



AGENDA

**Children’s Health Consultant Advisory Committee Meeting
Board of Governors**

Tuesday, March 26, 2024, 8:30 a.m.

L.A. Care Health Plan

1055 W 7th Street, 1st Floor, CR 100, Los Angeles, CA 90017

DRAFT

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment. Members of the Children’s Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference.

To join the meeting via videoconference please use the link below:

<https://lacare.webex.com/lacare/j.php?MTID=m86d535c0d4b77d4b1e06e651e1dafbf3>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

2487 771 7874

Password: lacare

Teleconference Sites

Hilda Perez

Community Resource Center
3200 E. Imperial Hwy
Lynwood, CA 90262

Maria Chandler, MD

The Children’s Clinic
701 E 28th St, Suite 200
Long Beach, CA 90806

Rebecca Dudovitz, MD

UCLA Health
10833 LeConte Ave 12-363
MDCC Los Angeles, CA 90095

Toni Frederick, PhD,

1640 Marengo Street – Suite 300
Los Angeles, CA 90033

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

If we receive your comments by *8:30 A.M. on March 26, 2024*, it will be provided to the Committee members in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

The purpose of public comment is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

Tara Ficek, MPH
Chair

1. Approve today’s Agenda *Chair*
2. Public Comment *Chair*
3. Approve December 5, 2023 Meeting Minutes and January 16, 2024 Meeting summary P.3 *Chair*
4. Chairperson’s Report *Chair.*
 - Committee Member Feedback

5. L.A. Care Membership Update P.21
Matthew Pirritano, PhD, MPH
*Director, Population Health Informatics
Quality Improvement*

6. Chief Medical Officer Report
Sameer Amin, MD,
Chief Medical Officer

7. Initial Health Appointment (IHA) Update P.18
Elaine Sadocchi-Smith
*Director, Facility Site Review
Director, Population Health Management*

ADJOURNMENT

The next meeting is scheduled on May 21, 2024 at 8:30 a.m.

Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE CHILDREN’S HEALTH CONSULTANTS ADVISORY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE CHILDREN’S HEALTH CONSULTANTS ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY OF THE MEETING MONTH AT 8:30 A.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA, or online at <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <https://www.lacare.org/about-us/public-meetings/public-advisory-committee-meetings> and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care’s Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Minutes – December 5, 2023

1055 W. Seventh Street, Los Angeles, CA 90017



Members

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

Management

Alex Li, MD, Chief Health Equity Officer

*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 8:33 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	<p><i>(The agenda and the meeting minutes were approved simultaneously)</i> The Agenda for today’s meeting was approved as submitted.</p>	<p>Approved Unanimously. 9 AYES (Aguilar-Hernandez, Amin, Chandler, Dudovitz, Ficek, Frederick, Jordan, Knox, Perez)</p>
PUBLIC COMMENT	No public comment was submitted.	
APPROVAL OF THE MEETING MINUTES	<p><i>(The agenda and the meeting minutes were approved simultaneously)</i> The September 15, 2023 meeting minutes were approved as submitted.</p>	<p>Approved Unanimously. 9 AYES</p>

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	<p>Chairperson Ficek gave the following report: Chairperson Ficek expressed appreciation for everyone's flexibility in adjusting the meeting schedule. Reflecting on the importance of community-based organizations (CBOs), Chairperson Ficek acknowledged their critical role in addressing the health and social service needs of children and families across L.A. County. She emphasized the significance of partnerships with CBOs and encouraged thoughtful consideration of how to structure, fund, and contract such collaborations. Chairperson Ficek called for harnessing the collective wisdom of community partners to work towards a more equitable and accessible health and social care system for all children and families in the county.</p>	
CHIEF MEDICAL OFFICER REPORT	<p><i>(Member Jordan joined the meeting. The committee reached quorum at 8:45 A.M.)</i></p> <p>Sameer Amin, MD, Chief Medical Officer, gave a Chief Medical Officer update.</p> <p>Dr. Amin covered key areas such as timeliness metrics in utilization management, California Children's Services (CCS), and the new pediatric subacute carve-out. The utilization management department demonstrated remarkable progress with significant investments leading to improved performance. Dr. Amin highlighted the success in achieving high scores on internal scorecards for turnaround times. Transitioning to CCS, efforts were made to enhance identification of members under 21, improve communication with provider groups, and streamline processes for pediatric authorizations. The CCS work group and collaboration with L.A. County CCS office were emphasized as crucial initiatives. Lastly, preparations for the pediatric subacute carve-out, slated for 2024, were underway, including system readiness, provider network engagement, and training updates. Dr. Amin expressed readiness to address questions and referred to the detailed CMO report for additional insights into the Division of Health Services.</p> <p>Chairperson Ficek noted that people such as herself that are outside of the health care world are eager to see the template form and noted that there are multiple community organization partners that need to be developed. Member Amin responded by expressing his belief that CCS Child Welfare is part of the first group, and he emphasized the importance of gaining insights into the ongoing development. He highlighted the internal coordination efforts to ensure seamless collaboration among case management, utilization management, provider network departments, and contracting teams. Dr. Amin underscored the need for alignment with the incoming referrals to ensure they are directed appropriately. Regarding the evolving landscape, he mentioned that the focus currently is on digesting the</p>	

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	new information and determining collaborative strategies with the community to enhance care for the affected members. As of now, no significant concerns or findings were noted, and the team is actively reviewing and assessing the situation.	
L.A. COUNTY CHILDREN HEALTH DISPARITIES ROUNDTABLE UPDATE	<p>Chairperson Ficek and Dr. Li gave a L.A. County Children Health Disparities Roundtable Update <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Overview of Focus</p> <ul style="list-style-type: none"> ● Building Resilience in Schools: Address safety concerns related to firearms, anxiety created by gun violence, pandemics, etc. ● Addressing Post-Pandemic Vaccine Misinformation and Vaccine Catch Up ● Child Welfare Gaps: Explore greater clinical coordination between primary care providers, behavioral health specialist, Department of Children and Family Services and optimize CalAIM youth and foster care resources ● Rethinking the Pediatric Medical Home and Transition to Adult Systems of Care ● Addressing children/youth health and social service needs together. ● Bringing together key stakeholders together. ● Re-affirming Medi-Cal and addressing children and youths with special needs. <p>Moderators: Smita Malhotra (LAUSD), Karen Rogers (CHLA-USC) Participants: Steven Zipperman (Sheriff), Ailleth Tom (DMH), LaKisha Johnson (LAUSD), Maria Chua (LAUSD), Elena Jimenez (LAUSD), Jeff Birnbaum (USC-CHLA), Anya Griffin (CHLA-USC), Michael Brodsky (L.A. Care), Natasha Gill (CHLA-USC), Nancy Kalev (HealthNet)</p> <p>Where are we now?:</p> <ul style="list-style-type: none"> ● Period of grief, trauma and burnout- e.g. coming out of pandemic, lots of caregiver stress, not knowing what is going to happen in the future. in the world post-pandemic; issue being processing grief ● Time of regression: rising behavioral health issues and students falling behind academically and decline of social skills ● Rising crisis; Pre (kids feeling hopeless; other social determinants like housing and food insecurity) and in crisis students e.g. ER's getting overwhelmed with suicide attempts; Learning how to work in a system and in a post-pandemic environment. ● Lack of support e..g for parent and children/ and youth with neurodevelopmental issues; 	

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	<ul style="list-style-type: none"> • Systems are not sufficient to meeting the needs of what folks are seeing in communities and on the ground. <p>Where Do We Go?:</p> <ul style="list-style-type: none"> • Increasing capacity of primary care, day care and schools’ mental health training . • Adding pediatricians and other clinical staff (e.g. social worker) in schools? • Looking beyond the primary care and pediatrician but other staff like social workers for referrals. • Expanding and deepening current partnerships already in place e.g. DMH and school.. • For clinical social workers that exist in schools and can they be reimbursed? • Is there a way to pay schools coming? <ul style="list-style-type: none"> - Untapped (health plans):. ACES; paying for social work services - Re-purposing pandemic relief funds - Advocate for more State’s school based funds <p>How Do We Get There?:</p> <ul style="list-style-type: none"> • Ensuring that school staff are providing care to students are getting the training and resources needed e.g. behavioral health assessments. • Getting parents involved early on (e.g.dyadic care a new Medi-Cal benefit) and in workgroups. • Involve other school districts and leverage existing workgroups and also continue the important conversations with the same groups. • Looking at other models (outside of CA) how the other states provides training i.e. Project ECHO model. • Having a school –based clinic model in each school. • Engage at the level of the state for funding and reimbursement. • Leveraging advocacy coalitions to make change 	
DHCS EQUITY PRACTICE TRANSFORMATION GRANT UPDATE	<p>Cathy Mechsner, <i>Manager, Practice Transformation Programs, Quality Improvement</i>, gave a Department of Health Care Services (DHCS) Equity Practice Transformation Grant Update (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <p>Overview</p> <ul style="list-style-type: none"> • The Equity and Practice Transformation Payment Program: 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - 5-year, \$700 million Dept. of Health Care Services (DHCS) Initiative - Aligns with the following DHCS Programs and Goals: <ul style="list-style-type: none"> • Comprehensive Quality Strategy • Equity Roadmap • 50 by 2025 Bold Goals • Purpose: <ul style="list-style-type: none"> - Assist lower functioning practices to improve their capacity to deliver better care to Medi-Cal patients through: <ul style="list-style-type: none"> • Investments in technology, infrastructure, staffing, practice support/technical assistance, and learning collaborative • Program Funding: <ul style="list-style-type: none"> - DHCS flows Directed Payments through managed care plans (MCPs) to practices - Duration: January 1, 2024 – 2028 - DHCS to submit list of practices to CMS by December 11, 2023 for Cohort 1 	
CLINICAL INITIATIVES: CHILDREN’S PHONE- BASED INTERVENTIONS	This agenda item was not discussed due to time.	
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*

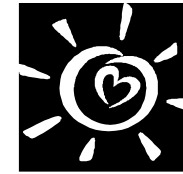
APPROVED BY:
Tara Ficek, *MPH, Chairperson* _____
Date Signed: _____

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – January 16, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

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	<i>The Agenda for today’s meeting was not approved due to the committee not reaching a quorum.</i>	
PUBLIC COMMENT	<i>No public comment was submitted.</i>	
APPROVAL OF THE MEETING MINUTES	<i>The December 5, 2023 meeting minutes were not approved due to the committee not reaching a quorum.</i>	
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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	<p>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.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer report (<i>a copy of the full report can be obtained from Board Services</i>).</p> <p>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</p>	

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	<p>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.</p>	
<p>CLINICAL INITIATIVES: CHILDREN'S PHONE-BASED INTERVENTIONS</p>	<p>Laura Gunn, <i>Quality Improvement Project Manager II, Quality Improvement</i>, and Tamara Ataiwi, RN, <i>Quality Management Nurse Specialist RN II, Quality Improvement</i>, gave a presentation about Clinical Initiatives: Children's Phone-Based Interventions (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Overview:</p> <ul style="list-style-type: none"> • Measurement Year (MY) 2023 children's measures • Phone-Based Interventions: <ul style="list-style-type: none"> ○ Summary of robocall and text messaging campaigns ○ Results from 2022 and 2023 campaigns • Lessons learned and looking towards the future. <p>Children's Health Measures for MY 2023:</p> <ul style="list-style-type: none"> • Immunizations <ul style="list-style-type: none"> ○ Childhood immunizations by age 2 (CIS-10) ○ Adolescent Immunizations (IMA-2) ○ Well Care Visits ○ Well-Child Visits for 0-15 month olds (W30 6+) ○ Well-Child Visits for 15-30 month olds (W30 +2) ○ Well-Child Visits for 3-21 year olds (WCV) 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Lead Screening in Children (LSC) ● Topical Fluoride Varnish (TFL-CH) ● Developmental Screenings for ages 1-3 years old (DEV) <p><i>*Fluoride and Developmental Screenings are not included for MY 2022*</i></p> <p>How do we reach members to come in for preventive care services?</p> <ul style="list-style-type: none"> ● Social Media Campaigns ● Robocalls ● Mailers ● Text Messaging Campaigns ● Newsletters ● Member Incentives <p>MY 2021 robocalls Launched: October 25, 2021-November 18, 2021</p> <ul style="list-style-type: none"> ● 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. <p>MY 2022 robocalls</p> <ul style="list-style-type: none"> ● 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. <ul style="list-style-type: none"> ➤ 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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	<p>➤ <i>To note:</i> 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 <i>is part</i> of the L.A. Care success!</p> <p>MY 2023 robocalls New to 2023: Two sets of robocalls! Get better phone numbers!</p> <p>Set 1:</p> <ul style="list-style-type: none"> • 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. <p>Set 2:</p> <ul style="list-style-type: none"> • 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. <p>➤ Results for calls made in 2023 will be evaluated in 2024</p> <p>Text Messages MY 2022 Campaign- analysis continued Closer look at the numbers:</p> <ul style="list-style-type: none"> • 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% <p>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)]</p> <p>MY 2023 Campaign</p>	

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	<ul style="list-style-type: none"> • 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. <p>August run:</p> <ul style="list-style-type: none"> • W30A: 3,258 outreached. 3,255 enrolled- 99.9% • W30B: 2,962 outreached. 2,956 enrolled- 99.8% <p>December run:</p> <ul style="list-style-type: none"> • W30A: 2,240 outreached. 2,239 enrolled- 99.9% • W30B: 2,220 outreached. 2,218 enrolled- 99.9% <p>Lessons learned so far:</p> <ul style="list-style-type: none"> • 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. <p>Strengthen interventions:</p> <ul style="list-style-type: none"> • 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	<p>Lina Sarthi Shah, MD, <i>Physician Reviewer, Utilization Management</i>, gave a presentation about California Children’s Services (CCS) Care Coordination Updates (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Overview:</p> <ul style="list-style-type: none"> • CCS program overview • UM department updates • Care Coordination within LA care ➤ Other Updates <p>State Legislated Program</p> <ul style="list-style-type: none"> • Established in 1927. • Originally called the California Crippled Children Services. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Local Administration</p> <ul style="list-style-type: none"> • CCS is the authorizing agent of Medi-Cal for children with CCS eligible conditions <p>CCS Enrollment</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ➢ 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 <ul style="list-style-type: none"> ➢ 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 <ul style="list-style-type: none"> ➢ 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 <p>CCS Medically Eligible Conditions</p> <p>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"</p> <ul style="list-style-type: none"> • Members will be primary with Medi-cal, and will have approved diagnoses covered by CCS • DHCS manages the CCS program 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ CCS is administered as a partnership between county health departments and the DHCS • CCS Provides the following for CCS eligible conditions <ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> ▫ May assist members in finding a physician and may refer to other resources ➤ Medical Therapy Program (MTP): school based OT/PT services <ul style="list-style-type: none"> ▫ Majority have neurological or musculoskeletal disorders <p>MCP Requirements</p> <ul style="list-style-type: none"> • All Plan Letter 23-029: MOU Requirements for MCPs and Third-Party Entities <ul style="list-style-type: none"> ➤ ATTACHMENT F: Local Health Department (LHD) MOU <ul style="list-style-type: none"> ▫ Exhibit F: CCS <ol style="list-style-type: none"> 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 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ➤ CM efforts to help CCS enrollment, community referrals and coordination of care • Examples: PDN with MCP and CCS (APL 20-012) <ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> ➤ 30% of Title V federal funds: Maternal and Child Health Block Grant <ul style="list-style-type: none"> ▫ 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 <ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> ➤ Addition of an UM nurse to inpatient screening and 2 outpatient UM nurses <ul style="list-style-type: none"> ▫ PEDI to track CCS SARS <ul style="list-style-type: none"> ▫ 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 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ▫ 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 <ul style="list-style-type: none"> ▫ 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* _____
 Date Signed: _____



L.A. Care
HEALTH PLAN®

For All of L.A.

Medi-Cal Children and Women of Child-Bearing Age



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

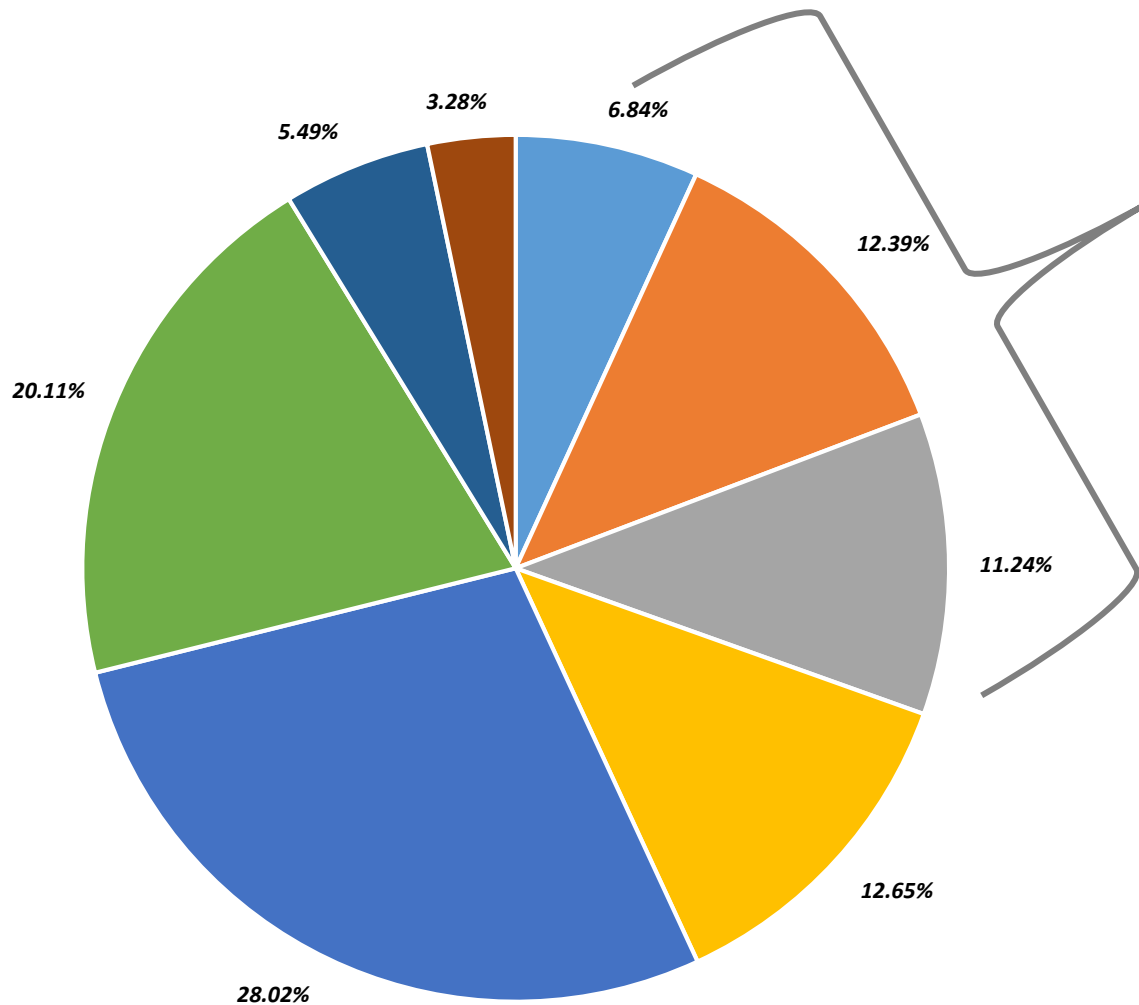
Analysis

- Only Medi-Cal members
- Children defined as 0-17 years of age
- Women of child-bearing age defined as women 18-44 years of age

Children

L.A. Care's Medi-Cal Population (2023)

By Age Category

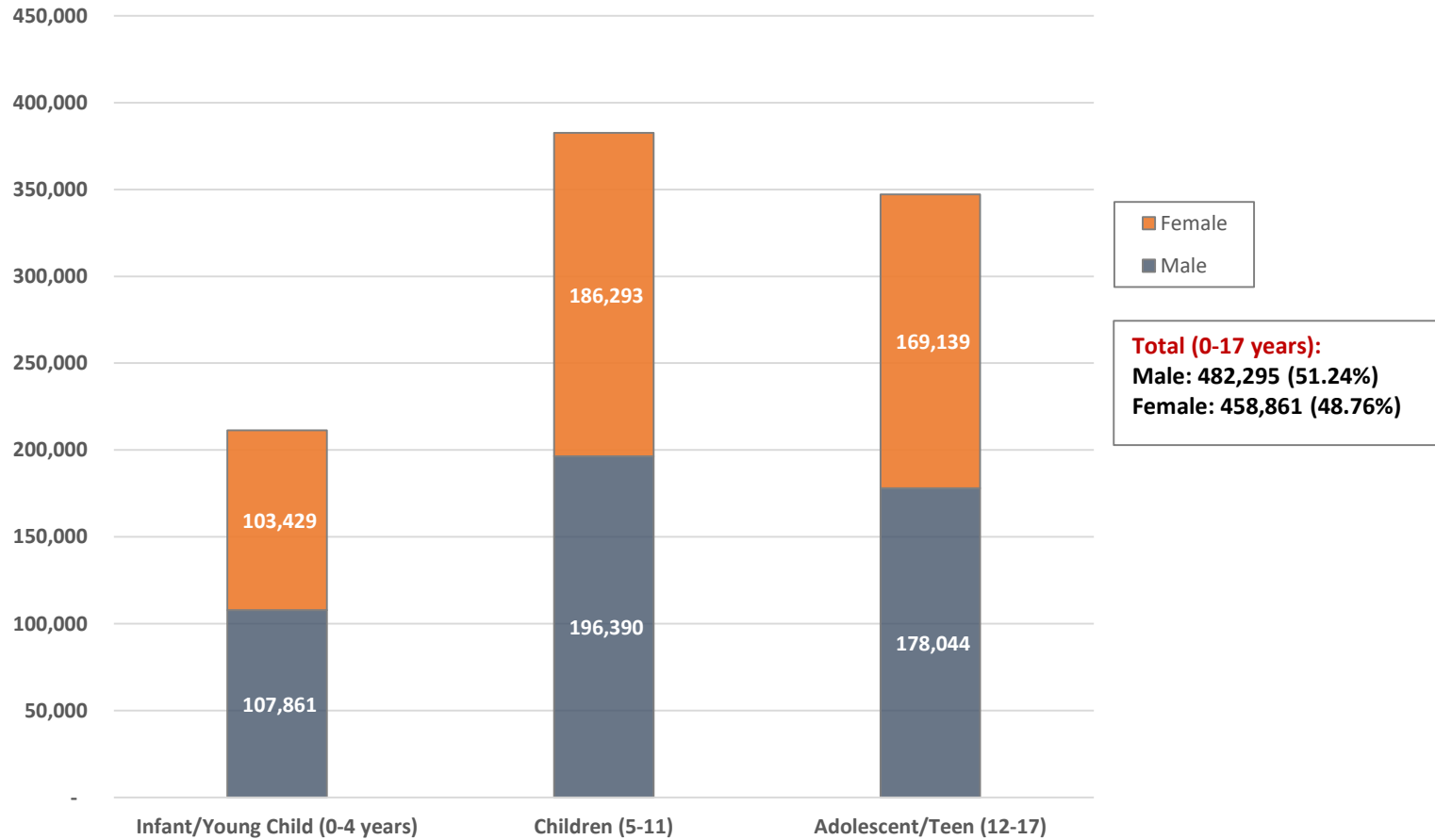


Infant/Young Child [6.84% , 211,290]
Children [12.39% , 382,683]
Adolescent/Teen [11.24% , 347,183]
Total (0-17 years): [30.46% , 941,156]

- Infant/Young Child (0-4 years)
- Children (5-11)
- Adolescent/Teen (12-17)
- Young Adult (18-24)
- Adult (25-44)
- Middle Age (45-64)
- Senior I* (65-74)
- Senior II* (75+)

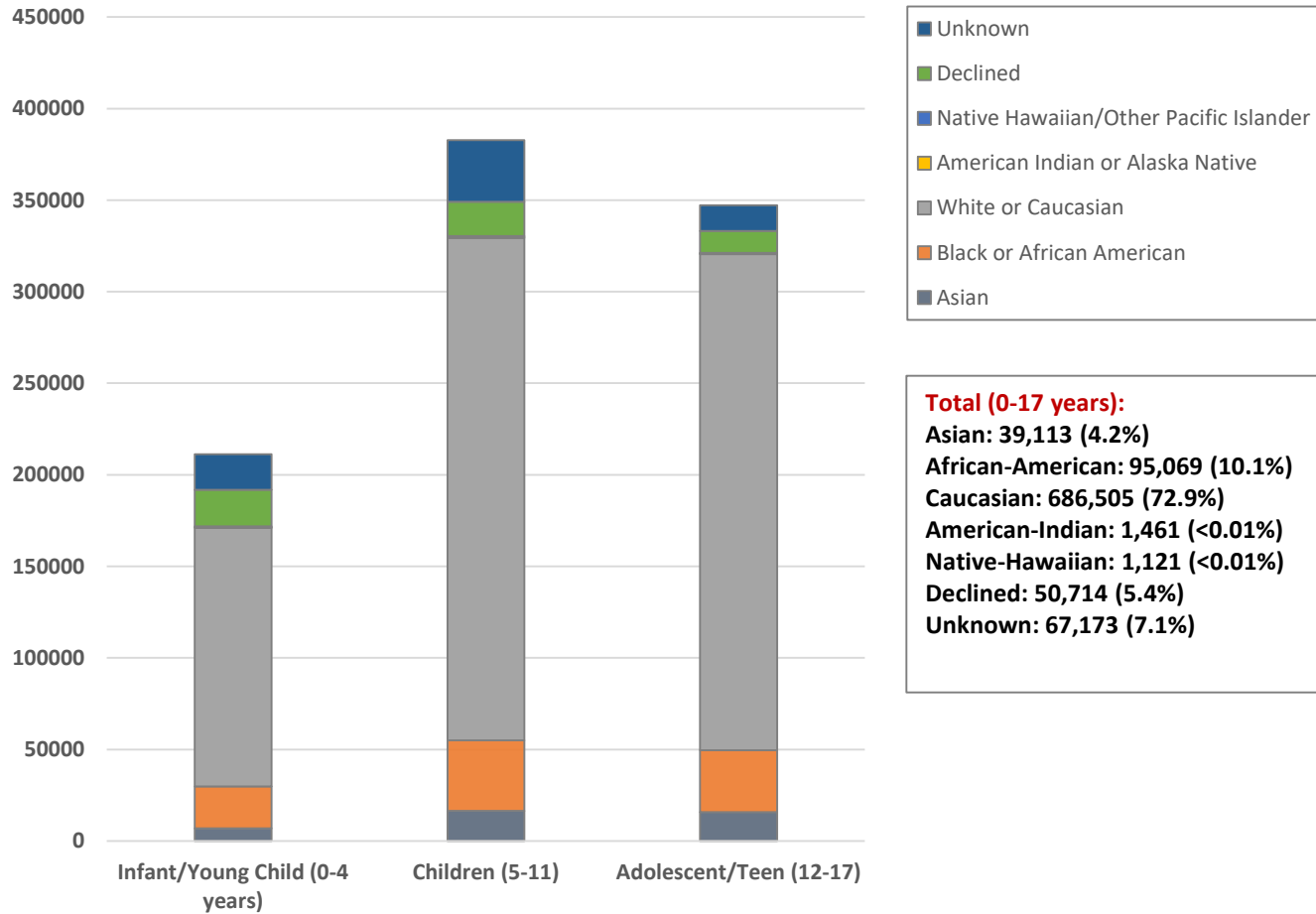
L.A. Care's Medi-Cal Population (2023)

Ages 0 -17 years
By Gender



L.A. Care's Medi-Cal Population (2023)

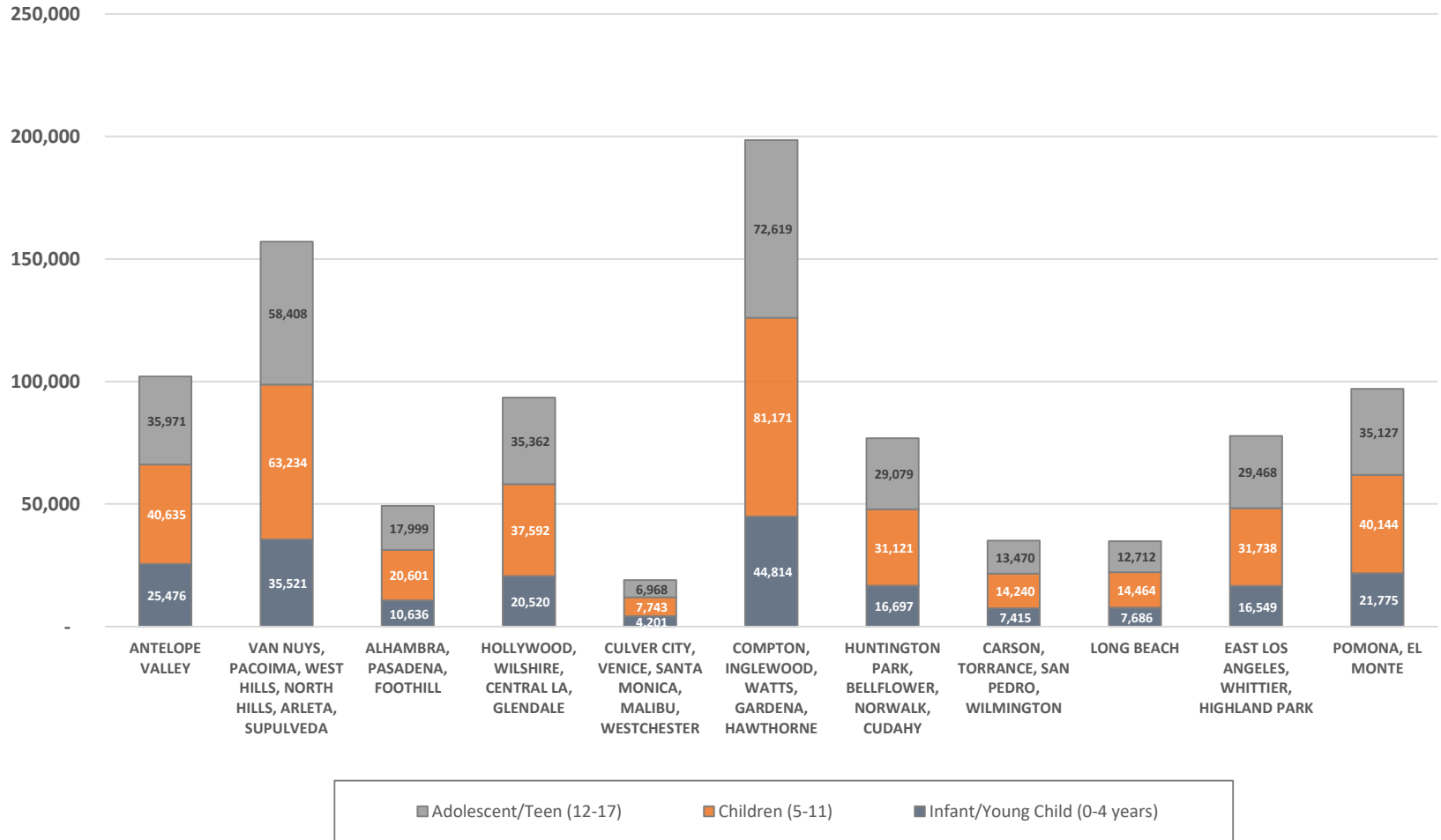
Ages 0 -17 years
By Race



Total (0-17 years):
Asian: 39,113 (4.2%)
African-American: 95,069 (10.1%)
Caucasian: 686,505 (72.9%)
American-Indian: 1,461 (<0.01%)
Native-Hawaiian: 1,121 (<0.01%)
Declined: 50,714 (5.4%)
Unknown: 67,173 (7.1%)

L.A. Care's Medi-Cal Population (2023)

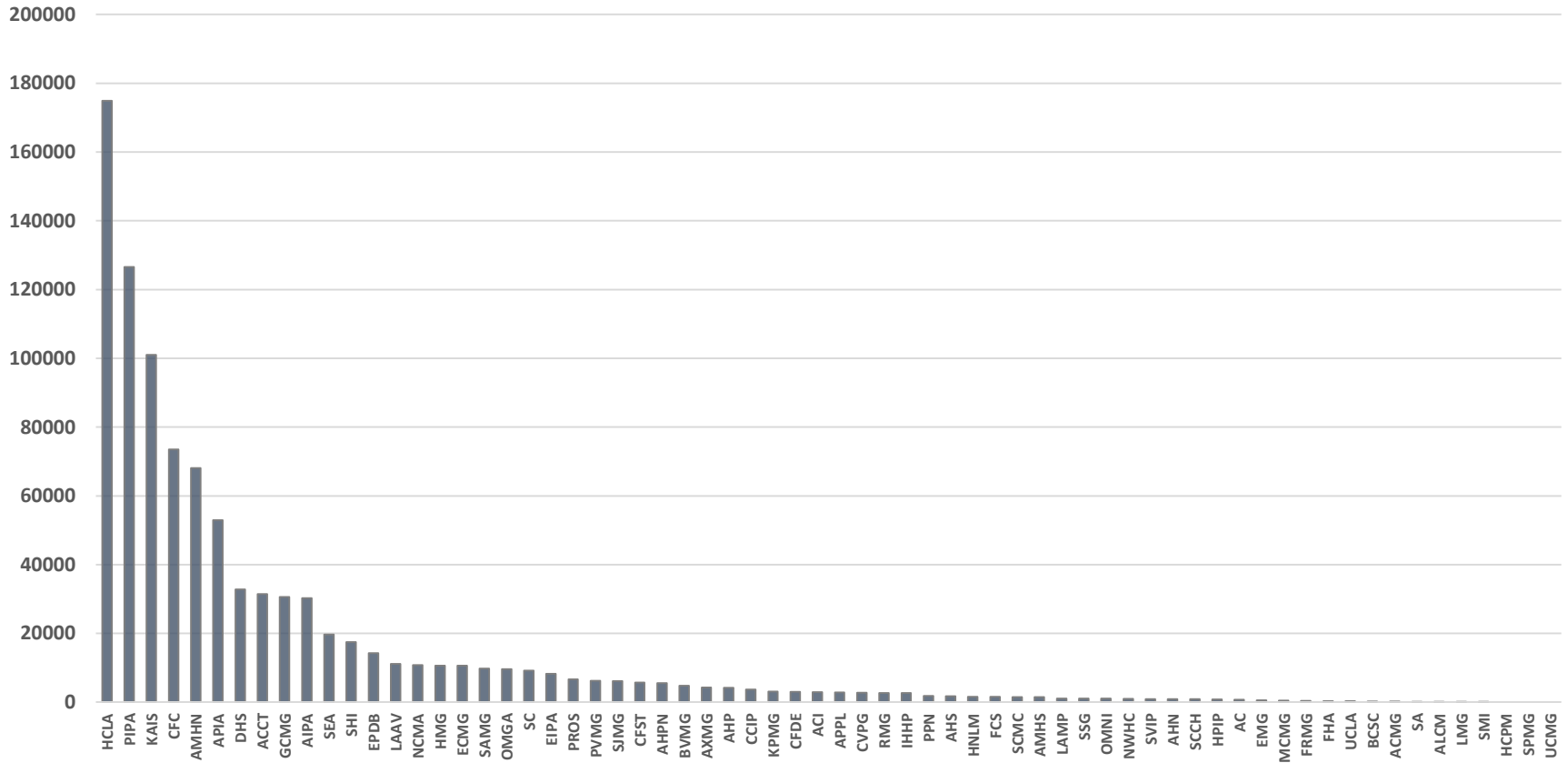
Ages 0 -17 years
By Region (RCAC)



L.A. Care's Medi-Cal Population (2023)

Ages 0 - 17 Years

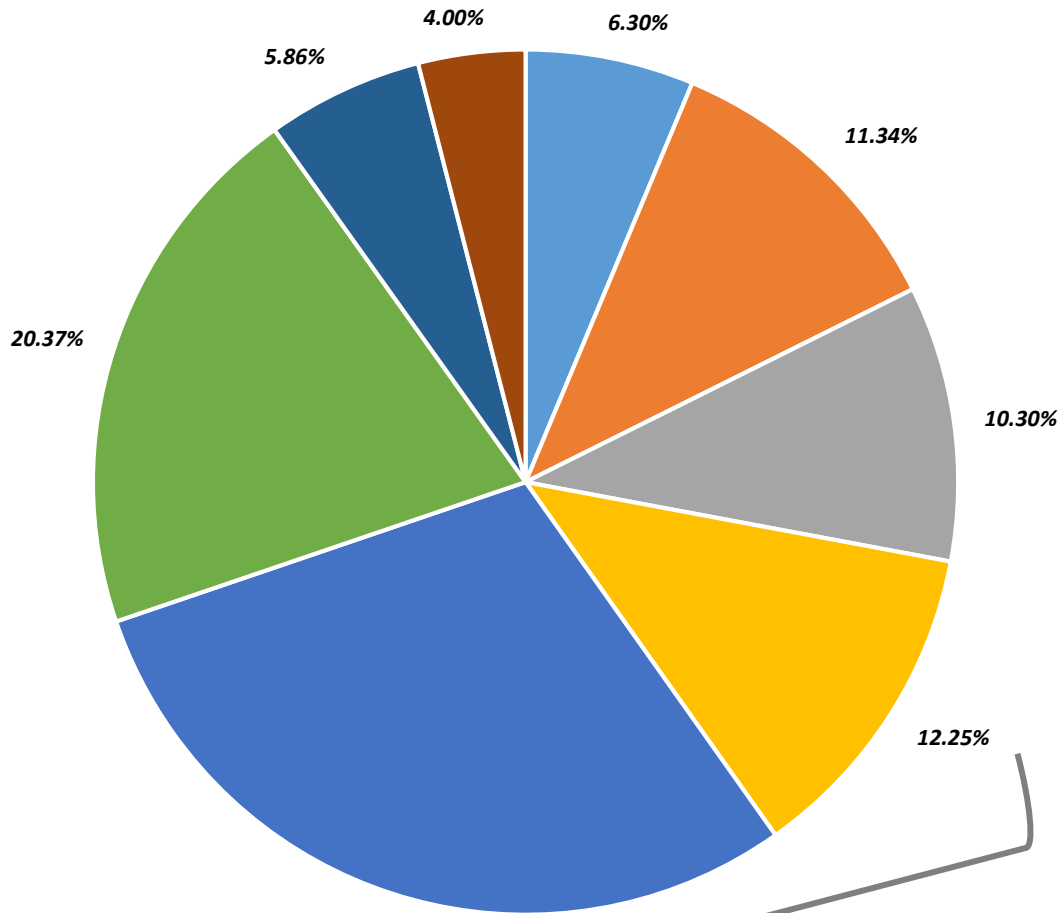
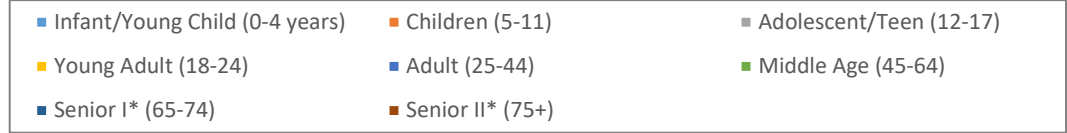
By PPG



Women of Child-Bearing Age

L.A. Care Medi-Cal (2023)

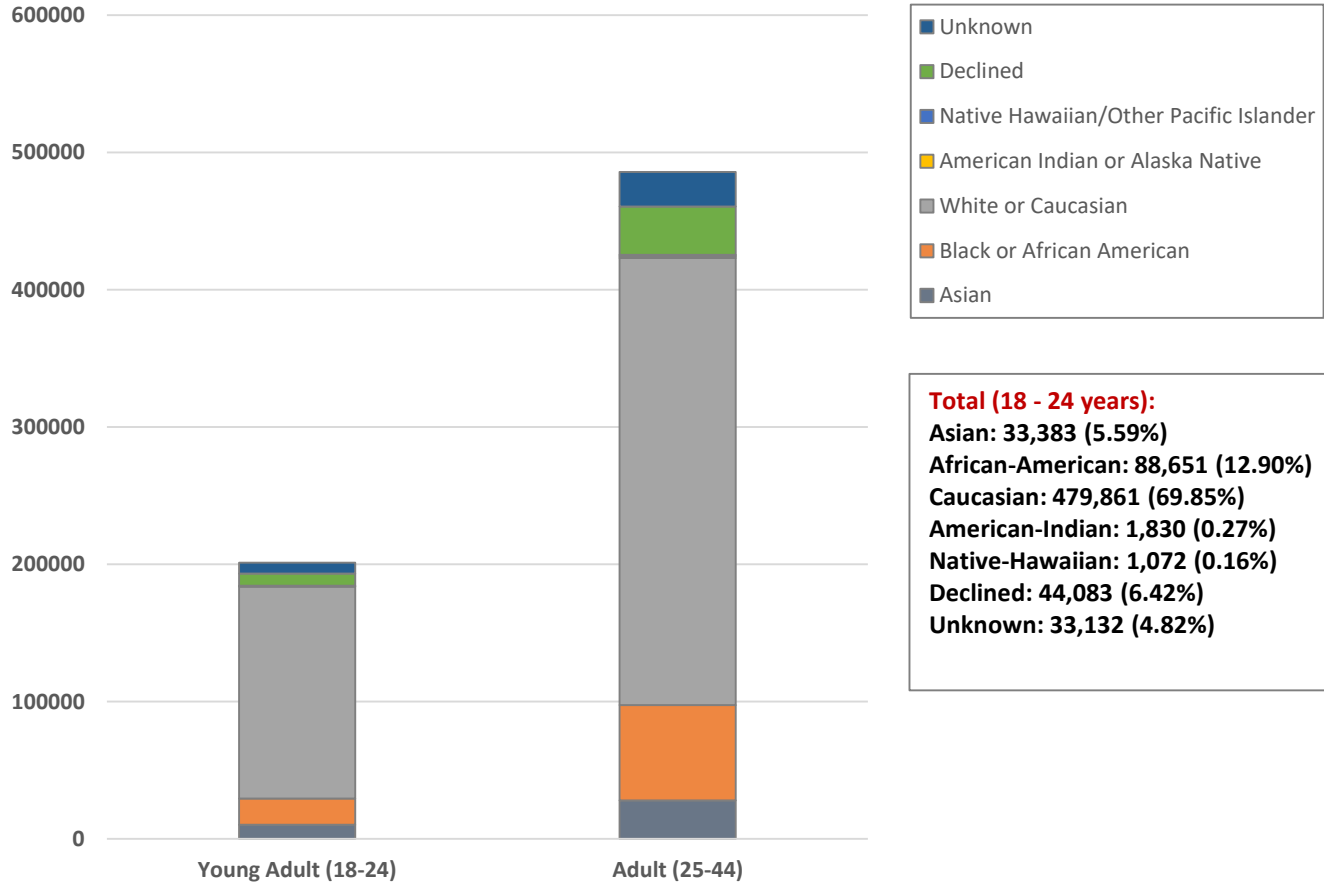
Female Population
By Age Category



Child-Bearing Age Female Population
Young Adult [12.25% , 201,204]
Adult [29.58%, 485,808]
Total: [41.83% , 687,012]

L.A. Care Medi-Cal Population (2023)

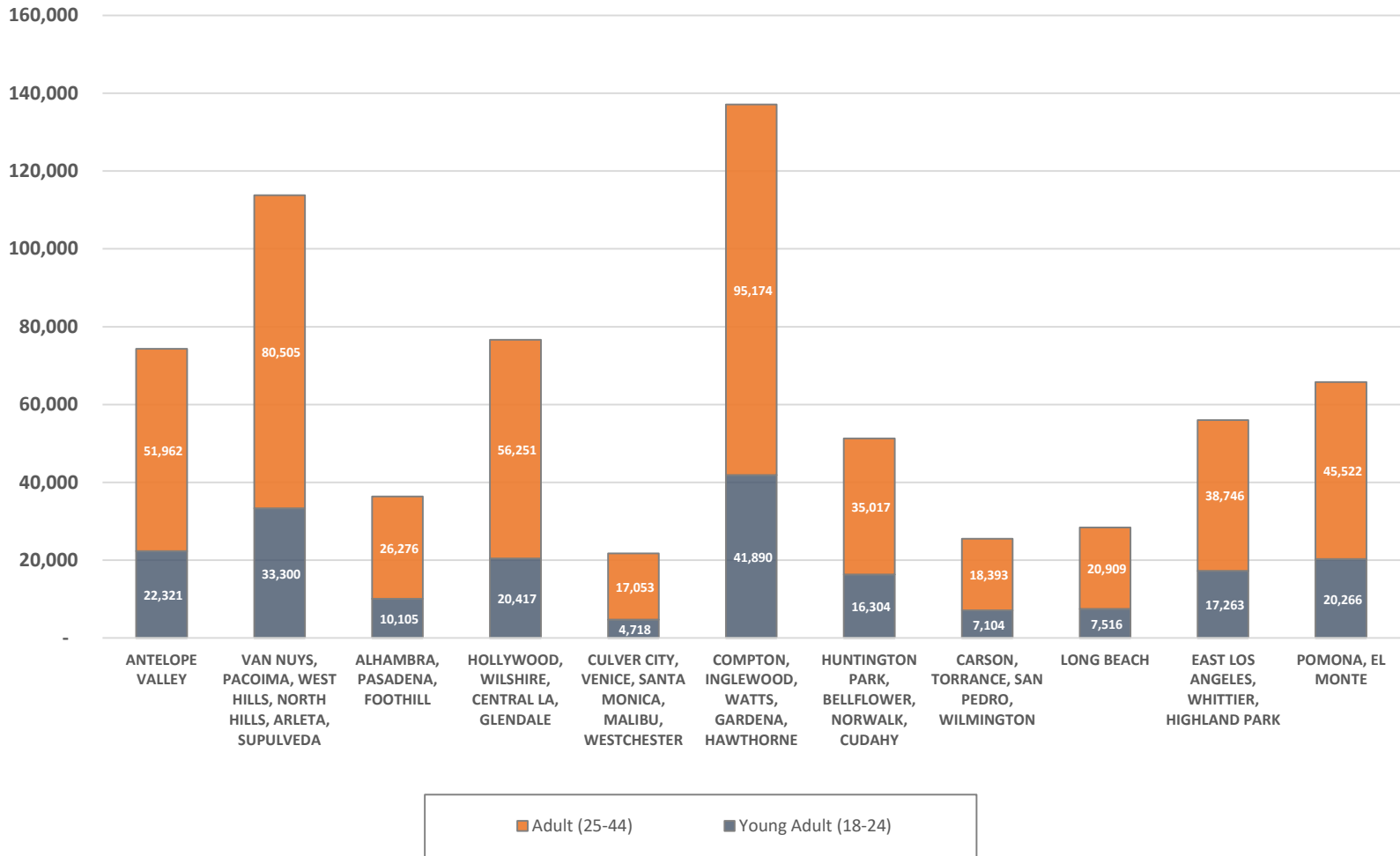
Women; Child-Bearing Age
By Race



Total (18 - 24 years):
Asian: 33,383 (5.59%)
African-American: 88,651 (12.90%)
Caucasian: 479,861 (69.85%)
American-Indian: 1,830 (0.27%)
Native-Hawaiian: 1,072 (0.16%)
Declined: 44,083 (6.42%)
Unknown: 33,132 (4.82%)

L.A. Care Medi-Cal Population (2023)

Women; Child-Bearing Age
By Region (RCAC)





L.A. Care
HEALTH PLAN®

For All of L.A.

Initial Health Appointment (IHA)



Children's Health Consultants Advisory Committee (CHCAC)

Date: 3/26/2024

**Presenter: Elaine Sadocchi-Smith, FNP, MPH, CHES
Director, Population Health Management**



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

IHA Background

- The Initial Health Appointment (IHA) is a Medi-Cal requirement for newly enrolled Medi-Cal members to complete with their provider within 120 days of enrollment (based on APL 22-030).
- PCPs are responsible to cover and ensure the provision of an IHA within the provider's office. (Some components can be completed virtually).
- The IHA is **NOT** a single assessment form, but includes the following important components that allow a provider and patient to establish a relationship as a starting point for prevention and improved health outcomes.
 - Physical and mental medical history
 - Identification of risks
 - Assessment of need for preventive screens or services (e.g. Immunizations)
 - Health Education
 - Diagnosis and plan for treatment of any diseases

Assessments in the IHA

- The requirement for an IHA to include the completion of the age-appropriate Individual Health Education Behavioral Assessment (IHEBA), often the Staying Healthy Assessment (SHA) was **RETIRED** as of 1/1/2023.
- While no specific form is required, the IHA must still include documentation in the medical record of a comprehensive age-appropriate identification of risks and assessment of screenings and appropriate services.
- All screenings and assessments must be culturally and linguistically appropriate and look at member's needs, preferences, health goals and priorities.
- Examples of age appropriate screenings include, but are not limited to:
 - Adverse Childhood Experiences (ACEs)
 - Developmental progress and autism; vision and hearing
 - Lead Screening
 - Brief emotional/behavioral assessments and health behavior assessments and interventions; SABIRT, depression, substance use disorder (SUD)
 - Postpartum mood disorder screening
 - Tobacco cessation counseling
 - Screening for referral to the Diabetic Prevention Program
 - Cognitive assessment