California Children's Services Advisory Group Meeting

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

January 10, 2024

Housekeeping & Webex Logistics

Do's & Don'ts of Webex

- Participants are joining by computer and phone (link/meeting info on **California Children's Services (CCS) Advisory Group website**)
- Everyone will be automatically muted upon entry
- CCS Advisory Group members: 'Raise Your Hand' or use the Chat box to submit Questions
- Online participants: Use the Chat box to submit comments/questions or 'Raise Your Hand' during the public comment period.
- Call-In participants: During the public comment you will be able to "Raise Your Hand" and unmute your phone line for questions.
- Live Closed Captioning will be available during the meeting

Note: DHCS is recording the meeting for internal note-taking purposes

Agenda

Welcome and Housekeeping	1:00 – 1:05
Director Remarks and October Meeting Recap	1:05 – 1:15
2023 – 2024 Priorities	1:15 – 1:25
Policy Initiatives	1:25 – 1:40
CCS Program Updates	1:40 – 1:50
Medi-Cal RX Update	1:50 – 2:00
Whole Child Model (WCM) Expansion	2:00 – 2:25
Break	2:25 – 2:35
Enhanced Care Management (ECM)	2:35 – 3:00
Kaiser WCM Implementation	3:00 – 3:40
Public Comment	3:40 – 3:55
Wrap-up, next steps and thank you	3:55 – 4:00

Director Remarks

Director Remarks

- Kaiser Implementation
- Local Health Department (LHD) Memoranda of Understanding (MOU)
- Hearing Aid Coverage for Children

October Meeting Recap

- Whole Child Model: DHCS Updates
- Whole Child Model: Kaiser Update and County Perspectives
- Enhanced Care Management

Advisory Group Members

Whitney Clark | *Sutter Health*
Lianna Chen | *Health Plan of San Mateo*
Michael Harris | *CenCal Health*
Michael Hunn | *Interim CEO CalOptima*
Beth Malinowski | *SEIU California*
Linnea Koopmans | *Local Health Plans of CA*
Carol A. Miller, MD | *CCS Medical Advisory Committee*
Francesca Peterson | *San Luis Obispo County*
Ann Kuhns | *California Children's Hospital Assoc.*
Amy Westling | *Assoc. of Regional Center Agencies*
Mary Giammona, MD | *Molina Healthcare CA*
Jolie Onodera | *CA State Assoc. of Counties*
Kelly Hardy | *Children Now*
Jerry Cheng, MD | *Kaiser Permanente SCAL*
Dena Davis | *CenCal Health*
Kristen Rogers | *CalOptima*
Lael Lambert | *Marin County CCS Program*
Ann Kinkor | *Epilepsy California*
Erin Kelly | *Children's Specialty Care Coalition*
Susan Skotzke | *Central CA Alliance for Health*
Jennifer Mockus | *Central CA Alliance for Health*
Tamica Foots-Rachal | *Family Voices*
Miriam Parsa, MD | *Cottage Children's Medical Center*
Michelle Gibbons | *County Health Executives Assoc. of CA*
Katherine Barresi | *Partnership HealthPlan of California*
Mona Patel | *Children's Hospital Los Angeles Medical Group*
Kristen Dimou | *County of San Diego Health and Human Services Agency*
Allison Gray | *Lucille Packard Foundation for Children's Health*
Stephanie Dansker | *Board Member/Patient, Hemophilia Council of CA*
Dominque Hensler | *Rady Children's Hospital and Health Center*
Laurie Soman | *Children's Regional Integrated Service System*
Anthony Magit, MD | *Children's Specialty Care Coalition*

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2023 Accomplishments

- Release of the WCM Final Evaluation Report
- Public Health Emergency (PHE) Unwinding
  - CCS Enrollment/Redeterminations
  - Transparency
  - WCM/CCS Quality Dashboard
  - WCM Coordination Meeting
  - CCS Bi-Monthly
  - CCS Quarterly Dependent County Meetings
- CCS Monitoring and Oversight
- CCS Program Administration
  - Standards & Policy Guidance releases

2024 Priorities

- CCS Redesign Performance Measure Quality Subcommittee
- CCS Monitoring and Oversight
- New Whole Child Model (WCM) Implementation
- Program Operations

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Policy Initiatives

California Children's Services (CCS) Compliance, Monitoring, and Oversight Program Update

CCS Compliance, Monitoring, and Oversight Program Updates

- Updated the CCS Compliance, Monitoring, and Oversight program webpage to focus on future CCS compliance activities, technical assistance guides, and reference materials; and, archived CCS Monitoring and Oversight Workgroup meeting materials
- Published the following documents to the CCS Compliance, Monitoring, and Oversight program webpage :
  - CCS Compliance, Monitoring, and Oversight Program Plan
  - CCS Training Numbered Letter (NL)
  - CCS Program Reporting and Survey NL
  - CCS Grievance Process NL
  - County reporting templates detailing what the counties will be required to submit quarterly, annually, and for the survey periods

Updates on NLs Referenced in the MOU

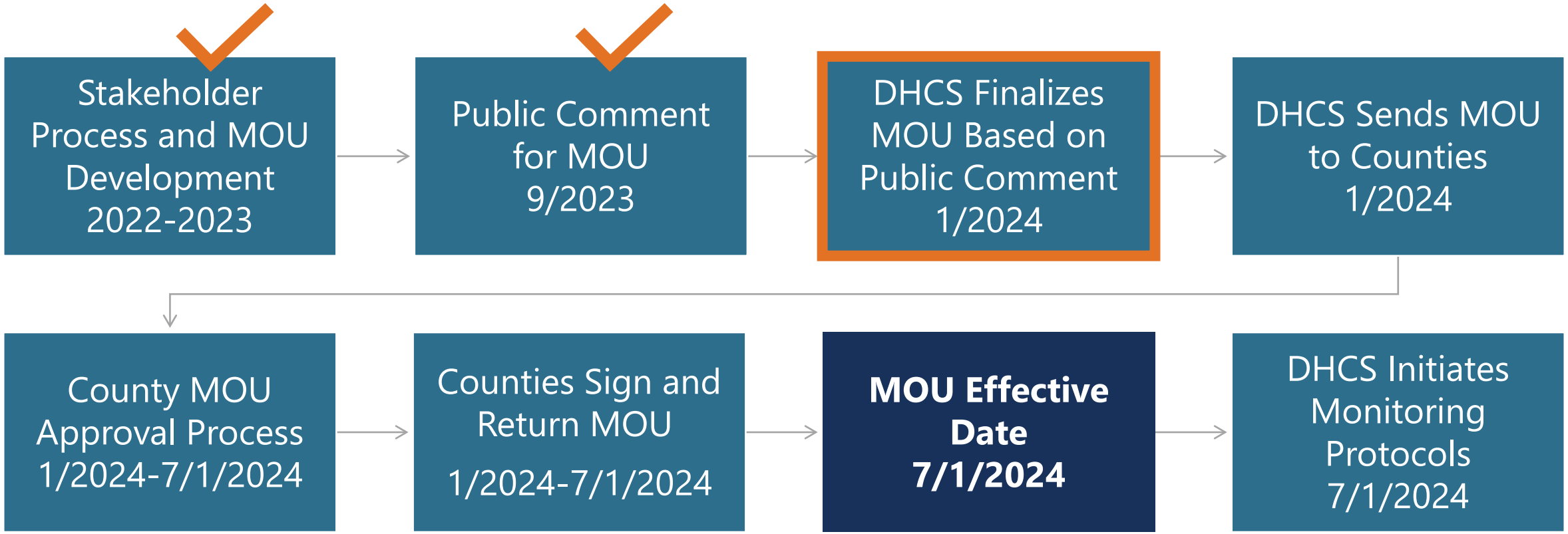
Status	NL	Public Comments Received	Next Steps
Finalized	Electronic Visit Verification (EVV) NL	• Released for public comment on December 14, 2022	• Posted on DHCS website CCS NL 02-0623 California EVV Implementation
	Training NL	• Released for public comment on January 27, 2023	• Posted on DHCS website CCS NL 04-0723 CCS Training Requirements
	Grievance NL* • Grievance Flowchart • Grievance Form	• Released for public comment on December 23, 2022 • Released for second round of feedback with CHEAC on July 14, 2023	• Posted on DHCS website CCS NL 06-1023 CCS Grievances Process • Grievance Form will be posted to the DHCS webpage once finalized

* DHCS is developing a Grievance, Appeal, and State Hearing Factsheet per stakeholder request. This factsheet was shared with NHeLP, DRC, and Family Voices for feedback and will be posted to the DHCS webpage once finalized.

Updates on NLs Referenced in the MOU (continued)

Status	NL	Public Comments Received	Next Steps
Finalized	CCS Program Reporting and Survey NL • Compliance activities • High Risk Assessment Tool for transition planning • Reporting templates	• Released for public comment on January 24, 2023 • Released for second round of public comment on July 13, 2023	• Posted on DHCS website CCS NL 09-1123 CCS Program Reporting and Survey Process
	Inter-County Transfer NL	• Released for public comment on September 8, 2023	• Posted on DHCS website CCS NL 10-1123 Intercounty Transfer Policy
Pending	Appeals Process NL	• Released for public comment on July 7, 2023	• Final release in first quarter of 2024
	MOU • Roles and Responsibilities Table • Definitions	• Released for public comment on September 26, 2023	• Final release by end of January 2024

CCS Monitoring and Oversight MOU Progress



Next Steps

- In advance of the CCS Compliance, Monitoring and Oversight program implementation on July 1, 2024, DHCS will:
  - Share the final MOU for county review and signature
  - Publish Information Notice (IN) to inform counties of upcoming MOU and expectations related to new oversight functions
  - Publish the Grievance, Appeal, and SH Factsheet
  - Publish Technical Assistance Guides
  - Update the DHCS webpage with training information
  - Offer counties support and technical assistance on new reporting requirements

Discussion

Child Health and Disability Prevention (CHDP) Program Transition

CHDP Program Transition Overview

- To reduce administrative complexities, DHCS will sunset and/or fully transition components of the CHDP program that already exist in other Medi-Cal delivery systems by July 1, 2024
- Senate Bill 184 requires DHCS to consult with stakeholders in the development of a transition plan to include:
  - A post-transition oversight and monitoring plan
  - Childhood Lead Poisoning Prevention (CLPP) program activities through existing Medi-Cal delivery systems
  - A plan to fund administrative and service costs for the Health Care Program for Children in Foster Care (HCPCFC)
  - An analysis and plan to retain existing local CHDP program positions

CHDP Program Transition Plan Status Updates

- Throughout 2023, DHCS has been working with multiple divisions and with the California Department of Social Services (CDSS) and the California Department of Public Health (CDPH) to create a comprehensive CHDP program transition plan
- A draft of the transition plan was released for public comment from September 27, 2023, through October 11, 2023
  - DHCS received and reviewed several hundred comments to identify areas that require additional detail and/or clarification, including:
    - Discussion of the fee-for-service population
    - The post-transition monitoring and oversight plan
    - HCPCFC administrative allocation

CHDP Transition Plan Status Updates (continued)

- DHCS issued CHDP Program Activities in Fiscal Year (FY) 23-24 on December 14, 2023. County guidance is posted on the CHDP Program Letters and Information Notices website.
- To allow time for needed updates following the public comment period, DHCS has adjusted the timeline and informed stakeholders of the change
  - The transition plan will be released end of March 2024
  - At or around that time, DHCS will issue a declaration certifying the completion of the activities outlined in the transition plan

Next Steps

- DHCS is continuing to work with stakeholders as needed to address outstanding questions and maintain insight into the current status of local CHDP programs
- DHCS will release additional guidance, training, and communications, as appropriate, to ensure a successful transition on July 1, 2024

Discussion

California Children's Services (CCS) Redesign Performance Measure Quality Subcommittee

Authorizing Statute

WIC, section 14094.7 (b) requires DHCS to conduct the following activities by January 1, 2025:

- Annually provide an analysis on its website regarding trends on CCS enrollment for WCM counties and non-WCM counties, in a way that enables a comparison of trends between the two categories of CCS counties.

- Develop utilization and quality measures, to be reported on an annual basis in a form and manner specified by the department, that relate specifically to CCS specialty care and report such measures for both WCM counties and non-WCM counties. When developing measures, the department shall consider:
  - Recommendations of the CCS Redesign Performance Measure Quality Subcommittee established by the department as part of the CCS Advisory Group pursuant to subdivision (c) of Section 14097.17.
  - Available data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit.

Source: WIC Section 14094.7 (b)

Authorizing Statute (continued)

- Require, as part of its monitoring and oversight responsibilities, any WCM plan, as applicable, that is subject to one or more findings in its most recent annual medical audit pertaining to access or quality of care in the CCS program to implement quality improvement strategies that are specifically targeted to the CCS population, as determined by the department.
- Establish a stakeholder process pursuant to Section 14094.17.

Source: WIC Section 14094.7 (b)

Goals of CCS Redesign Performance Measure Quality Subcommittee

- The goal of the CCS Redesign Performance Measure Quality Subcommittee is to advise on the identification and implementation of quality and outcome measures for the CCS and WCM dashboard to drive improvements in health outcomes for children and youth
- The Subcommittee will collaborate with external stakeholders including WCM Medi-Cal Managed Care Health Plans (MCP) and CCS Classic counties to create a dashboard that tracks program performance
- 3-5 clinical and non-clinical measures should be identified and compared among both programs so external stakeholders, MCPs, and the public may access this information through the dashboard
- When possible, there should be alignment between measures selected for WCM MCPs and Classic counties

Subcommittee Meetings

- In November, the Subcommittee convened and established the following:
  - A baseline and common understanding of quality measurement terminology and methodologies
  - Domains and principles for measure selection
  - Timeline expectations and process for measure selection
- On February 29, the Subcommittee will re-convene and review measures for consideration and inclusion in the subcommittee recommendation to DHCS

Next Steps

The CCS Redesign Performance Measure Quality Subcommittee will meet on a quarterly basis and on the following schedule:

CCS Redesign Performance Measure Quality Subcommittee*	
Year	**Meeting Date**
2024	Thursday, February 29 at 9-1 PT
2024	Thursday, May 30 at 9-1 PT
2024	Thursday, July 25 at 9-1 PT
2024	Wednesday, November 20 at 9-1 PT

* Meeting days and times are subject to change

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Program Updates

CCS Guidance Documents

Policy Document	Status	Next Steps
Inter-County Transfer (ICT) Numbered Letter (NL)	• Released	• N/A
Scope of Nurse Practitioners and Physician Assistants NL	• Released	• N/A
Grievance NL	• Released	• N/A
Training NL	• Released	• N/A
CCS Reporting and Survey Process NL	• Released	• N/A
Incontinence Medical Supplies	• Released	• N/A
RSV Information Notice (IN)	• Released	• N/A
Pediatric Cardiac Specialized Care Center Standards	• Released	• N/A

CCS Guidance Documents continued

Policy Document	Status	Next Steps
Whole Child Model (WCM) NL	• Released	• N/A
Hearing and Appeals NL	• In revision	• Send out for 2nd round of public comment
Transplants NL	• Under revision by author after external stakeholder review	• Submit for posting distribution approval

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Advancing Medi-Cal RX

Guiding Principles

- Focus on commitments:
  - Minimize disruption and ensure safe and timely delivery of pharmacy benefits
  - Standardize benefits through a single delivery system
  - Improve access through a broad pharmacy network
  - Apply statewide utilization management protocols
  - Strengthen California's ability to negotiate supplemental drug rebates
- Drive to program goals through key partnerships with:
  - Advocates
  - Associations
  - Pharmacies
  - Prescribers

Strategic approach will continue:

- Phased, iterative approach, informed by data and lessons learned
- Stakeholder discussions and incorporation of feedback in planning and evaluation of implementation
- A 30-day advance notice prior to system enhancements
- A 90-day advance notice prior to changes for pediatric (21 and younger) member prior authorization requirements

Medi-Cal Rx Reinstatement

- **Phase II:** Prior Authorization (PA) requirements for New Start prescriptions for adults 22 and older reinstated – **Completed**
- **Phase III:** Retirement of the Transition Policy for renewing prescriptions for adults 22 and older – **Completed**
- **Phase IV:** Reinstate utilization management claim edits and PA requirements for enteral nutrition products for adults 22 and older – **In progress through January 2024**

Shared Successes

Based on stakeholder feedback and collaboration:

- The Contract Drug List (CDL) has been expanded to include more pediatric medications and/or formulations for improved access.
- Enteral Nutrition criteria has been updated and an Enteral Nutrition-specific PA fax form was created to enhance the provider experience.
- Claims response messaging has been modified for greater clarity and direction for pharmacists.
- CoverMyMeds (CMM) adoption goals have been exceeded, with 80% of all PAs submitted via CMM, enabling auto-resolution (real-time approval or change in therapy) for 58% (as of June 2023).

Critical Learnings

- **Lead time is critical**
  - Stakeholder preparedness requires awareness and ability to align with changes
    - Cascade/spread of information
    - System and/or process changes

- **Successful operation requires ongoing review of current processes for quality improvement, efficient processes, and system stability**
  - Reduction in administrative burden
  - Removal of barriers that hinder timely access to pharmacy benefits

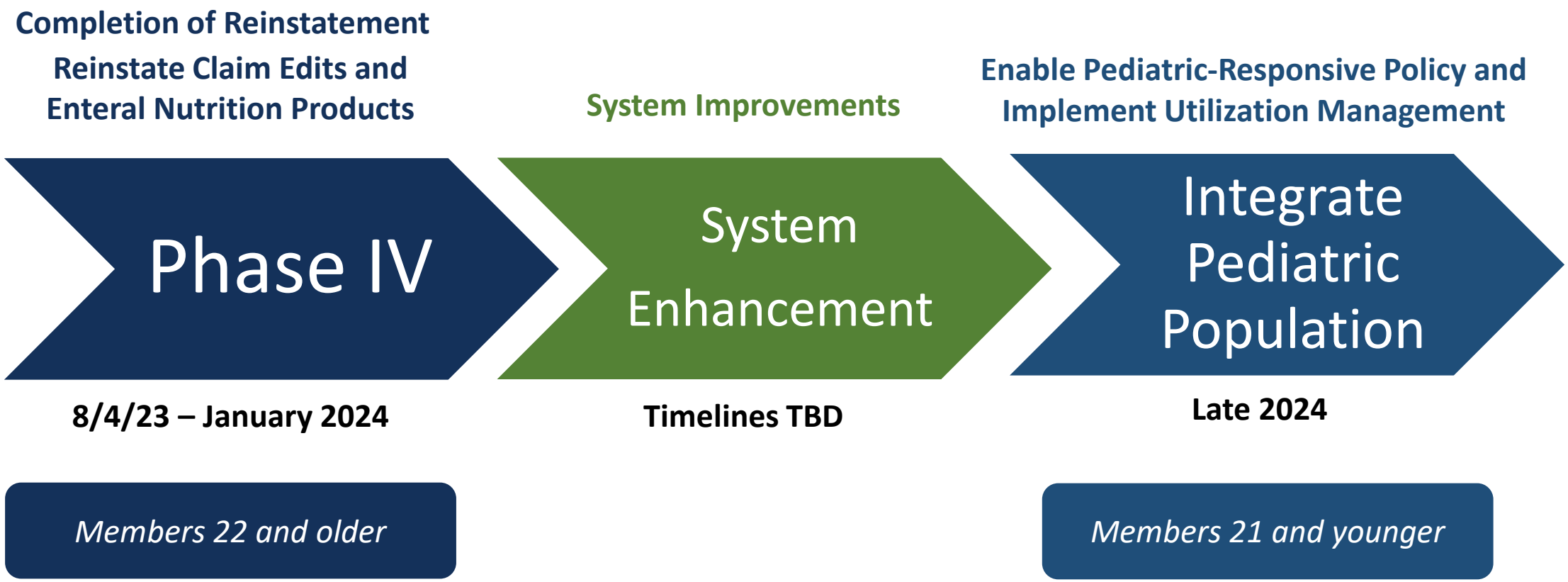
- **Continued stakeholder engagement is critical**
  - Foster key partnerships for cycle of continuous learning and improvement

- **Pediatric population should have same experience as adult population**
  - Ensure safe and timely access with appropriate utilization controls
  - Eliminate redundant processes for providers

Advancing Medi-Cal Rx

- Cornerstone of strategy remains stakeholder partnership
  - Transparency
  - Advance notice of change including how stakeholders must prepare
  - Inclusion of feedback in planning and evaluation of implementation
- Focus will be system and program enhancements
  - Leverage successful operational practices
  - Investigate and resolve identified issues as they arise
  - Consistently review current processes for quality improvement
  - Establish sustainable, efficient system for delivery of pharmacy benefit administration

2023 – 2024 Medi-Cal Rx Roadmap



Resources and Support

- Initiative-focused pages on Medi-Cal Rx website with links to:
  - Alerts and Weekly Newsletters
  - Frequently Asked Questions (FAQs)
  - Monthly Updated Medi-Cal Approved NDC List
  - Drug Look-Up Tool
- Office hours to support stakeholders
- Medi-Cal Rx Customer Service Center at 1-800-977-2273, 24 hours/7 days, 365 days per year.
- Providers can also seek assistance via the Education and Outreach team at MediCalRxEducationOutreach@magellanhealth.com

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Whole Child Model (WCM) Expansion

2024 WCM Transition

2024 WCM Transition

- The 2024 WCM Transition takes place across eight counties and five MCPs
- 2,618 Members transitioned

Current Managed Care Plan	County	Member Counts
Partnership Health Plan	Marin	135
Partnership Health Plan	Napa	169
Partnership Health Plan	Solano	625
Partnership Health Plan	Sonoma	576
Partnership Health Plan	Yolo	82
Health Plan San Mateo	San Mateo	148
CalOptima	Orange	883
Central California Alliance for Health	Santa Cruz	0

Kaiser WCM Plan Readiness

- DHCS provided required WCM plan readiness deliverables to Kaiser on June 30, 2023.
- The WCM plan readiness deliverables reflect the SB 586 deliverables used during the initial WCM implementation and updated to account for new requirements and changes over the last several years as well as addressing requirements identified in AB 2724 and AB 118.
- 29 plan readiness deliverables were identified and all 25 plan readiness deliverables required to be completed prior to implementation have been approved by DHCS. The four remaining deliverables are comprised of MOU execution, required policy and procedure updates to address the updated WCM APL DHCS released December 27, and continuing Provider Network Readiness and Verification submission required post-implementation.

Continuity of Care (CoC)

CoC Policy Design Principles

The 2024 CoC Policies outlined in the 2024 MCP Transition Policy Guide released on June 23, 2023, aim to **minimize**:

- Service interruptions for all Members who transitioned to Kaiser on January 1, 2024, especially for groups most at risk for harm from disruptions in care (i.e., WCM Members)
- Member, provider, and MCP confusion
- Administrative burden while ensuring operational feasibility for DHCS and MCPs

The 2024 CoC policy for Members who transitioned to Kaiser largely aligns with current CoC policy,* with some additional protections.

*See APL 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023

CoC Policy Levers

All WCM Members who transitioned to Kaiser on January 1, 2024, are eligible for CoC protections using the following policy levers:

- **CoC for Providers** – The Member can keep their provider even if the provider is out of Kaiser's network
  - Notices sent to transitioning WCM Members included information regarding their CoC rights
- **CoC for Covered Services** – The Member can continue an active course of treatment and Kaiser must honor prior authorizations from the Member's Previous MCP.
- **CoC Coordination/Care Management Information** – Previous MCP and Kaiser must work together to transfer additional supportive information (e.g., care plans).
- **Additional Continuity of Care Protections for All Transitioning Members** - All transitioned Members are eligible for additional protections related to Durable Medical Equipment (DME) rentals and medical supplies, non-emergency medical transportation and non-medical transportation, and scheduled specialist appointments

These levers are currently deployed in policies through the Knox Keene Act,* APL 23-022 covering CoC and the Policy Guide for Enhanced Care Management (ECM).

*Knox Keene CoC policy provides protection for some Members who will transition to Kaiser in 2024: Members with an acute condition, serious chronic condition, terminal illness, and authorized surgery or procedures documented as part of treatment plan to occur within 180 days.
For purposes of the 2024 CoC Policy discussion, the reference to Knox Keene is synonymous with Health and Safety Code 1373.96.

Special Populations

All MCP Members who transitioned January 1, 2024, have CoC protections but some Members are considered *Special Populations* and have enhanced protections to minimize the risk of harm.

- Special Populations are generally individuals living with complex or chronic conditions. Transitioned Members were identified using DHCS or Previous MCP data, including program enrollment, pharmacy claims, DME claims, screening and diagnostic codes, procedure codes, or aid codes. The Receiving MCP received this data in advance of the 2024 Transition.
  - Data guidance, including Member identification and transfer responsibility, was issued August 7 via an update to the 2024 MCP Transition Policy Guide.
- Children and youth enrolled in CCS/WCM are considered Special Populations
- MCPs are required to take **proactive steps** to implement CoC for Members of "Special Populations" through MCP **outreach to Members**' **providers** and data transfer between MCPs.
- DHCS expects transitioned Members actively receiving ECM have not faced disruption resulting from the MCP Transition on January 1, 2024, and Member eligibility and service authorization are honored and did not have to be re-authorized at the time of the Transition
- DHCS is monitoring CoC for Special Populations as part of the monitoring that is happening for all Members experiencing a Transition.

2024 WCM Transitional Monitoring

WCM Operational Readiness

- Kaiser demonstrated operational readiness for the 2024 WCM transition
- Kaiser has submitted all required deliverables due 1/1/2024
- Operational readiness categories include, but are not limited to:
  - CoC
  - Provider Networks
  - Care Coordination/Case Management
  - Beneficiary/Stakeholder Outreach
- Kaiser is on track to complete all operational readiness deliverables

MCP Transition Monitoring Approach

Due to the scale and complexity of the 2024 MCP Transition, DHCS utilized a multi-pronged approach to enable oversight and ensure compliance with MCP Transition policies. DHCS began conducting pre-transition monitoring activities in Nov. 2023.

Scale: Approximately 2.1 million Members will transition to a new MCP on January 1, 2024
Complexity: These transitions will take place across 21 counties and 14 unique MCPs. Some Members will also shift to Kaiser as their prime plan in 27 counties. An additional ~ 900,000 Members will transition from Kaiser as a subdelegate to Kaiser as a Prime Plan on January 1, 2024

Domain	Activities	Status
Plan-to-Plan Data Sharing Verification	DHCS is reviewing copies of data files shared by Previous MCPs to Receiving MCPs for timeliness and completeness; DHCS will follow up with the Previous MCP regarding identified data quality issues	**Ongoing** *Initial plan-to-plan files shared on Thursday, 11/9*
MCP Survey Responses	Receiving and Previous MCPs are required to submit CoC performance data via SurveyMonkey across four domains: • PCP retention and assignment for all transitioning Members • CoC for all transitioning Members and Special Populations Members • CoC for ECM and Community Supports • Member Issues	**Ongoing** *Initial MCP Survey Responses submitted on Wednesday, 11/22*
Proactive Sampling	DHCS is conducting proactive outreach to Receiving MCPs and requiring detailed reporting on samples of transitioning Members related to CoC for Special Populations, including transitioning Members authorized to receive ECM and Community Supports	**Ongoing** *Initial proactive sample response submitted on Wednesday, 12/6*
Provider Network	Assessing MCP compliance with all network adequacy requirements	**Ongoing** *Initial network review completed July 2023.* *Final review complete by 12/31/2023*

WCM Monitoring Approach

DHCS is utilizing a multi-pronged approach to enable oversight and ensure compliance with WCM Transition policies.

Domain	Activities	Status
MCP Survey Responses	Kaiser is required to submit CoC performance data via SurveyMonkey across four domains: • PCP and Specialist retention and assignment for all transitioning Members • CoC for all transitioning WCM Members • Care Coordination • Member Issues	**Ongoing** *Initial MCP Survey Responses submitted on Wednesday, 11/22*
Stakeholder Feedback	• DHCS is monitoring existing DHCS inboxes and discussions at DHCS forums (e.g. WCM Coordination meeting). Kaiser is also expected to track stakeholder input and ensure appropriate feedback loops exist with leadership.	**Ongoing** *Pre and post transition monitoring*
Provider Network	• DHCS is assessing Kaiser's overlap with providers that are already serving the WCM population today • DHCS is assessing Kaiser's overall network capacity by specialty, sub-specialty, and facility type	**Ongoing** *Pre and post transition monitoring*

WCM Transition Monitoring will be an added layer of monitoring to the 2024 Transitional Monitoring.

MCP Survey Responses Timeline

The goal of MCP Survey Responses is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to Member care for potential oversight actions.

Dates	Frequency
Post-Transition Monitoring (2024)	
January 1 – February 29	Bi-Weekly
March 1 – June 30	Monthly
Regular Quarterly Monitoring (2024)	
July 1 – December 31	Quarterly

**DHCS reserves the right to modify the frequency based on the ongoing status of the implementation.*

Kaiser Transition Monitoring Domain: Provider Network

DHCS assessed Kaiser's complete network capacity and determined Kaiser had an adequate paneled provider network to serve the WCM population. This included an assessment of their existing network.

- Kaiser has a robust network including all required facility types, specialties, and sub-specialties
- Kaiser has strong overlap with providers that are currently providing services to WCM Members
- Kaiser is conducting additional contracting activities with the goal of increasing overlap with the network serving the transitioning population
- Kaiser must provide CoC protections to all transitioning WCM Members, including proactive outreach to all providers serving the population today

Escalating Oversight to Enforcement Process

1. Kaiser must explain why measure(s) differ from baseline and any actions they have initiated to address any identified issues

2. Kaiser may be required to submit a plan to mitigate/remedy issue(s)

3. DHCS will provide technical assistance to Kaiser as appropriate

4. Notify DHCS leadership of any significant issue(s) and corrective action plan(s) (CAP)

5. Pursue CAPs, audits and sanctions, as needed

WCM Policy

WCM MOU

- **Background**
  - The WCM MOU is intended to be an effective tool to clarify roles and responsibilities, support local engagement, and facilitate care coordination and the exchange of necessary information to enable care coordination for the effective and seamless delivery of services to WCM Members
- **MOU Process**
  - Released a draft WCM MOU Template 9/6/23 and received 211 comments
  - Revised the WCM MOU Template based on stakeholder comments
  - Released the final WCM MOU Template on 10/23/23
- **Items to Notate**
  - Contains policy outlined in the update NL/APL
  - WCM MOU Templates have a term of three years or as agreed to by MCP and County CCS Program or as amended
  - CCS Exhibit F of Local Health Department MOU is not needed for WCM Counties

Highlighted Changes in the WCM MOU

The list below details five important changes that were made in the WCM MOU

1. The responsibility of obtaining additional documentation has shifted from the County CCS Program to the MCP
2. Timelines have been added to ensure MCPs submit the documentation within the proper time frame
3. The types of medical documentation needed for the medical re-determination have been specified (i.e. lab results, medical records)
4. Both the County CCS Program and MCP must continue to provide Members access to services without delay while a dispute is being resolved.
5. Both entities must proactively engage in a collaborative processes to remedy any issues related to timeliness or completeness of records for the medical eligibility redetermination process

WCM 2024 MOU Execution Timeline

- DHCS expected Kaiser and their County CCS Programs to demonstrate a good faith effort to execute MOUs by 12/29/2023
- MCPs are required to submit quarterly report demonstrating good faith effort until MOUs are executed and submitted through: DHCSMCQMDWCM@dhcs.ca.gov
- Counties CCS Programs are required to provide quarterly updates summarizing good faith efforts or executed MOU through CCSProgram@dhcs.ca.gov
- Kaiser and the eight counties impacted by the 2024 transition must have MOUs executed by June 2024.

WCM All Plan Letter (APL) and Numbered Letter (NL)

- **Background**
  - The APL provides guidance to MCPs while the NL provides guidance to the County CCS Program.
- **APL/NL Process**
  - Received substantial feedback on the APL/NL:
    - Received 211 comments on the APL
    - Received 236 comments on the NL
  - Released the final versions of the APL and NL in December 2023 which incorporate stakeholder feedback received
- **Items to Notate**
  - The final versions include language from the newly revised Inter-County Transfer NL and Blood, Tissue and Solid Organ NL
  - The APL requires a primary point of contact responsible for WCM Members' care coordination
  - All WCM MCPs will be required to submit updated policies and procedures within 90 calendar days of the APL publishing

Collaborative Planning

Collaborative Planning Meetings

- DHCS has held monthly planning meetings with Kaiser since May 2023 and updated to a monthly planning meeting with Kaiser and the existing WCM counties in which it will be implementing as an alternate WCM plan beginning in July 2023.
  - DHCS will continue the Kaiser/County meetings through first quarter 2024 post-implementation.
- DHCS also facilitated planning/collaboration meetings with Kaiser and the existing WCM plans in the counties in which it began operating effective January 1, 2024.

2025 New WCM Implementation Planning

- DHCS initiated monthly planning meetings in May/June 2023 with the expansion WCM plans and new counties and transitioned to a September touchbase meeting following the July meeting.
- These meetings have transitioned back to a monthly cadence as of January 2024.

Discussion

Break

Agenda

Welcome and Housekeeping	1:00 – 1:05
Director Remarks and October Meeting Recap	1:05 – 1:15
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Wrap-up, next steps and thank you	3:55 – 4:00

Enhanced Care Management (ECM)

Continuous Coverage Unwinding

- **The continuous coverage requirement ended on March 31, 2023**
- **Medi-Cal redeterminations began on April 1, 2023, and will continue for all Medi-Cal members through May 2024 based on the individuals established renewal date.**
- **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
  - DHCS implemented several federal flexibilities to make the renewal process simpler during the continuous coverage unwinding.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available
  - Check out the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan (Updated March 7, 2023)

Continuous Coverage Unwinding Communications Strategy

- On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ended March 31, 2023. The campaign will complement the efforts of the **DHCS Coverage Ambassadors** that was launched in April 2022.
- **DHCS launched the Keep Your Community Covered Resources Hub** which includes resources in all 19 threshold languages.
- **DHCS released the new, interactive Medi-Cal Continuous Coverage Unwinding Dashboard** that will allow you to gain demographic and geographic insights to enrollment and renewal data.
- **Direct Medi-Cal members to KeepMediCalCoverage.org or MantengaSuMedical.org**, which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Today's Agenda

- Brief Overview of ECM for Children and Youth
  - ECM Provider Requirements
  - Role of the Lead Care Manager
- Intersections: ECM and Key Programs for Children and Youth
  - CCS and HCPCFC
- Updates on ECM Implementation and Future Data Releases
- Q&A

Overview of Enhanced Care Management for Children and Youth

Who Is Eligible for ECM?

ECM is available to MCP Members who meet criteria for ECM "Populations of Focus" (POFs), Children and Youth are eligible for ECM across seven of the ECM POFs.

ECM Population of Focus		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓

Launching in January 2024: Birth Equity Population of Focus and Individuals Transitioning from Incarceration Population of Focus

How Is ECM Provided?
Provider Requirements

ECM Providers must:

- Be **community-based entities**.
- Have **experience** providing care to members of the specific POFs they serve, in addition to clinic-based providers who serve a generalist role.
- Have **expertise** providing culturally appropriate, intensive, in-person, timely care management services.
- Agree to **contract with Medi-Cal MCPs** as ECM Providers and negotiate rates. DHCS does not set ECM Provider Rates.
- Must be able to **either submit claims to MCPs or use a DHCS invoicing template** to bill MCPs if unable to submit claims and **must have a documentation system for care management.** (Note: ECM Providers are **not** required to submit claims.)

ECM for Children & Youth:
Serving As Lead Care Manager

Existing programs with a care coordination/care management component serve many of the same children and youth who will be served in ECM.

- ECM will provide whole-child care management above and beyond what is provided by the pre-existing programs.
- ECM serves as the **single point of accountability** to ensure care management across multiple systems/programs – the Lead Care Manager role.
- The person, organization, or entity that already knows the child best should become the ECM Provider.
- **ECM does not take away funding from existing care management programs**; other programs' care managers can choose to enroll as an ECM provider and receive additional reimbursement for ECM from MCPs.
- **DHCS does not set licensing requirements** for ECM care managers. MCPs are responsible for vetting the qualifications and experience of ECM Providers.

Pre-Existing Children & Youth Focused Programs
Not an exhaustive list

- California Children's Services (CCS)
- CCS Whole Child Model (WCM)
- Specialty Mental Health Services (SMHS)
- SMHS Intensive Care Coordination (ICC)
- California Wraparound
- Health Care Program for Children in Foster Care (HCPCFC)
- Dyadic Services
- Justice system

Intersections: ECM and Key Programs for Children and Youth

How does ECM Intersect with HCPCFC?

Policy Guidance

Children and Youth can be enrolled in both ECM and the Health Care Program for Children in Foster Care (HCPCFC). ECM should be provided *in addition* to services provided by HCPCFC.

- **ECM Provider assignment.** If a child or youth is enrolled in both ECM and HCPCFC and their existing care manager is a contracted ECM Provider, then the MCP should assign the care manager as that Member's ECM Provider, unless the Member (and/or their parent, guardian, caretaker) prefers a different ECM Provider. In instances where the Member's HCPCFC Public Health Nurse is also their ECM Provider, ECM services could be provided where the Member receives HCPCFC services.
- **Comprehensive assessment and care management plan.** The ECM Provider is expected to leverage the care plans developed by HCPCFC in developing the Member's ECM care management plan.
- **Services.** ECM should include addressing other needs that **are not already being met by HCPCFC.** Examples of applicable ECM services for this population include (but are not limited to):
  - Facilitating enrollment in SNAP
  - Supporting enrollment in educational opportunities and grants
  - Assisting the Member with scheduling appointments with their PCP and coordinating referrals to specialists
  - Ensuring the Member's foster parents have the resources and knowledge to monitor the Member's medication-assisted treatment to address a SUD

Community Supports, ECM, and CCS/CCS Whole Child Model

- ECM enhances and/or coordinates across the case management available in CCS and CCS Whole Child Case Management
- CCS-enrolled children who are Medi-Cal eligible and enrolled in Medi-Cal managed care may be eligible for Community Supports depending on county, health plan, and individual Community Supports eligibility criteria
- Whole Child Model enrollees may be eligible for Community Supports depending on county, health plan, and individual Community Supports eligibility criteria

Released: Spotlight on ECM for Children & Youth

In November 2023, DHCS released the **Enhanced Care Management (ECM) for Children and Youth Populations of Focus Spotlight.**

- ✓ Lifts up key DHCS policies and resources on serving Children and Youth in ECM.
- ✓ Contains Member vignettes that illustrated how to implement ECM for the Children and Youth Populations of Focus:

Teen in foster care also receiving Intensive Care Coordination

Child with cerebral palsy enrolled in CA Children's Services

- ✓ Explains how Community Supports can be integrated to best serve children and youth along with their families and caregivers.

This is the first in a **series of Spotlights** DHCS plans to release to provide more detail on how Providers can deliver ECM models tailored to meet the needs of different Populations of Focus.

Profile: Sam, a Child With Cerebral Palsy Enrolled in CCS

This vignette describes how a fictional Member named Sam might experience ECM services delivered by a county CCS provider. It illustrates the process of Sam accessing ECM after a referral by his CCS Nurse Case Manager, including ECM Provider assignment, developing Sam's ECM care plan, and the roles of Sam's ECM Provider and CCS care team in coordinating Sam's care.

Data on ECM Implementation

Provider Networks:
Capacity to Support CCS Children

The ECM Model of Care (MOC) is each MCP's framework for providing ECM. As different POFs go live, MCPs submit an ECM MOC along with Provider network capacity for each county in which the MCP operates. At the launch of the Children & Youth POFs on July 1, 2023, MCPs reported the following provider network capacity to support CCS children:

212 listed Providers (by plan-county) as able to serve CCS children

- **64 Federally Qualified Health Centers**
- **45 Community Based Organizations**
- **12 Behavioral Health Entities**
- **5 County-based** (Los Angeles DPH, Los Angeles DHS, Madera County, San Francisco, County of Ventura)
- **2 CCS** (Alameda CCS, San Mateo CCS)

Plan for Ongoing Public Data Reporting

DHCS receives data on ECM and Community Supports on a quarterly basis, 45 days after the end of each quarter. DHCS is planning for more regular public data releases for ECM and Community Supports that include information about plan- and county-level implementation.

Quarterly starting in December 2023, DHCS will update the *Implementation Report* with detailed county- and plan-level data.

- Update will be similar to the "2022 Implementation Report."
- Initial update will show data through Q2 2023 and be updated quarterly thereafter. DHCS preview the statewide Q2 2023 data in a November fact sheet release.

Data on Members receiving ECM through the Children and Youth Populations of Focus will first appear in reporting of data from Q3 2023.

Quarterly Implementation Monitoring Reporting periods and due dates		
Quarter	Reporting Period	Anticipated Publication
2023 Q3	July – Sept 2023	2024 Q1
2023 Q4	Oct – Dec 2023	2024 Q2
2024 Q1	Jan – March 2024	2024 Q3
2024 Q2	April – June 2024	2024 Q4

For additional details, see the ECM and Community Supports Quarterly Implementation Monitoring Report Requirements

For Discussion

Six months into implementation of ECM for Children and Youth POFs, what are you seeing?

- **Provider networks.** From your vantage point, **how is ECM network formation going** for serving children receiving CCS and CCS WCM?
  - What barriers are you seeing, and what have been some effective strategies to address them?
  - If not CCS Providers, who else is best positioned to serve as ECM Providers for the children you serve?
- **Program overlaps.** What examples are you seeing of promising practices for **incorporating the ECM Lead Care Manager role** to coordinate across programs and care team members?
  - Understanding that programs vary significantly by geography, are you seeing local collaboration to delineate roles/responsibilities across programs?
- **Referral & Member Assignment.** How are MCPs and Providers operationalizing Provider assignments for members referred to ECM?
  - What are practices you've seen from MCPs that **improve the likelihood a child is assigned to their existing provider for ECM** in cases where a child has a relationship with an existing ECM Provider (e.g. including the option to specify a preferred ECM Provider on the ECM referral form)?

Q&A

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Kaiser Permanente | Whole Child Model Program

A presentation to the DHCS CSS Advisory Group

January 10, 2024

Jerry C. Cheng, MD

Kinisha Mills Campbell, MPH, FACHE

DHCS

Table of Contents

» Kaiser Permanente (KP) has prepared this document to provide the CCS Advisory Group an overview of how KP administers the WCM program.

1 **KP WCM Expansion**

Recap of KP's expanded WCM landscape

2 **KP's Integrated Delivery System**

WCM Scope of Service & Continuity of Care (CoC)

3 **External Partnerships**

External partnerships & outside referrals

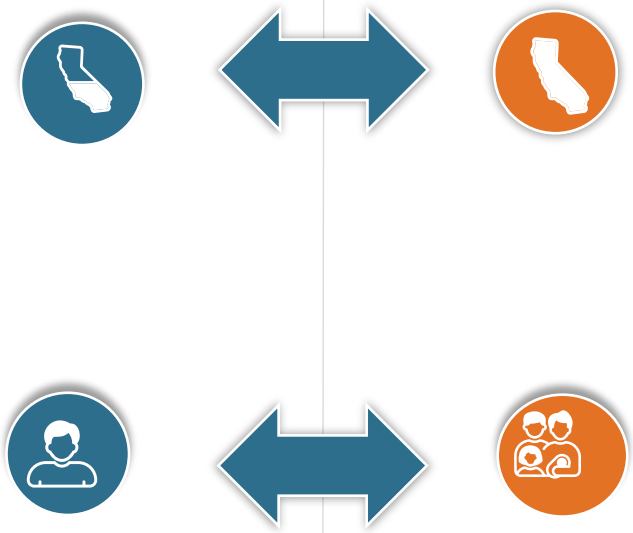
KP WCM | What has changed?

» Pre-expansion

KP currently identifies potentially eligible Members and refers to County CCS departments for determination for Members who present in any KP facility.

KP serves as a WCM plan in Orange County as a delegate to Cal Optima.

KP provides primary and specialty care services to 7 existing WCM counties in partnership with prime plan. KP serves as the care delivery system.



» Current State

Expanded KP's responsibility to all aspects of case management, care coordination and care delivery in addition to both non-medical and medical transportation.

KP provides services directly to Medi-Cal Members in WCM designated counties under AB 2724; KP will no longer hold contracts with Plan Partner. Santa Cruz County is KP's net new WCM county with the expansion. KP will serve as the authorizing MCP, and care delivery system.

Kaiser Permanente WCM Model | Current and Future State

AB 2724 mandates KP to administer WCM in alignment with where the state has designated each WCM county

Per AB 2724, the following populations are eligible to join KP's Medi-Cal managed care plan*:

- Those who have had KP coverage within the past 12 months
- Those who are qualified family linkages of existing KP members
- Those who are foster youth and former foster youth
- Those who are duals, covered by both Medicare and Medi-Cal

Existing WCM Members assigned to KP before the transition will stay with Kaiser. There was be no disruption of care for these Members.

Additional growth may occur through default enrollment for Members who do not select a health plan. KP is participating in default enrollment dependent on capacity and will annually determine which counties have capacity and for how many Members.

Existing KP Classic CCS Counties KP is a CCS Provider	**New KP Classic CCS Counties AB2724** KP is now a CCS Provider	**KP to be a WCM Prime Plan- AB2724**	**KP to be a WCM Prime Plan - 2025** ***AB118***
• Alameda • Amador • Contra Costa • El Dorado • Los Angeles • Placer • Riverside • Kern • San Joaquin • Santa Clara • Ventura • Sacramento • San Bernadino • San Diego • San Francisco	• Fresno • Kings • Madera • Mariposa • Stanislaus • Sutter • Tulare • Yuba • Imperial	• Solano • Sonoma • Yolo • Marin • Napa • San Mateo • Santa Cruz • Orange	• Placer • Mariposa • Sutter • Yuba

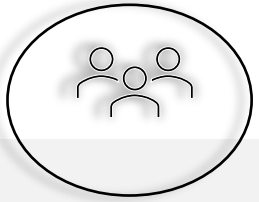
* DHCS and KP Memorandum of Understanding
https://www.dhcs.ca.gov/Documents/KP-DHCS-AHCSP-MOU.pdf

KP Integrated Delivery System

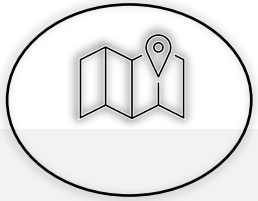
An overview of our how unique integrated systems positions us to meet the needs of WCM Members

The Right Care, at the Right Place, at the Right Time

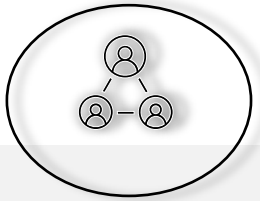
» Our policies, processes and systems are designed to collectively assure CCS Member's timely access to care



Multidisciplinary KP Pediatric trained CCS WCM teams include RNs, MSWs, and Operations Specialist who support administrative functions and service coordination.

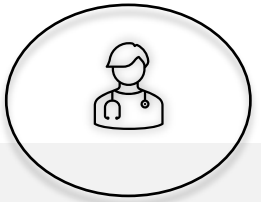


KP CCS WCM teams are **geographically-based** within or near our KP CCS certified Medical centers.



Case Management is led by WCM Pediatric Health Care Coordinators (PHCC) working hand-in-hand with PCPs and frontline physicians to guide the care.

PHCC's serve as the conduit between all members of the care team. PHCCs have clinical pediatric expertise, are trained on WCM guidelines, and pediatric complex care coordination. Each Member is assigned a KP WCM PHCC as their single point of contact.



Fully integrated healthcare system allows for direct and on-going engagement between our PHCC and our clinicians for real time clinical consultations as needed.

KP WCM Case Management

Integrated Technology

- Each Medi-Cal pediatric patient that presents within the KP system of care is reviewed for potential eligibility and referred to County CCS for CCS eligibility determination.

KP PHCC

- Provide fully integrated care coordination including annual assessments and transition plans.
- Serve as the conduit between the Member's primary and specialty care providers and other members of the care team.
- Submit the New Referral CCS/GHPP Client Service Authorization Form (DHCS 4488) through eSAR or fax to the County CCS office for medical eligibility determination for new potential CCS members.
- Initiate all covered services including DME, hearing aids, transportation as required in the APL, and meal support with CCS paneled providers.
- Facilitate continuity of care requests. KP will honor all open MCPs authorizations upon request.

Community Referrals

- KP WCM Care Coordinators engage the KP Outside Referrals Department to facilitate referrals for specialty services not provided by KP, or when Members prefer not to cross county lines to remain within KP network to receive their specialty care.
- KP WCM Care Coordinators assess Members for Enhanced Care Management and Community Support needs and make referrals to community-based partners as needed.

WCM Member Journey & Supporting Processes

Member received 30-and 60-day Transition Letter explaining their assignment to KP and option to keep their current CCS service provider or MCP. In the same transition letter mailer, members were invited to participate in Family Advisory Committee.

Member received an automated call repeating the messaging in the letter. Member received call from CoC Hub explaining CoC options.

Member received call from their assigned Pediatric Health Care Coordinator to initiate all covered services including DME, hearing aids, transportation, and meal support with CCS paneled providers. Annual assessment completed.

Member continues receiving services with CCS providers, within KP and outside the KP network.

Member received phone call if they have an open authorization for services they are not utilizing (i.e., Rx, DME, specialty care).

Near the end of the authorization period, the Member will receive a call for reassessment and if necessary, KP will extend services with the current providers.

TRANSITION

- **Ongoing and continued engagement with MCP's** throughout the transition process. Transitioning Member list provided.
- **CCS WCM transitioning Member list established**. KP data teams reconciled WCM Member list from HP of San Mateo, Partnership HealthPlan and Central CA Alliance for Health with internal data EU codes.
- **Regional Family Advisory Committee** inaugural meeting planned Q1 2024 comprising of Members and families, KP physicians.
- **Member Services Contact Center receives** inbound calls and routes to the CoC Hub.
- **Outside referrals** are initiated for access to specialty services not provided by KP, or when Members prefer not to cross county lines to remain within the KP network to receive their specialty care.

CARE COORDINATION

- **Pediatric Health Care Coordinator (PHCC) are** assigned to each WCM Member and is the single point of contact; all staff are trained on WCM processes.
- **Compass Rose a care coordination application** in KP Health Connect EHR is used by the care team to:
  - Support Member's care coordination needs throughout CoC period
  - Create and maintain Individual Care Plans
  - Enable HCCs to respond to dashboard alerts and tasks
  - Conduct Pediatric-specific Assessment
  - Run PMCA algorithm to re-assess member risk stratification
- **Data sharing to facilitate care coordination** is supported via secure email with counties and through "read only" access to the KP EMR.
- **Through the Family Advisory Committee (FAC)** the voice of the Member is integrated into KP's WCM care delivery model. The **Clinical Advisory Committee (CAC)**, representing specialties and WCM providers, ensures an interdisciplinary approach to care.

MONITORING | REASSESSMENT | ONGOING SUPPORT

<u>During transition period:</u>

- **CoC specialist reviews the data file halfway** through the authorization period to assess utilization. If Member is underutilizing services, the CoC specialist will reach out to the Member.
- **CoC specialist starts reassessment halfway** through the authorization period with Member/provider; reassessment decision notice is sent to Member 60 days before the end of authorization period.
- **When transitioning a member to a KP provider**, the CoC Hub will transfer to the Appointment and Advice line for Member to schedule PCP appointment or address other clinical needs. For benefits and billing, the CoC Hub will ensure the member is warm transferred to the Member Services Call Center.

<u>Annual Re-determination:</u>

- **Health Care Coordinator** initiates review of Member's utilization of services 90 days prior to the annual re-determination period.
- **Outreach to family is conducted** if Member has not been keeping appointments.

22 CCS Approved KP Medical Centers, NICUs, and PICUs statewide

Region	Tertiary Hospital & Regional NICU / PICU	Pediatric Community Hospital & Community NICU	General Community Hospital & Community NICU	Special or Standard Hospital	Rehabilitation Hospital (Ages 14-21)
NCAL	Oakland Medical Center	San Francisco Medical Center (Community NICU)	Modesto Medical Center (General Community/ Community NICU)	Vallejo Medical Center (No NICU)	Vallejo Rehabilitation Center
			Redwood City Medical Center (No NICU)		
	Roseville Medical Center	Walnut Creek Medical Center (Community NICU)	Sacramento Medical Center (No NICU)		
	Santa Clara Medical Center		San Leandro Medical Center (General Community/Community NICU)		
			South Sacramento Medical Center (No NICU)		
SCAL	Los Angeles Medical Center	Downey Medical Center (Community NICU)	Riverside Medical Center (Community NICU)	Panorama City Medical Center (Community NICU)	
		Fontana Medical Center (Community NICU, plus PICU)	Baldwin Park Medical Center (Pediatric Community/ Community NICU)	Woodland Hills Medical Center (Community NICU)	
		Orange County Medical Center (Anaheim) (Community NICU)			
		San Diego Medical Center- (Community NICU)			
		West L.A. Medical Center			

External Partners

An overview of how CCS WCM Members will be supported through seamless care coordination with our external partners

Community Engagement and Partnerships

» Our CCS WCM program is predicated on strong relationships we have cultivated with a variety of external partners

Clinical Advisory Committee	A quarterly forum consisting of paneled **KP providers** and **CCS County Medical Directors** or their designees to advise on clinical issues relating to CCS conditions (incl. treatment authorization guidelines) and serve as clinical advisors
Family Advisory Committee	A quarterly forum comprising a diverse group of **CCS families**, **KP providers, local providers** such **family resource centers** to facilitate feedback between providers and families and help educate families on navigating the KP system
Children's Hospitals	Our collaborative work with adjacent **children's hospitals** will continue to be central in CCS care coordination
Transplant & Tertiary	Leverage our existing relationships with partners in **Transplant** and **Tertiary Services** to meet the needs of our CCS members
Medical Therapy Program (MTP)	KP's CCS Paneled Providers partners with **Medical Therapy Program (MTP)** staff as part of the interdisciplinary team, collaborating with the patient, caregiver/family for PT/OT consultations/recommendations/prescriptions for specialized equipment, as needed
Transition to Adult Care	Our **Person-centered planning and Age Out** plan facilitates young adults navigate the transition out through (1) Member identification, (2) Member notification, (3) PCP/Specialist notifications, (4) transition planning with care team, and (5) Member/family engagement

Outside Referrals for Specialty Care

- **KP has 61 CCS Certified Special Care Centers** across California with another 9 application and site visits pending with DHCS.
- **Members will be referred for specialty services** outside of KP when the service is not available within KP or;
- **When a Member would like to be seen** for specialty care services within their county and the service is not offered by KP within their county.

- **A referral and authorization would be** provided for the Member by KP's Outside Referrals department.
- **CoC is available for transitioning Members** for 12 months post-transition. 60 days before CoC ends, the member will be contacted to re-review CoC needs. Member will be re-authorized to see the non KP provider if it is medically indicated upon review.

Kaiser Permanente WCM Model | Direct points of contact by Hub

KP WCM Hubs is organized into four geographic areas, each hub has a designated WCM point of contact

	Orange County*	East Bay Hub Napa, Marin, Solano, Sonoma	South Bay Hub San Mateo, Santa Cruz	Valley Hub Yolo	Medi-Cal Decision Unit Out of Area
Management Team	Sloane Petrillo Sloane.X.Petrillo@kp.org	Christine Gissible Christine.A.Gissible@kp.org	Stephanie Smith Stephanie.R.Smith@kp.org	Gina Anixter Gina.Anixter@kp.org	Stephanie Smith Stephanie.R.Smith@kp.org
Phone	866-551-9619	510-752-2756	408-851-7467	916-746-3505	510-987-2102
Email	regcarecoordcasemgmt@kp.org	CCSEBHUB@kp.org	CCS-SB-HUB@kp.org	CCSVLYHUB@kp.org	Regmcdurns-KPNC@kp.org

* Contact for Orange County is for case management questions only.

Discussion

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Public Comment

Thank you
Next Meeting: April 10, 2024