

State of California—Health and Human Services Agency

Department of Health Care Services

Medi-Cal Children's Health Advisory Panel

April 4, 2019

Meeting Minutes

Members Attending: Nancy Netherland, Parent Representative; Jan Schumann, Subscriber Representative; Kenneth Hempstead, M.D., Pediatrician Representative; Marc Lerner, M.D., Education Representative; William Arroyo, M.D., Mental Health Provider Representative; Elizabeth Stanley Salazar, Substance Abuse Provider Representative; Katrina Eaglen, D.D.S., Licensed Practicing Dentist; Karen Lauterbach, Non-Profit Clinic Representative.

Members Not Attending: Ellen Beck, M.D., Family Practice Physician Representative; Julie McReynolds, Parent Representative; Diana Vega, Parent Representative; Terrie Stanley, Health Plan Representative; Bertram Lubin, M.D., Licensed Disproportionate Share Hospital Representative; Ron DiLuigi, Business Community Representative; Pamela Sakamoto, County Public Health Provider Representative.

Attending by Phone: 41 stakeholders called in

DHCS Staff: Jennifer Kent, Ivan Bhardwaj, Adam Weintraub, Morgan Clair, Christopher Tolbert, Oleg Istratiy, Carol Sloan.

Guests: Helen DuPlessis, M.D., Health Management Associates; Nancy Young, M.D., Children and Family Futures.

Others: Kris Perry, California Health and Human Services Agency; Rebecca Boyd Anderson, Partnership HealthPlan of California; Gail Yen, Children Now; Dharia McGrew, California Dental Association; Sean O'Brien, UnitedHealthcare; Ellesse Flores, California Association of Health Plans; Anna Garzon, Collation for Compassionate Care of California

Opening Remarks and Introductions

Ken Hempstead, M.D., MCHAP Co-Chair welcomed members, DHCS staff and the public and facilitated introductions.

Karen Lauterbach read the legislative charge for the advisory panel aloud. (See agenda for legislative charge.)

<https://www.dhcs.ca.gov/services/Documents/MCHAPagenda040419.pdf>

Minutes from January 24, 2019 were approved 8-0.

<https://www.dhcs.ca.gov/services/Documents/012419MCHAPminutes.pdf>

Director Jennifer Kent introduced Kris Perry, the Deputy Health and Human Services (CHHS) Secretary for Early Childhood Initiatives and Senior Advisor to the Governor. Kris is at CHHS in her official capacity and working with other departments to implement early childhood initiatives. Kris, Giannina Pérez, and Dr. Nadine Burke Harris at CHHS have all expressed an interest in understanding how MCHAP functions, and how the Panel can participate or help coordinate CHHS' early childhood initiatives.

Jennifer Kent, DHCS: [Highlights](#) from the January budget include:

- Three new programs with Proposition 56 funding: Proposals for trauma screenings, developmental screenings, and value based payments (VBP). We held [webinars](#) and are reviewing stakeholder feedback. We've identified current procedural terminology (CPT) codes for both trauma and developmental screenings and attached proposed supplemental payments to those codes.
- Expansion of coverage for individuals up to age 26, even if they don't have satisfactory documentation status
- Early psychosis identification and treatment

As part of Governor Newsom's May Revision, we are updating our caseload in Medi-Cal and will reflect any big policy changes.

From a Federal perspective, there were provisions included in the President's budget around giving the Centers for Medicare & Medicare Services (CMS) flexibility regarding states that have had eligibility audits and disallowances. The President's budget included additional support for opioid funding for states and allowing states to use waiver authorities to have pregnant women in treatment.

Waiver Renewals: Several significant waivers are expiring in 2020:

- The Specialty Mental Health Services waiver expires in June 2020. This waiver establishes and implements the county mental health delivery system.
- The 1115 Medicaid waiver expires in December 2020. This waiver contains the Dental Transformation Initiative (DTI), Global Payment Program (GPP), Public Hospital Redesign & Incentives in Medi-Cal Program, and Whole Person Care (WPC) Programs. Our entire managed care program and the Drug Medi-Cal

Organized Delivery System (DMC-ODS) is in this 1115 waiver. We will be doing broad stakeholder discussions on the waiver components starting in the fall.

DHCS announced and held a webinar on the reorganization of the Mental Health and Substance Use Disorders (MHSUD) divisions, which will be in place by July 1, 2019. We've consolidated MHSUD and either recast or distributed the functions to different parts of the Department.

Prop. 64: To date, we have not received funding because of the volatility of the revenue source. To the extent that funds are identified by the Department of Finance and are provided to DHCS, we would create a stakeholder process to receive feedback on how those funds would be allocated.

Elizabeth Stanley Salazar: For the VBP program structure, how will that money go out to the community?

Jennifer Kent, DHCS: It doesn't go out to the community, but rather specific providers. You have to be a contracting provider with a Medi-Cal managed care plan. We will set up specific metrics, and there will be baseline measures. If a provider can demonstrate that they fully met the measures within their group, caseload, and patient population, we'll attach a certain dollar amount to that.

Elizabeth Stanley Salazar: Is there anything in the strategies that would build capacity or support for developing or strengthening the substance use system?

Jennifer Kent, DHCS: No direct intentional efforts to build the SUD system. We have capacity building on the provider side through loan repayment, which is a different use of our Prop. 56 funds. The application period opened on April 1, 2019, for the physicians and dentists to apply to the loan repayment program. That is direct capacity building from a physician and dental standpoint, but not necessarily from an SUD standpoint.

Katrina Eagilen, D.D.S.: Why is the VBP program only for managed care and not FFS?

Jennifer Kent, DHCS: We don't collect FFS caseload statistics. MCPs know how many patients have been assigned to the provider and the total caseload for each provider.

Katrina Eagilen, D.D.S.: There are no assignments/incentives for those outside of managed care?

Jennifer Kent, DHCS: Correct. Over 90 percent of children are in managed care. That is the delivery system we have chosen and have more control and capacity to measure, and not in FFS.

Elizabeth Stanley Salazar: We received materials regarding the recent state audit report. Can you comment on that?

Jennifer Kent, DHCS: There was an audit that had been requested by the Legislature on all of the children's screening measures. There were noted areas where we were below expected performance as a state and within plans. The measures for which we

hold the plans accountable in the contract were acceptable. However, the measures for which we did not have the plans accountable via the contract or added to the core set measures were deficient. As a result, we will modify the plans' contracts to add all the children and adult core set measures, which is about 60 measures across both populations. We increased the minimum performance level of the plans to 50th percentile, which is significantly higher. We have told the plans that we will be holding them accountable for these measures in the current year. To the extent that they don't hit the measures within the Minimum Performance Level, we will be sanctioning them and they have been advised. There are additional changes within the External Quality Review Organization (EQRO) contract. We have increased allocation for the EQRO to do additional quality work on our behalf. There was an additional number of staff and resources that we requested for resources to do that work as well as resources to have a limited but targeted outreach campaign for parents around availability of these benefits and how they should be sure that these children are actually getting the screenings to which they're entitled. Our responses to audits are included in the back of the audit, and we have responses that are due 60 days and a year after the audit has been released.

Ken Hempstead, M.D.: Will you forward the first periodic reply to the group?

Jennifer Kent, DHCS: We'll be happy to provide the 60-day update.

Marc Lerner, M.D.: Where do things stand in terms of supporting the various recommendations that were made? Are we looking at transformations that will really engage families to utilize services, or telehealth, or pharmacy-based vaccinations?

Jennifer Kent, DHCS: The outreach is modeled off of the dental program. When we were struggling to increase the use of dental services for children, we did a targeted dental mailing for utilization. We have some limited, but significant evidence to support that a lot of parents simply don't know that the benefits exist. The Prop. 56 money has been extraordinarily helpful in helping us target priorities, such as in the Governor's budget: VBP, trauma screenings, developmental screenings. We do cover telehealth in all delivery systems. We are always open to different modalities and mechanisms. Managed care is the delivery system that we use, so we are modifying to improve it. These core set measures that we're adding are a priority.

Ken Hempstead, M.D.: Everyone is interested in this report and we can discuss the findings in the audit. I'd want to look into decreasing administrative burden and other ways to incentivize providers to participate that aren't just funding related.

Ken Hempstead, M.D.: Enrollments are continuing to decline. Can you give us updates on this?

Jennifer Kent, DHCS: Limited data is available, as we do not track reasons for disenrollment. Caseload is down, but not in all populations: Seniors and Persons with Disabilities continue to increase. The reasons for decrease in enrollment are likely

economic. We have heard anecdotally that families are disenrolling because of public charge.

Presentation on Perinatal Medication Assisted Treatment (MAT) Expansion Project

Ivan Bhardwaj provided context for the presentations. In 2017, California had about 2,200 overdose-related deaths, which is growing. The Substance Abuse and Mental Health Services Administration (SAMHSA) funded multiple federal grants to states and territories to address this epidemic. Two of those grants were the State Opioid Response (SOR) grant and State Targeted Response to the Opioid Crisis (STR) grant. The STR to California is \$90 million; DHCS is applying for a no-cost extension and anticipating that this will go through April 2020. The SOR grant will go through September 2020. With the MAT Expansion Project funded by the two grants, DHCS is aiming to expand usage and capacity for the three FDA-approved medications for MAT -- buprenorphine, methadone and naltrexone -- with a focus on populations in rural, northern areas where the rate of overdose is comparable to the hardest-hit populations in the country. The Hub and Spoke System is built around a network of Opioid Treatment Program or Medication Unit hubs, and spokes, which are prescribers that are waived to provide MAT.

The \$6 million Perinatal Expansion Project funded by the SOR grant will run through September 2020. An estimated 32,000 babies were born with Neonatal Abstinence Syndrome (NAS) in 2014, a five-fold increase since 2004. DHCS' contractor is Health Management Associates Inc. (HMA). Dr. DuPlessis is the lead for this project. Goals include: decreasing NAS stay by decreasing NAS severity; increasing the number of maternal patients identified with Opioid Use Disorder (OUD) through enhanced screening; decreasing the number of Child Protective Services (CPS) referrals; and ultimately increasing the number of moms in recovery. The project focuses on achieving outcomes including building treatment access points. The knowledge base and sharing information among clinicians is important to get a consensus for how treatment is ultimately addressed. DHCS is building on existing guidelines, distributing safety bundles and toolkits, and standardizing language in the toolkits. DHCs is also building shared learning and getting groups to work together through a learning collaborative. The last component is the web-based resource library to house webinars, coaching, and technical assistance accessible to clinicians statewide.

Link to presentation:

https://www.dhcs.ca.gov/services/Documents/Perinatal_MAT.pdf

Dr. DuPlessis explained the epidemiology of OUD during pregnancy and NAS, discussed the components of hospital stay, discharge and aftercare considerations for mothers and newborns, discussed the variability of approaches for moms and babies affected by OUD, and talked about new paradigms for moms and babies affected by OUD.

Helen DuPlessis, M.D.: NAS is a post-birth drug withdrawal syndrome usually, but not exclusively, associated with OUD. It affects between 54 – 90 percent of infants who have been exposed.

A total of 44 states, including California, have prosecuted pregnant or parenting women because of their SUD. Three states have committed to treatment laws related to perinatal substance use. In California, there's a law that says the presence of substance use at the time of delivery triggers or should trigger an assessment. It does not require a report to CPS. From our literature, criminalizing pregnant women for drug use is ineffective and harmful for a variety of reasons, including leading to worse health outcomes for the moms and babies, and because criminal justice policies often are applied in a discriminatory way.

We're looking at MAT sites in emergency departments, harm reduction programs, telehealth, and possibly engaging mobile services in certain counties. We'll have learning collaboratives and provide technical services. There will be a website and resource library. On the patient-facing material side, please share any that are really great.

William Arroyo, M.D.: How will the federal initiative address stigma? How does the effort you described overlap with the funded efforts in the state? Sometimes efforts are rolled out in silos. The women have challenges in many different areas and if not addressed, the risks of relapsing or having another baby with NAS are greater. What efforts are underway to address the array of substance use problems?

Helen DuPlessis, M.D.: There are many additional challenges these women face, and systems that they could touch or be aware of. With this grant, we can't address everything. Our approach, however, is incredibly inclusive. Our team is a repository for outreach. We go to counties and ask who else should be engaged in the process. We adopted a model of trauma-informed care and motivational interviewing and are pushing that with every encounter. We should also incorporate a systems perspective into our conversations.

Kris Perry, CHHS: In the Governor's budget, there are two home visiting efforts proposed. The hope is that we'll be meeting more families in the community and the home visits would assist them and connect them to the services in their area. This new program will use Nurse-Family Partnership (NFP) and Healthy Families America as well as a number of local models.

Helen DuPlessis, M.D.: Both NFP and CDSS' new home visiting program will focus on first time mothers, which is spectacular. In my presentation, I talked about the fertility rate and many are not first-time moms. In our conversations so far with NFP, they are exploring the alternative eligibility criteria in order to meet the need.

Elizabeth Stanley Salazar: For a while, silos worked for the service delivery system and not so much for the consumer. There are vestigial components that remain even as we

move forward with new ideas, integration, and restructuring. DMC-ODS and SOR are incredibly forward thinking. We do have the substance use block grant and perinatal is set aside. I would hate to see the perinatal providers sit outside in a silo and not take advantage of this learning and forward thinking, so we need to align the components. What would you like to see the panel do to support your work?

Helen DuPlessis, M.D.: From the standpoint of this panel, you have to keep young kids on the agenda. You have Prop. 56 for more funding for early childhood. These kids don't go away after their NAS is gone; they're growing and developing and reaching their potential as contributing members in society, but they aren't going to do that in a vacuum. I would encourage more focus and flex to incorporate this population more easily into existing programs. There needs to be some conversation about aligning the perinatal funding.

Marc Lerner, M.D.: I'm curious about the economic drivers around hospitals and sites of care. If we're going to move into alternative care, are there triple-aim opportunities and learning that would help facilitate transition?

Helen DuPlessis, M.D.: We're starting to see cost effective data.

Elizabeth Stanley Salazar: I encourage the Panel to engage and provide leadership. I'm looking at the project timeline on slide 14, and there are different activities for each quarter. I would like status updates from HMA and at those different points, there may be opportunities for the panel's support.

Helen DuPlessis, M.D.: We'd be happy to provide updates. We have Sacramento as one of our counties, and we'll let the Panel know when those county kickoff meetings are happening.

William Arroyo, M.D.: Is there a piece of your work focusing on best practices?

Helen DuPlessis, M.D.: It was one of the drivers for having a resource library.

William Arroyo, M.D.: I'm hoping that this would go beyond materials on a website; I'm looking for policy changes.

Helen DuPlessis, M.D.: When the ecosystem gets to what it should look like, it will be clearer what those components are that need to be codified in legislation or other regulations.

Director's Remarks in Response to Communication Standards Recommendation Letter

Director's remarks in response to the Panel's recommendations on communication standards:

https://www.dhcs.ca.gov/services/Documents/DHCSResponses_Comms.pdf

Presentation on Perinatal and Postpartum Opioid Use

Link to presentation and supplemental information:

https://www.dhcs.ca.gov/services/Documents/IPSE_POSC.pdf

https://www.dhcs.ca.gov/services/Documents/IPSE_POSC_Resources.pdf

Nancy Young, Ph.D, presented on a plan-of-safe-care approach. Dr. Young discussed the rates for prenatal exposure. Even though we call it NAS, the CDC would prefer that we call it Neonatal Opioid Withdrawals (NOWs) to distinguish from any other abstinence syndrome.

William Arroyo, M.D.: Who is the owner of the safe care plan?

Nancy Young, Ph.D.: CDSS will be creating the plans of safe care.

William Arroyo, M.D.: What is the interface with 42 CFR with the federal regulations? This ties our hands with sharing this information with any system outside of the SUD treatment system.

Nancy Young, Ph.D.: If you're concerned about allegations of abuse or neglect, 42 CFR doesn't apply because you're mandated to report it. If it's not a case of abuse or neglect, it would be in your best interest to partner with CPS and put this plan in place and to have the same release of information to prevent the woman from showing up at the hospital. From my standpoint, 42 CFR is in place and enforced and you must abide by.

William Arroyo, M.D.: If the safe plan is made prenatally, they're not in the hospital. It's a great concept, but how is it operational?

Nancy Young, Ph.D.: Trust.

Elizabeth Stanley Salazar: The focus of these projects under DHCS is forward thinking and brings together collaboratives at the county-level. It's the forward thinking that's being embedded in DMC-ODS and CPS. We have to also link OBG-YN and the pediatric fields, and link local collaboratives to the court system.

Nancy Young, Ph.D.: Title IV E, which pays for foster care, will be able to pay for treatment. Methadone maintenance will be paid for. If it keeps a child from going to out of home care, you can use Title IV E funding to pay for the methadone treatment for the parent in order to keep the child with the parent.

Karen Lauterbach: Is it only methadone that they pay for?

Nancy Young, Ph.D.: No, there are four substance treatment programs that are going through the rigorous review with potential for more programs. What is eligible right now is residential substance use treatment programs; you can get Title IV E reimbursement for the child as of October 1, 2018.

William Arroyo, M.D.: Will an Information Notice be sent to all MCPs and counties related to this?

Jennifer Kent, DHCS: CDSS will.

Nancy Young, Ph.D.: It's revolutionary to think that child welfare funding will be used to treat substance use so children are not removed from their parents. Title IV E foster care maintenance could pay for room and board in the treatment programs.

Member Updates and Follow-Up

Dr. Hempstead invited member comments on next steps, including ways to address the audit.

Elizabeth Stanley Salazar: Dr. DuPlessis said she would be willing to provide updates. Ignoring this issue would be a disaster; there are babies and children growing up today that would be impacted.

Marc Lerner, M.D.: At the annual leadership forum for the American Academy of Pediatrics (AAP), one concern was on the continuity of Medicaid benefits when beneficiaries are moving. Understanding this process and having health care providers comfortable with what that means under the Whole Child Model should be a consideration. Also, addressing access to evidence-based treatment for adolescents with neuro-developmental disorders beyond autism, and how to provide applied behavioral analysis as a benefit to children with autism spectrum disorders or cognitive behavior concerns. Last item for consideration is on the issue of prior authorization requirements for pediatric medications.

Ken Hempstead, M.D.: I would like to agendaize exemptions for child vaccinations. Sen. Pan recently introduced SB 276. Since the last measles outbreak, Sen. Pan introduced removal of personal and religious exemptions for vaccinations for school children. We've had a four-fold increase in medical exemptions, which clearly have been abused. He has introduced new legislation have the Department of Public Health provide evidence-based guidelines for whether those are appropriate. I would like the panel to write a letter of support or informally try to help garner support from your legislators.

Elizabeth Stanley Salazar: There's a very important bill, AB 1031, on the adolescent treatment act that should be added to Children Now's legislative watch list.

Public Comment

Gail Yen, Children Now: We appreciate the response and the report that Director Kent gave on the audit findings. We also would like to thank DHCS for the recent quality changes to the MCPs; these changes act as a first step for better data collection and transparency, and help prioritize children. We look forward to working with DHCS on implementing these changes.

Upcoming MCHAP Meeting and Next Steps

Dr. Hempstead noted the next meeting is July 11, 2019. The meeting was adjourned.