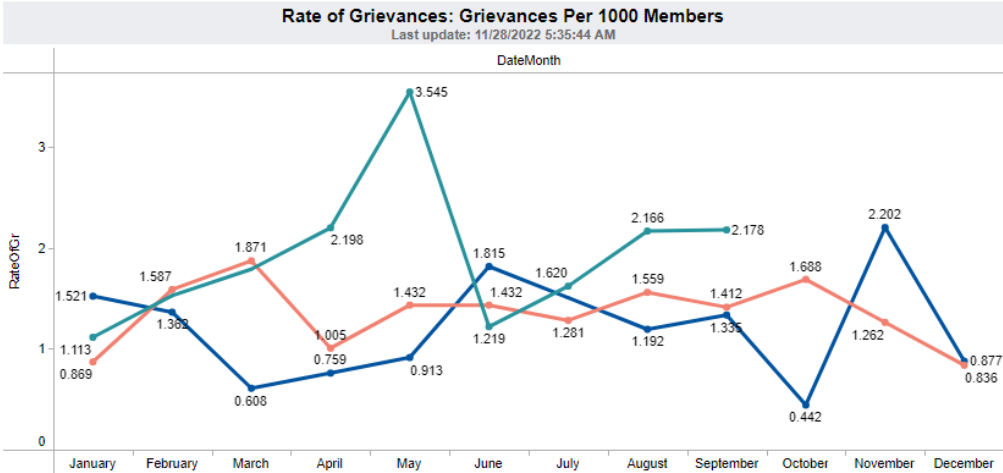
Whole Child Model Clinical Advisory Committee

Prepared by: Sarah Sanders, Grievance and Quality Manager

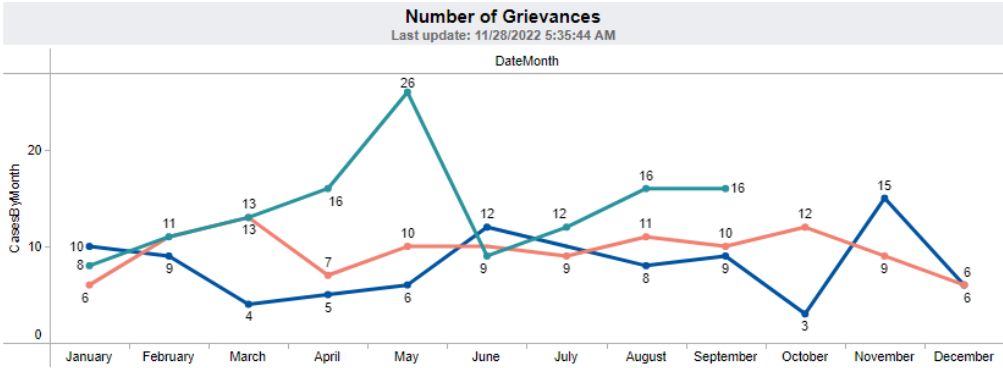
December 15, 2022

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

RATE



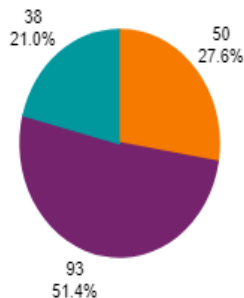
Number
Rec'd



WCM Q3 2021 – Q3 2022 GRIEVANCES by LOCATION

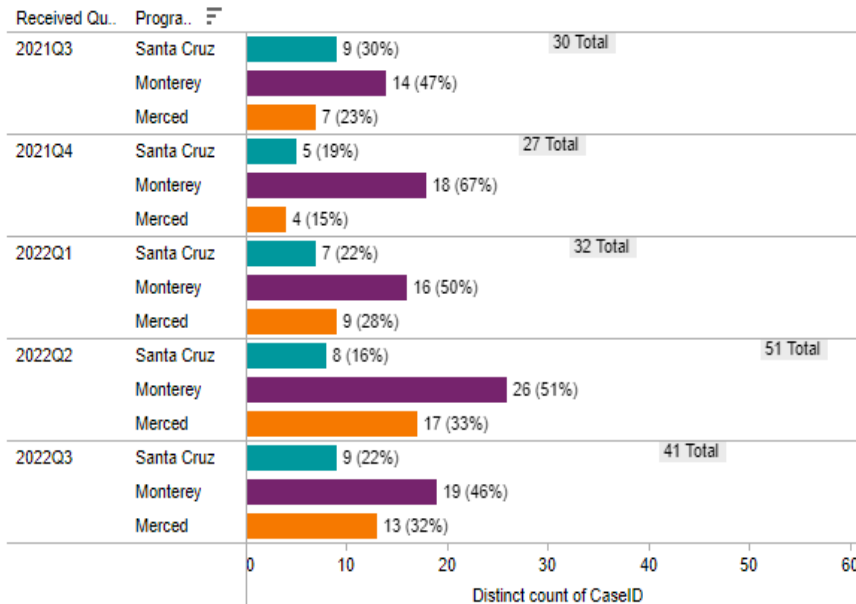
WCM Grievances by Member Location

Last update: 11/28/2022 5:28:50 AM



WCM Grievances by Member Location by Quarter

Last update: 11/28/2022 5:28:50 AM



ProgramCounty

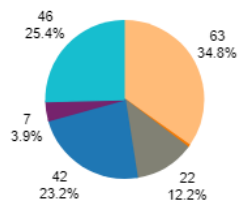
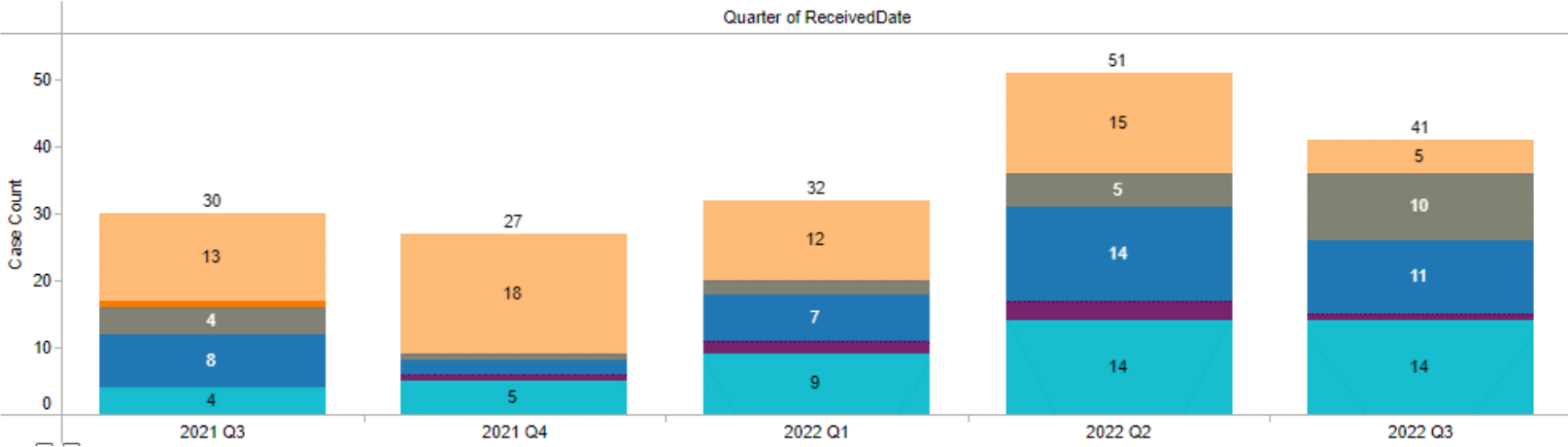
Santa Cruz

Monterey

Merced



WCM Q3 2021 through Q3 2022 GRIEVANCES by TYPE





WCM Review

Q3 2022 TRENDS

REVIEW and TRENDS:

1. WCM Grievances are closely monitored and trended by the Staff Grievance Review Committee (SGRC)
2. WCM Grievances **decreased** during Q3 2022
3. Recurring themes continue:
 - ❖ Genetic Testing
 - ❖ Provider Billing
 - ❖ Transportation

WCM **GRIEVANCE** Actions



- Continue engaged monitoring and intervention.
- **Solicit input:** Clinical Partners, what are you hearing from WCM/CCS members?

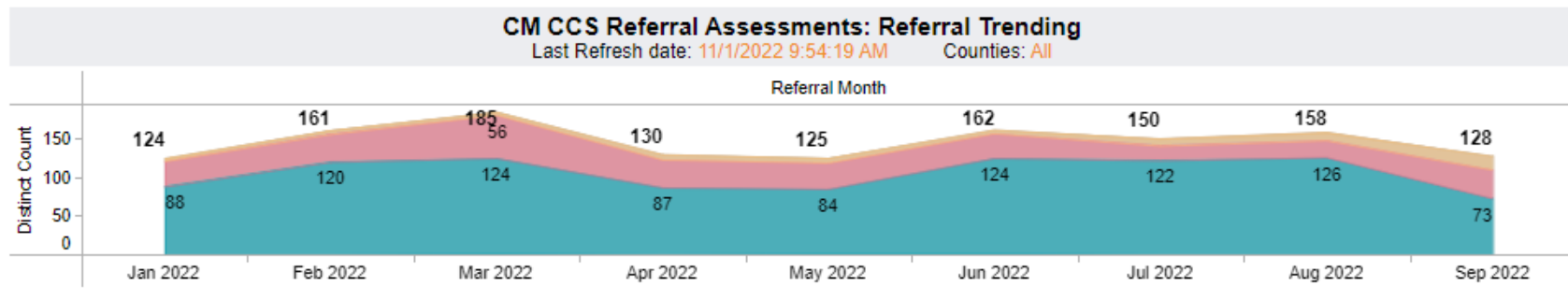




Whole Child Model Updates

Whole Child Model Clinical Advisory Committee
Kelsey Riggs, Pediatric Complex Case Management Manager
December 15th, 2022

CCAH CCS Referral Trending



Measure Names

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



Referral Counts

Q3: Alliance Referrals by County

- **Merced:** 154
- **Monterey:** 210
- **Santa Cruz:** 70
- **Total Referrals:** 436 (previous quarter 418)



Referral Approval Rates

Q3: CCS Referral Approval Rates by County

- **Merced:** 77 %
- **Monterey:** 71%
- **Santa Cruz:** 67%
- **Average Approval Rate:** 74% (Previous Quarter 70)



Summary

- Q3 brought us **380** new CCS members
- Currently at over **8,000** CCS eligible members
- Referral volumes and approval rates continue to steadily increase





Questions?

Your Right to a State Fair Hearing

If you disagree with the action being taken regarding either new or continuing services on this notice, you have the right to ask for a State Fair Hearing **within 90 days** from the date this notice was mailed or given to you (Welfare and Institutions Code Section 10951). After 90 days and up to 180 days, the judge may decide if there is good cause for a late filing. Although requesting a State Fair Hearing is within your rights, no action may be necessary if this notice is for a deferred service that is waiting for a response from your provider.

If this request is for a **continuation of a service you are already receiving**, you **may** be allowed to continue to receive the service until the judge decides your case. This is called **aid paid pending**. To be considered for aid paid pending, you must ask for a State Fair Hearing **within 10 days** of the date of this notice, **or before** the date the notice says your service will end, whichever comes later. If you ask for a hearing within these timeframes, your service may continue until the judge's decision is issued. If you later withdraw your hearing request, your service will continue until previously approved service dates expire (California Code of Regulations, Title 22, Section 51014.2).

This notice does not affect your eligibility for Medi-Cal. You will continue to receive your Medi-Cal benefits and the covered Medi-Cal services for which you have been approved.

To request a State Fair Hearing:

- **Submit** the attached State Fair Hearing Request Form
- **Call** the State Hearings Division at 1-800-743-8525 (TTY users, call 1-800-952-8349)

OR

- **Write to**

California Department of Social Services
State Hearings Division
PO Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

– Please Include

- Name of Medi-Cal Beneficiary
- Medi-Cal Beneficiary Identification Card (BIC) number
- Address
- Phone number
- Reason for requesting a State Fair Hearing
- Language or dialect (in case you need an interpreter)

State Fair Hearing Request Form

- Name, address, and telephone number of the person, if any, you will bring with you to the hearing to help you
- Any accommodations needed to help you fully participate in the hearing

OR

- **Go online** at www.cdss.ca.gov/hearing-requests

OR

- **Fax** the attached State Fair Hearing Request Form to 833-281-0905

OR

- **Email** the attached State Fair Hearing Request Form to scopeofbenefits@cdss.ca.gov

If you want to know more about your state hearing rights, call the Public Inquiry and Response Unit at 1-800-952-5253. If you have trouble hearing or speaking, use TTY at 1-800-952-8349.

- You can represent yourself or you can bring a friend, relative, attorney, or any other person to help you at your hearing. You must provide their name, address, and phone number to the State Hearings Division and indicate you want them to represent you.
- If you have a disability or impairment and need special arrangements so you can participate in your hearing, call State Hearings Division toll free at 1-800-743-8525. If you have a hearing or speech impairment, call (TTY) 1-800-952-8349.
- You may be able to get free legal help. Look for "Legal Services" in the Community Services section of your local Yellow Pages. Or you can contact the State Bar of California at 866-44-CA-LAW (866-442-2529) or visit its website at <http://www.calbar.ca.gov/Public/Free-Legal-Information/Legal-Guides/Lawyer-Referral-Service>.
- If you request a hearing, please refer to the Department of Health Care Services' position statement for information that was used to make this decision. The position statement will be sent to you not less than two working days prior to the date of your hearing.
- The state fair hearing process is separate from the process for reporting discrimination complaints. If you wish to learn more about reporting a discrimination complaint, please contact the Department of Health Care Services' Office of Civil Rights at

PO Box 997413, Mail Station 0009

Sacramento, CA 95899-7413

(916) 440-7370, 711 (California State Relay)

Email: CivilRights@dhcs.ca.gov

State Fair Hearing Request Form

State Fair Hearing Request Form

Your Name: _____

Medi-Cal ID (BIC) Number: _____

Your Address: _____

Prior Authorization Control Number and Service Description: _____

You can request a hearing by **calling** 1-800-743-8525 (TTY users, call 1-800-952-8349) or by **mailing** this form to the California Department of Social Services, State Hearings Division, PO Box 944243, Mail Station 9-17-37, Sacramento, CA 94244-2430.

You can also request a hearing **online** at www.cdss.ca.gov, by **faxing** this form to 833-281-0905, or by **emailing** the form to scopeofbenefits@cdss.ca.gov.

For free help filling out this form, call the State Bar of California's legal help at 866-44-CA-LAW (866-442-2529).

Reason for Requesting the Hearing

Name of Beneficiary: _____

Date of Birth: _____

Mailing Address: _____

Phone Number: _____

Medi-Cal ID (BIC) and/or Social Security Number (if available): _____

I do not agree with the Medi-Cal decision. The drug, service, equipment, or treatment my doctor requested is _____

I disagree because _____

(If you need more space, use another piece of paper and attach it to this form.)

State Fair Hearing Request Form

I need these for my hearing

Check these boxes *only* if they apply to you.

- ☐ I need an Expedited Hearing because my situation is urgent, and I cannot wait for up to 90 days.
(You *must* explain why you need a quick hearing, or it will be denied).

- ☐ Aid Paid Pending: Please continue my treatment until the judge decides my case. (Describe the treatment to be continued and say what date Medi-Cal stopped it or is planning to stop it).

- ☐ I want a Free Interpreter. My language or dialect is _____

- ☐ I have a disability and want a reasonable accommodation to help me participate in my hearing. The accommodation(s) I want is _____

- ☐ I want someone else to speak for me (represent me) at the hearing. That person is _____

Name: _____

Address: _____

Phone Number: _____

Signature: _____

Today's Date: _____

If you want a copy of this form for yourself, copy it before sending.



Whole Child Model Program Overview

Whole Child Model Clinical Advisory Committee

Dr. Dianna Diallo, Medical Director

Kelsey Riggs, Pediatric Complex Case Management Manager

December 15th, 2022

California Children's Services (CCS) History

- California Children's Services is a statewide program for children and young adults under the age of 21 with certain defined special health care needs.
- One of the nation's oldest Public Health Programs started in 1927 to address the polio epidemic.
- Program expanded through the years to encompass children with various special health care needs.



California Children's Services Program Goals

Served as a partnership between the state and the counties to:

- Assist in treatment costs including medical, surgical, therapies and DME costs.
- Provide medical case management.
- Medical Therapy Program (MTP) services – physical therapy and/or occupational therapy for medically eligible children.
- Guarantee quality through paneling providers for CCS eligible conditions.



Referral Background Prior to WCM

- Counties received referrals from CCAH, PCPs, subspecialists and hospitals.
- Referrals and care were only accepted from CCS paneled providers (counties had a little flexibility in referral requirement).
- Counties opened CCS cases for 3-month diagnoses period and monitored through the case management.



Whole Child Model Program Initiation

- In July 2018, DHCS implemented the WCM through MCO in counties with COHS.
- The health plans took responsibility for intensive case management for the children with CCS.
- Authorize treatment for children with CCS.



CCS Responsibilities

Counties maintain:

- Eligibility determinations.
- Annual Reviews.
- Medical Therapy Program determinations and care.
- Care for children who are not WCM members (fee for service).



Referrals after Whole Child Model

- CCS Referrals dropped following WCM implementation. Many providers don't know they still need to refer to CCS.
- The Alliance catches CCS eligible diagnoses through claims, utilization authorizations and referrals from providers and other external sources.
- Providers may refer to either the county CCS office or to the Alliance.
- Collaborate closely with the counties to identify and connect children with CCS eligible conditions to the benefits of CCS/WCM.

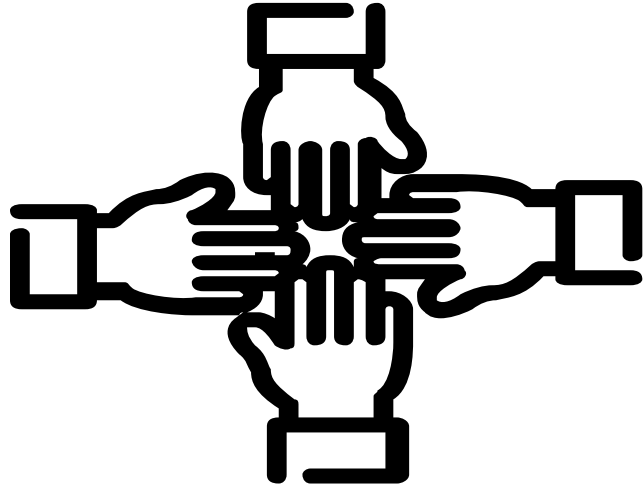


Benefits of CCS/WCM

- Intensive Case Management includes assistance with accessing care, medication, treatments, filing appeals, connection to social services
- Transportation, meal allowance and lodging assistance when member is receiving services related to their CCS eligible condition.
- Special Transition support as a child becomes an adult.



WHO is the Pediatric Complex Case Management Team?



Multidisciplinary Team

- Registered Nurses
- Care Coordinators
- Social Workers
- Close collaboration with external providers and other Alliance staff such as the Prior Authorizations Team, Pharmacy, Registered Dietitians and Medical Directors (MDs)



WHAT we do

Whole Child Model Team

Referrals

- Screen and Identify potential CCS eligible members
- Refer these members to the applicable County CCS Program to receive an eligibility determination

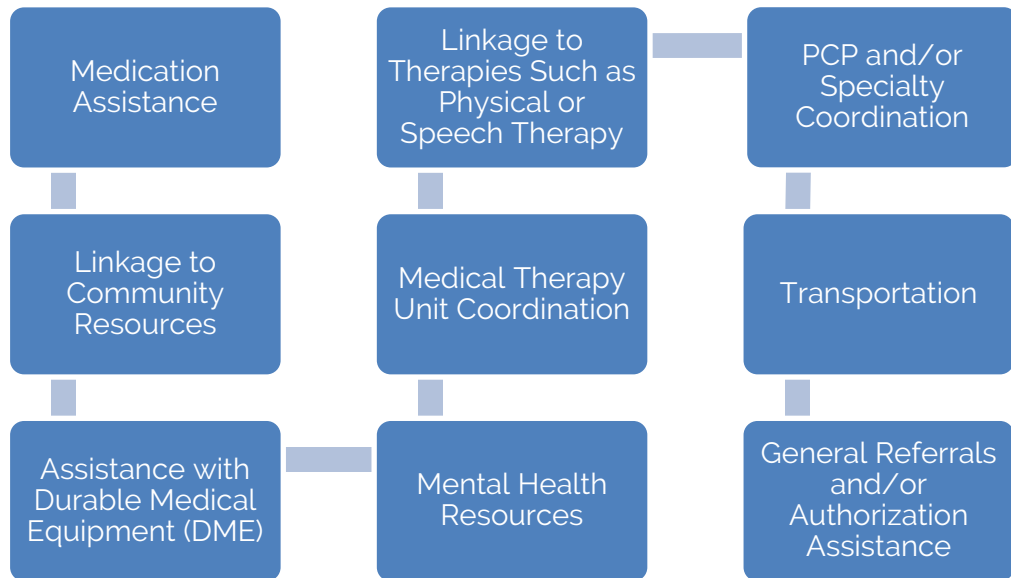
Our team coordinates and provides the delivery of CCS services to CCS-eligible members according to regulatory guidelines.

- Pediatric Health Risk Assessment (PHRA)
- Risk Stratification
- Individualized Care Plans (ICP)
- Paneled Providers



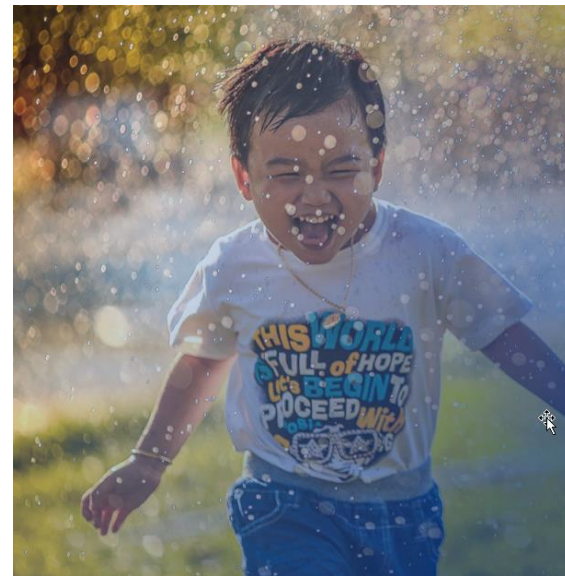
HOW we do it

What can we assist with?



Caseloads & Member Volumes

- **Senior Complex Case Manager (RN)**
 - Avg Caseload 124
- **Care Coordinator (CC)**
 - Avg Caseload 176
- **Social Workers**
 - Avg Caseload 91, Works off tasks
- **Total CCS Member Volume**
 - 8,161
 - Merced 3411
 - Monterey 3,575
 - SC 1,175



Member Campaigns & Other Program Updates

- COVID Evusheld
- Vaccine & Well Child Visits
- Population Health (Diabetic, HR members)
- Member Walk In Support





Questions?

Whole Child Model Clinical Advisory Committee Meeting Calendar 2023



Thursday, March 16	12:00 - 1:00 PM
Thursday, June 15	12:00 - 1:00 PM
Thursday, September 21	12:00 - 1:00 PM
Thursday, December 21 (propose move to Thursday, December 14)	12:00 - 1:00 PM

