DEPARTMENT OF HEALTH CARE SERVICES

Integrated California Children's Services and Whole Child Model Dashboard

Released March 2023

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Introduction

The Integrated California Children's Services (CCS) and Whole Child Model (WCM) Dashboard contains data for October 2020 through September 2021. The data is broken down at the State, Plan and County levels for various services. The Dashboard is used to show the effectiveness of the WCM program and to ensure that services are provided as in 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 medical 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 medically eligible conditions whose parents or caregivers are unable to pay for these services, wholly or in part.
- The statute also requires the 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 Managed Care Plan (MCP) under a County Organized Health System (COHS) or Regional Health Authority (RHA). WCM currently operates in 21 Counties with 5 participating MCPs. The Counties are listed 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 specialty care access, including access to appropriate subspecialties.
- Provide for the continuity of child and youth access to expert, CCS dedicated case management and care coordination, provider referrals, and service authorizations.

- Improve the transition of youth from CCS 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 CCS.
- Identify, track, and evaluate the transition of children and youth from CCS to the WCM program to inform future CCS 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 or Counties. CCS data refers to Counties operating outside WCM.

- **Point-in-time charts:** Figures 2 - 8, 46 and 47.
  Charts display data for the last month in the reporting period.
- **Trend charts:** Figures 1, 11, 12, 15, 16, 19, 22, 25, 28, 37, 38, 40, 41, 43 and 45.
  Charts display each month's or quarter's data in the last 12 months of the reporting period.
- **Cumulative charts:** Figures 9, 10, 13, 14, 17, 18, 20, 21, 23, 24, 26, 27, 29, 32 - 36, 39, 42, 44 and 48 - 50.
  Charts display the sum of the last 12 months' data in the reporting period as one figure.
- **Tables:** Figures 30 and 31.
  Tables display each month's data in the last 12 months of the reporting period.

CCS and WCM Enrollment and Demographics: Figures 1-28

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 1-28. The Children's Medical Services Network (CMS Net) database is utilized to extract all CCS data for Figures 1-7, 9-11, 13-15, 36 and 39. Figures 1-8 display enrollment and demographics and Figures 9-28 display utilization data for CCS and WCM programs. Figures 1, 11, 12, 15, 16, 19, 22, 25 and 28 are trend charts displaying monthly data over the last 12 months. Figures 2-8 show data for the last month in the reporting period as a point of time view of the CCS and WCM programs. Figures 9, 10, 13, 14, 17, 18, 20, 21, 23, 24, 26 and 27 are cumulative charts, showing the sum of the 12 months' data as one figure.

CCS and WCM Enrollment and Demographics

The data in this section examines the trend of enrollment over time as well as the breakdown of the CCS and WCM member demographics. Evaluation of Medi-Cal members enrolled in CCS and in the MCPs participating in the WCM program occurs monthly. Demographic data studies the structure of the CCS and WCM populations in terms of ethnicity, gender, primary languages and age.

A trend of total CCS and WCM enrollment over time are displayed in Figure 1. In October 2020, 127,801 members were enrolled in CCS. Enrollment increased slightly over time to 137,982 members in September 2021 in WCM counties. In October 2020, 29,725 members were enrolled in WCM. Enrollment increased slightly to 31,078 members enrolled in September 2021 in WCM counties.

Figure 2 shows that 48% of CCS enrollees identified themselves as Hispanic. This was calculated by using member reported ethnicity for the month of September 2021 as the numerator, divided by total enrollment for September 2021 as the denominator. Figure 2 also shows that 53% of WCM enrollees identified themselves as Hispanic. This was calculated by using member reported ethnicity for the month of September 2021 as the numerator, divided by total enrollment for September 2021 as the denominator.

The CCS population consists of 46.5% female and 53.5% male as displayed in Figure 3. This was calculated by using enrollment by gender in September 2021 as the numerator, divided by the total enrollment in September 2021 as the denominator. The WCM population consists of 52.8% male and 47.2% female as displayed in Figure 3. This was calculated by using enrollment by gender in September 2021 as the numerator, divided by the total enrollment in September 2021 as the denominator.

Figure 4 displays enrollment by primary languages. In September 2021, 67.6% of CCS members spoke English and 27.7% spoke Spanish as their primary spoken language. This was calculated by using CCS enrollment for each language in September 2021 as the numerator, divided by the total CCS enrollment in September 2021 as the denominator. In September 2021, 59.0% of WCM members spoke English and 38.0% spoke Spanish as their primary spoken language. This was calculated by using WCM enrollment for each language in September 2021 as the numerator, divided by the total WCM enrollment in September 2021 as the denominator.

Figure 5 displays enrollment by age. In September 2021, 33% of CCS members were between the ages 12 and 17 and 15% of CCS members were between the ages of 18 and 20. This was calculated by using CCS enrollment for each age range for the month of September 2021 as the numerator, divided by total CCS enrollment for September 2021 as the denominator. In September 2021, 33% of WCM members were between the ages 12 and 17, and 15% of WCM members were between the ages of 18 and 20. This was calculated by using WCM enrollment for each age range for the month of September 2021 as the numerator, divided by total WCM enrollment for September 2021 as the denominator.

Figures 6 and 7 display total CCS enrollment by County, in alphabetical order. The largest enrollment is Los Angeles County with 35,882 members. The smallest enrollment displayed is Mono County with 57 members. An asterisk (*) represents numbers have been suppressed for Counties that have low number of observations as they are seen as statistically unreliable.

Figure 8 displays total WCM enrollment by County, in alphabetical order. Orange County had the most enrollment with 11,777 members and Trinity County had the least with 43 members.

CCS and WCM Outpatient Visits

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 plan.

Figure 9 displays that for CCS, female enrollees made 2,073 outpatient visits per 1,000 member months while males made 2,123 outpatient visits per 1,000 member months. This was calculated by using the number of CCS outpatient visits for each gender for October 2020 through September 2021 as the numerator, divided by the CCS enrollment for each gender for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. Figure 9 also displays that for WCM, female enrollees made 2,750 outpatient visits per 1,000 member months while males made 2,865 outpatient visits per 1,000 member months. This was calculated by using the number of WCM outpatient visits for each gender for October 2020 through September 2021 as the numerator, divided by the WCM enrollment for each gender for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

For Figure 10, CCS members that identified as African American made the most outpatient visits at 3,117 per 1,000 member months. This was calculated by using the number of CCS outpatient visits for each ethnicity for October 2020 through September 2021 as the numerator, divided by the CCS enrollment for each ethnicity for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. Figure 10 also shows WCM members that identified as Asian/Pacific Islander made the most outpatient visits at 3,363 per 1,000 member months. This was calculated by using the number of WCM outpatient visits for each ethnicity for October 2020 through September 2021 as the numerator, divided by the WCM enrollment for each ethnicity for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

Figure 11 shows the trend in the number of statewide CCS and WCM outpatient visits from October 2020 through September 2021. This was calculated by using the number of outpatient visits for each program per month for October 2020 through September 2021 as the numerator, divided by the enrollment for each program per month for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. WCM consistently had more outpatient visits than CCS in all months from October 2020 through September 2021. For both CCS and WCM, outpatient visits decreased slightly from October 2020 to September 2021.

Figure 12 shows the trend in the number of WCM outpatient visits for each participating plan from October 2020 through September 2021. This was calculated by using the number of outpatient visits for each plan per month for October 2020 through September 2021 as the numerator, divided by the enrollment for each plan per month for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. Outpatient visit utilization remained steady for all MCPs between October 2020 and September 2021.

CCS and WCM Inpatient Admissions

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 plan.

Figure 13 displays that for CCS, male enrollees had 31 inpatient admissions per 1,000 member months and female enrollees had 28 inpatient admissions per 1,000 member months. This was calculated by using the number of CCS inpatient visits for each gender for October 2020 through September 2021 as the numerator, divided by the CCS enrollment for each gender for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. Figure 13 also displays that for WCM, male enrollees had 25 inpatient admissions per 1,000 member months and female enrollees had 25 inpatient admissions per 1,000 member months. This was calculated by using the number of WCM inpatient visits for each gender for October 2020 through September 2021 as the numerator, divided by the WCM enrollment for each gender for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

For Figure 14, in the CCS program, African American members had the most inpatient admissions at 51 per 1,000 member months. This was calculated by using the number of CCS inpatient visits for each ethnicity for October 2020 through September 2021 as the numerator, divided by the CCS enrollment for each ethnicity for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. In the WCM program, African American members had the most inpatient admissions at 41 per 1,000 member months. This was calculated by using the number of WCM inpatient visits for each ethnicity for October 2020 through September 2021 as the numerator, divided by the WCM enrollment for each ethnicity for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

Figure 15 shows the trend in the number of statewide CCS and WCM inpatient admissions from October 2020 through September 2021. This was calculated by using the number of inpatient admissions for each program per month for October 2020 through September 2021 as the numerator, divided by the enrollment for each program per month for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. From October 2020 to September 2021, WCM plans averaged fewer inpatient admissions per 1,000 than CCS. Utilization for both plans decreased slightly between October 2020 and September 2021.

Figure 16 shows the trend in the number of WCM inpatient admissions for each participating plan from October 2020 through September 2021. This was calculated by using the number of inpatient admissions for each plan per month for October 2020 through September 2021 as the numerator, divided by the enrollment for each plan per month for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. Between October 2020 and September 2021, CalOptima, CenCal, HPSM, and PHC had slight increases in WCM inpatient admissions. For CCAH, WCM inpatient admissions increased slightly between October 2020 and September 2021.

WCM Emergency Department (ED) Visits

This data is not reported by CCS counties at this time. 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 plan.

Figure 17 displays that male enrollees made 55 ED visits per 1,000 member months and female enrollees made 56 ED visits per 1,000 member months. This was calculated by using the number of ED visits for each gender for October 2020 through September 2021 as the numerator, divided by the enrollment for each gender for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

For Figure 18, African-American members made the most ED visits at 97 per 1,000 member months. This was calculated by using the number of ED visits for each ethnicity for October 2020 through September 2021 as the numerator, divided by the enrollment for each ethnicity for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

Figure 19 shows the trend in the number of ED visits for each participating plan from October 2020 through September 2021. This was calculated by using the number of ED visits for each plan per month for October 2020 through September 2021 as the numerator, divided by the enrollment for each plan per month for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. ED utilization increased significantly for all MCPs except HPSM. For HPSM, ED utilization slightly increased from October 2020 to September 2021.

WCM Prescriptions Medications

This data is not reported by CCS counties at this time. 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 plan.

Figure 20 displays that female enrollees had utilized 1,210 prescription medications per 1,000 member months while males had utilized 1,190 prescription medications per 1,000 member months. This was calculated by using the number of prescriptions for each gender for October 2020 through September 2021 as the numerator, divided by the enrollment for each gender for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

For Figure 21, African-American members utilized the most prescription medications at 1,524 per 1,000 member months. This was calculated by using the number of prescriptions for each ethnicity for October 2020 through September 2021 as the numerator, divided by the enrollment for each ethnicity for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

Figure 22 shows the trend in the number of prescription medications for each participating plan from October 2020 through September 2021. This was calculated by using the number of prescriptions reported by each plan per month for October 2020 through September 2021 as the numerator, divided by the enrollment for each plan per month for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

WCM Non-Specialty Mental Health

This data is not reported by CCS counties at this time. Non-specialty mental health 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 plan.

Figure 23 displays that female enrollees made 66 non-specialty mental health visits per 1,000 member months while males made 38 non-specialty mental health visits per 1,000 member months. This was calculated by using the number of non-specialty mental health visits for each gender for October 2020 through September 2021 as the numerator, divided by the enrollment for each gender for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

For Figure 24, Non-Hispanic/White members made the most visits at 92 per 1,000 member months. This was calculated by using the number of non-specialty mental health visits for each ethnicity for October 2020 through September 2021 as the numerator, divided by the enrollment for each ethnicity for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

Figure 25 shows the trend in the number of non-specialty mental health visits for each participating plan from October 2020 through September 2021. This was calculated by using the number of non-specialty mental health visits for each plan per month for October 2020 through September 2021 as the numerator, divided by the enrollment for each plan per month for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

WCM Emergency Department (ED) Visits with an Inpatient Admission

This data is not reported by CCS counties at this time. This data focuses on those patients who visited the ED and then were admitted to the hospital for treatment and care. Thedata in this section is broken down by gender, ethnicity and plan.

Figure 26 displays that male and female enrollees both made 10 ED visits with an inpatient admission per 1,000 member months. This was calculated by using the number of ED visits with an inpatient admission for each gender for October 2020 through September 2021 as the numerator, divided by the enrollment for each gender for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

For Figure 27, African American members made the most ED visits with an inpatient admission at 17 per 1,000 member months. This was calculated by using the number of ED visits with an inpatient admission for each ethnicity for October 2020 through September 2021 the numerator, divided by the enrollment for each ethnicity for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000.

Figure 28 shows the trend in the number of ED visits with an inpatient admission for each participating plan from October 2020 through September 2021. This was calculated by using the number of ED visits with an inpatient admission for each plan per month for October 2020 through September 2021 as the numerator, divided by the denominator is enrollment for each plan per month for October 2020 through September 2021 as the denominator. The dividend was then multiplied by 1,000. An asterisk (*) represents numbers have been suppressed for Plans that have a low number of observations as they are seen as statistically unreliable. Taking into account suppressed numbers, ED visits with an inpatient admission remained steady for all MCPs from October 2020 to September 2021 with CalOptima and PHC having the highest rates per 1,000 members in September 2021.

WCM Continuity of Care (COC): Figures 29-35

This data is not reported by CCS counties at this time. Plans 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 continuity of care period. CoC data is submitted by plans. Figures 30-31 are tables displaying monthly data for 12 months. Figures 29 and 32-35 are cumulative charts, showing the sum of the 12 months' data as one figure.

Figure 29 displays that requests for CoC per 1,000 members ranged from less than 11 for CCAH and PHC to 125 for CenCal. This was calculated by using the number of CoC requests for each plan for October 2020 through September 2021 as the numerator, divided by the enrollment for each plan in September 2021 as the denominator. The dividend was then multiplied by 1,000. Figure 29 also displays percentage of CoC requests approved, by Plan and by County. The approval percentage ranged from 90% for CenCal to 100% for HPSM. This was calculated by using the number of approved CoC requests for each Plan and each County for October 2020 through September 2021 as the numerator, divided by the total number of CoC requests for each Plan and each County for October 2020 through September 2021 as the denominator.

Total number of CoC requests for each Plan for the months 28 through 39 after joining the program are shown in Figure 30. In the twenty-eighth month of operation, HPSM and PHC reported 0 requests, CalOptima and CCAH reported less than 11 requests, and CenCal reported 45 requests. In the thirty-ninth month of operation, CenCal reported 17 CoC requests, PHC reported 0 requests, and CalOptima, CCAH, and HPSM reported less than 11 requests. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.1

Months 40 through 51 upon joining the program for CoC requests are displayed in Figure 31. In the fortieth month of operation, CenCal reported receiving 22 CoC requests, while CCAH, HPSM, and PHC each reported less than 11 requests. In the fifty-first month of operation, CCAH reported 0 CoC requests, while CenCal and HPSM reported less than 11 CoC requests. CalOptima has not yet reported their thirty-seven through forty-eighth months of participation in the program. PHC has not yet reported their forty-sixth through fifty-first months of participation in the program. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable. A double dagger (‡) represents Plans who have not reached this month in their observation yet.

Figure 32 shows the average number of CoC requests for each plan for months 28 through 39 compared to months 40 through 51. CenCal had an average of 34.7 requests for months 28 through 39 and 22.7 requests for months 40 through 51. The remaining plans reported an average of less than 11 CoC requests for both periods. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

Figure 33 displays major categories for the CoC requests. Prescription drugs were requested 21 times, or 4.6% of the time, while 130, or 28.6%, of requests were made for major specialty types. This was calculated by using the number of CoC requests for each category for October 2020 through September 2021 as the numerator, divided by the total number of CoC requests for October 2020 through September 2021 as the denominator.

Figure 34 shows reasons for CoC denials not required by APL. Other Health Coverage accounted for 6% of CoC denial reasons while 0 denial reasons or 0% were due to pharmaceutical concerns. This was calculated by using the number of CoC denials for each reason for October 2020 through September 2021 as the numerator, divided by the total number of CoC denials for October 2020 through September 2021 as the denominator.

[1] As CalOptima implemented the WCM program in July 2019, the 12 month continuity of care period passed during this time period for WCM transition members. CalOptima began capturing COC requests as COC extension requests. CalOptima began reporting COC requests only for newly eligible WCM members, which decreased accordingly.

Figure 35 shows reasons for CoC denials required by APL. No pre-existing relationship between WCM member and provider accounted for 13 or 61% of COC denial reasons while 0% were due to quality-of-care issues and for provider not being state approved. This was calculated by using the number of CoC denials for each reason for October 2020 through September 2021 as the numerator, divided by the total number of CoC denials for October 2020 through September 2021 as the denominator.

Please note that for Figure 34, only the top five denial reasons are displayed. Figure 35 displays all denial categories as required by the All Plan Letter, besides "Others". Neither Figure 34 nor Figure 35 adds up to 100%.

CCS and WCM Case Management: Figures 36-45

Plans must provide case management and care coordination for CCS-eligible members and their families. Plans must ensure that information, education, and support is continuously provided to CCS-eligible members and their families to assist in their understanding of the CCS-eligible member's health, other available services, and overall collaboration on the CCS-eligible member's Individual Care Plan (ICP). This dashboard focuses on Neonatal Intensive Care Unit (NICU) authorization requests, Pediatric Intensive Care Unit (PICU) authorization requests, Inpatient Facilities and Special Care Center (SCC) authorization requests, and Specialized or Customized DME authorization requests. Case management data is submitted by plans. Figures 37 and 40 are trend charts displaying monthly data over the 12 months. Figures 38, 41, 43 and 45 are trend charts displaying quarterly data over 12 months. Figures 36, 39, 42, and 44 are cumulative charts, showing the sum of the 12 months' data as one figure.

CCS and WCM NICU Authorizations

Figure 36 displays total requests for NICU authorizations and percent approval rate by Plan and by County. Total plan enrollment and percent distribution of program enrollment in each plan is displayed on the far-left column for reference. The approval percentage ranged from 97% for PHC to 100% for CenCal and CCAH. This was calculated by using the number of approved NICU authorizations for each plan and each County for October 2020 through September 2021 the numerator, divided by the number of NICU requests for authorizations for each Plan and each County for October 2020 through September 2021 as the denominator. An asterisk (*) represents numbers have been suppressed for Plans or Counties that have low number of observations as they are seen as statistically unreliable.

Figure 37 displays the total NICU authorization requests per 1,000 members, by month. The figure displays that there were 6.4 CCS NICU authorization requests per 1,000 members for October 2020. There were 5.8 CCS NICU authorization requests per 1,000 members for September 2021. The figure also displays that there were 3.2 WCM NICU authorization requests per 1,000 members for October 2020. There were 3.0 WCM NICU authorization requests per 1,000 members for September 2021.

Figure 38 displays the trend of total requests seeking authorization for NICU services for each plan each quarter. For example, CCAH reported 20 requests in Q4, 2020, 23 requests in Q1 2021, 18 requests in Q2 2021 and 38 requests in Q3 2021. HPSM reported fewer than 11 requests for all four quarters. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

CCS and WCM PICU Authorizations

Figure 39 displays total requests for PICU authorizations and approval rate, by Plan and by County. The figure displays that total requests for PICU authorizations ranged from 20 for CCAH to 424 for CalOptima. Total plan enrollment and percent distribution of program enrollment in each plan is displayed on the far-left column for reference. The approval percentage for PICU requests ranged from 99% for PHC and CalOptima to 100% for the other three plans. This was calculated by using the number of approved PICU requests for authorizations for each plan and each County for October 2020 through September 2021 as the numerator, divided by the number of PICU authorizations for each plan and each County for October 2020 through September 2021 as the denominator. An asterisk (*) represents numbers have been suppressed for Counties that have low number of observations as they are seen as statistically unreliable.

Figure 40 displays total PICU authorization requests per 1,000 members, by month. The figure displays that there were 1.8 CCS PICU authorization requests per 1,000 members in October 2020 and 1.8 authorization requests per 1,000 members for September 2021. The figure also displays that there were 3.0 WCM PICU authorization requests per 1,000 members in October 2020 and 2.8 authorization requests per 1,000 members for September 2021.

Figure 41 displays the trend of total requests seeking authorization for PICU services for each plan each quarter. For example, CalOptima reported 112 requests in Q4 2020, 87 requests in Q1 2021, 94 requests in Q2 2021, and 131 requests in Q3 2021. HPSM and CCAH reported fewer than 11 requests for Q2 and Q3 2021. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

WCM Inpatient Facilities and SCC Authorizations

This data is not reported by CCS counties at this time. Figure 42 displays total requests for SCC authorizations and approval rate, by plan and by County. The figure displays that Inpatient Facilities and SCC authorization requests ranged from 407 for CenCal to 4,148 for CalOptima. Total plan enrollment and percent distribution of program enrollment in each plan is displayed on the far-left column for reference.

The approval percentage for Inpatient Facilities and SCCA ranged from 93% for PHC to 100% for CCAH and CenCal. This was calculated by using the number of approved Inpatient Facilities and SCC authorizations for each Plan and each County for October 2020 through September 2021 as the numerator, divided by the number of Inpatient Facilities and SCC requests for authorizations for each Plan and each County for October 2020 through September 2021 as the denominator.

Figure 43 displays the total requests seeking authorization for SCC services for each plan each quarter. For example, CenCal reported 90 requests in Q4 2020, 92 requests in Q1 2021, 92 requests in Q2 2021, and 134 requests in Q3 2021.

WCM Specialized or Customized DME Authorizations

This data is not reported by CCS counties at this time. Figure 44 displays total requests for DME authorizations and approval rate, by plan and by County. The figure displays that specialized or customized DME requests for authorizations ranged from 121 for CenCal to 1,373 for PHC. Total plan enrollment and percent distribution of program enrollment in each plan is displayed on the far-left column for reference. The approval percentage ranged from 94% for PHC to 100% for CenCal, CCAH, and HPSM. This was calculated by using the number of approved specialized or customized DME authorizations for each plan and each County for October 2020 through September 2021 as the numerator, divided by the number of specialized or customized DME requests for authorizations for each plan and each County for October 2020 through September 2021 as the denominator.

Figure 45 displays the total requests seeking authorization for DME services for each plan each quarter. For example, PHC reported 346 requests in Q4 2020, 339 requests in Q1 2021, 353 requests in Q2 2021, and 335 requests in Q3 2021. HPSM reported fewer than 11 requests in Q1 2021. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

WCM Care Coordination: Figures 46-47

This data is not reported by CCS counties at this time. Plans 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. Plans 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 plan. The risk assessment process must include the development of a pediatric risk stratification process (PRSP) that will be 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 will 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 plans and the dashboard charts show the last month in the reporting period as a point of time view.

For Figure 46, the percentage of high-risk members who received an assessment ranged from 22% to 134%, which is 469 assessments for PHC and 1,186 assessments for HPSM[2], respectively. This was calculated by using the number of high-risk assessments for each plan as of September 2021 as the numerator, divided by the number of high-risk members in each plan in September 2021 as the denominator. Each denominator is different because each plan has a different number of high-risk members.

For Figure 47, the percentage of low-risk members who received an assessment ranged from 42% to 94%, which is 5,943 assessments for CalOptima and 4,301 assessments for CenCal, respectively. This was calculated by using the number of low-risk assessments for each plan as of September 2021 as the numerator, divided by the number of low-risk members in each plan in September 2021 as the denominator. Each denominator is different because each plan has a different number of low-risk members.

WCM Grievances and Appeals: Figure 48-50

This data is not reported by CCS counties at this time. CCS-eligible members enrolled in managed care are provided the same grievance and appeal rights as other plan members. Plans must have timely processes for accepting and acting upon member grievances and appeals. Grievances and appeals data are submitted by plans. Figure 48 is a trend chart displaying monthly data over 12 months. Figures 49 and 50 are cumulative charts, showing the sum of the 12 months' data as one figure.

For Figure 48, WCM appeals and grievances per 1,000 members are trended over 12 months (October 2020 - September 2021). In October 2020, plans reported to have received 1.21 appeals per 1,000 members and 0.67 grievances per 1,000 members. In September 2021, plans received 0.74 appeals per 1,000 members and 1.16

grievances per 1,000 members. WCM appeals per 1,000 member months are shown by plan in Figure 49. CenCal and PHC reported to have received 5 appeals per 1,000 member months while HPSM reported 19 appeals per 1,000 member months.

Figure 50 displays percent distribution of major categories of total grievances reported by plans. Total grievances for each Plan are displayed on the far-right end of the bar.[3] This was calculated by using the number of each grievance type for each plan for October 2020 through September 2021 as the numerator, divided by the total number of grievances for each plan from October 2020 through September 2021 as the denominator.

[2] 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 21-005, 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.

[3] 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.

WCM Family Advisory Committee Meetings: Figure 51

This data is not reported by CCS counties at this time. Plans must establish a quarterly Family Advisory Committee (FAC) for CCS families composed of a diverse group of families that represent a range of conditions, disabilities, and demographics. The FAC must also include local providers, including, but not limited to, parent centers, such as family resource centers, family empowerment centers, and parent training and information centers. Figure 51 summarizes the number of committee members, meetings held, recruitment efforts and seats to be filled for each plan over 12 months (October 2020 - September 2021).

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

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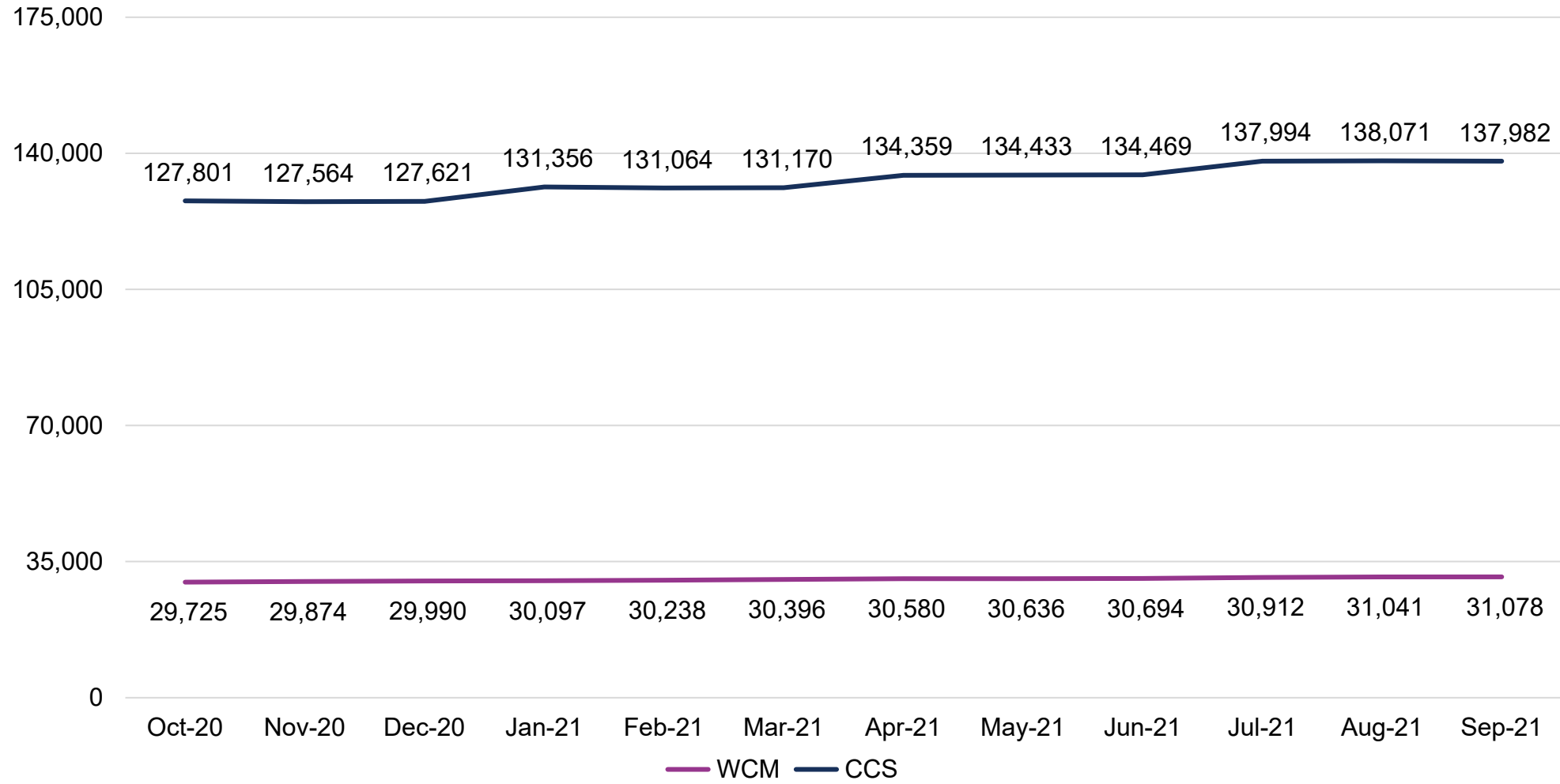
CCS and WCM Enrollment and Demographics Figure 1: Breakdown of Enrollment (Oct'20 - Sep'21)

Fig 1: Monthly Statewide Enrollment



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from October 2020 to September 2021.

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CCS and WCM Enrollment and Demographics Figures 2 & 3: Breakdowns of Population as of September 2021

Fig 2: Enrollment by Race/Ethnicity

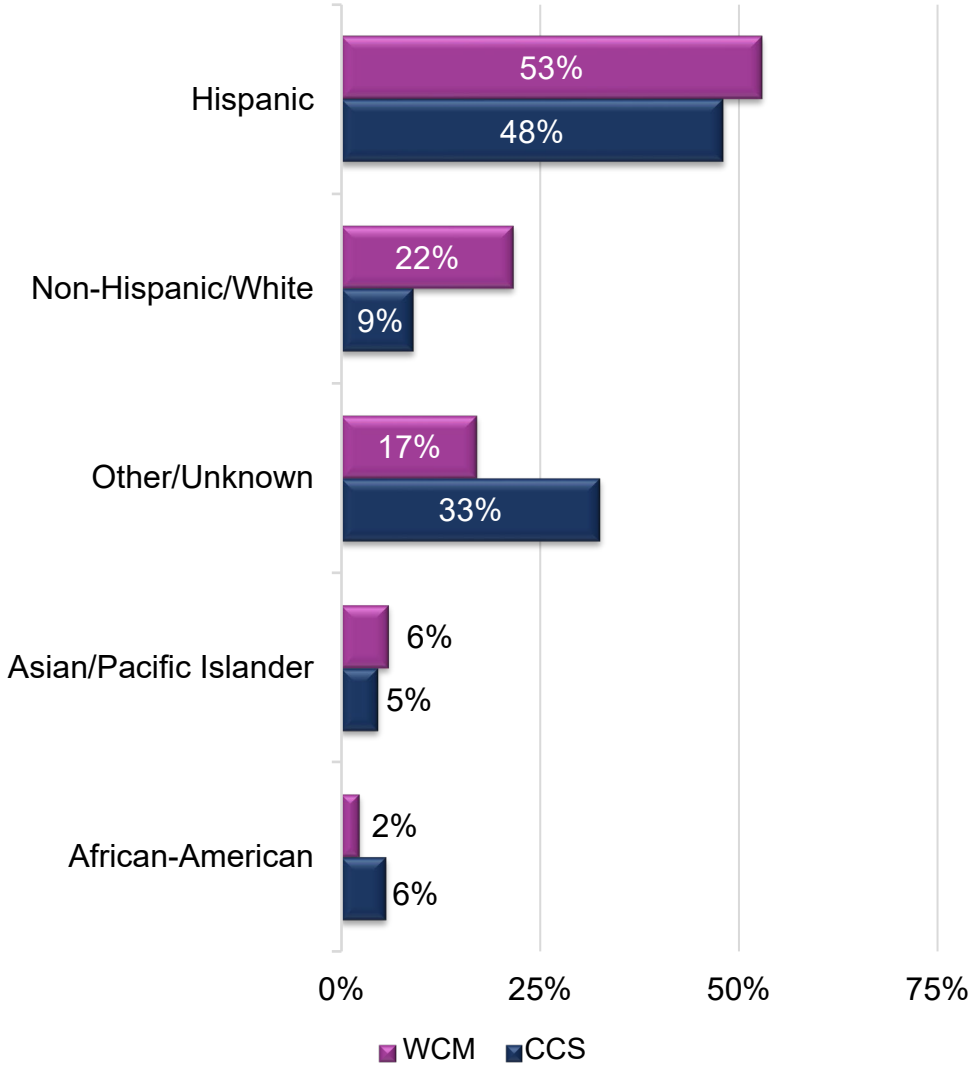
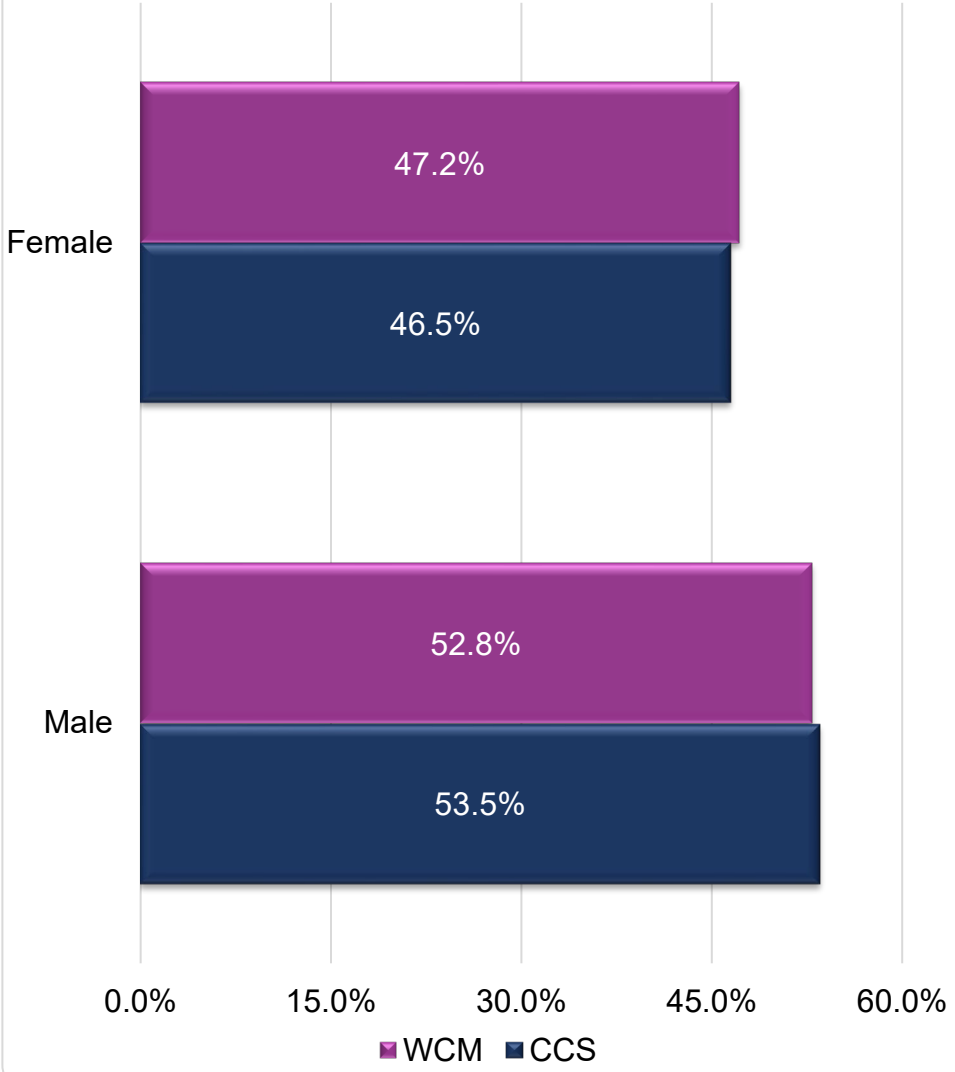


Fig 3: Enrollment by Gender



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CCS and WCM Enrollment and Demographics Figures 4 & 5: Breakdowns of Population as of September 2021

Fig 4: Enrollment by Language Spoken (Top 6 for WCM)

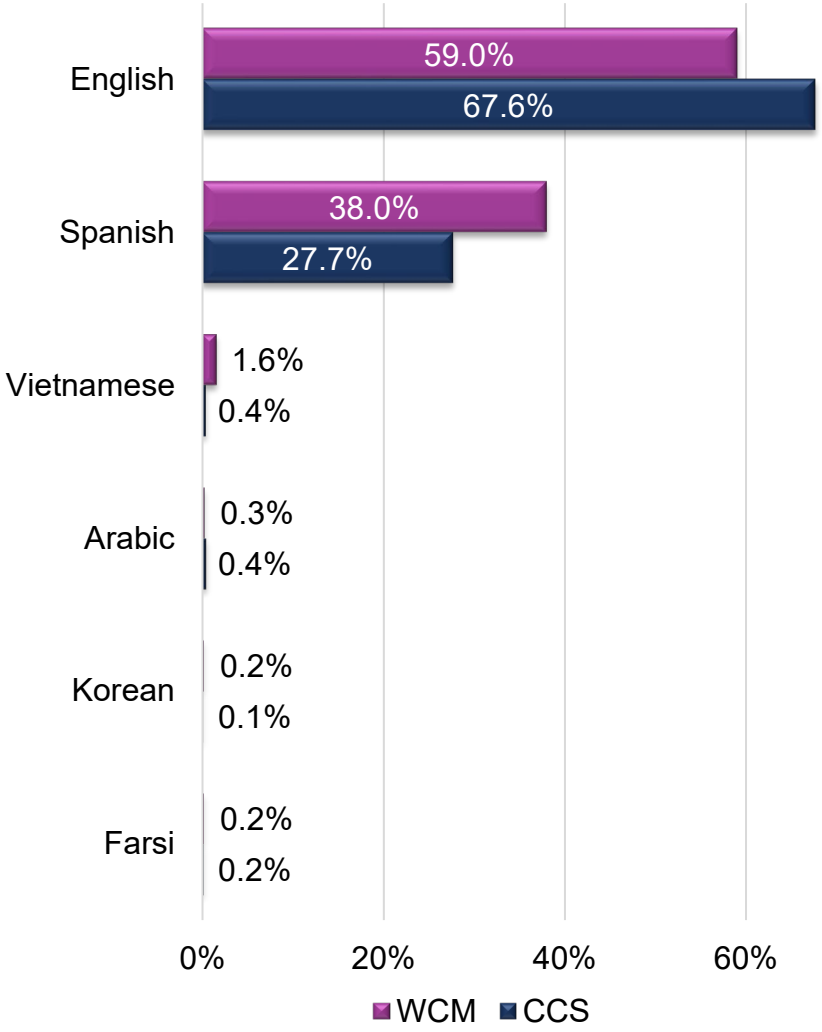
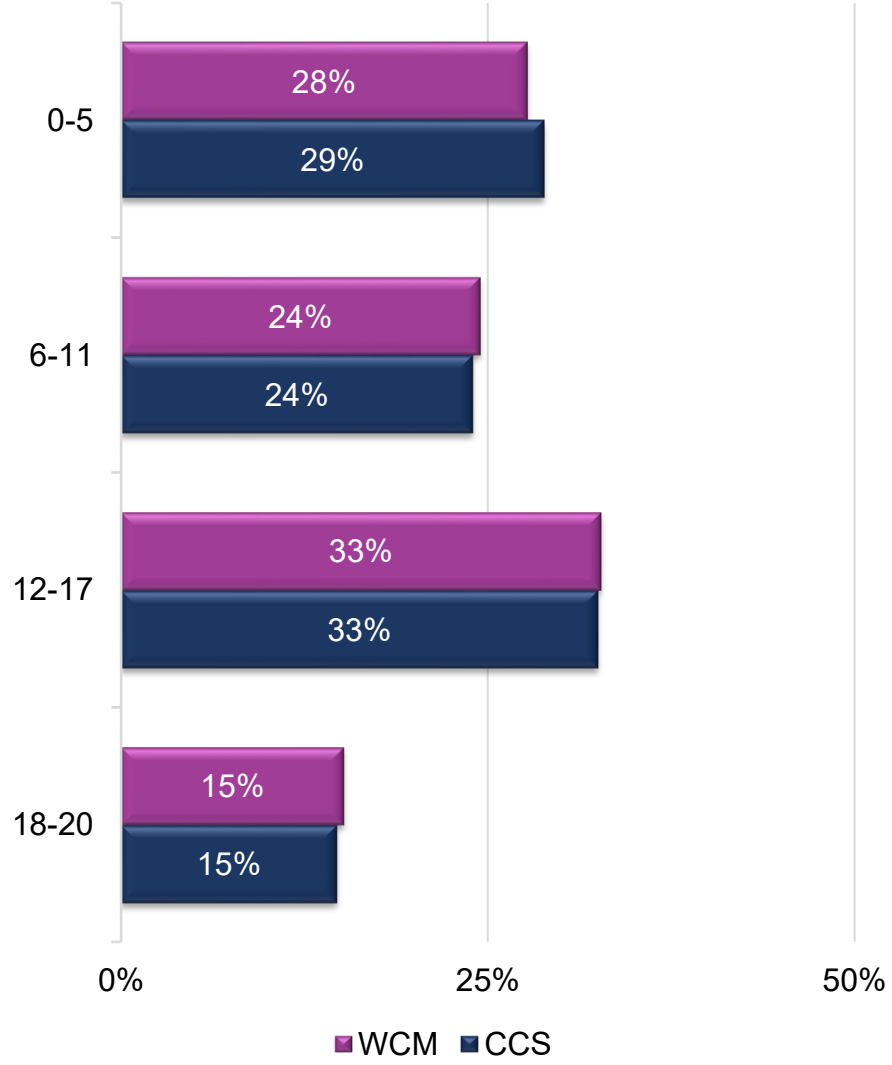


Fig 5: Enrollment by Age



Note: CCS refers to counties operating outside of the Whole Child Model Program.

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CCS Enrollment and Demographics Figures 6 & 7: Breakdowns of Population as of September 2021

Fig 6: Total Classic CCS Enrollment by County

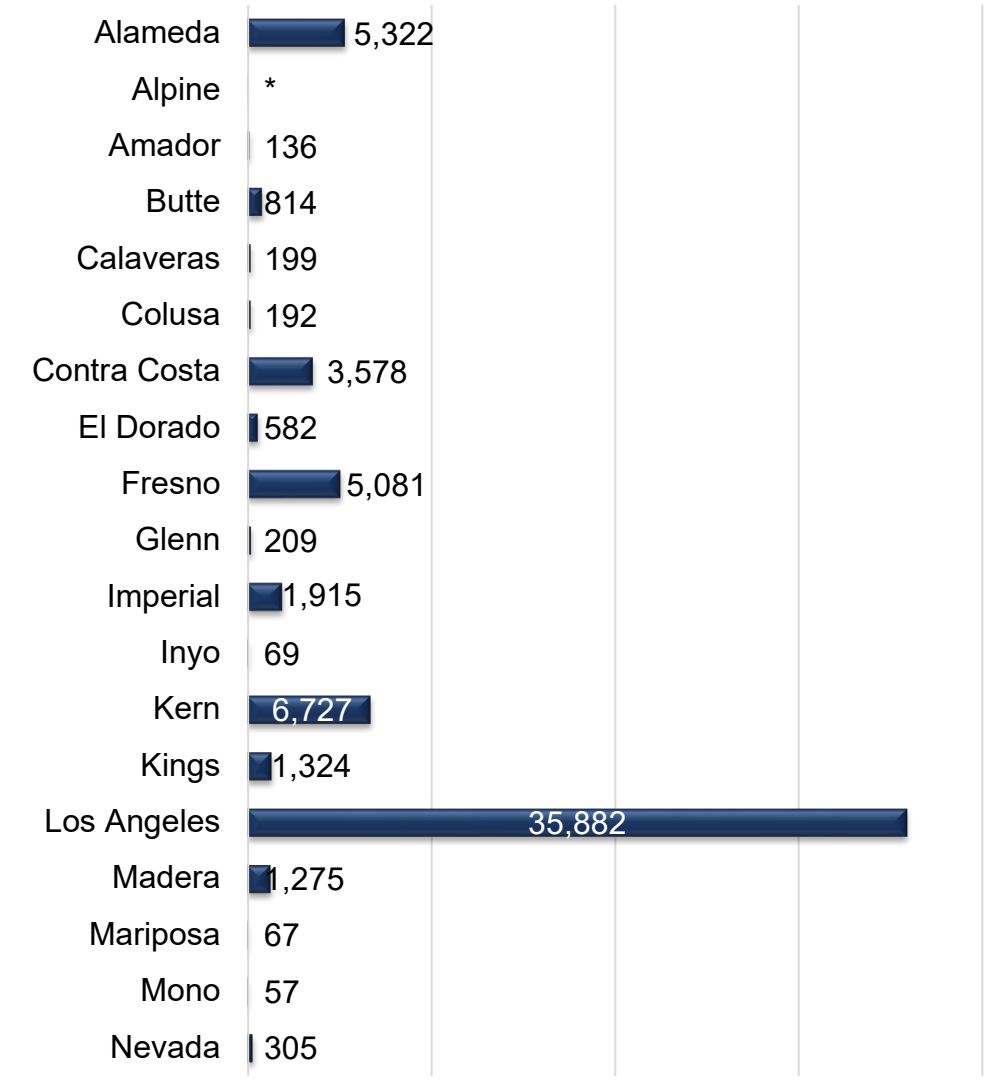
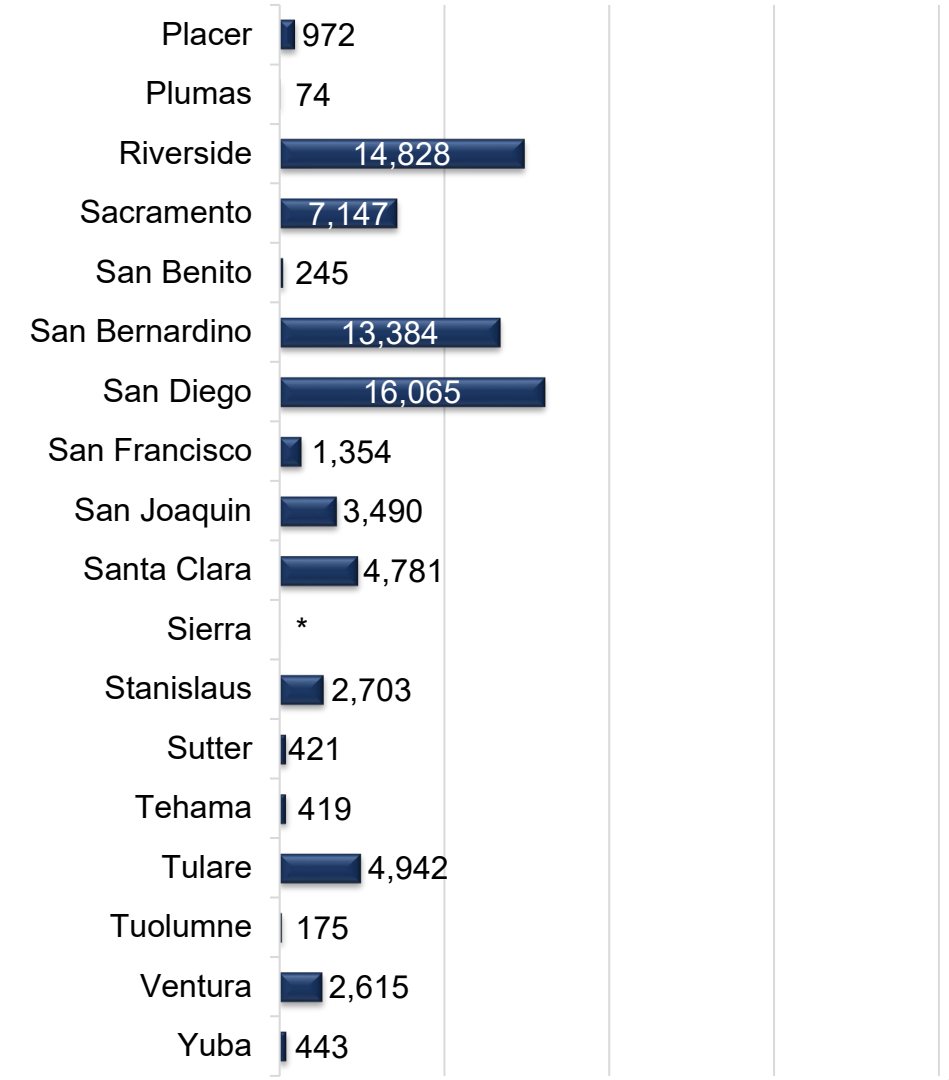


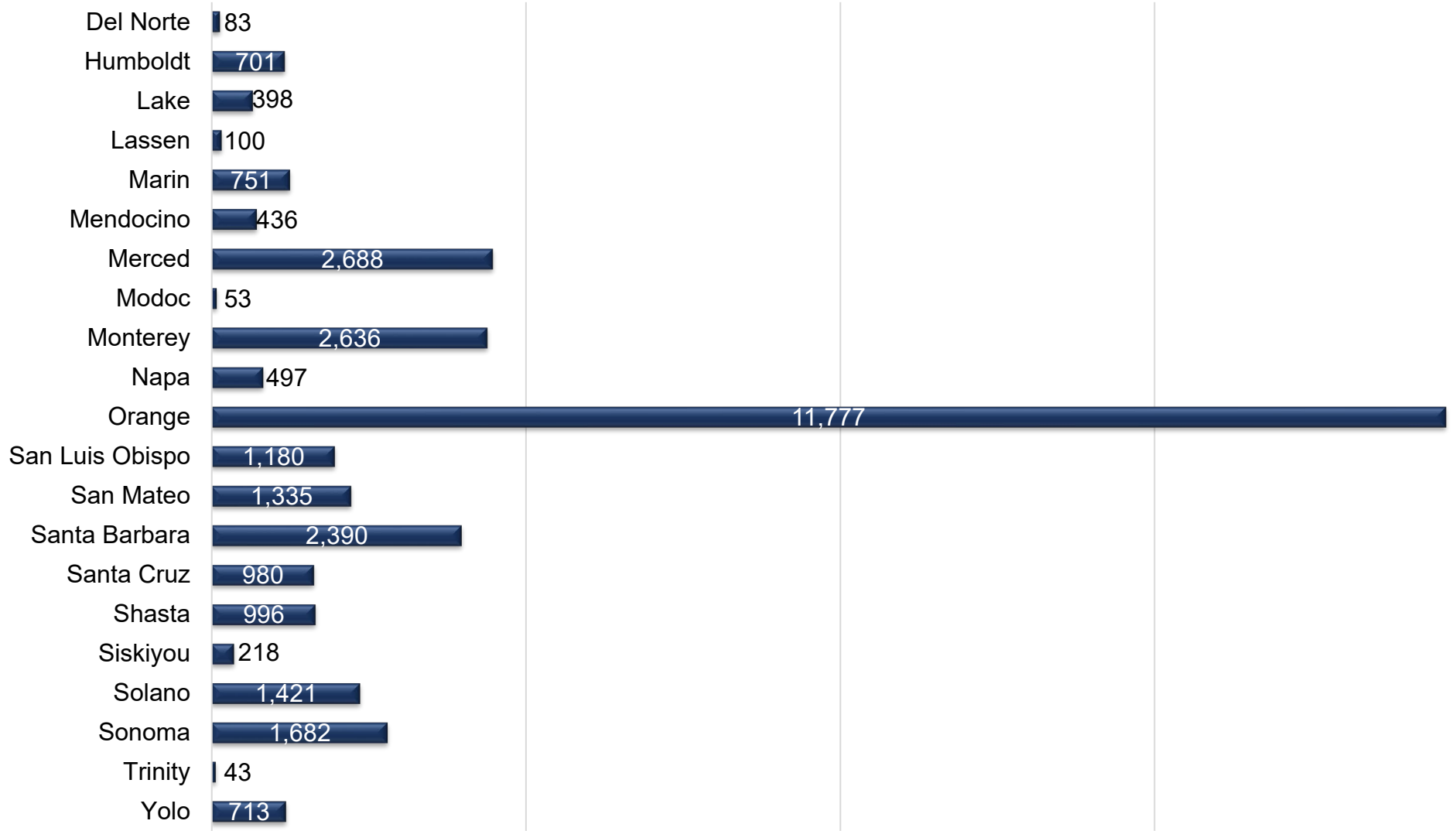
Fig 7: Total Classic CCS Enrollment by County



Note: CCS refers to counties operating outside of the Whole Child Model Program.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

WCM Enrollment and Demographics Figure 8: Breakdowns of Population as of September 2021

Fig 8: WCM Enrollment by County



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CCS and WCM Utilization Figures 9 & 10: Breakdowns of Outpatient Admissions Utilization (Oct'20 - Sep'21)

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

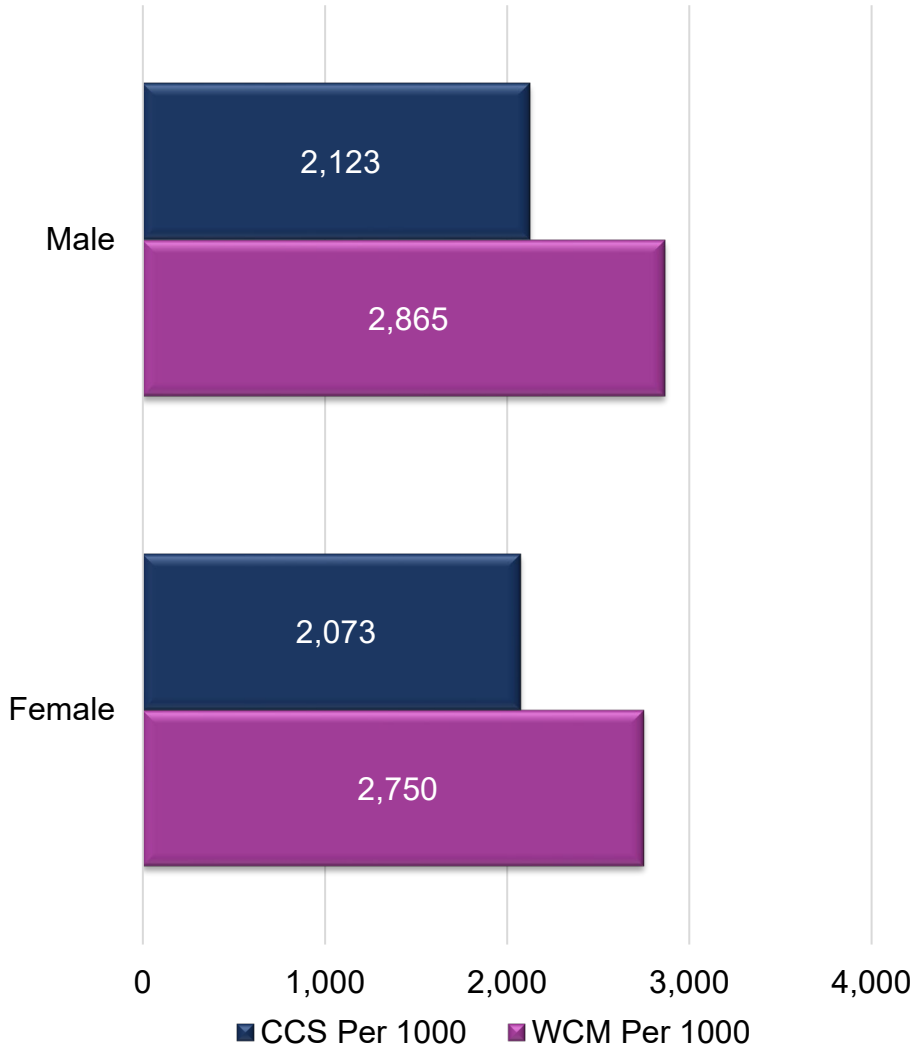
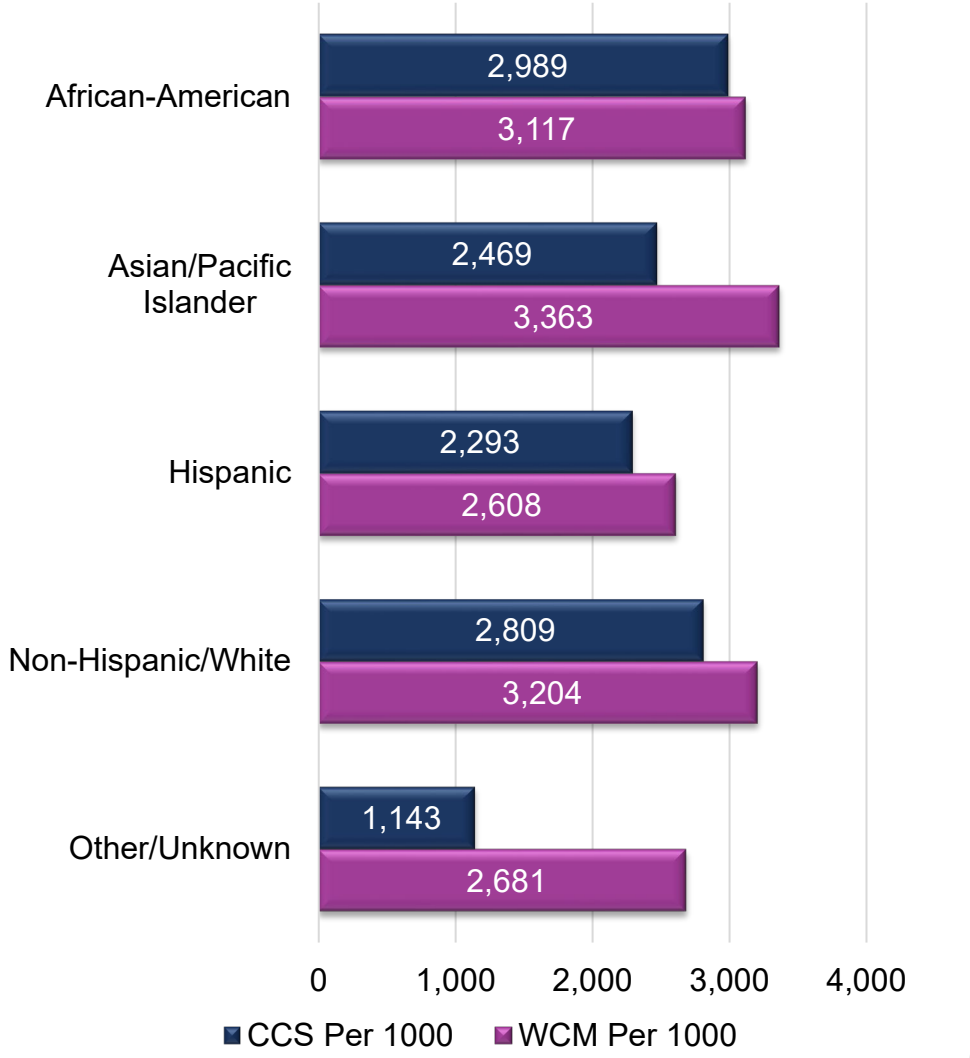


Fig 10: Outpatient Visits per 1,000 Member Months by Ethnicity



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from October 2020 to September 2021.

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CCS and WCM Utilization Figures 11 & 12: Breakdowns of Outpatient Admissions Utilization (Oct'20 - Sep'21)

Fig 11: Outpatient Visits Statewide per 1,000 Members, by Month

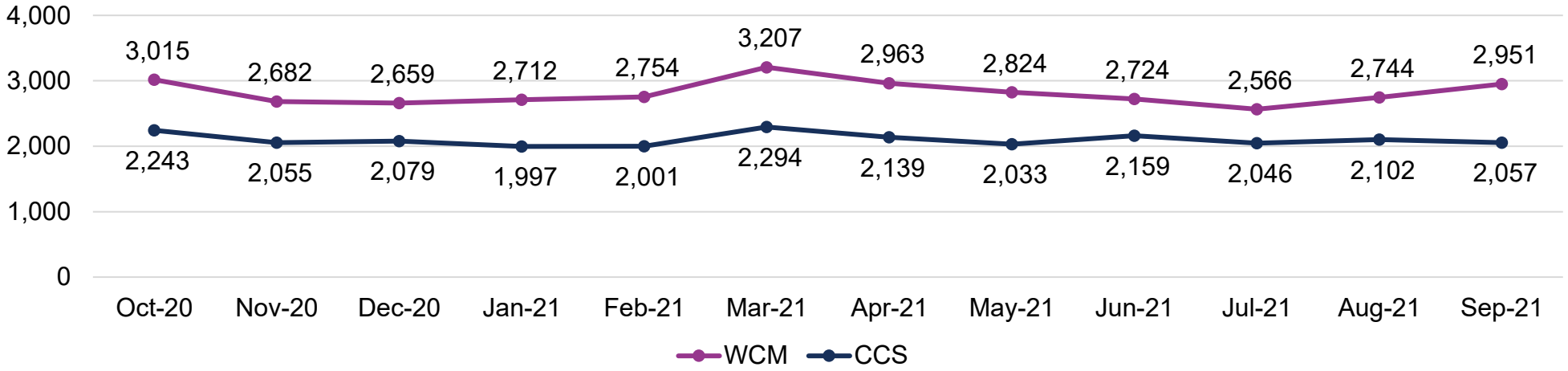
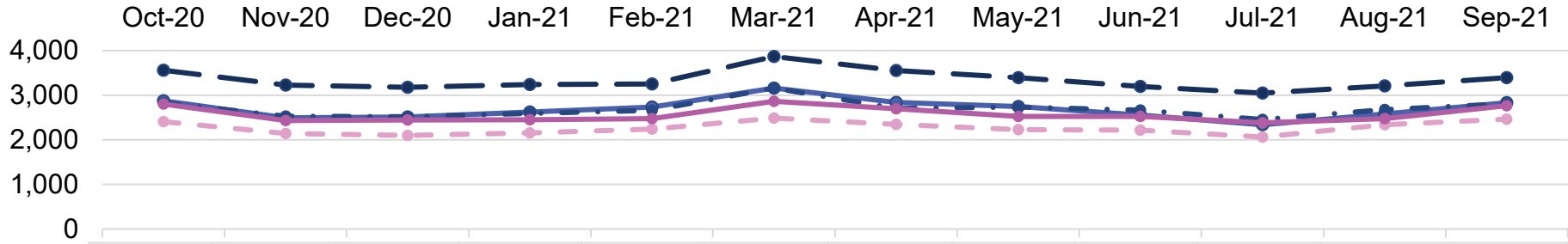


Fig 12: WCM Outpatient Visits per 1,000 Members by Plan, by Month



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
CalOptima	3,562	3,226	3,177	3,240	3,250	3,866	3,555	3,394	3,195	3,047	3,207	3,392
CenCal	2,877	2,492	2,510	2,625	2,736	3,160	2,836	2,745	2,554	2,337	2,580	2,830
CCAH	2,408	2,143	2,097	2,157	2,239	2,486	2,345	2,230	2,219	2,063	2,337	2,461
HPSM	2,829	2,530	2,521	2,592	2,660	3,159	2,705	2,734	2,666	2,455	2,678	2,808
PHC	2,802	2,433	2,446	2,451	2,476	2,863	2,698	2,522	2,522	2,382	2,476	2,765

Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from October 2020 to September 2021.

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CCS and WCM Utilization Figures 13 & 14: Breakdowns of Inpatient Visits Utilization (Oct'20 - Sep'21)

Fig 13: Inpatient Admissions per 1,000 Member Months by Gender

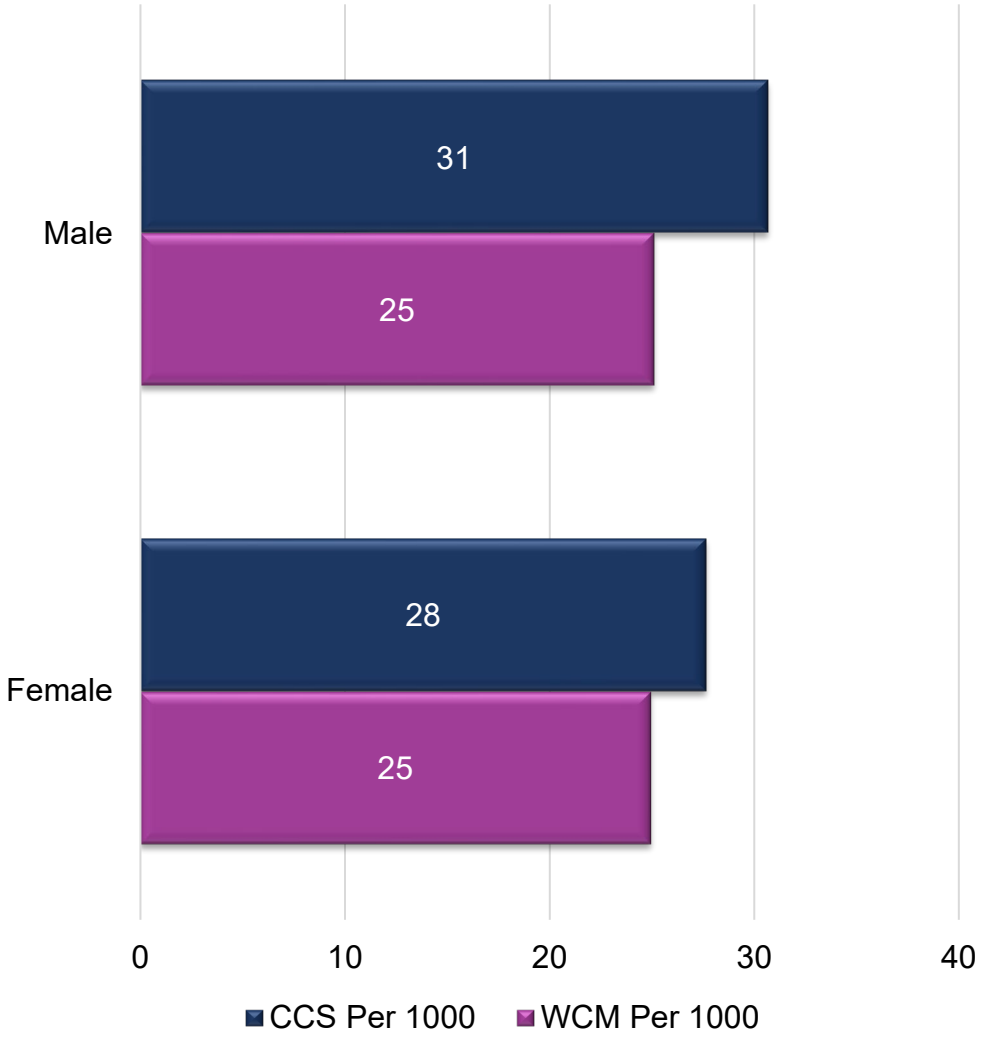
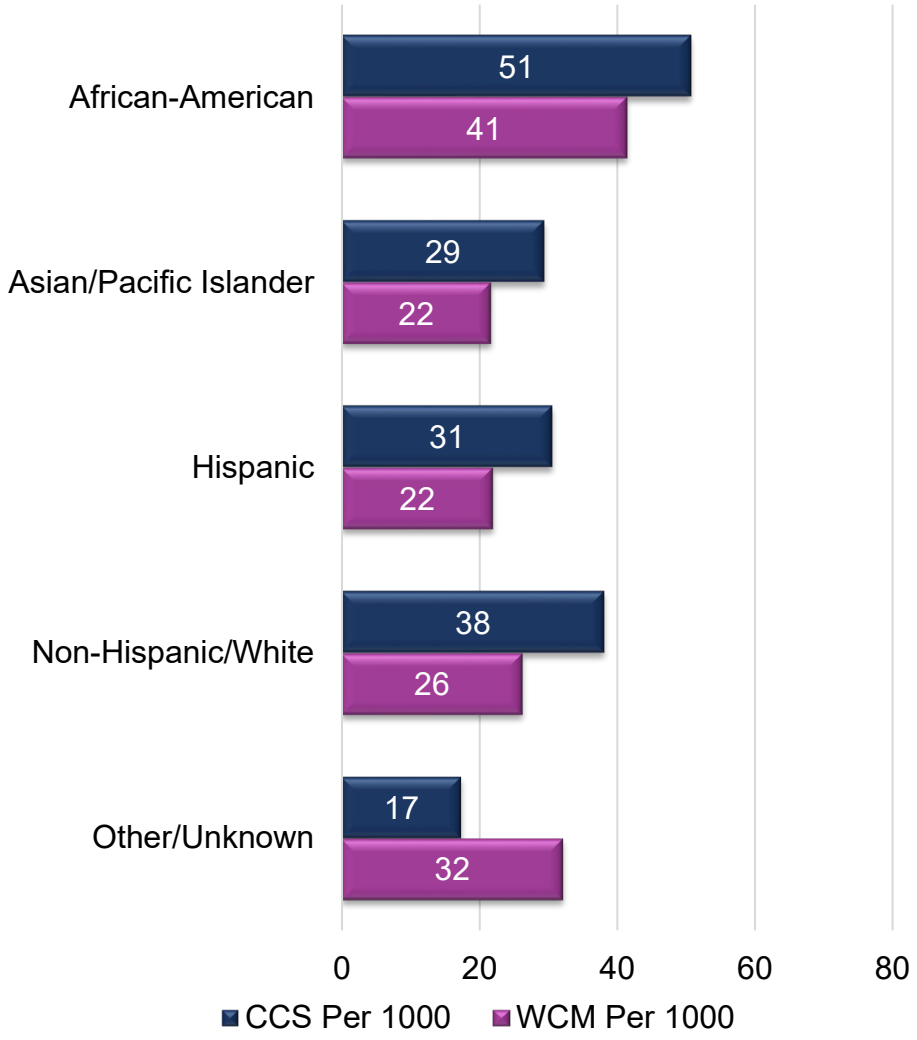


Fig 14: Inpatient Admissions per 1,000 Member Months by Ethnicity



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from October 2020 to September 2021.

CCS and WCM Utilization Figures 15 & 16: Breakdowns of Inpatient Visits Utilization (Oct'20 - Sep'21)

Fig 15: Inpatient Admissions Statewide per 1,000 Members, by Month

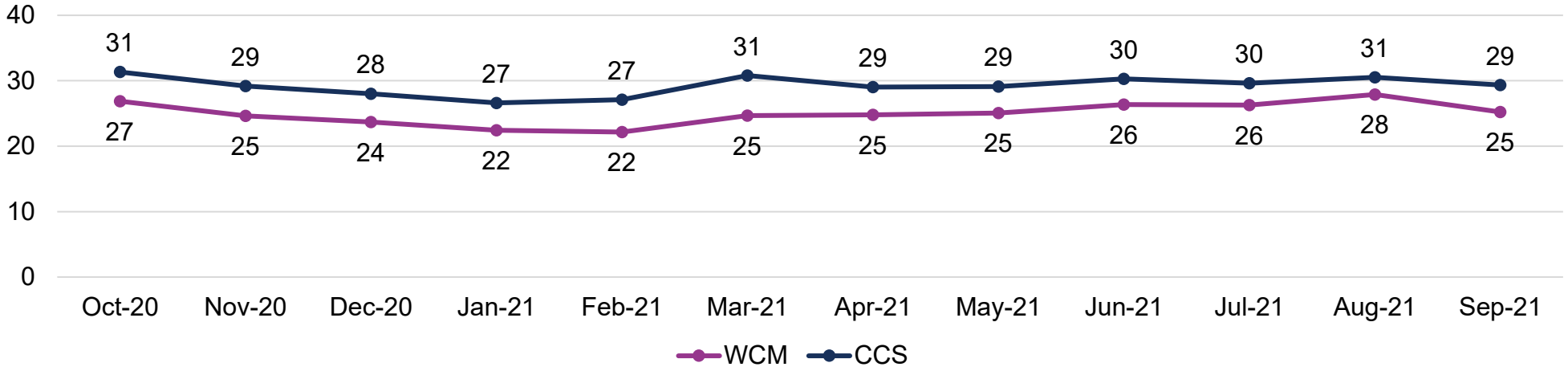
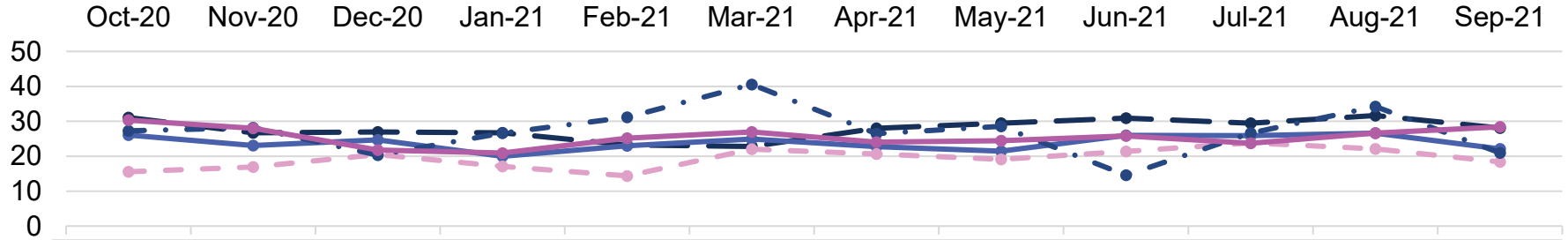


Fig 16: WCM Inpatient Admissions per 1,000 Members by Plan, by Month



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
CalOptima	31	27	27	27	23	23	28	29	31	29	32	28
CenCal	26	23	25	20	23	25	23	21	26	26	27	22
CCAH	16	17	20	17	14	22	21	19	21	24	22	18
HPSM	27	28	20	27	31	41	26	29	15	27	34	21
PHC	30	28	22	21	25	27	24	24	26	24	27	28

Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from October 2020 to September 2021.

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WCM Utilization Figure 17 - 19: Breakdowns of Emergency Department (ED) Utilization (Oct'20 - Sep'21)

Fig 17: ED Visits per 1,000 Member Months by Gender

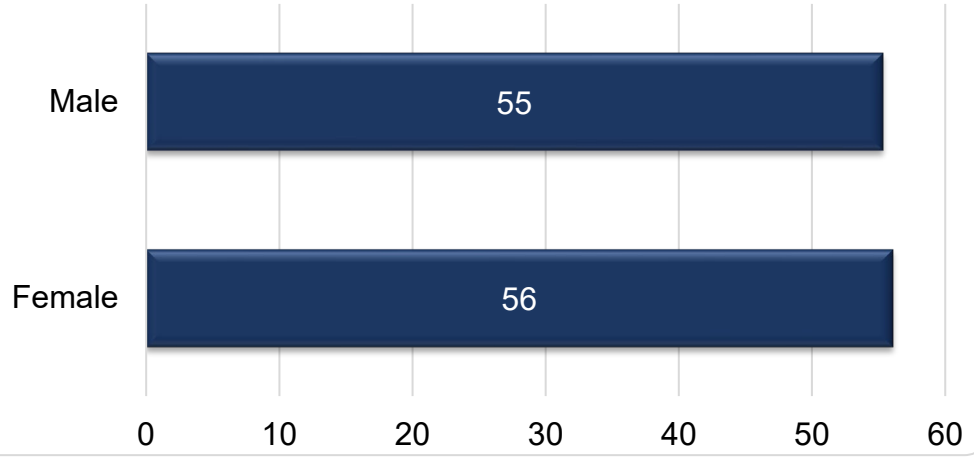


Fig 18: ED Visits per 1,000 Member Months by Ethnicity

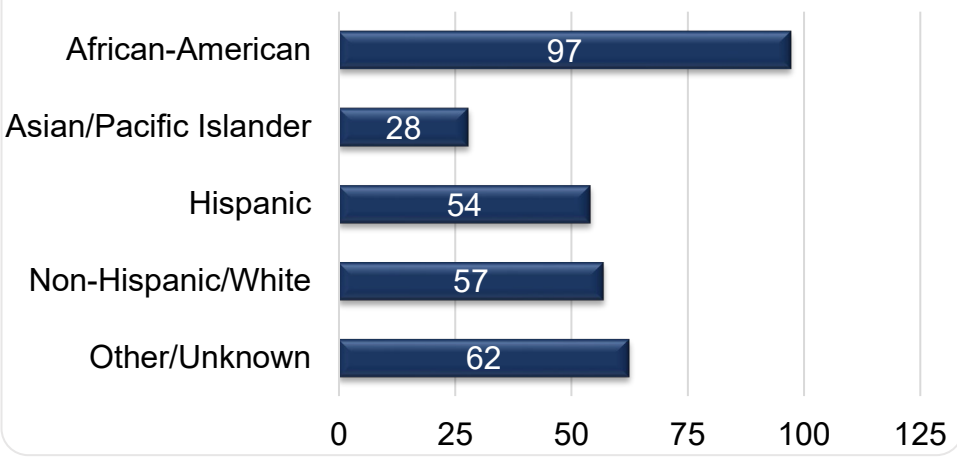
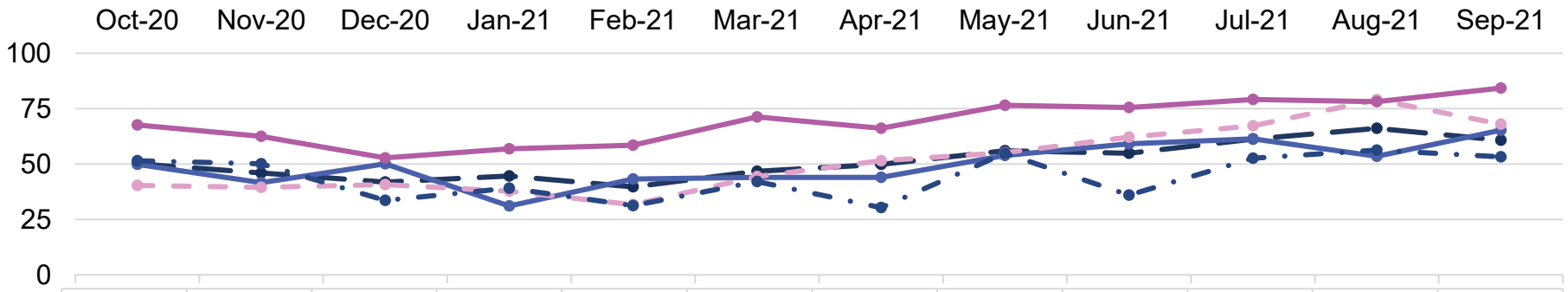


Fig 19: ED Visits per 1,000 Members by Plan, by Month



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
CalOptima	50	46	42	45	40	47	50	56	55	61	66	61
CenCal	50	42	50	31	43	44	44	54	59	61	53	65
CCAH	40	39	41	38	32	44	51	55	62	67	79	68
HPSM	51	50	34	39	31	42	30	55	36	53	56	53
PHC	68	63	53	57	59	71	66	77	75	79	78	84

WCM Utilization Figure 20 - 22: Breakdowns of Prescriptions Utilization (Oct'20 - Sep'21)

Fig 20: Prescriptions per 1,000 Member Months by Gender

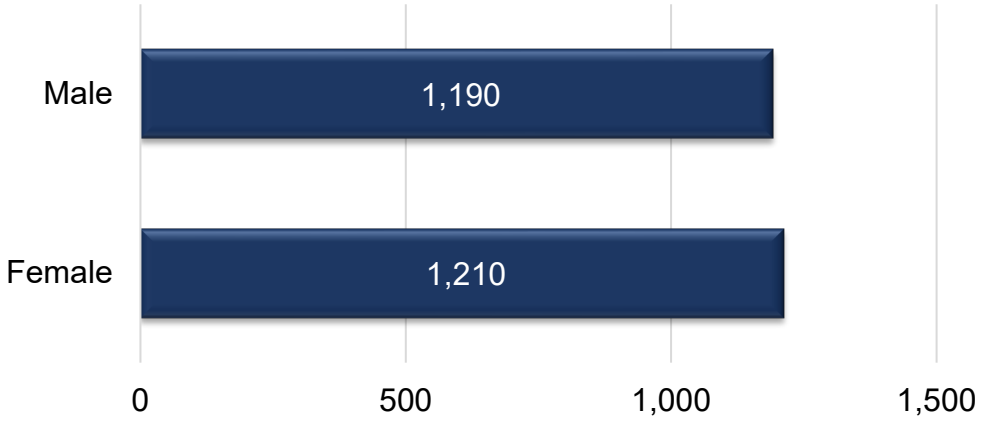


Fig 21: Prescriptions per 1,000 Member Months by Ethnicity

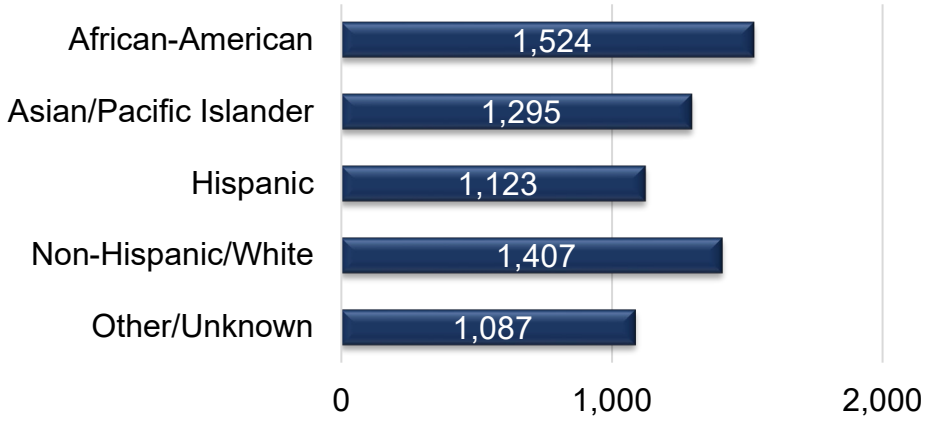
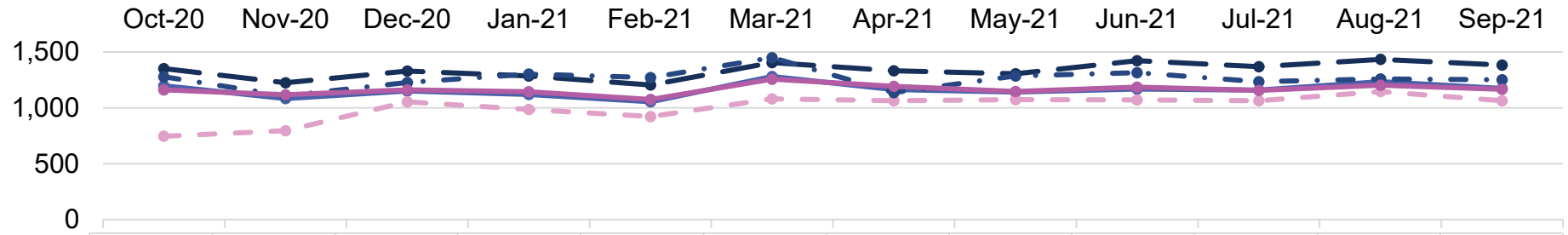


Fig 22: Prescription per 1,000 Members by Plan, by Month



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
CalOptima	1,350	1,223	1,328	1,285	1,204	1,404	1,332	1,305	1,422	1,368	1,433	1,383
CenCal	1,198	1,084	1,152	1,119	1,054	1,280	1,163	1,141	1,169	1,158	1,233	1,173
CCAH	746	795	1,054	985	921	1,081	1,063	1,072	1,070	1,062	1,146	1,064
HPSM	1,277	1,107	1,226	1,302	1,270	1,449	1,138	1,286	1,315	1,235	1,259	1,250
PHC	1,160	1,118	1,162	1,143	1,074	1,257	1,194	1,146	1,185	1,156	1,203	1,165

WCM Utilization Figure 23 - 25: Breakdowns of Non-specialty Mental Health Visits Utilization (Oct'20 - Sep'21)

Fig 23: Non-specialty Mental Health Visits per 1,000 Member Months by Gender

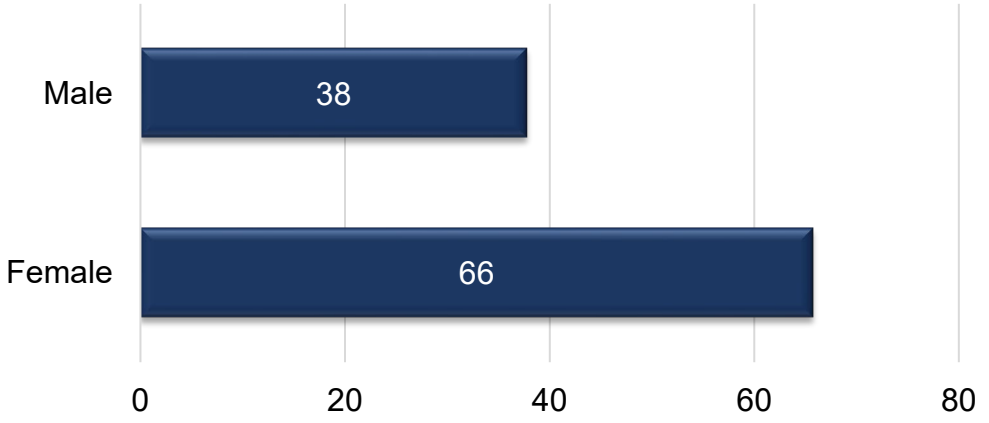


Fig 24: Non-specialty Mental Health Visits per 1,000 Member Months by Ethnicity

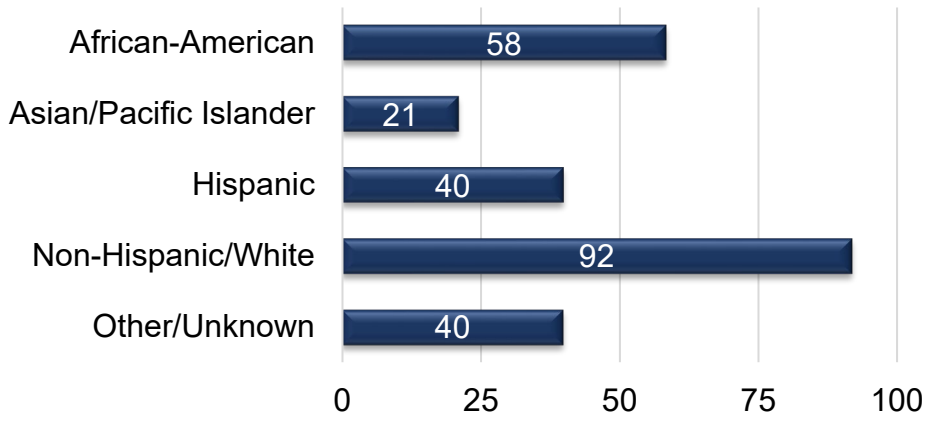
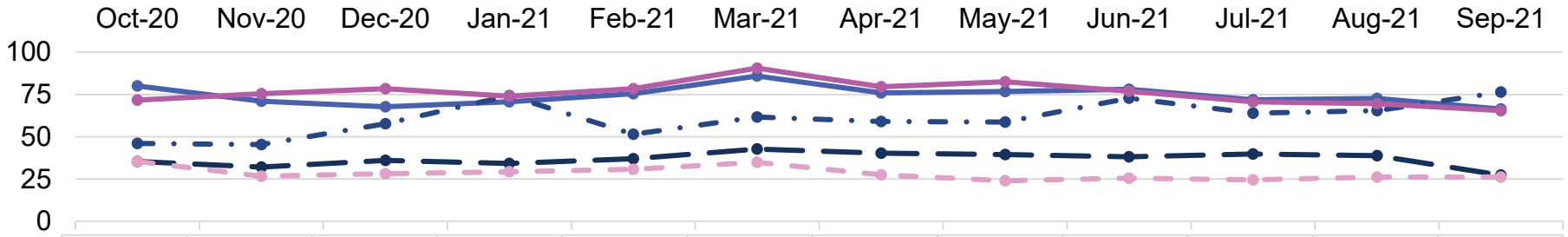


Fig 25: Non-specialty Mental Health Visits per 1,000 Members by Plan, by Month



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
CalOptima	35	32	36	34	37	43	40	39	38	40	39	27
CenCal	80	71	68	71	76	86	76	77	78	72	73	66
CCAH	35	27	28	29	31	35	28	24	25	24	26	26
HPSM	46	45	58	74	51	62	59	59	73	64	65	76
PHC	72	75	78	74	78	91	80	83	77	71	69	65

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WCM Utilization Figure 26 - 28: Breakdowns of Emergency Department Visits with an Inpatient Admission Utilization (Oct'20 - Sep'21)

Fig 26: Emergency Department Visits with an Inpatient Admission per 1,000 Member Months by Gender

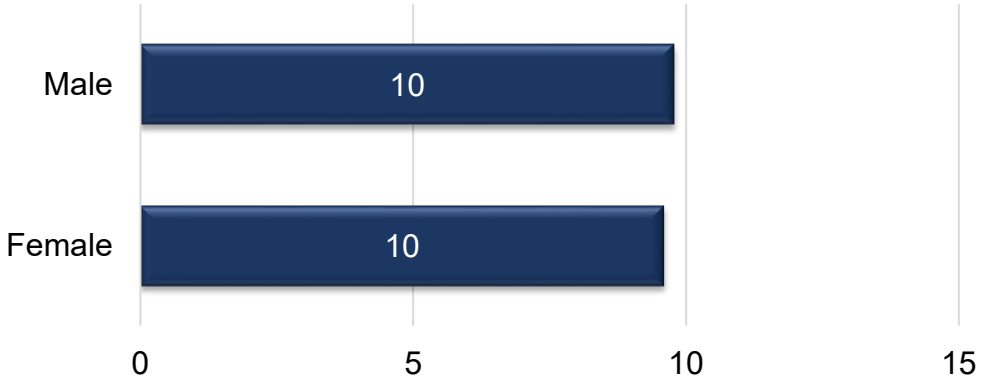


Fig 27: Emergency Department Visits with an Inpatient Admission per 1,000 Member Months by Ethnicity

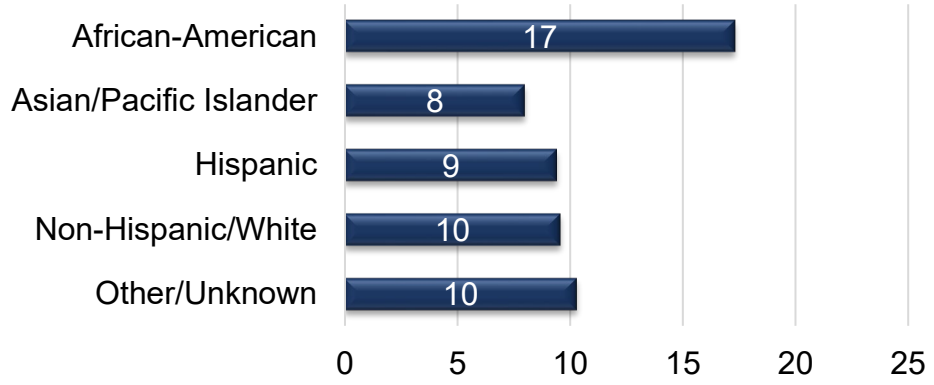
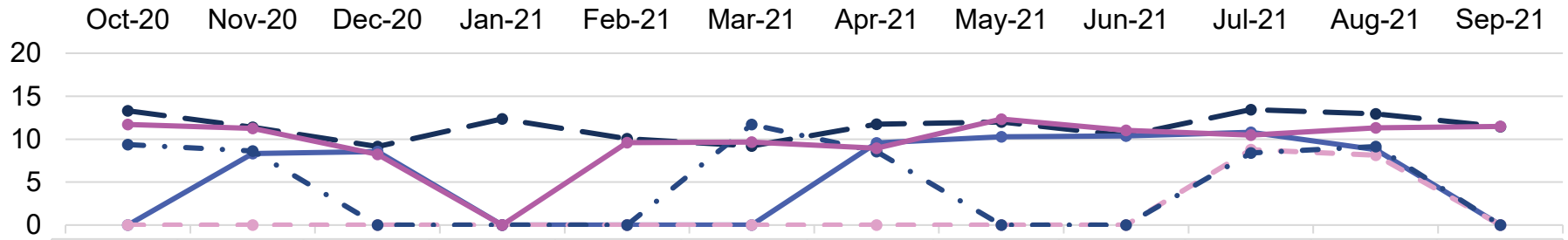


Fig 28: Emergency Department Visits with an Inpatient Admission per 1,000 Members by Plan, by Month



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
CalOptima	13	11	9	12	10	9	12	12	10	13	13	11
CenCal	*	8	9	*	*	*	10	10	10	11	9	*
CCAH	*	*	*	*	*	*	*	*	*	9	8	*
HPSM	9	9	*	*	*	12	9	*	*	8	9	*
PHC	12	11	8	*	10	10	9	12	11	10	11	11

**Counts of items that are <8 are suppressed per CDO guidelines.*

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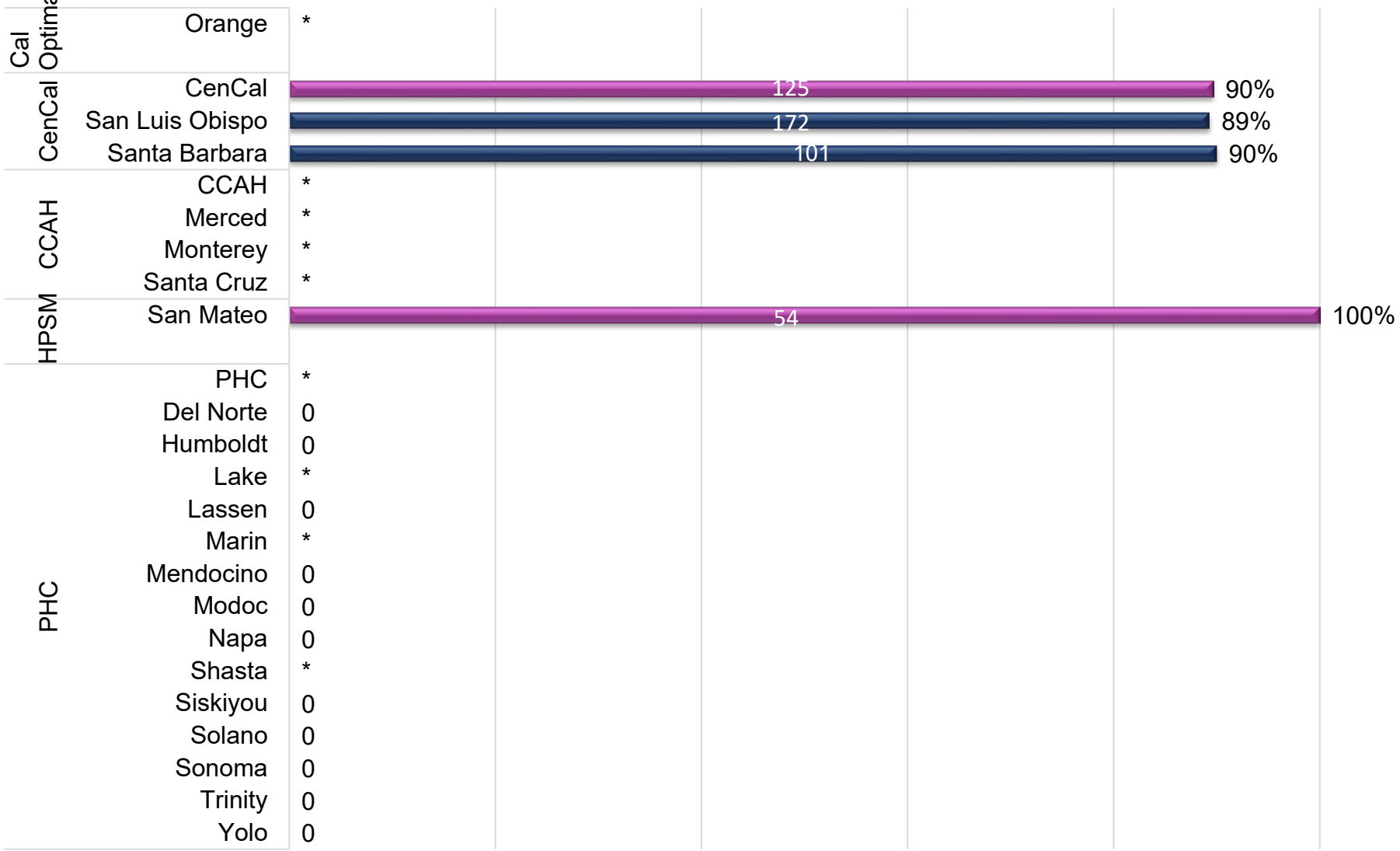
WCM Figure 29: Continuity of Care (COC) Requests & Approvals per 1,000 Members (Oct'20 - Sep'21)

Fig 29: COC Request per 1,000 Members & Percentage Approval by Plan, by County



Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

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WCM Figure 30: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 28 through Month 39

	Month 28	Month 29	Month 30	Month 31	Month 32	Month 33	Month 34	Month 35	Month 36	Month 37	Month 38	Month 39
CalOptima	*	*	*	*	*	0	*	*	0	0	*	*
CenCal	45	23	32	44	31	39	41	28	46	34	36	17
CCAH	*	*	*	0	*	*	*	*	*	*	*	*
HPSM	0	*	*	*	*	0	22	17	21	*	*	*
PHC	0	0	0	0	*	*	0	0	0	*	*	0

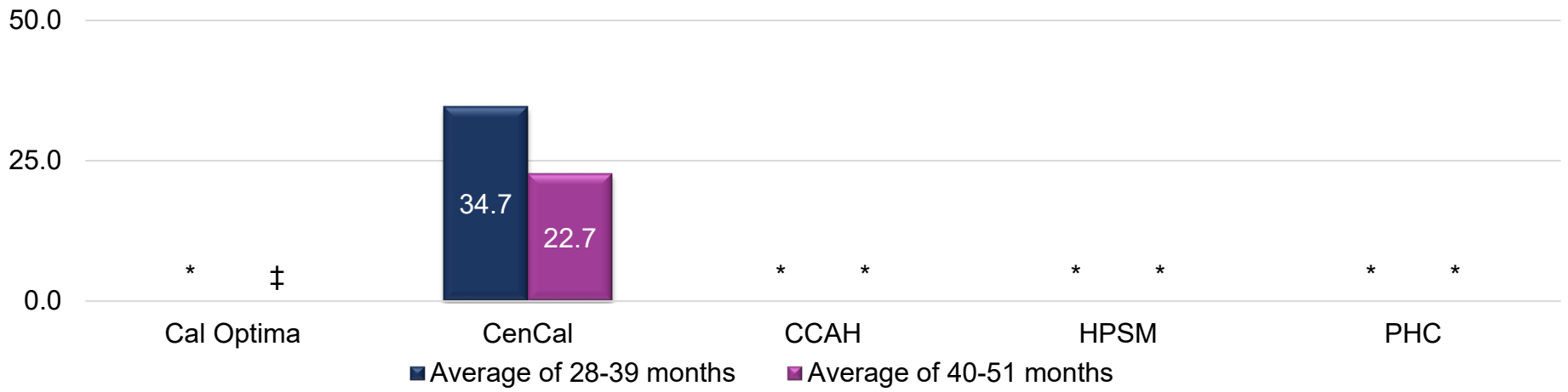
WCM Figure 31: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 40 through Month 51

	Month 40	Month 41	Month 42	Month 43	Month 44	Month 45	Month 46	Month 47	Month 48	Month 49	Month 50	Month 51
CalOptima	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
CenCal	22	12	18	33	17	37	23	28	29	20	25	*
CCAH	*	*	*	*	*	*	*	*	0	0	0	0
HPSM	*	*	*	*	*	*	*	*	*	*	*	*
PHC	*	*	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.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*
‡ Plans who have not reached this month in their observation yet.

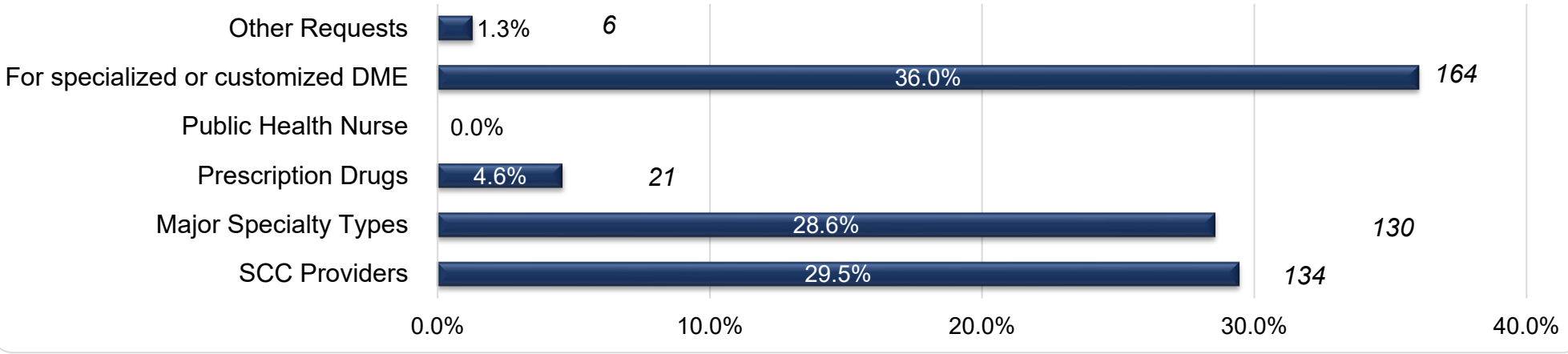
WCM Figure 32: Continuity of Care (COC) - Requests, by Plan

Fig 32: Plan Average COC Request Upon Joining the Program, Month 28 - Month 39 vs Month 40 -Month 51



WCM Figure 33: Continuity of Care (COC) - Requests Categories (Oct'20 - Sep'21)

Fig 33: COC Requests - Categories



**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*
‡Plans who have not reached this month in their observation yet.

WCM Figures 34 & 35: Continuity of Care (COC) - Denials Reasons (Oct'20 - Sep'21)

Fig 34: Top 5 COC Denial Reasons (Not Required by APL)

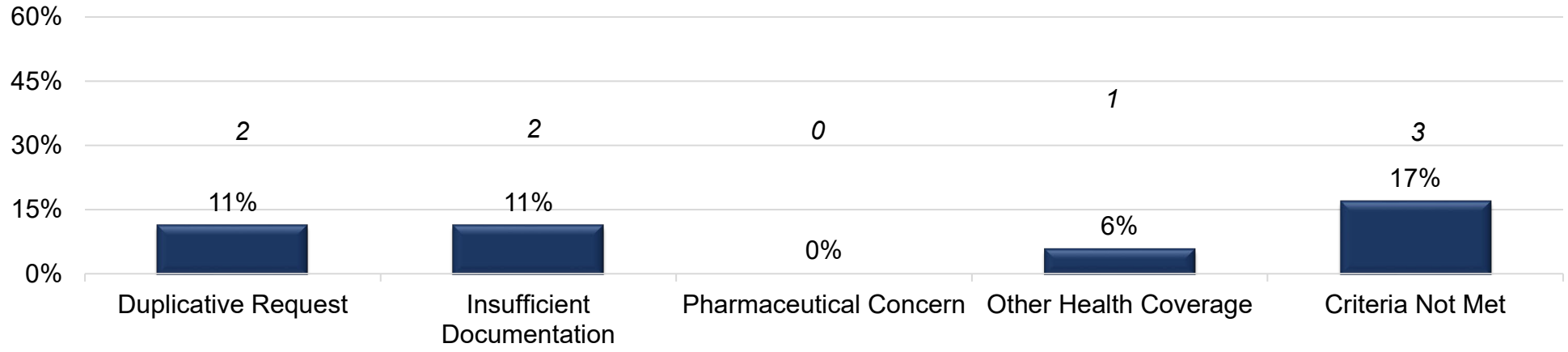
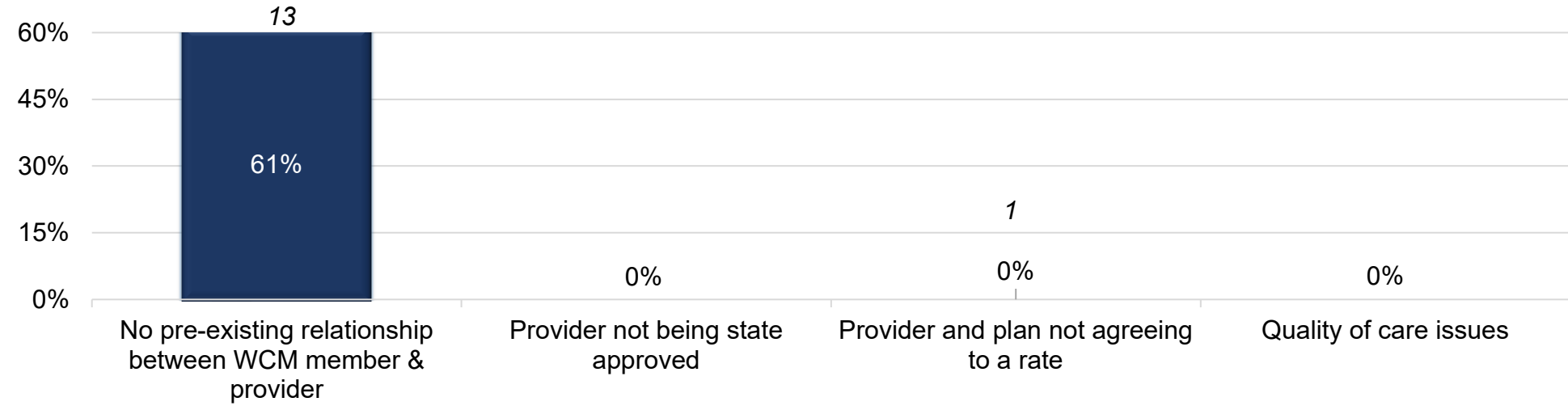


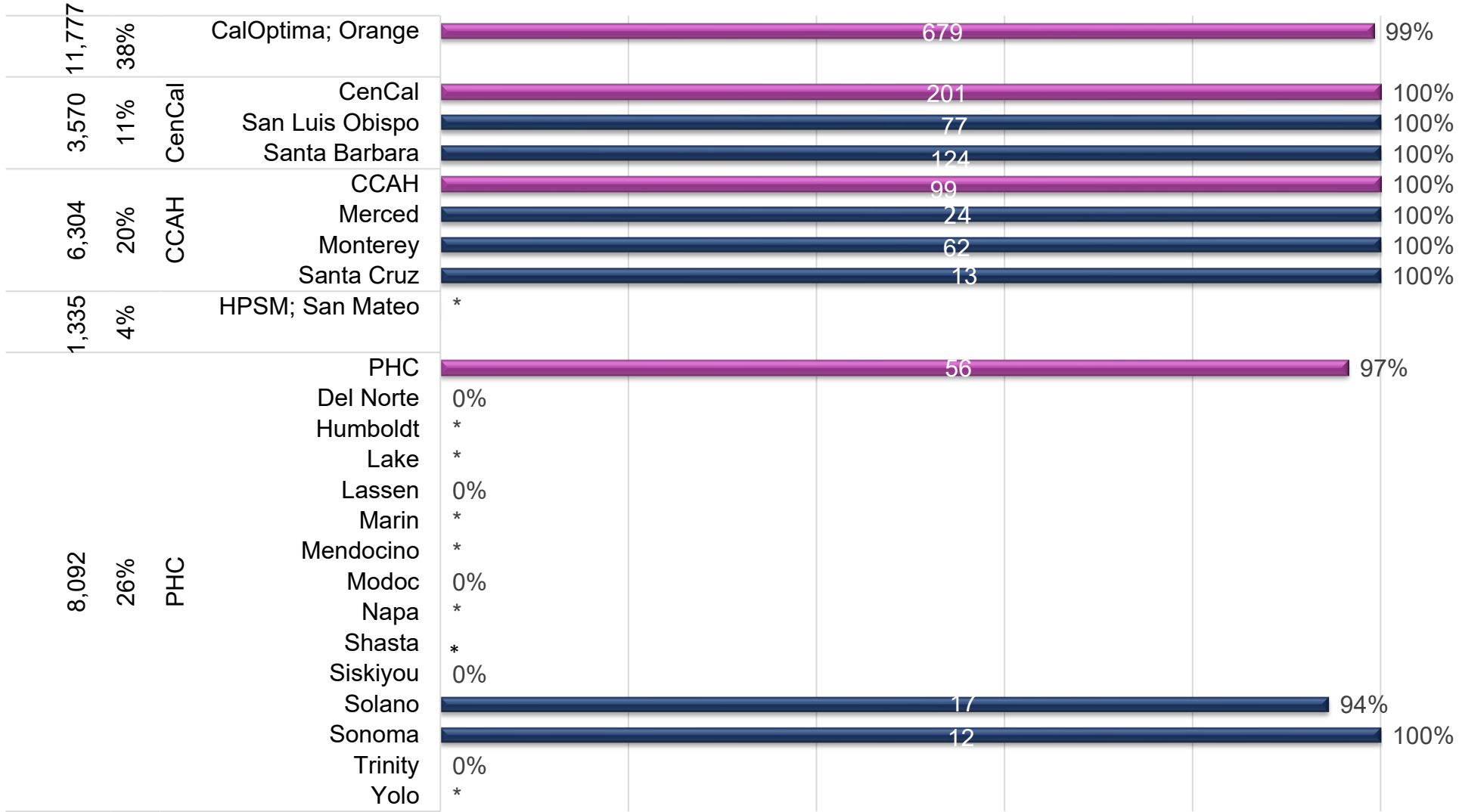
Fig 35: COC Denial Reasons (Required by APL)



Note: Please see page 11 for detailed information on why Figures 34 & 35 do not add up to 100%.

WCM Figure 36: Case Management NICU Authorization Requests & Approvals (Oct'20 - Sep'21)

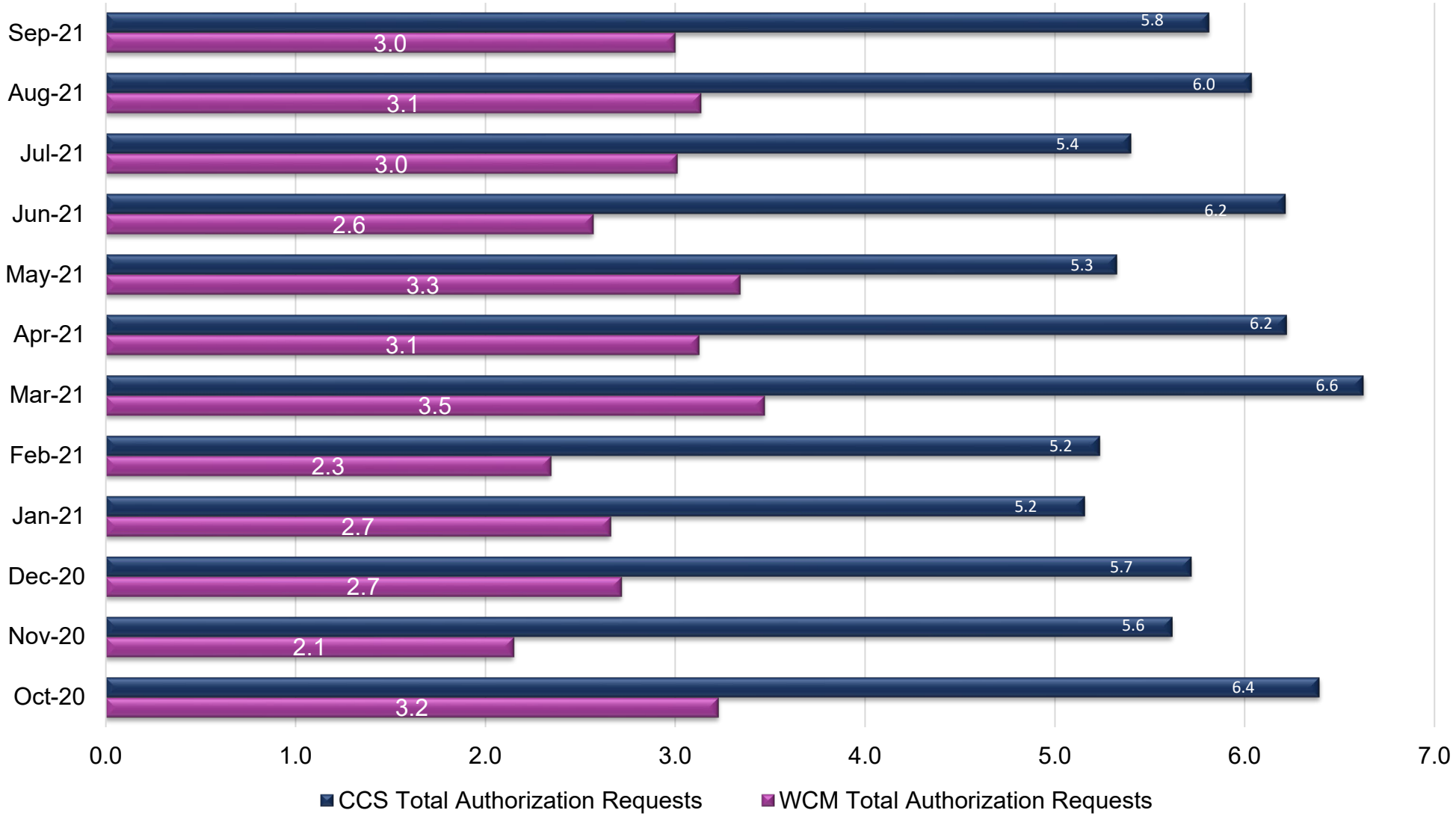
Fig 36: WCM Total NICU Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
*Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016

CCS and WCM Figure 37: Case Management NICU Authorization Requests (Oct'20 - Sep'21)

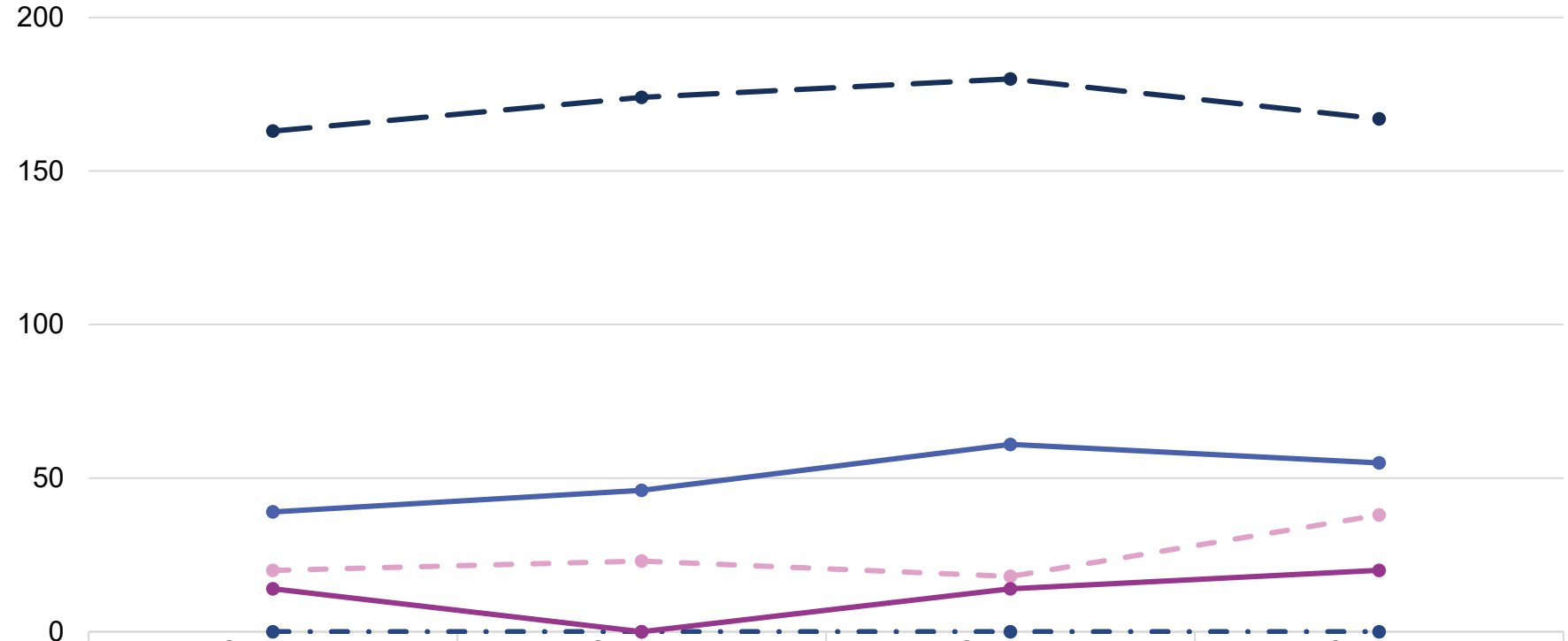
Fig 37: Statewide Total NICU Authorization Requests per 1,000 Members, by Month



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from October 2020 to September 2021. 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 38: Case Management NICU Authorization Requests (Oct'20 - Sep'21)

Fig 38: WCM Total NICU Authorization Requests by Plan, by Quarter



	Q4 2020	Q1 2021	Q2 2021	Q3 2021
CalOptima	163	174	180	167
CCAH	20	23	18	38
CenCal	39	46	61	55
HPSM	*	*	*	*
PHC	14	*	14	20

Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
*HPSM for all four quarters, and PHC for Q1 2021 had counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.

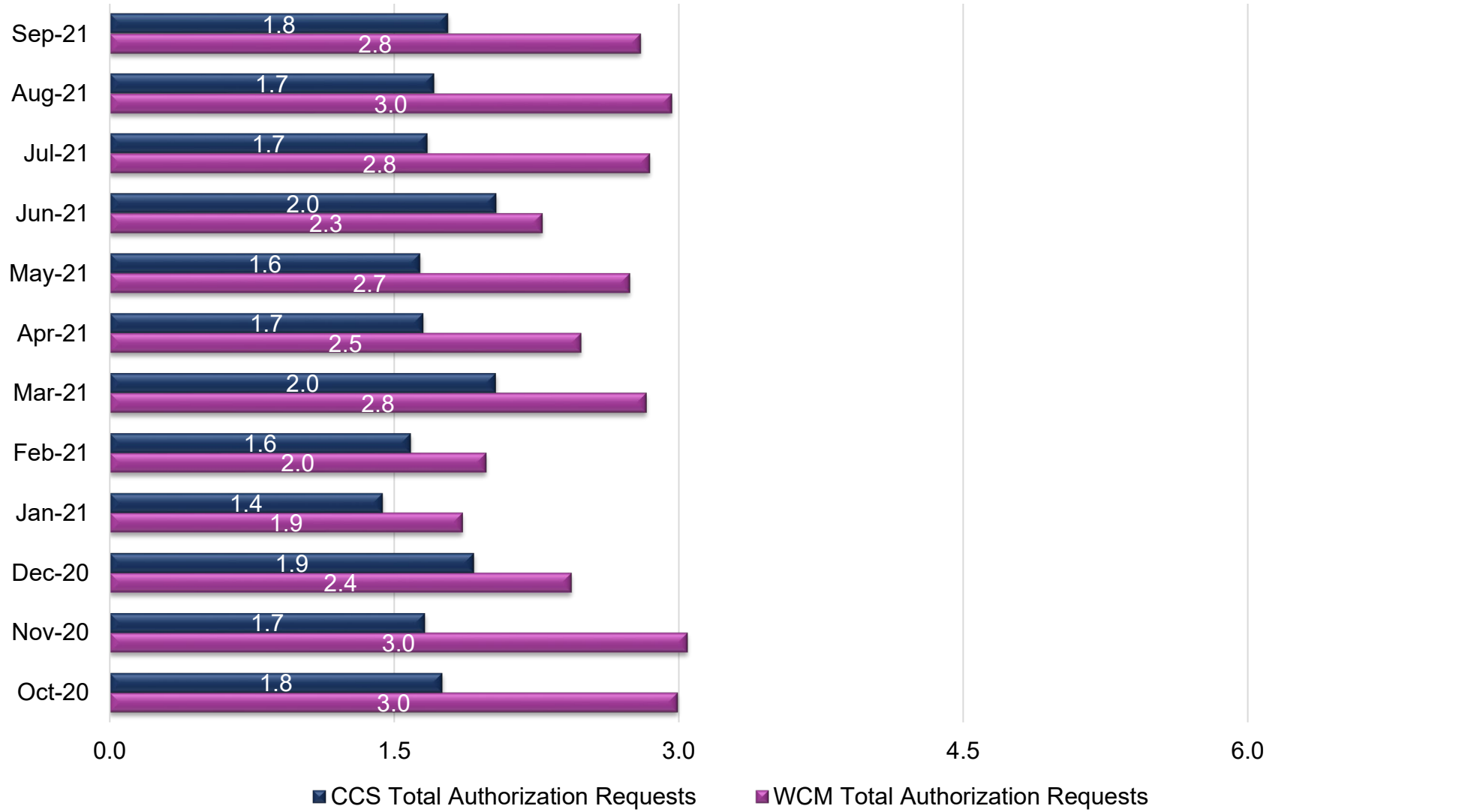
WCM Figure 39: Case Management PICU Authorization Requests & Approvals (Oct'20 - Sep'21)

Fig 39: WCM Total PICU Authorization Requests & Percentage Approved by Plan, by County

Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

CCS and WCM Figure 40: Case Management PICU Authorization Requests (Oct'20 - Sep'21)

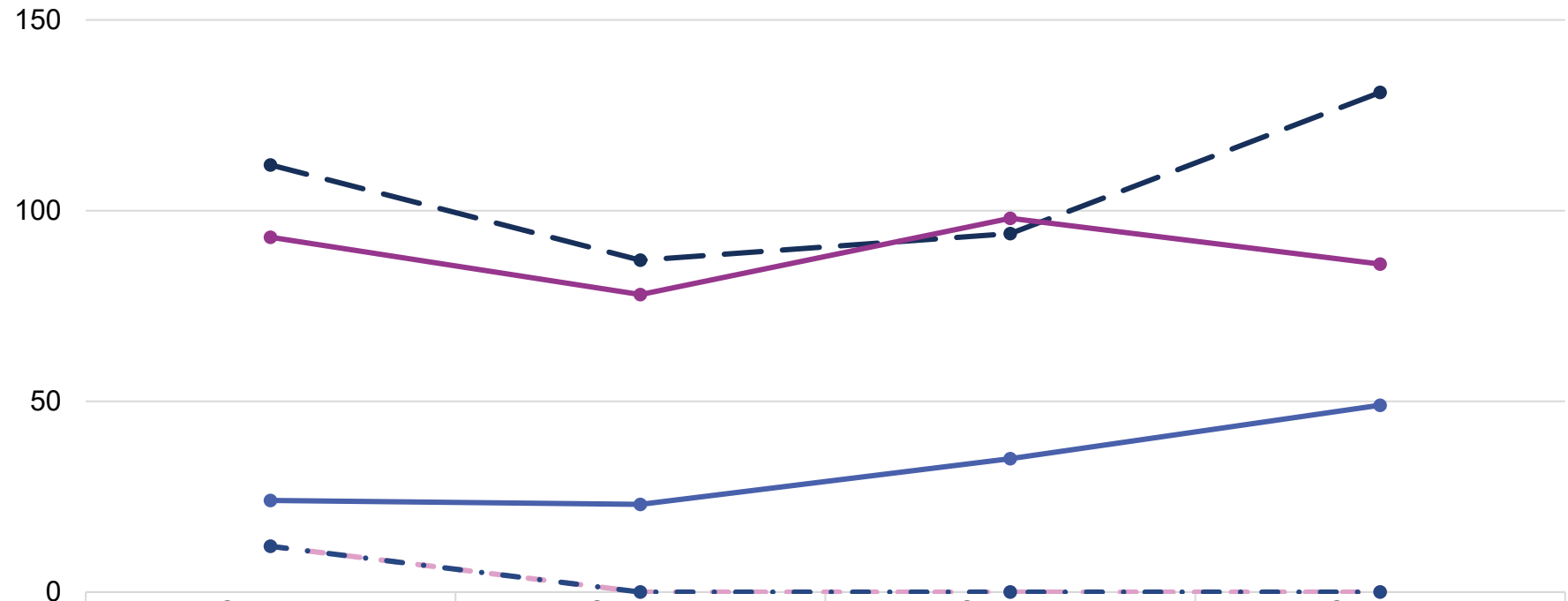
Fig 40: Statewide Total PICU Authorization Requests per 1,000 Members, by Month



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from October 2020 to September 2021. 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 41: Case Management PICU Authorization Requests (Oct'20 - Sep'21)

Fig 41: WCM Total PICU Authorization Requests by Plan, by Quarter

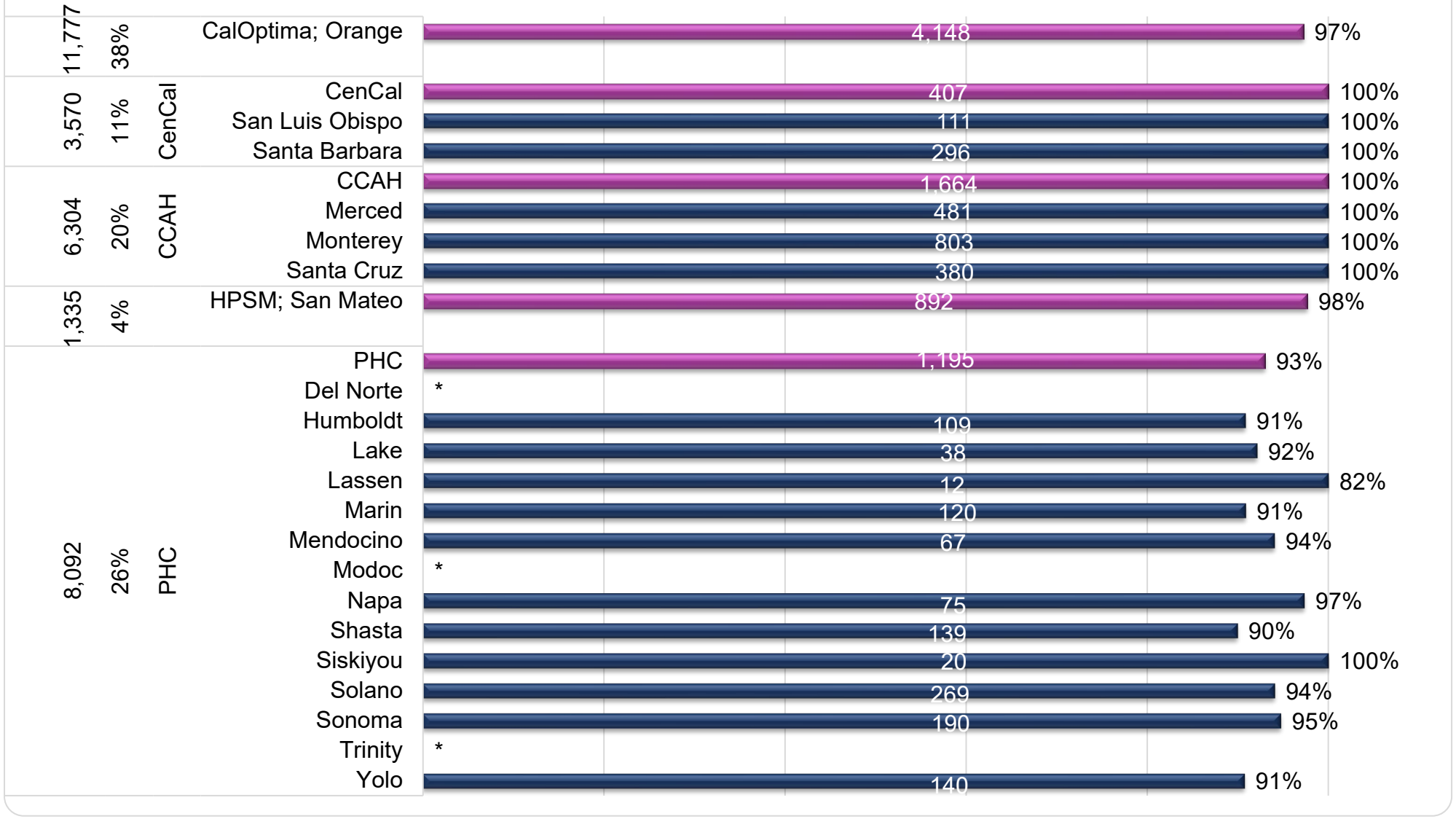


	Q4 2020	Q1 2021	Q2 2021	Q3 2021
CalOptima	112	87	94	131
CCAH	12	*	*	*
CenCal	24	23	35	49
HPSM	12	*	*	*
PHC	93	78	98	86

Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**HPSM for Q1 2021, Q2 2021 and Q3 2021, and CCAH for Q1 2021, Q2 2021 and Q3 2021 had counts of items that are <11 are suppressed per the DHCS De-Identification.*
Guidelines v. 2.0, November 2016.

WCM Figure 42: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorization Requests & Approvals (Oct'20 - Sep'21)

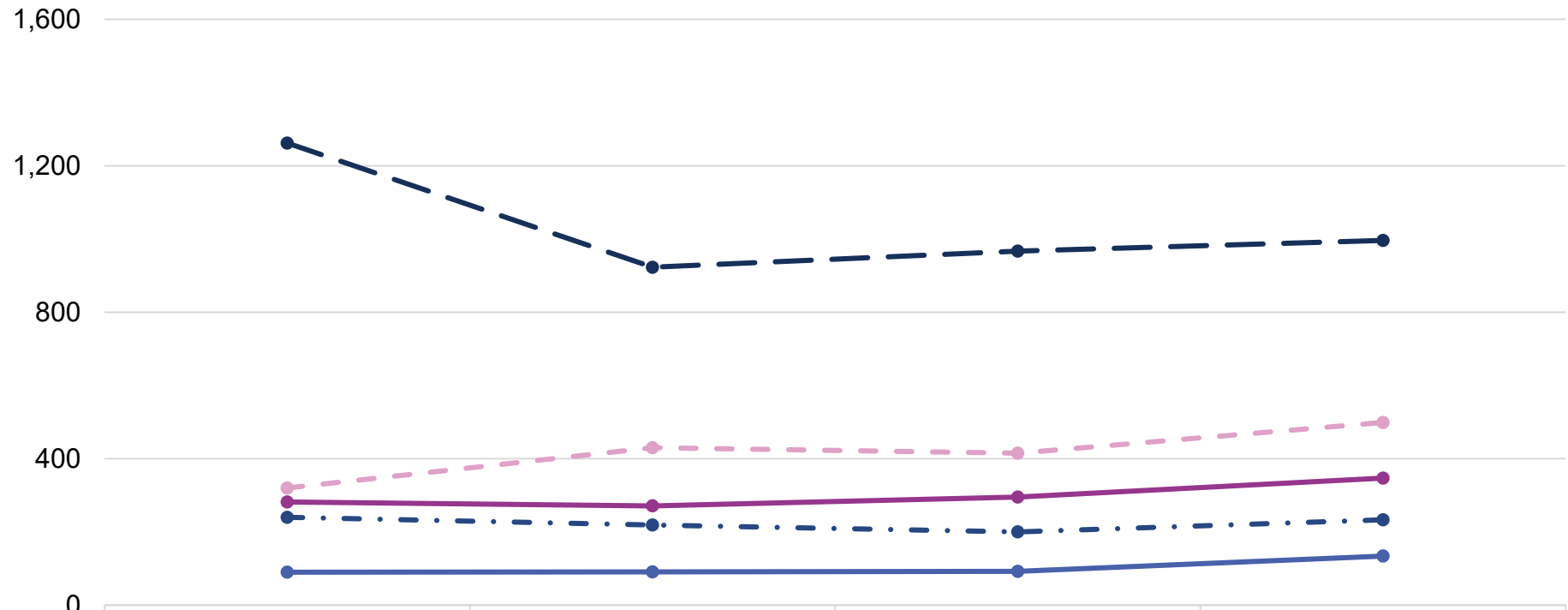
Fig 42: WCM Total Inpatient Facilities and SCC Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
*Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.

WCM Figure 43: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorization Requests (Oct'20 - Sep'21)

Fig 43: WCM Total Inpatient Facilities and Special Care Centers (SCC) Authorization Requests by Plan, by Quarter



	Q4 2020	Q1 2021	Q2 2021	Q3 2021
CalOptima	1,262	923	967	996
CCAH	320	430	415	499
CenCal	90	91	92	134
HPSM	240	219	200	233
PHC	282	271	295	347

Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

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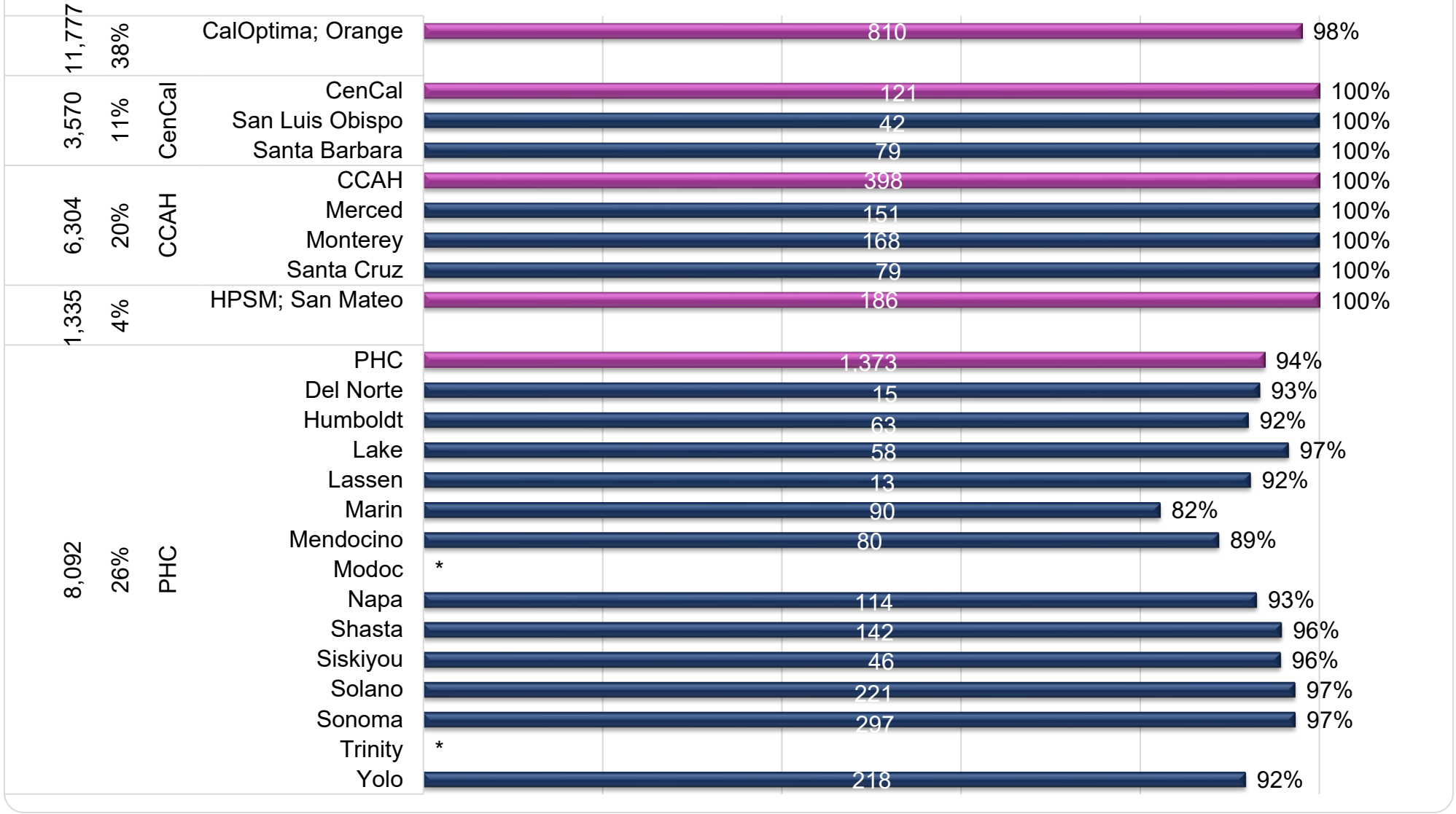
WCM Figure 44: Case Management Specialized or Customized DME Authorization Requests & Approvals (Oct'20 - Sep'21)

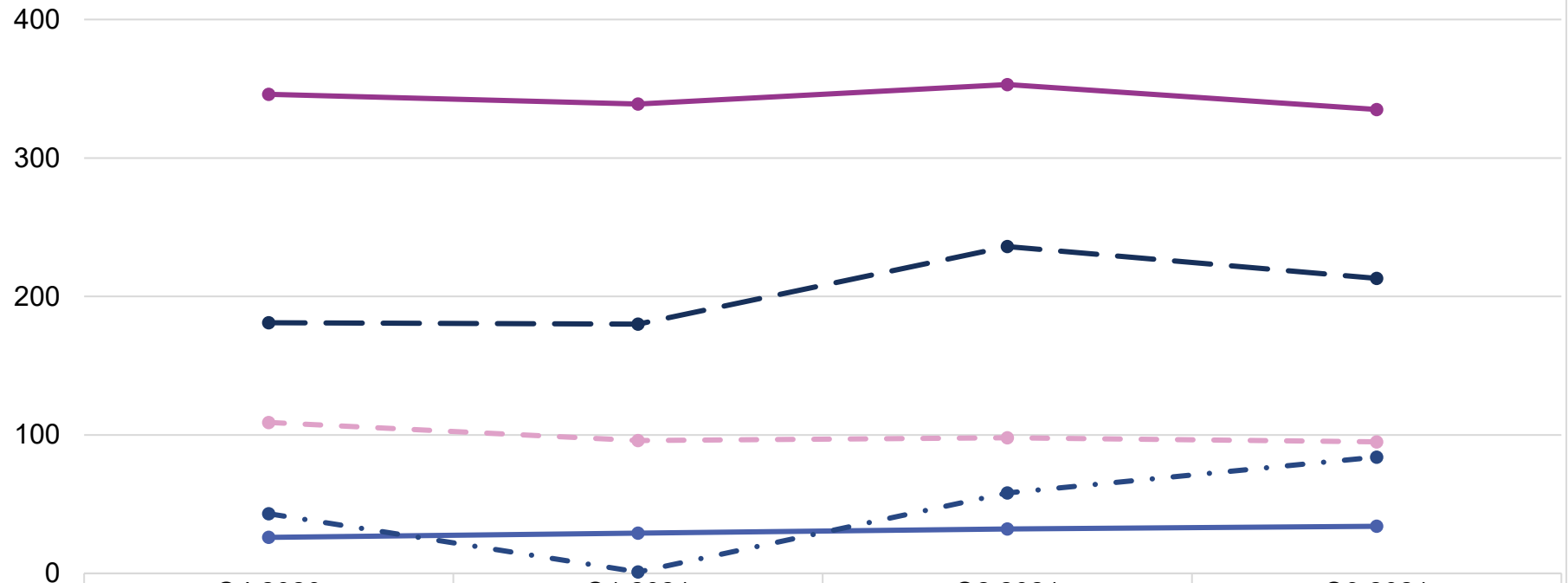
Fig 44: WCM Total Specialized or Customized DME Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

WCM Figure 45: Case Management Specialized or Customized DME Authorization Requests (Oct'20 - Sep'21)

Fig 45: WCM Total Specialized or Customized DME Authorization Requests by Plan, by Quarter



	Q4 2020	Q1 2021	Q2 2021	Q3 2021
CalOptima	181	180	236	213
CCAH	109	96	98	95
CenCal	26	29	32	34
HPSM	43	*	58	84
PHC	346	339	353	335

Note: This report contains data from October 2020 to September 2021.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**HPSM for Q1 2021had counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

WCM Figures 46 & 47: Care Coordination High-Risk and Low-Risk Assessments - September 2021

Fig 46: Percentage of High Risk Members who Received an Assessment, by Plan

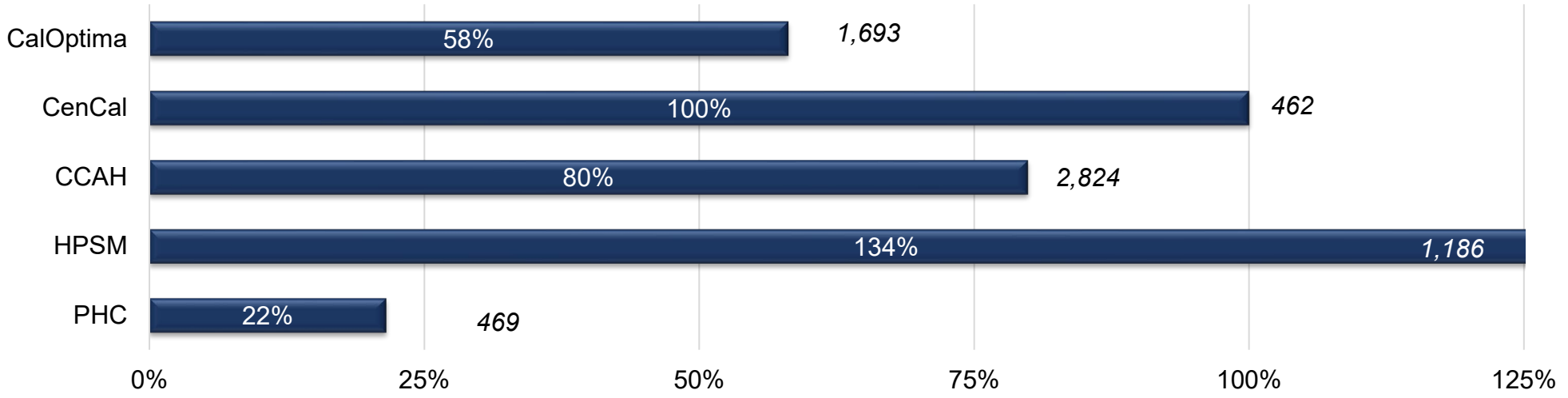
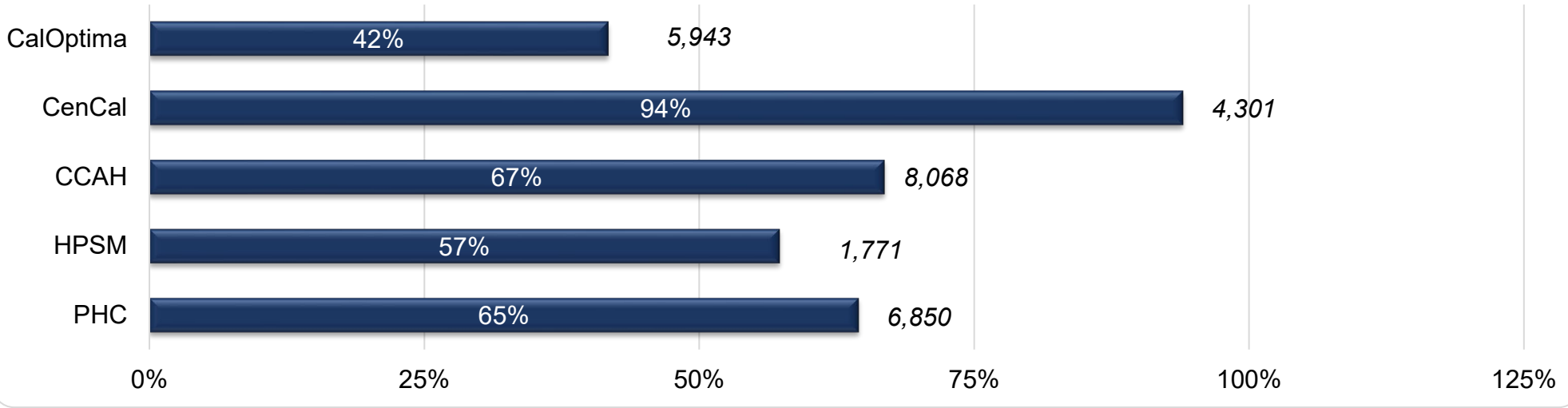


Fig 47: Percentage of Low Risk Members who Received an Assessment, by Plan



Note: DHCS is following up with WCM MCPs on assessments to clarify expectations and provide technical assistance.

WCM Figures 48 & 49: Grievances & Appeals per 1,000 Member Months (Oct'20 - Sep'21)

Fig 48: WCM Grievances and Appeals per 1,000 Members

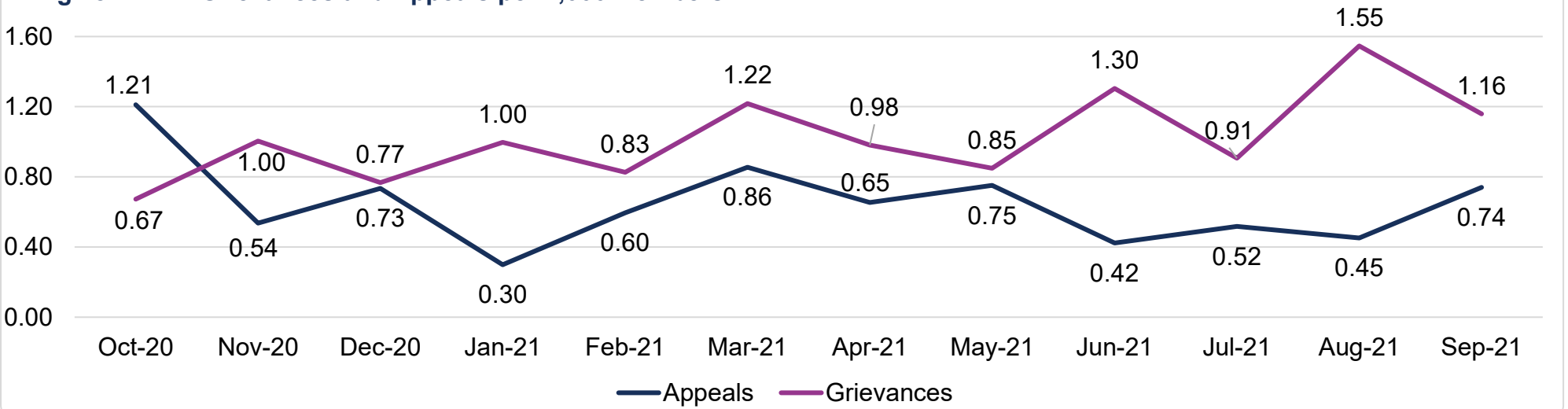
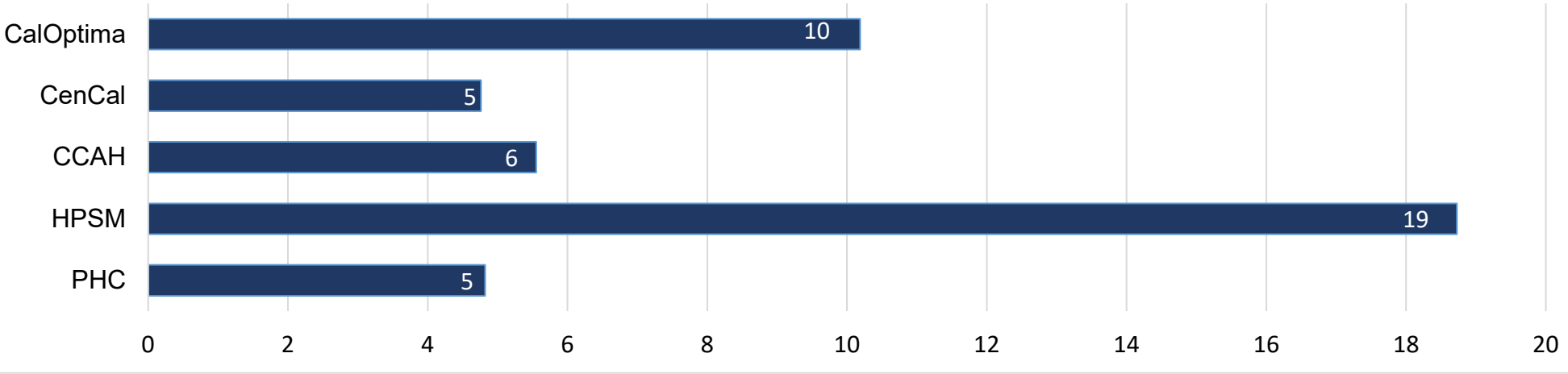
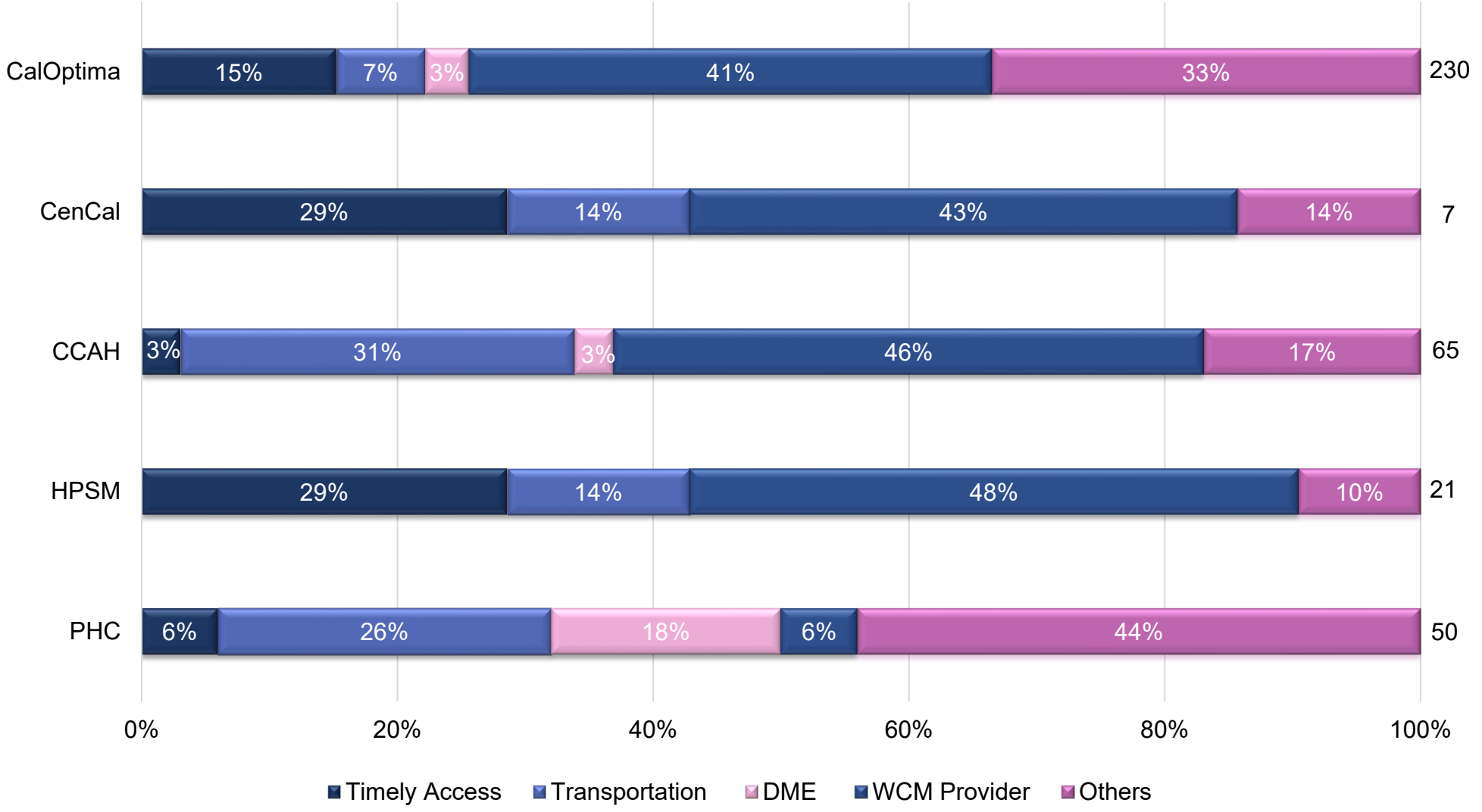


Fig 49: WCM Appeals per 1,000 Member Months, by Plan



WCM Figure 50: Grievances - Breakdown by Categories, by Plan (Oct'20 - Sep'21)

Fig 50: Grievances Categories, by Plan



WCM Figure 51: Family Advisory Committee Meetings Table (Oct'20 - Sep'21)				
Plan Name	**Number of Committee Members**	**Number of Meetings Held Oct'20 - Sep'21**	**Recruitment Efforts**	**Seats to be Filled**
CalOptima	8	6	The WCM FAC lost a family member due to the age out clause in July 2021. The committee recruited a family member but lost a consumer representative in July 2021. The committee during this time period had five family members and three community representatives. Staff continued to recruit through existing members and publicizing the openings on CalOptima's website as well as regular updates in newsletters to community members.	3 of 11
CCAH	16	6	Based on guidance from the California Department of Public Health and the California Governor's Office, In order to minimize the spread of the COVID-19 virus, Alliance offices were closed and these meetings were held virtually. Recruiting efforts were placed on hold until we resume in-person meetings.	3 of 19
CenCal	15	4	Currently recruiting for 3 positions - seeking help from family advocacy groups	3 of 18
HPSM	15	4	Efforts are ad hoc as HPSM's Social Workers make contact with families.	N/A. No target number of seats.
PHC	14	5	By September of 2021, we had presented the first draft of the revised Charter for review by our committee members. We also encouraged the members to utilize their own social media accounts to spread the word of our FAC and share their own experiences with it. We did receive a number of new inquiries shortly after this, and shifted our messaging when speaking to families through our care coordination activities and visits with other agencies to emphasize the option to simply attend a meeting before committing to joining as a member. Our meetings are always open to any families with a CCS-eligible member, and this open door policy became a stronger focus in our outreach.	14 of 28

Appendix