CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING MINUTES

MEDI-CAL CHILDREN'S HEALTH ADVISORY PANEL MEETING (MCHAP)

Date: November 7, 2024

Time: 10 a.m. – 2 p.m.

Type of Meeting: Hybrid

Number of Members Present: 14

Number of Public Attendees: 58

MCHAP Membership Roll Call:

- Michael Weiss, M.D.; Present; In person
- Ellen Beck, M.D.; Present; Virtual
- Elizabeth Stanley Salazar; Present; In person
- Diana Vega; Present; In person
- Nancy Netherland; Present; In person
- Jeff Ribordy, MD, MPH, FAAP; Not present
- Karen Lauterbach; Present; In person
- Kenneth Hempstead, M.D.; Present; In person
- William Arroyo, M.D.; Present; In person
- Ron DiLuigi; Present; Virtual
- Katrina Eagilen, D.D.S.; Present; Virtual
- Alison Beier; Present; Virtual
- Jovan Salama Jacobs, Ed.D; Present; Virtual
- Kelly Motadel, M.D.; Present; In person
- Jan A. Schumann; Present; In person

10:00 – 10:10	Welcome and Introductions
10:10 – 10:40	Director's Update
10:40 – 10:50	Election of 2025 Chairperson
10:50 – 11:30	Behavioral Health Transformation Update
11:30 – 12:30	A Retrospective on Medi-Cal's Strategy to Support Health and Opportunity for Children and Families
12:30 – 1:00	Break
1:00 – 1:45	Medi-Cal Dental Updates
1:45 – 2:00	Public Comment, Member Updates, and Adjourn

Welcome and Introductions

Type of Action: Action

Recommendation: Review and approve the September 12, 2024, meeting minutes

- **Presenter:** Mike Weiss, M.D., Chair, welcomed meeting participants and read the legislative charge for the advisory panel

Materials/Attachments: MCHAP Meeting Minutes September 2024

Action: Approve the minutes from September 12, 2024

- **Aye:** 12 (Weiss, Beck, Salazar, Netherland, Lauterbach, Hempstead, DiLuigi, Beier, Jacobs, Motadel, Schumann, Eagilen)
- **Didn't Vote:** 1 (Vega)
- **Members Absent:** 1 (Ribordy)
- **Abstentions:** 1 (Arroyo)

Motion Outcome: Passed

Election of 2025 Chairperson

Type of Action: Action

Recommendation: Nominate and elect the 2025 Chairperson

Presenter: Michelle Baass, Director, opened the floor for nominations for the 2025 Chairperson

Materials/Attachments: Statement of Interest – Dr. Weiss

Action: The motion to elect Mike Weiss, M.D. as Chairperson was made by Ronald DiLuigi and seconded by Alison Beier.

- **Aye:** 12 (Weiss, Beck, Salazar, Netherland, Lauterbach, Hempstead, DiLuigi, Beier, Jacobs, Motadel, Schumann, Eagilen, Arroyo)
- **Didn't Vote:** 1 (Vega)
- **Members Absent:** 1 (Ribordy)
- **Abstentions:** 0

Motion Outcome: Passed

Director's Update

Type of Action: Information

Recommendation: Michelle Baass, Director

Discussion Topics:

- Director Baass provided an update on mandatory enrollment changes for foster youth and children in the California Children's Services (CCS) Whole Child Model (WCM) under AB 118, a 2023 budget trailer bill. Starting January 1, 2025, foster youth in single-plan counties (Alameda, Contra Costa, and Imperial) will transition to Medi-Cal managed care, affecting approximately 8,000 members. Similarly, around 4,000 children in CCS WCM counties, including Butte, Placer, Colusa, Glenn, Nevada, Plumas, Sierra, Sutter, Tehama, and Yuba (Partnership HealthPlan of California counties), as well as Mariposa and San Benito (Central California Alliance for Health), will move to Medi-Cal managed care. Kaiser will also implement the WCM in Placer, Mariposa, Sutter, and Yuba counties. Notices have been sent, and preparations remain on track for the January transition.
- A member asked about inconsistencies with foster youth notices being received and requested information on the timeline for notices being sent to counties. DHCS responded that the 60-day mailer was sent the last week of October. The member followed up, noting that some families have not received the notices, and inquired if the notices were also being sent to Adoption Assistance Program (AAP) children. DHCS confirmed that notices should be sent to AAP children and agreed to follow up for further clarification. The member also asked if the notice clarified that families in Alameda County could choose between Kaiser and other plans. DHCS acknowledged this issue, stating that while the notice mentioned

the choice, further clarification could have been provided. The member expressed interest in connecting DHCS with system stakeholders to ensure families receive the correct information.

- A member asked about the group of children in foster care who remain in fee-for-service or other systems. DHCS responded that foster youth in counties with multiple plans, such as Los Angeles and Sacramento, are typically not subject to mandatory enrollment. Mandatory enrollment applies to single-plan counties, where fee-for-service is no longer available. The member followed up, asking if there is an initiative to move these children into managed care plans. DHCS stated there is no current initiative, although discussions about the benefits of managed care and Enhanced Care Management (ECM) are ongoing, with local-level conversations continuing.
- A member asked if, in counties with multiple plans, there is a risk that some foster youth may not enroll in managed care due to the option for more choice, but potentially not exercising it. DHCS clarified that in counties with multiple plans, enrollment in managed care is voluntary for foster youth, and they have the choice to opt in or not. There is no requirement for them to enroll in managed care in those counties.
- A member inquired about concerns raised by parents of children with medical complexities who receive Medicaid through the AAP. These parents are pushing back on the transition from fee-for-service to managed care, as their AAP agreements were originally with fee-for-service. DHCS acknowledged the concern, emphasizing that continuity of care requirements are in place, including an All Plan Letter about the transition, and expressed appreciation for the member's efforts in educating families. The member offered to follow up and provide DHCS with specific concerns, noting that many families are unaware of these changes due to communication fatigue.
- A member shared concerns raised by parents of children with medical complexities in the AAP, who are pushing back on the transition from fee-for-service to managed care. The member noted that parents were surprised by the change, as their AAP agreements were made under fee-for-service, and some expressed confusion about the new system. The member inquired whether DHCS had received similar concerns and emphasized their focus on educating families about continuity of care provisions, which allow children to continue seeing providers for a set number of months during the transition. DHCS expressed appreciation for the member's efforts in disseminating information and

highlighted the All Plan Letter that outlines continuity of care requirements, particularly for single-plan counties. The member offered to follow up and suggested exploring additional communication channels, such as statewide caregiver-facing vehicles, to increase awareness. DHCS explained that foster youth who choose Kaiser can be enrolled without prior linkage, clarifying that Kaiser has no requirement for prior coverage or family linkage for foster youth.

- A member asked about how managed care plans handle access points for mild to moderate mental health and substance use services for foster youth, particularly regarding referral pathways from primary care settings like Federally Qualified Health Centers (FQHC), hospitals, and clinics. They inquired about how these youth are assessed and referred to specialty mental health services, as this seems to be a high-need population. DHCS responded by explaining that under CalAIM, foster youth are automatically eligible for specialty mental health services, which simplifies the referral process. While DHCS does not directly monitor the transition from primary care to specialty mental health services for foster youth, they track data on foster youth receiving specialty mental health services and are working to improve this data. DHCS also mentioned that a closed-loop referral policy will be implemented for ECM and Community Supports in the future, which will allow for better tracking and additional data on referrals for members in managed care.
- A member asked about the availability of Medication-Assisted Treatment (MAT) services within Medi-Cal, specifically whether any managed care plans offer MAT, particularly for the foster youth population, which is at high risk. DHCS clarified that MAT is an available benefit, but they did not have specific details on utilization or which plans offer MAT at that moment. The member emphasized the importance of MAT for the foster care population, particularly considering the opioid use disorder epidemic, and inquired about how these services are managed within the Medi-Cal system. The member also mentioned the ongoing efforts to integrate mental health and substance use services, as discussed by DHCS on the Behavioral Health task force. The member asked for clarity on which managed care plans offer MAT, particularly in Kaiser, given its structure. DHCS acknowledged the complexity of the question and offered to follow up with more detailed information.
- A member inquired about the status of Denti-Cal services in Alameda and Contra Costa counties, asking whether these counties will continue to have eligibility for fee-for-service or if they will transition to managed care. DHCS responded that

dental services will remain fee-for-service in these counties, and the only counties with dental managed care are Sacramento and optional in Los Angeles.

- A member asked for clarification regarding Proposition 35, referencing a previous discussion about how its passage could impact certain implementations, particularly related to funding. The member noted that Proposition 35 received 66% of the vote and inquired about the expected changes to funding as a result. DHCS explained that the rate increases included in the 2024 Budget Act will not go into effect, as Proposition 35 essentially supersedes the provisions in the Budget Act related to these increases.
- A member inquired about the potential risks to California's recent health care policy changes, particularly regarding coverage eligibility for individuals with unsatisfactory immigration status. The member expressed concern about whether these policies could be at risk given the national political landscape and whether the laws and implementations are sufficiently protected from national changes. DHCS responded by acknowledging the importance of these issues and mentioned that the Governor had announced a special legislative session starting December 2 to address how California can safeguard its policies and maintain the progress made, but stated that there were no additional details available at the time.

Behavioral Health Transformation Update

Type of Action: Information

Recommendation: Aaron Toyama, Senior Advisor, Health Care Program

Discussion Topics:

- DHCS provided an update on the Behavioral Health Transformation initiative, outlining key milestones for 2024-2026. Highlights included developing integrated plans due by mid-2026, prioritizing underserved populations and aligning with statewide goals, and implementing early intervention strategies required under the Behavioral Health Services Act. DHCS also introduced a streamlined policy manual to consolidate guidance and announced updates to the Behavioral Health Continuum Infrastructure Program (BHCIP), with $3.3 billion allocated for Round 1 funding in 2024 and plans for Round 2 in 2025. Extensive stakeholder engagement has informed these efforts.
- A member asked about the percentage of committee members in the Quality and Equity Advisory Committee (QEAC) workgroup who have lived experience or

use the benefits being discussed and designed. DHCS responded that while they couldn't provide a specific percentage, they do have representation from individuals with lived experience in both the QEAC and implementation workgroups, which focus on policy development, with a small group of about 10-12 people. The member then inquired about the representation of expertise related to children and youth issues. DHCS replied that there is some representation in this area, but the exact details are available online.

- A member expressed appreciation for the progress being made and inquired about the role of FQHCs, which provide robust behavioral health services, particularly medication-assisted treatment, and how they fit into the county planning process for behavioral health services. The member asked how FQHCs interface with specialty mental health services in terms of population planning and identifying service gaps. DHCS responded it would need to look further into the specific role of FQHCs, but noted that the planning process is evolving. DHCS explained that under the Behavioral Health Services Act, more detailed integrated plans will be submitted for review and approval, providing greater insight into these processes. DHCS also emphasized that the involvement of FQHCs depends on the community and that the approach is not prescriptive, but requires collaboration with local partners. The member followed up, noting that the issue is related to data interoperability and understanding who is being served and where, acknowledging that gaps may exist, but appreciating that the process is not prescriptive.
- A member expressed support for including FQHCs on the list of key stakeholders, but emphasized the importance of considering both organizational and human representation. They suggested that, in addition to organizational representation, individuals with lived experience, such as people with disabilities, youth who have encountered the system, or the formerly unhoused, should also be included to ensure these perspectives are represented in the planning process. The member proposed that this could be operationalized by ensuring that each group includes someone who has lived experience within that specific community.
- One member asked how the goal setting, data capture, and reporting requirements discussed would translate into practical impacts for patients and providers. They specifically inquired about how the information would manifest at the point of service and care. Another member followed up, asking how new elements like presumptive eligibility would be integrated into practice. DHCS

responded by explaining that the presentation focused on the framework set by Proposition 1 and the Behavioral Health Services Act, which primarily addresses county-operated behavioral health programs funded by state and federal grants. DHCS clarified that the initial phase of the project focuses on providing guidance to counties on local budget allocations and services, while broader behavioral health issues will be addressed in later phases. DHCS also noted that it monitors non-specialty mental health services separately through its quality strategy. The first member followed up, asking about the expected outcomes from the 51% of funds allocated for individuals under 25, particularly in the context of early intervention. DHCS responded that these funds are aimed at defining goals and expected outcomes over time, with an emphasis on tracking progress and standardizing services like Full Service Partnership (FSP) care to ensure more consistent use of funds and measurable results.

- A member inquired about services for youth in the juvenile justice system, specifically youth already involved in the system, and how county probation would be integrated into providing mental health supports. They noted the challenges of working with a population with varying lengths of stay and high service needs. DHCS responded by explaining how the justice-involved reentry initiative focuses on providing targeted services during the pre-release period and ensuring smoother integration with the community upon release. They also mentioned that the Behavioral Health Services Act is working to integrate various funding sources, such as Medi-Cal managed care, transitional rent, and housing intervention dollars, to create a continuum of services for justice-involved youth. The member followed up, expressing support for the involvement of Regional Centers in the planning process, and asked which early childhood organizations were being considered for participation. DHCS responded that First 5 is an example of such an organization, and emphasized that the list of key stakeholders pertains to local-level planning, where counties are responsible for engaging the appropriate local entities.
- A member asked if DHCS is working closely with the Director of the California Department of Public Health (CDPH), especially regarding prevention efforts, referencing a presentation they had attended on prevention that could be valuable to the group. DHCS responded that it is working closely with CDPH, noting that the responsibility for prevention has shifted to their office, while DHCS focuses on the early intervention component.

- A member acknowledged DHCS' strong collaboration with counties and stakeholders, but raised concerns about DHCS' oversight role, especially in light of recent issues in Orange County related to the BeWell organization losing a significant portion of their mental health services contract. The member asked if DHCS could address potential disruptions in services and how DHCS is managing oversight in this situation. DHCS responded by emphasizing that oversight is a key component of its work and will be further developed through policies related to the Behavioral Health Services Act. DHCS noted that its monitoring and oversight processes are being aligned with Medi-Cal monitoring and that the introduction of the Behavioral Health Outcomes and Transparency Report (BHOATR) will increase transparency on county spending and outcomes. The member followed up with a question about the communication from the county regarding the situation. DHCS acknowledged the concern, but indicated it could not comment on the specific BeWell situation, noting that counties frequently enter and exit contracts.
- A member thanked DHCS for the presentation and asked about the strategy for engaging different stakeholders in each county. They emphasized the importance of including individuals with lived experience and suggested highlighting successful models from counties, as well as identifying unmet needs and gaps. The member also mentioned the importance of schools as partners and suggested further collaboration with school districts. They inquired about the direction of funding for the second cycle to help counties achieve deeper goals. DHCS thanked the member for their input and noted that more detailed information would be coming soon, particularly in the stakeholder engagement sections.
- The member highlighted that accountability is a very sensitive issue and noted that it is bidirectional, noting that the state and counties have roles in ensuring success. The member explained that the state has limitations in its ability to impose expectations on counties, and that counties must step up to create truly community-based stakeholder groups. They emphasized that the quality of stakeholder input depends on the strength of the collaborative and the voices present at the table. The member encouraged DHCS to focus on how to ensure the voice of the customer, or the people being served, is heard in a real and legitimate way. They suggested that it should be incentivized for counties to ensure individuals with lived experience are represented in these conversations. The member acknowledged the challenges involved in this process, but stressed

that it cannot be assumed that this will naturally happen just because it is the right thing to do, given the complex forces at play in any government or community setting.

- The member thanked DHCS for its approach to releasing the policy via a module, which they felt created a more realistic framework for consumer engagement. They appreciated the potential for broader stakeholder involvement and highlighted the importance of including individuals with lived experience. The member emphasized the challenge of previous methods that made it difficult for people to engage due to time constraints or formatting. They expressed excitement about this new approach and wanted to collaborate with statewide family engagement networks to ensure the modules reach relevant groups. DHCS thanked the member and explained that while not mandated by statute, this approach offered a chance to be more efficient and accessible. DHCS acknowledged the challenge of navigating numerous policy materials and hoped the new module would improve this process. The member mentioned a prerecorded video would help guide users and expressed optimism about the impact of this approach.

A Retrospective on Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

Type of Action: Information

Recommendation: Pamela Riley, Assistant Deputy Director & Chief Health Equity Officer, Quality and Population Health Management

Discussion Topics:

- DHCS presented a retrospective overview of its strategy, released in March 2022, to enhance health and opportunity for children and families under Medi-Cal. This strategy, part of Medi-Cal's broader transformation goals, emphasizes person-centered care and addresses the physical, behavioral, and social needs of children. Key achievements include leadership initiatives, expanded coverage, improved access to preventive and primary care, accountability measures for managed care plans, and the integration of behavioral health supports. Collaborative efforts with other departments facilitated advancements in other areas, such as efforts to improve enrollment of Medi-Cal members in the Women, Infants, and Children (WIC) Supplemental Nutrition Program and CalFresh. DHCS emphasized the importance of continued partnerships and

member engagement to build on the strong foundation established and ensure long-term success.

- A member expressed support for the priorities outlined and emphasized the importance of engaging people with lived experience in identifying solutions. They shared that, in their experience, those individuals are often the best at addressing barriers and creating effective solutions. The member also suggested that a targeted strategy for educating primary care and pediatric residents, who are becoming the future workforce, would be valuable, as some residents may not be aware of resources like doulas or FQHCs. Additionally, they proposed using real-life scenarios involving youth, children, and elders to help counties effectively plan for behavioral health services and identify potential challenges. Finally, the member acknowledged the state's efforts in adopting a person-centered approach and expressed appreciation for the growing self-awareness in the process. DHCS responded by thanking the member for their feedback and emphasized that the Health Equity Roadmap, as part of the Comprehensive Quality Strategy, aims to center the experiences of members and identify challenges and solutions through listening and collaboration.
- A member thanked DHCS for its work, sharing that much of it resonated with their experiences as a former FQHC provider, administrator, and in their current role in the county. They made two comments and asked a question: First, they emphasized the need to increase awareness of benefits, particularly doula, dyadic care, and family-centered benefits. The member noted that youth are often not being fully served by the ECM benefits they are eligible for, suggesting that, in addition to educating providers and health plans, there should be more focus on informing patients directly about these benefits. Second, they expressed concern about pediatric vaccinations, acknowledging the availability, but pointing out that misinformation is preventing some people from taking advantage of the services. Finally, the member asked if DHCS has seen any shifts in outcomes related to well-child visits and lead screenings, particularly regarding holding Medi-Cal managed care plans accountable for these measures. DHCS responded by acknowledging the member’s points and agreed on the importance of understanding real barriers to vaccine uptake, such as trust issues and misinformation. They explained that while the accountability measures for Medi-Cal plans are still relatively new, they are actively tracking results and will follow up with more detailed information. DHCS also noted the

ongoing Health Equity Roadmap efforts, including listening tours to identify and address the barriers preventing access to services.

- A member commented that they believe vaccine confidence, rather than access, is a much larger driver of vaccine rates. While efforts to make the Vaccines for Children (VFC) program more provider- and patient-friendly are important, they emphasized that addressing the confidence issue should be taken seriously.
- The member expressed appreciation for the work being done to connect families to CalFresh and WIC, noting the significant difference it makes when families have access to food. They highlighted challenges with CalFresh, particularly the in-person requirement and the difficulty people face in receiving notifications about appointments. The member, representing Los Angeles County, explained that many individuals miss appointments due to long wait times with the call center, often resulting in disenrollment. They emphasized the need for a more streamlined process with fewer barriers to enrollment. DHCS responded by thanking the member for raising these issues and acknowledging the challenges in addressing them. DHCS mentioned that the California Department of Social Services (CDSS) is a valuable partner in working to reduce these barriers and that CDSS is focused on understanding the real issues faced by people on the ground, including community feedback, to make meaningful improvements.
- A member thanked DHCS for the presentation and asked about the connection between families, children, and schools, noting that this is an important avenue for outreach. They pointed out that many schools have personnel who assist families, especially with the growing number of community schools. The member asked about DHCS' approach to connecting schools and homes, given that students spend a significant amount of time in school. DHCS responded by acknowledging the point and mentioning that the connection with local educational agencies is a major part of the child health strategy. They highlighted the Children and Youth Behavioral Health Initiative's efforts to strengthen partnerships with schools, emphasizing that this has been a recurring theme and focus within DHCS. DHCS assured that there would be more updates on this approach in the future.
- The member expressed appreciation for the connection between WIC and CalFresh and inquired about data on the utilization of these services, hoping to see an upward trend. They also referenced the CYBHI's statewide fee schedule, asking if the Centers for Medicare & Medicaid Services (CMS) approved it, as it was pending earlier in the year. Lastly, the member noted that the original Early

and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit law did not address social drivers of health, and asked if the new Medi-Cal for Kids and Teens program needed to be restated as Medi-Cal for Kids and Teens+ to reflect benefits beyond what EPSDT and the federal law originally offered. DHCS responded by confirming that EPSDT entitles children up to age 21 with medically necessary services, and that the new benefits and services, including those addressing social needs, are now included under Medi-Cal. DHCS explained that the name "Medi-Cal for Kids and Teens" was chosen after focus group input acknowledging more communication may be needed to make sure members know what the name means. Regarding the CYBHI fee schedule, DHCS confirmed that it is live, but could not speak to CMS approval, offering to follow up with more information. Lastly, DHCS mentioned that while there is currently limited data on CalFresh and WIC enrollment, efforts are underway to track and share these data to establish a baseline and monitor trends over time.

- The member expressed appreciation for the work being done, but raised concerns about integrating substance use disorder (SUD) services into the broader health care system, noting the barriers posed by the current carve-out structure of Drug Medi-Cal. They pointed out that while EPSDT outlines the right to be assessed and treated for substance use and mental health disorders, there are no accountability measures in managed care metrics to ensure that plans are addressing the substance use and mental health needs of children and families. The member asked how DHCS plans to operationalize and improve access to substance use disorder services, given the current system's segregation. DHCS acknowledged the challenge and agreed on the need for increased education and awareness about EPSDT, including its coverage of SUD services for children. DHCS also clarified that while there are accountability measures for SUD, they were not fully covered in the presentation. Finally, DHCS recognized that there is more work to be done in this area.
- A member commented on the outreach to children and young adults, suggesting it would be beneficial to involve children in designing materials that would appeal to them. They proposed using logos or symbols that would attract their attention and potentially hosting an art contest to make it more engaging, especially as children grow older and into young adulthood. This approach could help them better understand their rights and benefits. DHCS noted that while it did not host an art contest, it did incorporate feedback from young adults during the design process. DHCS explained that part of the member feedback process

involved presenting materials to young adults and asking for their reactions, such as whether they would read the materials or if anything about the design felt unappealing. As a result of this feedback, DHCS adjusted the materials to make them more relevant to the target audience.

Medi-Cal Dental Updates

Type of Action: Information

Recommendation: René Mollow, Deputy Director, Health Care Benefits and Eligibility

Discussion Topics:

- The presentation highlighted key updates to Medi-Cal dental services. The program, which integrates dental into Medi-Cal rather than maintaining a separate dental program, continues to focus on expanding access and utilization. Efforts include targeting a 60% utilization rate for annual dental visits among children, increasing preventive services, and reducing administrative barriers to provider enrollment. New initiatives were introduced, such as the use of teledentistry, mobile dentistry, and enhanced care coordination. Additionally, the program now allows community health workers in dental offices and includes new benefits like the caries risk assessment and silver diamine fluoride application. The transition to new Dental Managed Care contracts prioritizing quality and equity is underway, with full implementation expected by July 2025.
- The member asked about efforts to connect dental data to medical data to address challenges with the fluoride varnish metric and ensure proper credit within the program. DHCS responded and said this issue is on its radar and it is working on solutions, including addressing data collection challenges on both the medical and dental sides. DHCS noted that the fluoride varnish metric is part of the managed care accountability set and has been discussed in prior meetings. DHCS is continuing conversations with health plans and anticipates further discussions as quality metric sanctions are rolled out.
- A member asked about expanding coverage of the caries risk assessment and silver diamine fluoride beyond the current focus on children ages 0-6, noting that these procedures are beneficial across all childhood and adolescent age groups and can significantly help prevent decay in the long term. DHCS responded and said the current age range targets were determined based on evidence-based practices and the greatest impact identified during discussions. However, DHCS noted that services deemed medically necessary for children

under the EPSDT benefit could be provided outside the specified age bands. DHCS agreed to follow up with the team to understand whether providers have attempted to offer these services beyond the current age limits and what the outcomes have been.

- A member shared their experience with their son's dental care. Due to challenges in accessing necessary dental coverage, their son developed a cavity that required emergency room treatment. This ultimately led to the need for surgery to remove the tooth. DHCS thanked the member for sharing their personal experiences, as they help to better understand challenges faced by members. The member was encouraged to share their experience in more detail via email so DHCS can follow up for additional details.
- A member commented on the renewed emphasis on mobile dental services and noted their effectiveness before the pandemic. They also raised concerns about lower utilization rates in managed care plans compared to fee-for-service and asked why managed care plans continue to be used despite underperformance. DHCS responded and explained that the use of dental managed care delivery systems in Sacramento and Los Angeles counties is mandated by statute. DHCS noted ongoing efforts to strengthen oversight, accountability, and transparency through new contract terms and federal requirements. DHCS also highlighted that the procurement process involved competitive scoring, which guided the selection of plans, and emphasized their commitment to improved accountability across physical, oral, and behavioral health services.
- A member asked multiple questions and shared several comments. First, they inquired about the orthodontic benefit, expressing concern that families may have to pay part of the cost, and emphasized the importance of access to orthodontic care for emotional well-being. Second, they suggested exploring the provision of dental services in emergency departments as a potential cost-saving measure and to address inefficiencies. Third, they raised concerns about the use of silver diamine fluoride in older individuals, noting the cosmetic effect of black staining on front teeth and the need for families to be well-informed about treatment options. They also expressed concerns about the cost of restorative dental services and hoped for increased reimbursement for such services. Finally, they asked DHCS about the biggest current challenges in dental care. DHCS responded and clarified that Medi-Cal members do not pay out-of-pocket for covered services unless they have a share-of-cost Medi-Cal plan or secondary coverage. DHCS noted that orthodontic and restorative services have been

targeted for supplemental payments to incentivize care. DHCS acknowledged the need for better education about silver diamine fluoride, including its benefits and drawbacks, and agreed to take back the suggestion to improve informational materials for members. DHCS highlighted ongoing efforts to increase awareness of the dental benefit, including creating brochures to educate members about Medi-Cal services, and emphasized the focus on improving member navigation and access to the system of care through the new fee-for-service provider.

- The member asked about care coordination for medically complex children requiring operating room (OR) services, noting significant wait times of nine to twelve months in San Diego and similar delays in other counties. They inquired about what is being done to address these delays and better accommodate the needs of these children in a timely manner. DHCS responded by explaining that OR services fall under the responsibility of managed care plans as part of the Medi-Cal benefit. DHCS acknowledged the challenges, including hospital control over OR scheduling, and emphasized ongoing efforts to work with managed care plans to address these issues. DHCS highlighted the plans' responsibility to coordinate care for the whole person, including addressing both covered and carved-out services. DHCS noted that this issue is on the Department's radar and being addressed with managed care plan partners.
- A member asked whether the orthodontic benefit under Medi-Cal remains limited to cases of handicapping malocclusion or if it has been expanded, and raised concerns about low utilization among managed care patients over the years. The member also highlighted barriers faced by patients in switching to fee-for-service, raised issues with call center wait times, and emphasized the importance of promoting evidence-based minimally invasive dental care, such as silver diamine fluoride, glass ionomer, and Curodont. The member inquired whether minimally invasive care is being considered for broader coverage and suggested improving awareness about these treatments among providers and program developers. DHCS responded that the orthodontic benefit is still limited to cases of handicapping malocclusion, but can follow up with more detailed information. DHCS explained that while most members are served in a fee-for-service environment, policies are in place to support managed care patients needing assistance, including switching to fee-for-service, if necessary. DHCS added that it considers evidence-based criteria and practices from other

Medicaid programs when evaluating coverage for procedures and agreed to share more information to raise awareness.

Public Comment

Type of Action: Public Comment

Discussion Topics:

- Doug Major, representing the California Vision Children's Vision Coalition, shared updates from work in Indianapolis, including discussions at the Cochrane Eye Vision Group and the Pediatric Eye Disease Investigator Group. Major mentioned speaking with the National Institute of Eye Director, Michael Chen, who, along with others, expressed concern about the state of vision care in California. Reference was made to the $11 million Multi-Ethnic Pediatric Eye Disease Study, emphasizing the need to convert research findings into preventive vision care policy. Major commended the robust metrics and efforts in dental care while noting the absence of similar metrics in vision care, which could provide a significant return on investment for public health improvement. A request was made to include vision care metrics in a future MCHAP agenda to further discuss this issue.
- Faith Colburn, representing The Children's Partnership, thanked Dr. Riley for her leadership and commitment to equitable health and opportunity for children and families. Colburn highlighted the importance of reducing health disparities and advancing child health equity in Medi-Cal reform efforts. Colburn emphasized that a core element of an anti-racist strategy in care delivery is actively removing barriers to access, particularly by increasing enrollment and removing obstacles for WIC-eligible Californians. Colburn expressed excitement about DHCS' efforts to engage with communities of color and local WIC agencies and urged DHCS to continue removing barriers and to support the implementation of multi-year continuous Medi-Cal coverage for children ages 0 to 5, noting that three-fourths of children covered by Medi-Cal are children of color. Colburn also highlighted concerns about the risk of children losing coverage during the annual renewal process and stressed that Medi-Cal has a critical role in addressing structural racism in health care. It was recommended that DHCS submit a federal request for multi-year continuous coverage now, while the current federal administration is supportive, to ensure timely implementation. Colburn expressed concerns that the opportunity could be lost with the change in administration next year and urged DHCS to act quickly. The

Children's Partnership supports the implementation process and looks forward to continued collaboration with DHCS on this important initiative.

- Kelly Hardy thanked René Mollow for her work and partnership over the years and Dr. Riley for leading efforts on the child and family strategy. Hardy also noted the urgent situation at the federal level regarding vaccines and suggested increasing collaboration with CDPH to ensure children are fully vaccinated.

Member Updates

Type of Action: Information

Discussion Topics:

- A member suggested a future agenda item focusing on the Birthing Care Pathway, referencing a recent presentation at the latest CalAIM meeting. The member also noted that this topic coincides with discussions at the California Medical Association's annual meeting, which addressed challenges, such as obstetrician deserts and rural care.

Upcoming MCHAP Meeting and Next Steps

Type of Action: Information

Presenter: Mike Weiss, M.D., Chair

Discussion Topics:

- Next meeting is March 13, 2024
- Will continue to be hybrid until further notice.

Adjournment of Meeting

Name of person who adjourned the meeting: Michael Weiss, M.D.

Time Adjourned: 2 p.m.