BOARD OF GOVERNORS

Children's Health Consultant Advisory Committee

Meeting Summary – January 16, 2024

1055 W. Seventh Street, Los Angeles, CA 90017

Members

Tara Ficek, *MPH, Chair*
Felix Aguilar-Henriquez
Sameer Amin, *MD*
Edward Bloch, *MD**
Maria Chandler, *MD, MBA*
Rebecca Dudovitz, *MD, MS*
Rosina Franco, *MD**
Toni Frederick, *PhD*
Gwendolyn Ross Jordan*
Lynda Knox, *PhD*
Nayat Mutafyan*
Hilda Perez*
Maryjane Puffer, *BSN, MPH*
Diana Ramos, *MD**
Ilan Shapiro, *MD, FAAP**
Diane Tanaka, *MD**

**Management*

Alex Li, *MD, Chief Health Equity Officer*
Lina Sarthi Shah, *MD, Physician Reviewer, Utilization Management*
Laura Gunn, *Quality Improvement Project Manager II, Quality Improvement*
Tamara Ataiwi, *RN, Quality Management Nurse Specialist RN II, Quality Improvement*

**Absent **Present, but not quorum*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, *MPH, Chairperson*, called the meeting to order at 8:35 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	*The Agenda for today's meeting was not approved due to the committee not reaching a quorum.*	
PUBLIC COMMENT	*No public comment was submitted.*	
APPROVAL OF THE MEETING MINUTES	*The December 5, 2023 meeting minutes were not approved due to the committee not reaching a quorum.*	
CHAIRPERSON'S REPORT **2024 California Children's Report Card**	Chairperson Ficek gave the following report: Chairperson Ficek began by acknowledging the collaborative effort involved in compiling the 2024 California Children's Report Card. She emphasized the significance of the report, which originates from Children Now, a prominent statewide advocacy organization. She noted that the organization's extensive presence underscores the credibility and relevance of the report, which is released annually to assess the state's performance in supporting outcomes for children from prenatal to 26 years old. She noted that she elaborated on the	

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	criteria used to grade the State's progress, indicating that each grade reflects California's efforts in passing and implementing state-level policies, as well as making necessary investments in services and support systems aimed at enabling children to reach their full potential. She highlighted the comprehensive nature of the report, which encompasses various sections evaluating different aspects of children's well-being. One of the sections Chair Ficek drew attention to was health, where the grades ranged from a high grade in health insurance to a disappointing D- in preventing substance abuse. She underscored the significance of these grades, indicating that they underscore the considerable work required to meet the needs of California's children and families effectively. She expressed her hope that sharing the resource would provide fresh insights into the barriers hindering progress and facilitate a better understanding of the root causes contributing to ongoing complex health challenges faced by families. She emphasized the importance of shedding light on communities striving to advance better health outcomes for all California children. Chairperson Ficek suggested that the report could serve as a valuable resource for the board members, potentially prompting deeper discussions or presentations from Children's Now representatives on specific sections of the report. She encouraged the members to explore the report further to gain a comprehensive understanding of its findings and implications for their work.	
CHIEF MEDICAL OFFICER REPORT	Sameer Amin, *MD*, *Chief Medical Officer*, gave a Chief Medical Officer report *(a copy of the full report can be obtained from Board Services)*. Dr. Amin, the Chief Medical Officer, expressed his gratitude for the opportunity to address the committee and began by highlighting the agenda's focus on two important discussions: clinical initiatives and childcare services coordination. He noted that Ms. Gunn and Ms. Ataiwi would be leading the discussion on children's phone-based interventions, while Dr. Shah would be discussing childcare services coordination, building on previous discussions from past meetings. Moving on to broader topics, Dr. Amin provided updates on case management and utilization management services. He explained that the department was undergoing a significant reorganization to address over and underutilization of healthcare services in the county. A new in-house medical director team had been hired to provide clinical support across the organization, marking a significant shift in LA Care's approach to clinical care delivery. Dr. Amin then shifted the discussion to regulatory advocacy efforts, particularly focusing on quality metrics and financial sanctions. He revealed that LA Care had received a preliminary intent to sanction based on its performance in medical accountability set benchmarks. Despite concerns regarding the methodology used to	

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	determine sanctions, formal discussions with regulators had not resulted in any adjustments. As a result, La Care was planning to appeal the sanctions based on discrepancies between quality performance and financial penalties. Dr. Amin discussed auto-assignment policies for new members entering the medical program. He explained that changes in methodology had led to a sudden shift away from La Care and other local health plans, despite continued superior performance in quality metrics. The state's reluctance to adjust the methodology prompted collaborative efforts between La Care and local health plans to advocate for fairer policies. Although formal changes had not yet been agreed upon, ongoing discussions with regulators offered hope for a resolution. Dr. Amin emphasized the importance of collaborative efforts between L.A. Care and regulatory bodies to address challenges related to quality metrics and auto-assignment policies. Despite setbacks, he remained optimistic about the potential for fruitful discussions to improve outcomes for members. He underscored the shared commitment among stakeholders to prioritize the well-being of those served by the healthcare system, despite differences in approach and opinion.	

CLINICAL INITIATIVES: CHILDREN'S PHONE-BASED INTERVENTIONS	Laura Gunn, *Quality Improvement Project Manager II, Quality Improvement,* and Tamara Ataiwi, *RN, Quality Management Nurse Specialist RN II, Quality Improvement,* gave a presentation about Clinical Initiatives: Children's Phone-Based Interventions *(a copy of the presentation can be obtained from Board Services).*
	
	Overview:
	• Measurement Year (MY) 2023 children's measures
	• Phone-Based Interventions:
	  o Summary of robocall and text messaging campaigns
	  o Results from 2022 and 2023 campaigns
	• Lessons learned and looking towards the future.
	
	Children's Health
	Measures for MY 2023:
	• Immunizations
	  o Childhood immunizations by age 2 (CIS-10)
	  o Adolescent Immunizations (IMA-2)
	  o Well Care Visits
	  o Well-Child Visits for 0-15 month olds (W30 6+)
	  o Well-Child Visits for 15-30 month olds (W30 +2)
	  o Well-Child Visits for 3-21 year olds (WCV)	

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	○ Lead Screening in Children (LSC) • Topical Fluoride Varnish (TFL-CH) • Developmental Screenings for ages 1-3 years old (DEV) **Fluoride and Developmental Screenings are not included for MY 2022** How do we reach members to come in for preventive care services? • Social Media Campaigns • Robocalls • Mailers • Text Messaging Campaigns • Newsletters • Member Incentives MY 2021 robocalls Launched: October 25, 2021-November 18, 2021 • 162,027 members called. • Calls conducted in English and Spanish. • 111,776 (69%) members reached (live connect/voicemail). • Looking at the number of members reached successfully who also had a date of service, L.A. Care gained a 2% boost in visits- meaning we gained an extra 3,744 well care visits!! • We saw more of an impact with our 0-11 year old members. **MY 2022 robocalls** • Launched: September 27, 2022-October 7, 2022 • 146,693 members called. • Calls conducted in English and Spanish. • 112,818 (77%) members reached (live connect/voicemail). • New scripts compared to 2021 calls. ➢ Looking at the number of members reached successfully who also had a date of service, L.A. Care gained a 7% boost in visits- meaning we gained an extra 9,884 well care visits!!	

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	➢ *To note:* Another run of text messages also went out in September for WCV. It's possible other interventions affected the call success rate, but it's safe to say that continuing to conduct calls ***is part*** of the L.A. Care success! MY 2023 robocalls New to 2023: Two sets of robocalls! Get better phone numbers! Set 1: • Calls took place 3/30-3/31 and 5/26-7/6. • 167,545 members called. • Calls conducted in English, Spanish, Mandarin, and Cantonese. • 121,305 (72%) members reached (live connect/voicemail). • Same scripts as 2022 calls. Set 2: • Calls for 0-30 months members launched 9/29. Calls for members ages 3-21 years old launched 12/28. • 0-30 months: 7,770 called in English and Spanish. • 0-30 months: 5,369 members (69%) reached (live connect/voicemail). • New scripts created for Set 2. ➢ Results for calls made in 2023 will be evaluated in 2024 Text Messages MY 2022 Campaign- analysis continued Closer look at the numbers: • Intervention Population total: 44,979 • Intervention Compliance total: 28,571 • Intervention Compliance rate: 63.52% • Control Population total: 1,224 • Control Compliance total: 634 • Control Compliance rate: 51.80% Difference in Compliance Rate: 11.72% (63.53% - 51.80%) Improvement Rate: 22.63% [11.72% (compliance rate difference) divided by 51.8% (control compliance rate)] **MY 2023 Campaign**	

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	• Campaign ran for W30. Split into two age groups: 1) 0-14 month old members and 2) 15-30 month old members. MCLA and LACC members. • Series of 5-6 text messages sent every two weeks providing health education and a reminder to schedule well care visits. • Two runs, August and December 2023. August run: • W30A: 3,258 outreached. 3,255 enrolled- 99.9% • W30B: 2,962 outreached. 2,956 enrolled- 99.8% December run: • W30A: 2,240 outreached. 2,239 enrolled- 99.9% • W30B: 2,220 outreached. 2,218 enrolled- 99.9% Lessons learned so far: • Calls more than once a year is a good practice. • Taking the extra step & time to gain better phone numbers is worth it. • Utilizing call scripts more than once saves time and will help justify the recording of different languages. • Text messages need to go to all 0-21 year old members. Strengthen interventions: • Applying member feedback to Text Messaging WCV scripts. • Applying text messages to specific preventive services (lead screening and flu).	
CALIFORNIA CHILDREN SERVICES (CCS) CARE COORDINATION UPDATES	Lina Sarthi Shah, *MD, Physician Reviewer, Utilization Management,* gave a presentation about California Children's Services (CCS) Care Coordination Updates *(a copy of the report can be obtained from Board Services).* Overview: • CCS program overview • UM department updates • Care Coordination within LA care ➢ Other Updates State Legislated Program • Established in 1927. • Originally called the California Crippled Children Services.	

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	Local Administration • CCS is the authorizing agent of Medi-Cal for children with CCS eligible conditions CCS Enrollment • This is not auto enrollment • Initial referral can be submitted by anyone • SAR's (service authorization request) must be submitted by a CCS provider or community partners ➢ Requests are sent with current medical records justifying request for CCS services ➢ Appeals Process: If initially denied for CCS, can appeal for eligibility or service • This is not a full carve out ➢ Only for services related to a qualified diagnosis ➢ If not enrolled, MCP obligated to pay for services ➢ MCP liable to help identify and enroll qualified members 2024 MOU with LHD • Must be under the Age of 21 • Must have a qualified diagnosis (determined by local CCS department) • Residency Requirement (must show proof of LA county residence) • Financial Requirement ➢ Has Medi-cal coverage, or ➢ Family's adjusted income is less than $40,000 ➢ Family earns more than $40,000, but would spend 20% or more on medical services for the CCS condition without CCS CCS Medically Eligible Conditions In general: most chronic, physically disabling, severely disfiguring, or life-threatening conditions that require complex medical intervention, surgical, or rehabilitative services are eligible. Most acute, simple, self-limiting, or primarily mental, developmental conditions are NOT eligible. "Syndromes, mental health, autism, transgender are not covered" • Members will be primary with Medi-cal, and will have approved diagnoses covered by CCS • DHCS manages the CCS program	

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	➢ CCS is administered as a partnership between county health departments and the DHCS • CCS Provides the following for CCS eligible conditions ➢ Doctor Visits and Care (must be CCS paneled)- specific conditions seen at an SCC ➢ Hospital stays (must be CCS paneled) ➢ Surgery ➢ Therapies: PT, OT, ST ➢ Diagnostic testing: Radiology, laboratory ➢ DME ➢ Case Management ▫ May assist members in finding a physician and may refer to other resources ➢ Medical Therapy Program (MTP): school based OT/PT services ▫ Majority have neurological or musculoskeletal disorders MCP Requirements • All Plan Letter 23-029: MOU Requirements for MCPs and Third-Party Entities ➢ ATTACHMENT F: Local Health Department (LHD) MOU ▫ Exhibit F: CCS 1. Party Obligations: MCP to provide coverage until CCS coverage established 2. Training and Education: MCP to train on CCS program and how to make referrals (within LA care, network providers, and subcontractors) 3. Referrals and Eligibility Determinations (including ECM): help network providers to make referrals 4. Care Coordination and Collaboration: making sure all medically necessary services are provided to members, including HRIF, transportation, transition services, and emergency services 5. Data Information and Exchange: all needed data provided to CCS to do initial eligibility determination • Overall Goal: Health plans and CCS work together to ensure each entity knows their roles and that these kids get services they need from the right place and there is no duplicating efforts	

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	➢ CM efforts to help CCS enrollment, community referrals and coordination of care • Examples: PDN with MCP and CCS (APL 20-012) ➢ CCS has a max and health pan can authorize additional hours ➢ Many children have both CCS and Regional Center (RC) ➢ RC many times adds respite care for parents ➢ ie: A child with 2 seizure medications will qualify based on diagnosis for CCS and epilepsy is a criteria for RC services ➢ RC services can continue even after child turns 21 • Children with Special Health Care Health Care Needs (CYSHCN) Program ➢ 30% of Title V federal funds: Maternal and Child Health Block Grant ▫ A portion of this is allocated to CCS (other funds from state and county) ▫ Title V provides core funding to California to improve the health and well-being of mothers, infants, children and youth, including children with special health care needs and their families ➢ Serves birth through 21 ➢ Needs one or more chronic physical, behavioral or emotional condition ➢ Services through local agencies with state level support (ie: early intervention or public health nursing) • CCS services may end when ➢ The child no longer has a CCS-eligible condition because the condition has changed or treatment has been completed ➢ The child is no longer financially eligible because the family's income has changed ➢ The child moves outside the state of California ➢ The child turns 21 (importance of transition care) • Restructuring within UM to focus on CCS screening by subject matter experts ➢ Addition of an UM nurse to inpatient screening and 2 outpatient UM nurses ▫ PEDI to track CCS SARS ▫ Access the status of Requests for Services/Authorizations ▫ Goal: Auth Tech to reach out to providers to submit SARs to CCS and track these SARs	

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	▫ Carving out inpatient stays that are deemed CCS medically eligible ▫ Carving out outpatient requests for members with active CCS and have pending service request with CCS, have a request related to CCS eligible condition, and/or have had these services previously authorized by CCS ▫ CCS can retroactive pay for any services that are CCS eligible ▫ CM referral for potential CCS clients	
ADJOURNMENT	The meeting was adjourned at 10:02 a.m.	

Respectfully submitted by:
Victor Rodriguez*, Board Specialist II, Board Services*
Malou Balones*, Board Specialist III, Board Services*
Linda Merkens*, Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, *MPH*, *Chairperson* DocuSigned by: Tara Ficek 5AC61982BA4D494...

Date Signed: 4/24/2024 | 4:04 PM PDT

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