



**Medi-Cal Children's Health Advisory Panel:
Accomplishments, Efficiency, Effectiveness and
Recommendations**

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Pursuant to Assembly Bill (AB) 357 (Pan, Chapter 376, Statutes of 2014)**

Table of Contents

EXECUTIVE SUMMARY.....	3
PURPOSE OF THIS REPORT.....	4
BACKGROUND.....	4
EFFICIENCY, EFFECTIVENESS, ACCOMPLISHMENTS.....	4
EVALUATION METHODOLOGY.....	8
SURVEY PARTICIPANTS.....	8
SURVEY SUMMARY	9
SURVEY RECOMMENDATIONS IMPLEMENTED.....	11
STATUTORY IMPROVEMENTS.....	12
CONCLUSION.....	12

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EXECUTIVE SUMMARY

The Medi-Cal Children's Health Advisory Panel (MCHAP) was created by Assembly Bill (AB) 357 (Pan, Chapter 376, Statutes of 2014) to advise the Department of Health Care Services (DHCS) on policy and operational issues that affect children in California's Medicaid system, called Medi-Cal. Medi-Cal serves roughly half of California's children.

MCHAP consists of a 15-member advisory body whose members are recognized stakeholders/experts in their fields, practicing and/or certified medical professionals, advocates who represent the interest of children's health, as well as parent members who provide feedback on topics that impact children in Medi-Cal.

Since its inception in 2015, MCHAP has improved its operations to become more efficient and effective. This report addresses how those improvements were achieved and notes the accomplishments of MCHAP. Examples of notable improvements include:

- A revised meeting format resulting in more in-depth, substantive presentations from diverse perspectives and interest from a wide range of advocacy groups.
- A more collaborative working relationship between MCHAP and DHCS, leading to ongoing quality improvement.
- Better communication between the Department and stakeholders about evolving DHCS programs and state and federal laws that govern them.
- Additional staff resources devoted to MCHAP allowed MCHAP members to focus on improved recommendations to DHCS on both immediate and long-term issues.
- Broad range of topics covered during MCHAP meetings and the comprehensive nature of discussions have led to a steady interest in MCHAP meetings.
- The creation of the Medi-Cal Children's Health Dashboard.

In 2017, Senate Bill (SB) 220 (Pan, Chapter 280, Statutes of 2017) amended Welfare and Institutions Code, Section 14005.271, to revise the qualification criteria for three MCHAP positions, set term lengths for MCHAP members appointed on or after January 1, 2018, and authorize DHCS to remove a MCHAP member if deemed necessary. Additionally, SB 220 requires the chair of MCHAP to notify DHCS when there is a vacancy on the panel.

This report does not recommend any further legislative changes to improve the efficiency and effectiveness of MCHAP.

PURPOSE OF THIS REPORT

This report has been developed by DHCS in accordance with Welfare and Institutions Code, Section 14005.271(g)(6), which requires DHCS to submit on or before January 1, 2018, a report to the California Legislature on MCHAP's accomplishments, effectiveness, efficiency, and any recommendations for statutory changes needed to improve the ability of the advisory panel to fulfill its purpose.

BACKGROUND

AB 1126 (Villaraigosa, Chapter 623, Statutes of 1997) established a 14-member Advisory Board administered by the Managed Risk Medical Insurance Board (MRMIB) to advise on all policies, regulations, operations, and implementation of the Healthy Families Program (HFP).

AB 1494 (Committee on Budget, Chapter 28, Statutes of 2012) provided for the transition of specified enrollees of the HFP to the Medi-Cal program, beginning in January 2013. This bill also required the California Health and Human Services Agency (CHHS), in consultation with MRMIB, DHCS, the Department of Managed Health Care, and stakeholder groups, to provide a strategic plan addressing the transfer of the HFP Advisory Board to DHCS.

The HFP began transitioning to Medi-Cal in January 2013, and, effective January 1, 2014, the Advisory Board was transferred to DHCS and renamed the Advisory Panel for Medi-Cal Families.

Effective January 1, 2015, MCHAP was formed as a successor to the HFP Advisory Panel pursuant to AB 357 (Pan, Chapter 376, Statutes of 2014). This statute made MCHAP an independent advisory panel to DHCS and mandated administrative support by DHCS.

EFFICIENCY, EFFECTIVENESS, ACCOMPLISHMENTS

Since 2015, there has been a slow but consistent increase in MCHAP public meeting attendance as well as greater stakeholder representation, along with participation in in-depth discussions by experts from throughout the state. Efforts by MCHAP members led to the development of the Children's Health Dashboard; recommendations on outreach and implementation of expanded health coverage for all eligible children, regardless of immigration status; a letter supporting reauthorization of the Children's Health Insurance Program (CHIP); and two sets of wide-ranging policy recommendations to improve dental care and behavioral health services for children served by Medi-Cal.

To assess the efficiency, effectiveness, and accomplishments of MCHAP, DHCS staff:

- Reviewed historical documents.
- Interviewed or surveyed DHCS staff, stakeholders, and MCHAP members.
- Collected data on meeting attendance and MCHAP web page analytics.

Following are outcomes demonstrating MCHAP has become more effective and efficient.

MCHAP Engagement

The broad range of topics covered during MCHAP meetings and the comprehensive nature of discussions have contributed to a steady interest in the MCHAP meetings. This is evidenced by the number of stakeholders attending meetings, both in person and via teleconference.

About 80 percent of the MCHAP members attended the first MCHAP meeting on January 5, 2015, and the MCHAP members have maintained overall attendance rates consistent with the first meeting. Records indicate that teleconference participation by stakeholders has also remained consistent.

In July 2017, DHCS staff collected and analyzed website metrics on the MCHAP web page to determine the number of page views for select pages. Since 2015, there has been a stable number of page views for each quarter.

MCHAP Staff Assistance

In order to assist in the transition from the HFP role to the broader scope of MCHAP, DHCS coordinated with the Lucile Packard Foundation for Children's Health to contract with the Pacific Health Consulting Group (PHCG). PHCG was engaged to facilitate and moderate MCHAP's meetings and assist with developing recommendations to DHCS. In 2016, DHCS devoted additional staff resources to assist MCHAP and began transitioning the roles and responsibilities of PHCG to DHCS staff.

This shift improved MCHAP's communication with DHCS. MCHAP members indicated that the additional support allowed MCHAP members to focus on the substance of the meetings, resulting in greater depth and breadth of discussions and, ultimately, more useful recommendations. The resulting, more collaborative relationship with DHCS contributed to more efficient and effective meetings.

Medi-Cal Children's Dashboard

In 2015, DHCS began exploring the creation of public dashboards to present statistical data on department operations in subjects such as mental health and managed care.

This effort was intended to improve transparency and accountability. MCHAP members requested a dashboard on children's health measures, and worked over a series of four meetings to review and assess available data sources.

The discussions led to the development of key children's health and demographic measures for the dashboard from program areas across DHCS, including enrollment data, immunizations for adolescents, dental care, mental health utilization rates for children and youth, and consumer satisfaction. As a result of MCHAP's efforts, the [Medi-Cal Children's Health Dashboard](#) was launched in early 2016.

In-Depth Topics

MCHAP members continued a practice from the HFP Advisory Board of conducting an in-depth study of a single topic over the course of several meetings in a "deep-dive" format. Beginning in January 2015, MCHAP began a series of in-depth meetings covering a range of children's health issues, including behavioral health care, dental care, access to care, and network adequacy standards for managed care plans. The in-depth discussions on complex topics cutting across multiple program areas spanned several meetings, involved participation and presentations from subject matter experts and practitioners, and resulted in several letters to DHCS on recommended methods and strategies to improve children's health care.

MCHAP members submitted two recommendation letters to DHCS to improve behavioral health and dental care for children. MCHAP members also heard presentations on the implementation of SB 75 (Committee on Budget and Fiscal Review, Chapter 18, Statutes of 2015), which authorizes full scope Medi-Cal benefits for children under the age 19, who would otherwise be eligible for Medi-Cal except for satisfactory immigration status, and CHIP reauthorization. MCHAP members produced guidance letters to DHCS on these issues. The resulting letters were posted to the Department [website](#), and DHCS Director Jennifer Kent has continued to update MCHAP members on developments in these areas.

Behavioral Health

At the May 22, 2015, MCHAP meeting, the MCHAP members began a series of in-depth examinations of behavioral health services provided to California's children, including presentations from DHCS staff on the integration of physical and behavioral health care; changes affecting Managed Care Plans (MCPs) and Mental Health Plans (MHPs); and an introduction to Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services.

A final version of the behavioral health recommendations was presented and approved at the June 28, 2017, MCHAP meeting. Director Kent provided both oral and written responses to MCHAP members' recommendations.

MCHAP members requested the recommendation letter be distributed to specific Senate and Assembly committees, Senator Richard Pan, and CHHS Secretary Diana Dooley. The [letter was distributed on May 31, 2017](#).

Dental Care

MCHAP members determined that ensuring access to dental services for Medi-Cal children was a priority issue. Beginning in 2015, MCHAP members heard presentations, reviewed reports, and discussed barriers to care for children's dental services.

The [final dental recommendations letter](#) to DHCS was presented at the September 13, 2016, MCHAP meeting. Director Kent provided written responses to MCHAP members' recommendations, and has continued to provide updates on the ongoing progress of the Dental Transformation Initiative (DTI). The DTI aims to improve access to dental care and to reduce preventable dental conditions for Medi-Cal children, and encourage provider participation.

Network Adequacy and Access to Care in MCPs

Beginning in 2015, MCHAP members began exploring issues on network adequacy standards, network review components, and plan monitoring and evaluation.

At the April 18, 2017, MCHAP meeting, DHCS provided an update on the Medicaid Managed Care Final Rule (Final Rule) and network adequacy standards for MCPs. The federal Final Rule established network adequacy standards in Medicaid, including time and distance and timely access standards. MCHAP members requested a delay in the network adequacy in-depth discussion until after the implementation of the Final Rule changes.

SB 75

MCHAP members heard presentations at the November 2015 meeting on the implementation of SB 75 (Committee on Budget and Fiscal Review, Chapter 18, Statutes of 2015), which extended health benefits to otherwise-eligible children regardless of citizenship documentation starting in May 2016. Community partners shared their perspectives, explored the system barriers and challenges to implementation, and proposed potential solutions. Based on the information presented to MCHAP members, they prepared a [recommendation letter](#) to DHCS. The recommendations provided a useful perspective as DHCS developed outreach-communication messages.

CHIP Reauthorization

On June 28, 2017, MCHAP members [submitted a letter to DHCS](#) in support of reauthorizing CHIP. The letter advocated for the reauthorization and full funding for CHIP, as well as continued financing of children's health insurance to low- and moderate-income families.

Children Now, an advocacy group addressing children's issues, circulated the letter to California's Congressional delegation.

EVALUATION METHODOLOGY

In assessing the efficiency, effectiveness, and accomplishments of MCHAP, DHCS solicited feedback from MCHAP members, stakeholders, and DHCS staff through surveys. The web-based surveys were designed to gather feedback from those who regularly participate at MCHAP meetings.

DHCS staff and MCHAP members were asked to complete two surveys, approximately six months apart.

SURVEY PARTICIPANTS

MCHAP Members:

Two surveys were distributed to MCHAP members, on December 20, 2016, with a 60 percent response rate, and August 8, 2017 follow-up, with a 27 percent response rate. The significantly lower return rate for the August 8 survey was likely due to the summer vacation.

Stakeholders:

Stakeholders who attended more than one meeting from January 5, 2015, through November 15, 2016, were asked to complete a brief survey regarding MCHAP's accomplishments, efficiency, and effectiveness. This survey was distributed to 35 stakeholders on December 20, 2016, and had a response rate of 17 percent.

DHCS Staff:

DHCS staff who attended more than one MCHAP meeting were surveyed on March 6, 2017. Of the 14 staff members who regularly attend MCHAP meetings, 12 responded.

SURVEY SUMMARY

The survey gathered feedback from the MCHAP members, stakeholders, and DHCS staff to identify areas needing improvement.

Key questions asked of both the stakeholders and MCHAP members included:

- Level of satisfaction with various components of MCHAP meetings (e.g., meeting length, timeliness of agenda topics, etc.)
- Level of satisfaction with in-depth discussions
- Changes in satisfaction with those elements over time
- Benefits of attending MCHAP meetings
- Most important contribution of MCHAP
- Recommendations to increase the value and effectiveness of MCHAP

MCHAP Member Responses and Suggestions

Responses from the MCHAP members about aspects of each meeting (including facilitation, agendas, topic selections, presentations and speakers, materials provided before the meeting, and opportunity for input) were generally positive.

Satisfaction ratings were lower for data to inform discussions and input opportunities. Many MCHAP members stated that data provided by DHCS were an important component of the meetings. However, satisfaction varied on the type of data provided. Additionally, several MCHAP members indicated that meetings should last longer. (Meetings were shortened by approximately one hour, from five hours to four hours, during 2016 after some members from southern California raised concerns about inconvenient flight schedules, with some leaving the meetings early to catch a flight.)

When asked to provide details on aspects that changed since MCHAP began in 2015, and how changes affected MCHAP's work, several members noted that the presentations and prepared reports have improved over time.

MCHAP members considered the in-depth discussions and resulting recommendations, engagement with leaders and experts, and input on the dashboard design to be among their most significant accomplishments. Additionally, MCHAP members noted that from a process standpoint, the establishment of trust and a strong working relationship with the Department has allowed for a more collaborative environment where all concerns can be shared.

When asked for recommendations to improve the efficiency and effectiveness of MCHAP, MCHAP members suggested including feedback from DHCS on recommendations from MCHAP and taking on a greater advocacy role. MCHAP members also suggested focusing on topic areas affecting both short- and long-term

change, and to eventually advance the role of MCHAP by using feedback and suggestions to create innovative models or pilot projects.

Respondents indicated that feedback from stakeholders and advocates was a very important contribution to MCHAP. Additionally, some respondents requested that MCHAP consider more parent feedback.

Stakeholder Responses and Suggestions

Largely, the stakeholders who responded to the surveys reported satisfaction with materials provided in advance of meetings, the length of meetings, facilitation, and opportunity for input. The areas receiving the lowest satisfaction ratings included selection of topics for discussion and the availability of data to inform discussions. Stakeholders also noted that the meetings did not consistently place the most important and timely issues on the agenda for discussion and action, and requested more data-based presentations, including utilizing and incorporating the Children's Health Dashboard data.

Additionally, stakeholders noted that, due to time constraints, when issues intended for discussion at meetings are moved to future agendas, the topics become less relevant and timely.

Responses about the data-based topics specific to child populations varied. Some felt the meetings contained sufficient data to inform MCHAP members and stakeholders, while others responded that the data were too selective.

Stakeholder recommendations included expanding MCHAP's collaboration efforts to include more outside groups, such as county agencies, consumer organizations, and other related state agencies, and also streamlining coordination with other DHCS stakeholder groups. Additional recommendations included longer meetings to allow more time for discussion.

Staff Responses and Suggestions

DHCS staff indicated that MCHAP was a good forum to provide information to stakeholders, and for MCHAP to advise DHCS on topical areas related to children's health. DHCS recommended tasking MCHAP with soliciting feedback from stakeholders on areas relevant to children's health.

Significant MCHAP accomplishments observed by DHCS staff included the exploration of topics discussed during in-depth meetings, and the recommendations produced by MCHAP on which data categories to incorporate into the Medi-Cal Children's Health Dashboard.

For areas of improvement, staff recommended that MCHAP members have a clearer vision and strategic plan for what they hope to accomplish. Several DHCS staff recommended implementing a pre-meeting discussion with DHCS staff presenting at the next MCHAP meeting and MCHAP's Chair in order to refine presentations and improve meeting efficiency and effectiveness. DHCS staff also suggested that MCHAP members receive more background information on DHCS program areas to improve the effectiveness of their recommendations to DHCS. Lastly, respondents recommended that MCHAP members consider more public engagement and suggested they collaborate with other DHCS stakeholder groups to identify shared goals.

DHCS staff responded that MCHAP seems to be improving its focus and selection of topics. However, some respondents noted that DHCS staff should direct or provide guidance to MCHAP with selecting topics for in-depth discussions, given the complicated nature of certain healthcare issues.

SURVEY RECOMMENDATIONS IMPLEMENTED

After the first round of surveys, DHCS staff implemented several changes recommended by the respondents. The second round of surveys was used to assess any substantial changes over time in MCHAP's performance.

Based on the feedback received during the first round of surveys, the following changes were made to help MCHAP operate more efficiently and effectively:

1. MCHAP meetings now include updates from Director Kent on progress made on the recommendations proposed by MCHAP.
2. Staff improved web navigation on MCHAP's landing page, including links to MCHAP's recommendations and DHCS' responses, and a more clearly identified link to MCHAP's member list.
3. DHCS staff now coordinate with staff at Children Now prior to each meeting to obtain that group's list of legislation that could have a potential effect on children in California, and provide it to MCHAP's members. This addresses MCHAP members' stated interest in a 'watch list' of potentially relevant legislation.

Not all recommendations were implemented, including those that would have expanded MCHAP's role into areas covered by other stakeholder groups or beyond the limits set forth in statute. Other recommendations, such as expanded staff input in agenda planning, will be reviewed after discussion with the incoming MCHAP chair, to be selected by MCHAP members in January 2018.

STATUTORY IMPROVEMENTS

During the first 18 months of MCHAP's operation, some MCHAP members changed jobs or resigned their positions because of conflicting obligations. These changes highlighted questions about technical aspects of the statute that authorized MCHAP, such as language regarding appointment of MCHAP members and qualifications.

DHCS worked closely with Children Now to discuss these operational issues. Children Now sponsored a set of technical amendments to Welfare and Institutions Code, Section 14005.271, introduced as SB 220 and signed by the Governor on September 25, 2017, to improve the efficiency and effectiveness of MCHAP by clarifying aspects of the authorizing statute.

SB 220 (Pan, Chapter 280, Statutes of 2017) broadens some of the very narrow qualification requirements for MCHAP member positions, allowing for additional flexibility when selecting new MCHAP members. The changes also protect representatives by clarifying that parent members are not disqualified if their child's health condition improves and a change of employment to a field outside the qualifications does not require immediate disqualification of a member in a specified professional field.

SB 220 also provides language allowing the DHCS Director to remove inactive MCHAP members or others as provided, and allows the MCHAP Chair to recommend removal of a member who obstructs functions of MCHAP.

Additionally, SB 220 sets specific term lengths and provides reliable expectations among members for length of service. This will allow fresh perspectives and ideas on MCHAP.

At this time, DHCS does not believe any additional statutory changes are needed to improve the efficiency and effectiveness of MCHAP.

CONCLUSION

DHCS' mission is to provide Californians with access to affordable, integrated, high-quality health care. As part of DHCS' quality improvement efforts, staff is committed to ensuring that stakeholders receive clear, transparent, and timely updates. DHCS will continue to solicit periodic feedback from MCHAP members and stakeholders in order to identify areas needed to make MCHAP more efficient and effective. MCHAP provides a valuable service to DHCS in providing sound policy and program recommendations, and DHCS will continue to work with MCHAP to advance the panel's record of success.