# Committee Reports and Minutes

1. Community Advisory Board (CAB) Report
2. Community Advisory Board (CAB) Charter
3. Community Advisory Board Minutes (7-13-23)
4. Provider Advisory Board (PAB) Report
5. Provider Advisory Board (PAB) Minutes (7-10-23) and (10-9-23)
6. Family Advisory Committee (FAC) Report
7. Family Advisory Committee (FAC) Minutes (11-16-23)
8. Pediatric Clinical Advisory Committee (PCAC) Agenda
9. Pediatric Clinical Advisory Committee (PCAC) Report
10. Pediatric Clinical Advisory Committee (PCAC) Minutes (9-27-23)

**Community Advisory Board (CAB) Memo**

**Date:** January 17th, 2024

**From:** Eric Buben, Director of Member Services

**Through:** Van Do-Reynoso, MPH, PhD
Chief Customer Experience Officer and Chief Health Equity Officer

---

## Executive Summary

This memo serves to provide CenCal Health's Board of Directors with a summary from CenCal Health's Community Advisory Board (CAB) on October 26, 2023. A full CAB Information Packet (all materials reviewed) is available for review upon request.

CAB approved the 2024 CAB Charter with updates made to reflect new 2024 DHCS Contract requirements. CAB also approved the nomination of MaryEllen Rehse, MSW-Executive Director, Children and Family Resource Services of Santa Barbara County; In partnership with Santa Barbara County Education Office to become the CAB Chairperson for 2024 and 2025. A Vice-Chairperson was also nominated and approved and that is Sara Macdonald, CenCal Health Board Liaison. Additional agenda topics included a presentation of CenCal Health's Cultural & Linguistics Sensitivity, Competency, and Health Equity Training for staff, the completed Population Needs Assessment 2023 and strategies were reviewed, and a Population Health Department update was provided.

This Memo also advises of CAB's approval of the Minutes from the July 13, 2023 meeting and the 2024 Charter.

## Submitted for review:

1. CAB Agenda – October 26, 2023
2. 2024 CAB Charter – Approved by CAB on October 26, 2023
3. Approved CAB Minutes from 7/13/23 (approved by CAB on 10/26/23)

## Recommendation

CenCal Health is requesting your Board of Directors to provide approval of this CAB Memo, the 2024 CAB Charter and the CAB Minutes from the July 13, 2023 CAB Meeting.

Respectfully submitted,

Eric Buben

Eric Buben
Director of Member Services, 2023 Chair of the Community Advisory Board

# Community Advisory Board (CAB) Charter

**Purpose:**

The Community Advisory Board (CAB) provides a forum for CenCal members, their representatives, and community agencies to discuss common issues of interest and importance. In addition, the CAB enables member, advocate and agency input for health plan compliance on CAB functions and duties/committee involvement under CenCal Health's contract with the Department of Health Care Services (DHCS) and applicable laws and regulations. The CAB shall be separate and distinct from CenCal Health's Quality Improvement and Health Equity Committee and reports directly to CenCal Health's Board of Directors.

**Objectives:**

- To establish and maintain a CAB that provides input into the development and implementation of CenCal Health's cultural and linguistic accessibility standards and procedures.

- To ensure member and family engagement through maintaining a CAB whose composition reflects CenCal Health's member population and whose input is actively utilized in policies and decision-making by CenCal Health.

- To ensure that Medi-Cal members, including Seniors and Persons with Disabilities (SPD), persons with chronic conditions (such as asthma, diabetes, congestive heart failure), Limited English Proficient (LEP) members (including, without limitation, LEP members under 21 years of age), and members from diverse cultural and ethnic backgrounds or their representatives are included and invited to participate in establishing public policy within CenCal Health's CAB.

- To engage in a member and family-oriented engagement strategy for Quality Improvement (QI) and Health Equity, including children and caregiver representation on the CAB.

- Use CAB findings and recommendations, and the results of member listening sessions, focus groups and surveys, to inform QI and Health Equity Interventions for members, including without limitation, those under 21 years of age.

- To maintain a diverse CAB pursuant to 22 CCR section 53876(c), comprised primarily of CenCal Health's members, as part of the CenCal Health's implementation and maintenance of member and community engagement with stakeholders, community advocates, traditional and Safety-Net Providers, and members.

**Duties:**

The CAB shall carry out the duties as set forth in CenCal Health's contract with the Department of Health Care Services.

Such duties include, but are not limited to:

a) Identify and advocate for preventive care practices utilized by CenCal Health.
b) Involvement in developing and updating cultural and linguistic policy and procedure decisions, including those related to QI, health equity, education, and operational and cultural competency issues affecting groups who speak a primary language other than English. The CAB may also advise on necessary member or provider targeted services, programs, and trainings.
c) Make recommendations to CenCal Health regarding the cultural appropriateness of communications, partnerships, and services.
d) Review Population Needs Assessment (PNA) findings and have a process to discuss improvement opportunities with an emphasis on health equity and social drivers of health.
e) Provide input on selecting targeted health education, cultural and linguistic, and QI strategies.
f) Relay input to CenCal Health for its annual reviews and updates to relevant policies and procedures.
g) Participate in engagement strategies such as consumer listening sessions, focus groups, and/or surveys; and
h) Provide input and advice, including, but not limited to, the following:
    i. Culturally appropriate service or program design;
    ii. Priorities for health education and outreach program;
    iii. Member satisfaction survey results;
    iv. Findings of the PNA;
    v. Plan materials and campaigns;
    vi. Communication of needs for network development and assessment;
    vii. Community resources and information;
    ix. Population health management;
    x. Quality;
    xi. Health delivery systems reforms to improve health outcomes;
    xii. Carved out services;
    xiii. Coordination of care;
    xiv. Health equity; and
    xv. Accessibility of services.

**Composition:**

The CAB membership reflects the general Medi-Cal member population in CenCal Health's service area and will be modified as the population changes to ensure that CenCal Health's community is represented and engaged. The CAB must also make good faith efforts to include representation on the CAB from diverse and hard-to-reach populations, with a specific emphasis on persons who represent or serve populations that experience health disparities, such as individuals with diverse racial and ethnic backgrounds, genders, gender identity, sexual orientation and physical disabilities.

Voting members shall represent consumer and community interest groups who do not directly earn their income from the provision of medical health services. CAB members are voted onto the CAB as representatives by the CAB Selection Committee, which is convened by CenCal Health and tasked with selecting the members of the CAB. CenCal Health must demonstrate a good faith effort to ensure that the CAB Selection Committee is comprised of a representative sample of each of the persons below to bring different perspectives, ideas, and views to the CAB:

- Persons who sit on CenCal Health's Board of Directors, which should include representation in the following areas: safety net providers including FQHCs, behavioral health, regional centers, local education authorities, dental providers, Indian Health Services (IHS) Facilities, and home and community-based service providers; and
- Persons and community-based organizations who are representatives of each county within CenCal Health's service area adjusting for changes in membership diversity.

The CAB Selection Committee ensures the CAB membership reflects the general Medi-Cal member population in CenCal Health's service area. CAB membership and preference shall be given to the groups and populations listed below.

The Chair and Vice-Chair of the CAB will be non-CenCal Health staff and a community representative or from a community-based organization that serves on the CAB. These positions will be voted on for approval by the CAB every two years, serving a two-year term.

For Advocacy and State-Federal Agency Representation:

- Department of Social Services (SB & SLO)
- Safety Net Providers (including FQHCs, Public Health Departments)
- Behavioral Health
- Tri-Counties Regional Center
- Local Education Authorities
- Dental Providers
- Indian Health Services (IHS)
- Home & Community-Based Organizations

For Member Representation :

- Seniors and Persons with Disabilities
- Persons with chronic conditions (asthma, diabetes, congestive heart failure)
- Limited English Proficient (including, without limitation, those under 21 years of age)
- Diverse cultural and ethnic backgrounds, genders, gender identity, and sexual orientation
- Adolescents and/or parents/caretakers of children, including foster youth

Additional details on the process for selecting CAB members (including replacement members) by the CAB Selection Committee are set forth in the Community Advisory Board Policy & Procedure.

CenCal Health appoints one (1) member of the CAB, or another CenCal Health member designated by the CAB, to serve as CenCal Health's representative to DHCS' Statewide Consumer Advisory Committee. This CAB member representative will be compensated for their time and participation on this Committee, including transportation expenses to appear in person.

CenCal Health also maintains one (1) member of the CAB to act as the CenCal Health Board of Directors (BOD) Liaison, to ensure active communication between the CAB and BOD. This member sits on both the CAB and the BOD.

**Report to the Board of Directors**

CenCal Health shall designate a CAB coordinator, whose responsibilities include managing the operations of the CAB in compliance with all applicable rules, statutes/regulations, and contract requirements as further described in the Community Advisory Board Policy & Procedure. The Chair of the CAB shall coordinate with the CAB Coordinator to approve prepared documents to be reviewed at the CAB meeting including minutes and agendas, health education reports, and presentations. Such documents will include recommendations, as appropriate, to the BOD through the Chief Customer Experience and Health Equity Officer and/or CAB Liaison for the first Board meeting following the CAB meeting.

In order to keep the BOD current on information from the CAB, CAB meeting minutes, agenda, and additional information is assembled through a memorandum to include in the BOD packet for review and consideration following each CAB meeting. Additionally, any regular changes to the duties of CAB are shared by a report from CenCal Health to the BOD.

**CAB Meeting Frequency:**

The CAB meets on a quarterly schedule (4 meetings/year). There is one (1) CAB for members and community organizations representing Santa Barbara and San Luis Obispo Counties.

All regularly scheduled CAB meetings are open to the public, and meeting information is posted publicly on CenCal Health's website 30 calendar days prior to the meeting, and in no event later than 72 hours prior to the meeting. Additional details on CAB meetings are set forth in the Community Advisory Board Policy & Procedure.

# Community Advisory Board (CAB) Meeting Minutes

**Date:** July 13, 2023

**Time:** 12:00 to 2:00 p.m.

**Chairperson:** Eric Buben, Director, Member Services

---

Community Advisory Board (CAB) Voting Members Present:
Sara Macdonald, Board of Directors (BOD) Liaison/ Member
Susan Liles, Santa Barbara Public Health Dept. Nutrition Services/Women Infants & Children (WIC) Program
Tamika Harris, Tri-Counties Regional Center
Mary Ellen Rehse, Executive Directive, Children and Family Resource Services
Eustolia Garcia, Promotores Collaborative of San Luis Obispo
Jonathan Nibbio, Family Care Network
Jose Clemente, Santa Barbara County Department of Social Services (DSS)
Josue Medrano, Family Service Agency, Mental Health Services
Julie Posada, Area Agency on Aging, HICAP
Norma Alonso, United Domestic Workers of America/In-Home Support Services (IHSS) Caregiver
Olga Mendoza De Bravo, United Domestic Workers of America/In-Home Support Services (IHSS) Caregiver
Quynh Nguyen, DDS, Chief Dental Officer, Santa Barbara Neighborhood Clinics
Alejandra Lind, Member
Yolanda Navarro, Member, United Domestic Workers of America/In-Home Support Services (IHSS)Caregiver

CAB Voting Members Excused:
Dana Gamble, Santa Barbara Public Health Department
Robert Gibson, United Domestic Workers of America /In-Home Support Services (IHSS) Caregiver
Eusebio Soto-Mesa, Member
Maria Jaurequi-Garcia, Community Health Centers of the Central Coast (CHCCC)
Jennifer Nitzel, San Luis Obispo County Department of Social Services (DSS)
Krystle Kaden, Member
Michelle Shoresman, San Luis Obispo County Public Health Department
Barbara Clayton, Member
Shon Clayton, Member
Soledad Soto, Member

Staff:
Eric Buben, Director of Member Services, CAB Chair
Van Do-Reynoso, MPH, PhD – Chief Customer Experience Officer
Denise Filotas, Manager, Cultural and Linguistic Services
Diana Robles, Lead Health Navigator

Staff (Cont.):
Elia Rodriguez, Member Services Call Center Manager
Gabriela Labrana, Supervisor, Health Promotion
Karina Negrete, CenCal Health, Population Health Specialist

**Guests:**
Javi Infante Varas, Lead Spanish Translator & Interpreter, Rooted Language Justice
Nayra Pacheco Guzman, Spanish Translator & Interpreter, Rooted Language Justice
Maria Elena Garcia Villalobos, Spanish Translator & Interpreter, Rooted Language Justice
Cuca Silva Refurgio, Spanish Translator & Interpreter, Rooted Language Justice

**Secretary:** Teri Amador, Sr. Administrative Assistant

**Location:** **Santa Barbara (Hart Room Auditorium) and San Luis Obispo (Peach Street Office)**

| *Topic* | *Discussion* |
|---|---|
| **1. Introductions and Announcements**<br>Eric Buben, Director Member Services<br><br>***Rooted Language Justice***<br>*a. Spanish Interpretation Procedures for CAB Meetings*<br><br>***2024 New CAB Charter***<br>*a. For review and approval at the October 2023 Meeting*<br>*b. Transitioning CAB Chair Responsibilities* | *Mr. Buben called the meeting to order at 12:30 p.m. He introduced Javi Infante Varas and Nayra Pacheco Guzman from Rooted Language Justice in attendance to provide Spanish interpretation, at both our Santa Barbara (SB) and San Luis Obispo (SLO) locations. Instructions for accessing Spanish interpretation and information for speakers on how best to speak for the interpretation needs were explained and all CAB attendees were secured Spanish interpretation that needed the services, before getting the official agenda topics into discussion.*<br><br>*Mr. Buben gave an update on the 2024 CAB Charter contract requirement. He said it was in draft form being reviewed internally within CenCal Health. He said he would have it for the CAB Committee to review at the October 12, 2023 meeting. It will be updated to align with our new 2024 contract requirements.*<br><br>*Eric introduced Dr. Van Do-Reynoso, Chief Customer Experience and Health Equity Officer, who would give an update on the new CAB Chair needs CenCal Health is seeking for 2024. Dr. Do-Reynoso said that the New 2024 CAB Contract will designate Mr. Buben as our new CAB Coordinator. Mr. Buben filling this new position would not allow him to be a part of the CAB Board. That would mean we would like to transition the CAB Chair responsibilities to one of our CAB community representatives to Chair the CAB.*<br><br>*The CAB Chair responsibilities would facilitate the meeting, consult with Mr. Buben's team in setting up the agenda, the meeting package and all the issues that come forth. This is part of the 2024 New Charter that you will be approving at the October 26, 2023 meeting. We will also be looking for a second individual to be a Vice Chair to support the CAB Chair. We will be electing for these two positions. If anyone is interested in becoming the CAB Chair or Vice Chair, please contract Mr. Buben or Dr. Do-Reynoso. Dr. Do-Reynoso wanted the committee to know that both herself and Mr. Buben would be there to support both new positions to the fullest extent.* |
| **2. Public comment on any non-agenda item of interest to the** | No comments or non-agenda items from Santa Barbara or San Luis Obispo. |

| | |
|---|---|
| **public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).** | |
| **3. Acceptance of Minutes April 13, 2023 CAB Meeting** | Motion to approve Minutes from April 13, 2023 meeting was made by Ms. Macdonald and seconded by Ms. Rehse, and unanimously approved by the CAB. |
| **4. Introduction of New CAB Applicants**<br>*Mr. Buben, Director, Member Services*<br><br>• Mr. Chris Burke – Independent Living Resource Center (ILRC)<br>• Quynh Nguyen, DDS – Chief Dental Officer of the Santa Barbara Neighborhood Clinics<br>• Eusebio Soto-Mesa – Member and IHSS Caregiver<br>• Soledad Soto – Member and IHSS Caregiver<br>• Josue Medrano, LPCC – Family Service Agency | Mr. Buben introduced the new CAB Members and that were approved by the CAB Selection Committee.<br><br>Mr. Burke, Dr. Nguyen, Ms. Soto-Mesa, Mr. Soto and Mr. Medrano were introduced to the CAB. Their applications had been forwarded to the CAB Selection Committee prior to the meeting for review and approval.<br><br>The CAB Selection Committee unanimously approved these 5 applicants to become official CAB members.<br><br>**Members of the CAB Selection Committee:**<br>Jonathan Nibbio – Family Care Network<br>Dana Gamble – SB Public Health Department<br>Michelle Shoresman – SLO Public Health Department<br>Susan Liles –Nutrition Services/WIC, SB Public Health Dept.<br>Julie Posada – Area Agency on Aging - HICAP<br>Maria Jaurequi-Garcia – Community Health Centers of the Central Coast (CHCCC) |
| **4. Overview of CenCal Health's Cultural & Linguistics Program and Services**<br>*Eric Buben, Director, Member Services* | Mr. Buben provided an in-depth overview of CenCal Health's Cultural & Linguistic (C&L) Program and Services and accompanied his oral update with a PowerPoint Presentation.<br><br>Purpose of CenCal Health's C&L Program and Services:<br>• To ensure our commitment to Limited English Proficient (LEP) membership's language needs to improve understanding in health care settings.<br>• To ensure cultural awareness of all CenCal Health staff and providers and ensure CenCal Health does not discriminate against any population or group.<br>• To regularly collect and analyze its member demographic data to determine who we serve to provide access to appropriate cultural and linguistic services.<br><br>Non- Discrimination Commitment: |

| | |
|---|---|
| | • CenCal Health does not discriminate on the basis of any characteristic protected by federal or state non-discrimination law. This includes, without limitation, sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, creed, health status, or identification with any other persons or groups defined in Penal Code Section 422.56. CenCal Health is subject to federal requirements contained in the Americans with Disabilities Act (ADA), including standards for communicating effectively with people with disabilities to ensure they benefit equally from government programs.<br><br>ADA Compliance:<br>• Ensures equal access and compliance with all applicable civil rights laws for Members with disabilities.<br>• Ensures accessible web and electronic content.<br>• Ensures building accessibility providing ramps, elevators, accessible restrooms, designated parking spaces, and accessible drinking water.<br><br>Guiding Principles of Our C&L Program:<br>• Align with the national standards for Culturally and Linguistically Appropriate Services (CLAS).<br>• Ensure access 24/7 to oral and sign language interpreters at "no cost."<br>• Staffing bilingual call center staff in threshold languages (Spanish for CenCal Health).<br>• Evaluate linguistic capabilities of bilingual and contracted staff performing interpretation.<br>• Evaluate Member Demographic changes year to year.<br>• Review & update our C&L Program to align with the Population Needs Assessment (PNA) each year.<br>• Ensure LEP members are notified in their materials that interpreter services are available.<br>• Ensure written translation of materials into threshold languages and upon request at "no cost."<br>• Ensure access to auxiliary aids (electronic readers, tele-typewriters) at "no cost."<br>• Ensure materials are provided in alternative formats (large print, braille, data/audio CD) at "no cost."<br>• Ensure all staff receive cultural competency and sensitivity training annually.<br>• Annual training for providers and contractors on cultural sensitivity, and how to access interpreters.<br><br>How CenCal Health Collects Member Demographics:<br>• DHCS 834 Eligibility Data - Source Data.<br>• Member Portal – Allows for updating demographics like address, phone, language, race, sexual orientation, gender identity, and alternative format selections for member materials.<br>• Call Center – Member Service Representatives (MSRs) can take updates for members directly and report to Department of Health Care Services (DHCS). |

Determining "Threshold" Languages:

- A "threshold Language" is any primary language spoken by Limited English Proficiency (LEP) population groups meeting a numeric threshold of 3,000 or 5% of the eligible beneficiaries residing in a county, whichever is lower.
- Additionally, languages spoken by a population of eligible LEP beneficiaries residing in a county whose main concentration standard of 1,000 in a single zip code or 1,500 in two contiguous zip codes are also considered threshold languages for a county.
- CenCal Health has **1 Threshold Language of Spanish** that meets the above.

Ensuring Interpreter Access:

- Through Member Services
  - MSRs connect in real-time with an interpreter through Certified Languages International (CLI) in 230+ languages.
  - Member Services offers a Spanish phone queue for members and bilingual staff are assessed for competency in Spanish interpretation.
  - MSRs can assist in scheduling face-to-face interpretation for appointments in American Sign Language (ASL) or Spanish.
- At Provider Locations
  - Providers have direct access to CLI services offered by CenCal Health to secure interpretation for voice-only or Video Remote Interpreting (VRI).

Written Translation of Member Materials:

- CenCal Health has an internal "Translation Team" for translating documents into Spanish.
- Contracts with translation service vendors to provide timely written translation needs in all languages and formats requested.

*How are members advised about Interpreter Services & Written Translation Services?*

- *Evidence of Coverage*
- *Website*
- *Language Taglines - New Member Packets and all member mailings*
- *Member Services staff are trained to connect to CLI for language needs or initiate written translation requests.*
- *Providers connect directly to interpreter services at appointments.*

Alternative Format Selections (AFS):

- Members can also select an alternative format for receipt of health plan materials. These are known as Alternative Format Selections, or AFS.

AFS includes:

1. Large Print (20 pt. Font or greater)
2. Data CD
3. Audio CD
4. Braille
5. Other selections considered

| | |
|---|---|
| | • CenCal Health has AFS vendor contracts to secure delivery of these requests.<br><br>Sexual Orientation and Gender Identity (SOGI):<br>Current strategy to collect SOGI data:<br>• CenCal Health has added the ability for call center representatives to gather and enter member preferences for sexual orientation and gender identity (SOGI data) to the member's record, if provided.<br>• Provided the ability with the Member Portal for members to provide their SOGI data.<br>• Very minimal data gathered as this is a new data set required by DHCS in 2023 and not required by Medi-Cal on the enrollment application. Health Plans are required to determine how to gather SOGI data.<br><br>C&L Competency and Sensitivity Training<br>• All CenCal Health Staff receive annual C&L Competency & Sensitivity Training.<br>• In 2024, all staff will receive an additional Diversity, Equity and Inclusion (DEI) Training.<br>• All providers and contractors of CenCal Health are provided opportunity to attend C&L Training that includes the importance of cultural sensitivity and provides information about CenCal Health's C&L Program and how to access interpreter services for use in their practices.<br><br>A question was asked (unable to verify CAB member name asking question from the recorded Minutes) as to *how a person answering a question about Ethnicity on an application can distinguish if they are American, Mexican or Indian?*<br><br>*Mr. Buben replied we can only go off what a member filling out their application at Department of Social Services (DSS) at time of enrollment or in their request for us to update their information when calling Member Services or updating this through their Member Portal account.*<br><br>Mr. Nibbio asked about the additional training for provider staff and contractors. *Is that training going to be developed internally or virtually? How is it going to be presented?* Mr. Buben replied, "*our Provider Services team would coordinate our training for providers and contractors and plans to offer both in-person and virtual trainings.*<br><br>Mr. Nibbio asked about local languages developing, especially Mixteco. He said that his organization, Family Care Network, has been working on getting more interpreters with that specific dialect. *Is there anything being done in trying to develop a workforce of Mixteco interpreters?* He feels that if we look ahead and recruit people that speak that language and help them in any pathway of additional training, we can advance this demographic group's needs through developing our workforce to meet the needs.<br><br>Mr. Nibbio further commented, "*In looking at career paths for this language we need to look at children, teens and high school member participants. Maybe put together some type of a workgroup that can dig deep to create unique strategies.*" |

| | |
|---|---|
| | Ms. Eustolia Garcia, from Promotores, agreed with Mr. Nibbio that the Mixtec community faces many challenges. *"As a Mixteco Promotora in Paso Robles, I helped many Mixtec people who were unable to read and therefore could not access information that was available written in different languages. The Promotoras are there to help the Mixtec community."*<br><br>Dr. Do-Reynoso commented we know that the language needs have not reached the threshold capacity, but we have been working with Community partners to support us with direct services for interpretation and translation partnering with MICOP and Certified Languages International and others building capacity. We are also partnering with community colleges to emphasize a focus on building a workforce from the community. Lastly, we are looking at opportunities for college age youth from the Mixtec community, so that they can explore career opportunities in healthcare.<br><br>Mr. Clemente wanted to let the CAB know that Santa Barbara County DSS, was one of three counties that got a grant for the Working Resource Center which will begin July 23, 2023. It is going to be a mobile resource center in Santa Maria and will be behind the Benefit Service Center. We only had one Mixteco speaker apply for eligibility work, and we hired that individual. The location is 1318 S. Broadway, Santa Maria, on July 23rd, from 2:00 to 4:00 p.m.<br><br>Mr. Buben asked if he had a flyer for the event. Mr. Clemente said he would send it to him, and Mr. Buben said he would forward it on to the Committee members.<br><br>Ms. Eustolia Garcia *stated, "Only some of the Mixteco speakers come from Oaxaca and others come from Guerrero, like me. Here in Oxnard, Santa Maria and Paso Robles there are a lot of Mixteco speakers, followed by Triqui than Tlapaneco and Zapoteco. Those are the languages I have seen in this area working through COVID in my organization. Also, Mixteco is a language because so many people speak it. Sometimes it is divided into Mixteco Alto (High) and Mixteco Bajo (Low) but really it is just different accents and emphasis. We really had to help the community with filling out Medi-Cal paperwork as they have struggled with providing information, such as the ages of their children. We had to ask them for birth certificates or where the information might be written down. Currently renewal forms are arriving, and we are seeing the same problem. I am sending people to Mixteco/Indigena Community Organizing Project (MICOP). MICOP has been very responsive and is helping them to fill out the forms. They are a very helpful organization, and we are lucky to have them in Santa Maria. Their help is important for being able to fill out the renewal forms, as the other person commented."*<br><br>Dr. Do-Reynoso commented she thought it is such an important situation because as we think about Medi-Cal expansion to the rest of the 26-49 year olds in our community, it is important that we are spot on with our partnerships in the community so that everyone who is eligible to be involved in Medi-Cal will have access. She appreciated all your hard work and partnerships.<br><br>Ms. Liles suggested that we ask for a preferred and secondary when asking for a member's language, as well as training. She said that the WIC program did this, |

| | |
|---|---|
| | and it made a big difference when their members filled out paperwork, especially with the Mixteco speaking members.<br><br>Ms. Harris said that she knows that there are other community partners, like Tri-County Resource Center, that are providing support in helping people fill out applications. She thinks that maybe the partners and other sources that are helping people fill out applications be certified, as trusted ambassadors, so that the applications are filled out correctly, seeing that ethnicity is important for how we provide services for our communities.<br><br>Mr. Buben asked for the CAB's comments and ideas on how they think we should obtain information regarding a member's Sexual Orientation and Gender Identity (SOGI):<br><br>Ms. Macdonald expressed she thinks the more documentation that we have on our sexual orientation on our general gender expression, the more it gives us power. The more people that are documented, the data will help us with grants so that we can add more services to obtain better care. Mr. Buben asked Ms. Macdonald how should the question be asked? Ms. Macdonald replied somehow in stating the question that you are helping your community and to just make it optional on the questionnaire.<br><br>Ms. Liles spoke up and said that most of the medical providers are asking the question already and maybe CenCal Health can get the information through services or codes from other providers.<br><br>Ms. Rehse's recommendation was to ask the question, but she thought the non-intrusive part may be to allow people to have a variety of answers, or to have no answer at all, or to decline to state. In formulating the questions, maybe ask individuals that fall into the different groups, that you are trying to ascertain, for feedback on how to ask the question.<br><br>Dr. Nguyen asked is there an age group when we start asking? She felt that there is resistance from elementary school age students. Mr. Buben replied that DHCS is requesting the question be asked for all ages.<br><br>Ms. Mendoza De Bravo thinks it is a good idea to include the question like they are teaching kids in school. Do not ask it so directly because they may feel judged or may feel harassed. There is bullying against people who are different. But a simple question like: "Choosing who you are or how do you define yourself." So, they do not feel judged. That would be a good idea, from my point of view.<br><br>Mr. Clemente wanted Mr. Buben to know at DSS they have a mandatory questionnaire on their CalFresh (known federally as the Supplemental Nutrition Assistance Program or SNAP) and CalWORKs (California Work Opportunity and Responsibility to Kids) application for renewals, where our staff will ask that question during the interview process. Clients do have the opportunity to decline to fill out the form to the State. This questionnaire is based on SOGI data and given to fill out with every application. Mr. Buben ask Mr. Clemente if he could get him a blank copy of the form. Mr. Clemente said he would send it. |

| | |
|---|---|
| **5. Health Promotion Update/Promotion Needs Assessment (PNA) Update**<br>G. Labrana, Health Promotion Educator, CenCal Health | Ms. Labrana presented to the Committee the Health Promotion Update & Population Needs Assessment (PNA) Update in memo form.<br><br>**Background**<br>• Per the Community Advisory Board (CAB) Charter and Membership Guidelines, the CAB provides feedback and input on CenCal Health's health promotion activities.<br>• Per Department of Health Care Services (DHCS) policy, CenCal Health must provide the CAB with an opportunity to provide input on the PNA, report PNA findings to the CAB, have a process to discuss improvement opportunities, and update the CAB on progress made towards PNA goals.<br><br>**Health Promotion Update**<br>• <u>Preventive Health Guidelines</u><br>  • In May, the Quality Improvement and Health Equity Committee (QIHEC) approved the annual update to the Preventive Health Guidelines member handouts. These documents summarize preventive services as recommended by U.S. Preventive Services Task Force A&B Recommendations, American Academy of Pediatrics Periodicity Schedule, and Centers for Disease Control Recommended Immunization Schedules. Breast Cancer Screening – by 1/1/2024 increase the rate of English-speaking members in both counties from 54.39% to 63.77% - Strategies - Mobile Mammography.<br><br>• <u>Blood Pressure Mailer</u><br>  • The Quality Department Identified a need to increase percentage of hypertensive members that have a recorded blood pressure measurement in 2023. The Health Promotion team is working to create a mailing that describes the risks of high blood pressure, how to stay healthy, and the importance of getting blood pressure checked at the member's PCP. This mailer will also include information on the blood pressure cuff benefit through Medi-Cal Rx and a blood pressure tracking log. The mailer will hit homes in July 2023 and Claims data will be routinely monitored in order to evaluate effectiveness of this intervention and will be shared at subsequent CAB meetings.<br><br>• <u>Incentivized Cervical Cancer Screening Campaign</u><br>  • The Quality Department Identified a need to increase the percentage of members who have completed clinically recommended cervical cancer screening. The Health Promotion Team will be offering a $25 gift card to all members that complete their cervical cancer screening by December 31st, 2023. Eligible members will be notified through a focused mailing. Claims data will be routinely pulled to identify members who get screened. Updates on this campaign will be reported at subsequent meetings. |

- Provider Cervical Cancer Screening Handout
  - To further increase members' awareness regarding the importance of cervical cancer screening, The Health Promotion Team created an informational handout on ways to protect oneself from cervical cancer to be disseminated at providers' practices.

- Summer Member Newsletter
  - The Summer issue of CenCal Health's Member Newsletter, "Health Matters/Temas de Salud" will be mailed to about 90,000 member households in July 2023. Articles in this issue include information about:

    - Physical Activity
    - Weight Management
    - Adult and Pediatric Preventive Health Guidelines
    - Organ Donation
    - Health Care Fraud
    - Complementary and Alternative Care
    - Health Survey
    - CenCal Health 40th Anniversary
    - COVID testing and treatment
    - Medi-Cal Redetermination
    - Behavioral Health benefits
    - Quality Report
    - Member Rights and Responsibilities

- Nicotine Replacement Therapy Survey
  - CenCal Health participates in the San Luis Obispo Public Health Department's Tobacco Cessation Sub-Committee. The Committee has determined a need to identify barriers tobacco users face in obtaining Nicotine Replacement Therapy (NRT). CenCal Health is in the process of administering a survey to members identified as smokers or that have previously used NRT. Updates on this effort will be reported upon completion of survey analysis.

Mr. Clemente made a comment and posed a question to Ms. Labrana. "*This is very important information and that the Department of Social Service (DSS) serves foster youth transition age in both counties. In San Luis Obispo, we serve homeless families and sometimes they are transient and move around a lot and do not get their information. Is there a way where more members can get the newsletter, so that we can assure our workers can get the children and families connected to these resources?*"

Mr. Labrana said that in the future, she would get copies of the newsletters out to the DSS's locations, as well as other Community Partners. She will also have extras copies available at each future CAB meeting.

**Population Needs Assessment 2023 Update – PNA Timeline**

- Updated guidance from the Department of Health Care Services (DHCS) states that the Population Needs Assessment (PNA) is now required to be submitted to DHCS every three years, with the next submission due in 2025. However, the National Committee for Quality Assurance (NCQA) requires the PNA to be completed annually.
- The NCQA requires the PNA to be submitted annually. As a result of CenCal Health working towards NCQA accreditation, the PNA will still be completed annually.
- The 2023 PNA is in development, soon to be complete.

**PNA 2023 Action Plan**

CenCal Health kindly requests your review and input to our proposed 2023 PNA Action Plan. These objectives will be integrated within our Population Health Management (PHM) program to ensure our PHM activities and resources are reflective of the needs of our population.

Topics which fell below DHCS quality benchmarks and which are considered quality priorities per the Quality Improvement and Health Equity Transformation Program are included as objectives in the Action Plan.

**The 2023 PNA is in development, soon to be complete, remaining per the timeline**:

| | |
|---|---|
| Distribute report for internal review | 6/30/2023 |
| Request input from CAB on the proposed Action Plan | 7/13/2023 |
| Complete internal review | 7/14/2023 |
| Incorporate internal review feedback/requests | 7/28/2023 |
| Finalize report for distribution and incorporation into PHM strategy | Aug. 2023 |

**Objective 1: Pediatric Preventive Services**

- By December 31, 2024, as measured by HEDIS RY 2025, increase rates for key pediatric preventive services measures to meet HEDIS 90$^{th}$ percentiles and DHCS threshold requirements, including Well Child Visits in the first 30 months of life, Lead Screening, and Developmental Screening.

- Data Source: Baseline and outcomes from HEDIS data; periodic updates from Gaps in Care data.

<u>Strategies</u>

1. Implement a Plan Do Study Act program for pediatric lead screening as required by DHCS and in collaboration with a participating network Provider.
2. Implement a Plan Do Study Act program for Well-Child Visits as required by DHCS and in collaboration with a participating network Provider.
3. Implement provider trainings to promote best practices for developmental screening completion and correct billing practices.

Ms. Macdonald asked Ms. Labrana what HEDIS meant. Ms. Labrana replied *that it is the audit of our performance of certain measures of care, and the collected data we use to monitor our rates.*

*A request from a CAB member (cannot determine the name of the person asking the question from the recording of the Minutes) was made. "I have a question about the pediatrics information. It is important as a parent to have that check-up for their children. I have a daughter who has special needs, she has autism. It is good to share your concerns; what your child does and does not do. That can guide you to knowing something is not working properly. As parents we know our children and see when something is not right and that is why it is important to have those pediatrician appointments and share concerns. My grandson was also diagnosed with autism, but I was a little more prepared. I share my recommendation as a mother and let the community know that it is better to get seen on time. That care is important and as a parent let them know when something is not working."*

**Objective 2: Controlling High Blood Pressure**

- By June 2025, as measured by HEDIS MY 2024, increase the percentage of hypertensive members that have a recorded blood pressure measurement from a baseline of 59.19% (HEDIS MY 2022) to 69.19%, which is the HEDIS 90th percentile for this measure.

- Data Source**:** Baseline and outcome from HEDIS data; periodic updates from Gaps in Care data

Strategies

1. Implement a Plan Do Study Act program as required by DHCS and in collaboration with a participating network Provider.
2. Offer member education on the importance of an annual blood pressure measurement, including information about the blood pressure monitor and cuff benefits, as well as a possible member incentive.

**Objective 3: Emergency Department Follow Up**

- By the conclusion of the 2023—2025 DHCS Performance Improvement Project, increase the percentage of members that have a Follow-Up after an Emergency Department Visit for Alcohol, Drug Abuse or Dependence, or Mental Illness, using PIP-established baseline and goal rates.

- Data Source**:** Baseline and outcome from HEDIS data; periodic updates from Gaps in Care data

Strategies

1. Implement a Performance Improvement Project as required by DHCS and in collaboration with a participating network Provider.

**Objective 4: Cervical Cancer Screening**

- By June 2025 as measured by HEDIS MY 2024, increase the percentage of members who have completed clinically recommended cervical cancer screening from a baseline of 62.16% (HEDIS MY 2022) to 66.88%, which is the HEDIS 90th percentile for this measure.

- Data Source**:** Baseline and outcome from HEDIS data; periodic updates from Gaps in Care data

Strategies

1. Offer member education on the importance of screening, including a mail-based member incentive.
2. Explore partnerships with network providers to administer member incentive programs within the clinical practice setting.

Motion to approve the Health Promotion Update/Promotion Needs Assessment (PNA) made by Sara Macdonald seconded by Susan Liles, and unanimously approved by the CAB**.**

| | |
|---|---|
| **6. Population Health Report**<br>K. Negrete (Orozco), Population Health Specialist, CenCal Health | Ms. Negrete (Orozco) presented to the Committee the Health Promotion Update accompanied by a PowerPoint Presentation.<br><br>**Information Only – Pediatric Lead Testing Quality Improvement Initiative**<br>Improvement in pediatric lead testing is an established CenCal Health priority. Based on CenCal Health's quality of care audit of state priority measures, the rate of pediatric lead testing in Santa Barbara and San Luis Obispo counties did not meet the Department of Health Care Services (DHCS) required Minimum Performance Level (MPL). The table below illustrates the percentage of children who received at least one blood lead screening test before their 2nd birthday for measurement year 2022. Medicaid 50th Percentile (MPL) 63.99%:<br><br>• Santa Barbara County Reported Rate 62.29%<br>• San Luis Obispo County Reported Rate 50.36%<br><br>Preventing children from exposure to lead is important to lifelong good health. Lead poisoning is one of the most common and preventable environmental diseases in children. No level of lead exposure is considered safe as it can result in adverse health issues affecting the brain, nervous, and reproductive systems. Federal and State law requires blood lead testing (finger prick or venous blood draw) on all children, especially children in publicly funded programs at 12 and 24 months of age, or if the child has not been tested before age 6.<br><br>The Quality Department is committed to ensuring that young children receive appropriate lead testing and care management that exceeds minimum standards in both counties. Initiatives underway to improve performance include:<br>• Provider incentives through the Quality Care Incentive Program (QCIP)<br>• Partnering with the California Department of Public Health to develop a provider training seminar (September 2023)<br>• Development of a member level gaps in care report to support provider identification of members due for screening<br>• Member health education campaigns<br>• Updates to CenCal Health's website ((https://www.cencalhealth.org/providers/care-guidelines/epsdt-services/lead-testing/)with additional resources<br><br>In addition, the Population Health team has organized focused provider trainings facilitating conversations around best practices, adding an alert into the Electronic Medical Records (EMR) system or patient's chart, offering point of care lead testing, utilizing Current Procedural Terminology (CPT) Code 83655, as well as providing the patient's parent/ guardian with anticipatory guidance/health education material about lead exposure screening.<br><br>Staff invite feedback on best practices that can be implemented to improve lead testing amongst CenCal Health's pediatric population.<br><br>Ms. Negrete asked if there were any questions.<br><br>Ms. Liles asked *"Was this a test being done during a child's wellness exam at their pediatrician office?* She said maybe we could make a short video that could be played in the pediatric offices showing the process and importance. |

| | |
|---|---|
| | Ms. Negrete said some of the barriers have been parents not having transportation or work schedule issues in getting children into their doctor. The other issues have been our Providers providing these services during the well child visits within the first 15 months of life and the parents not wanting to do all the invasive testing during that time. It is a simple blood draw test. Hopefully, getting them this information, parents will be more comfortable with getting the testing done on their children. We can offer free transportation. Some of our Providers are doing Saturday clinics and offering extended office hours to accommodate availability and convenience.<br><br>Mr. Buben thanked Ms. Negrete for her presentation. |
| **7. Roundtable**<br>Opportunity for CAB members to share relevant updates | We had run out of time and Mr. Buben thanked the committee for attending the meeting. |
| **8. Adjournment** | Mr. Buben adjourned the meeting at 2:30 p.m. and thanked the committee for their time and participation. |

Respectfully submitted,

Eric Buben 10/26/23

Eric Buben
Chair of the Community Advisory Board and Director of Member Services

**Provider Advisory Board (PAB) Memo**

**Date:** January 17th, 2024

**From:** Cathy Slaughter, Director of Provider Relations

**Through:** Jordan Turetsky, MPH, Chief Operating Officer

---

## Executive Summary

This Memo serves to provide CenCal Health's Board of Directors with the Agenda for CenCal Health's Provider Advisory Board (PAB) held on January 8, 2024. This Memo also advises of PAB's approval of the Minutes from the meetings held on July 10, 2023 and October 9, 2023.

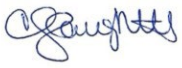
## Submitted

1. PAB Agenda – January 8, 2024.
2. PAB Minutes from the July 10, 2023 regular meeting of the PAB (approved by the PAB at the October 9, 2023 Meeting).
3. PAB Minutes from the October 9, 2023 regular meeting of the PAB (approved by the PAB at the January 8, 2024 Meeting).

## Recommendation

CenCal Health is requesting your Board of Directors to receive this PAB Memo and accept the Minutes from the July 10, 2023 and October 9, 2023 PAB meetings.

Respectfully submitted,



Cathy Slaughter
Director of Provider Relations, Chair of the Provider Advisory Board

**MINUTES**
**CenCal Health**
**Provider Advisory Board (PAB)**
**July10th, 2023**

The quarterly meeting of the Provider Advisory Board was called to order by Robert Janeway, Chairperson, on July 10th, 2023, at 11:30 am, at two CenCal Health locations via Video Conference.

| CenCal Health (Santa Barbara) | CenCal Health (San Luis Obispo) |
|---|---|
| 4050 Calle Real | 1035 Peach Street, Suite 201, |
| Santa Barbara, CA 93110 | San Luis Obispo, CA 93401 |

**MEMBERS PRESENT**: Dana Goba; Kieran Shah, CHPCA; Marie Moya; Michael Bordofsky, MD; Steve Clarke, MD; Yolanda Robles.

**MEMBERS EXCUSED**: Barbara Brown-Ramirez, C.P.N.P., M.S.N; Kathleen Sullivan, Ph.D.; Mahdi Ashrafian, MD, MBA; Rahul Vinchhi.

**STAFF PRESENT**: Carlos Hernandez, Carmen Obregon; Cathy Slaughter; Chelsee Elliott; Chris Hill; Dona Lopez; Emily Fonda, MD; Jai Raisinghani; Jordan Turetsky, MPH; Karina Negrete; Lauren Geeb, MBA; Michael Collins, MD; Nancy Vasquez, MPA; Nicolette Worley Marselian, MBA; Robert Janeway.

**GUESTS PRESENT**: Amber Bermond; Jo Ann Mack.

1. Public comments. There was no public comment — Action

2. Acceptance of Minutes: April 10th, 2023 meeting. — Action
   - **Mr. Janeway** reviewed the minutes of the last PAB meeting and asked for a motion for approval.

   ***ACTION*: Mr. Shah moved to approve, and Dr. Clarke seconded. Minutes were approved with no objection or abstention.**

3. Announcements from Provider Services Director
   - **Mr. Janeway** announced the promotion of Ms. Cathy Slaughter as the new Provider Relations Director, who will transition to chairing these meetings. Mr. Janeway gave the floor to Ms. Slaughter to continue the meeting.

4. Medi-Cal Redetermination- Partnering with our Providers.
   **Ms. Worley Marselian** gave a detailed PowerPoint presentation with the following highlights.
   - With the end of the Public Health Emergency, Medi-Cal redeterminations (which were paused) have now begun.
   - The first disenrollments due to the redetermination process occurred in June 2023, with about 4,000 members disenrolled.
   - CenCal Health is undergoing a multi-pronged approach to get information out to members, providers, and community-based

organizations to ensure members know how to engage to continue their coverage.

- Ms. Slaughter invited attendees to share information they have heard from members or any feedback and ideas on how CenCal Health can partner with our provider partners to serve our members through the redetermination process.

- **Discussion:**
- **Dr. Clarke** thanked and appreciated the helpful materials given to the clinics and asked if something had been done to provide this renewal material at the Pharmacy level.
- **Ms. Worley Marselian** stated that this was not something that CenCal Health had explored but would look into how we can support our members through engagement at pharmacies.
- **Ms. Turetsky** supported the suggestion, highlighting that while medications are a carve-out to Medi-Cal Rx, the member is still a CenCal Health member, and the pharmacies are provider partners, regardless of who is the payer of the medication.
- **Mr. Raisinghani** mentioned that DHCS provides claims information for our prescribing providers, which would identify where members are receiving their prescriptions.
- **Ms. Mack** asked if the plan sends emails to members, considering that according to the presentation, a high percentage (87%) of members have smartphones. She also inquired whether text messages are an option, to which Ms. Worley Marselian responded yes. We get information from the change of address format we received and from the database and list of members in their renewal period, we received from the state.
- **Ms. Moya** asked how much time in advance residents of a Skilled Nursing Facility would get their renewal packets.
- **Ms. Worley Marselian** responded that renewal packages go out on the 20th of the month before the renewal month. So, renewals for August will be received on July 20th.
- **Ms. Moya** asked if there is any way to know who's coming up for renewals in advance. Compass facilities have dedicated in-house staff who complete enrollment for residents. Ms. Moya states that by having this information, their team would be able to inform residents and their families that their renewal window was approaching and provide the support that they required to keep their coverage.
- **Ms. Worley Marselian** responded that DHCS has committed to providing plans with a list of the renewal dates for all members.
- **Ms. Slaughter** suggested Ms. Moya meet offline with Ms. Worley Marselian to find out how to support members residing at Compass facilities, as skilled nursing facilities are a unique and critical population for us.
- **Ms. Worley Marselian** shared that CenCal Health is working to put together a list of upcoming events in cities with a large population of our members so that we can partner with local provider offices and CBOs to support members in their redetermination.

5. Health Information Exchange (HIE) Provider Engagement
   **Mr. Raisinghani** gave a detailed PowerPoint presentation with the following highlights.

   - **Mr. Raisinghani** talked about the Health Information Exchange (HIE), its status as of now, and how CenCal Health hopes to partner with our providers to move this project forward.
   - Health plans were required to sign a data exchange agreement with the Department of Healthcare and Human Services in January 2023, enabling CenCal Health to support information exchange.
   - As of today, CenCal Health has hosted a provider engagement session and launched two provider surveys to understand data sharing readiness. CenCal Health expects to have the technical pieces in place starting Q4, allowing for data sharing with providers starting in January 2024.
   - **Ms. Slaughter** mentioned the importance and valuable information the team needs from our providers and invited them to share the information, which may be valuable for CenCal Health to know specific to engaging our providers in this effort.

   - **Discussion.**
   - **Mr. Raisinghani** clarified that if any organization is already participating with an HIE, our HIE solution will contract with that HIE to avoid adding more effort on the provider's end**.**
   - **Ms. Robles** asked if Cencal Health would offer any investments to help providers with the costs associated with this implementation.
   - **Ms. Turetsky** mentioned yes to some extent. Data exchange is an infrastructure required for ECM and CS implementation. CenCal Health has earned Incentive Payment Program funding from DHCS. Over the next few months, we intend to look for opportunities for grant support for organizations needing that financial incentive.

6. Quality of Care Audit Results
   **Ms. Geeb** gave a detailed PowerPoint presentation with the following highlights.

   - CenCal Health is required to perform an annual six-month NCQA HEDIS compliance audit through the National Committee for Quality Assurance.
   - The state identifies minimum performance levels for a Managed Care Accountability Set.
   - Ms. Geeb shared the six areas where CenCal Health did exceptionally well, rating above the 90th percentile:
     - Breast Cancer Screening
     - Low Rate of poorly controlled diabetes blood glucose
     - Timeliness of postpartum care
     - Well-child visits for children ages 15-30 months
     - Adolescent Immunizations (DTAP, MCV, and HPV)
     - 30-day follow-up after ED visits for substance use

- Ms. Geeb also shared the three measures that fell below the NCQA Medicaid 50% percentile and were considered priorities for improvement:
    - Lead Screening (both counties)
    - Controlling high blood pressure (both counties)
    - Follow-up after ED visits for mental illness (in SB)

- **Discussion**
- **Dr. Fonda** suggested adding lead and blood pressure screening to the upcoming series of redetermination events to be planned and scheduled.
- **Ms. Geeb** inquired if there were any insights to share from our provider partners, barriers, or opportunities that our Population Health team could use to improve these aspects of care.
- **Mr. Hernandez** added that one factor contributing to a low-performance level in controlling high blood pressure is the absence of a blood pressure reading during a year. The team has seen in recent years many members falling into this situation.
- **Dr. Bordofsky** shared that his practice has improved this by using more home blood pressure monitoring. And instead of asking the patient to call the office, the office calls them. Any help from CenCal Health to support the access to and the use of home blood pressure monitoring and to establish systems to gather that information sounds like a great best practice.

7. Before adjourning the meeting, **Ms. Slaughter** asked if there were additional questions or comments.
    - **Mr. Shah**, regarding the redetermination process, asked if there were any trends in the one-month data we have to inform providers on how they can help support an identified demographic group.
    - **Ms. Worley Marselian** responded that it was too soon to identify trends but noted that CenCal Health would continue to monitor this.
    - **Ms. Worley Marselian** shared an important change in the redetermination process. Any member that starts their paperwork, even if they didn't finish it by the 20th, can return it as-is. In doing so, they will not be disenrolled.
    - **Ms. Moya** inquired about updates on the FTP migration, as they provided some requested information to the IT Department.
    - **Mr. Raisinghani** will follow up on this.

As no further items were from the floor, Ms. Slaughter adjourned the meeting at 1:03 pm.

Respectfully submitted,

Carmen Obregon
Administrative Assistant

**MINUTES**
**CenCal Health**
**Provider Advisory Board (PAB)**
**October 9th, 2023**

The quarterly meeting of the Provider Advisory Board was called to order by Cathy Slaughter, Chairperson, on October 9th, 2023, at 11:30 am, at two CenCal Health locations via Video Conference.

| CenCal Health (Santa Barbara) | CenCal Health (San Luis Obispo) |
|---|---|
| 4050 Calle Real | 1035 Peach Street, Suite 201, |
| Santa Barbara, CA 93110 | San Luis Obispo, CA 93401 |

**MEMBERS PRESENT**: Amber Bermond; Barbara Brown-Ramirez, CPNP, MSN; Jo Ann Mack; Kieran Shah, CHPCA; Michael Bordofsky, MD; Rahul Vinchhi Steve Clarke, MD; Yolanda Robles.

**MEMBERS EXCUSED**: Dana Goba; Kathleen Sullivan, Ph.D.; Mahdi Ashrafian, MD, MBA; Marie Moya.

**STAFF PRESENT**: Adam Butler; Blanca Zuniga; Carlos Hernandez, Carmen Obregon; Caitlyn Hopkins; Cathy Slaughter; Chelsee Elliott; Dona Lopez; Emily Fonda, MD; Jordan Turetsky, MPH; Lauren Geeb, MBA; Michael Collins, MD; Nancy Vasquez, MPA.

1. Public comments. There was no public comment — Action

2. Acceptance of Minutes: July 10th, 2023 meeting. — Action
   - **Ms. Slaughter** reviewed the minutes of the last PAB meeting and asked for a motion for approval.

   ***ACTION*: Mr. Shah moved to approve, and Dr. Clarke seconded. Minutes were approved with no objection or abstention.**

3. Community Health Worker Integration.

   **Ms. Geeb and Ms. Slaughter** gave a detailed PowerPoint presentation on the Community Health Worker integration into Population Health Management (PHM) with the following highlights.

   - The goals of the Population Health Management (PHM) strategy are (1) to maintain/improve people's physical and psychosocial well-being to address health disparities through tailored solutions and (2) to ensure that all Members have access to a comprehensive set of services based on their unique needs and preferences along the continuum of care.
   - The foundation for the Population Health Management (PHM) strategy includes working with a common framework set by DHCS and the Population Needs Assessment (PNA) activity.
   - **Ms. Slaughter** described the Community Health Workers (CHW) as trusted community members who can be utilized to support members in health education and health navigation.
   - The CHW Integration Plan reflects member needs identified in CenCal Health's PHM Strategy and PNA assessment.
   - To access CHW services, anybody can recommend services through the Provider Portal or the CHW recommendation form. Licensed Practitioners

may recommend services for any member who meets some medical necessities.

- **Ms.Geeb** talked about the key performance indicators to monitor and evaluate CHW integration success.
- **Ms. Slaughter** invited members to an open discussion to support CenCal Health's next steps, which are:
  - Incorporate the Advisory Board Feedback into the CHW Integration Plan
  - Submit the Population Health Management Strategy and Program Description (PHM) to DHCS in December 2023.
  - **Discussion:**
  - **Mr.Vinchhi** shared challenges they've encountered with the mixteco population, including literacy barriers, and asked how to bridge that gap to engage them in their health care**.**
  - **Ms. Slaughter** stated that CenCal Health is partnering with the Promotoras to engage with this population.
  - **Ms.Robles** asked if somebody could provide her with a walkthrough or workflow for accessing a CHW.
  - **Ms. Slaughte**r responded that a recommendation form is available online so that any provider can recommend the services for a member. The form includes the member's information, the recommended provider information, and the referring provider information. Once CenCal Health receives the recommendation, the member is connected to a CHW organization for services.
  - **Ms. Robles** inquired whether a provider with internal CHWs can send a patient to their internal CHW to help them navigate the needed service.
  - **Ms. Slaughter** responded that contracted CHWs may receive a recommendation for services from an appropriate licensed provider from their own organization. These groups also have the opportunity to receive recommendations from the community.
  - **Mr Shah** asked if CenCal Health will provide the list of contracted CHWs.
  - **Ms. Turetsky** responded that all contracted CHWs are listed in the Provider Directory.
  - **Ms. Robles** suggested considering providing training and support to the local Promotoras group so that they can become CHWs.
  - **Ms. Slaughter** responded that currently, there is a local and tri-county collaborative that is working on identifying training opportunities for our local Promotores and other Community-Based Organizations to allow them to contract as CHWs.
  - **Dr. Bordofsky** mentioned that it would be a good idea to find ways to integrate CHWs into practices, for example, having a single CHW assigned to a local practice so that the practice and members get to know and trust them to increase referrals and engagement.
  - **Ms. Slaughter** thanked Dr. Bordofsky for the suggestion and stated that there may be an opportunity to partner on a small pilot program with a local CHW organization to explore this option.
  - **Ms. Mack** asked how the referral process is tracked and how the member is notified of the CHW recommendation.
  - **Ms. Slaughter** explained that once a recommendation is made, our system provides authorization to a CHW organization, which can be seen

by the CHW provider and the PCP. The connection with the member will happen after the CHW provider begins the outreach and engagement.

- **Mr. Shah** asked if the provider communicates to the patient that they have made the referral to a CHW.
- **Ms. Slaughter** emphasized that Mr. Shah makes an important point. The conversation should begin between the member and the provider who is recommending the services to build the trust needed for a successful connection to CHW services.

4. Increasing Utilization: ECM and Community Support Programs

**Ms.Slaughter and Ms Zuniga** gave a detailed PowerPoint presentation with the following highlights.

- **Ms. Slaughter** gave a brief overview of how CalAIM ECM and CS services have grown since CenCal Health began services in July 2022.
- **Ms. Slaughter** briefly described what Enhanced Care Management (ECM) is. Enrollees with complex needs are identified in Populations of Focus (POF). The plan has undergone three phases of ECM POFs, starting in July 2022, with the fourth phase to be implemented in January. 2024.
- **Ms. Slaughter** gave an overview of Community Support Services (CS), mentioning that it provides an alternative to traditional medical services. The purpose is to address members with complex social needs (housing, access to medically appropriate foods, etc.)
- DHCS has 14 pre-approved CS services, and we first kicked off with just two Community support services in July 2022, followed by housing and sobering centers in January 2023. In January 2024, four new CS services will be launched.
- The available resources for providers to enroll members in ECM and CS services were presented.
  - Member Eligibility Case Management Section
  - In the Provider Directory
  - CalAIM Enhanced Care Management (ECM) & Community Supports (CS) Online Resources on CenCal Health's website
  - CalAIM Enhanced Care Management (ECM) & Community Supports (CS) referral forms
  - CS Community Supports (CS): each CS service has its own information and referral form

  - **Mr. Vinchhi** asked for clarification on the consent box, which must be checked on the CS recommendation form.
  - **Ms.Slaughter** responded that the consent is that the member has agreed to the service. We want to make sure that the Members understand the services available to them and that a conversation has occurred and they have confirmed they want that service.
  - **Mr. Shah** asked if there is a way for members to consent to receive information about the services rather than agreeing to accept the services.
  - **Ms Zuniga** mentioned that the consent allows the provider to ask permission for the member to be referred to. They are only providing general information. Once the CS provider reaches out to the member,

they will explain how the program works and provide the member with the documents they must sign.

- **Mr. Shah** asked if there have been any thoughts given to community support providers on any administrative support that is available to them, noting that there are costs implied, and they might have an administrative burden that could slow or restrain the process.
- **Ms. Turetsky** commented that DHCS contemplated that possible issue last year, and they made available two incentive pathways for current or future ECM and CS providers to support this.
  - The first is a direct pathway with DHCS, where providers apply directly to DHCS to get grant funding.
  - The second pathway is called the Incentive Payment Program (IPP). In this pathway, health plans apply directly to DHCS. We are awarded funds if we meet a specific suite of metrics. After receiving the funds, we have an application process where we can award funding to current or potential ECM and CS providers.

  As of today, we have received two of five potential IPP funding allocations from DHCS and have funded over ten different organizations to support them.

- **Ms. Slaughter** invited members to share additional thoughts regarding referring members to ECM and CS programs from the provider and CenCal Health sides. Also, what can be done to drive the utilization of services for CenCal Health members.
  - **Dr. Clarke** mentioned that for his organization, a key point would be to reach out to the health educators and educate that group on what we can do now and what we can build in the future.
  - **Mr. Vinchhi** mentioned that for his organization, a good way would be to engage with the group of social workers. They support patients a lot, and providers lean on them to find resources for their patients
  - **Ms. Brown-Ramirez** mentioned that in her practice, two people have been doing referrals for a long time. It would be beneficial if they could be provided with that source of information.
  - **Ms. Slaughter** mentioned that we've identified the need to get the information out, so a Whole Person webinar is scheduled every two months for that purpose. CenCal Health can ensure that referral staff are engaged so that they understand the services available and how to access services.

5. On the Horizon: Community Supports 2024

**Ms. Zuniga** gave a detailed PowerPoint presentation on the upcoming Community Support services starting in January 2024 with the following highlights.

- CenCal Health will offer four new community support (CS) services starting January 1st, 2024:
  - Short-term Post Hospitalization Housing- To provide Members with the opportunity to have a residence to continue their recovery immediately after exiting specific care settings.

- Day Habilitation Services- To assist the member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment.
- Respite Services-For caregivers of Members to provide relief to those persons that normally care for/or supervise members.
- Personal Care services and Homemaker services- Provides assistance with Activities of Daily Living (ADLs).

- **Ms. Zuniga** encouraged attendees to go to the website and learn more about the criteria to refer to each specific Community Support program.
- **Ms. Slaughter** invited members to share additional reflections or things that would help us inform and increase utilization of these services to ensure they're easily accessible to providers.
- **Dr. Clarke** is concerned about possibly overwhelming the system on 01/01/24 when the new services start.
- **Ms. Zuniga** mentioned that we have established some processes to ensure that any referral is processed in a timely manner. If there is any issue in the process, we'll refer the member to Case Management.
- **Ms. Turetsky** mentioned that the vision of DHCS is that these fourteen CS services will become benefits. What the State is trying to do in the next one to two years is to work with health plans to build a comprehensive provider network throughout California for all community support services. This will allow our Members access to these services once they move from being optional in lieu of services to being benefits.
- **Mr. Vinchhi** shared that his organization's engagement would be with different stakeholders to get the word out. There's a monthly operational meeting where the operational leaders get together. This would be a good opportunity to share this information. That covers 40 to 45 clinics in our service area.

6. Before adjourning the meeting, **Ms. Slaughter** asked if there were additional questions or comments.

   As no further items were from the floor, **Ms. Slaughter** adjourned the meeting at 1:00 pm.

Respectfully submitted,

Carmen Obregon
Administrative Assistant

**California Children's Services (CCS) Family Advisory Committee (FAC)**

**Date:** December 6, 2023

**From:** Ana Stenersen, RN, BSN
Associate Director, Utilization Management
Chair, Family Advisory Committee

**Through:** Christopher Hill, RN, MBA
Health Services Officer

## Executive Summary

The purpose of this memo is to summarize the highlights of the CCS FAC meeting that was held on November 16, 2023. This memo contains the topics discussed at the last FAC meeting namely announcing the new parent representative for the CCS Advisory Group, CCS Advisory Group (AG) meeting highlights, ECM for children and youth, CCS Advisory Group (AG) meeting highlights, Medi-Cal Rx and the CCS population, updates from CenCal Health's Member Services Department, information on Cottage Hospital's PICU CCS paneling. This memo is for an informational purpose only and therefore would not need any action from the Board.

## Background

The CCS FAC was formed as part of the WCM implementation in July 2018. It provides a forum for CenCal Health's California Children's Services (CCS) and Whole Child Model stakeholders consisting of CCS members, family members, family advocates, family support groups and community agencies to discuss common issues of interest and importance to the CCS population. In addition, the FAC provides various member, parent, advocate, and agency input into the health plan's compliance with the provisions relating to CCS conditions. The committee meets on a quarterly basis.

## Meeting Highlights

### New Family Representative to the CCS Advisory Group (AG)

Ms. Dena Davis (CCS parent) is stepping down as CenCal Health's parent representative to the CCS AG after serving for two years. CenCal Health appreciates the participation of Ms. Davis in the quarterly meetings of the CCS AG. Ms. Carrie McKiddie (CCs parent and Alpha Resource Coordinator) will be the new parent representative. Ms. McKiddie will start participating in the quarterly AG meetings and

provide updates of AG meeting highlights to the FAC. The next CCS AG meeting is on January 10, 2024.

**CCS Advisory Group (AG) Meeting Highlights**

Ms. Dena Davis shared the highlights of the last CCS AG meeting held on October 11, 2023. The key points discussed in the AG meeting include:

- CHDP is sunsetting on July 1, 2024. The beneficiaries will be transitioned to other programs, mostly under Population Health Management.
- Dashboard for CCS performance measures versus quality measures as part of the CCS Redesign Performance Measure Quality Subcommittee.
- No data to share yet about Enhanced Care Management (ECM) for children and youth, including CCS beneficiaries.
- CCS case managers and the child's PCP are involved in the transition of CCS members to ECM.

**Enhanced Case Management (ECM) For Children and Youth**

Ms. Diana Meier, Manager of ECM in CenCal Health provided the latest report on ECM for children and youth. Ms. Meier shared that ECM became available effective July 1, 2023, for children and youth who are at clinical risk or meet the criteria for any of the populations of focus. The identified members are auto assigned to a provider. ECM focuses on children and youth who have psychosocial needs based on social determinants of health. CenCal Health's ECM team is looking into coordinating the service delivery system to improve access as health care navigation could be a challenge to parents and caregivers. ECM providers are increasing their staffing as we continue to assign members to them. There are about 2,000 children and youth that were identified in the ECM populations of focus. Some of the identified CCS members have multiple qualifying population of focus. Members are carefully assigned to ECM providers based on provider expertise. The current ECM providers for children and youth include Good Samaritan, Isles Pathpoint, Access TLC, Titanium SP, Neighborhood Clinics and SLO Public Health Department. Provider recruitment effort continue. Finding providers located close to members can be a challenge because part of ECM is offering face to face visits. Ms. Meier shared that committee members who are part of family groups can go to CenCalHealth.org and click the CalAIM tab to access information that will outline the program. It also has a brochure that be downloaded and printed out and provided to members.

**Medi-Cal Rx Update**

Adam Horn, Pharm D, Clinical Pharmacist in CenCal Health reported that DHCS has not implemented the prior authorization requirement for medications and prescription drugs for members 21 years and younger. DHCS will provide a 90-day notice for the reinstatement of prior authorization requirements for members 21 years of age and younger. CenCal Health's Pharmacy Department is providing information to providers and members through E-Bulletins in the provider and member pages of the CenCal Health website as well as presentations to internal and external committees. It is anticipated that the reinstatement of prior authorization requirements will be done in phases and would last through 2024, perhaps up to 2025.

**Member Services (MS) Update**

Diana Robles, Lead Health Navigator in CenCal Health's MS Department provided the MS update to the committee. Ms. Robles reported CenCal Health's CCS membership from July to October 2023 is at 3,925. Ms. Robles stated there has been continued increase in utilization of the Member Portal. Members are calling for assistance in setting up their Member Portal account.

**Cottage Hospital Pediatric Intensive Care Unit (PICU) and CCS Updates**

Shelby Stockdale, Manager of Pediatric Program shared that Cottage Hospital's CCS PICU suspension was due to administrative findings and not due to quality-of-care issues. In response, Cottage Hospital hired a new PICU Medical Director who has experience in UCLA. Cottage Hospital submitted their last round of reporting back to DHCS in response to their findings. CenCal Health's Pediatric Team Leadership is continuously working with Cottage Hospital by having weekly collaborative meetings with them focusing on CCS members who have an existing CCS condition and those that have a potential CCS condition and are admitted to the PICU, including those that are transferred to another hospital or downgraded to a lower level of care.
Ms. Stockdale shared that a revised All Plan Letter (APL) and CCS Numbered Letter (NL) on Whole Child Model (WCM) will soon be released. Featured in the revised APL and NL is the WCM health plan's responsibility to assist CCS Counties in the CCS redetermination process, also known as CCS annual eligibility review. CenCal Health's Pediatric WCM team is supporting the CCS Counties in gathering information and medical records that will aid in CCS eligibility redeterminations.
Ms. Stenersen added that there is a new guidance in CCS inter-county transfers. CenCal Health's Pediatric WCM teams are working on a streamlined process for county transfers especially for CCS members that are transferring between WCM Counties and non-WCM Counties.

**Next Steps**

The next CCS FAC meeting is on February 15, 2024, which will be held in-person at CenCal Health's Santa Barbara office.

**Recommendation**

As previously mentioned, this memo is for informational purpose only and would not need any action from the Board.

# *Health Services Department*

## Whole Child Model Program
## Family Advisory Committee Meeting

Date: November 16, 2023
Time: 11:00 am to 12:30 pm
Location:
Chairperson: Ana Stenersen, BSN, RN
Associate Director, UM

Committee Members: Jennifer Griffin, Jennifer Monge, Felisa Strickland, Dena Davis, Regina Samson, Mariana Murillo, Jane Harpster, Edith Diaz, Tanesha Castaneda, Dorothy Blasing, Patty Moore, Daisy Ramirez, Ana Cabrera, Ashley Smeester, Tamika Harris, Carrie McKiddie
CenCal Staff: Elia Rodriguez, Diana Robles, Rea Goumas, MD; Rose Vazquez, LCSW; Shelby Stockdale, MSN, RN, PHN, Adam Horn, PharmD
Recorder: Jodi Wittelsbach, Sr. Administrative Assistant

| Agenda Item | Minutes |
|---|---|
| Welcome & Introductions<br>• Dena Davis is stepping down as parent representative in CCS AG<br>• New parent representative in CCS AG Carrie McKiddie<br>• Membership Recruitment | Ms. Stenersen began the meeting at 11:00 a.m.<br><br>Ms. Stenersen reviewed attendance for the quorum.<br><br>Ms. Stenersen shared that Dena Davis, who has been our parent representative in the CCS Advisory Group for a couple of years, is stepping down. Ms. Stenersen thanked her for being our parent representative and shared how grateful we are for representing our plan and our whole child model plan for two years in the CCS AG.<br><br>Ms. Stenersen shared that Carrie McKiddie accepted being the parent representative in the CCS AG. Ms. Stenersen thanked Ms. McKiddie for her willingness to representing us.<br><br>Ms. Stenersen asked the committee to assist in recruiting for more members. We need two parent representatives. Marcy retired a few months ago, and Sarah stepped down. If any members of the committee know of a parent who would be good for these roles and be members of this committee, a CCS parent, or CCS member, please email her and copy Ms. Wittelsbach.<br><br>Ms. Stenersen shared that we regularly must report our membership and our efforts to recruit to the Department of Healthcare Services in the CCS at the state level, and of course our goal is to make sure that our membership is full and complete. We are lacking parent committee members. |

| | |
|---|---|
| Approval of August 17, 2023, Meeting Minutes | Ms. Harpster made a motion to approve the minutes of the August 17, 2023, meeting. Ms. Murillo seconded. |
| Update on Cottage Hospital PICU | Ms. Stockdale shared that in August 2023 DHCS suspended the CCS paneling status of the PICU at Cottage hospital. That decision was made based on some administrative findings, not an issue related to quality of care of our members. Cottage has made a vast number of changes with their organization. The most recent is they hired a new PICU Medical Director that came from UCLA. We are excited that he has joined their team. We received an updated from Cottage that they submitted their last round of reporting back to DHCS based on the DHCS findings. We are hopeful that in the coming weeks that we will have an update on their reinstatement of their CCs paneling status. We are actively working with them and meet with them once a week. We discuss members who may need to be admitted or transferred out to another hospital, so we are following our members and trying to limit as much of the impact to our families as we can.<br><br>Ms. Stockdale shared that there is a new updated Whole Child Model APL and numbered letter and ultimately an updated MOU between CenCal Health and RCS county Partners pending release. One of the biggest updates is that it is the responsibility of the health plan for the CCS annual medical redeterminations, and to get ahead of that APL, our team has launched a new process of gathering all the documentation that the counties need to process those redeterminations. We are trying to get the counties the medical records that they need as fast as we can. Ms. Stockdale gave a shout out to San Luis Obispo and Santa Barbara counties. They have been very patient and active partners in this new workflow. We are always looking for ways we can improve, so we are really trying to make the process easy for the county, so they can issue those redeterminations and our children can remain within the program.<br><br>Ms. Stenersen shared that there is a number letter that came out regarding intercounty transfers. Ms. Stockdale shared that there is a number letter on intercounty transfers and making that a more streamlined process as well. We are in the process of reviewing that and implementing a work plan on how we will get that information to the counties. It is a collaborative process between the information that we can provide in the counties for the county that the member is transferring to. Ms. Stockdale shared that she will provide a more detailed update at our next meeting. Again, we are really looking to improve and streamline the process for our members, and specifically our CCS |

| | |
|---|---|
| | members, as they continue to move throughout the state and change their residence.<br><br>Ms. Stenersen shared that they have been working on that intercounty transfer numbered letter for quite a while now, and it is quite important to our CCS members, so we are bringing awareness to this committee. In particular the children and families who are either transferring from or transferring to a Whole Child Model County or plan and to a non-whole child or classic CCS plan. There is a lot of planning that is involved in that and a lot of care coordination between the health plan and the counties. |
| ECM for Children and Youth Update | Ms. Meier gave the background on Enhanced Care Management. It was a stagged implementation across different counties. The children and youth initiative is brand new to every single county who is providing enhanced care management, so we are all working on the launch together. The initiative for Enhanced Care Management for children and youth started on July 1. CCS has designated different populations of focus every six months. As of July 1, children and youth became a part of the program. Up until July 1, all the initiatives were for 21 and over, even though we might consider 18 – 20 adults per their definition. Now ECM is available for youth who are at clinical risk or any of the populations of focus, and we have identified that there are extensive algorithms that we have to identify youth that might be eligible. As providers come on and have capacity, we auto assign them these identified members, but our provide4rs can also refer from within, so if they are already providing what would be similar to enhanced care management, they can refer the member to this program and get reimbursed for their services. This really identifies youth who have other psychosocial needs based on social determinants of health. We are really looking to coordinate the service delivery system to make it accessible to more streamlined for our members because, as you know, healthcare can get a little complicated and overwhelming. The role of this program is to really address these needs and coordinate care among providers as well as we have a community supports program that DHCS funds and it really aligns with the populations of focus that were assigned. Being able to connect the member to those services and keep the coordination going and streamlining the system and really facilitating any access to care or programs in the community that could be supportive.<br><br>Ms. Meier shared the implementation of the ECM program. July of last year, our focus was families experiencing homelessness at risk for avoidable |

| | |
|---|---|
| | hospitalization and with SMI and SUD needs, severe mental illness, and substance use disorders. Six months later, the focus was adults in the community at risk for institutionalization, as well as member sin nursing facilities who have the desire to return to the community. July of this year, they came up with three new populations of focus for us to work with, which is youth in CCS or CCS, old care model. This program is a fairly new launch because it takes some time to bring on providers and support them in the startup and implementation of these new, what can be considered pilot programs, because they are brand new to their agency and supporting them in the implementation, starting small and then growing from there. We are in the process of growing, which is really exciting. Even though DHCS has a separate population of focus for children and youth, what was previously just for adults, now include youth to those populations. Population that was previously just for 21 and over have added youth to that as well, so they have added youth to categories that were already established for adults. They specifically outlined just the children and youth initiatives to focus on. Some of the identified youth may only be in population 1, experiencing homelessness or they might have high utilization, so our algorithms weigh priorities and use the top priority and secondary is typically the other populations of focus. They are a little complicated, but we do it to assess need and risk to make sure we are serving the members in highest needs. We assign the member based on risk stratification. We have a lot of members that could be brought into this program, and it is really based on the capacity of our providers but sharing that information with them and looking at data from other counties regarding enrollment is helping drive our new providers in determining what their capacity is.<br><br>Ms. Meier shared that We are monitoring engagement rates and enrollment so staffing can be established. One of the parts of the slow launch of these programs is that providers will come on board and half-time case workers, so we are not hiring staff presumptively. We have been giving them more members, and as their enrollment increases, they have been bringing on new staff to be able to support the needs. Our youth initiative is really supporting our providers and predicting the assignment rates and enrollment rates and supporting them again on increasing staff with the assurance that there will be no lack of members for them to work with.<br><br>Ms. Meier shared that our presumptive numbers are always going to be high. These are members |

| | |
|---|---|
| | we have identified through data that we will be assigning to providers. We have identified many members and then assigned them a member information file that is sent to the providers based on capacity and then they will do outreach to explain the program and to determine if it is going to work for the member or the family. Then, based on the members response, the members who are not interested will be replaced with newly assigned members, and if the member agrees to be in the program, they will be enrolled in the program and services can start. We have identified over 2000, we have assigned 87, and one has been enrolled so far. They are in the process of doing outreach, which includes a comprehensive assessment and then enrolling the member. It has been a slow launch, but we do see the numbers increasing and our data is not untypical for other counties. As the providers start to build their capacity and get their training with use because they do contract with us and then slowly get the training and support to implement. We encourage our providers to start small, so they can learn the process. We have one agency who started with one assigned member and is learning a lot from that member. Santa Barbara has a higher number than San Luis Obispo, which is expected. The totals are comprehensive, so there are a few thousand, and we are working to onboard additional providers and increasing capacity based on the experiences that they are having with enrollment, and the ECM department offers support the entire way through.<br><br>Ms. Meier shared that with stratification we look at multiple psychosocial factors or qualifications, so this is an example of the members in CCS which is pop seven who also have another qualifying condition for a different population of focus as well. Some of the members in CCS have four qualifying populations of focus. Many of them have multiple co-occurring medical or mental health or psychosocial factors that need to be addressed, and we really look to our providers with expertise, so it is great that we are identifying more than just CCS. We are also identifying other factors so that we can get them again to a provider with some expertise in those areas, and then we let them take it from there. There is a lot of thought that goes into our assignments, and it does get complicated when they might have four populations of focus that they are managing, and we also talk about multiple if a family member is also in ECM and receiving services. We determine if they want one service agency to work with the family. ECM is all about member choice. There has also been members who have neighbors who are seeing one provider, and they want that same |

| | |
|---|---|
| | provider, even if they have been assigned to someone else because of the providers reputation or the services they provide. We can assist with that as well.<br><br>Ms. Meier shared that right now our provider network that serve members under 21 are: Good Sam, Isles Pathpoint, Access TLC, Titanium SP, Neighborhood Clinics, Children's Hospital of Los Angeles and San Luis Obispo and Public Health recently came on board too. We also have providers who are in the recruitment process and those are: Pathway Health, Santa Barbara County Public Health, Dignity and Valley Children's Hospital. This has been initiated by our Provider Services Department, and so the recruitment stage is typically a lot of paperwork and a readiness assessment to make sure that they are qualified to do ECM. We have had so much interest in bringing new expertise and services on board for different areas because the counties are vast. Making sure that we are reaching different pockets and different areas and different counties and cities is important. The challenge is San Luis Obispo because of the demographic. Finding providers located close to members can be a challenge because part of ECM is offering face to face visits. If the provider is 2 ½ hours away from the member and that is the closest CM provider, it can create some challenges, but we do have some providers whoa re willing to drive the 2 ½ hours to meet with the family face to face.<br><br>Ms. Meier shared that they offer weekly drop-in sessions for our providers that really focus on the collaboration, sharing resources, addressing challenges, ongoing education and connecting lead case managers together to support each other.<br><br>Ms. Meier shared that committee members who are part of family groups can go CenCalHealth.org and click the CalAIM tab to access information that will outline the program. It also has a brochure that could be downloaded and printed out and provided to members. |
| CCS Advisory Group Meeting Highlights<br>CCS AG Meeting October 11, 2023 | Ms. Stenersen shared that the CCS AG meeting was held on October 11. Although she was unable to attend the meeting, she did look at the presentation. She did not see a lot of topics that would concern whole Child Model and this committee. She did see things about CHDP which is sunsetting July of 2024. The beneficiaries will be routed to other programs, mostly in population health. CCS redesign performance measure quality subcommittee, and the Kaiser whole child model implementation. |

| | |
|---|---|
| | Ms. Davis shared that under the CCS redesign performance measure quality subcommittee, and essentially, there will be a dashboard with outcome measures on the DHCS website to show how WCM is doing. There were discussions about performance measures versus quality measures. There was a lot of discussion about Kaiser, which does not apply to us. Dr. Mary Giammona is a great advocate, and she mentioned that she is trying to move transition for CCS to age 26. There is no data to share yet about enhanced case management. The referral pathways are confusing, and they will revise those. CCS case managers are involved, pediatricians are involved in the handoff to ECM. It is helpful that the week after we meet with Family Voices and process what happened at the CCS AG meeting is very helpful. |
| Medi-Cal Rx Update | Mr. Horn shared that the reimplementation of some of the PA edits in the transition period were in phase III. This is the most update to date timeline that we have for the reinstatement plan. This is for adult members. They have not done anything with the pediatric population, but we started with phase II, which was a reimplementation of PA requirements for certain drug classes for new starts. They see those as someone that has not had a claim in 15 months, and then phase III was the star of the lift of the transitions. That would mean that even if you had been utilizing the medication for drug requires a PA, then those would start to require PA, and then we moved into phase IV. The last time he presented phase IV was supposed to be the start of the reimplementation for the members 21 years of age and younger. They delayed that and changed it to focus on the reinstatement of enteral nutrition, PA requirements, and then also adding back the claims edits to the system. For this last phase, phase IV, we saw reinstatement of claims that it's for age, gender and labeler code restrictions, something that is unique to Medi-Cal or RX, and the fact that they do prefer brand name medications over generics in some situations. When it says labeler code restriction, it's going to redirect pharmacies to give the brand name over the generic, and in September they reinstated a PA requirement for new start enteral nutrition again for those members that had not had a claim in 15 months. Then 5-6 days ago was the last of phase IV. We had phase four lift, and I can go over a bit of what happened in that last lift. This will be the roadmap that we will be followed when we start to do the reimplementation for those pediatric members. They retired the transition policy for all pharmacy benefits for members 22 years of age and older, if you are on a drug. If the member has been on the drug for the last five |

| | |
|---|---|
| | years when they retire those transition policies, if it requires a PA, then the provider would have to submit a PA at that time, even if they had been on that medication for a long period of time They reinstated prior authorization requirements for protein lysates and formulas, although it does not affect the pediatric population. They added that in there. It would only affect adults. It would be on infant formula and electrolytes and miscellaneous nutrients, which includes enteral nutrition. They will need to give medical justification to why they needed the brand name over the generic. The one that they did hold off on was they delayed a diagnosis code restriction that would cause claims to deny when the improper diagnosis code would be submitted to the pharmacy system. DHCS met with us and showed us the numbers on this. It would have caused a disruption in claims processing, and there were quite a few drugs where this reject code would hit, and pharmacies would have to put in those diagnosis codes. It is a good sign that they are looking at the numbers when they are implementing this. When they see things that are an issue or problem, they are delaying them or pushing them out trying to figure out a way to implement it in a way that will not cause disruption or cause any barriers to care for the members.<br><br>Mr. Horn shared that they worked hard to push this information out to providers and members to make sure they are prepared for reinstatements that they had an idea of what was happening, what drugs were going to require Pas and what they could do on their end to really make this transition as smooth as possible. We went out monthly E-bulletins to the provider network with updates on the Medi-Cal reinstatement plan. We have all the Medi-Cal reinstatement bulletins posted on the CenCal Health webpage, and then we did multiple presentations to internal and external committees about the transition phases and best practices to prepare for the reinstatement process. This is what we will be doing moving forward with the pediatric population as well. We are going to continue to send out the E-bulletins and continue to give presentations to committees like this to prepare members and providers the best we can for this reinstatement plan as it moves forward.<br><br>Mr. Horn shared that DHCS will provide a 90-day notice for the reinstatement of edits and authorization requirements for members 21 years of age and younger. This is something that we could see as early as tomorrow. From what we get from DHCS is that they are going to take a hard look at what happened, review the lessons |

| | |
|---|---|
| | learned from the adult reinstatement and then begin their efforts to reinstate for the pediatric members. We will probably not see a 90-day notice until closer to the new year, if not all the way into January which would push us all the way into March 2024 for the reinstatement of those. They want to want to pave the smooth road forward for those pediatric members and look at what went wrong and what went right. That is the best Mr. Horn can estimate as far as when we will see the 90-day notice for the beginning of the reinstatement. It will be broken up in phases and probably will last all the way through 2024 if not going in 2025 as they go through the different phases, just like they did with the adult population.<br><br>Ms. Stenersen shared that as soon as we have more information on the pediatric reinstatement, she can send an email out to share the information with our county partners, as well as this group of family advocate partners, so that they would know. That is a proactive measure that we can do especially not knowing the exact date. Mr. Horn agreed that as soon as he has the 90-day notice, he will pass it along. Hopefully he will have a breakdown of all the dates moving forward throughout the year, so we can get a good idea of what is going to happen when.<br><br>Mr. Horn share that the Chief of the Pharmacy Benefits Division spoke to them and said they are compiling all the information now. They were really concentrating on the phases as they went through and looking at it and wrapping everything up and will take the rest of the year to look at every aspect. We have all given feedback to them. That is why he doesn't think that we will see this 90-day notice for a bit because they need to go back and look at everything as a whole.<br><br>Mr. Horn shared that there isa reinstatement page that has all of the notifications they have ever sent out, whether it is a 90-day, 30-day or just an informational piece. That website is a great source for everything that has to do with the reinstatement. They post everything there, and it is a lot, but they have released it and put all the information out there on that website. The Medi-Cal RX covered drug list is the equivalent to the medicalized formulary. They cannot call it a formulary, but that is what the list is. That will have what drugs are covered, which ones are not, fi there is any restrictions on certain medications. That is all listed there in the contract drug list.<br><br>Mr. Horn shared that they recommend pharmacy providers to assess business processes and workflows to account for the reinstatement of PA |

| | |
|---|---|
| | requirements for them to look at what their process is for members 22 years of age and older that are currently receiving products in the drug classes that are being lifted from the transition period. They want to look and see if there is an alternative therapy that may not require a PA, so if there is an alternate drug that the member could take, and it is clinically appropriate, then they could move to that. There is a lot of cases where change in therapy is not appropriate, so at that point, they do request to submit a PA request in advance. They will open those windows and they will send it out. We are now accepting Pas for new starts and transition, and it is usually before the transition period ends. If we see these transitions come in, and the member knows that they are taking a drug that is going to start requiring a PA, the provider can submit those in advance before the transition period ends, so it gives the provider time to submit it. We are not waiting for the last minute, and if anything happens where a PA is missing a certain data mark or lab that needs to be run, it gives that provider some time to give that information together and get that submitted over for approval before the PA is even needed. We have seen providers that are doing that in advance is a big help, so that the PA is in place and already approved by the time the transition policy ends for that member.<br><br>Ms. Stenersen inquired if there has been any effort to educate the pharmacies because that is always a barrier. Mr. horn shared that the retail pharmacies receive the updates, but whether they read them or not is the question. The best thing that the pediatric population has going for them is that they already have the experience of a year of the adult population. The hiccups that we saw when they first started doing these edits where they did not know how to override them, or they were not sure what to put in. That will be fixed by repetitive filling of prescriptions for Medi-Cal RX. |
| CCS & MTP Updates | Ms. Castaneda shared that they still have 2 full-time Physical Therapist vacancies in Santa Maria, so if you know of any physical therapists, send them her way.<br><br>Ms. Stockdale shared that the Santa Barbara Medical Therapy provider for orthotics and prosthetics was formally Challen Island with Chris Holloway. There have been some acquisitions, but Chris Holloway is still going to be providing services int eh Santa Barbara medical therapy units. There was a bit of a delay in contracting, but as of yesterday, we have entered a temporary contract with the final contract pending signatures, hopefully by the end of the month. He is going to |

| | |
|---|---|
| | be returning to the MTU's on Friday. |
| Member Services Updates<br>• Current Membership<br>• Medi-Cal Redeterminations and Membership<br>• Member Portal Update | Ms. Robles shared new membership for SB and SLO counties. New members age 0-21 from July – October was: 3925. SB County – 2663 and SLO County – 1262. This includes CCS and Non-CCS. New members age 0-17 from July – October was: 2964. Santa Barbara County – 2040 and SLO county – 924. This includes CCS and non-CCS.<br><br>Ms. Robles shared that the member portal is currently for adults only. We have not yet done it for the children. The number for new members that have signed up for the portal to access their information through the system for SB County from July – October is: 6223 and SLO County is: 3226 for a grand total of 9449. There has been a major increase in the past four months. We are still getting a lot of messages and calls regarding accessing the portal to help them get set up.<br><br>Ms. Stenersen shared that she tried to get some number for our CCS members who potentially have lost Medi-Cal due to medical redetermination. We are still in the process of validating the data, so once we get the validated information, Ms. Stenersen will share it with this committee because we are interested at the numbers of CCS members who might have lost Medi-Cal or CenCal coverage.<br><br>Ms. Stenersen will each out to our CCS county partners for their updates and will share that via email to this committee. |
| Roundtable Discussion & Updates from Agencies | Ms. McKiddie reminded everyone that they are medical assistors with Alpha, so if there are any families who need to reapply, they can assist with that, as well as Cal Fresh benefits. They help alpha families who have been referred over to them and their families. Send over any referrals that fall into their scope and they are happy to help.<br><br>Ms. McKiddie shared that they have clients whoa re regional center clients, and we can work closely with the cases of kiddos who have primary insurance and do not meet the income imit.<br><br>Ana from PHP SLO shared that they started four in person support groups as of October 3 for their patients of Children with autism, and one of them is for parents of children with cerebral palsy. We are slowly immersing ourselves back into in person events. Hopefully we get more parents attending, and we get more interactive support groups.<br><br>Ana to send Ms. Stenersen information and flyers to share with the CenCal behavioral health team as well as our case management team for both |

| | |
|---|---|
| | Peds and Adults. |
| Adjournment | Ana Stenersen, BSN, RN, PHN |
| *Next Meeting: February 15, 2023*<br>*Ms. Stenersen shared that we are shooting for an in person meeting in February in Santa Barbara.* | |

# Health Services Department

## *Whole Child Model Program*
## *Pediatric Clinical Advisory Committee (PCAC)*
## *Meeting Agenda*

**Date:** December 13, 2023

**Time:** 6:00 – 7:30 p.m.

**Location:** Microsoft Teams Virtual Meeting

**Chairperson**: Rea Goumas, MD, Whole Child Model Director

**Committee Members:** Carl Owada, MD, FACC, FSCAI; Cindy Blifeld, MD; Miriam Parsa, MD; Tami Taketani, MD; Kristen Hughes, MD; Rea Goumas, MD; Ana Stenersen, RN; Kathleen Long, MD; Gowthamy Balakumaran, MD; Rhonda Gordon, MD; Emily Fonda, MD, CHCQM, MMM;

**Staff Attendees:** Cathy Slaughter, Provider Relations Director

**Excused:** Kathleen Long, MD

**Secretary:** Mimi Hall, Executive Assistant

| Agenda Item | Facilitator | Time |
|---|---|---|
| 1. ***Welcome, Announcements, and Introductions*** | Dr. Rea Goumas | 5 |
| 2. Approval of Minutes of September 27, 2023 Meeting | Committee | 5 |
| 3. Medi-Cal Rx Update<br>• Gene Therapies | Dr. Jeff Januska | 10 |
| 4. CCS Paneling Status Update<br>• Cottage Hospital PICU | Dr. Miriam Parsa | 15 |
| 5. CCS WCM Advisory Group Meeting Update | Dr. Rea Goumas<br>Dr. Miriam Parsa | 15 |
| 6. CCS Medical Consultants Update | Dr. Rhonda Gordon | 10 |

| | | |
|---|---|---|
| 7. Provider Services Update<br>• New Provider Contracting<br>• ECM for CCS Population | Cathy Slaughter, Provider Relations Director | 20 |
| 8. Future Meeting Date/Time<br>• March 6, 2024<br>• Starting Time of Meetings | Dr. Goumas | 5 |
| 9. Adjournment | Dr. Goumas | 5 |

*CCS Advisory Group - https://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx

**Pediatric Clinical Advisory Committee Memo**

**Date:** January 17th, 2024

**From:** Rea Goumas, MD, Medical Director, Whole Child

**Through:** Emily Fonda, MD, MMM, CHCQM, Chief Medical Officer

---

## Executive Summary

The purpose of this memo is to summarize the highlights of the PCAC meeting that occurred on December 13, 2023. This memo contains topics discussed at this meeting including an overview of new gene therapies, an update on the CCS paneling status for the PICU at Cottage Hospital, a report on the latest CCS WCM Advisory Group meeting, updates from the Santa Barbara County CCS Medical Consultant and an update from CenCal Health's Provider Services Department. This memo is informational and presented for the Board of Directors acceptance.

## Background

PCAC was formed as part of WCM implementation in July 2018. (SB 586, Section 14094.17(a)). It provides a forum for CenCal Health, SB and SLO County CCS Medical Directors and community CCS paneled physicians to discuss issues of interest and importance. The purpose of PCAC is to advise the Health Plan on clinical issues relating to CCS conditions. PCAC reports to the Quality Improvement Committee and ultimately to the Board of Directors. The committee meets on a quarterly basis.

## Meeting Highlights

### Gene Therapies

Jeff Januska, PharmD, Director of Pharmacy shared a PowerPoint presentation outlining recent increases in medical pharmacy and the growth in medical benefits spending, new gene therapies (CAR-T, viral vector gene replacement and CRISPER gene editing) and introduced the concept of site of service and how that may be considered in future contracting with different centers performing these procedures.

### Cottage PICU and CCS paneling

Dr. Miriam Parsa, Chief Pediatric Medical Officer at Cottage Hospital shared that the Cottage PICU team is awaiting a response from DHCS on the most recent submission of requested information. Dr. Andranik Madikians has started as the Medical Director of the PICU effective 11/1/23. CenCal Health staff continue to receive daily reports of any CenCal Health patients requiring PICU services and to provide Case Management support to any impacted families. Weekly meetings between CenCal Health staff and Cottage staff are ongoing.

**CCS WCM Advisory Group (AG) Meeting**

Dr. Rea Goumas, WCM Medical Director provided a summary of topics presented at the October 11, 2023, AG meeting including the following:

DHCS Policy Initiatives:

As a result of work done by CCS County Monitoring and Oversight Workgroup a plan, MOU template for County CCS offices and related Numbered Letters and compliance documents are now available. The MOU between DHCS and County CCS is to be executed by 7/1/24.

The Child Health Disability Prevention (CHDP) Program Transition Workgroup has created a post-transition oversight and monitoring plan that should be released soon. DHCS Will continue to send communication and other guidance documents.

The CCS Redesign Performance Measure Quality Subcommittee met in late November and has started reviewing potential quality and outcome measure comparing Classic with Whole Child Model (WCM) CCS Counties. CenCal Health's Pediatric Health Services Manager, Shelby Stockdale, MSN, RN, PHN has joined the committee and will share information from the meetings at PCAC going forward. WCM Expansion - DHCS reiterated that AB 2724 authorizes Kaiser Permanente (KP) to implement as a WCM plan effective January 1, 2024, in eight counties (Marin, Napa, Orange, Santa Cruz, San Mateo, Solano, Sonoma, and Yolo) where it currently operates. KP is submitting requested deliverables and additional information to DHCS in anticipation of the January 1, 2024, start date.

Enhanced Case Management (ECM) - DHCS is expecting receipt of data on enrollment of Population of Focus #7 – Children and Youth Enrolled in CCS or CCSWCM with Additional Needs Beyond the CCS Condition into ECM and will be presenting that information to the AG group at the next meeting in January.

Kaiser Readiness – Two KP executives discussed their case management structure, member notifications to be sent at 60- and 90-days pre-implementation. Children and youth with a CCS condition who currently have an established relationship with KP and are living in the eight counties mentioned earlier will transition to KP as their WCM provider on 1/1/24.

Lael Lambert, CCS Program Administrator for Marin County and Dr. Anan Chabra, Medical Director for CCS San Mateo County discussed the work their Counties have been doing to prepare for Kaiser implementation as a WCM provider.

**CCS Medical Consultants Update**
Dr. Rhonda Gordon (SB) reported on the following topics:

DHCS received significant public comment on the proposed CHDP program transition plan. The final plan will be released by late March 2024.

Counties are still concerned about Foster Care (HCPCFC) as a stand-alone program managed by a supervising PHN. Current funding allocations for CHDP will likely go towards the Foster Care program and towards CCS County Monitoring and Oversight. DHCS did not attend the most recent CHDP Executive Committee meeting and it is not known if they will attend the upcoming meeting in January.

The statewide Medical Advisory Committee (MAC) met on 9/28/23. Topics discussed included developing a formal training/ mentoring program for CCS County Medical Consultants and reviewing potential eligibility criteria for fatty liver.

The Southern Region Pediatric Action Coalition (SRPAC) met on 10/12/23. Topics discussed included County CCS offices not being informed of upcoming PICU reviews by DHCS, reviewing medical eligibility criteria for hypotonic cerebral palsy, for participation in the Medical Therapy Program and possibly making bariatric surgery a CCS benefit if obesity is complicating a CCS condition such as diabetes.

Several Numbered Letters (NL) have been released recently including CCS Program Grievances Process, Requirements for Nurse Practitioners and Physician Assistants in CCS Special Care Centers, CCS Intercounty Transfer Policy and CCS Program Reporting and Survey. WCM Counties are concerned about required compliance activities in the last NL as authorization of services and case management is done by the Health Plan and not the County CCS in WCM Counties such as ours.

Lastly Dr. Gordon noted that has been significant staffing changes at DHCS resulting in the loss of institutional knowledge about the CCS program

**Provider Services/Relations Update**
Cathy Slaughter, Director of Provider Relations updated the group of recent recruitment and onboarding efforts for ABA and Speech Therapy providers, ECM Providers including CHLA, a DME vendor and a Homecare company for the upcoming Community Supports requirements. She also informed the group that local pediatrician, Dr. Felipe Arce has closed his practice.

**Next Steps**
The next PCAC meeting is on March 6, 2024. Anticipated topics for discussion include a Medi-Cal Rx update, the CCS paneling status of the Cottage Hospital PICU, a summary of the CCS WCM Advisory Group meeting scheduled for January 10, 2024, a summary of the CCS Redesign Performance Measure Quality Subcommittee meeting, updates from the County CCS Medical Directors and an update from Provider Services

regarding contracting with new providers and further discussion on ECM for the CCS population.

**Recommendation**

The PCAC report is informational and is presented for Board of Directors acceptance. No additional action is requested at this time.

Attachments: 9/27/23 approved minutes and 12/13/23 agenda.

# Pediatric Clinical Advisory Committee (PCAC)
# Meeting Minutes

**Date**: September 27, 2023

**Time**: 6:00 – 8:00 p.m.

**Location**: *Teams Virtual Meeting*

**Chairperson**: Rea Goumas, MD, Whole Child Model Director

**Members:** Cindy Blifeld, MD; Carl Owada, MD; Jillian Davenport, MD; Miriam Parsa, MD; Tami Taketani, MD; Kristen Hughes, MD; Rea Goumas, MD; Ana Stenersen, RN; Kathleen Long, MD; Gowthamy Balakumaran, MD; Rhonda Gordon, MD; Emily Fonda, MD, CHCQM; Cathy Slaughter, Director of Provider Relations

**Absent:** Cindy Blifeld, MD; Ana Stenersen, RN, PHN

**Staff Attendees:** Shelby Stockdale, MSN, RN, PHN

**Secretary:** Mimi Hall, Executive Assistant

| *Topic* | *Discussion* | *Action* |
|---|---|---|
| 1. **Welcome and Introductions**<br><br>*Dr. Rea Goumas, Chairperson* | Dr. Goumas began the meeting at 6:16 p.m. A quorum was confirmed, and the Committee continued with business at hand. | **No** |
| 2. **Approval of Minutes of June 28, 2023, meeting**<br><br>*Dr. Rea Goumas Chairperson* | Dr. Goumas asked the Committee for a motion to approve the June 28, 2023, meeting minutes.<br><br>***Motion made*** by Dr. Parsa to approve the June 28, 2023, meeting minutes; seconded by Dr. Davenport. Motion passed. | **Yes** |

| | | |
|---|---|---|
| **3. Updates:**<br><br>CCS Paneling Status Update<br>Cottage Hospital PICU<br><br>*Dr. Miriam Parsa, Pediatric Clinical Advisory Committee member* | Dr. Parsa spoke to the Committee about the CCS Paneling Status Update for Cottage Hospital.<br><br>***Summary highlights include***:<br><br>• On June 1st, 2023, CCS came to perform the on-site visit at Cottage Hospital's PICU, and as a result, there were findings made. The majority of them were procedural regulatory signatures missing, however, it also included seeking more information about our staffing model for the PICU as well as our neurosurgery coverage.<br>• Cottage Hospital responded as of August 11th, 2023, and addressed all of the findings including increasing staff FTE for the PICU and further defining and meeting regulatory requirements for neurosurgery coverage.<br><br>*Discussion:*<br><br>Dr. Parsa continued that Cottage Hospital understands that it is absolutely vital to serve our population, patients, and families so that there is no need for them to have to travel too far when their kids are sick. Dr. Parsa stated that she appreciates Dr. Goumas' support along the way and additionally, CenCal Health has been supportive of Cottage Hospital, as well. Dr. Parsa wanted to recognize that and that she really appreciates the collaboration and the partnership. The ultimate goal is that we know we do a good job at Cottage. We want to keep our patients here, so Cottage Hospital and CenCal Health working together has been the right thing to do.<br><br>Dr. Goumas agreed and indicated that there have been weekly meetings with Cottage Hospital and CenCal Health regarding this topic. Dr. Goumas next asked Ms. Stockdale to give more details about those meetings to the Committee.<br><br>Ms. Stockdale stated that as Dr. Goumas had mentioned, CenCal Health and Cottage Hospital does have weekly meetings with the PICU team. In addition to that, Cottage has been extremely responsive in providing CenCal Health notification of any of our members who might be impacted in this area. In these instances, CenCal Health is looping those families in with case management, having a social worker or nurse case manager reach out to provide support as we are able to. Whether that might be lodging or transportation assistance for the family, etc. If they need help with follow up care, getting back to their home. This situation has really improved our communication between CenCal Health and Cottage Hospital and Ms. Stockdale highlighted that Dr. Parsa's team and the PICU team's notifications have been very timely. The PEDS team | **No** |

| | | |
|---|---|---|
| | are able to see where our members are in real time, and we are doing our best to limit the impact on our members.<br><br>Dr. Hughes asked Dr. Parsa about the staffing in terms of there being any new hires to report, or what the future of staffing looks like at Cottage. Dr. Parsa confirmed that indeed Cottage is on track with hiring two of the three FTE and that additional FTE have been allocated for the PICU due to the comments from CCS that Cottage was running lean on staffing, which was acknowledged. Staffing should be finalized shortly.<br><br>There being no further questions from the Committee, this concluded Dr. Parsa's update.<br><br>This agenda item is for informational purposes only and does not require a vote of approval from the Committee. | |
| **4. CCS Advisory Group Meeting Update**<br><br>*Dr. Rea Goumas Chairperson* | Dr. Goumas gave an update to the Committee about the recent CCS Advisory Group Meeting on July 12, 2023.<br><br>Noteworthy highlights include:<br><br>➢ CCS monitoring and oversight: the goal is to achieve standardizing the CCS program statewide, promoting accessibility, transparency, and the ability to monitor those.<br>➢ A workgroup was created of CCS stakeholders, who began to meet in January of 2022. They had periodic meetings concluding with a capstone meeting at the end of June 2023, and from those meetings, a CCS Compliance Monitoring Oversight Program along with the metrics and standards that they want to have followed.<br>➢ MOUs were recently sent out to the Counties as DHCS is requesting each CCS program at the County level to sign a MOU with them. Those MOUs will need to be reviewed by the counties and it appears that the overall goal is to have everything signed and in place so that monitoring can begin in July of the coming year.<br>➢ Numbered Letters and compliance activities all related to the CCS monitoring and oversight workgroup are forthcoming.<br>➢ The State spoke about the sunsetting of the CHDP program, which will occur at the beginning of July 2024. DHCS is looking to see what components of the program can be transferred to other programs in counties.<br>➢ A Senate Bill states that DHCS needs to create a stakeholder workgroup to monitor the whole transition plan and to determine the next steps for the lead poisoning program prevention activities that will be turned over to the health plans. | |

| | | |
|---|---|---|
| | ➢ Also looking at funding for the foster care program as that is a program that DHCS wants to have as a standalone program in the counties.<br>➢ Regarding the current CHDP positions. Not certain what will be done with those positions. Perhaps, they will transition to something else, and DHCS is also looking at opportunities to see how much of CHDP activities can be aligned with Quality and Population Health programs at the health plan level.<br>➢ Hearing aid coverage for children under the HACCP which is a state-funded program. These under-21-year-old members don't qualify for hearing-related services through the CCS program or may be underinsured. This program will cover the hearing aids, supplies, batteries, audiological services and will include bone conduction hearing aids that are worn with the soft band.<br>➢ The Trailer Bill, Assembly Bill 118, about the WCM expansion was finally approved. It will be delayed until January 1, 2025, and at that time, Central California Alliance for Health Plan will cover two more counties. The Partnership Health Plan will take on 10 new counties and Kaiser Permanente will take on 4 new counties. This trailer bill does allow Kaiser to implement as a whole child plan in four COHS expansion counties where it's currently operating. However, the bill indicates that the WCM will not be expanding into three counties where they have a single plan model. Therefore, it does create new requirements for DHCS, and it will have to provide data on CCS enrollment, whole child versus non-whole child. DHCS will have to provide annual utilization and quality measures.<br>➢ Health plans will have to ensure that PEDS patients have a primary contact for coordination of care.<br>➢ Expands the Whole Child Model Advisory Group which would have come to an end this December 2023. The advisory group will continue to function through the end of December 2026.<br>➢ Majority of the meeting was dedicated to Kaiser Permanente's presentation on their readiness to become a Whole Child Model provider. The related Assembly Bill 2724 that was just signed into law at the end of June says essentially that patients who are now part of a Whole Child in these eight existing counties; Marian, Napa, Orange, Santa Cruz, San Mateo, Solano, Sonoma, and Yolo will be able come January 1, 2024 have the option of choosing either Kaiser Permanente or their local MCP as their WCM health plan as long as they meet the eligibility criteria, and KP will need to do what current WCM counties are doing in terms of coordinating with the local CCS office who will continue to determine the eligibility | |

| | | |
|---|---|---|
| | and perform the annual reviews. Then Kaiser will need to provide care coordination, case management, access to CCS-paneled providers, clinics, special care centers, etc. The same activities that CenCal Health is currently performing.<br><br>Dr. Owada asked if this proposal is a Kaiser south or Kaiser north that is proposing this. Dr. Goumas responded that depending on the location of the county, would determine which Kaiser would be working in that county, be it north or south.<br><br>There being no further questions, that concluded Dr. Goumas discussion of the *CCS Advisory Group Meeting Update*.<br><br>This agenda item is for informational purposes only and does not require a vote of approval from the Committee. | |
| **5. CCS Medical Consultant Update**<br><br>*Dr. Rhonda Gordon*<br>*Dr. Kathleen Long*<br>*Pediatric Clinical Advisory Committee members* | Dr. Gordon and Dr. Long gave an update to the Committee regarding Medical Advisory Committee (MAC) statewide meeting and the Southern Region Pediatric Action Coalition (SRPAC) meeting, respectively.<br><br>***Highlights from Dr. Gordon include:***<br>➢ There will be a capstone meeting on September 28, 2023, to discuss the sunsetting of CHDP. There should be more information regarding the sunsetting of CHDP at that meeting.<br>➢ The foster care program is supposed to be a standalone program, and currently, it is split between the Department of Social Services and the CHDP program. The biggest concern is that most of the CHDP staff and consultants throughout the State have been wondering what the foster care program will look like and who from the county will be staffing it.<br><br>The statewide MAC meeting will be tomorrow, therefore, there is not much to report on since the last PCAC meeting. And the SRPAC meeting will be held on October 12, 2023. The only recent item since the past meetings of MAC and SRPAC was that there were some Numbered Letter releases; the first one was on July 7, 2023. That one was regarding telehealth. Telehealth will be allowed in the MTUs to continue both occupational and physical therapy. Additionally, another one was released on July 12, 2023, regarding CCS-training and that it outlines what training needs to be accomplished for the various staff members in the CCS counties. Those trainings are to commence on January 1, 2024. | **No** |

| | | |
|---|---|---|
| | ***Highlights from Dr. Long include:***<br>➢ A draft of a Serial Casting Numbered Letter came out from the State which would put Medical Directors as supervising the serial casting, which Dr. Long disagreed with. Fortunately, it was later determined that Medical Directors would not be supervising serial casting.<br>➢ There will be a new Numbered Letter coming out concerning WCM and All Plan Numbered Letter regarding the same.<br><br>This concluded the updates from Dr. Long and Dr. Gordon. | |
| **6. Provider Services Update**<br><br>*Cathy Slaughter Director of Provider Relations* | Ms. Slaughter gave an update to the Committee and accompanied her update with a PowerPoint Presentation.<br><br>Ms. Slaughter began with a brief update on the recruitment efforts occurring in Provider Relations.<br><br>***Highlights include:***<br>➢ Santa Barbara ABA - group provider has been contracted with CenCal Health effective August 16, 2023. This provider will provide services in the members' homes.<br>➢ Grow with Me – an ABA and speech therapy provider who will be providing services in San Luis Obispo County and is currently on-boarding.<br>➢ Developmental Specialty Partners – contracted in discussions for speech therapy and pediatric psychiatry.<br>➢ Center for Developmental Play and Learning – ABA provider currently onboarding for speech therapy and ECM for their pediatric clients.<br>➢ CHLA – in the process of completing their training with CenCal Health ECM staff to begin serving CCS members whom they currently provide care to.<br><br>Dr. Goumas asked Ms. Slaughter if these providers will become CCS-paneled in the future. Ms. Slaughter confirmed that in the future that will likely occur, however, for now, the providers request to maintain their status in their services that they provide until they are completely on boarded and learn the processes of CenCal Health and explore CCS paneling.<br><br>Dr. Parsa asked about the fact that Dr. Barkley had asked Ms. Stenersen previously about ABA and speech therapy providers becoming ECM providers, as well, and whether there is still a need for ECM providers. Dr. Barkley did not hear back from Ms. Stenersen, so, Dr. Parsa had wanted to follow-up with Ms. Slaughter. Ms. Slaughter confirmed that there is still a pressing need. Ms. Slaughter will reach out to Dr. Parsa to speak further about this topic and the current needs. | **No** |

| | | |
|---|---|---|
| | Additionally, Dr. Parsa commented that she is very excited about any child Psychiatry being covered by CenCal Health.<br><br>Ms. Slaughter continued with additional provider recruitment efforts:<br><br>➢ Pathway Family Services – ECM services for foster children<br>➢ 24-hour Homecare – Community Supports Programs, Personal Care/Homemaker, and respite care for pediatric members.<br>➢ Sugey Sanchez, LMFT – bilingual provider in Santa Maria for children 13+ in-person and virtually. Undergoing on-boarding, currently.<br>➢ Remedy Medical Supply, Inc. – CCS-paneled DME provider pending contract with CCH. To provider CPAP/BiPAP devices and supplies, catheters, trach and suction supplies, ostomy supplies, incontinence supplies, wound dressings, and portable oxygen concentrators.<br>➢ MBH Services, LLC – Billing company for multiple ABA providers who are interested in contracting with CenCal Health.<br>➢ NFC Behavior Consulting, LLC – ABA provider in Santa Barbara County.<br>➢ Elizabeth Carr, LMFT, family therapy in Santa Barbara.<br>➢ Cross Speech and Language Center – Located in Lompoc.<br>➢ Talking Tree Therapy – Speech provider in Santa Barbara.<br>➢ Dr. Iona Tripathi – Pediatric Psychiatrist in Santa Barbara.<br><br>This concluded Ms. Slaughter's presentation. Dr. Goumas expressed her appreciation and gratitude for the efforts of Provider Relations in procuring these providers for our members.<br><br>Dr. Goumas asked if the Committee had any questions or comments. There were none. | |
| *7.* Questions & Comments | Dr. Parsa mentioned that she is aware that CCS has been working on updating many of the Specialty Care Centers and she is a little bit concerned about kind of the direction that's going in terms of redirecting to quaternary care centers, to be honest and as a representative of Cottage that has been very persistent and consistent in terms of communicating that families will be isolated if you require all of our CCS patients to go to their annual exams at the big centers when that's just not needed.<br><br>Dr. Goumas asked Drs. Gordon and Long if they have heard anything from their meetings or possibly you will hear something when you meet with MAC tomorrow and then SRPAC next month, about why the push now from centers like we have here in Santa Barbara to UCLA, Lucille Packard, UCSF; the big centers. | **No** |

| | | |
|---|---|---|
| | Drs. Long and Gordon indicated that they have not heard anything, and they agreed that if and when they do, they will bring that information to this Committee.<br><br>This concluded the Questions & Comments section. | |
| 8. Next Meeting Date | Dr. Goumas indicated that the suggested next meeting date could be December 6, 2023, and asked the committee members to contact her with their preference. | **No** |
| 9. Adjournment | The meeting was adjourned at 7:28 p.m. | **No** |

*CCS Advisory Group - https://www.dhcs.ca.gov/services/ccs/Pages/PastMeetingMaterials.aspx

Respectfully submitted,

*Mimi M. Hall*
Mimi M. Hall
Executive Assistant

Approved,
*Rea Goumas, MD*
Rea Goumas, MD
Whole Child Model Director

# Exhibits

1. Aggregate Monthly Enrollment by Program
2. Aggregate Call Volume
3. Member Grievances and Appeals

# CENCAL HEALTH - CALENDAR 2023
# CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

## MEMBER ENROLLMENT BY MONTH: DECEMBER 2023 – SBHI & SLOHI

**Reporting period:**

December 2023 – Calendar 2023

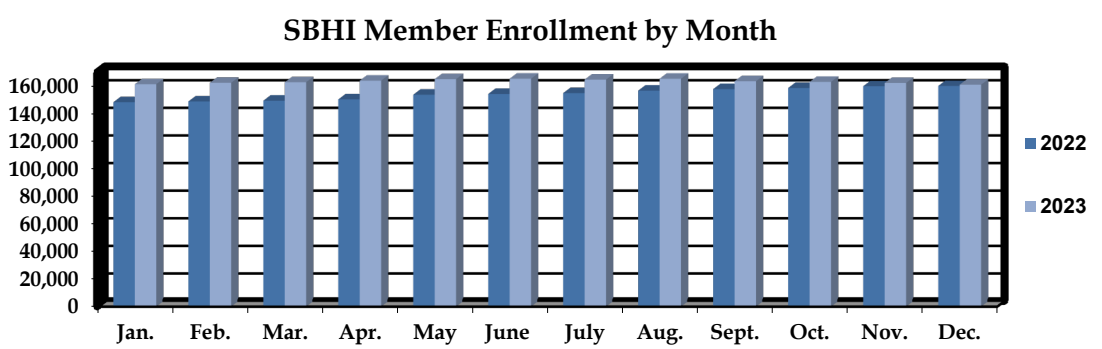
**SBHI Monthly Enrollment 2023**

**December 2023 = 160,823**

Membership decreased by a net **1,222** members when compared to last month.

New members for December = **1,283**

Medi-Cal Annual Redeterminations for all beneficiaries with the end of the PHE are underway. Monthly mailings are sent 60 days prior to the member's redetermination date. DHCS is mailing renewal packets or auto-approval letters to beneficiaries.




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2022 Members** | 148,119 | 148,657 | 149,203 | 150,143 | 153,555 | 154,077 | 154,717 | 156,487 | 157,558 | 158,413 | 159,679 | 159,913 |
| **2023 Members** | 161,132 | 162,167 | 162,579 | 163,706 | 164,805 | 165,143 | 164,464 | 165,097 | 163,312 | 162,822 | 162,045 | 160,823 |

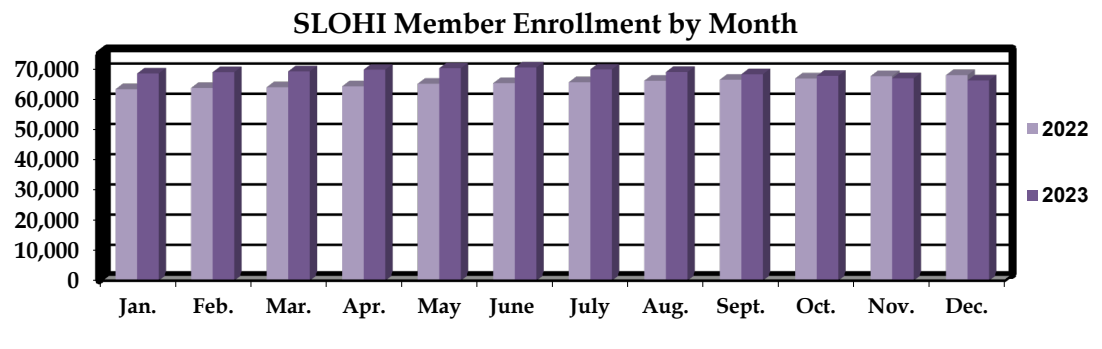
**SLOHI Monthly Enrollment 2023**

**December 2023 = 66,255**

Membership decreased by a net **722** members when compared to last month.

New members for December = **771**

Medi-Cal Annual Redeterminations for all beneficiaries with the end of the PHE are underway. Monthly mailings are sent 60 days prior to the member's redetermination date. DHCS is mailing renewal packets or auto-approval letters to beneficiaries.




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2022 Members** | 63,347 | 63,753 | 63,990 | 64,291 | 65,157 | 65,348 | 65,653 | 66,150 | 66,480 | 66,897 | 67,663 | 68,002 |
| **2023 Members** | 68,547 | 68,987 | 69,253 | 69,826 | 70,304 | 70,542 | 69,915 | 69,035 | 68,307 | 67,769 | 66,977 | 66,255 |

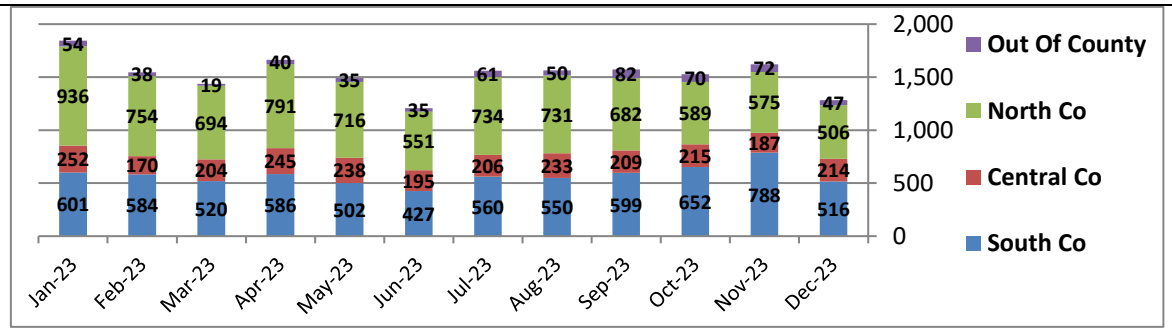
# CENCAL HEALTH - CALENDAR 2023
# CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

## SANTA BARBARA NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2023

**Reporting period:**
December 2023 – Calendar 2023

**Santa Barbara County New Member Enrollment by Area**

**December 2023 = 1,283**



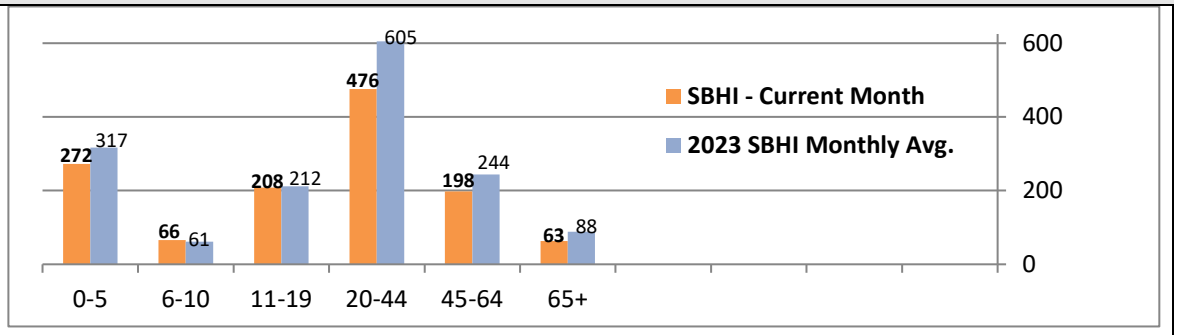

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2022 New Members** | 1,611 | 1,318 | 1,494 | 1,599 | 3,825 | 1,245 | 1,362 | 2,293 | 1,895 | 1,648 | 1,706 | 1,271 |
| **2023 New Members** | 1,843 | 1,546 | 1,437 | 1,662 | 1,491 | 1,208 | 1,561 | 1,564 | 1,572 | 1,526 | 1,622 | 1,283 |

## SANTA BARBARA NEW MEMBER ENROLLMENT BY AGE: DECEMBER 2023

**Santa Barbara County New Members by Age**

**December 2023 = 1,283**

Most growth came from the age group of 20-44 with 476.

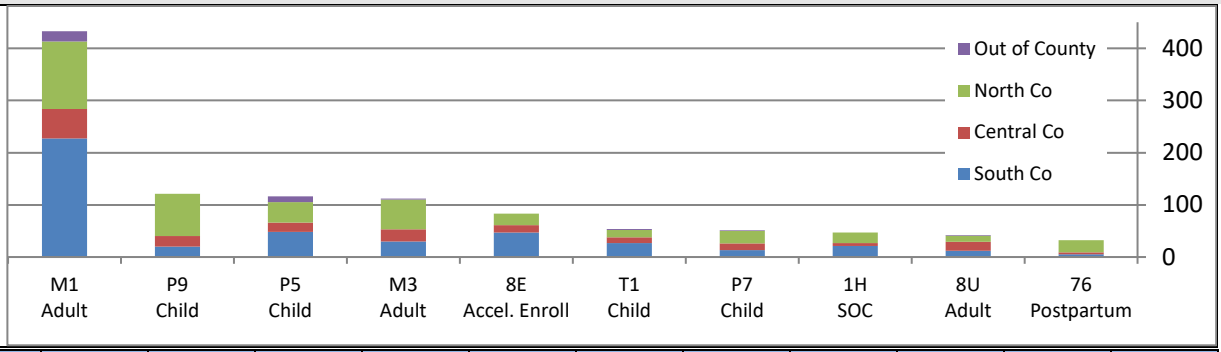



| New Members by Age | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **0-5** | 341 | 311 | 339 | 352 | 312 | 276 | 327 | 367 | 343 | 289 | 269 | 272 |
| **6-10** | 52 | 50 | 47 | 73 | 66 | 50 | 70 | 70 | 73 | 61 | 59 | 66 |
| **11-19** | 200 | 203 | 185 | 249 | 165 | 157 | 157 | 202 | 223 | 261 | 332 | 208 |
| **20-44** | 795 | 677 | 569 | 634 | 585 | 455 | 615 | 551 | 615 | 603 | 683 | 476 |
| **45-64** | 346 | 229 | 241 | 261 | 261 | 187 | 276 | 273 | 237 | 226 | 187 | 198 |
| **65+** | 109 | 76 | 56 | 93 | 102 | 83 | 116 | 101 | 81 | 86 | 92 | 63 |

## SANTA BARBARA NEW MEMBER ENROLLMENT BY TOP 10 AID CODES: DECEMBER 2023

**Santa Barbara County New Members by Top 10 Aid Codes**

**December 2023**
M1 – Most common at 433 new members.



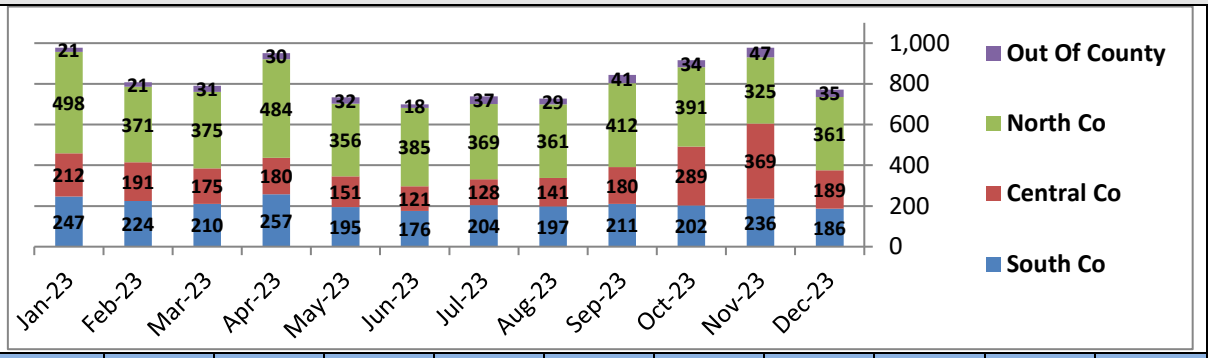

| Aid Code | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **M1** | 522 | 515 | 539 | 587 | 519 | 428 | 614 | 583 | 564 | 539 | 607 | 433 | 6,450 |
| **P9** | 208 | 189 | 204 | 211 | 162 | 159 | 170 | 231 | 175 | 146 | 132 | 121 | 2,108 |
| **P5** | 117 | 99 | 97 | 137 | 128 | 87 | 120 | 137 | 115 | 151 | 170 | 116 | 1,474 |
| **M3** | 155 | 118 | 129 | 171 | 167 | 102 | 128 | 93 | 120 | 121 | 95 | 112 | 1,511 |
| **8E** | 39 | 47 | 44 | 40 | 29 | 17 | 32 | 29 | 73 | 75 | 77 | 83 | 585 |
| **T1** | 39 | 40 | 34 | 39 | 17 | 34 | 30 | 40 | 46 | 45 | 73 | 54 | 491 |
| **P7** | 39 | 37 | 43 | 58 | 51 | 47 | 47 | 47 | 62 | 41 | 50 | 51 | 573 |
| **1H** | 95 | 51 | 40 | 67 | 81 | 65 | 91 | 81 | 58 | 63 | 66 | 47 | 805 |
| **8U** | 31 | 24 | 40 | 29 | 35 | 33 | 38 | 37 | 41 | 43 | 38 | 42 | 431 |
| **76** | 281 | 169 | 43 | 37 | 60 | 36 | 32 | 42 | 36 | 28 | 64 | 32 | 860 |

# CENCAL HEALTH - CALENDAR 2023
# CENCAL HEALTH MONTHLY ENROLLMENT BY PROGRAM

## SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2023

**San Luis Obispo County New Member Enrollment by Area**

**December 2023 = 771**



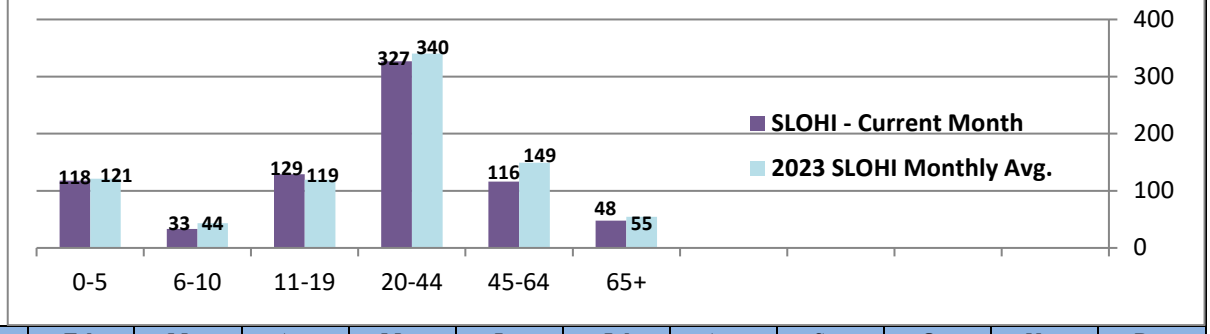

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **2022 New Members** | 893 | 762 | 797 | 764 | 1,172 | 608 | 659 | 852 | 793 | 819 | 939 | 796 |
| **2023 New Members** | 978 | 807 | 791 | 951 | 734 | 700 | 738 | 728 | 844 | 916 | 977 | 771 |

## SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY MONTH: DECEMBER 2023

**San Luis Obispo County New Members by Age**

**December 2023 = 771**

Most growth came from the age group of 20-44 with 327.

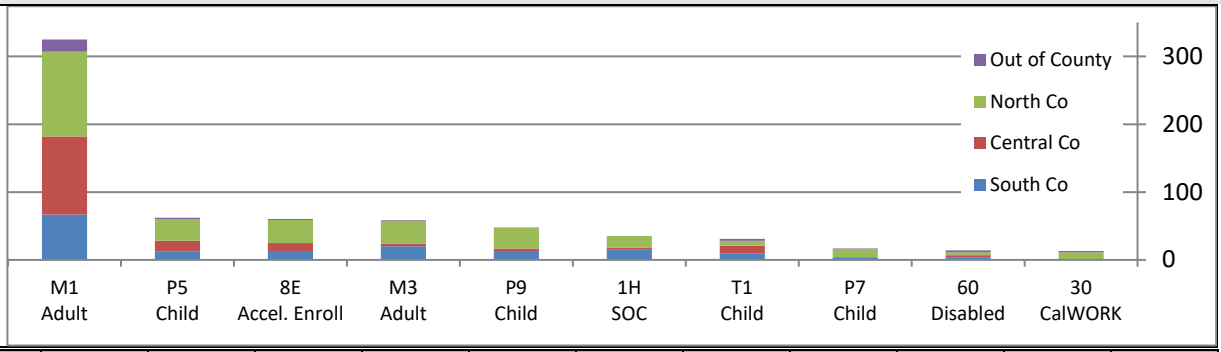



| New Members by Age | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **0-5** | 128 | 117 | 102 | 141 | 118 | 114 | 112 | 130 | 122 | 132 | 122 | 118 |
| **6-10** | 51 | 41 | 36 | 52 | 39 | 41 | 34 | 39 | 61 | 48 | 47 | 33 |
| **11-19** | 92 | 93 | 85 | 138 | 75 | 79 | 96 | 95 | 103 | 206 | 242 | 129 |
| **20-44** | 428 | 353 | 338 | 368 | 282 | 296 | 295 | 287 | 365 | 343 | 399 | 327 |
| **45-64** | 202 | 150 | 176 | 185 | 158 | 127 | 142 | 123 | 136 | 147 | 127 | 116 |
| **65+** | 77 | 53 | 54 | 67 | 62 | 43 | 59 | 54 | 57 | 40 | 40 | 48 |

## SAN LUIS OBISPO NEW MEMBER ENROLLMENT BY TOP 10 AID CODES: DECEMBER 2023

**San Luis Obispo County New Members by Top 10 Aid Codes**

**December 2023**
M1 – Most common at 325 new members.




| Aid Code | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **M1** | 424 | 380 | 360 | 397 | 310 | 278 | 288 | 275 | 334 | 364 | 395 | 325 | 4,130 |
| **P5** | 67 | 52 | 45 | 74 | 53 | 52 | 56 | 52 | 67 | 105 | 90 | 62 | 775 |
| **8E** | 41 | 24 | 37 | 23 | 13 | 19 | 29 | 34 | 48 | 39 | 61 | 60 | 428 |
| **M3** | 77 | 50 | 66 | 93 | 60 | 70 | 66 | 72 | 81 | 97 | 92 | 59 | 883 |
| **P9** | 51 | 55 | 47 | 66 | 52 | 55 | 50 | 56 | 57 | 48 | 47 | 48 | 632 |
| **1H** | 62 | 40 | 38 | 48 | 46 | 32 | 47 | 42 | 47 | 26 | 27 | 35 | 490 |
| **T1** | 21 | 38 | 35 | 33 | 21 | 20 | 29 | 30 | 16 | 42 | 49 | 31 | 365 |
| **P7** | 24 | 20 | 15 | 28 | 21 | 13 | 16 | 30 | 28 | 36 | 19 | 17 | 267 |
| **60** | 12 | 6 | 11 | 11 | 12 | 12 | 13 | 10 | 8 | 15 | 10 | 14 | 134 |
| **30** | 12 | 8 | 10 | 12 | 10 | 16 | 16 | 17 | 14 | 9 | 16 | 13 | 153 |

# CENCAL HEALTH
# CALENDAR 2022 - 2023
# MEMBER SERVICE TELEPHONE STATISTICS

## AGGREGATE CALL VOLUME FOR HEALTH PLAN (CHART #1)
## AGGREGATE AVERAGE SPEED TO ANSWER (CHART#2)

**Reporting period:**

**December 2023** - Calendar 2023 **Chart #1**

**Monthly Call Volume**

☒ In Control

☐ Not In Control

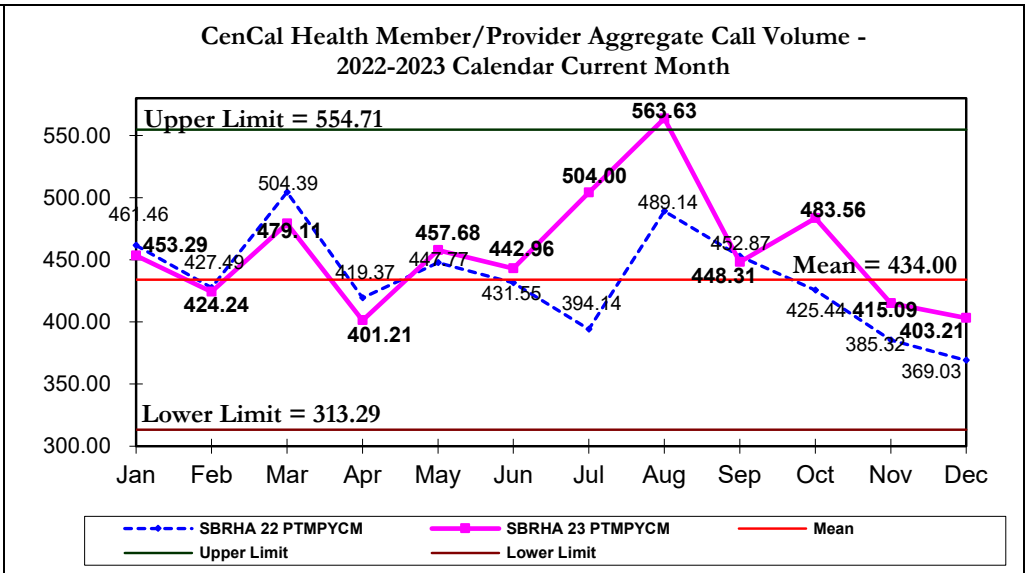
*December's call volume PTMPY is in of control with 2022's Mean.*

**December 2023:**

Member Queue = **6,432**
Provider Queue = **992**
Non ACD = **206**
Aggregate Call Volume = **7,630**

Calls per 1,000/month (PTMPM) = **33.60**
Calls per 1,000/year (PTMPY) = **403.21**

**Analysis:**
The decline in call volume can be attributed to the holiday season as typically occurs each year, and that December had only 19 working days. Despite the decrease, the call center still maintained an average of 402 daily aggregate calls. Of key note, 12/29/23 received 569 calls mostly from the new AE Expansion members for January who received their welcome calls.




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **22 Members** | 211,466 | 212,410 | 213,193 | 214,434 | 218,712 | 219,425 | 220,370 | 222,637 | 224,038 | 225,310 | 227,342 | 227,9915 |
| **Call Volume** | 8,132 | 7,567 | 8,961 | 7,494 | 8,161 | 7,891 | 7,238 | 9,075 | 8,455 | 7,988 | 7,300 | 7,009 |
| **PTMPYCM** | 461.46 | 427.49 | 504.39 | 419.37 | 447.77 | 431.55 | 394.14 | 489.14 | 452.87 | 425.44 | 385.32 | 6,722 |
| **23 Members** | 229,679 | 231,154 | 231,832 | 233,532 | 235,109 | 235,685 | 234,379 | 234,132 | 231,619 | 230,591 | 229,022 | 227,078 |
| **Call Volume** | 8,676 | 8,172 | 9,256 | 7,808 | 8,967 | 8,700 | 9,844 | 10,997 | 8,653 | 9,292 | 7,922 | 7,630 |
| **PTMPYCM** | 453.29 | 424.24 | 479.11 | 401.21 | 457.68 | 442.96 | 504.00 | 563.63 | 448.31 | 483.56 | 415.09 | 403.21 |

**December 2023 - Chart #2**

**Monthly Average Speed to Answer**

☐ Exceeding Goal

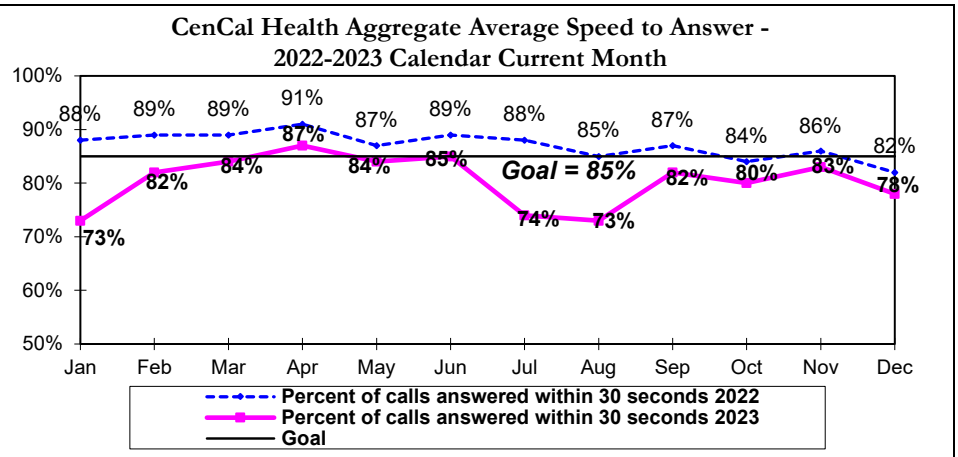
☐ Meets Goal

☒ Not Meeting Goal

***Average Speed to Answer Goal = 85% of Calls Answered Within 30 Seconds***

December's score = **78%**
MS queue calls handled: **7,003**
MS queue calls abandoned: **308**
MS queue calls answered within 30 seconds: **5,575**
*ASA excludes < 30 seconds short-abandoned (138); dequeued-voicemails (113)

The call center averaged 402 daily calls in December 2023.




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Answered in 30 seconds or less 2022** | 88% | 89% | 89% | 91% | 87% | 89% | 88% | 85% | 87% | 84% | 86% | 82% |
| **Answered in 30 seconds or less 2023** | 73% | 82% | 84% | 87% | 84% | 85% | 74% | 73% | 82% | 80% | 83% | 78% |

**December Analysis:** The Medi-Cal Adult Expansion (AE) added 15,775 new members for January 2024. This significantly increased the volume of automated welcome calls which allows members to connect directly to the call center that occur a few days prior to the month of eligibility. On 12/29/23, there was a significant surge in phone calls. Within 3 hours, the call center faced a backlog of over 350 calls, which proved to be overwhelming and resulted with 25 calls in queue over 10 minutes. Despite scheduled PTO around the holidays and a sudden leave of absence, a dedicated smaller team and several back up staff in Member Services and Behavioral Health managed the call volume. Unfortunately, this day greatly affected the monthly average speed to answer and abandonment rates.

# CENCAL HEALTH
# CALENDAR 2022 - 2023
# MEMBER SERVICE TELEPHONE STATISTICS

## AGGREGATE MONTHLY ABANDON RATE (CHART #3)
## AGGREGATE MONTHLY CALL CODING PERCENTAGE (CHART#4)

### December 2023 - Chart #3

**Monthly Aggregate Abandon Rate**

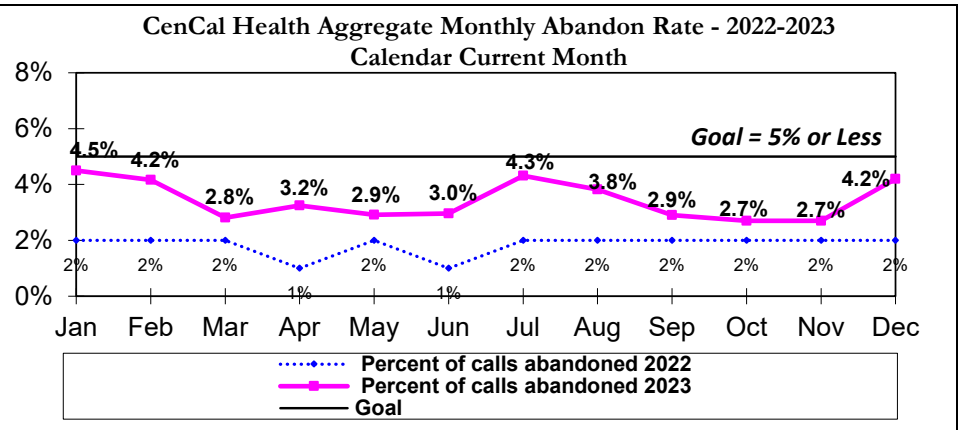
☒ Exceeding Goal
☐ Meets Goal
☐ Not Meeting Goal

***CenCal Health Goal = 5% or less***

MS Aggregate queue calls: **7,311**
Abandoned Calls: **308**
*Excludes calls dequeued (113)

Percent of calls abandoned in December 2023 = **4.2%**

**Analysis**: During the 12/29 new member outreach mentioned above, there were 119 abandoned calls. 40% of all abandoned calls in December. Still exceed goal.




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **% of Abandoned Calls 2022** | 2% | 2% | 2% | 1% | 2% | 1% | 2% | 2% | 2% | 2% | 2% | 2% |
| **% of Abandoned Calls 2023** | 4.5% | 4.2% | 2.8% | 3.2% | 2.9% | 3.0% | 4.3% | 3.8% | 2.9% | 2.7% | 2.7% | 4.2% |

### December 2023 - Chart #4

**Monthly Aggregate Calls Coded**

☐ Exceeding Goal
☒ Meets Goal
☐ Not Meeting Goal

***Goal for Percentage of Coded Calls = 95%***

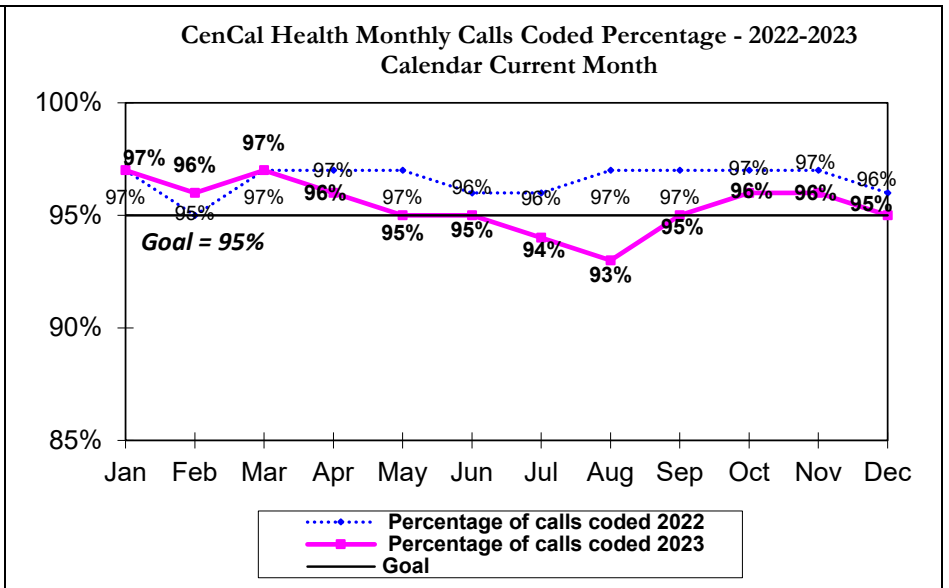
Queue Calls Handled: **7,003**
Queue Calls Coded: **6,661**

**Percentage of calls coded in December 2023 = 95%**
Total Issues Coded: **8,796**
*Calls may have more than one category.

**Top 5 Call Categories:**

| Category | Calls | % of Total |
|---|---|---|
| Eligibility | 3,075 | 35% |
| PCP Selection | 1,305 | 15% |
| Benefits | 726 | 8% |
| Member Request | 714 | 8% |
| Miscellaneous | 701 | 8% |

*Miscellaneous = calls dropped/disconnect or N/A to a preset category.




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Percentage of Calls Coded 2022** | 97% | 95% | 97% | 97% | 97% | 96% | 96% | 97% | 97% | 97% | 97% | 96% |
| **Percentage of Calls Coded 2023** | 97% | 96% | 97% | 96% | 95% | 95% | 94% | 93% | 95% | 96% | 96% | 95% |

**December Analysis:**
**Member Calls Coded:**

- Eligibility Calls – 48% Eligibility verification, 38% Referred to DSS/SSA, 5% Coordination of Benefits (OHC) Verification.
  - ***230 (7%) Calls from members with questions about the DHCS Re-Determination process.***
- Benefits – 33% Dental, 11% Vision, & 10% Specialists (Mostly asking for list of/contact information for OBGYNs and Dermatologists).
- Member Requests – 42% Demographic update, 40% ***HRA Survey/Mailing Response (286 HRA-related calls)***.
- Transferred Calls – 43% to the Medical Management Department, 17% to the Behavioral Health Department, & 15% Ventura Transit (Transportation).
- Member Portal – ***There were 67 calls for assistance with the Member Portal***, mostly creating a new account or resetting a password.

**Provider Calls Coded:**

- Provider call volume (1,143) = 13% of all calls tracked. 66% were for Eligibility, 14% were transferred out of Member Services (Mostly to Claims & Medical Management) and 10% for PCP selections.

# CENCAL HEALTH
# CALENDAR 2023
# MEMBER GRIEVANCE SYSTEM GRIEVANCE & APPEAL RECEIPTS

## MEMBER GRIEVANCES & APPEALS

**Reporting period:**

December 2023 - Calendar 2023

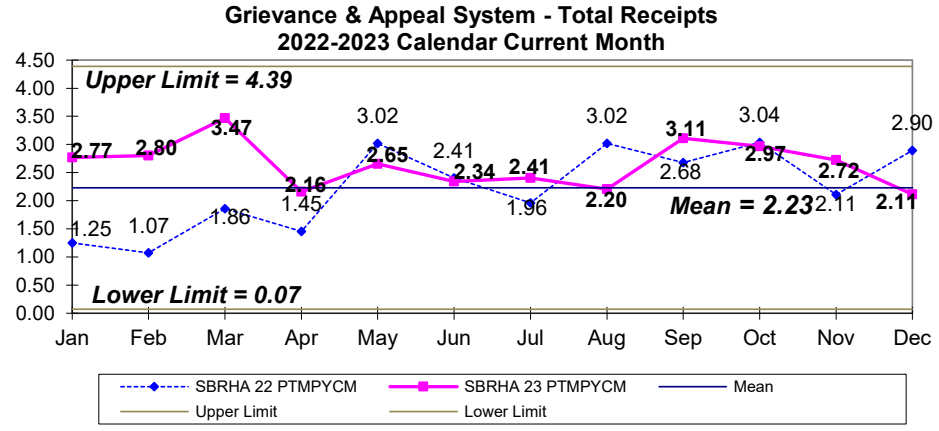
☒ **In Control**
☐ **Not in Control**

December's PTMPY for grievance and appeals was **2.11**, slightly below 2022's Mean of 2.23 and in control.

**December Grievance/Appeals = 40**

| | |
|---|---|
| APPEALS | 14 |
| QUALITY OF CARE | 9 |
| ADMINISTRATIVE | 9 |
| ACCESS | 5 |
| BENEFITS | 2 |
| INTERPERSONAL | 1 |

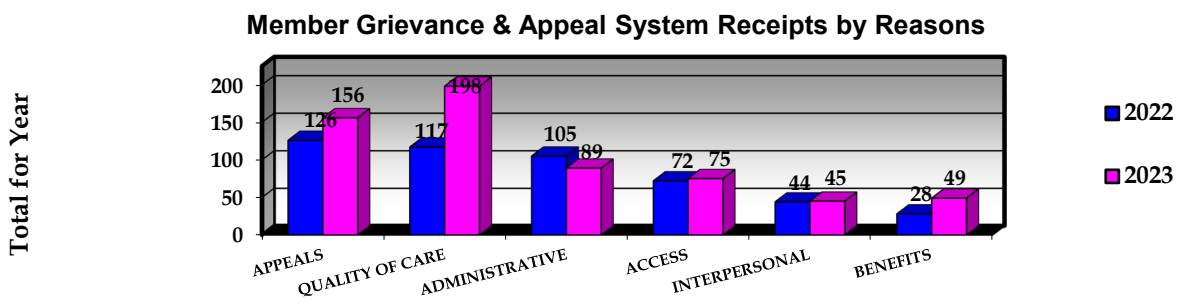
Of the **40** grievances/appeals filed:
34 = SBHI 85% of the aggregate volume (PTMPM: 0.21)
6 = SLOHI 15% of the aggregate volume (PTMPM: 0.09)




| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CenCal 22 Mbrshp | 211,466 | 212,410 | 213,193 | 214,434 | 218,712 | 219,425 | 220,370 | 222,637 | 224,038 | 225,310 | 227,342 | 227,915 |
| CenCal G&A Issues | 22 | 19 | 33 | 26 | 55 | 44 | 36 | 56 | 50 | 57 | 40 | 55 |
| CenCal PTMPYCM | 1.25 | 1.07 | 1.86 | 1.45 | 3.02 | 2.41 | 1.96 | 3.02 | 2.68 | 3.04 | 2.11 | 2.90 |
| CenCal 23 Mbrshp | 229,679 | 231,154 | 231,832 | 233,532 | 235,109 | 235,685 | 234,379 | 234,132 | 231,619 | 230,591 | 229,022 | 227,078 |
| CenCal G&A Issues | 53 | 54 | 67 | 42 | 52 | 46 | 47 | 43 | 60 | 57 | 52 | 40 |
| CenCal PTMPYCM | 2.77 | 2.80 | 3.47 | 2.16 | 2.65 | 2.34 | 2.41 | 2.20 | 3.11 | 2.97 | 2.72 | 2.11 |

**December Analysis and Trends:**

* **Appeals:** 12 TAR appeals: 6 various outpatient services including 3 for speech therapy. There were 3 DME appeals and 3 RBM appeals: no trends. 2 RAF appeals: no trends.
* **QOC Grievances** (6 PCP, 2 Behavioral Health, 1 Specialist)**:** Various perceived quality of care concerns/reasons with most issues stemming from member concerns that the provider inadequately addressed their concerns/conditions. Only one provider had more than one QOC grievance filed against them with two: no trends.
* **Administrative:** Mostly centered around the member's dissatisfaction with scheduling, timely communication, or the authorization process. Various providers: no trends.
* **Access:** Most access issues were due to providers not having available appointments within the members expected timeframe or the timeliness of authorization submission (4 PCP, 1 VTS).
* **Benefits:** There were 2 grievances against VTS for no-show/late arrivals for a pickup ride home.
* **Interpersonal:** The member's perception of rude demeanor or comments made by office staff/provider during interactions. There was 1 filed (PCP): no trends.
* **Transportation: 3** (2 Benefit, & 1 Access grievance) filed against transportation vendor (VTS) as noted above, resulting in one missed appointment.
* **Total Mental Health/BHT Services: 4** (2 QOC, 2 Administrative) 75% SB county & 25% SLO County. Commonly dissatisfied with appointment availability, being dismissed by provider, delays in call back/poor communication or not being prescribed medications of choice/preference. One BH provider had two QOC grievances.




| Type | Calendar 2022 | Calendar 2023 |
|---|---|---|
| **Appeals** | **126** | **156** |
| **Quality of Care** | **117** | **198** |
| **Administrative** | **105** | **89** |
| **Access** | **72** | **75** |
| **Interpersonal** | **44** | **45** |
| **Benefit** | **28** | **49** |

**Analysis:** Grievances and appeal volume average of 51 per month in 2023 is above the 2022 averages of 41 per month.

CenCal HEALTH
Local. Quality. Healthcare.

40th ANNIVERSARY 1983 • 2023

# PROVIDER BULLETIN

*A QUARTERLY PUBLICATION FOR PROVIDERS*

VOL. 33 NO. 4 • DECEMBER 2023



*A MESSAGE FROM OUR CEO*

## Compassionate Service

I want to take a moment to celebrate the compassionate service you provide. As 2023 draws to a close, we express our gratitude for your unwavering commitment to the members we serve, exceptional progress on reforms and initiatives, and remarkable achievements in quality of care.

At CenCal Health, this is also a time to celebrate the value of compassionate service, which is on display by healthcare providers in our community every day. I see you and your teams supporting our members like friends and family, reinforcing a sense of unity and caring within our community. I believe that this, in turn, promotes a healthier and more inclusive environment for everyone. As patients navigate our healthcare system's complexities, your connections with our members and community partners are life-changing.

The health coverage that CenCal Health provides keeps families from worrying and provides continued access to the high-quality healthcare that you provide. We also celebrate the customer service we provide to each other. The long-term benefit of compassionate service extends far beyond the daily assistance you provide. It creates a foundation of trust, expands our perspectives, develops empathy and helps us become more aware of the diverse needs of our organizations and community. It is an investment in well-being.

This month, CenCal Health celebrates 40 years of serve in Santa Barbara County and 15 years of service in San Luis Obispo County. This milestone is only possible through our continued partnership and our willingness to invest in compassionate service, strong partnership and local innovation. Next year will bring the expansion of community supports and enhanced care management to those in need.

CenCal Health will also reach for and achieve health plan accreditation from the National Committee of Quality Assurance (NCQA) and advance efforts to develop a locally responsive and high-quality Dual Special Needs Program (DSNP), which will become an option for those on both Medicare and Medi-Cal in 2026 and beyond. As we embrace what is possible, through our partnership, I am heartened by the values we share.

These include compassionate service, collaboration, integrity and improvement. Thank you for your support of a program that continues the legacy of high quality care and service through a health plan that is locally governed and directly accountable to the community it serves. Together, we are making a significant impact.

Marina M. Owen

Marina Owen, CEO

PROVIDER NEWS

# CenCal Health's Provider Satisfaction Survey Has Launched!

**CenCal Health is grateful for the relationship that we have with our providers. Our collaboration with you is the backbone of our mission, and we deeply value your knowledge, experience, and commitment to serving the Medi-Cal population.**

CenCal Health continues to look forward to how we can better serve our providers and strengthen our communities. This year, in order to better serve you, we have engaged with a third-party vendor to increase the quality of our Provider Satisfaction Survey. On our behalf, Press Ganey, also known as SPH Analytics, will be reaching out to many of our providers with an individualized link to an online survey. This outreach will be done in the form of mail and email, starting the first week of December, with follow up phone calls in January.

Your voice is so important in our work to improve the services we offer both you and your patients, we hope that you will take the time to make it heard.

Spread the word:

# Age and immigration status no longer barriers to Medi-Cal access in 2024

**California completes its phase-in of Medi-Cal eligibility on January 1, 2024, when all residents, regardless of age or immigration status, can qualify for free or low-cost coverage.**

You can make a difference in expanding healthcare access to residents in your community by sharing important facts with your patients about who qualifies for Medi-Cal:

- The latest expansion allows adults ages 26 through 49 to qualify for full-scope Medi-Cal, regardless of immigration status. All other Medi-Cal eligibility rules, including income limits, will still apply.
- Applying for Medi-Cal does not impact an individual's immigration status; their information is only used to determine if they qualify for benefits.
- County residents, including those who were previously ineligible for Medi-Cal, can apply now to see if they qualify for To apply, individuals only need to provide a driver's license or photo ID, proof of income (such as a current pay stub or bank statement), and proof of residence (such as a utility bill).

If you would like resources to share about applying for Medi-Cal benefits, please reach out to the Provider Relations Department at (805) 562-1676 or email **psrgroup@cencalhealth.org**.



PROVIDER NEWS

# Help your patients avoid disenrollment during their Medi-Cal annual renewal

**The renewal disenrollment rate in our counties averaged 18.5% in September, which is less than the statewide average of 20.5%, according to the Department of Health Care Services. The vast majority were disenrolled due to "procedural reasons," which most often means they did not return their renewal packet, or it was missing information.**

The process of redetermination is new to many Medi-Cal recipients, following three years of not needing to renew coverage during the COVID-19 Public Health Emergency.

**Important information to share with your patients about Medi-Cal renewal:**

- All Medi-Cal members have their coverage reviewed once per year, and renewal dates vary.
- Members who have action required to renew their coverage will be mailed a yellow envelope with a Medi-Cal renewal form. Current members will need to confirm information such as income, household details, address, and may need to provide supporting documents.
- There are four ways for members to renew Medi-Cal:

  1. **Online:** Create an account on BenefitsCal.com.
  2. **Mail:** Follow instructions on the renewal form.
  3. **Phone:** Call their local Medi-Cal office.
  4. **In person:** Visit their local Medi-Cal office.

**For more information, visit cencalhealth.org/redeterminationFAQ**

- If the renewal due date is missed, the member will be disenrolled. However, if it is less than 90 days from the due date listed in the packet, a member can still submit the form or missing information and have coverage retroactively reinstated without having to re-apply for Medi-Cal.

CalAIM Trainings On the Horizon

# Webinar Symposiums Available! Substance Use Disorder (SUD) and the Justice System

As part of the Medication Assisted Treatment (MAT) Expansion Project in Jails and Drug Courts Learning Collaborative, Health Management Associates (HMA) is offering foundational training to the CenCal Health provider network to build capacity to address the needs of the justice-involved population.

This series of six 90-minute trainings from 12:30 – 2 p.m. will provide information on the latest evidence-based best practices for SUD care and the justice system.

**Learning Objectives & Webinar Dates:**

- Webinar 1: Substance Use Disorder 101: Neurobiology, Recovery Systems and MAT – Training Video Available at **cencalhealth.org/providers/provider-training-resources/**
- December 14, 2023 – Webinar 2: Substance Use Disorder and the Justice System
- January 4, 2024 – Webinar 3: Stigma, Trauma Informed Care (TIC) and Harm Reduction
- January 18, 2024 – Webinar 4: Special Populations with SUD in the Justice System
- February 1, 2024 – Webinar 5: Co-occurring Disorders and the Criminal Justice System
- February 15, 2024 – Webinar 6: The Importance of Transitions for Persons in the Justice System

We invite our provider network to attend these trainings! The trainings also include time for questions. All sessions will be recorded and made available for future training use. If you're interested in attending any or all of these webinar series, please go to **cencalhealth.org/providers/provider-training-resources/**.

# New Community Supports Launching January 1, 2024!

**CenCal Health is excited to announce the Community Supports programs which we will be launching on January 1, 2024!**

The programs that will take effect on January 1, 2024, are:

### Short-term Post Hospitalization Housing

Available for members who do not have a residence and who have high medical or behavioral health needs with the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care and avoid further utilization of state plan services.

### Personal Care and Homemaker Services

Provide for individuals who need assistance with Activities of Daily Living, such as bathing, dressing, toileting, ambulation, or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living, such as meal preparation, grocery shopping, and money management.

### Respite Services

Provide caregivers of members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only.

### Day Habilitation

Programs are provided in a member's home or an out-of-home. The programs are designed to assist the member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment. The services are often considered as peer mentoring when provided by an unlicensed caregiver with the necessary training and supervision.

If you are interested in contracting with CenCal Health to provide one or more of the above services, or if you'd like to learn more, please contact the Provider Relations Department at (805) 562-1676, and/or email **psrgroup@cencalhealth.org** for more information. Additional resources can also be located online at **cencalhealth.org/providers/calaim/**.

# CenCal Health Whole-Person Care Webinar

**As CenCal Health partners with our local community to transform local healthcare we invite our network to learn more about the services available to CenCal Health members that extend beyond traditional healthcare settings. These services aim to provide comprehensive care and achieve better health outcomes.**

Join CenCal Health on January 25, 2024 at 2 p.m. to learn about these services, including Enhanced Care Management, Community Supports, Doula, and Community Health Worker services.

If you're interested in attending any or all of these webinar series, please go to **cencalhealth.org/providers/provider-training-resources/**.



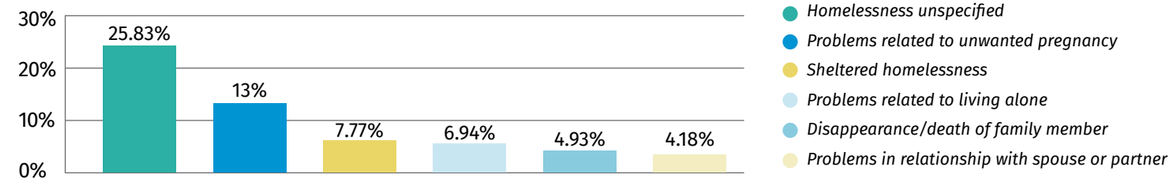


# Social Determinants of Health

**The Centers of Disease Control and Prevention (CDC) defines Social Determinants of Health (SDOH) as the nonmedical factors that influence an individual's health outcomes. These factors include conditions into which people are born into, live, learn, work, socialize, and worship that affect a wide range of health and quality-of-life outcomes.**

In calendar year 2022, CenCal Health's contracted Primary Care Providers (PCPs) submitted SDOH claim encounter codes for 7,510 members. The graph below illustrates the percentage of codes submitted for homelessness, problems related to living alone, problems related to unwanted pregnancy, and others.

**Top SDOH Codes Utilized, 2022 (n=7,510)**




The following tables show responses from the SDOH questions on the Adult Health Survey Tool for 2022, particularly related to housing, food, security, financial security, social support, and safety.

| Self-Reported Responses from Adult Health Survey Tool 2022 | | |
|---|---|---|
| **Question** | **Yes** | **No** |
| Do you have family members or others willing and able to help you when you need it? | 82.67% | 17.33% |
| Are you currently homeless? | 3.08% | 96.92% |
| Do you have enough food to eat each month? | 89.74% | 10.26% |
| Do you sometimes run out of money to pay for food, rent, bills, and medicine? | 36.32% | 63.68% |
| Are you afraid of anyone or is anyone hurting you? | 1.74% | 98.26% |

CenCal Health providers are key partners in identifying health disparities for your patients. Data gathered will ensure CenCal Health appropriately assesses the needs of our community in support of solutions to help members thrive and achieve optimal health.

### Coding

CenCal Health encourages all network providers to include SDOH codes in their billing SDOH categories include:

- **Z55** – Problems related to education and literacy
- **Z56** – Problems related to employment and unemployment
- **Z57** – Occupational exposure to risk factors
- **Z58/Z59** – Problems related to housing and economic circumstances
- **Z60** – Problems related to social environment
- **Z62** – Problems related to upbringing
- **Z63** – Other problems related to primary support group, including family circumstances
- **Z64** – Problems related to certain psychosocial circumstances
- **Z65** – Problems related to other psychosocial circumstances

**Help us strive for health equity by coding for SDOH to provide crucial data towards improving quality outcomes, reducing health disparities, and driving delivery system transformation and innovation.**

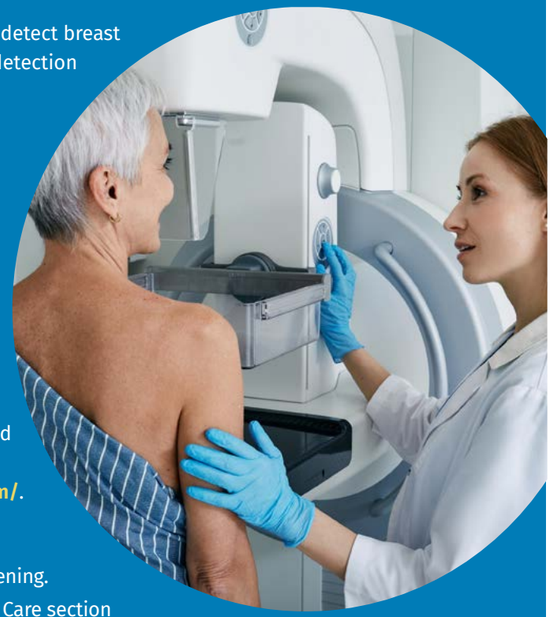
For reference, DHCS issued a comprehensive list of SDOH codes to maximize the capture of actionable information: **www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf**

For case management referrals, please visit the CenCal Health website: **cencalhealth.org/providers/case-management/**

For additional support, please contact the Population Health team at **populationhealth@cencalhealth.org**

# Breast Cancer Screening

**Breast cancer is the second most common cancer among women in the United States. According to the Centers of Disease Control and Prevention (CDC), about 42,000 women and 500 men in the U.S. die each year from breast cancer, with Black women having a higher rate of death than all other women.**



Although breast cancer screening cannot prevent breast cancer, it can help detect breast cancer early, sometimes up to three years before it can be palpated. Early detection makes treatment and outcomes better.

## Clinical Recommendations

The United States Preventive Services Task Force (USPSTF) recommends biennial screenings for mammography between 50 to 74 years of age. For the comprehensive USPSTF clinical guideline, please visit: **https://uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening**.

## Breast Cancer Screening is an incentivized QCIP measure!

CenCal Health's value-based Quality Care Incentive Program (QCIP) offers an incentive to primary care providers (PCPs) in accordance with established guidelines for breast cancer screenings. For details, please visit: **cencalhealth.org/providers/quality-of-care/quality-care-incentive-program/**.

## Tips:

- Leverage Initial Health Appointments (IHAs) as opportunities for screening. The list of members due for IHAs can be found in the Coordination of Care section of the provider portal (available to Primary Care Providers only).
- Utilize gaps in care reports also available on the QCIP dashboard of the provider portal to call members and/or send reminders.
- Ensure mammogram information including date and results are noted in the patient's chart and document the findings through corresponding billing and coding.
- Create a workflow to check the status of the patient's mammogram ahead of the visit.
- Provide both written and verbal educational guidance on the importance of self-examination.
- Talk to your patients about the different types of screening tests available and which one is right for them.

## Billing:

Timeliness of claims submission is highly encouraged as the list of members due for a breast cancer screening on the QCIP report will be updated monthly using real-time claims data. Below are codes that can be used when billing:

- CPT: 77061-77063, 77065-77067
- HCPCS: G0202, G0204, G0206
- ICD10: Z12

For member health education materials, please contact the Health Promotion team at **healtheducation@cencalhealth.org**
For QCIP questions, please contact the Quality team at **qcip@cencalhealth.org**.





# Topical Fluoride for Pediatric Oral Health

**Tooth decay (also known as caries or cavities) is the most common chronic disease of childhood in the United States, according to the Centers for Disease Control (CDC).**

Poor oral health leads to pain, school absenteeism, lower grades, and an overall negative effect on children's general physical health. Tooth decay disproportionately affects low-income, young, Black, and Hispanic populations, as well as children with special healthcare needs. Cavities are preventable with the use of fluoride varnish, which can prevent about one-third (33%) of cavities in baby teeth.

Pediatricians are in a unique position to provide oral health guidance to families by applying fluoride varnish in-office. **Topical application of fluoride varnish is a covered benefit for pediatric CenCal Health members.**

The early application should be performed after the first tooth erupts until age 5. It can be swabbed directly onto the teeth in less than three minutes and sets within one minute of contact with saliva. No special dental equipment or training are required.

## Billing for Fluoride Varnish

- Use CPT code 99188 - Reimbursable for children through age 5 and includes all materials and supplies needed.
- Once teeth are present, treatment is covered up to 3 times in a 12-month period.
- Fluoride Varnish may be applied by:
  - » Medical professionals
  - » Any trained person with signed guardian permission and under a doctor/dentist prescription or protocol
  - » In a community setting such as a https://uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening school/health fair or government program

The American Academy of Pediatric Dentistry recommends that pediatricians perform oral health risk assessments on all children beginning at 6 months of age. Infants identified as higher risk should be referred to a dentist as early as 6 months of age and no later than 6 months after the first tooth erupts or
12 months of age (whichever comes first) to establish their dental home. Every child should have a dental home established by 12 months of age.

For additional resources, please reference **https://www.healthychildren.org/English/healthy-living/oral-health/Pages/Why-Regular-Dental-Visits-Are-Important.aspx** or contact our Population Health Team at **populationhealth@cencalhealth.org**.

## CenCal Health recommends reviewing the following sites for more information:

American Academy of Pediatrics, "Fluoride Remains a Powerful Tool to Prevent Tooth Decay"
**www.aap.org/en/news-room/news-releases/aap/2020/american-academy-of-pediatrics-fluoride-remains-a-powerful-tool-to-prevent-tooth-decay/**

Centers for Disease Control and Prevention, "Children's Oral Health"
**www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html**

# Follow-Up After Emergency Department Visit

**CenCal Health prioritizes timely follow-up care for individuals seeking emergency department (ED) services for mental illness and alcohol/drug abuse or dependence.**

The period following an individual's ED visit is critical as timely follow-up care leads to reduced ED visits, improved function, increased compliance with follow-up instructions, and a reduction in substance use. High ED utilization may also signal a lack of access to care or issues with continuity of care, both crucial elements to be addressed in a follow-up visit.

For the health and safety of our members, it is important that Primary Care Providers (PCPs) ensure that members experiencing ED visits for mental illness and/or substance use or dependence receive timely follow-up care.

As part of CenCal Health's ongoing Quality Improvement and Health Equity Transformation Program (QIHETP), CenCal Health monitors and reports the following performance measures to the Department of Health Care Service (DHCS).

| Follow-Up for Mental Illness (FUM) | Follow-Up for Substance Use (FUA) |
|---|---|
| The percentage of ED visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who received a follow-up visit for mental illness:<br>1. Within 7 days<br>• **Goal Rate: 61.68%**<br>2. Within 30 days<br>• **Goal Rate: 73.26%** | The percentage of ED visits for members 13 years of age and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up:<br>1. Within 7 days<br>• **Goal Rate: 53.44%**<br>2. Within 30 days<br>• **Goal Rate: 38.15%** |

**Best Practices:**

- Establish a workflow to receive information from hospital partners daily to identify which patients have recently visited the ED.
  - » Many hospital partners have established reports that providers can review to support timely follow-up.
- Upon identification, schedule follow-up appointments within 7 days.
  - » Encourage patients to bring their discharge paperwork including any medications they received upon discharge.
  - » Use the "Teach-Back Method" to ensure patients and caregivers review and understand discharge instructions and the next steps in their care for follow-up.
  - » Engage members in determining what next steps they are open to.
- Screen for Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) or depression screenings during the follow-up appointment.
  - » Document all results, referrals, and next steps.
  - » For members interested in substance use treatment or mental health treatment, please refer to the Behavioral Health Call Center at (800) 421-2560, the Provider Directory on our website to find an available mental health provider, or complete a Behavioral Health Care Coordination Referral form for Behavioral Health to assist with referrals to substance use treatment or mental health care.
  - » Outreach to patients who cancel appointments and assist them with rescheduling as soon as possible.
- Set flags, if available, in electronic health record (EHR) or develop a tracking method for patients due or past due for follow-up after discharge visits.
- Consider referrals to Community Supports (CS) or Enhanced Care Management (ECM) as social drivers of health (SDOH) factors may be barriers.
- Use the same diagnosis for SUD at each follow-up (a non-mental illness diagnosis code will not fulfill this measure).



## Care Management (CM)

Care Management (CM) support is available for members who have complex medical conditions, high psychosocial risk factors, or need assistance navigating the healthcare system. Utilize CenCal Health's Provider Portal to determine if the member is currently receiving Complex or Enhanced Care Management or Community Support services. These programs have a dedicated team that can partner with you to support the health, social, and behavioral needs of the member.

For more information on CM services or to access the referral forms, visit **cencalhealth.org/providers/case-management/** or call (805) 681-8260.

For further questions or support, please reach out to the Population Health team at **populationhealth@cencalhealth.org**

### Additional online resources:

- Behavioral Health Care Coordination Referral: **cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/mental-health-service-provider-resources/**
- Care Management/ Enhanced Care Management: **cencalhealth.org/providers/case-management/**
- Community Supports: **cencalhealth.org/wp-content/uploads/2023/02/202108utilizationmanagementauthorizationdownlaodform.pdf**
- Provider Directory: **cencalhealth.org/providers/search-provider-network/**



# Tools for Patients in the New Year

With the new year comes resolutions! Patients may have a health or wellness goal they would like to achieve and may come to you for information. As an active partner in their health care, creating a judgement-free environment that encourages questions is an important way to engage patients to share.

**The following techniques will help promote a good health outcome and patient satisfaction:**

### Inviting questions:

- Encouraging patients to ask questions can be as simple as saying, "What questions do you have?" or "What health concerns do you have?" This wording creates an opportunity for your patients to ask questions.
- Asking "Do you have any questions?" is not ideal because most patients will respond to this wording by saying "no," even if they do have questions.

### Using body language to build rapport.

- Look and listen: Look at patients when they're talking, as opposed to looking at the chart or computer.
- Show that you have the time: Be conscious about presenting yourself as having time and wanting to listen to their questions.

### Encouraging all staff to make sure questions are asked and answered.

- **Check-in staff** can encourage patients to ask their clinicians any questions they have during the visit.
- **Check-out staff** can ask patients whether all their questions were answered.

If your patients would like more information about their health and wellness, they can visit **cencalhealth.org/health-and-wellness/**, request health education classes/materials from the NEW member portal, or request health education materials to be mailed to their home by calling (800) 421-2560 ext. 3126.

# Medi-Cal Rx Updates: Updates to Continuous Glucose Monitoring (CGM) Systems Policy

The coverage requirements for Medi-Cal Rx contracted Continuous Glucose Monitoring (CGM) Systems have been updated. These changes went into effect for requests on or after October 1, 2023. The coverage criteria for CGM systems have been updated as follows:

### Life of Prior Authorization Approval

CGM initial authorization and subsequent reauthorizations will be for a period of one year, initiating on the date of approval. Each fill can be a 90-day supply.

### Prescriber Requirement

CGM coverage is limited to prescribing by an endocrinologist, a primary care provider (physician [MD or DO]), nurse practitioner (NP), clinical nurse specialist (CNS), physician assistant (PA), or a certified nurse midwife (APRN-CNM), or other licensed healthcare practitioner with experience in diabetes management.

### Diagnosis Requirement

A diagnosis of diabetes or gestational diabetes.

- Diabetes (Type 1 or Type 2) and one of the following other criteria:
  - » Insulin-dependence based on regular insulin claim history in the past or other documentation of regular insulin use; or
  - » History of problematic hypoglycemia with documentation demonstrating recurrent (more than one) level 2 hypoglycemia events (glucose < 54 mg/dl [3.0 mmol/L]) that persist despite attempts to adjust medication(s) and/or modify the diabetes treatment plan within the past year.
- Gestational Diabetes
  - » Restricted to approval for the duration of the pregnancy up to a maximum of 9 months; and
  - » Estimated date of delivery must be included on the request.

### Hemoglobin A1c (HbA1c) Requirement

A HbA1c value measured within eight months of the date of the request is documented on the PA request.

### Reauthorization Requirement

Documentation that the member continues to meet CGM PA coverage criteria and has been seen and evaluated by the prescriber annually, either in person or telephone conferencing with documentation of:

- The date of the most recent visit; and
- The member is using the device as prescribed; and
- The member is maintaining clinical HbA1c targets defined by the prescriber.

**Effective December 1, 2023, pharmacy providers and prescribers no longer need to submit PAs for each component (such as sensor plus transmitter plus reader) of the CGM system. Medi-Cal Rx will accept one PA request for CGM systems, which will apply to all components of the CGM system requested by the provider.**

For any provider inquiries regarding Medi-Cal Rx, please call the Medi-Cal Rx Customer Service Center (CSC) at (800) 977-2273 or the CenCal Health Pharmacy Department at (805) 562-1080.





# Mental health specialists: Higher Level of Care requests

**Please coordinate a member's care for county-level mental health services directly with CenCal Health's Behavioral Health Department. The DHCS-required Transition of Care form is available in the Forms Library or on the Behavioral Health/Mental Health provider page.**

### County Mental Health Services include:

- Residential care for Eating Disorder; Partial Hospitalization care for an Eating Disorder; Intensive Outpatient program for an Eating Disorder
- Full-Service Programs
- Targeted Mental Health Case Management
- Transitional Youth Services
- Peer Recovery Specialists
- Support Groups
- Crisis Intervention, Stabilization
- In-patient psychiatric admission

For members requesting referrals to substance use treatment, please use the Behavioral Health Care Coordination form. For more information or to speak to the Behavioral Health team, please call the Provider Line at (805) 562-1600.

### Benefits now include Dyadic Services

Last March, Medi-Cal expanded the Mental Health Benefit to include Dyadic Services and Family Therapy. The Dyadic Services Benefit is designed to support the implementation of comprehensive models of dyadic care, such as HealthSteps and Dulce, that work within the pediatric clinic setting to identify and address caregiver and family risk factors for the benefit of the child. It is a family and caregiver-focused model of care intended to address developmental and behavioral health conditions of children as soon as they are identified, and fosters access to preventive care for children, improved rates of immunization completion, coordination of care, child social-emotional health and safety, developmentally appropriate parenting, and maternal mental health.

Dyadic Services include Dyadic behavioral health (DBH) well-child visits, Dyadic Comprehensive Community Supports Services, Dyadic Psychoeducational services, and Dyadic Family Training and Counseling for Child Development. Eligible providers include licensed mental health specialists, physicians, associate mental health specialists, and community health workers. Psychological testing doesn't require referral.

For more information on how to incorporate Dyadic services into your practice, please reach out to Provider Relations at **providerservices@cencalhealth.org** or call (805) 562-1676.

### Reminder: ABA Recommendation Does Not Require Autism Spectrum Diagnosis

Members do not require an Autism Spectrum Diagnosis (ASD) or a comprehensive developmental evaluation to start ABA Services. Eligible members only require a recommendation from a qualified provider stating services are medically necessary. Qualified providers (physicians, psychologists, and surgeons) who believe that a member would benefit from ABA services can complete an ABA Recommendation and submit it to the Behavioral Health Department by following the directions on the form.

ABA providers can also watch CenCal Health's monthly technical training quick reference videos online at **cencalhealth.org/providers/behavioral-health-treatment-and-mental-health-services/** under the "Behavioral Health Treatment (ABA) Provider" tab!

For further questions, please contact the Behavioral Health Call Center Provider Line (805) 562-1600.

# Provider Bulletin reminder

**CenCal Health is publishing quarterly Provider Bulletins in March, June, September, and December, in addition to monthly digital Bulletins!**

CenCal Health will continue providing time-sensitive information to our provider network through other means of communication, including emails, the CenCal Health website, and in-person during provider visits.

To ensure that you receive important updates, sign up today by scanning the QR code or with your email address online at **cencalhealth.org/providers/provider-bulletin-newsletter/**.

CenCal HEALTH
Local. Quality. Healthcare.

4050 Calle Real
Santa Barbara, CA 93110

Standard Presort
US Postage
**PAID**
Santa Barbara, CA
Permit No. 625

# CenCal Health Holiday Closures

## Monday, December 25, 2023 (Christmas Day observed)

## Monday, January 1, 2024 (New Years Day observed)

P-PS-Q4PB-1223 E

Provider Services (805) 562-1676
Claims Services (805) 562-1083
Pharmacy Services (805) 562-1080

Health Services (805) 562-1082
Member Services (877) 814-1861
Behavioral Health (805) 562-1600