State of California—Health and Human Services Agency

Department of Health Care Services

Medi-Cal Children's Health Advisory Panel

November 16, 2015

Meeting Minutes

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

Attending by Phone: There are no members participating by phone

DCHS Staff: Rene Mollow, John Zapata, Adam Weintraub, Norman Williams, Sean Mulvey. Anastasia Dodson.

Guests Attending: Isabel Dominguez, Lead Promotora, UC San Diego Student-Run Free Clinic; Richard Figueroa, The California Endowment; Maury Rosas, Child Health Program Manager; Kaiser Child Health Program; Mark Diel, CEO, California Coverage and Health Initiatives; Sheilah Aguirre-Vidal, Operations Manager/Patient Access; Santa Clara Healthy Kids; Kelly Hardy, Children NOW

Public Attendance: 14 members of the public attended.

Opening Remarks and Introductions	*Ellen Beck*, MD, chair welcomed members and the public and facilitated introductions.
Meeting Minutes and Future Meeting Dates/Times	The legislative charge for the advisory panel was read aloud by member Jan Schumann (see agenda for legislative charge). http://www.dhcs.ca.gov/services/Documents/11-16-15_MCHAP_Agenda.pdf Minutes were distributed, reviewed and approved. http://www.dhcs.ca.gov/services/Documents/MeetingMinutesMCHAP_Final_9-10-15.pdf

Deep Dive on SB 75 – Coverage for All Children **Implementation Plans/Challenges and Timeli DHCS Staff**	*Ellen Beck, MD*: This is an exciting moment in California because we have new policy for all children to receive coverage through SB75. The focus of today is to discuss the opportunity of SB75 and to talk about how to make this coverage translate into true access to services. True access means the child will have easily accessible ongoing high quality comprehensive health care and the family will be comfortable with their provider. We have DHCS and an invited panel as the deep-dive topic today. The panel will identify the biggest barriers to achieving access and offer recommendations to assure 100% access for all children in the future. Dr. Beck offered perspectives from her own experiences with families and the history of fear that has hampered efforts to enroll undocumented children in the past. In particular, she reported on interviews with 20 families who had been reluctant to sign up for Healthy Families. Their most common reason not to enroll was their fear of future immigration consequences because they were applying for and/or would be receiving benefits. They also did not trust or believe that they would actually have access. They said they needed true access and they needed to trust and feel safe receiving care. With SB 75 Dr. Beck noted that there is now an opportunity to address and overcome these barriers and provide true access. Recognizing that different California counties have varying levels of access programs, It is important to ensure that every county in makes this happen across California. Dr. Beck indicated that Director Kent has requested a short letter with specific recommendations from the Advisory Panel on how to ensure access. **Rene Mollow, DHCS** Presentation slides are available at: http://www.dhcs.ca.gov/services/Pages/111615MeetingMaterials.aspx Ms. Mollow provided an update on implementation efforts and system preparation for enrollment of youth under age 19 to begin no sooner than May 2016. There are two populations: approximately 120,000 children in restricted-scope Medi-Cal who will be transitioned into full-scope Medi-Cal and managed care; and a second group of children currently unknown to DHCS. DHCS is preparing draft notices for the transition group and these will be released for comment and input very soon. We are working with a stakeholder work group that was already convened on immigration issues (AB1296 work group). She reviewed outreach options, the timeline of milestones, reporting requirements due to the legislature and the web address for input. *Ellen Beck, MD*: Can one of this panel participate in the advisory group you mention? Can you let us know the schedule for meetings? *Rene Mollow, DHCS*: Yes, anyone is welcome to join the

	workgroup meeting. *William Arroyo, M.D., Mental Health Provider Representative:* Is there information in the notices that reassures enrollees there will be no communication with ICE? *Rene Mollow, DHCS:* We are collecting information for enrollment only. However, there are two populations. First, the group already in the system has already provided the relevant information. For the second group that is eligible but not enrolled, it would be helpful for this group to offer input to the language and messages that will instill trust. Part of this work is about outreach but we are concerned about directly contacting families who may be eligible because a notice from DHCS may be overwhelming. Our vision is to work with county programs to determine the right local outreach. If they want to apply, they must go through the application process and this means telling us their immigration status. We need help with messaging on this topic. *Marc Lerner, M.D*: AB2706 required the Department of Education to post information for parents and guardians about health insurance coverage. I hope we are planning for new communication, tools and messages to add to our resources, orient our partners and help get the message out. *Elizabeth Stanley-Salazar*: I notice that all counties are under 5%, except Los Angeles is at 34%. Why is LA so much higher? *Rene Mollow, DHCS:* Historically, LA does represent about one third of our population across coverage groups. *William Arroyo, M.D., Mental Health Provider Representative:* My understanding is that LA may represent 50% of undocumented children eligible for Medi-Cal. *Paul Reggiardo, D.D.S.*: You mentioned 120,000 children already in transition. What is the number of children unknown to you? *Rene Mollow, DHCS:* We estimated 170,000 total children eligible and we have 120,000 so we thought the number of children unknown to us was about 50,000. We are hearing higher numbers from county coverage programs. It may be a tough decision for families to alert us they want to receive full scope Medi-Cal, given their immigration status. *Rene Mollow, DHCS*: At the last meeting there was a question raised about social security numbers. (She presented enrollment application screen shots.) Social security numbers are used to confirm identify and income, although individuals can apply without providing it. You can apply without it but it is slower to process. No message appears saying you must provide it. There is a message saying, you must use your social security if you (parent) are applying for insurance.

	Ellen Beck, M.D.: I would be confused by that language. I would know that I do not have a social security number nor does my child. How do we make it clear in the application that you and your child do not need a social security number? The other question is about how will I prove income to be eligible? *John Zapata, DHCS:* I am working with the AB1296 work group. The social security number language is something that has been raised and we are reviewing some options for that language. The enrollment requirements don't change in this process. We don't have to verify the immigration status of an undocumented applicant and that is not changing. I can't speak to verifying income. *William Arroyo, M.D., Mental Health Provider Representative:* Is there an undocumented parent on the advisory committee? *Rene Mollow, DHCS:* No. We can ask for a participant. *Ellen Beck, M.D.*: I have someone to recommend for this. *Jeffery Fisch, M.D*: What incentive are you giving counties to encourage them to reach out and enroll children? *Rene Mollow, DHCS:* We do have outreach and enrollment grants with The California Endowment funding in 33 counties. We want your help with messages to eligible children and we want to hear if there are any concerns about barriers. We want to work with local coverage programs and hope they will help with outreach to those eligible. *Ellen Beck, M.D.*: I want to reinforce Dr. Lerner's comment about working with schools. Also, in counties without a local program where children have been enrolled, we need to figure out how to do outreach. *Pamela Sakamoto*: In regard to the form, in paragraph 19, you could start with "you do NOT need to. . . If you reverse the order, it would get their attention. *Paul Reggiardo, D.D.S.*: How many of 120,000 will be added to dental? *Rene Mollow, DHCS:* All children will be eligible for dental. They will be in fee for service (FFS) dental, except for the managed care dental counties, which are in Sacramento and Los Angeles (which is voluntary for dental managed care enrollment).

SB 75 – Coverage for All Children: Learnings/Reflections and Recommendations from the Field on Covering All Children: **UC San Diego Student-Run Free Clinic, Isabel Dominguez, Lead Promotora** **The California Endowment – Richard Figueroa** **Kaiser Child Health Program, Maury Rosas, Child Health Program Manager** **CCHI, California's CHI/Healthy Kids Experience, Mark Diel, CEO, CCHI** **Santa Clara Healthy Kids Evaluation, Sheilah Aguirre, Vidal, Operations Manager/Patient Access** **Perspectives from Advocates, Kelly Hardy, Children NOW**	**Dr. Beck introduced each panel member and asked for their input on barriers and solutions to achieve access.** *Ellen Beck, M.D.*: Isabel Dominguez is the lead Promotora and a remarkable and wise leader in our community. Ms. Dominguez has requested that I interview her for her presentation. When we first started the free clinic and you were coming to the clinic, did you feel safe? What was it like in the beginning? *Isabel Dominguez, Lead Promotora, UC San Diego Student-Run Free Clinic*: I grew up in the area and when I heard about the clinic at the school, I went as a patient. The service was wonderful. I was always a volunteer at the school and I started to spread the word. People asked, do I need a green card, a social security number? Initially they didn't believe that it was truly free. The clinic asked me to volunteer to sign in people. At the beginning, people gave us fake names and phone numbers. It took time for them to trust the free services. *Ellen Beck, M.D.*: Now, that for many years, there has been trust, what do you think will be the biggest barriers for parents to be willing to sign up their children for Medi-Cal? *Isabel Dominguez, Lead Promotora*: Some patients heard Obama on TV saying everyone would have coverage – we are going to enroll all the kids – and they were so happy. How is this going to happen? Many patients live with family or rent a room and verifying their income and expenses is a problem. They do not want to put their families at risk. Also, some families are applying for a green card and don't want to get involved because they are worried it will harm their status later. *Ellen Beck, M.D.*: How do you think the communication should happen? *Isabel Dominguez, Lead Promotora*: It has to happen at the right place, where they trust that nothing bad will happen. It needs to be in a school, a church or a workshop at the clinic. The right people have to be there to help. Reading and writing is a barrier – they need help. Another issue is, how am I going to prove my income? *Ellen Beck, M.D.*: What are the key things to encourage people to actually sign up? *Isabel Dominguez, Lead Promotora*: A simple application -- don't ask for social security numbers. There is a Kaiser program in our clinic for children without insurance. It has a very simple application and good, clear information. *Ellen Beck, M.D.*: Is it important that they trust the information is

	safe? *Isabel Dominguez, Lead Promotora*: Yes, very important. They are scared immigration will come and take people away. *Ellen Beck, M.D.*: In the past, it has been unsafe for families. It has been better for the last few years, but it is understandable that families remember the past and are still afraid. *Isabel Dominguez, Lead Promotora*: We are close to the border so families go across the border to get care. It will be important to have enrollment in a safe place like a clinic, school or church. They need correct information so they can understand and feel safe. *Richard Figueroa, The California Endowment*: He reported on The California Endowment (TCE) Health4All Kids strategy. We estimate there may be 300,000 children total who are eligible for coverage. Even those with current Medi-Cal coverage need to renew in order to keep coverage. TCE outreach priorities are parents, especially women; teens who can enroll themselves; and counties with highest population of undocumented children. In LA, there are probably 25-30% of the eligible children and Southern California represents about 50% of the children. On timing, now is the time to begin outreach. Families will begin to receive notices several months ahead of the program launch so that means early 2016. The messages of this campaign: 1) encourage enrollment in restricted or emergency Medi-Cal now; 2) if you are in, stay in; 3) you don't have to have an emergency in order to enroll – you can enroll any time; 4) go through county portals; go to a clinic to enroll (not through CalHEERS). TCE is developing materials with Frequently Asked Questions documents, such as "Five Things You Need to Know" We will have paid media in three phases on radio and TV. PSAs are beginning today to alert people that enrollment is beginning soon. We also are investing in "boots on the ground" outreach and enrollment assisters through local groups in counties with a high population of undocumented children. As you heard, there are TCE grants through the state to focus on enrollment for mixed immigration status families and limited English. Phase 2 will include schools, the Health Consumer Alliance, California Coverage and Health Initiative programs and other organizations. We are doing this in partnership with other foundations. *William Arroyo, M.D., Mental Health Provider Representative:* Tell us about child care centers and preschool? *Richard Figueroa, The California Endowment*: We are discussing a partnership with Packard to reach out to their network of preschools. Many preschools are attached to schools and are in the network. The "All In" campaign focuses on after school, school and preschools.

	Ellen Beck, M.D.: Do you have specific updates for San Diego? The community health centers charge for care and this is a barrier. *Richard Figueroa, The California Endowment*: I don't think clinics charge when families come into enroll. San Diego has a county grant and we plan to have grants with community organizations in San Diego. *Karen Lauterbach*: This activity is very reassuring. Years ago, we worked with immigration attorneys because they were advising families not to apply. *Rene Mollow, DHCS:* Yes, immigration attorneys are on the work group. There is free enrollment – no one should pay to get into coverage. The hospital presumptive eligibility program is another leverage. A key message is that enrollment is free by law. *Bobbie Wunsch, Pacific Health Consulting Group:* I think we can reassure everyone that clinics do not charge for enrollment. *Maury Rosas, Kaiser Child Health Program:* Trust is the number one issue. This emanates from fear that we will share their information with the government and they will be deported or that their future application for legal status will be impacted by a "public charge" issue. There is also a barrier about families having minimal information about coverage in general. When we talk about the Kaiser program; some said, it seems too good to be true – what is really going to happen? We have needed to overcome all of the obstacles. To accomplish this, we have been meeting with community partners and listening to their needs. Based on what we heard, we began training and have now trained five hundred assisters and we held outreach events and health fairs with our providers. At one church, we held a health fair and were surprised to discover that 95% of the children were eligible for Medi-Cal. There are many families with mixed immigration status and many different ethnicities with eligible but unenrolled children, including Southeast Asian. We developed materials for each population and we are careful about literacy, comprehension and information to improve the lack of awareness about the importance of coverage and health care. We recommend a strategy of, not 'outreach', but 'embedded in-reach' with organizations already serving the families who have the trust of families, like English classes. *Alice Mayall*: With the kids already in the Kaiser plan, if they opt not to enroll in Medi-Cal, will they be able to stay in the Kaiser program? *Maury Rosas, Kaiser Child Health Program:* No, there is language in legislation that we must transition those who are eligible. There are some families in the 266 – 300% FPL and they will stay in the program.

	Rene Mollow, DHCS: This is something we want to work with Kaiser on because new applicants will be given an option for choosing a health plan. We have a mechanism for them to let us know they previously had Kaiser and there is a way for Kaiser to pick them up through Medi-Cal. When children enroll, they will move through FFS and then into managed care. They are new to us so they will make a health plan selection based on the county they live in. *Jeffery Fisch, M.D*: My experience is that families will continue to see us and we will continue to see them as patients. *Karen Lauterbach*: You mentioned engaged partners with established trust. I encourage clear information to those assisting families to alert them about what to expect going forward. *Maury Rosas, Kaiser Child Health Program:* We are training on this issue. We are working with CCHI. *Alice Mayall*: I would be very concerned about a one month lapse in Kaiser coverage during the fee for service (period) disrupting care. What is the family going to do in that month? *Maury Rosas, Kaiser Child Health Program*: That is exactly what we are working on now, how to make this as seamless as possible. We will continue to see them. *Alice Mayall*: As a parent of a patient, we had a lapse and I was seen but I was asked to pay. *Rene Mollow, DHCS:* I want to encourage us to think through this now and not wait until May. If they come in during May, it will be a new enrollment; if they come in now, they will come in as restricted scope and they don't go into managed care. *Mark Diel, California Coverage and Health Initiatives*: We started with 28 counties mirroring the original Santa Clara Healthy Kids program to get undocumented children into health insurance coverage. Over time, as funding declined, many children in local county programs transitioned into the Kaiser program. There are 23,000 kids remaining in 11 county initiative programs. For every child in a county program we enroll nine in Medi-Cal. Among our 28 partner agencies, there are 1,000 staff who helped over 600,000 people with health insurance last year. There are many challenges. • *Unknown start date:* Trust is hard to build and easy to lose. We don't know the start date of the program and there is lots of misinformation. That makes it hard to plan and share information with families. • *Communication:* Managing communication is important.

	Communication needs to be managed between providers, community organizations, clinics and among DHCS, health plans, etc. We know from the Healthy Families transition that there were kids stuck in FFS for two years. • *CalHEERS and SAWS readiness:* This is a major lift and it needs to be ready by April. • *Plan selection process:* We don't want kids to have to change providers and disrupt their care. • *Dual premiums*: For restricted Medi-Cal, families above 160% FPL have a $13/child premium. If a family has several children, they will have to pay multiple premiums and that cost may be the difference in them signing up. • *Complex application:* The application is too long, the literacy level is too high; the math calculations are too hard. • *45 day disposition process:* The industry standard for this is 15 days. The Medi-Cal timing is too long. • *Fragmented enrollment system:* There are many different entities (community organizations, county, CalHEERS) and different applications depending on how a family signs up. • *Provider shortage:* There is a limited selection of providers in some places. • *Application assistance*: The application requires help and getting help often requires a family to miss work. They don't have good access to transportation and there is limited computer access. • *Distrust:* Many families don't trust government and this is a barrier. • *Above income children:* What about children above Medi-Cal income limits? It is likely that local programs will not have enough for a risk pool to continue coverage programs. These challenges are not insurmountable. There is a network of enrollers. There are partnerships with schools, the All In network, learning centers and faith institutions. Many community organizations are already partnering locally. For some, their siblings are in Medi-Cal already and this will help. Recommendations: What can we do? *Set a date and stick with it so we can plan. *Build on the existing systems that are already in place and working well. *Allow those known to Medi-Cal in restricted coverage to select a managed care plan 60 days before the coverage begins, similar to Low Income Health Program transition. *Continue to engage stakeholders in communication and transition planning. *Minimize requiring additional information such as immigration status. *Reset family renewal date based on the transition date.

	*Waive premiums for restricted Medi-Cal until there is full implementation. *Create a safety net program for those who won't be eligible for coverage. *Fund the transition work along with the foundations. This is a huge effort at the local level to get families all the way through the process. *Sheilah Aguirre-Vidal, Santa Clara Healthy Kids*: We are all facing the same challenges. 1) Trust: families hear mixed stories about what will happen if they give private information. They hear, from neighbors and media, stories of problems. We have been in the community for many years so we get referrals from families because we have a trusting relationship. Language is huge in establishing trust so that the explanation can be communicated simply and in-person. Assisting a family with the Medi-Cal application can take up to 1.5 hours. 2) Overcoming the barriers: We use events; we place assisters at clinics and county facilities; we train staff at the health plan and local clinics frequently to keep everyone updated about what is available and what changes are coming in the future. Obstacles from families include the immigration information, not knowing where to go for clear information; and the application itself. We want to offer clear information and make sure we have the right tools and training. *William Arroyo, M.D., Mental Health Provider Representative:* Do you work with Spanish media to enroll families? *Mark Diel, California Coverage and Health Initiatives*: Yes, it is a primary focus. *Marc Lerner, M.D*: What is the relevant impact of the One-e-App experience in counties where it is used? Does it improve efficiency? Should we revisit that if it makes a difference? *Mark Diel, California Coverage and Health Initiatives*: Many counties didn't adopt it. Since it didn't tie into CalHEERS and that was the main enrollment system, most did not pursue it. The single point of entry is a great concept although One-e-App may have passed its time. *Richard Figueroa, The California Endowment*: We need to make CalHEERS work for all populations. The administration is working on horizontal integration with food stamps and other programs to create that single portal. That is where the state is heading. *Kelly Hardy, Children NOW*: We are so excited and appreciate the hard work at DHCS to make this transition work. There has been good information so far and I will highlight a few additional items. On CalHEERS, we had experience with foster youth who were eligible for full scope coverage through age 26 back in 2014. CalHEERS is just now working for this population, so this does take a while. I agree we need to work within CalHEERS to make this work. I would reiterate that although Spanish is the

	majority, there are many other populations. I want to underscore the attention to reading level. On outreach, we are working with New America Media to get the word out to multiple media outlets as well as working with local organizations. There are many lessons: The Healthy Families transition; the driver's license experience where many more came to apply than expected. I want to caution us not to add more concern about fear because although it is a reality for some, I want to emphasize there will be many who are eager to apply. We need to teach people about how to use their coverage to utilize it for care. Again, from the Healthy Families experience, we learned it is important to limit the number and size of different mailings. They come from counties, from DHCS, from managed care plans and that creates an overload. Finally, we are considering policy ideas such as after-hours care and perhaps after-hours assisters as important for access. *Wendy Longwell*: On mailings, if you have a family of six – all six people get 3-5 mailings and it is overwhelming. Partnership Health Plan is looking to tie together family notifications instead of sending individual notifications. *Jeffery Fisch, M.D*: I appreciate the emphasis on making sure that having coverage results in actual care. Those who are newly enrolled need support to use the system of care. On after-hours assistance, are there any places where there is a point of care application? Lastly, I agree it is important to remember those other populations, Russian, Hmong and others. *Rene Mollow, DHCS:* Yes, we currently have Hospital PE (presumptive eligibility), CHDP and F-PACT have point of service enrollment. CHDP will enroll a child for 60 days. They go into FFS, have full scope Medi-Cal while they wait for an application to be processed. CalHEERS is the one door for children and it will give them presumptive eligibility. Going to the county for enrollment does not allow that. On the issue of other populations, we will have materials in all languages. *Richard Figueroa, The California Endowment*: We will try to do as much outreach "in language" as possible and targeting this by geography. It is Spanish-dominant, but for example, Hmong will be a focus in the Central Valley. We are also working with New America Media because of its reach to all language and populations. A question for Rene: If a child has Emergency Medi-Cal, and they go in for CHDP, I have been told they won't be eligible for CHDP services? They can't get Gateway? If they are income eligible, can they get state-only CHDP? *Rene Mollow, DHCS:* Yes, if they are showing Medi-Cal eligibility, then they don't go into the CHDP Gateway. Depending on their income, they may still be eligible for state-only CHDP. They can have up to two presumptive eligibility periods in a year through the Gateway.

	William Arroyo, M.D., Mental Health Provider Representative: When everyone converts to full scope, will they be eligible for specialty mental health and substance use services? *Rene Mollow, DHCS:* Yes, when the child flips from restricted into full scope, they will have access to all Medi-Cal benefits, including home and community based services, dental and substance use/mental health services. *Marc Lerner, M.D*: Is there communication or assistance through pharmacy sites? *Rene Mollow, DHCS:* Yes. *Wendy Longwell*: This all sounds great. I want to emphasize there are remaining access to care issues. Families drive long distances or don't have access and we need to work on that. *Rene Mollow, DHCS*: We will still have challenges and barriers to access. We are working on initiatives to improve access, especially dental and mental health/substance use services. We have worked to improve managed care systems and about 80% of enrollees are in managed care. We recognize that newly enrolled are in FFS so it is important to educate people about clinics they can use regardless of access constraints. We continue to work on coverage, continue to work on the access issues and to educate providers about these changes to help improve access. There will not be an overnight solution to all challenges.
Recommendations on Next Steps to DHCS – Advisory Panel	Ideas for Recommendations to Director Kent: *Karen Lauterbach*: We need to have a clear way to update enrollers about timing, best practices and offer suggestions of best practices. We need to ensure the information gets directly to enrollers – not to the executive director or administration. I think we need to revise the immigration guidance. We often talk about undocumented/documented but there are many, many variations on immigration status. We need to take lessons from other transitions such as mobilizing beforehand and understanding how to do pre-enrollment because it was key. We need to understand the exact timing and then get universal material out so it looks the same to families. *Ron DiLuigi*: I appreciate the information from all the speakers. Kudos to TCE for stepping up. I hear a lot of energy to move forward and I will leave with that in mind. However, I have given up on the eligibility determination system. It is well-intentioned but we need to completely re-do the enrollment system. It is too long and too complex because it has evolved over many transitions. We need to grasp the opportunity of SB75 to re-do the eligibility system. That is my perspective.

	Rene Mollow, DHCS: We have learned a lot over the past few years and want to improve on prior transitions, such as the foster youth transition Kelly mentioned. That is why we are working now to make this work better. We have to use the rules we are given but I do appreciate the need for system changes. *Marc Lerner, M.D*: I want to see a recommendation to have a set date and know it soon. *Jeffery Fisch, M.D*: Many speakers commented on the need for simplicity and literacy. I would underline that we should take that back to DHCS. We need to make this simple and, as Ron says, we need to re-look at the overall system. *Alice Mayall*: I agree on simplicity. I want to see every suggestion incorporated. In terms of process, I want to have a reminder that DHCS should have a direct conversation with consumers through a focus group, a survey – not indirect through organizations. Also, on access to help, the phone access to counties is difficult. It is business hours and often overloaded. Overall, we need better communication for consumers. *Jan Schumann:* I would like to see this group support outreach from DHCS to parent-teacher associations and the Department of Education. On the issue of confidentiality, I want to see privacy statements that they don't share information with Homeland Security, Social Security or Immigration. On implementation, I want to emphasize the need for a date. We need a first notice at the 120 days; next notice at 90 days; the health plan choice no later than 60 days ahead of implementation. *Bobbie Wunsch, Pacific Health Consulting Group:* Dr. Beck will craft a memo to get out to advisory group in draft and finalize to send to Director Kent by mid-December. We will not be able to take a vote given the timing.
Member Updates and Follow-Up Pediatric Dashboard Sub-Committee Dental Sub-Committee Behavioral Health Sub-Committee Network Adequacy Sub-Committee Enrollment and Renewals (Report Available) - DHCS	**Pediatric Dashboard Subcommittee:** Alice Mayall reported there is a new draft dashboard. We are asking DHCS to give us information on overall psychology services – not just specialty mental health services. With a few remaining changes, the dashboard is ready to go forward. We will continue to review and improve. *Marc Lerner, M.D*: We also had discussed a change in the adolescent measure to HPV (human papillomavirus vaccine) immunization completion rate as one of the important public health targets. Sean Mulvey, DHCS: We are looking to add the mild-to-moderate behavioral health population data. We are researching if we have any HPV data to be sure we can provide this information

	Marc Lerner, M.D: Is there broader comment from the committee on this issue of HPV? *Wendy Longwell*: Locally, we have been looking at the flipping back and forth between mild to moderate and severe mental health services and the confusion this causes for families about where to go for services. This is an area of concern if you are able to get data. *Anastasia Dodson, DHCS:* If there are program questions, we want to offer programmatic staff for a deeper dive into questions. On the dashboard, we want to be sure we have ongoing data available. *Marc Lerner, M.D*: The intent is to make the dashboard available publically. Given a few last questions of the right data points, the subcommittee would like the advisory committee to let us know if this is ready to go. Are we ready to make a decision and get this posted publicly? *Pamela Sakamoto*: I think it is ready to go and can be revised going forward if needed. I move we make the dashboard available publicly. *Jeffery Fisch, M.D*: I second. Vote: unanimous. **Dental Sub-Committee** Paul Reggiardo reported they have identified a database of currently available, existing information and 12 issues to focus on for recommendations. The group will be reporting back in January. **Behavioral Health Sub-Committee** Alice Mayall reported on the discussion about the Substance Use Disorder Services (SUDS) waiver and questions about implementation. On paper, there seems to be an excellent, comprehensive concept. The concerns and questions are: whether there would be sufficient providers given reimbursement? Can the state encourage counties to implement? Will there be true access or false access like we have with dental? She also noted that adolescents are eligible under EPSDT and they aren't getting services now, so how will the waiver improve this? How will utilization be assessed? We don't have data on who actually receives services. *Marc Lerner, M.D*: The other issue was consideration of screening in primary care. Can DHCS look at the screening that is happening via the EHR so we know what is being provided? *Rene Mollow, DHCS:* Are those metrics for substance use services and mental health services on the pediatric dashboard? We have reported on these services during the transition of Healthy Families. There is a delivery system today and we are

	working to build up the infrastructure. *Marc Lerner, M.D*: That is the intent of asking for the mild to moderate to be added. We did receive data on seriously mentally ill, hospitalizations, etc. We want to be sure we can track the right measures to identify the changes that the waiver may bring. **Network Adequacy:** Jeffery Fisch reported that we have identified three areas: pre-enrollment/pre-service delivery; service delivery; post service delivery. The discussion today focused on enrollment and ensuring efficient determination of eligibility to make the system more simplified in a similar vein to the recommendations today. We also are looking at care delivery and uniform standards across the plans. *Marc Lerner, M.D*: Within dental, we were also looking at network adequacy and need to determine if that will happen within the network adequacy sub-committee. We would like to have an exchange to be sure this is coordinated. **Enrollment and Renewals** Report available: http://www.dhcs.ca.gov/services/Pages/111615MeetingMaterials.aspx Rene Mollow reported we have five million children under age 19 enrolled with 4.4 million in managed care. About 75-85% of the renewals are processed at the county. An average of about 50% are renewed through ex parte or administrative process which means we do not need to reach out to the family for more information. We are working to capture that data. About 80% are retaining Medi-Cal coverage or moving to Covered CA. We will make an eligibility report available on regular basis to the committee. Do you have recommendations about this report? By age, gender, ethnicity? Are there other data elements you would like to review? We do have information about the Healthy Families enrollment kids – about 1.1 million. *Karen Lauterbach*: I would like it by county. *Alice Mayall*: I would like to see the reason for disenrollment. *Marc Lerner, M.D*: I would like to have information from the commercial side? Are they dropping and having to be re-enrolled or getting private insurance? *Rene Mollow, DHCS:* Disenrollment is failure to get renewed. We can look at the renewal due date and the number that didn't respond. There is a lag of 90 days to understand the data because families have a 90 day period to complete the renewal. We can have a longer discussion at the January meeting.

Public Comment	*Sean South, California Primary Care Association*: Community health centers and clinic members of CPCA provide care for 2 million uninsured patients each year, and about 230,000 are in San Diego. We don't know how many are undocumented because we don't ask unless we are helping with coverage enrollment. Clinics connect coverage and care. About 60% of primary care in California happens in a clinic. We continue to work on getting coverage for undocumented adults. Until then, we will provide care to the whole family regardless of coverage so they can all attend the same provider. On enrollment, we led state on enrollment with help from TCE. We walk them through process and enroll them in everything they are eligible for. It is vital we transition the kids as fast as possible. We see large numbers of restricted scope Medi-Cal kids and look forward to seeing them transition to full coverage. There are issues with the provider network and access but having coverage is a world of difference. It is meaningful. We also need to work on rates. Thank you. *Kathy Dresslar, The Children's Partnership*: I want to endorse the recommendation that at least 60 days before the start date, we have pre- enrollment packets out to families so when coverage starts, care can begin. I want to also let this group know we and our partners are updating materials for the All In Campaign for schools and pre-schools to be available soon. *Julie Beyers, First 5 Sacramento*: I want to recommend that the Dashboard Sub-committee check to see if 2014 data is available. *Christie Burget: Educate, Advocate*: On the behavioral health agenda item, I was hoping to hear an update on implementation of ABA (Applied Behavioral Analysis) services for children in Medi-Cal managed care. Also, I hope we don't move in a direction for vaccine mandates for children on Medi-Cal.
Upcoming MCHAP Meetings/ Next Steps	*Jan Schumann* announced next meeting is January 27th noon – 3 pm. Dr. Beck: A message for peace and wonder during the holiday. Thank you for your dedication.