State of California—Health and Human Services Agency
Department of Health Care Services

Medi-Cal Children's Health Advisory Panel
Meeting Notes
May 22, 2015

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

**Members
in attendance:**

Karen Lauterbach, Non-Profit Clinic Representative; Jan Schumann, Subscriber Representative; Alice Mayall, Subscriber Representative; Elizabeth Stanley-Salazar, Substance Abuse Provider Representative; Wendy Longwell, Parent Representative; Marc Lerner, M.D., Education Representative; Jeffery Fisch, M.D., Pediatrician Representative; William Arroyo, M.D., Mental Health Provider Representative; Ron DiLuigi, Business Community Representative; Sandra Reilly, Licensed Disproportionate Share Hospital Representative; Pamela Sakamoto, County Public Health Provider Representative; Ellen Beck, M.D., Family Practice Physician Representative (Phone); Paul Reggiardo, D.D.S, Licensed Practicing Dentist (Phone)

**DHCS Staff
in attendance:**

Jennifer Kent, Director; Anastasia Dodson, Associate Director for Policy; Phoebe Sadler, Director's Office; Danielle Stumpf, Director's Office; Diana Lopez, Director's Office; Bonnie Tran, Department of Health Care Services; Sarah Brooks, Chief of Managed Care Quality and Monitoring Division; Oksana Giy, Managed Care Quality and Monitoring Division; Brenda Grealish, Assistant Deputy Director Mental Health & Substance Use Disorder Services; Rocky Evans; Medi-Cal Eligibility

Audience:

Ben Rubin, Children Now; Lisa Eisenberg, California School-Based Health; Ann Milar, California Dental Association; Kim Flores, Senate Office of Research

TOPIC	NOTES
I. Opening Remarks and Introductions	Elizabeth Stanley-Salazar served as acting chair in Dr. Ellen Beck's absence. Elizabeth opened the meeting with introductions. Anastasia Dodson read the panel charge. Elizabeth made remarks regarding the budget for Medi-Cal this year and how exciting this budget season is.
II. Meeting Minutes **a) Review and Approval of March 18, 2015 Meeting Minutes, Including Format**	Elizabeth asked the panel to take a moment and read through the meeting minutes and requested feedback on the format. The panel was in agreement that the meeting minute format was more readable and would like to continue using this format for future meetings.
b) Tracking Document	An update will be provided at the July 16th MCHAP meeting.

III.	**Deep Dive: Care Integration of Physical and Behavioral Health** a) **Presentations**	Physical and Behavioral Health: Sarah Brooks, Chief of Managed Care Quality and Monitoring Division and Brenda Grealish, Assistant Deputy Director of Mental Health & Substance Use Disorder Services presented on Care Integration between Physical and Behavioral Health. The presentation discussed the changes to Managed Care Health Plans (MCPs), Mental Health Plans (MHPs), Early Periodic Screening, Diagnostic and Treatment (EPSDT) and the many dynamics of services within care integration.

The Care Integration: Physical and Mental Health Presentation is available at the MCHAP Webpage.

Dr. William Arroyo: There was a basic health benefit for Mental Health under the Healthy Families Program that is not very clear for the new Medi-Cal population.

Ronald DiLuigi: What is the rational of the bifurcation?

Jennifer Kent: It is a financial bifurcation. The counties have responsibilities for treating mental illness and unfortunately we cannot afford to buy the counties out of the financial arrangement..

Dr. Ellen Beck: Taking it back to the carve-out; where did mild to moderate land? With the recent windfall with the state General Fund, would this be an opportunity to look at those funds to use?

Jennifer Kent: We are looking at a 2-3 billion dollar magnitude of buying back, which is a significant amount.

Ronald DiLuigi: The bifurcation between the counties and the health plans ranges. Many counties have no inpatient capability.

Dr. Jeffrey Fisch: What is the criteria of being defined severe or mild?

Dr. William Arroyo: SED – With respect to kids. For adults, it may be SMI. What is the statutory language for mental health benefits? What is the county responsibility versus the health plan?

Sarah Brooks: DMHC goes out tri-annually. Audits and Investigations go out annually and audits. They also do facility site reviews.

Jennifer Kent: We coordinate audits with DMHC, while CMS does their own audits.

Sarah Brooks: We can send out our Audits & Investigations

Division if we ever sense that there is an issue.

Dr. William Arroyo: Regarding MRMIB, they had resources to be able to survey the beneficiary. I suggest we go beyond surveying the providers, and survey the beneficiaries as well.

Jennifer Kent: We do try very hard to find a balance between surveying the providers and the beneficiaries.

Anastasia Dodson: I also want to remind you that there are consumer surveys sponsored through foundations as well.

- *DHCS will send panel members links to recent consumer surveys sponsored by foundations*

Wendy Longwell: My question is what is being reported to the state versus what is actually happening? I am North, way North, our closest psychiatric center is way South. Where is the survey catching that information?

Alice Mayall: I think it has to be standardized. Is there a systematic way to get these issues looked at and how can we make that kind of suggestion?

Sarah Brooks: We have not had Mental Health benefit long enough yet to develop a process for such recommendations.

Brenda Grealish: In the early 2000's there was a consumer perception survey administered and has been completed regularly for many years. These surveys allow you to input specialized questions that can be program specific.

Elizabeth Stanley-Salazar: How is that available to the public?

Brenda Grealish: This information is available on the Early Periodic Screening, Diagnostic and Treatment (EPSDT) performance outcome system.

Pamela Sakamoto: Regarding surveys, if you have data from the past, it may be beneficial to post that as a baseline.

MCHAP requested to have the various beneficiary surveys provided to them.

- *http://www.blueshieldcafoundation.org/*
- *http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/M/PDF%20MediCalCrossroadsWhatEnrolleesSay.pdf*

MCHAP requested to be provided with the webpage where survey analysis is posted.

		• *DHCS will provide the panel with the webpage link to the survey analysis at a later time.* **MCHAP requested the link to the Specialty Mental Health Services (SMHS) transition plan.** • *DHCS will provide the link to the panel for the SMHS transition plan at a later time.* **MCHAP asked what the statutory language for providing Mental Health services is.** • *DHCS will provide this language.at a later time.*
	b) Discussion, Recommendations and Next Steps	
IV.	**Review of Milestones, Goals and Objectives for 2015** **a) July Deep Dive Topic**	Jan Schumann facilitated the remainder of the meeting. Jan reiterated that at the March 18th MCHAP meeting, the panel requested a consolidated list of the milestones, goals and objectives for 2015. The panel was asked to select a deep dive topic for the July 16th meeting from the consolidated list. **Ronald DiLuigi:** As we talk about deep dives, the topic we covered today has generated a significant interest. I sense that we may want to revisit this deep dive. **Jennifer Kent:** We could choose to continue the discussion on substance use disorders and integration. **Jan Schumann:** Motion for the deep dive topic for July – continuing on substance use disorders and how to begin to address meeting the needs for integration. **The July 16th MCHAP meeting will have a deep dive topic on Substance Use Disorders and integration.**
	b) Mission and Vision of the Medi-Cal Children's Health Advisory Panel	Jan Schumann reflected on the panels charge and requested feedback from the panel on the level of interest in developing a vision and mission for MCHAP and provided his vision for the Panel which read "Collectively assists DHCS in improving upon the overall health care of every California child and their families." **Sandra Reilly:** How will we measure that? **Jan Schumann:** We have our goals from consumer report, local level, schools and care integration.

	Pamela Sakamoto: Goals need to be measurable. We need to look at what goals we have and what we can reach in two years. **Ronald DiLuigi:** I think the issue is metrics. It might help us to come into focus if we use the deep dives to help measure. **Jan Schumann:** Do we need to define more metrics and better define what we are going to measure by July? **Children Now requests more information about the status of DHCS' Stakeholder Engagement Initiative in order to better understand how to collaborate to reduce redundancy among stakeholder groups (including MCHAP).** • *OPA is currently working with DHCS leadership to evaluate ideas and methods to increase information sharing and collaboration among the groups. DHCS has already begun proactively sharing relevant information across various groups to ensure each is informed about mutual areas of interest. This topic will be addressed during the next meeting by Director Kent.*
V. Member Updates and Follow-Up **a) Dental Program Updates/Concerns/ Follow-Up**	Jan Schumann went over the provided document for the dental update that was provided by Alani Jackson, Chief of Medi-Cal Dental Services Division (MDSD). **Jan Schumann:** Regarding the dental information that was provided, was there any questions? Dr. Lerner, would you be able to answer some of those questions for us? **Dr. Marc Lerner:** There was a meeting and a response at the level of the department. Unfortunately I was unable to call-in to the dental conference call. **Anastasia Dodson:** At the last meeting in March, there was a lot of discussion about Network Adequacy. Several items were requested and the documents provided are following up to those requests. The Managed Care Rate Setting Methodology document and the dental update document were both action items for DHCS. We have also sent to the panel other materials in the last couple of months regarding dental performance measures. We also had a discussion about children's health dashboard, including overall demographics and descriptive measures. **Children Now asked if DHCS could provide an update on implementation of corrective action plans that were identified in the Denti-Cal audit** • *The CSA corrective action plan item updates will be*

	submitted to the CSA in August and those updates will be available to the public through the CSA website as they are today for the 60 day update: https://www.auditor.ca.gov/reports/recommendations/2013-125. Some of the more notable updates are to look forward to in the 6 month update to be submitted from DHCS to CSA in August 2015: • *Submission of the reimbursement rate study to the Legislature,* • *Finalization of the beneficiary utilization and provider participation measures, and* • *Submission of the beneficiary and provider outreach plans per the terms of the CDMMIS FI contract.* **Children Now asked whether DHCS is considering incorporating the new risk assessment codes to determine how many times a high or moderate risk child enrolled in Denti-Cal needs fluoride varnish. Additionally, given Western Dental's announcement to stop accepting patients enrolled in Denti-Cal effective June 1, Children Now requests more detail on how DHCS intends to monitor the situation and DHCS' plans to ensure access to care.** • *During our April 2015 discussions with stakeholders regarding the development of measures for assessing beneficiary utilization, DHCS received several recommendations to adopt risk based measures that assess utilization of beneficiaries at elevated risk. The measures were not adopted, as further assessment of the feasibility and benefit of adopting such measures is still needed. These measures will be considered for future updates once DHCS has completed its assessment.* • *13 Western Dental locations have stopped accepting new Medi-Cal patients and call campaigns for surrounding enrolled provider office locations have been conducted and many offices have informed DHCS that they will be able to absorb additional patients. DHCS intends to monitor patient continuity of care and utilization in the counties where those Western offices have discontinued seeing new Denti-Cal patients.*
b) Pediatric Dashboard Subcommittee	**Karen Lauterbach:** The dashboard meeting was very informative. However, we want to understand what the next steps are and prioritize that **Karen Lauterbach:** What is our role as chair and co-chair? **Dr. Jeffrey Fisch:** I provided ideas on what I heard because I am trying to understand how you will use that information. I will say that it does come across in that meeting – we do appreciate the data – but having data does not always help

you make decisions but would like your guidance. What do you need from us as the other stakeholders?

Anastasia Dodson: For future meetings we will have longer meetings and will also develop a priority document for the subcommittee members to see the high, medium and low priorities.

Jennifer Kent: Groups always have an interest to see dashboards. The purpose of the subcommittee was to show what is readily available and get your feedback on the measures you find most valuable.

Pamela Sakamoto: What do we really want to measure?

Alice Mayall: I appreciated the conversation and presentation on the dashboard. I feel like we have less data than we would like. I am thrilled if you can put whatever is available on PDF's and we can access.

Karen Lauterbach: I believe one of the first tasks we have is to identify useable data. We need to develop a way to screen the dashboard and provide data that is useful.

Dr. Jeffrey Fisch: We need to identify what measures add more value than others. In regards to other dashboards, what is it that they are reporting out?

Anastasia Dodson: We started the dashboard with what was provided by the Healthy Families Program (HFP). The other dashboards are based on the Healthcare Effectiveness Data & Information Set (HEDIS).

Dr. Jeffrey Fisch: Has there already been a consensus on dashboard priorities?

Ben Rubin (Public): Regarding the July Deep Dive Topic: Children Now suggested discussing the measure that received the second-highest number of votes from Panel members, "Collect & Report Data on the Full Child Core Set." While it appears that this will not be the next deep dive topic, we nonetheless suggest that this issue be at least briefly taken up at the July meeting since the issue is timely and relevant to the MCHAP mission, based on our understanding that DHCS will be choosing Core Set measures for 2017 this fall in consultation with the Medi-Cal Managed Care Advisory Group.

- *DHCS will provide a response at a later time.*

Regarding the Pediatric Dashboard: Children Now supported the Panel member comments that 1) it would be helpful to see a wider range of data, including baseline data,

related to Medi-Cal access in order to better determine the best subset of measures to include in the pediatric dashboard, and 2) encounter data that capture user experiences is very valuable, particularly in contrast to grievance data, which tends to be very sparse and often fails to capture access problems encountered by enrollees. We also recommend considering what more general mental/behavioral health access measures can be included beyond those specifically related to ASD, as well as presenting data in a form that includes actual data points (e.g., by data labels, charts, or attached Excel spreadsheets to supplement line or bar graphs).

Kim Flores (Public): Reflecting on the Healthy Family meetings, the dynamic was the panel would bring problems and MRMIB would try to solve the problems. This group was a very big problem solving group. In regards to the data, in Medi-Cal there is always stuff going on and constantly changing. The focus should be to look out for the kids when big changes are made for Medi-Cal. The dashboard should focus on these changes to see how it is affecting the kids. For example, the SUDS waiver for substance use in teens. I feel as if DHCS should pay more attention to kid/teen issues.

MCHAP requested to have a series of meetings scheduled to collaboratively create the dashboard.

- *The next meeting is scheduled for July 29, 2015.*

MCHAP requested a list of the top measures voted for, regarding dashboards, be provided at the July meeting.

- *DHCS will provide at a later time.*

VI. General Updates a) Enrollment	The Medi-Cal Eligibility Division (MCED) provided an update on enrollment data including an overview of activities relating to AB x 1 1 reporting. MCED provided the AB x 1 1 section on Children's Enrollment Metrics which provided data: 13,000 children are eligible for a qualified health plan. 17,000 children were determined eligible for Medi-Cal. The AB x 1 1 report does not provide specific aid codes for the enrollment of children. Future versions of the AB x 1 1 report will include data on the number of applications that are processed within the 45-day timeline. The panel requested monthly disenrollment data. DHCS will continue to collect data as it relates to children and will provide to the panel on an ongoing basis.
b) Renewals	80% of Medi-Cal renewals were processed, of which 82% of the processed renewals maintained active Medi-Cal coverage. Wendy Longwell provided a disenrollment notice from a beneficiary and inquired the number of beneficiaries who received disenrollment notices and are still accessing Medi-Cal Services. **MCHAP requested the number of beneficiaries who received disenrollment notices and are still accessing Medi-Cal Services.** • *Data for disenrollment is not collected at this time.*
c) Budget/Legislative Update	The May revision was publicly released and the bulk of the new funding will go to support schools due to Proposition 98. The FY 15/16 budget to be signed next month by Governor Brown in order to take effect July 1, 2015.
d) 1115 Waiver Efforts	DHCS provided an update to the 1115 Waiver. Currently the 1115 Waiver concept paper is being reviewed by CMS. Once CMS review is completed, a full Fiscal review will begin. DHCS will continue to provide updates to MCHAP as the 1115 Waiver efforts progress. **MCHAP requested to be provided with the 1115 Waiver Concept Paper.** • *http://www.dhcs.ca.gov/provgovpart/Pages/1115-Waiver-Renewal-Official-Submission.aspx*

VII. July 16th MCHAP Meeting Next Steps	July 16 Deep Dive topic will be Substance Use Integration.