DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Integrated California Children's Services and Whole Child Model Dashboard

Released December 2024

Table of Contents

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Introduction

The Integrated California Children's Services (CCS) and Whole Child Model (WCM) Dashboard contains data for July 2022 through June 2023. The data is broken down at the State, Managed Care Plan (MCP) and County levels across various services. The addition of Kaiser, as an Alternate Health Care Service Plan (AHCSP), to WCM will be reflected in future releases of the Dashboard. However, for the current reporting period, the dashboard is still under APL 21-005. The Dashboard demonstrates the WCM Program's effectiveness and ensures services align with those of the CCS Program.

Background

The CCS Program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-Eligible Conditions.

- The CCS Program is administered as a partnership between County Health Departments and the California Department of Health Care Services (DHCS).
- The intent of the CCS Program is to provide necessary medical services for children with CCS-Eligible Conditions whose parents or caregivers are unable to pay for these services, wholly or in part.
- The statute also requires DHCS and the County CCS program to seek eligible children by cooperating with local public or private agencies and providers of medical care to bring potentially eligible children to sources of expert diagnosis and treatment.

The WCM Program is for children and youth under 21 years of age who meet the eligibility requirements of CCS and are enrolled in a Medi-Cal MCP under a County Organized Health System (COHS), or Regional Health Authority (RHA), or an AHCSP. During the reporting period, WCM operated across 21 counties and collaborated with 5 participating MCPs, including CenCal Health (CenCal), Central California Alliance for Health (CCAH), Health Plan of San Mateo (HPSM), CalOptima, and Partnership HealthPlan of California (PHC). Additional county and plan-specific information can be found here: CCS Whole Child Model (ca.gov).

The goals of the WCM Program are to:

- Improve the coordination of primary and preventive services with specialty care services, medical therapy units, Early and Periodic Screening, Diagnostics, and Treatment benefits (EPSDT), long-term services and supports (LTSS), Regional

Center services, and home-and community-based services using a child and youth and family-centered approach.
- Maintain or exceed CCS Program standards and Special Care Center (SCC) access, including access to appropriate subspecialties.
- Provide for the continuity of child and youth access to expert, dedicated, CCS case management and care coordination, provider referrals, and service authorizations.
- Improve the transition of youth from WCM to adult Medi-Cal managed systems of care through better coordination of medical and nonmedical services and supports and improved access to appropriate adult providers for youth who age out of WCM.
- Identify, track, and evaluate the transition of children and youth from County CCS Program to the WCM Program to inform future WCM Program improvements.

Data and Analysis Notes

This Dashboard displays a combination of point-in-time, trend, and cumulative measures. WCM data is reported by MCP and/or Counties. CCS data refers to Counties operating outside WCM.

- **Point-in-Time charts:** Figures 38 and 39.
  Charts display data for the last month in the reporting period.
- **Trend charts:** Figures 3, 4, 7, 8, 11, 14, 17, 20, 29, 30, 32, 33, 35, and 37.
  Charts display each month's or quarter's data for the reporting period of July 2022 through June 2023.
- **Cumulative charts:** Figures 1, 2, 5, 6, 9, 10, 12, 13, 15, 16, 18, 19, 21, 24 - 28, 31, 34, 36, and 40 - 42.
  Charts display the sum of the last 12 months' data (Jul 2022 to Jun 2023) in the reporting period as one figure.
- **Tables:** Figures 22 and 23.
  Tables display each month's data in the last 12 months (July 2022 to June 2023) of the reporting period.

CCS and WCM Enrollment and Demographics: Figures 1-20

The data in this section comes from the DHCS Medi-Cal Management Information System/Decision Support System (MIS/DSS). The Enterprise Performance Monitoring (EPM) is utilized to extract and aggregate all WCM data for *Figures 1-20*. The Children's Medical Services Network (CMS Net) database is utilized to extract all CCS data for *Figures 1-3, 6-8, 28,* and *31*. Figures 1-20 display utilization data for CCS and WCM Programs. *Figures 3, 4, 7, 8, 11, 14, 17,* and *20* are trend charts displaying monthly data over the last 12 months. *Figures 1, 2, 5, 6, 9, 10, 12, 13, 14, 15, 18* and *19* are cumulative charts, showing the sum of the 12 months' data as one figure.

CCS and WCM Outpatient Visits: Figures 1-4

An outpatient visit is defined as a patient who visits a hospital, clinic, or associated facility for diagnosis or treatment. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 1 displays that for CCS, female Members made 1,599 outpatient visits per 1,000 Members per month while males made 1,604 outpatient visits per 1,000 Members per month. This was calculated by using the number of CCS outpatient visits for each gender for July 2022 through June 2023 as the numerator, divided by the CCS enrollment for each gender for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. *Figure 1* also displays that for WCM, female Members made 2,738 outpatient visits per 1,000 Members per month while males made 2,858 outpatient visits per 1,000 Members per month. This was calculated by using the number of WCM outpatient visits for each gender for July 2022 through June 2023 as the numerator, divided by the WCM Member enrollment for each gender for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 2 displays CCS Members that identified as African American made the most outpatient visits at 2,419 per 1,000 Members per month. This was calculated by using the number of CCS outpatient visits for each ethnicity for July 2022 through June 2023 as the numerator, divided by the CCS enrollment for each ethnicity for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. *Figure 2* also displays WCM Members that identified as Non-Hispanic/White made the most outpatient visits at 3,207 per 1,000 Members per month. This was calculated by using the number of WCM outpatient visits for each ethnicity for July 2022 through June 2023 as the numerator, divided by the WCM Member enrollment for each ethnicity for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 3 displays the trend in the number of statewide CCS and WCM Member outpatient visits from July 2022 through June 2023. This was calculated by using the number of outpatient visits for each program per month for July 2022 through June 2023 as the numerator, divided by the enrollment for each program per month for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. From July 2022 to June 2023, the CCS Program had an average of 43% fewer outpatient visits per 1,000, with a 13% increase in utilization for CCS and a 9% increase in utilization for WCM over the year.

Figure 4 displays the trend in the number of WCM Member outpatient visits for each participating MCP from July 2022 through June 2023. This was calculated by using the number of outpatient visits for each MCP per month for July 2022 through June 2023 as the numerator, divided by the enrollment for each MCP per month for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. Outpatient visits increased by 17% for CCAH, 11% for PHC, 9% for CenCal, 5% for CalOptima, and 3% for HPSM. CalOptima had the most outpatient visits and CenCal had the fewest.

CCS and WCM Inpatient Admissions: Figures 5-8

An inpatient admission is defined as a hospital patient who receives lodging and food as well as treatment. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 5 displays that for CCS, male Members had 28 inpatient admissions per 1,000 Members per month and female Members had 27 inpatient admissions per 1,000 Members per month. This was calculated by using the number of CCS inpatient visits for each gender for July 2022 through June 2023 as the numerator, divided by the CCS enrollment for each gender for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. *Figure 5* also displays that for WCM, male Members had 26 inpatient admissions per 1,000 Members per month and female Members had 26 inpatient admissions per 1,000 Members per month. This was calculated by using the number of WCM Member inpatient visits for each gender for July 2022 through June 2023 as the numerator, divided by the WCM Member enrollment for each gender for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 6 displays that in the CCS Program, African-American Members had the most inpatient admissions at 50 per 1,000 Members per month. This was calculated by using the number of CCS inpatient visits for each ethnicity for July 2022 through June 2023 as the numerator, divided by the CCS Member enrollment for each ethnicity for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. In the WCM program, African American Members had the most inpatient admissions at 46 per 1,000 Members per month. This was calculated by using the number of WCM inpatient visits for each ethnicity for July 2022 through June 2023 as the numerator, divided by the WCM Member enrollment for each ethnicity for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 7 displays the trend in the number of statewide CCS and WCM Member inpatient admissions from July 2022 through June 2023. This was calculated by using the number of inpatient admissions for each program per month for July 2022 through June 2023 as the numerator, divided by the enrollment for each program per month for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. From July 2022 to June 2023, WCM MCPs averaged 5% fewer inpatient admissions per 1,000, with steady utilization for both programs over the year.

Figure 8 displays the trend in the number of WCM Member inpatient admissions for each participating MCP from July 2022 through June 2023. This was calculated by using the number of inpatient admissions for each MCP per month for July 2022 through June 2023 as the numerator, divided by the enrollment for each MCP per month for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. Between July 2022 and June 2023, Inpatient admissions increased 7% for HPSM, increased 3% for PHC, decreased 2% for CCAH, decreased 7% for CenCal, and decreased 13% for CalOptima.

WCM Emergency Department (ED) Visits: Figures 9-11

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. An ED visit is defined as a health care encounter where a patient presents at a hospital's emergency department, responsible for the administration and provision of immediate medical care to the patient. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 9 displays male Members made 78 ED visits per 1,000 Members per month and female Members made 76 ED visits per 1,000 Members per month. This was calculated by using the number of ED visits for each gender for July 2022 through June 2023 as the numerator, divided by the enrollment for each gender for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 10 displays that African-American Members made the most ED visits at 110 per 1,000 Members per month. This was calculated by using the number of ED visits for each ethnicity for July 2022 through June 2023 as the numerator, divided by the enrollment for each ethnicity for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 11 displays the trend in the number of ED visits for each participating MCP from July 2022 through June 2023. This was calculated by using the number of ED visits for each MCP per month for July 2022 through June 2023 as the numerator, divided by the enrollment for each MCP per month for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. ED utilization increased 16% for CenCal, increased 7% for PHC, increased 5% for HPSM, decreased 5% for CCAH, and decreased 19% for CalOptima.

WCM Prescriptions Medications: Figures 12-14

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. Prescription medications is defined as medicines ordered by physicians for the treatment of patients. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 12 displays that female Members had utilized 1,301 prescription medications per 1,000 Members per month while males had utilized 1,262 prescription medications per 1,000 Member per month. This was calculated by using the number of prescriptions for each gender for July 2022 through June 2023 as the numerator, divided by the enrollment for each gender for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 13 displays that African-American Members utilized the most prescription medications at 1,564 per 1,000 Members per month. This was calculated by using the number of prescriptions for each ethnicity for July 2022 through June 2023 as the numerator, divided by the enrollment for each ethnicity for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 14 displays the trend in the number of prescription medications for each participating MCP from July 2022 through June 2023. This was calculated by using the number of prescriptions reported by each MCP per month for July 2022 through June 2023 as the numerator, divided by the enrollment for each MCP per month for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. Prescriptions increased 12% for HPSM, 7% for CalOptima and CCAH, 5% for PHC, and 4% for CenCal.

WCM Non-Specialty Mental Health (NSMH): Figures 15-17

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. NSMH is defined as services for the treatment of Members' mental health that are covered by the plans' contracts, including, but not limited to, individual and group mental health evaluation and treatment; psychological testing; medication management; outpatient laboratory; medications; supplies and supplements. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 15 displays that female Members made 64 NSMH visits per 1,000 Members per month while males made 38 NSMH visits per 1,000 Members per month. This was calculated by using the number of NSMH visits for each gender for July 2022 through June 2023 as the numerator, divided by the enrollment for each gender for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 16 displays that Non-Hispanic/White Members made the most NSMH visits at 97 per 1,000 Members per month. This was calculated by using the number of NSMH visits for each ethnicity for July 2022 through June 2023 as the numerator, divided by the enrollment for each ethnicity for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 17 displays the trend in the number of NSMH visits for each participating MCP from July 2022 through June 2023. This was calculated by using the number of NSMH visits for each MCP per month for July 2022 through June 2023 as the numerator, divided by the enrollment for each MCP per month for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000. Between July 2022 and June 2023. NSMH visits increased 35% for CCAH, 24% for CenCal, 18% for CalOptima, 5% for PHC, and 1% for HPSM.

WCM Emergency Department (ED) Visits with an Inpatient Admission: Figures 18-20

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. This data focuses on those patients who visited the ED and then were admitted to the hospital for treatment and care. The data in this section is broken down by gender, ethnicity, and MCP.

Figure 18 displays male Members made 11 ED visits with an inpatient admission per 1,000 Members per month and female Members made 10 ED visits with an inpatient admission per 1,000 Members per month. This was calculated by using the number of ED visits with an inpatient admission for each gender for July 2022 through June 2023 as the numerator, divided by the enrollment for each gender for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 19 displays that African-American Members made the most ED visits with an inpatient admission at 18 per 1,000 Members per month. This was calculated by using the number of ED visits with an inpatient admission for each ethnicity for July 2022 through June 2023 the numerator, divided by the enrollment for each ethnicity for July 2022 through June 2023 as the denominator. The dividend was then multiplied by 1,000.

Figure 20 is suppressed due to low numbers, which are seen as statistically unreliable.

WCM Continuity of Care (CoC): Figures 21-27

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. MCPs must establish and maintain a process to allow Members to request and receive CoC with existing CCS provider(s) for up to 12 months. All existing rules and regulations apply with the following additions that are specific to WCM: specialized or customized durable medical equipment (DME), CoC case management, authorized prescription drugs, and extension of CoC period. CoC data is submitted by MCPs. Figures 22-23 are tables displaying monthly data for 12 months. Figures 21 and 24-27 are cumulative charts, showing the sum of the 12 months' data as one figure.

Figure 21 displays requests for CoC per 1,000 Members ranged from fewer than 11 for CalOptima, CCAH, and PHC to 71 for CenCal. This was calculated by using the number of CoC requests for each MCP for July 2022 through June 2023 as the numerator, divided by the enrollment for each MCP in June 2023 as the denominator. The dividend was then multiplied by 1,000. *Figure 21* also displays percentage of CoC requests approved, by MCP and by County. The approval percentage ranged from 89% for CenCal to 97% for HPSM. This was calculated by using the number of approved CoC requests for each MCP and each County for July 2022 through June 2023 as the numerator, divided by the total number of CoC requests for each MCP and each County for July 2022 through June 2023 as the denominator. A letter "S" represents numbers have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

Figure 22 displays a total number of CoC requests for each MCP for the months 49 through 60 after joining the WCM program. In the 49th month of operation, CenCal, HPSM, and PHC reported a suppressed number of CoC requests, and CalOptima and CCAH reported 0 COC requests. In the 60th month of operation, CCAH, HPSM, and PHC reported a suppressed number of CoC requests, CalOptima reported 0 CoC requests, and CenCal reported 24 CoC requests. A letter "S" represents numbers have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

Figure 23 displays Months 61 through 72 upon joining the program for CoC requests. In the 61st month of operation, CalOptima, CCAH, and HPSM reported 0 CoC requests, and CenCal and PHC reported a suppressed number of CoC requests. In the 72nd month of operation, CalOptima, CenCal, CCAH, and PHC reported 0 CoC requests, and HPSM reported a suppressed number of CoC requests. A letter "S" represents numbers have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

Figure 24 displays the average number of CoC requests for each MCP for months 49 through 60 compared to months 61 through 72. CenCal had an average of 21.9 requests for months 49 through 60. The averages for the remaining MCPs were suppressed for both months 49 through 60 and months 61 through 72. A letter "S" represents numbers that have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

Figure 25 displays major categories for the CoC requests. The percentages for Other Requests and Prescription Drugs were suppressed, while 83 or 30.1%, of requests were made for major specialty types. This was calculated by using the number of CoC requests for each category for July 2022 through June 2023 as the numerator, divided by the total number of CoC requests for July 2022 through June 2023 as the denominator. A letter "S" represents numbers that have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

Figure 26 data is not available for the current reporting period.

Figure 27 displays reasons for CoC denials required by APL 23-034. No pre-existing relationship between WCM Member and Provider accounted for 2, or 50% of CoC denial reasons while 0% were due to quality-of-care issues. This was calculated by using the number of CoC denials for each reason for July 2022 through June 2023 as the numerator, divided by the total number of CoC denials for July 2022 through June 2023 as the denominator.

Please note that *Figure 27* displays all denial categories as required by APL 23-034 besides "Others". *Figure 27* does not add up to 100%.

CCS and WCM Case Management: Figures 28-37

MCPs must provide case management and care coordination for WCM Members and their families. MCPs must ensure that information, education, and support is continuously provided to WCM Members and their families to assist in their understanding of the WCM Member's health, other available services, and overall collaboration on the WCM Member's Individual Care Plan (ICP). This dashboard focuses on Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), Inpatient Facilities and SCCs, and Specialized or Customized DME authorization requests. Case management data is submitted by MCPs. Figures 29 and 32 are trend charts displaying monthly data over the 12 months. *Figures 30, 33, 35,* and *37* are trend charts displaying quarterly data over 12 months. *Figures 28, 31, 34,* and *36* are cumulative charts, showing the sum of the 12 months' data as one figure.

CCS and WCM NICU Authorizations: Figures 28-30

Figure 28 displays total requests for NICU authorizations and percent approval rate by MCP and by County.
Total MCP enrollment and percent distribution of program enrollment in each plan is displayed on the far-left column for reference. The approval percentage ranged from 98% for CalOptima to 100% for CenCal, CCAH, and PHC. This was calculated by using the number of approved NICU authorizations for each MCP and each County for July 2022 through June 2023 the numerator, divided by the number of NICU requests for authorizations for each MCP and each County for July 2022 through June 2023 as the denominator. A letter "S" represents numbers have been suppressed for MCPs or Counties that have low number of observations as they are seen as statistically unreliable.

Figure 29 displays the total NICU authorization requests per 1,000 Members, by month. The figure displays that there were 4.1 CCS NICU authorization requests per 1,000 Members for July 2022. There were 5.3 CCS NICU authorization requests per 1,000 Members for June 2023. The figure also displays that there were 3.5 WCM NICU authorization requests per 1,000 Members for July 2022. There were 2.6 WCM NICU authorization requests per 1,000 Members for June 2023.

Figure 30 displays the trend of total requests seeking authorization for NICU services for each MCP each quarter. For example, CCAH reported 62 requests in Q3 2022, 60 requests in Q4 2022, 54 requests in Q1 2023, and 50 requests in Q2 2023. Data for HPSM and PHC was suppressed due to low numbers. A letter "S" represents numbers have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

CCS and WCM PICU Authorizations: Figures 31-33

Figure 31 displays total requests for PICU authorizations and approval rate, by MCP and by County. The figure displays total requests for PICU authorizations ranged from 26 for HPSM to 558 for CCAH. Total MCP enrollment and percent distribution of program enrollment in each MCP is displayed on the far-left column for reference. The approval percentage for PICU requests ranged from 99% for CalOptima to 100% for CenCal, CCAH, PHC and HPSM. This was calculated by using the number of approved PICU requests for authorizations for each MCP and each County for July 2022 through June 2023 as the numerator, divided by the number of PICU authorizations for each MCP and each County for July 2022 through June 2023 as the denominator. A letter "S" represents numbers have been suppressed for Counties that have low number of observations as they are seen as statistically unreliable.

Figure 32 displays total PICU authorization requests per 1,000 Members, by month. The figure displays there were 1.7 CCS PICU authorization requests per 1,000 Members in July 2022 and 2.3 CCS PICU authorization requests per 1,000 Members in June 2023. The figure also displays that there were 4.6 WCM PICU authorization requests per 1,000 Members in July 2022 and 4.3 WCM PICU authorization requests per 1,000 Members for June 2023.

Figure 33 displays the trend of total requests seeking authorization for PICU services for each MCP each quarter. For example, CalOptima reported 140 requests in Q3 2022, 79 requests in Q4 2022, 95 requests in Q1 2023, and 92 requests in Q2 2023. Data for HPSM was suppressed due to low numbers.

WCM Inpatient Facilities and SCC Authorizations: Figures 34-35

This data is not reported by County CCS Programs at this time. The data below is reported for WCM.

Figure 34 displays total requests for SCC authorizations and approval rate, by MCP and by County. The figure displays that Inpatient

Facilities and SCC authorization requests ranged from 374 for CenCal to 2,398 for CalOptima. Total MCP enrollment and percent distribution of program enrollment in each MCP is displayed on the far-left column for reference. The approval percentage for Inpatient Facilities and SCC Authorizations ranged from 97% for CalOptima to 100% for CenCal and CCAH. This was calculated by using the number of approved Inpatient Facilities and SCC authorizations for each MCP and each County for July 2022 through June 2023 as the numerator, divided by the number of Inpatient Facilities and SCC requests for authorizations for each MCP and each County for July 2022 through June 2023 as the denominator.

Figure 35 displays the total requests seeking authorization for SCC services for each MCP each quarter. For example, CenCal reported 98 requests in Q3 2022, 106 requests in Q4 2022, 82 requests in Q1 2023, and 88 requests in Q2 2023.

WCM Specialized or Customized DME Authorizations: Figures 36-37

This data is not reported by County CCS Programs at this time. The data below is reported for WCM.

Figure 36 displays total requests for DME authorizations and approval rate, by MCP and by County. The figure displays that specialized or customized DME requests for authorizations ranged from 77 for CenCal to 898 for PHC. Total MCP enrollment and percent distribution of program enrollment in each MCP is displayed on the far-left column for reference. The approval percentage ranged from 94% for PHC to 100% for CenCal and CCAH. This was calculated by using the number of approved specialized or customized DME authorizations for each MCP and each County for July 2022 through June 2023 as the numerator, divided by the number of specialized or customized DME requests for authorizations for each MCP and each County for July 2022 through June 2023 as the denominator.

Figure 37 displays the total requests seeking authorization for DME services for each MCP each quarter. For example, PHC reported 264 requests in Q3 2022, 190 requests in Q4 2022, 233 requests in Q1 2023, and 211 requests in Q2 2023. A letter "S" represents numbers have been suppressed for MCPs that have low number of observations as they are seen as statistically unreliable.

WCM Care Coordination: Figures 38-39

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. MCPs must assess each CCS child's or youth's risk level and needs by performing a risk assessment process using means such as telephonic or in-person communication, review of utilization and claims processing data, or by other means. MCPs are required to develop and complete the risk assessment process for WCM transition Members, newly CCS-eligible Members, or new CCS Members enrolling in the MCP. The risk assessment process is used to classify Members into high and low risk categories, allowing the plan to identify Members who have more complex health care needs. Members who do not have any information available are automatically be categorized as high risk until further

assessment data is gathered to make an additional risk determination. An ICP must be created for high-risk Members. Care coordination data is submitted by MCPs and the dashboard charts display the last month in the reporting period as a point of time view.

Figure 38 displays the percentage of high-risk Members who received an assessment ranged from 0% to 540%, which is 0 assessments for PHC and 23 assessments for HPSM[1], respectively. This was calculated by using the number of high-risk assessments for each MCP as of July 2023 as the numerator, divided by the number of high-risk Members in each MCP in July 2023 as the denominator. Each denominator is different because each MCP has a different number of high-risk Members.

Figure 39 displays the percentage of low-risk Members who received an assessment ranged from 40% to 100%, which is 28 assessments for PHC and 63 assessments for CenCal, respectively. This was calculated by using the number of low-risk assessments for each MCP as of July 2023 as the numerator, divided by the number of low-risk Members in each MCP in July 2023 as the denominator. Each denominator is different because each MCP has a different number of low-risk Members.

WCM Grievances and Appeals: Figure 40-42

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. WCM Members are provided the same grievance and appeal rights as other MCP Members. MCPs must have timely processes for accepting and acting upon Member grievances and appeals. Grievances and appeals data are submitted by MCPs.

Figure 40 displays WCM appeals and grievances per 1,000 Members are trended over 12 months (July 2022 - June 2023). *Figure 40* is a trend chart displaying monthly data over 12 months. *Figures 41* and *42* are cumulative charts, showing the sum of the 12 months' data as one figure. In July 2022, MCPs reported to have received 0.44 appeals per 1,000 Members and 1.16 grievances per 1,000 Members. In June 2023, MCPs received 0.41 appeals per 1,000 Members and 0.63 grievances per 1,000 Members.

Figure 41 displays WCM appeals per 1,000 Members per month. CenCal reported to have received 1 appeal per 1,000 Members per month while HPSM reported 9 appeals per 1,000 Members per month.

[1] Data displayed in this section may show some discrepancies due to MCPs reporting the information differently on the reporting template. Per WCM Reporting Instructions, Care Coordination data is reported "to date" by the MCPs, however some MCPs provided "all time" data. Please note, per APL 23-034, risk assessments are conducted on an annual basis for all WCM eligible Members to ensure their risk classification remains an accurate reflection of their true risk level.

Figure 42 displays percent distribution of major categories of total grievances reported by MCPs. Total grievances for each MCP are displayed on the far-right end of the bar.[2] This was calculated by using the number of each grievance type for each MCP for July 2022 through June 2023 as the numerator, divided by the total number of grievances for each MCP from July 2022 through June 2023 as the denominator.

WCM Family Advisory Committee Meetings: Figure 43

This data is not reported by County CCS Programs at this time. The data below is reported for WCM. MCPs must establish a quarterly Family Advisory Committee (FAC) for WCM families composed of a diverse group of families that represent a range of conditions, disabilities, and demographics. The FAC must also include, but not limited to, parent centers, such as family resource centers, family empowerment centers, and parent training and information centers.

Figure 43 summarizes the number of committee Members, meetings held, recruitment efforts and seats to be filled for each MCP over 12 months (July 2022 - June 2023).

Plan Key:

Plan Name	Plan Abbreviation on Dashboard	WCM Implementation Date
CalOptima	CalOptima	July 1, 2019
CenCal Health	CenCal	July 1, 2018
Central California Alliance for Health	CCAH	July 1, 2018
Health Plan of San Mateo	HPSM	July 1, 2018
Partnership Health Plan of California	PHC	January 1, 2019

[2] Plans must give details on the "Others" grievance category. "Others" grievances included but were not limited to billing issues, staff dissatisfaction, other insurance/inadequate insurance coverage.

CCS and WCM Utilization Figures 1 & 2: Breakdowns of Outpatient Admissions Utilization (Jul'22 - Jun'23)

Fig 1: Outpatient Visits per 1,000 Member Months by Gender

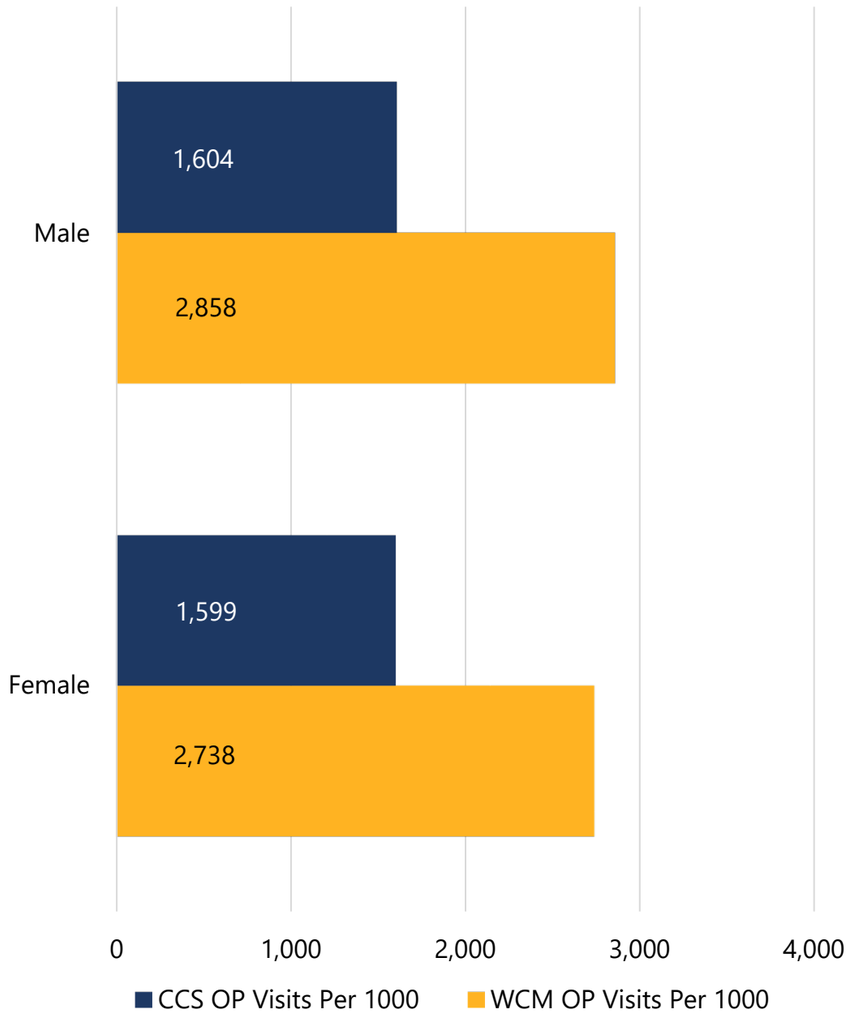
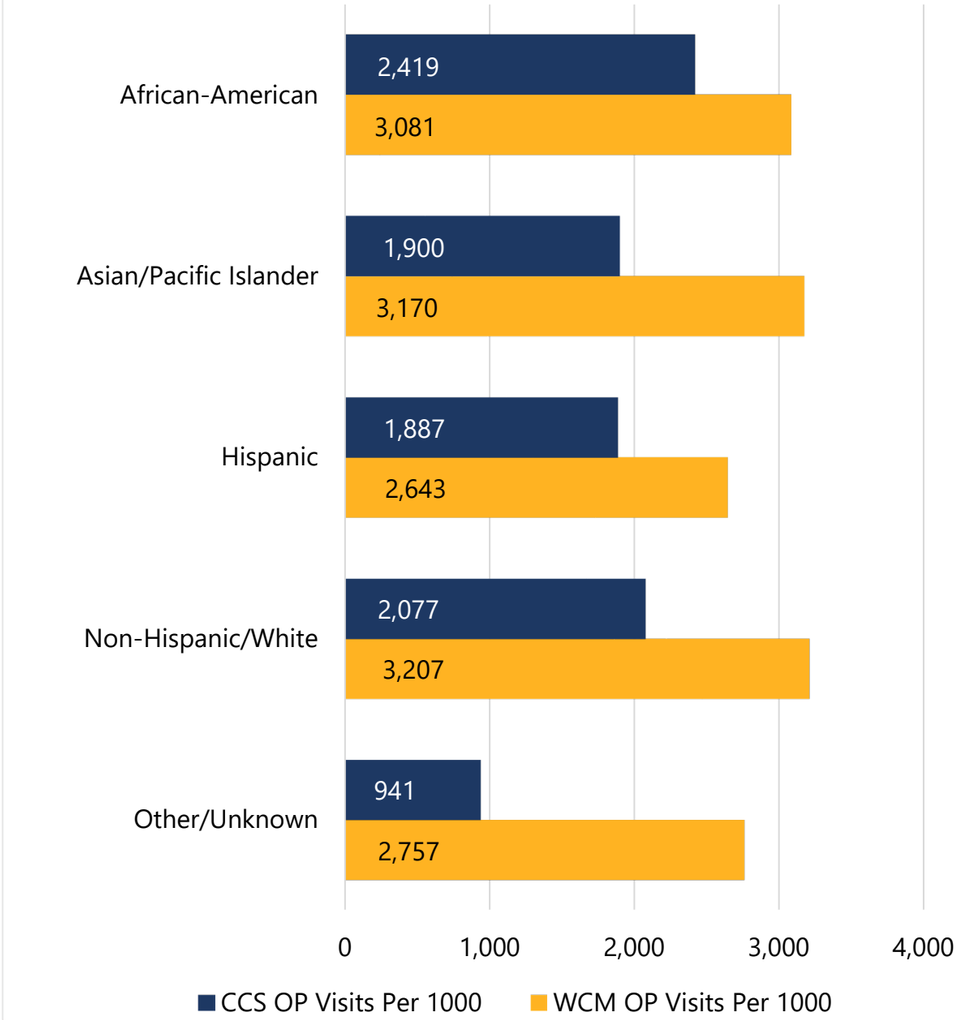


Fig 2: Outpatient Visits per 1,000 Member Months by Ethnicity



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2022 to June 2023.

CCS and WCM Utilization Figures 3 & 4: Breakdowns of Outpatient Admissions Utilization (Jul'22 - Jun'23)

Fig 3: Outpatient Visits Statewide per 1,000 Members, by Month

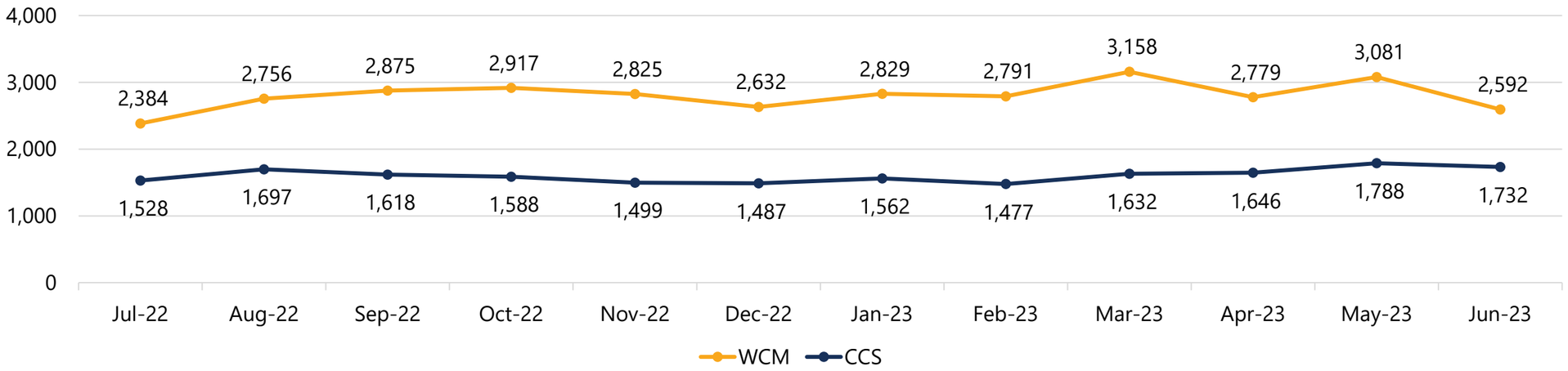
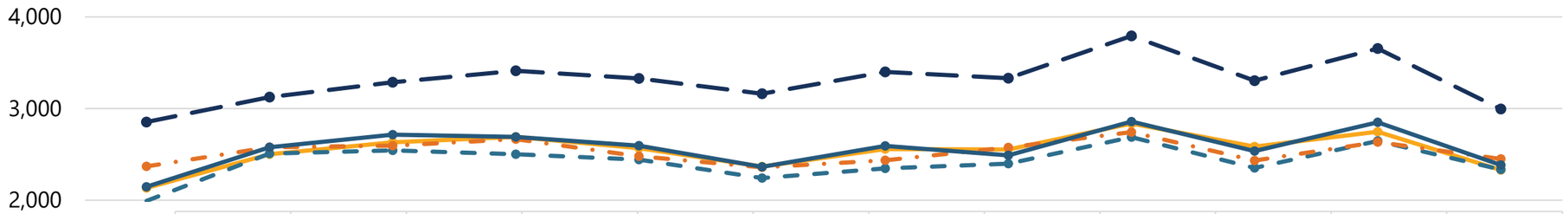


Fig 4: WCM Outpatient Visits per 1,000 Members by Plan, by Month



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
CalOptima	2,853	3,124	3,286	3,413	3,328	3,162	3,399	3,332	3,792	3,303	3,656	2,995
CenCal	2,133	2,501	2,631	2,689	2,568	2,365	2,557	2,552	2,836	2,585	2,746	2,329
CCAH	1,992	2,509	2,543	2,501	2,441	2,241	2,348	2,398	2,688	2,353	2,647	2,334
HPSM	2,368	2,577	2,595	2,666	2,479	2,358	2,435	2,574	2,743	2,432	2,633	2,450
PHC	2,146	2,578	2,714	2,690	2,594	2,363	2,593	2,489	2,858	2,535	2,850	2,383

Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2022 to June 2023.

CCS and WCM Utilization Figures 5 & 6: Breakdowns of Inpatient Visits Utilization (Jul'22 - Jun'23)

Fig 5: Inpatient Admissions per 1,000 Member Months by Gender

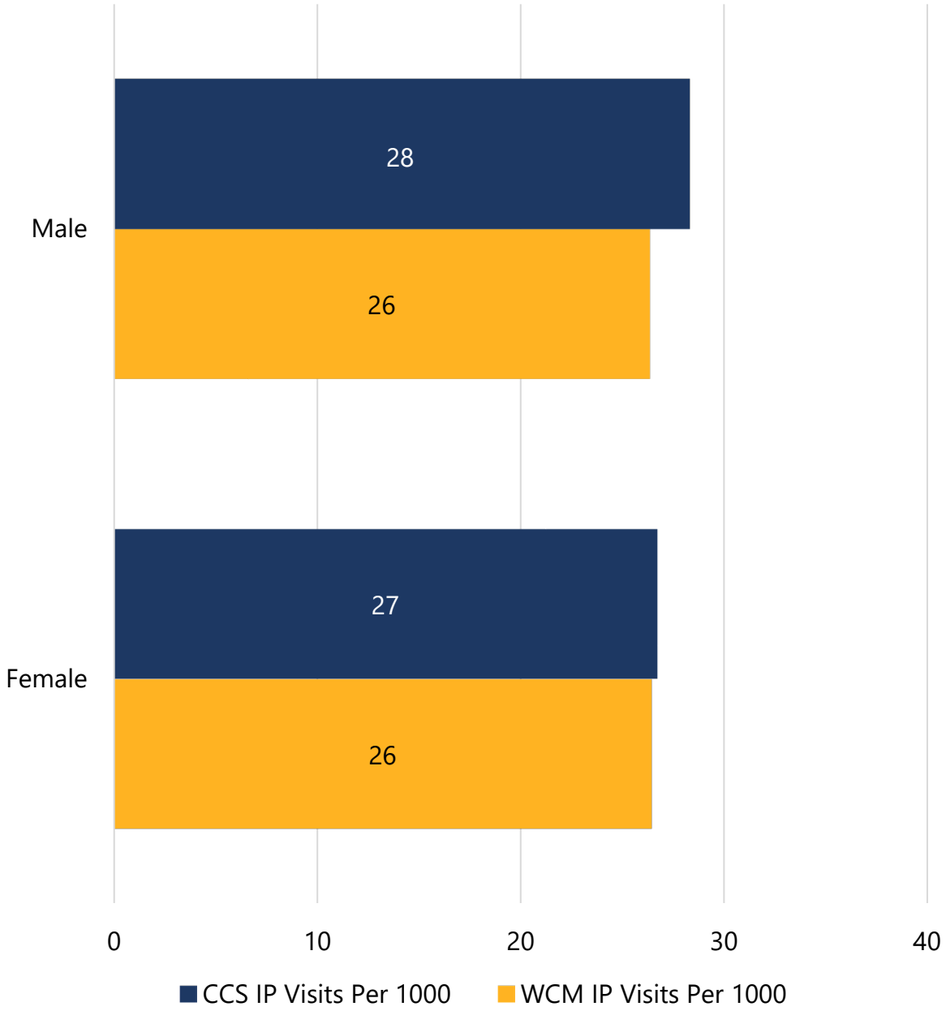
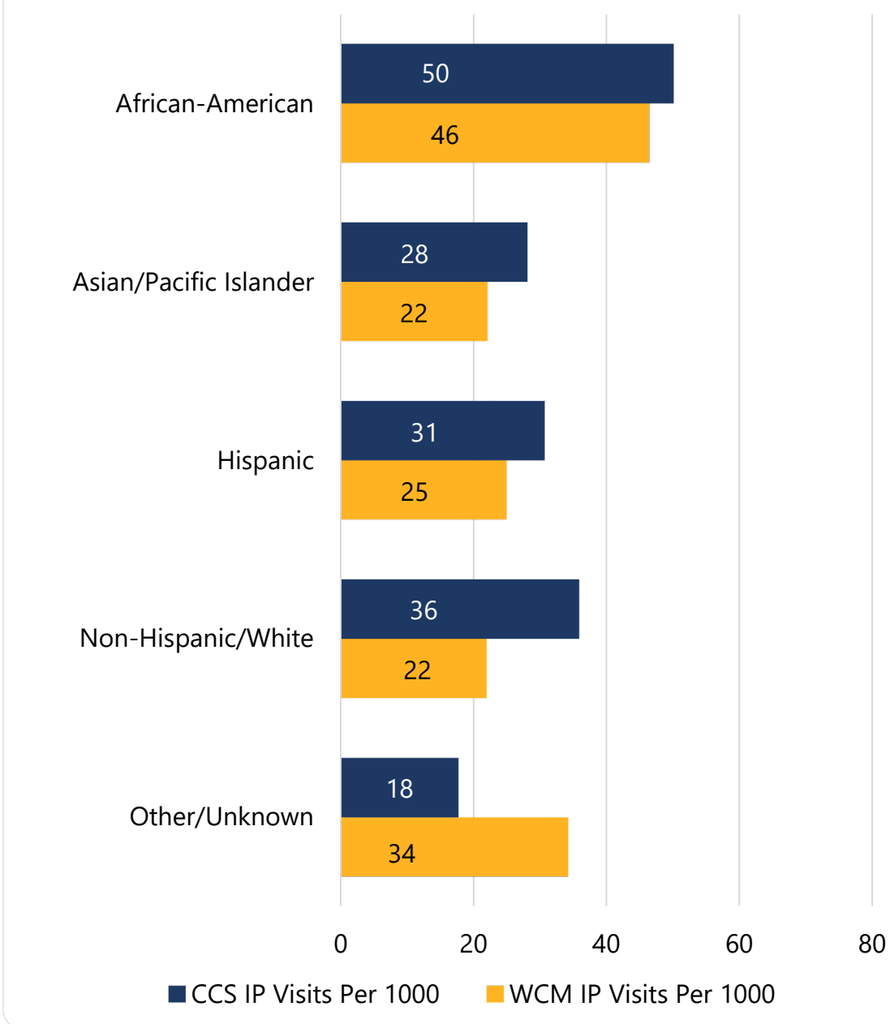


Fig 6: Inpatient Admissions per 1,000 Member Months by Ethnicity



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2022 to June 2023.

CCS and WCM Utilization Figures 7 & 8: Breakdowns of Inpatient Visits Utilization (Jul'22 - Jun'23)

Fig 7: Inpatient Admissions Statewide per 1,000 Members, by Month

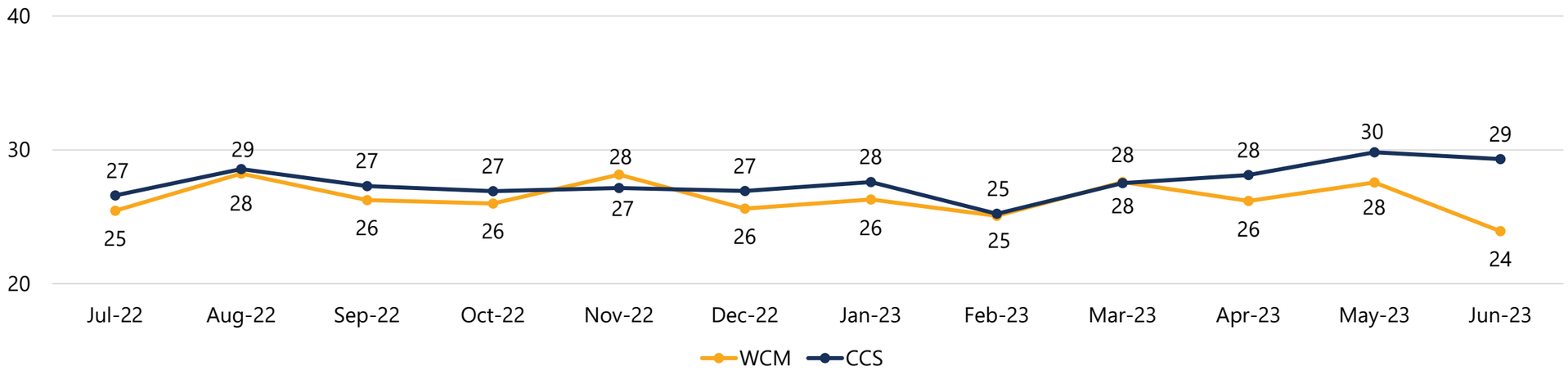
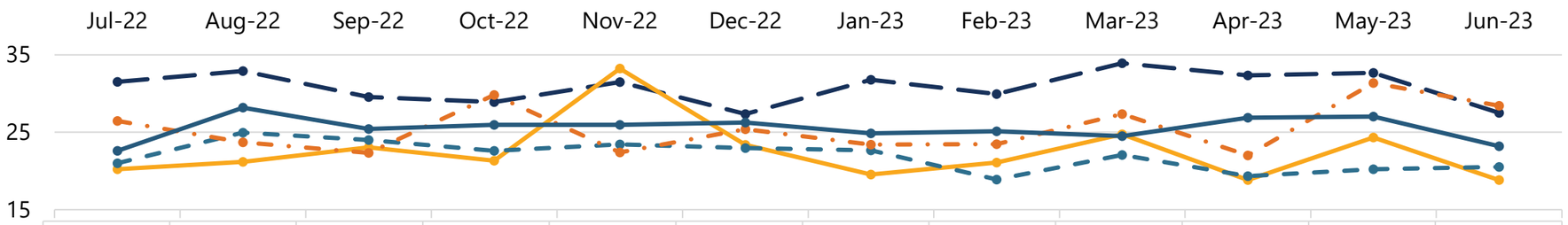


Fig 8: WCM Inpatient Admissions per 1,000 Members by Plan, by Month



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
CalOptima	32	33	30	29	31	27	32	30	34	32	33	28
CenCal	20	21	23	21	33	23	20	21	25	19	24	19
CCAH	21	25	24	23	23	23	23	19	22	19	20	21
HPSM	26	24	22	30	22	25	23	23	27	22	31	28
PHC	23	28	25	26	26	26	25	25	24	27	27	23

Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2022 to June 2023.

WCM Utilization Figure 9 - 11: Breakdowns of Emergency Department (ED) Utilization (Jul'22 - Jun'23)

Fig 9: ED Visits per 1,000 Member Months by Gender

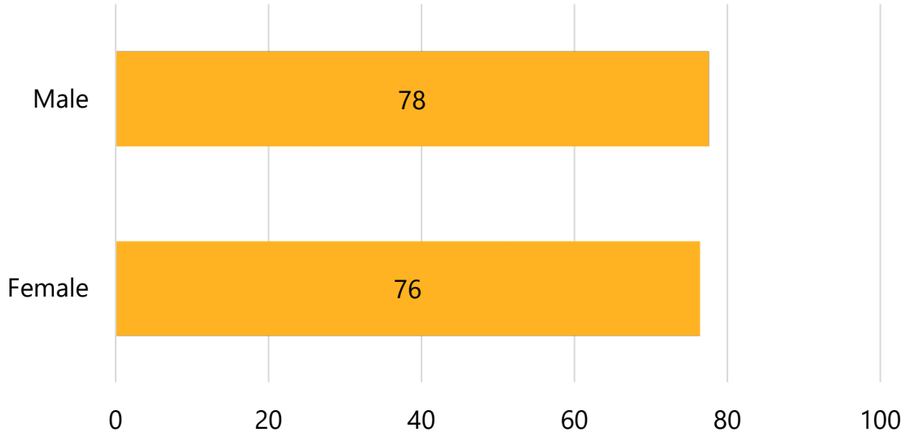


Fig 10: ED Visits per 1,000 Member Months by Ethnicity

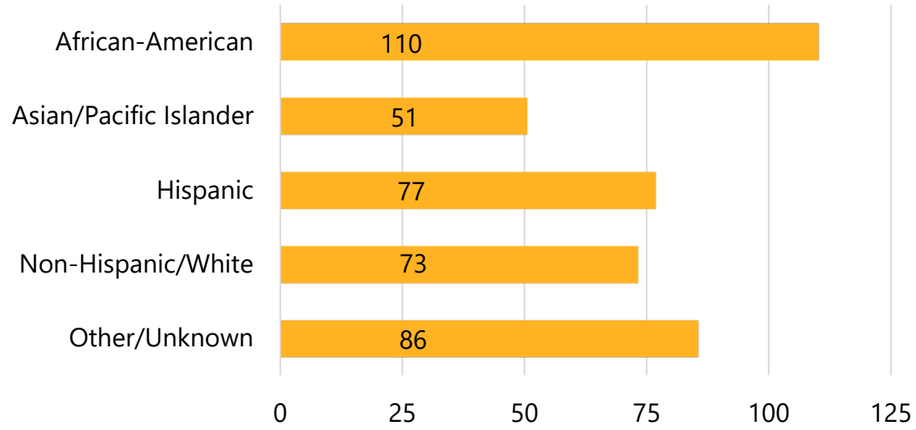
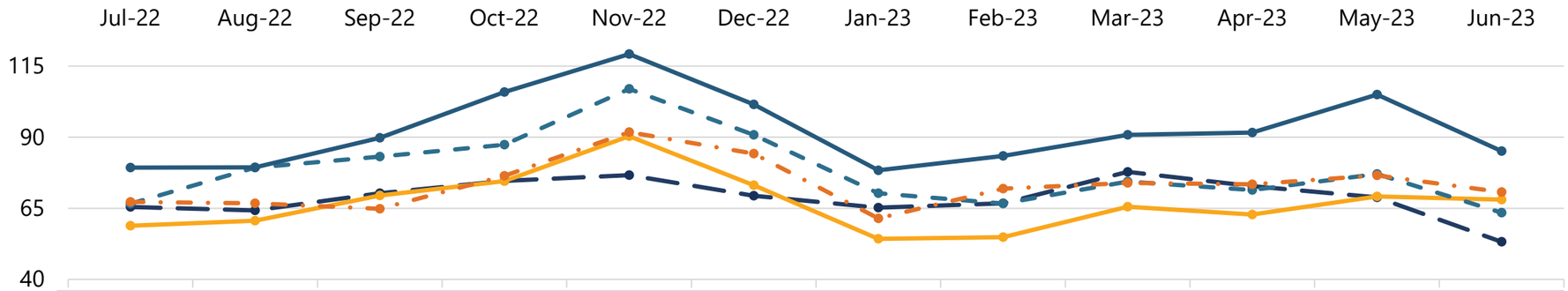


Fig 11: ED Visits per 1,000 Members by Plan, by Month



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
CalOptima	65	64	70	75	77	69	65	67	78	73	69	53
CenCal	59	61	69	75	90	73	54	55	66	63	69	68
CCAH	67	79	83	87	107	91	70	67	74	71	77	63
HPSM	67	67	65	76	92	84	61	72	74	73	77	71
PHC	79	79	90	106	119	101	78	83	91	92	105	85

WCM Utilization Figure 12 - 14: Breakdowns of Prescriptions Utilization (Jul'22 - Jun'23)

Fig 12: Prescriptions per 1,000 Member Months by Gender

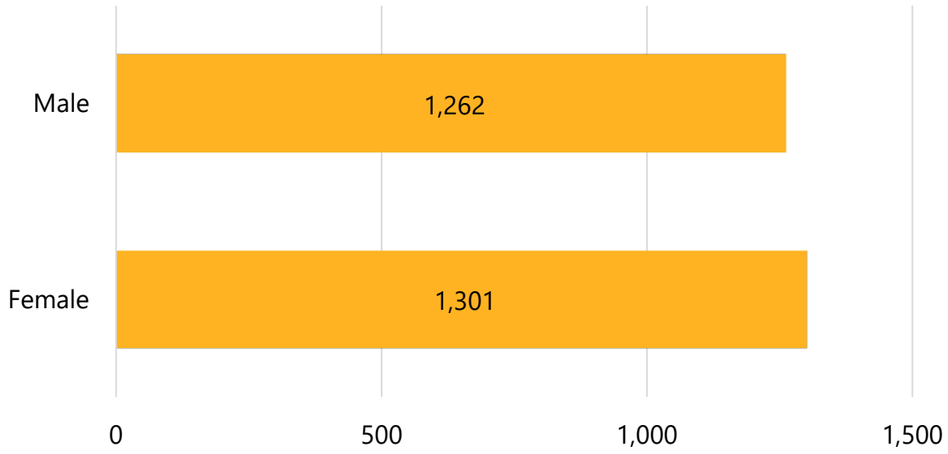


Fig 13: Prescriptions per 1,000 Member Months by Ethnicity

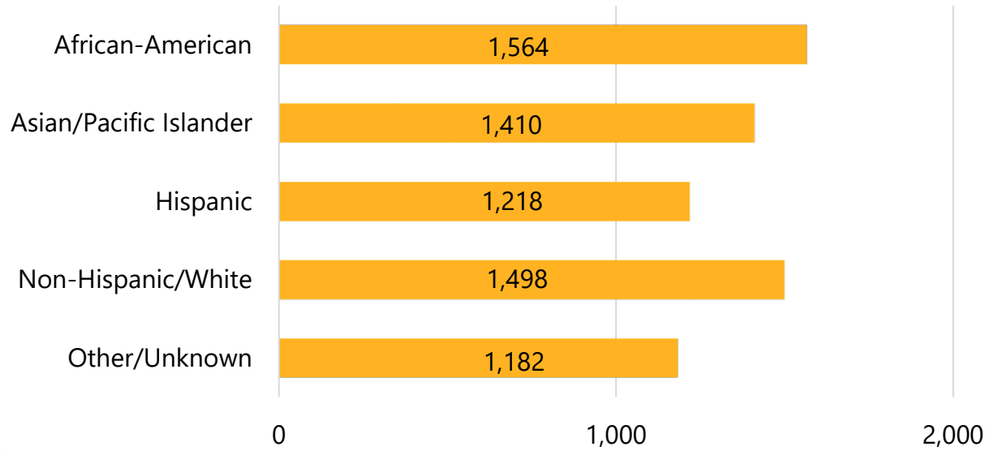
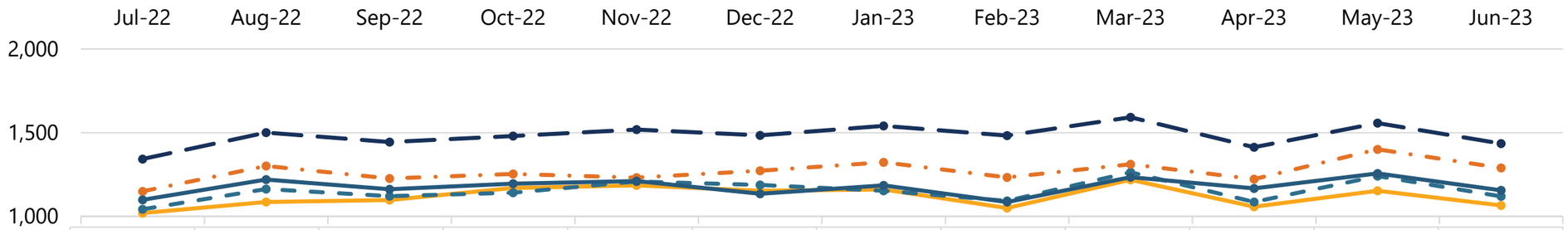


Fig 14: Prescription per 1,000 Members by Plan, by Month



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
CalOptima	1,343	1,501	1,444	1,480	1,518	1,483	1,541	1,483	1,592	1,413	1,557	1,435
CenCal	1,019	1,086	1,097	1,169	1,185	1,153	1,160	1,050	1,219	1,057	1,153	1,065
CCAH	1,042	1,162	1,121	1,141	1,208	1,187	1,153	1,092	1,264	1,085	1,241	1,119
HPSM	1,149	1,301	1,226	1,253	1,231	1,273	1,323	1,233	1,311	1,222	1,400	1,289
PHC	1,099	1,220	1,162	1,195	1,211	1,135	1,185	1,085	1,234	1,167	1,256	1,156

WCM Utilization Figure 15 - 17: Breakdowns of Non-specialty Mental Health Visits Utilization (Jul'22 - Jun'23)

Fig 15: Non-specialty Mental Health Visits per 1,000 Member Months by Gender

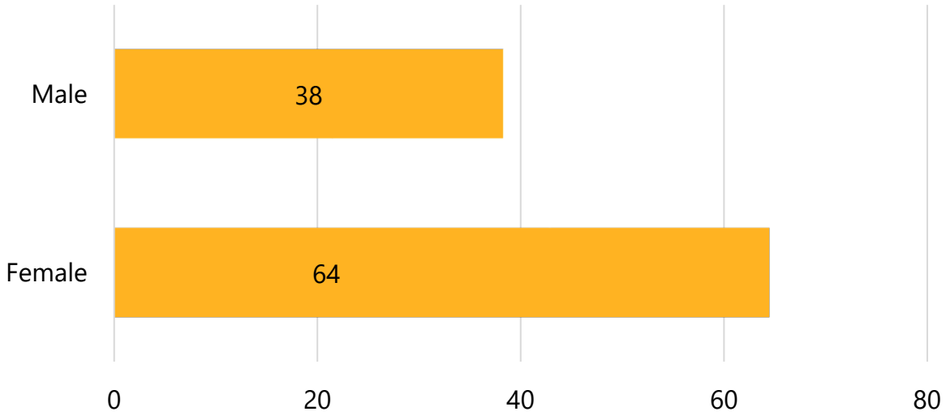


Fig 16: Non-specialty Mental Health Visits per 1,000 Member Months by Ethnicity

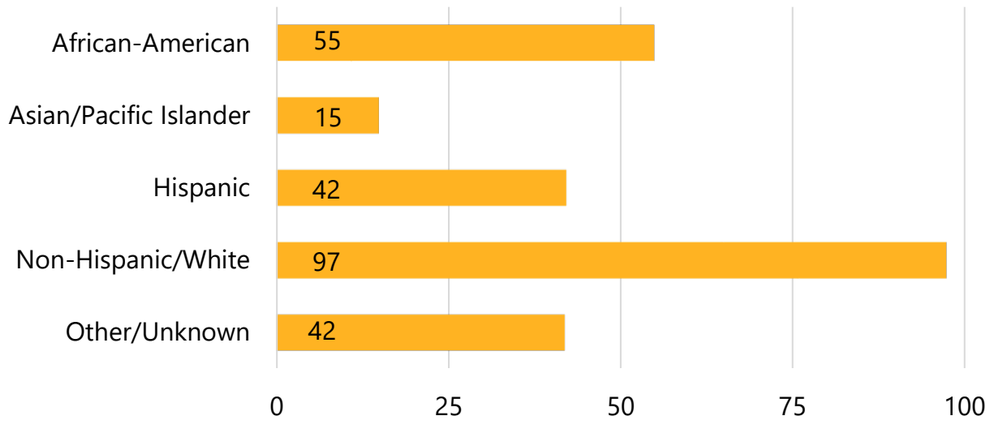
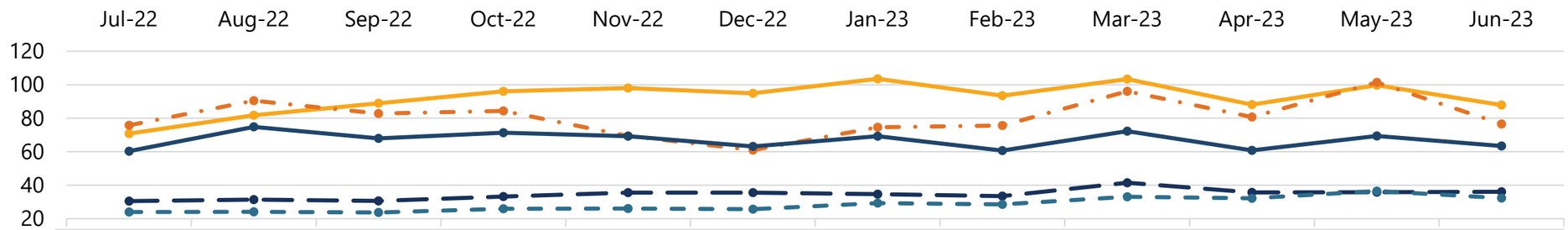


Fig 17: Non-specialty Mental Health Visits per 1,000 Members by Plan, by Month



	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
CalOptima	31	31	31	33	36	36	35	34	41	36	36	36
CenCal	71	82	89	96	98	95	104	93	103	88	100	88
CCAH	24	24	24	26	26	26	29	29	33	32	37	32
HPSM	76	90	83	84	69	61	75	76	96	81	101	77
PHC	60	75	68	71	69	63	69	61	72	61	69	63

WCM Utilization Figure 18 - 20: Breakdowns of Emergency Department Visits with an Inpatient Admission Utilization (Jul'22 - Jun'23)

Fig 18: Emergency Department Visits with an Inpatient Admission per 1,000 Member Months by Gender

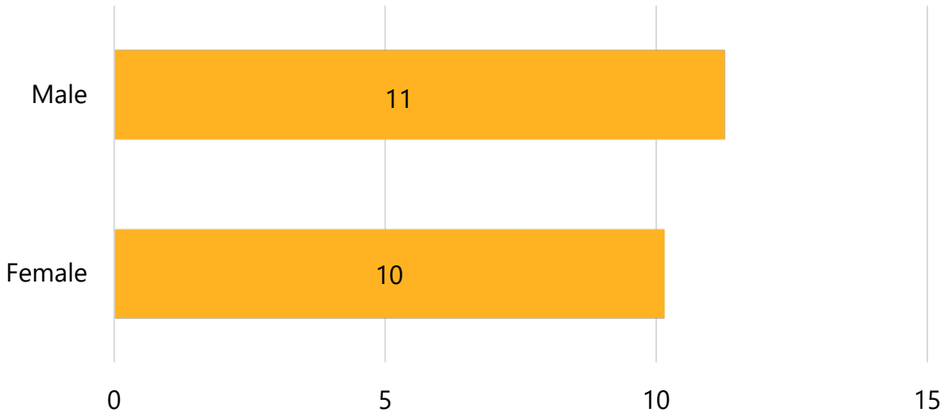


Fig 19: Emergency Department Visits with an Inpatient Admission per 1,000 Member Months by Ethnicity

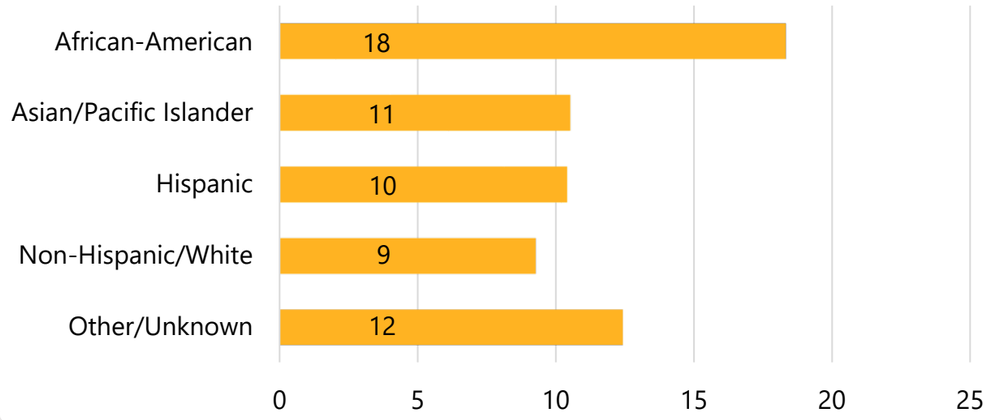
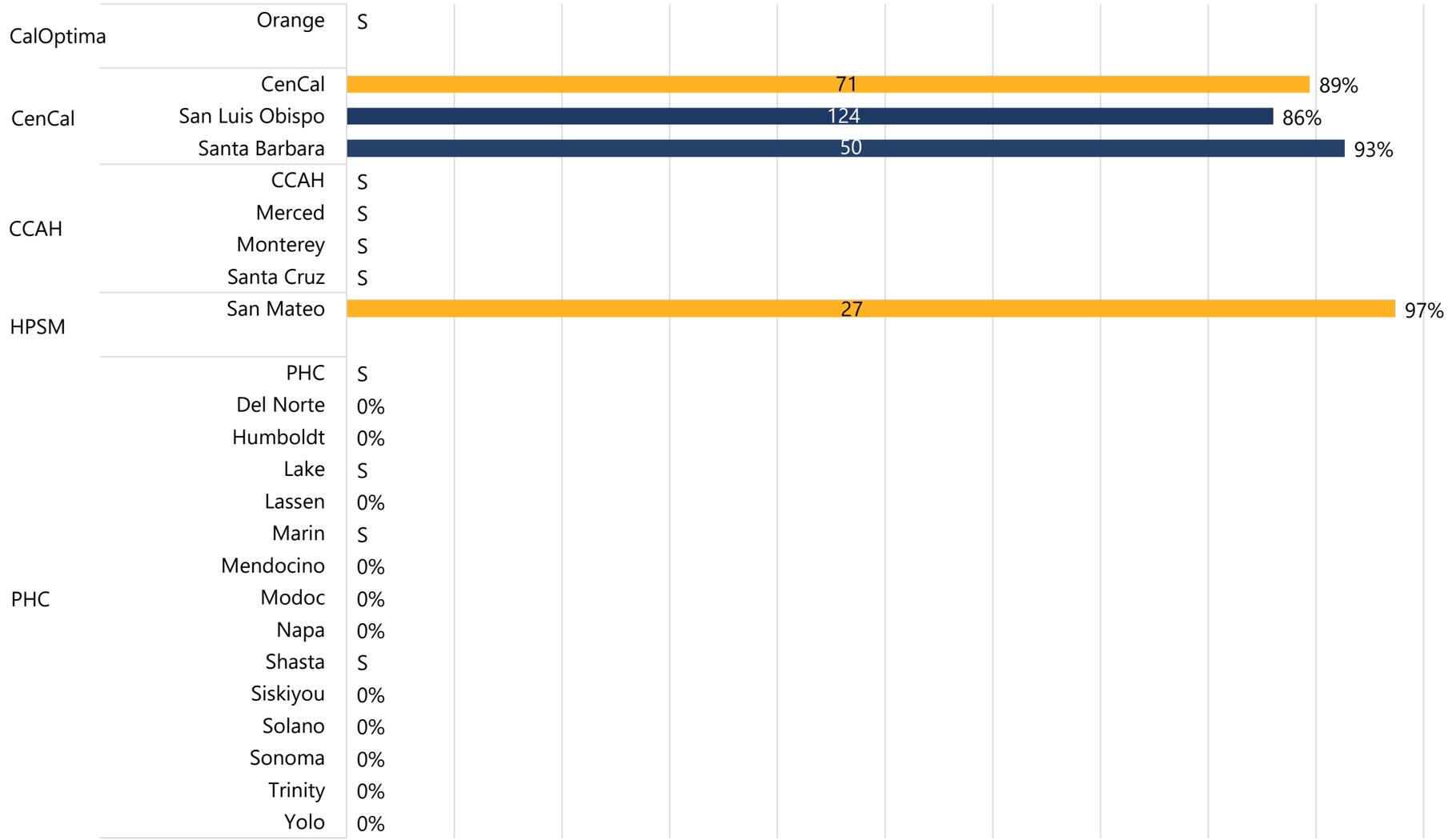


Fig 20: Emergency Department Visits with an Inpatient Admission per 1,000 Members by Plan, by Month

This figure is suppressed due to low numbers, which are seen as statistically unreliable.

WCM Figure 21: Continuity of Care (COC) Requests & Approvals per 1,000 Members (Jul'22 - Jun'23)

Fig 21: COC Request per 1,000 Members & Percentage Approval by Plan, by County



Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

WCM Figure 22: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 49 through Month 60

	Month 49	Month 50	Month 51	Month 52	Month 53	Month 54	Month 55	Month 56	Month 57	Month 58	Month 59	Month 60
CalOptima	0	S	S	S	S	0	S	0	0	0	0	0
CenCal	S	S	S	S	S	S	S	S	S	24	S	24
CCAH	0	0	0	0	0	0	0	S	S	S	S	S
HPSM	S	S	S	S	S	S	S	S	0	S	S	S
PHC	S	S	0	0	0	S	S	0	0	0	0	S

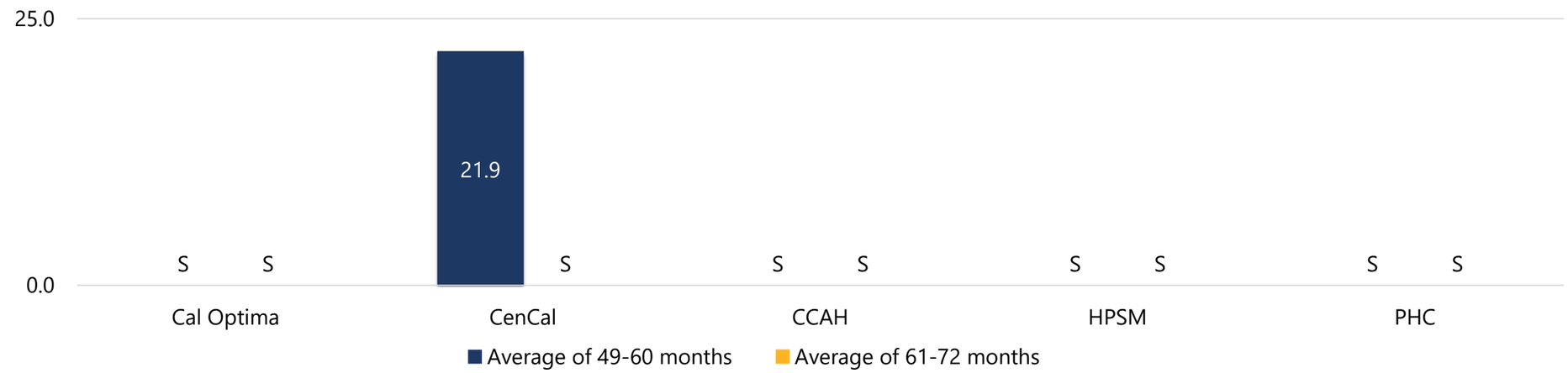
WCM Figure 23: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 61 through Month 72

	Month 61	Month 62	Month 63	Month 64	Month 65	Month 66	Month 67	Month 68	Month 69	Month 70	Month 71	Month 72
CalOptima	0	0	0	0	0	0	0	0	0	0	0	0
CenCal	S	S	0	0	0	0	0	0	S	0	0	0
CCAH	0	0	0	S	0	S	S	0	0	0	S	0
HPSM	0	S	S	0	S	0	S	0	S	0	S	S
PHC	S	S	0	0	0	0	0	S	0	S	S	0

Note: CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
A letter "S" indicates counts of items that are suppressed per CDO guidelines.

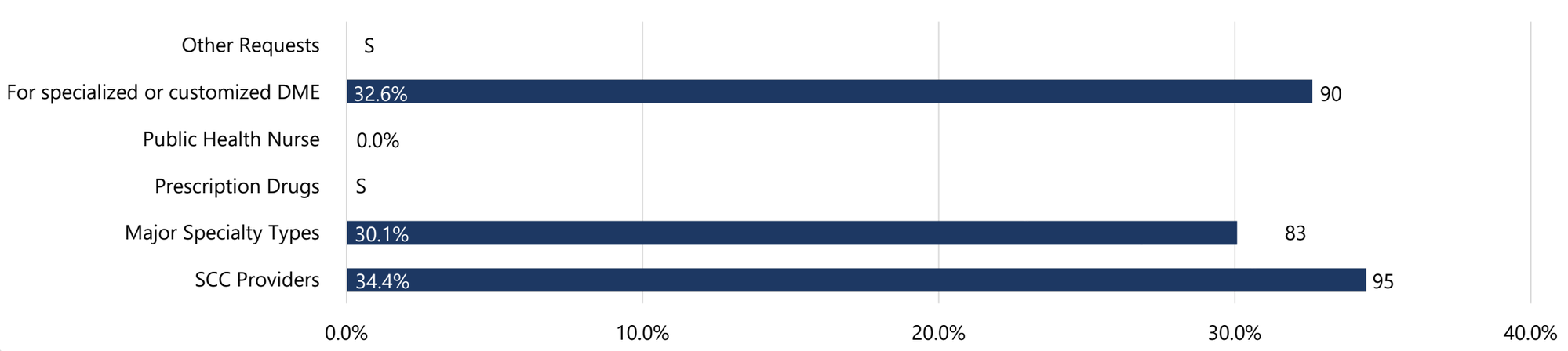
WCM Figure 24: Continuity of Care (COC) - Requests, by Plan (Jul'22 - Jun'23)

Fig 24: Plan Average COC Request Upon Joining the Program, Month 49 - Month 60 vs Month 61 - Month 72



WCM Figure 25: Continuity of Care (COC) - Requests Categories (Jul'22 - Jun'23)

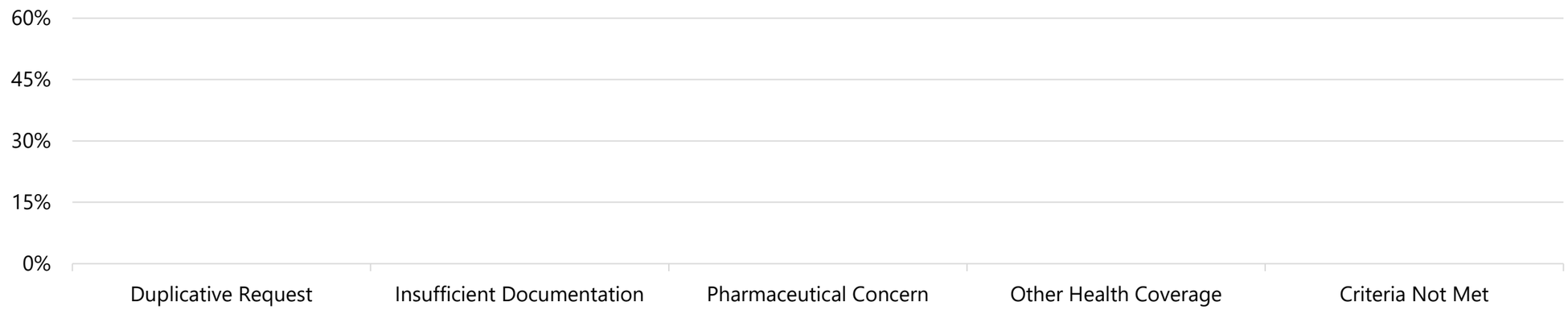
Fig 25: COC Requests - Categories



A letter "S" indicates counts of items that are suppressed per CDO guidelines.

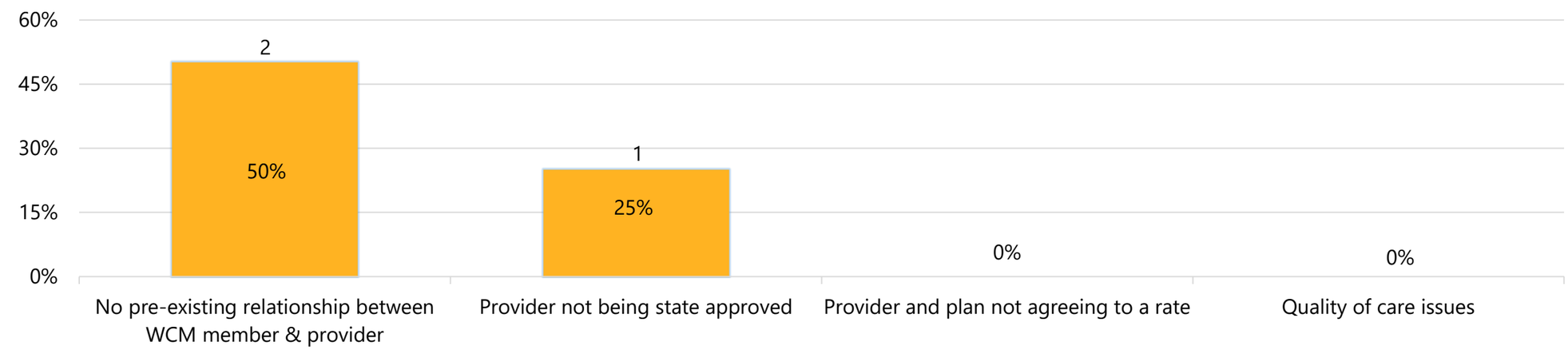
WCM Figures 26 & 27: Continuity of Care (COC) - Denials Reasons (Jul'22 - Jun'23)

Fig 26: Top 5 COC Denial Reasons (Not Required by APL)



**This data is not available for the current reporting period.*

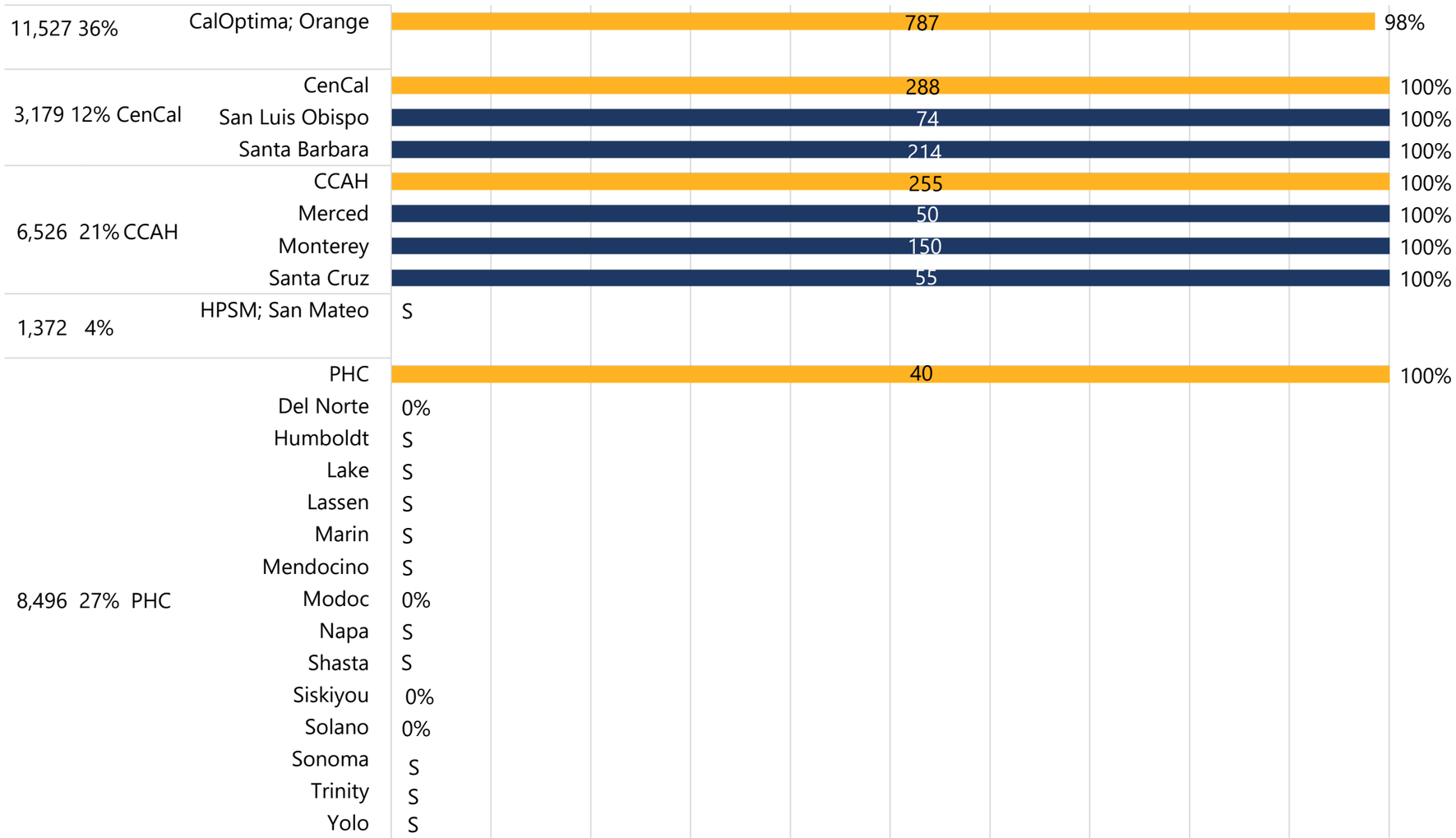
Fig 27: COC Denial Reasons (Required by APL)



Note: Please see page 8 for detailed information on why Figures 20 & 21 do not add up to 100%.
A letter "S" indicates counts of items that are suppressed per CDO guidelines.

WCM Figure 28: Case Management NICU Authorization Requests & Approvals (Jul'22 - Jun'23)

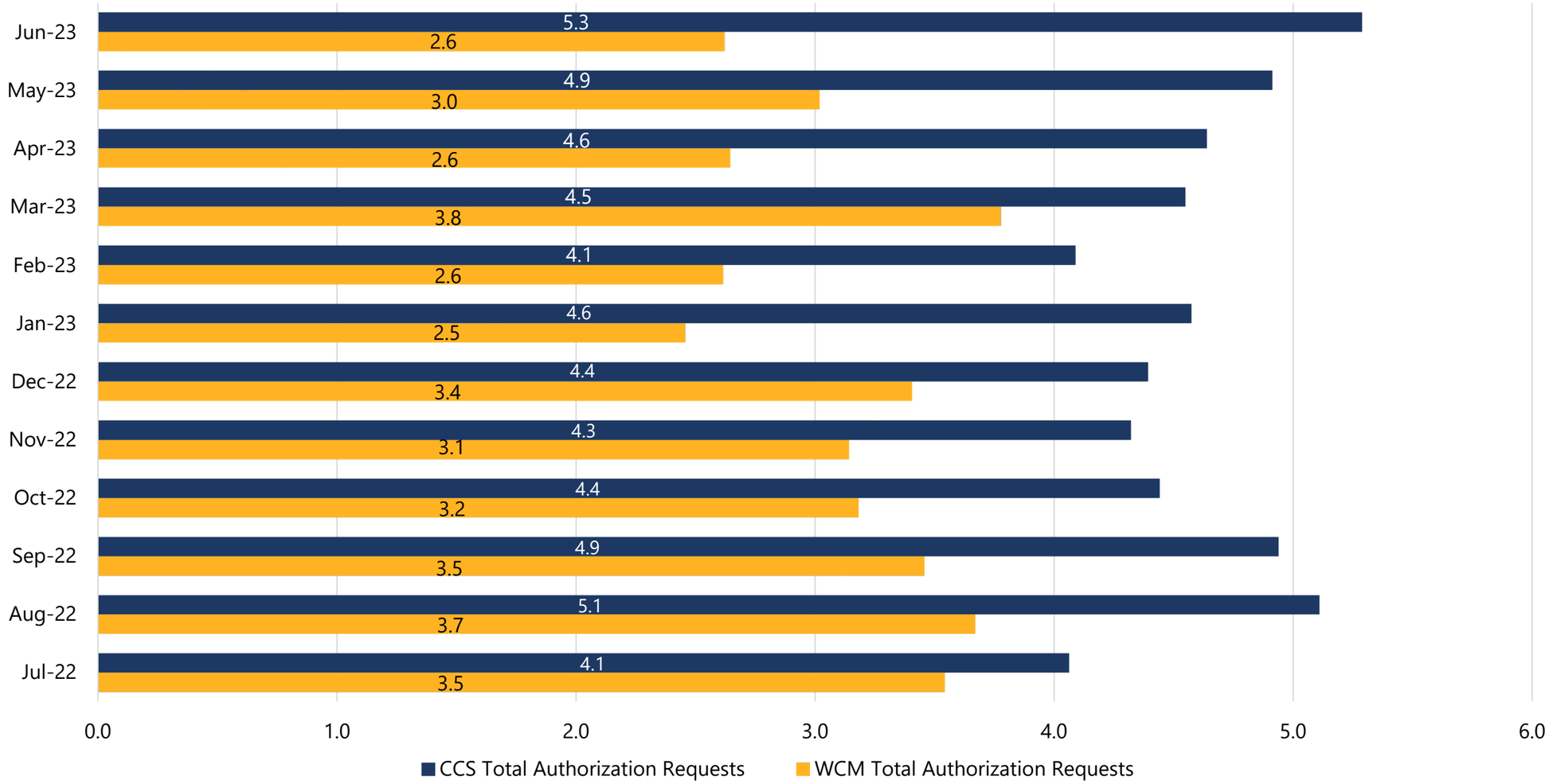
Fig 28: WCM Total NICU Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

CCS and WCM Figure 29: Case Management NICU Authorization Requests (Jul'22 - Jun'23)

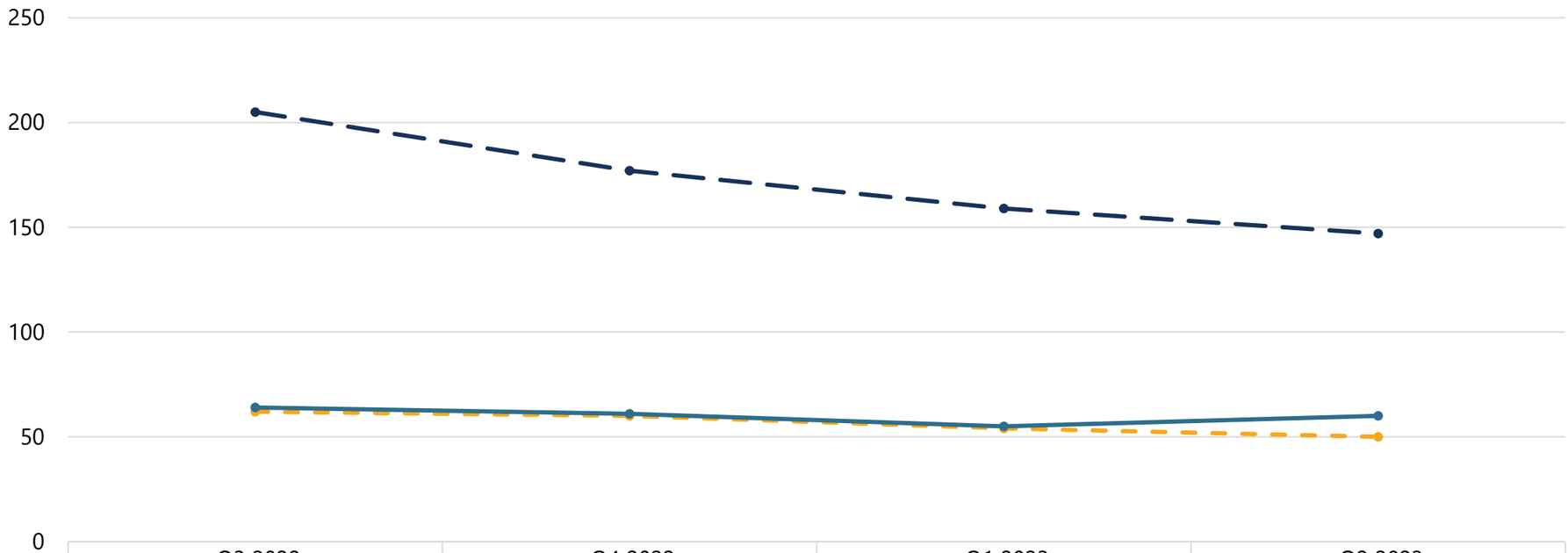
Fig 29: Statewide Total NICU Authorization Requests per 1,000 Members, by Month



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

WCM Figure 30: Case Management NICU Authorization Requests (Jul'22 - Jun'23)

Fig 30: WCM Total NICU Authorization Requests by Plan, by Quarter

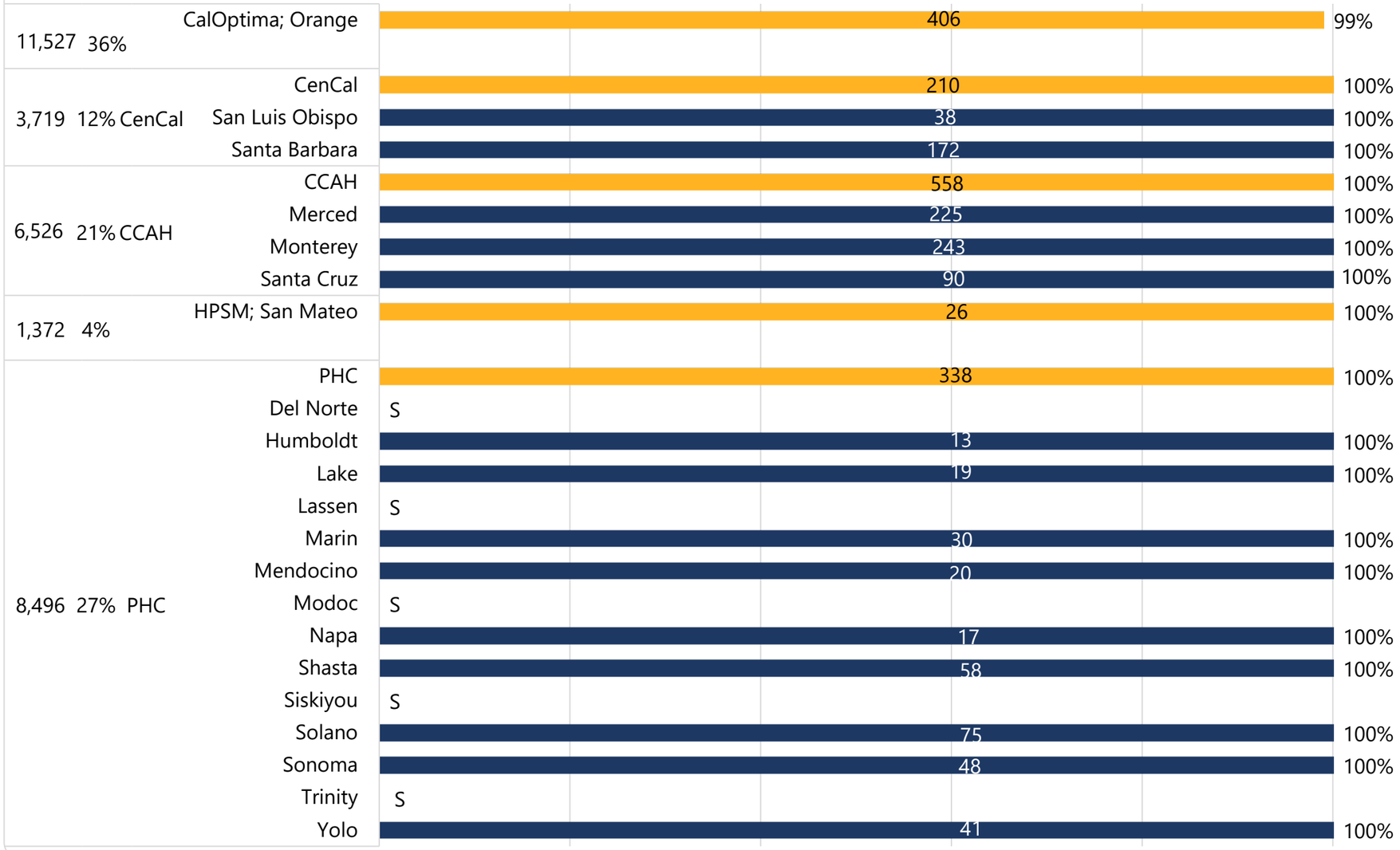


	Q3 2022	Q4 2022	Q1 2023	Q2 2023
CalOptima	205	177	159	147
CCAH	62	60	54	50
CenCal	64	61	55	60

Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. Caution should be exercised when evaluating the results. Counties that have low number of observations are seen as statistically unreliable.
**Figures for HPSM and PHC are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

WCM Figure 31: Case Management PICU Authorization Requests & Approvals (Jul'22 - Jun'23)

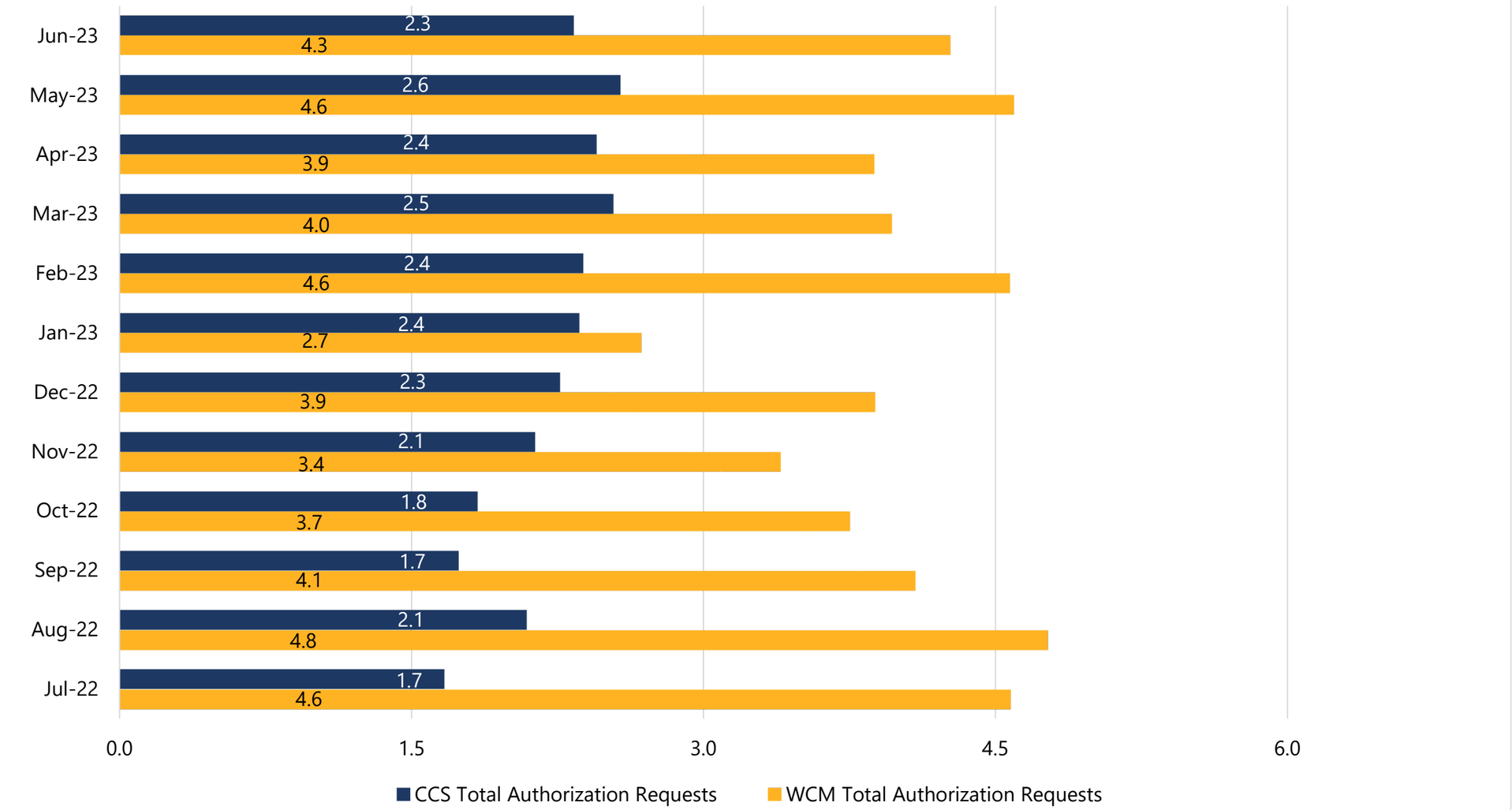
Fig 31: WCM Total PICU Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

CCS and WCM Figure 32: Case Management PICU Authorization Requests (Jul'22 - Jun'23)

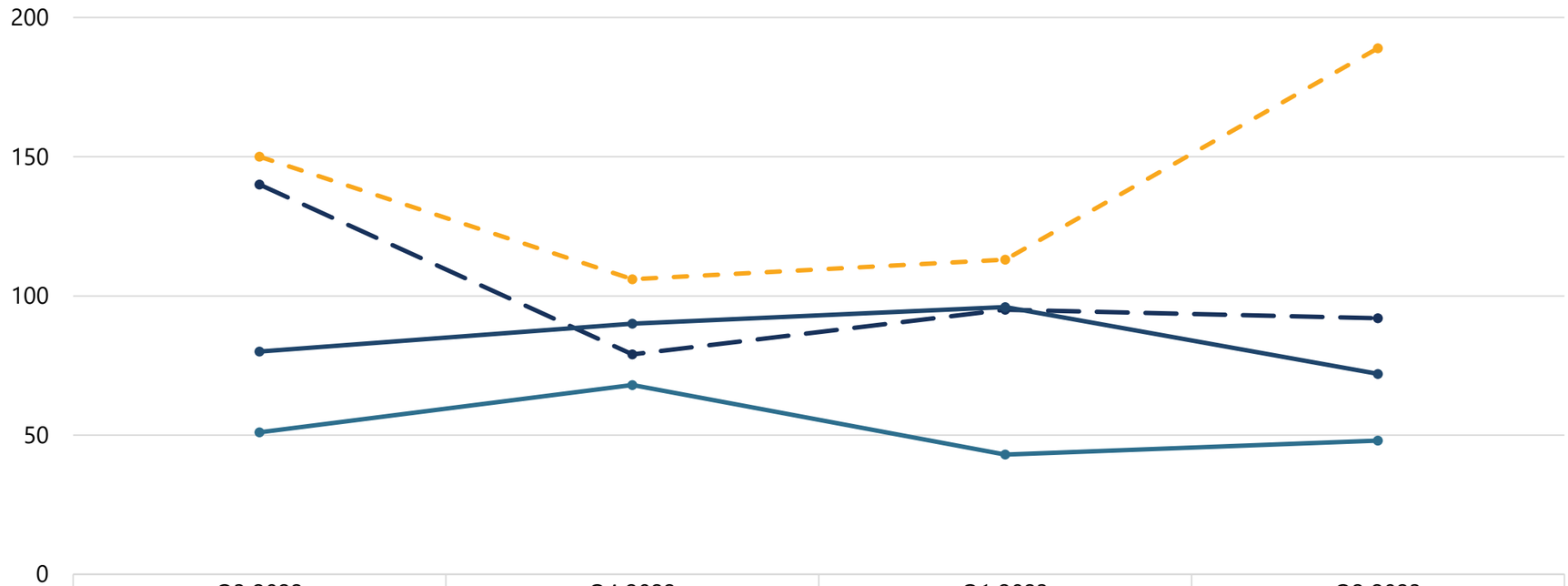
Fig 32: Statewide Total PICU Authorization Requests per 1,000 Members, by Month



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

WCM Figure 33: Case Management PICU Authorization Requests (Jul'22 - Jun'23)

Fig 33: WCM Total PICU Authorization Requests by Plan, by Quarter

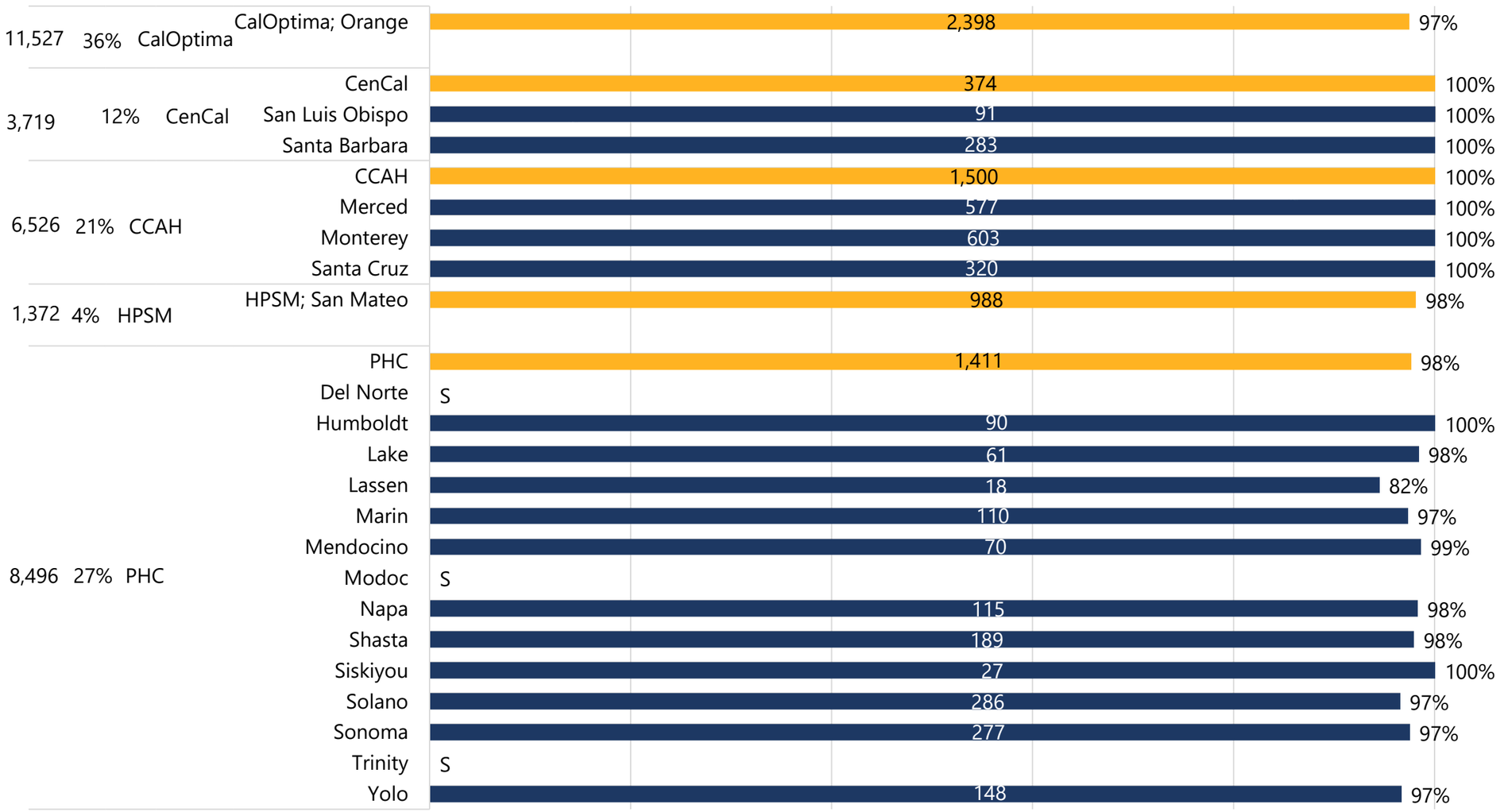


	Q3 2022	Q4 2022	Q1 2023	Q2 2023
CalOptima	140	79	95	92
CCAH	150	106	113	189
CenCal	51	68	43	48
PHC	80	90	96	72

Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019.
Caution should be exercised when evaluating the results. Counties that have low number of observations are seen as statistically unreliable.
Figures for HPSM are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.

WCM Figure 34: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorization Requests & Approvals (Jul'22 - Jun'23)

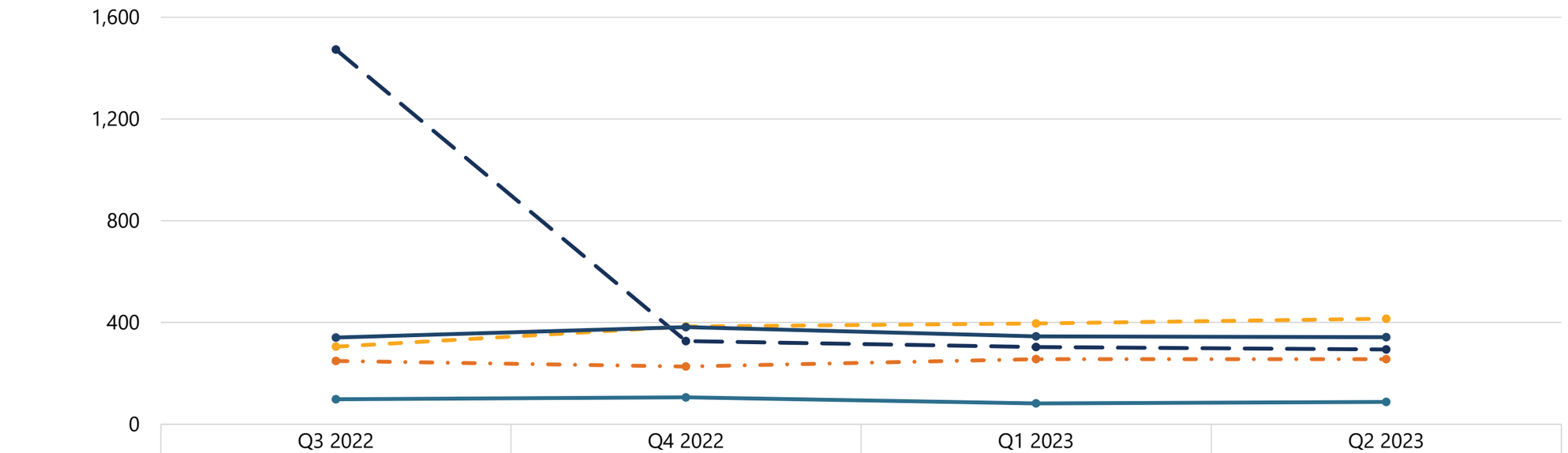
Fig 34: WCM Total Inpatient Facilities and SCC Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

WCM Figure 35: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorization Requests (Jul'22 - Jun'23)

Fig 35: WCM Total Inpatient Facilities and Special Care Centers (SCC) Authorization Requests by Plan, by Quarter

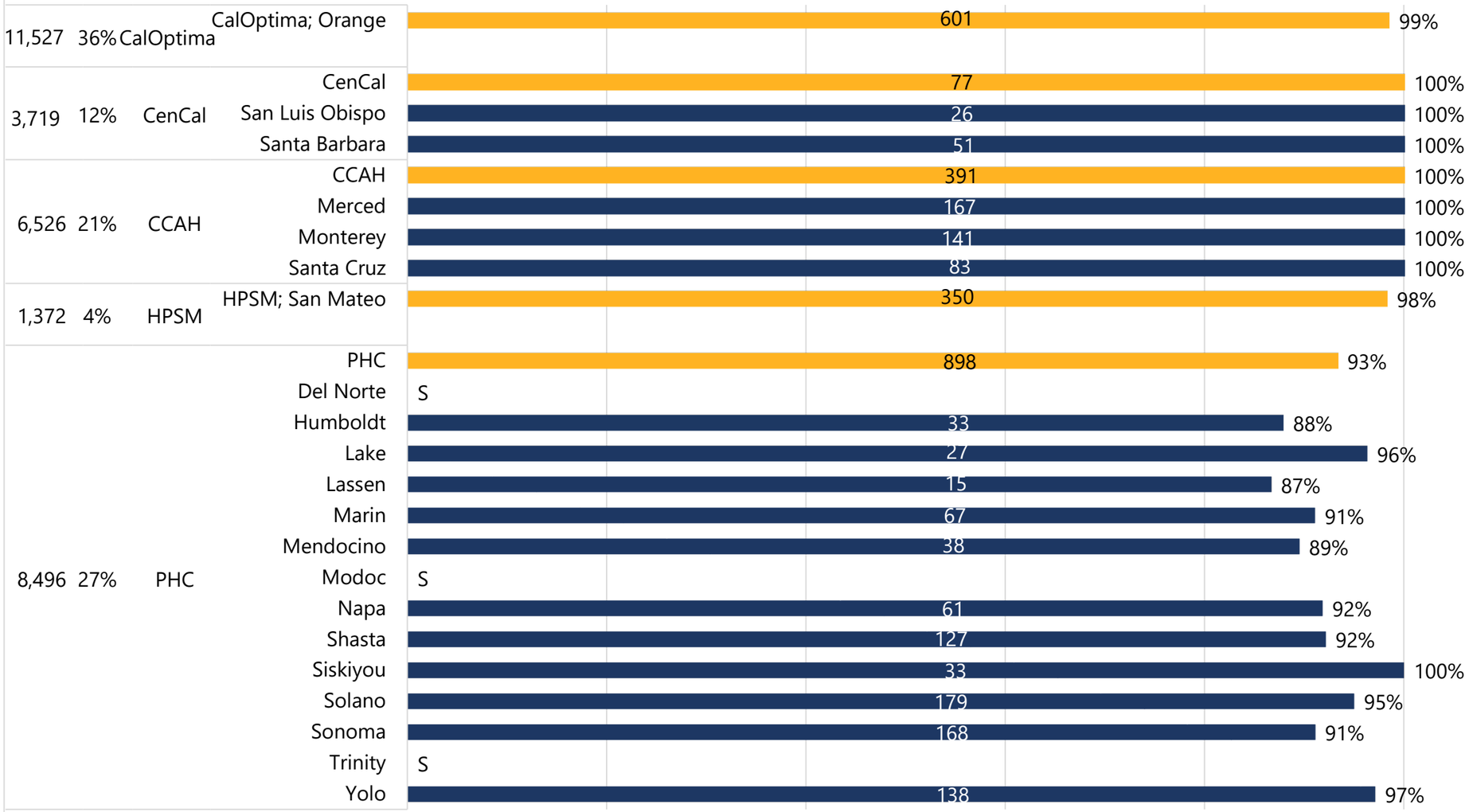


	Q3 2022	Q4 2022	Q1 2023	Q2 2023
CalOptima	1,473	327	304	294
CCAH	305	384	396	415
CenCal	98	106	82	88
HPSM	249	227	256	256
PHC	341	382	346	342

Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019.

WCM Figure 36: Case Management Specialized or Customized DME Authorization Requests & Approvals (Jul'22 - Jun'23)

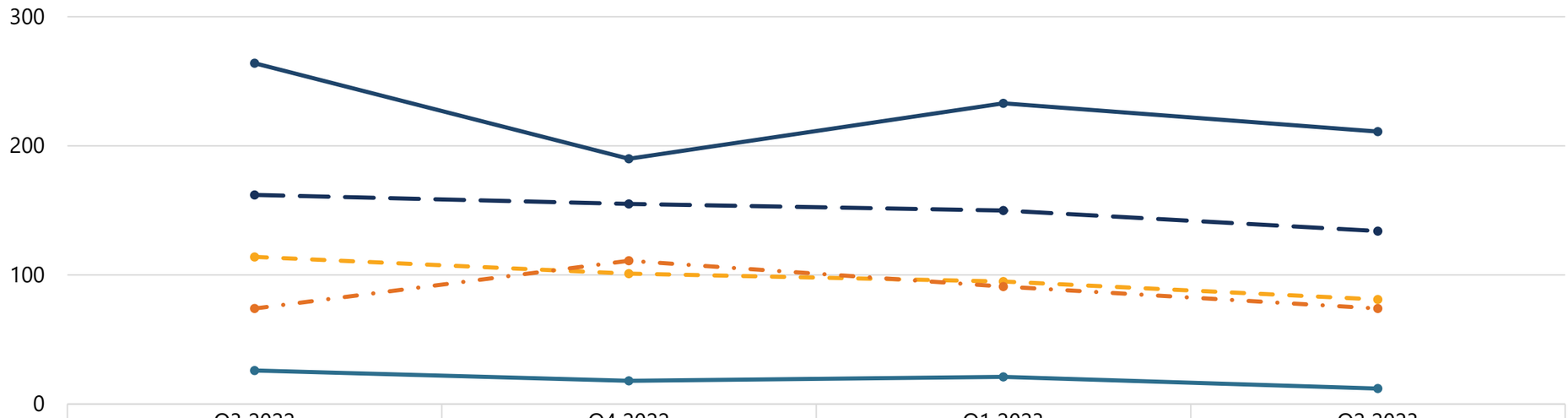
Fig 36: WCM Total Specialized or Customized DME Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019. A letter "S" indicates counts of items that are suppressed per CDO guidelines. Managed Care Plans with operations in multiple counties have the individual counties represented in blue on the bar graph.

WCM Figure 37: Case Management Specialized or Customized DME Authorization Requests (Jul'22 - Jun'23)

Fig 37: WCM Total Specialized or Customized DME Authorization Requests by Plan, by Quarter



	Q3 2022	Q4 2022	Q1 2023	Q2 2023
CalOptima	162	155	150	134
CCAH	114	101	95	81
CenCal	26	18	21	12
HPSM	74	111	91	74
PHC	264	190	233	211

Note: This report contains data from July 2022 to June 2023. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. Caution should be exercised when evaluating the results. Counties that have low number of observations are seen as statistically unreliable.

WCM Figures 38 & 39: Care Coordination High-Risk and Low-Risk Assessments - June 2023

Fig 38: Percentage of High Risk Members who Received an Assessment, by Plan

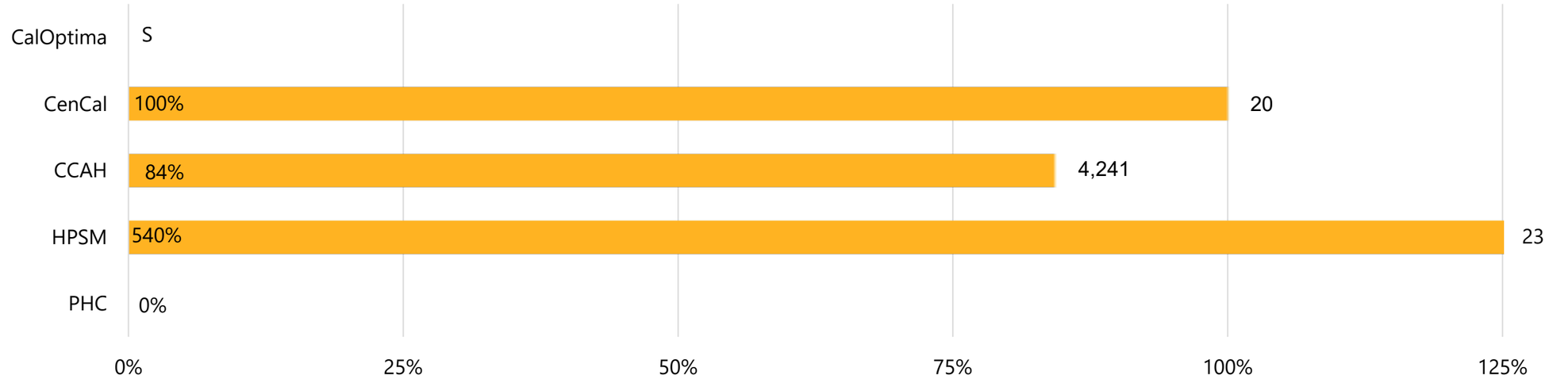
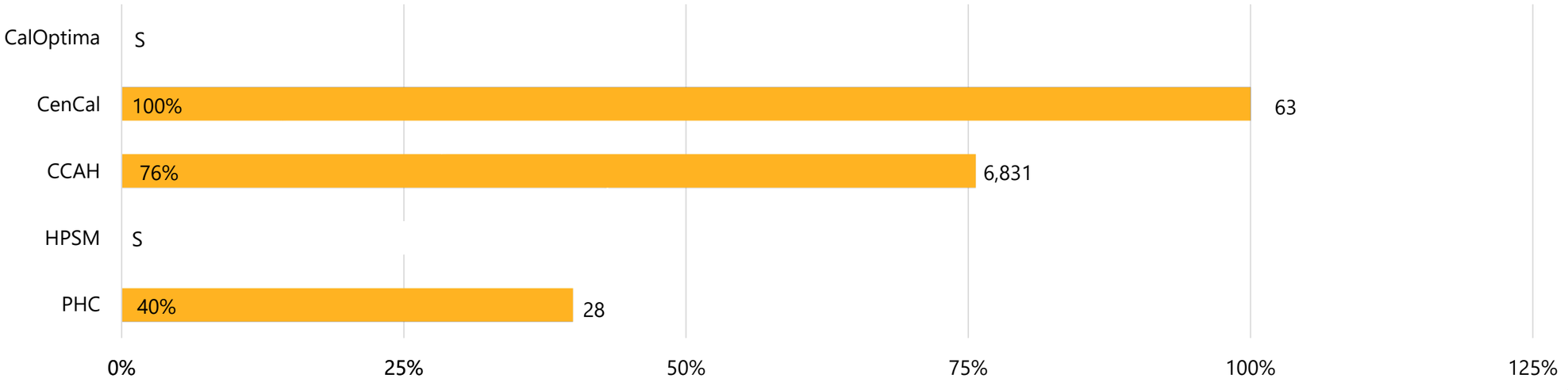


Fig 39: Percentage of Low Risk Members who Received an Assessment, by Plan



A letter "S" indicates counts of items that are suppressed per CDO guidelines.

WCM Figures 40 & 41: Grievances & Appeals per 1,000 Member Months (Jul'22 - Jun'23)

Fig 40: WCM Grievances and Appeals per 1,000 Members

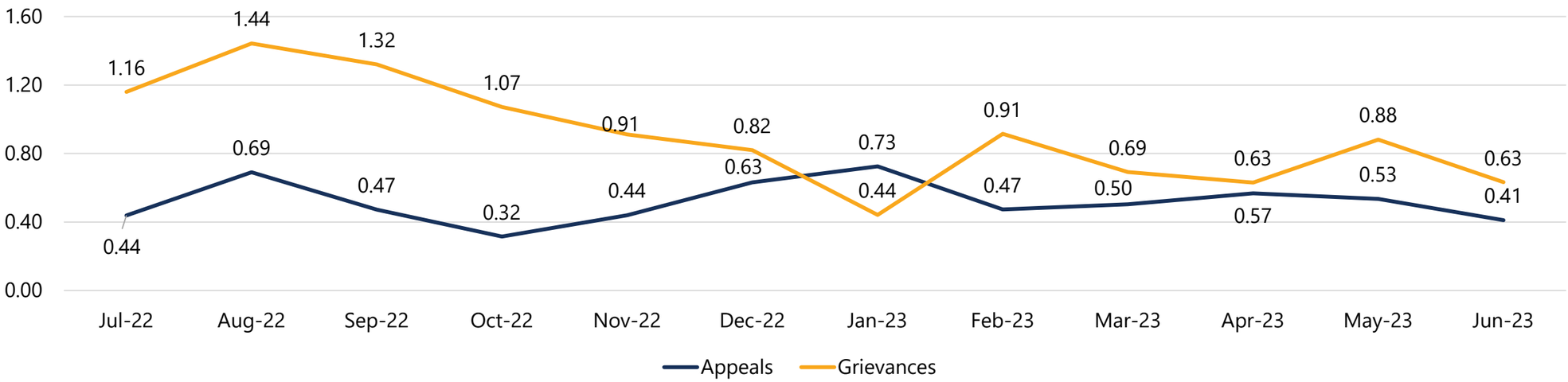
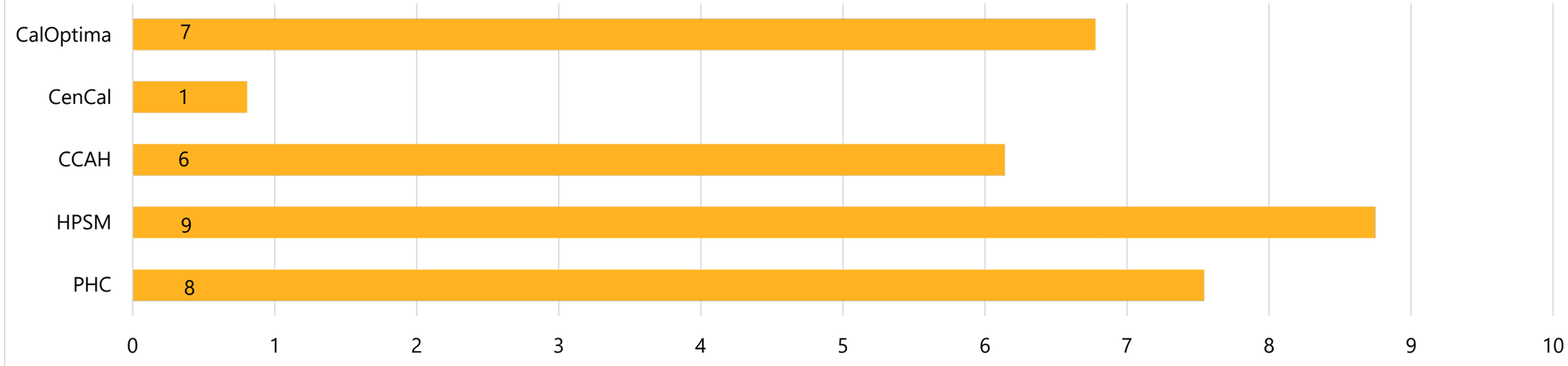
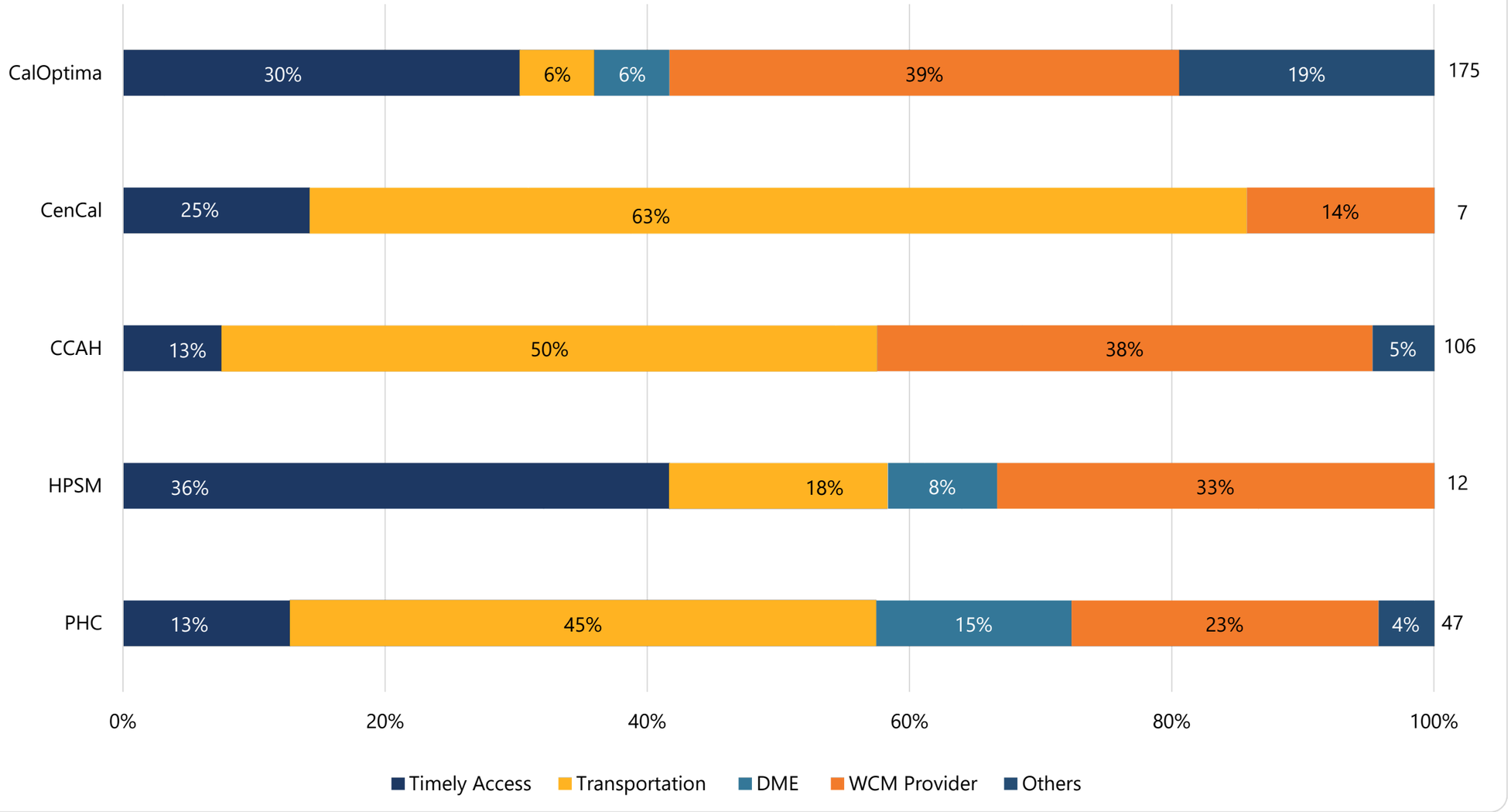


Fig 41: WCM Appeals per 1,000 Member Months, by Plan



WCM Figure 42: Grievances - Breakdown by Categories, by Plan (Jul'22 - Jun'23)

Fig 42: Grievances Categories, by Plan



WCM Figure 43: Family Advisory Committee Meetings Table (Jul'22 - Jun'23)

Plan Name	Number of Committee Members	Number of Meetings Held Jul'22 - Jun'23	Recruitment Efforts	Seats to be Filled
CalOptima	9	4	Staff continued to recruit through existing members and publicizing the openings on CalOptima's webite as well as regular updates in newsletters to community members.	2 of 11
CCAH	11	5	Recruiting efforts included: • WCMFAC Fact Sheet was shared by Alliance staff at outreach events including health fairs. • WCMFAC Fact Sheet was shared by WCMFAC committee members, County MTU departments, and Regional Centers with their communities and clients. • The Community Engagement Director who staffs WCMFAC shared about WCMFAC with community partners. • The Alliance website includes a summary of WCMFAC and the application.	8 of 19
CenCal	17	4	Retirement of a member of a Family Advocacy Group occurred recently. CenCal Health is currently recruiting and seeking help from other FAC members, California Children's Services (CCS) County offices and the Medical Therapy Program (MTP).	1 of 18
HPSM	21	5	Efforts are ad hoc as HPSM's Social Workers make contact with families.	N/A. No target number of seats to fill.
PHC	13	4	Total FAC Parent / Authorize representative membership: 13 Recruiting Efforts • Replaced vacancies (2-3) due to Kaiser transitioning family representatives • Announced FAC recruitment in October 2023 CCS/PHC Joint Operations Committee • Recruitment discussion by case manager when appropriate • Review for recruitment opportunities during G&A reviews • Finalizing FAC stipend increase for in-person and virtual attendance • New 2024 FAC Flyers posted on PHC External Website (translated to threshold languages) • Sent to NR Co CCS offices and MTUs • Sent ad hoc when families request more info • Overview shared at meeting with school nurses, CCS, Shasta Co and Public Health • Link added for Members on Community page of PHC External Website pointing to FAC information with “Partnership members, we are looking from members to join…our Family Advisory Committee” message	15 of 28

Appendix