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Oksana Giy
Health Care Reform Advisor
California Department of Health Care Services
Director's Office
1501 Capitol Avenue, Suite 71.6.6001
Sacramento, CA 95899-7413

RE: Areas of focus for the Medi-Cal Children's Health Advisory Panel

Dear Ms. Giy,

Children Now is pleased to provide feedback on the request by the Department of Health Care Services for input and recommendations to establish areas of focus for the Medi-Cal Children's Health Advisory Panel (MCHAP). The advent of the new MCHAP marks a tremendous opportunity to create an effective advisory body and forum for raising, recommending, and advocating for children's specific issues in Medi-Cal. We believe that the following topics and questions are critical for ensuring that children's enrollment in Medi-Cal translates into access to adequate health care, address issues that have been identified by advocates and others as problematic, and are appropriate for MCHAP to consider given its purpose and expertise:

- **Pediatric provider network adequacy**: What data and analyses are needed in order to better assess network adequacy specifically for children, including primary care and specific areas of specialty and subspecialty care? What child-specific access standards would help DHCS ensure health plans are providing access to care for children? What can be done to improve the reliability and utility of Medi-Cal provider directories? What are the barriers to provider participation in serving children and what strategies can be employed to address them both administratively and legislatively (e.g., streamlining provider enrollment, ensuring timely reimbursements)?

- **Monitoring children's access to care**: What data and analyses are needed to better understand how well children in Medi-Cal are able to access primary and specialty care services, and to better identify barriers to adequate and timely access? What performance improvement projects might be employed by plans to help improve children-specific health outcomes and care? What child-focused analyses can DHCS most easily do with existing data (including grievance data and continuity of care request data) to demonstrate access or problem areas? How can data be used to better proactively identify what groups (e.g., by age, ethnicity, geography) may be experiencing access problems?

- **Quality of services provided by health plans**: What child-focused measures are available to assess the quality of services provided to children by health plans, and how can they be better utilized to ensure adequate service quality? What additional children's quality measures should be added to supplement the External Accountability Set (e.g., developmental screenings in first 3 years of life)?

- **Access to dental care**: Per the recently released audit of Denti-Cal, what criteria can be established to better assess utilization rates under the fee-for-service model, especially for particular populations of children, such as young children and those living in geographically underserved areas? What kind of alignment between the Denti-Cal and dental managed care contracts, such as regarding performance measures and benchmarks, can be implemented? How will the Denti-Cal and Medi-Cal Managed Care Dashboards interact with each other? What are best practices from other states that California can implement to fill the gap and increase the number of children enrolled in Medi-Cal that receive needed dental care?

- **Care integration**: What challenges and opportunities exist regarding the integration of medical and mental health care (e.g., communication among providers)? What efforts are underway at DHCS to improve care integration for children? What specific standards and health plan contract arrangements are needed to clarify which mental health services are covered and coordinated within the health plan benefits and which are covered under the mental health plans benefits?

- **Implementation of Behavioral Health Therapy benefit**: What challenges is DHCS encountering in implementing the new benefit for children with autism spectrum disorders? How can the Advisory Panel assist in overcoming any challenges?

- **Communications with caregivers**: How can processes aimed at generating communications to parents and other caregivers be modified to improve clarity, accuracy, and timeliness? How can feedback from caregivers be tracked and used better? What strategic partnerships would be most effective in amplifying the communication without taxing DHCS resources?

- **Churn between Medi-Cal and other coverage options**: How often do children churn between Medi-Cal and other coverage options, how are children impacted by this churn (e.g., gaps in coverage overall, and gaps in specific services due to varying plan benefits), and what can be done to minimize the impacts? How can Medi-Cal work with Covered California to better track disenrollments and ensure that children are seamlessly transferred between programs?

- **Maximizing enrollment and renewal.** What are the remaining challenges to additional enrollment? What are renewal strategies that could increase enrollment among children, particularly for Medi-Cal children with family members enrolled or enrolling in Covered California?

- **Subscriber support at the county level**: What problems do enrollees encounter most frequently when seeking support at the county level (e.g. long phone waits; difficulties accessing case workers; lack of clarity regarding access to medical, dental and mental health care) and how can they be addressed better?

- **Addressing trauma**: Given the prevalence of trauma and other adverse childhood experiences as well as their contributions to the development of stress disorders and other chronic diseases, what efforts are currently being made to ensure that Medi-Cal primary care and mental health providers are delivering trauma-informed care? How is DHCS working with the California Departments of Education and Public Health to address trauma?

- **Home visiting**: How can California follow the lead of other states to promote more positive health outcomes for children and caregivers by providing voluntary home visiting services?

Given that almost half of all Medi-Cal beneficiaries are children and that over half of all California's children are covered by Medi-Cal, we believe that the expert advisory role of MCHAP to DHCS on these important policy and operational issues affecting children in Medi-Cal is critical. We appreciate this opportunity to provide feedback prior to the initial meeting of the newly renamed and reconfigured advisory panel, which we look forward to attending.

Sincerely,

Kelly Hardy
Senior Managing Director, Health