



**NOTICE OF A
REGULAR MEETING OF THE
WHOLE-CHILD MODEL
FAMILY ADVISORY COMMITTEE**

**TUESDAY, DECEMBER 19, 2023
9:30 A.M.**

**CalOptima Health
505 City Parkway West, Suite 150-N
Orange, California 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda. To speak on an item during the public comment portion of the agenda, please register using the Webinar link below. Once the meeting begins the Question-and-Answer section of the Webinar will be open for those who wish to make a public comment and registered individuals will be unmuted when their name is called. You must be registered to make a public comment.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806, at least 72 hours prior to the meeting.

The Regular Whole-Child Model Family Advisory Committee's meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org.

Register to Participate via Zoom at:

https://us06web.zoom.us/webinar/register/WN_YEdMVhAIShCRjk3hWFI7Hg and Join the Meeting.

Webinar ID: 875 8652 1159

Passcode: 602785 -- Webinar instructions are provided below.

1. **CALL TO ORDER**
Pledge of Allegiance
2. **ESTABLISH QUORUM**
3. **APPROVE MINUTES**
[Approve Minutes of the September 19, 2023 Regular Meeting of the Whole-Child Model Family Advisory Committee](#)
4. **PUBLIC COMMENT**
At this time, members of the public may address the Whole-Child Model Family Advisory committee on matters not appearing on the agenda, but within the subject matter jurisdiction of the Committee. Speakers will be limited to three (3) minutes.
5. **REPORTS**
 - A. Consider Recommendation of Whole-Child Model Family Advisory Committee Vice Chair
6. **MANAGEMENT REPORTS**
 - A. [Chief Executive Officer Report](#)
 - B. Chief Operating Officer Report
 - C. Chief Medical Officer Report
7. **INFORMATIONAL ITEMS**
 - A. [Available Medical Services to California Children Services Children](#)
 - B. [Kaiser Transition Update](#)
 - C. Whole-Child Model Family Advisory Committee Member Updates
8. **COMMITTEE MEMBER COMMENTS**
9. **ADJOURNMENT**

TO JOIN THE MEETING

Please register for the Regular Meeting of the Whole-Child Model Family Advisory Committee on December 19, 2023 at 9:30 a.m. (PST)

To **Register** in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_YEdMVhAIShCRjk3hWFI7Hg

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On day of meeting, please click this URL to join:

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Or join by phone:

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Webinar ID: 875 8652 1159

Passcode: 602785

MINUTES

REGULAR MEETING OF THE CALOPTIMA HEALTH WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE

September 19, 2023

A Regular Meeting of the Whole-Child Model Family Advisory Committee (WCM FAC) was held on September 19, 2023 at CalOptima Health, 505 City Parkway West, Orange, California via in-person and teleconference (Zoom).

CALL TO ORDER

Kristen Rogers, WCM FAC Chair called the meeting to order at 9:31 a.m. and led the Pledge of Allegiance.

ROLL CALL

Members Present: Kristen Rogers, Chair; Maura Byron; Erika Jewell; Monica Maier (10:30 a.m.); Jessica Putterman;

Members Absent: Cally Johnson; Lori Sato

Others Present: Michael Hunn, Chief Executive Officer; Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O. Ph.D., Chief Medical Officer; Zeinab Dabbah, M.D., J.D., MH, Deputy Chief Medical Officer; Kelly Giardina, Executive Director, Clinical Operation; Thanh-Tam Nguyen, M.D., Medical Director; Mia Arias, Director, CalAIM Implementation; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant, Operations;

MINUTES

Approve the Minutes of the June 13, 2023 Regular Meeting of the CalOptima Board of Directors' Whole-Child Model Family Advisory Committee

Action: On motion of Member Byron, seconded and carried, the WCM FAC Committee approved the minutes of the June 13, 2023, meeting. (Motion carried 7-0-0; Members Johnson, Maier and Sato absent)

PUBLIC COMMENTS

There were no public comments.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer provided a CEO update to the committee and discussed the on-going redetermination and renewal process being undertaken by the Social Services Agency (SSA). He noted that there had been some challenges with their database and updates when it came to recognition of correct eligibility files. He also noted that September may see about 12,000 members that will be disenrolled due to Medi-Cal eligibility. Mr. Hunn discussed how CalOptima Health continues to work with the SSA to make the process smoother for the members.

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer, discussed the ongoing workforce development program and noted that the CalOptima Health's Board in June had approved an investment of \$50 million over five years for Health Provider Workforce Development. Ms. Kim noted that CalOptima Health was trying to achieve a couple of things such as address the known gaps in the network with certain provider types. Ms. Kim also discussed the Kaiser Permanente transition that would take place on January 1, 2024. She noted that there were approximately 60,000 Medi-Cal members who were assigned to the Kaiser Permanente network and that CalOptima Health was working with Kaiser Permanente to ensure that the transition would be smooth for these 60,000 members. Members affected in this transition will start to receive information beginning October 1, 2023.

Chief Medical Officer Update

Richard Pitts, D.O., Ph.D., Chief Medical Officer, introduced Zeinab Dabbah, M.D., J.D., M.P.H., Deputy Chief Medical Officer who provided a COVID update and discussed the new COVID vaccine that contained protections against the new variants. Dr. Dabbah also provided an update on the Respiratory Syncytial Virus (RSV) and noted that there was a new vaccine for pregnant women.

INFORMATION ITEMS

Denti-Cal Update

Johanna Diaz of Delta Dental, presented on Smile California, the Denti-Cal program for Medi-Cal. Ms. Diaz reviewed the criteria for receiving Medi-Cal dental services and how this service was available for Medi-Cal eligible patients and explained how to receive dental services.

Whole-Child Model Care Coordination Support

Kelly Giardina, Executive Director, Clinical Operations and Mia Arias, Director, CalAIM Implementation reviewed Care Coordination for Children with Special Healthcare needs including support for the age out process.

Whole-Child Model Member Updates

Chair Kristen Rogers informed the committee that the Board at their August 3, 2023 meeting had reappointed Monica Maier and Lori Sato as Authorized Family Members. She noted that Jennifer Heavener and Cally Johnson had been appointed as new Authorized Family Member and that Sofia Martinez had been appointed as a Community Based Organization member and Janis Price as a

Minutes of the Special Meeting of the
CalOptima Health Board of Directors'
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Consumer Advocate. She also reminded the members that the next meeting would be December 19, 2023 at 9:30 AM.

ADJOURNMENT

Hearing no further business, Chair Kristen Rogers adjourned the meeting at 11:45 a.m.

/s/ Cheryl Simmons

Cheryl Simmons

Staff to the Advisory Committees

Approved: December 19, 2023



MEMORANDUM

DATE: November 30, 2023

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — December 7, 2023, Board of Directors Meeting

COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. Medi-Cal Renewal Efforts Continue

CalOptima Health and the County of Orange Social Services Agency (SSA) continue to actively partner on the Medi-Cal renewal process. As I have shared before, data is fluid because members can continue to renew without a gap in coverage for 90 days after their renewal month ends. That said, CalOptima Health data shows that 15% of members due for renewal in the monthly cohorts from June to October are not currently eligible. At the same time, based on continued economic conditions affecting income levels in our community, we are continuing to welcome many new members each month, so our overall membership remains higher than originally planned. For a recent look at California's Medi-Cal enrollment and renewal trends, the Department of Health Care Services (DHCS) released the statewide [dashboard](#) with data through September. Our efforts to engage members due for renewal remain steady and strong, ranging from texting and advertising to community outreach and provider engagement. Below are summaries of selected outreach activities from November.

- **Billboard Donation**

The City of Placentia has generously donated to CalOptima Health the use of its three digital billboards on the 57 freeway to raise awareness about Medi-Cal renewals. The ads ran throughout November in English and Spanish.

- **City Presentations**

On November 21, CalOptima Health raised awareness about Medi-Cal renewal by visiting the Placentia City Council. I was joined by Supervisor Doug Chaffee and SSA Director An Tran in highlighting renewal efforts and noting that 27% of Placentia residents are CalOptima Health members.

B. CalOptima Health Hosts First Naloxone Community Event

CalOptima Health will hold our first Naloxone Community Event on Saturday, December 2, at our building. We plan to distribute free naloxone to members and offer optional educational presentations in three languages. The Orange County Health Care Agency will also be on-site should a non-member attend and want a free dose of naloxone. Prior to the event, we sent approximately 100,000 text messages to invite members (age 18–69) living within a four-mile radius of our building to attend, ran targeted social media advertising and widely promoted the event by sharing the news with our elected

officials and community-based organizations. We will provide an update about the event at the December 7 Board meeting. As we plan for future events, we will ensure availability across Orange County.

C. California State Auditor Six-Month Update Submitted

On November 2, CalOptima Health submitted to the California State Auditor (CSA) the attached six-month status update on the implementation of CSA's audit recommendations. This is the second of three updates due 60 days, six months and one year after the release of the audit report on May 2, 2023. This document is also being publicly posted on the CalOptima Health website. Following the submission of the 60-day update on July 2, CSA confirmed that CalOptima Health fully implemented three of the seven recommendations relating to grant management, hiring and recruitment, and fraud, waste and abuse policies. I am pleased to share that this six-month update will report that we have implemented three additional recommendations related to reserve funds and non-retaliation policies. Specifically, on September 7, 2023, the Board approved an updated Board-Designated Reserve Funds policy that formalizes processes for the Board to review reserve funds as part of the annual budget/annual financial planning process as well as on an ongoing basis. Also on September 7, 2023, the Board approved an updated Non-Retaliation for Reporting Violations policy that continues this year's annual survey to ensure staff understand how to report noncompliance and feel comfortable doing so. With one other recommendation deemed closed out by legal counsel, no further recommendations are pending implementation. Our Chief Compliance Officer will update the Board when CSA completes its assessment of our six-month response.

D. Managed Care Organization (MCO) Tax May Become to Ballot Measure

As you know, the FY 2023–24 state budget reauthorized the MCO tax to provide additional Medi-Cal funding through December 31, 2026. At the same time, a broad coalition of health care organizations, with the support of CalOptima Health, had been working to negotiate and submit a 2024 ballot initiative that would codify a permanent MCO tax extension with strict funding allocations to support quality and access to care in Medi-Cal. California Attorney General Rob Bonta has officially released the title and summary of the submitted initiative, allowing the coalition to start collecting signatures to qualify for the November 5, 2024, ballot. The title and summary is attached. At this stage, CalOptima Health is now significantly restricted in our coalition participation as a public agency.

E. Federal Government Shutdown Averted (Again!)

This month, both houses of the U.S. Congress passed and Pres. Joe Biden signed into law H.R. 6363: Further Continuing Appropriations and Other Extensions Act, 2024, an additional short-term Continuing Resolution (CR) that further extends Fiscal Year (FY) 2023 federal spending levels through January 19 or February 2, depending on the federal agency (e.g., funding for the U.S. Department of Health & Human Services [HHS] expires on February 2). FY 2023 federal spending had previously been extended via a short-term CR from September 30 through November 17. In addition, H.R. 6363 reauthorizes the Supplemental Nutrition Assistance Program (SNAP) — known as CalFresh in California — through FY 2024, which ends on September 30, 2024. As the new FY 2023 funding expiration dates approach, I will provide further updates regarding the status of final, negotiated FY 2024 federal spending bills.

F. Analysis of 2023 Signed and Vetoed State Legislation

As previously mentioned, on October 13, Gov. Gavin Newsom finished signing or vetoing all legislation passed by the California State Legislature in 2023. Following internal review, staff has prepared the enclosed analysis of signed and vetoed legislation identified for potential impact to CalOptima Health. Next, the California Department of Health Care Services (DHCS) and other state agencies are expected

to issue further guidance on the implementation of signed legislation in the coming months. On January 3, the State Legislature will reconvene from interim recess for the second year of its 2023–24 legislative session.

G. DHCS Publishes New CalAIM Data

DHCS recently published the [Enhanced Care Management \(ECM\) and Community Supports Implementation Update: Data Through Q2 2023](#). It highlights the continued growth of ECM and Community Supports at the aggregate state level, along with a map showing that Orange County now offers all 14 Community Supports. Statewide, there has been 29% growth in cumulative ECM enrollment and 108% growth in cumulative Community Supports recipients since the end of 2022. This update builds on the previous ECM and Community Supports Year One Report and offers a first look at ECM enrollment for the two Long-Term Care Populations of Focus, which became eligible for ECM in January 2023. DHCS will soon publish a comprehensive report that includes detailed plan-level and county-level ECM and Community Supports data through Q2 2023.

H. White House Releases Social Determinants of Health Playbook

On November 16, The White House released its first-ever U.S. Playbook to Address Social Determinants of Health (SDOH). In coordination with U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS), this publication aims to help support federal agencies, states, and local and tribal governments to better coordinate medical care, public health and social services. In addition to the primary publication, HHS and CMS have also released several supplemental materials specific to Medicaid coverage of SDOH as well as the use of Community Care Hubs to address SDOH.

I. CEO Michael Hunn Joins California Association of Health Plans (CAHP) Board of Directors

I was honored to be appointed as the newest member of the CAHP Board of Directors, where I will join other Medi-Cal, Medicare and commercial plan leaders to help drive statewide advocacy efforts that improve health outcomes for our members. On November 16, CalOptima Health distributed a [press release](#) to the media announcing the board role.

J. CalOptima Health Rolls Out Statewide Equity and Practice Transformation Program

CalOptima Health is participating in the statewide Equity and Practice Transformation (EPT) five-year program that aligns with the DHCS Comprehensive Quality Strategy, Health Equity Roadmap and the 50X2025 Bold Goals. The statewide Directed Provider Payments of \$650 million will flow to the providers who are approved to participate in this program. Led by Michael Gomez, Executive Director of Network Operations, CalOptima Health quickly rolled out the key components of this program to our health networks, individual CalOptima Health Community Network providers and the Coalition of Orange County Community Health Centers to ensure requirements and timelines were met. CalOptima Health received seventy-one provider applications. Sixty-two met the program eligibility requirements. CalOptima Health recommended all sixty-two be approved by DHCS.

K. Skilled Nursing Facilities Access Program Addresses Service Gaps

The purpose of CalOptima Health's Skilled Nursing Facilities (SNF) Access Program is to enhance quality through better access and further strengthen the safety net system across Orange County for individuals who require SNF post-hospitalization care. The workgroup has identified gaps in the process and continues to work on mitigating the service gaps. As of November 2023, CalOptima Health has updated a list of barriers to discharge. Fourteen Board and Care (B&C) facilities have been identified to participate in a future pilot program. We currently are seeking contracts with B&C facilities that can

accept members who are not accepted by SNF and Recuperative Care (e.g., unhoused, young age, behavioral health, legal issues, etc.). The Contracting department is also in the process of updating SNF contracts for facilities that can have dialysis on-site. The estimated start date of the revised contracts is December 1, 2023. We recently met with Inland Empire Health Plan to learn about the interventions they use to assist with SNF discharges.

L. OneCare Open Enrollment Comes to Close

CalOptima Health's OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, open enrollment for 2024 began October 15 and ends on December 7. OneCare combines Medicare and Medi-Cal benefits in a single plan and has been serving Orange County since 2005. Members can get supplemental services not covered by Medicare or Medi-Cal at no extra co-pay cost. This year, our Communications team created an outstanding, easy-to-use Enrollment Kit that combines all the necessary information and forms for potential members. The booklets are available in all seven threshold languages. Boosting enrollment into OneCare is a priority, so thank you for helping spread the word about OneCare in Orange County. To be eligible to join OneCare, a member must be:

- Age 21 or older
- Living in Orange County
- Enrolled in Medicare Parts A and B
- Receiving Medi-Cal benefits

M. CalOptima Health Receives The Eli Home's Humanitarian Award

The Eli Home honored CalOptima Health with its Humanitarian Award at its annual Christmas Ball. Each year, The Eli Home chooses to honor an individual or organization that has made the most significant contribution in the past year or cumulatively to its mission of serving abused and unhoused children and families. CalOptima Health was chosen for recognizing that homelessness is truly a health issue and working to support agencies and projects whose missions align with that acknowledgment. I accepted the award, on behalf of our members, staff, board, and caregivers and presented a ceremonial check for \$5 million that The Eli Home will receive as part of the Board's recent approval of the Housing and Homelessness Incentive Program grants.

N. New Medical Management Platform to Go Live in 2024

Progress on implementing CalOptima Health's new clinical documentation platform, known as Jiva (Jee-Va), is on schedule. The workgroup is targeting completion by January 15, 2024, with the go-live date scheduled for February 1, 2024. Jiva is expected to significantly enhance CalOptima Health's service to members. The Jiva team and all business units are collaborating closely with the vendor on configuration, functional testing, quality assurance validation testing, user acceptance testing and staff training to prepare for the February rollout.

O. CalOptima Health Nominated for Two Orange County Business Council Awards

CalOptima Health received two nominations for the Orange County Business Council's (OCBC) 2023 Turning Red Tape Into Red Carpet Awards. In the Public-Private Partnership category, CalOptima Health's CalAIM Workforce Development Program was nominated for our innovative partnership with Chrysalis to enroll our members into a job readiness program for placement and employment at our homeless services delivery sites. Second, we were nominated in the Leadership in Public Service category. Winners will be announced at the awards reception on Wednesday, December 6.

P. Health Literacy for Equity Program Exceeds Staff Participation Goal

Since launching the Health Literacy for Equity Program in partnership with the Institute for Healthcare Advancement (IHA) in May, CalOptima Health has 168 staff participating, exceeding our goal of 100 participants. We anticipate that 30% will complete the training by the end of the year, and we hope to have 100% completion by the end of the grant program in April 2024. In January, IHA will be hosting an inter-agency workshop for communications professionals in collaboration with the Orange County Health Care Agency, County of Orange Social Services Agency and St. Jude's Neighborhood Health Clinic.

Q. Orange County Hispanic Chamber of Commerce Holds Health & Wellness Summit

The Orange County Hispanic Chamber of Commerce held its Health & Wellness Summit in our building on November 16. Board member Dr. Jose Mayorga and I provided welcome remarks, and Chief Health Equity Officer Dr. Michael Rose presented about the state of Hispanic health in Orange County.

R. Members to Attend CalOptima Health Baby Shower

Our Population Health Management team will host a Medi-Cal member baby shower for new or expectant parents on Friday, December 1 at our building. Thanks to toy donations from staff, children up to age 3 received a toy. The baby shower will also include community resources, free diapers, games and activities.

S. CalOptima Health Gains Media Coverage

Reflecting our ongoing innovation and program development, CalOptima Health received recent positive and valuable media coverage, including the following:

- On October 26, Kelly Bruno-Nelson, MSW, Executive Director, Medi-Cal/CalAIM, was featured on a [Tradeoffs podcast](#) on "Growing Pains as California Adds Social Services to Medicaid."
- On October 30, Bruno-Nelson joined Sunday Morning Newsmakers with Larry Marino on KRLA's series "At the Heart of the Homeless Crisis." Listen to Segment 1 [here](#) and Segment 2 [here](#).
- On November 2, the [Orange County Register](#) included news about CalOptima Health's \$2 million contribution to Anaheim's Tampico Motel conversion to affordable housing for young adults.
- On November 15, [NPR](#) published an article quoting Bruno-Nelson on the subject of CalAIM services.
- On November 17, I was quoted in the [Orange County Register](#) for an article on Medi-Cal's adult expansion starting January 1, 2024. The article also ran in the [Mercury News](#).
- On November 28, the [Orange County Register](#) ran a story on our grants for the construction of permanent housing units.



Fast Facts December 2023

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

Membership Data* (as of October 31, 2023)

Total CalOptima Health Membership 969,731	Program	Members
	Medi-Cal	951,532
	OneCare (HMO D-SNP)	17,757
	Program of All-Inclusive Care for the Elderly (PACE)	442

*Based on unaudited financial report and includes prior period adjustment

Operating Budget (for four months ended October 31, 2023)

	YTD Actual	YTD Budget	Difference
Revenues	\$1,616,176,101	\$1,414,821,271	\$201,354,830
Medical Expenses	\$1,468,149,251	\$1,319,139,901	(\$149,009,350)
Administrative Expenses	\$71,778,684	\$82,359,797	\$10,581,113
Operating Margin	\$76,248,166	\$13,321,573	\$62,926,593
Medical Loss Ratio (MLR)	90.8%	93.2%	(2.4%)
Administrative Loss Ratio (ALR)	4.4%	5.8%	1.4%

Reserve Summary (as of October 31, 2023)

	Amount (in millions)
Board Designated Reserves	\$613.9*
Capital Assets (Net of depreciation)	\$92.0
Resources Committed by the Board	\$622.9
Resources Unallocated/Unassigned	\$439.0*
Total Net Assets	\$1,767.8

*Total of Board designated reserves and unallocated resources can support approximately 92 days of CalOptima Health's current operations.

Total Annual Budgeted Revenue

\$4 Billion

NOTE: CalOptima Health receives its funding from state and federal revenues only. CalOptima Health does not receive any of its funding from the County of Orange.

CalOptima Health Fast Facts

December 2023

Personnel Summary (as of November 18, 2023, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,307.3	86.6	40.42%	59.58%	7.83%
Supervisor	78	7	71.43%	28.57%	3.56%
Manager	113	10	40.00%	60.00%	8.36%
Director	57	6.5	50.00%	50.00%	15.75%
Executive	21	1	0%	100.00%	7.90%
Total FTE Count	1,576.3	111.1	40.53%	59.47%	8.68%

FTE count based on position control reconciliation and includes both medical and administrative positions.

Provider Network Data (as of October 31, 2023)

	Number of Providers
Primary Care Providers	1,260
Specialists	9,053
Pharmacies	553
Acute and Rehab Hospitals	44
Community Health Centers	52
Long-Term Care Facilities	107

Treatment Authorizations (as of September 30, 2023)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	11.41 hours
Prior Authorization – Urgent	72 hours	14.89 hours
Prior Authorization – Routine	5 days	1.64 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

Member Demographics (as of October 31, 2023)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	59%	Temporary Assistance for Needy Families	39%
6 to 18	24%	Spanish	27%	Expansion	37%
19 to 44	35%	Vietnamese	9%	Optional Targeted Low-Income Children	8%
45 to 64	20%	Other	2%	Seniors	10%
65 +	13%	Korean	1%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		

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CSA Audit Status Update (as of 11/2/23)

Rec #	Recommendation	CalOptima Health Status	CalOptima Health's 6-Month Narrative Response (250 words or less)	CSA Due Date	CSA Status
1	To ensure that it uses its existing surplus funds for the benefit of its members and to comply with county ordinance, by June 2024 CalOptima should create and implement a detailed plan to spend its surplus funds for expanding access, improving benefits, or augmenting provider reimbursement, or for a combination of these purposes. This plan should be reviewed by its board and approved in a public board meeting.	Fully Implemented	<p>As will be mentioned in response #2, CalOptima Health's (COH) Board of Directors (Board) approved revisions to its Board-Designated Reserve Funds Policy on September 7, 2023. See response #2 for details.</p> <p>As required by the Board-approved policy, reserve spending decisions are being incorporated into COH's current and future annual budgets, as permitted by CSA's comment #4 on COH's response to the audit report. Additionally, management will continue to give the Board and its Finance & Audit Committee (FAC) updates on net asset levels, reserve funds, and the status of Board-approved initiatives on an ongoing basis to provide decision support as needs arise on current and future initiatives. In addition to CEO updates at regular Board meetings, other recent examples of the Board's review of reserves include:</p> <ul style="list-style-type: none"> • At the May 22, 2023, FAC meeting and June 1, 2023, Board meeting, management presented a net asset analysis providing information on reserve levels as of December 31, 2022, resources committed by the Board, a comparison of reserve levels to other California health plans, and a reserve analysis (Attachment A1). • At the September 7, 2023, Board meeting, the CFO presented a reserve levels update, including additional Board-requested information and a reserve level landscape (Attachment A2). • At its September 21, 2023, meeting, the FAC received a net asset analysis providing information on reserves levels as of June 30, 2023, resources committed by the Board, and a reserve level landscape (Attachment A3). The CFO will provide this report to the FAC on a quarterly basis. 	June 2024	TBD
2	To comply with county ordinance and to ensure that in the future it does not accumulate surplus funds in excess of its reserve policy, by June 2023 CalOptima should adopt a surplus funds policy or amend its policy for board designated reserves to provide that if surplus funds accrue, CalOptima will use those funds to expand access, improve member benefits, or augment provider reimbursement, or for a combination of these purposes. The policy should require that the board review the amount of surplus funds each year when it receives CalOptima's audited financial statements and direct staff to create an annual spending plan subject to the board's approval to use those funds within the next 12 months.	Fully Implemented	<p>On September 7, 2023, CalOptima Health's (COH) Board of Directors (Board) reviewed and determined the appropriate reserve levels as well as approved revisions to its Board-Designated Reserve Funds Policy (Attachment A1). These revisions clarified the Board's governance and oversight on total net assets as well as a review process of reserve levels, while keeping the range of Board-designated reserve funds unchanged at 1.4 months to 2.0 months of consolidated capitation revenues. The policy revisions included:</p> <ul style="list-style-type: none"> • Reaffirming the Board's discretion on the appropriate reserve level above the minimum threshold, accounting for current and future economic conditions; • Clarifying that the minimum Board-designated reserve fund threshold does not constitute a mandate that the Board draw reserves down to that level; and • Including a new provision stating the Board will review levels of total assets and reserve funds on an annual basis, at a minimum, including an assessment of resources to be used for the purposes identified in County ordinance. <p>Recently, there was a relevant example of the need to continually adjust to current and future economic conditions. For August 2023 monthly capitation, COH did not receive payment from the State until September 25, 2023, which was more than a two-week delay from the usual payment schedule.</p>	June 2023	TBD

CSA Audit Status Update (as of 11/2/23)

Rec #	Recommendation	CalOptima Health Status	CalOptima Health's 6-Month Narrative Response (250 words or less)	CSA Due Date	CSA Status
3	To ensure that it can determine whether funds allocated to initiatives intended to improve the health of CalOptima members experiencing homelessness are accomplishing their intended purpose, by June 2023 CalOptima should develop a policy that requires it to do the following when spending those funds or allocating funds for that purpose in the future: <ul style="list-style-type: none"> • Establish one or more goals for the use of the funds. • Establish one or more metrics signifying the successful accomplishment of its goals. • Measure progress toward the established metric and provide the board with periodic updates on the effectiveness of its use of funds based on those measurements. 	Fully Implemented	<i>A response was not requested by CSA as this recommendation was considered fully implemented following the previous 60-day response.</i>	June 2023	Fully Implemented
4	To ensure that members of CalOptima's board do not violate state law by entering into employment contracts made by the board on which they serve, by June 2023 CalOptima should amend its bylaws to prohibit all CalOptima board members from being employed by CalOptima for a period of one year after their term on the board ends.	Will Not Implement	Government Code Section 1090 already prohibits Board members from being financially interested in any contract made by them, such as entering into a CEO contract. CalOptima Health's Bylaws reiterate that prohibition, as of April 6, 2023, (Attachment A1) which addresses the specific past example raised in the audit report. However, no other agency is required to subject its Board members to a blanket employment prohibition for any position that is not appointed by the Board itself.	June 2023	Will Not Implement
5	To better protect itself from criticism about the objectivity, appropriateness, and transparency of its hiring practices and to help ensure that CalOptima attracts and selects the most qualified candidates, by June 2023 CalOptima's board should adopt a policy that governs its hiring processes for all positions, including executive positions. Such a policy should incorporate best practices, including the minimum length of time that CalOptima will advertise job openings, the minimum number of qualified candidates CalOptima will interview for each position, and a requirement that it will use the same interview method for each candidate for a position. These steps should be documented for each recruitment.	Fully Implemented	<i>A response was not requested by CSA as this recommendation was considered fully implemented following the previous 60-day response.</i>	June 2023	Fully Implemented

CSA Audit Status Update (as of 11/2/23)

Rec #	Recommendation	CalOptima Health Status	CalOptima Health's 6-Month Narrative Response <i>(250 words or less)</i>	CSA Due Date	CSA Status
6	To reduce the risk that it does not appropriately evaluate allegations of fraud, waste, and abuse and report them to DHCS, by June 2023 the FWA unit should revise its written procedures to clearly specify the types of cases that should be addressed through investigations and the types that should be addressed through monitoring activities. In addition, it should establish written procedures for conducting monitoring activities.	Fully Implemented	<i>A response was not requested by CSA as this recommendation was considered fully implemented following the previous 60-day response.</i>	June 2023	Fully Implemented
7	To help ensure the maintenance of an atmosphere free from fear of retaliation for reporting misconduct, by October 2023 and annually thereafter, CalOptima should conduct or contract for an anonymous survey of staff and contractors to determine whether they understand how to make such reports and feel comfortable doing so.	Fully Implemented	CalOptima Health updated policy HH.3012: Non-Retaliation for Reporting Violations (Attachment A5). This policy has been updated to include a requirement for conducting an annual survey for all staff. CalOptima Health's Board of Directors approved the implementation of this policy on September 7, 2023. In addition to the updated policy, CalOptima Health submits the requested completion analysis for the 2023 Best Places to Work Survey launched in March 2023 (Attachment A6).	October 2023	TBD

November 13, 2023
Initiative 23-0024 (Amdt. 1)

The Attorney General of California has prepared the following title and summary of the chief purpose and points of the proposed measure:

PROVIDES PERMANENT FUNDING FOR MEDI-CAL HEALTH CARE SERVICES.

INITIATIVE STATUTE. Makes permanent the existing tax on managed health care insurance plans, currently set to expire in 2026, which the state uses to pay for health care services for low-income families with children, seniors, people with disabilities, and other groups covered by the Medi-Cal program. Requires revenues to be used only for specified Medi-Cal services, including primary and specialty care, emergency care, family planning, mental health, and prescription drugs. Prohibits revenues from being used to replace other existing Medi-Cal funding. Caps administrative expenses and requires independent audits of programs receiving funding.

Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local governments: **Uncertain overall impact on state revenues and spending, including reduced legislative flexibility over the use of MCO tax funds. The extent of this impact depends on whether the measure would result in different state decisions around imposing, structuring, and spending proceeds from the managed care organization tax than in the absence of the measure.** (23-0024A1.)



2023 Signed and Vetoed State Legislation

Executive Summary

On October 13, 2023, Governor Gavin Newsom finished signing or vetoing all legislation that had been passed by the California State Legislature in 2023 — the first year of its 2023–24 legislative session, which recessed on September 14.

This *Executive Summary* includes the final outcomes and brief summaries of policy (non-budget) bills that were signed (14) or vetoed (13) by the governor and have been identified for potential impacts to CalOptima Health. In addition, *Full Summaries and Potential Impacts* of the identified legislation are included on subsequent pages.

Bill Number	Bill Title/Summary
SIGNED INTO LAW	
<u>SB 43</u>	Gravely Disabled: Expands “gravely disabled” to include a condition resulting from a severe substance use disorder (SUD), or co-occurring mental health disorder and severe SUD, or chronic alcoholism.
<u>SB 311</u>	Medicare Part A Buy-In: Requires the California Department of Health Care Services (DHCS) to enter a Medicare Part A buy-in agreement with the Centers for Medicare & Medicaid Services (CMS) that allows DHCS to automatically enroll individuals with a Part A premium into Part A on their behalf.
<u>SB 326</u>	The Behavioral Health Services Act (BHSA): If approved by voters on March 5, 2024, would rename the Mental Health Services Act (MHSA) to the BHSA, expand services to address SUDs and revise funding distributions to provide a housing support service.
<u>SB 496</u>	Biomarker Testing: Adds biomarker testing, including whole genome sequencing, as a covered Medi-Cal benefit.
<u>SB 525</u>	Health Care Workers Minimum Wage: Increases the minimum wage for health care workers through the establishment of multilevel wage schedules for covered health care employers.
<u>SB 770</u>	Unified Health Care Financing: Directs the California Health & Human Services Agency (CalHHS) to research, develop and pursue discussions of a waiver framework with the federal government to create a unified health care system that incorporates a comprehensive package of benefits without share of cost.
<u>AB 271</u>	Homeless Death Review Committee: Authorizes counties to establish a homeless death review committee to improve coordination and information gathering to identify the causes of homeless deaths.
<u>AB 425</u>	Pharmacogenomic Testing: Adds pharmacogenomic testing as a covered Medi-Cal benefit.
<u>AB 531</u>	The Behavioral Health Infrastructure Bond Act of 2023: If approved by voters on March 5, 2024, authorizes \$6.4 million in bonds for supportive housing and community-based treatment facilities for those experiencing or at risk of homelessness and living with behavioral health challenges.
<u>AB 557</u>	Brown Act Flexibilities: Permanently extends Brown Act teleconferencing flexibilities — when a declared state of emergency is in effect — beyond January 1, 2024.
<u>AB 847</u>	Pediatric Palliative Care Services: Authorizes extended Medi-Cal coverage for palliative care and hospice services after 21 years of age for individuals deemed eligible prior to that age.
<u>AB 904</u>	Doula Access: Requires a health plan to develop a health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas.
<u>AB 1241</u>	Medi-Cal Telehealth Access: Requires Medi-Cal telehealth providers to maintain and follow protocols to either offer in-person services or arrange a referral to in-person services.
<u>AB 1481</u>	Medi-Cal Presumptive Eligibility for Pregnancy: Extends Medi-Cal presumptive eligibility for pregnant people until an application for full-scope Medi-Cal is approved or denied.

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VETOED	
<u>SB 257</u>	Mammography: Would have required health plans to cover, without cost sharing, screening mammography and medically necessary diagnostic breast imaging.
<u>SB 694</u>	Self-Measured Blood Pressure (SMBP) Device Services: Would have added two SMBP device-related services — patient training and device calibration as well as 30-day data collection — as covered Medi-Cal benefits.
<u>AB 85</u>	Social Determinants of Health (SDOH) Screenings: Would have added SDOH screenings as a covered Medi-Cal benefit.
<u>AB 576</u>	Abortion Reimbursement: Would have required DHCS to fully reimburse Medi-Cal providers for providing medication to terminate a pregnancy that aligns with clinical guidelines.
<u>AB 608</u>	Perinatal Services: Would have required DHCS to cover additional prenatal assessments, individualized care plans and other services during the one-year postpartum Medi-Cal eligibility period.
<u>AB 719</u>	Public Transit Contracts: Would have required Medi-Cal plans to contract with public paratransit operators for nonmedical transportation (NMT) and nonemergency medical transportation (NEMT).
<u>AB 907</u>	PANDAS and PANS: Would have required health plans to provide coverage for prophylaxis, diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS).
<u>AB 931</u>	Physical Therapy Prior Authorization: Would have prohibited health plans from requiring prior authorization for the initial 12 treatment visits for physical therapy.
<u>AB 1060</u>	Naloxone Hydrochloride: Would have added prescription and non-prescription naloxone hydrochloride as a covered Medi-Cal benefit for the complete or partial reversal of an opioid overdose.
<u>AB 1085</u>	Housing Support Services: Would have required DHCS to transition three Community Supports relating to housing support services to covered Medi-Cal benefits.
<u>AB 1202</u>	Health Care Services Data for Children, Pregnancy and Postpartum: Would have required DHCS to conduct an analysis to ensure compliance with Medi-Cal time and distance standards for pediatric primary care.
<u>AB 1288</u>	Medication-Assisted Treatment Prior Authorization: Would have prohibited health plans from requiring prior authorization for a naloxone product, buprenorphine product, methadone or long-acting injectable naltrexone for detoxification or maintenance treatment of an SUD.
<u>AB 1451</u>	Urgent and Emergency Mental Health and SUD Treatment: Would have required health plans to cover treatment for urgent and emergency mental health and SUDs without preauthorization.

DHCS and/or other state agencies are expected to issue further guidance regarding the implementation of signed legislation. Staff will monitor developments and share any updates from DHCS that may impact CalOptima Health.

On January 3, 2024, the California State Legislature will reconvene from interim recess for the second year of its 2023–24 legislative session.

[Continued]

Full Summaries and Potential Impacts

Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
SIGNED INTO LAW			
<u>SB 43</u> Eggman	<p>Gravely Disabled Definition: Effective January 1, 2026, expands the definition of “gravely disabled” to include a condition resulting from a severe SUD, or a co-occurring mental health disorder and a severe SUD, as well as chronic alcoholism. Also requires DHCS to submit a report to include the number of persons admitted or detained for grave disability.</p> <p><i>Potential CalOptima Health Impact:</i> Increased oversight of CalOptima Health Medi-Cal members newly considered as gravely disabled.</p>	10/10/2023 Signed into law	CalOptima Health: Watch
<u>SB 311</u> Eggman	<p>Medicare Part A Buy-In: Requires DHCS to submit a Medicaid state plan amendment to enter into a Medicare Part A buy-in agreement with CMS, effective January 1, 2025, or DHCS’s readiness date, whichever is later. This will allow DHCS to automatically enroll individuals with a Part A premium into Part A on their behalf.</p> <p><i>Potential CalOptima Health Impact:</i> Simplified Medicare enrollment and increased financial stability for dual-eligible CalOptima Health members with Part A premium requirements.</p>	10/10/2023 Signed into law	CalOptima Health: Watch LHPC: Support CalPACE: Support
<u>SB 326</u> Eggman	<p>The Behavioral Health Services Act (BHSA): Places this act on the March 5, 2024, statewide primary election ballot.</p> <p>If approved by voters, would rename the Mental Health Services Act (MHSA) to the BHSA, expand services to include SUDs, revise the distribution of up to \$36 million for behavioral health workforce funding and remove provisions related to innovative programs by, instead, establishing priorities and a program — administered by counties — to provide a housing support service.</p> <p><i>Potential CalOptima Health Impact:</i> Increased resources and access to behavioral health services and housing interventions for CalOptima Health members.</p>	10/12/2023 Signed into law	CalOptima Health: Watch
<u>SB 496</u> Limón	<p>Biomarker Testing: No later than July 1, 2024, adds biomarker testing — subject to utilization management controls — including whole genome sequencing, as a covered Medi-Cal benefit for the purposes of diagnosis, treatment, appropriate management or ongoing monitoring of a disease or condition to guide treatment decisions, if the test is supported by medical and scientific evidence, as prescribed.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefit for CalOptima Health Medi-Cal members.</p>	10/07/2023 Signed into law	CalOptima Health: Watch CAHP: Oppose Unless Amended

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Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<p><u>SB 525</u> Durazo</p>	<p>Health Care Workers Minimum Wage: Establishes three separate minimum wage schedules for covered health care employers, including integrated health care delivery systems; health care systems; dialysis clinics; health facilities owned, affiliated, or operated by a county; licensed skilled nursing facilities; and clinics that meet certain requirements.</p> <p><i>Potential CalOptima Health Impact:</i> Increased direct wage costs for certain CalOptima Health PACE employees to be incorporated into DHCS rates; increased indirect costs from contracted providers subject to wage increases.</p>	<p>10/13/2023 Signed into law</p>	<p>CalOptima Health: Watch</p>
<p><u>SB 770</u> Wiener</p>	<p>Unified Health Care Financing System: Directs the CalHHS Secretary to research, develop and pursue discussions of a waiver framework with the federal government to create a health care system that incorporates a comprehensive package of medical, behavioral health, pharmacy, dental and vision benefits, without a share of cost for essential services. No later than January 1, 2025, the Secretary must submit an interim report to the Legislature, including proposed statutory language to authorize submission of a waiver application. No later than June 1, 2025, a draft waiver framework must be completed and made available to the public for a 45-day public comment period. No later than November 1, 2025, the finalized waiver framework must be submitted to the governor and Legislature for review.</p> <p><i>Potential CalOptima Health Impact:</i> Unknown but potentially significant impacts to the Medi-Cal and commercial health care delivery systems, including changes to administration, covered benefits, financing and organization.</p>	<p>10/07/2023 Signed into law</p>	<p>CalOptima Health: Watch</p>
<p><u>AB 271</u> Quirk-Silva</p>	<p>Homeless Death Review Committee: Authorizes counties to establish a homeless death review committee for the purpose of gathering information to identify the root causes of the deaths of homeless individuals and to determine strategies to improve coordination of services for the homeless population.</p> <p><i>Potential CalOptima Health Impact:</i> Increased coordination and data review between the County of Orange and CalOptima Health.</p>	<p>09/01/2023 Signed into law</p>	<p>03/02/2023 CalOptima Health: SUPPORT</p>
<p><u>AB 425</u> Alvarez</p>	<p>Pharmacogenomics Advancing Total Health for All Act: Effective July 1, 2024, adds pharmacogenomic testing as a covered Medi-Cal benefit, defined as laboratory genetic testing to identify how an individual's genetics may impact the efficacy, toxicity and safety of medications.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefit for CalOptima Health Medi-Cal members.</p>	<p>10/07/2023 Signed into law</p>	<p>CalOptima Health: Watch</p>

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Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<u>AB 531</u> Irwin	<p>The Behavioral Health Infrastructure Bond Act of 2023: Places this bond act on the March 5, 2024, statewide primary election ballot.</p> <p>If approved by voters, would authorize \$6.4 million in bonds to fund conversion, rehabilitation or new construction of supportive housing and community-based treatment facilities for those experiencing or at risk of homelessness and living with behavioral health challenges.</p> <p><i>Potential CalOptima Health Impact:</i> Increased behavioral health services and community supports for some CalOptima Health members.</p>	10/12/2023 Signed into law	CalOptima Health: Watch
<u>AB 557</u> Hart	<p>Brown Act Flexibilities: Permanently extends current Brown Act teleconferencing flexibilities — when a declared state of emergency is in effect — beyond January 1, 2024. Also extends the period for a legislative body to make findings related to a continuing state of emergency from every 30 days to every 45 days.</p> <p><i>Potential CalOptima Health Impact:</i> Extended teleconferencing flexibilities for Board and advisory committee meetings.</p>	10/08/2023 Signed into law	CalOptima Health: Watch
<u>AB 847</u> Rivas, L.	<p>Pediatric Palliative Care Services: Authorizes extended Medi-Cal coverage for palliative care and hospice services after 21 years of age for individuals deemed eligible prior to that age.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefit for certain CalOptima Health Medi-Cal members.</p>	10/13/2023 Signed into law	CalOptima Health: Watch
<u>AB 904</u> Calderon	<p>Doula Access: Beginning January 1, 2025, requires a health plan to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas.</p> <p><i>Potential CalOptima Health Impact:</i> Increased access to prenatal care for eligible CalOptima Health Medi-Cal members; additional provider contracting and credentialing; additional staff time for program management.</p>	10/07/2023 Signed into law	CalOptima Health: Watch

Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<u>AB 1241</u> Weber	<p>Medi-Cal Telehealth Access: Requires Medi-Cal telehealth providers to maintain and follow protocols to either offer in-person services or arrange a referral to in-person services. However, this does not require a provider to schedule an appointment with a different provider on behalf of a patient.</p> <p><i>Potential CalOptima Health Impact:</i> Continued flexibility to access in-person, video and audio-only health care services for CalOptima Health Medi-Cal members.</p>	<p>09/08/2023 Signed into law</p>	<p>CalOptima Health: Watch</p>
<u>AB 1481</u> Boerner	<p>Medi-Cal Presumptive Eligibility for Pregnancy: Expands Medi-Cal presumptive eligibility for pregnant women to all pregnant people, renaming the program “Presumptive Eligibility for Pregnant People” (PE4PP). If an application for full-scope Medi-Cal benefits is submitted between the date of a PE4PP determination and the last day of the subsequent month, PE4PP coverage will be effective until the Medi-Cal application is approved or denied.</p> <p><i>Potential CalOptima Health Impact:</i> Improved Medi-Cal enrollment process and timelier access to covered benefits for eligible pregnant individuals.</p>	<p>10/07/2023 Signed into law</p>	<p>CalOptima Health: Watch</p>
VETOED			
<u>SB 257</u> Portantino	<p>Mammography: Beginning January 1, 2025, would have required health plans to cover, without cost sharing, screening mammography and medically necessary diagnostic breast imaging, including following an abnormal mammography result and for individuals with a risk factor associated with breast cancer.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefit for CalOptima Health Medi-Cal members.</p>	<p>10/07/2023 Vetoed due to high costs that exceed provisions under the Affordable Care Act (ACA). Breast cancer screenings are already covered for those ages 40–74 (see full veto message).</p>	<p>CalOptima Health: Watch CAHP: Oppose</p>
<u>SB 694</u> Eggman	<p>Self-Measured Blood Pressure (SMBP) Devices and Services: Would have added two SMBP device-related services — patient training and device calibration as well as 30-day data collection — as covered Medi-Cal benefits to promote the health of beneficiaries with high blood pressure (hypertension) or another diagnosis that supports the use of an at-home blood pressure monitor.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefits for CalOptima Health Medi-Cal members.</p>	<p>10/07/2023 Vetoed due to high costs that were not included in the Fiscal Year (FY) 2024 state budget (see full veto message).</p>	<p>CalOptima Health: Watch CalPACE: Support</p>

Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<u>AB 85</u> Weber	<p>SDOH Screenings: Would have added SDOH screenings as a covered Medi-Cal benefit. Would have also required health plans to provide primary care providers with adequate access to community health workers, social workers and peer support specialists. Would have also required Federally Qualified Health Centers and Rural Health Clinics to be reimbursed for these services at the Medi-Cal fee-for-service (FFS) rate.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefits for CalOptima Health Medi-Cal members.</p>	<p>10/07/2023 Vetoed due to existing investments to improve SDOH, such as Adverse Childhood Experiences (ACEs) screenings and CalAIM (see full veto message).</p>	<p>CalOptima Health: Watch CAHP: Oppose</p>
<u>AB 576</u> Weber	<p>Abortion Reimbursement: Would have required DHCS to fully reimburse Medi-Cal providers for providing medication to terminate a pregnancy that aligns with clinical guidelines, evidence-based research and provider discretion.</p> <p><i>Potential CalOptima Health Impact:</i> Increased financial stability for eligible CalOptima Health contracted providers.</p>	<p>10/07/2023 Vetoed due to duplication of elements from the July 2023 updated policies for medication abortions (see full veto message).</p>	<p>CalOptima Health: Watch</p>
<u>AB 608</u> Patterson	<p>Perinatal Services: Would have required DHCS to cover additional perinatal assessments, individualized care plans and other services during the one-year postpartum Medi-Cal eligibility period at least proportional to those available during pregnancy and the initial 60-day postpartum period. DHCS would have been required to collaborate with the California Department of Public Health (CDPH) and stakeholders to determine the specific levels of additional coverage. Would have also allowed perinatal services to be rendered by a nonlicensed perinatal health worker in a beneficiary’s home or other community setting away from a medical site. Lastly, would have allowed such workers to be supervised by a community-based organization or local health jurisdiction.</p> <p><i>Potential CalOptima Health Impact:</i> Expanded covered benefit and associated provider network for CalOptima Health Medi-Cal members.</p>	<p>10/07/2023 Vetoed due to duplication of elements. Medi-Cal already provides full-scope coverage for one year after pregnancy as well as the introduction of the “Birthing Care Pathway” proposal to improve services during the perinatal period (see full veto message).</p>	<p>CalOptima Health: Watch</p>
<u>AB 719</u> Boerner	<p>Public Transit Contracts: Would have required Medi-Cal managed care plans to contract with public paratransit operators for NMT and NEMT services. Would have required reimbursement to be based on the Medi-Cal FFS rates for those services.</p> <p><i>Potential CalOptima Health Impact:</i> Execution of additional NMT and NEMT contracts; increased transportation options for CalOptima Health Medi-Cal members.</p>	<p>10/07/2023 Vetoed due to such services not being currently allowable under federal guidance (see full veto message).</p>	<p>CalOptima Health: Watch CAHP: Oppose LHPC: Oppose</p>

Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<u>AB 907</u> Lowenthal	<p>PANDAS and PANS: Beginning January 1, 2024, would have required a health plan to provide coverage for prophylaxis, diagnosis and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) prescribed or ordered by a provider.</p> <p><i>Potential CalOptima Health Impact:</i> New covered benefit for pediatric CalOptima Health Medi-Cal members.</p>	10/07/2023 Vetoed due to duplication of existing laws for timely access standards and grievances; also removes medical necessity, which is a standard condition for health plans (see full veto message).	CalOptima Health: Watch CAHP: Oppose
<u>AB 931</u> Irwin	<p>Physical Therapy Prior Authorization: Beginning January 1, 2025, would have prohibited health plans from requiring prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy.</p> <p><i>Potential CalOptima Health Impact:</i> Modified utilization management procedures for a covered Medi-Cal benefit.</p>	10/07/2023 Vetoed due to absence of policy oversight and unintentional costs (see full veto message).	CalOptima Health: Watch CAHP: Oppose
<u>AB 1060</u> Ortega	<p>Naloxone Hydrochloride: Would have added prescription and non-prescription naloxone hydrochloride or another drug approved by the U.S. Food and Drug Administration as a covered benefit under the Medi-Cal program for the complete or partial reversal of an opioid overdose.</p> <p><i>Potential CalOptima Health Impact:</i> New Medi-Cal Rx benefit for CalOptima Health Medi-Cal members.</p>	10/07/2023 Vetoed due to exceeding essential health benefits under the ACA and increasing General Fund costs (see full veto message).	CalOptima Health: Watch CAHP: Oppose Unless Amended
<u>AB 1085</u> Maienschein	<p>Housing Support Services: Would have required DHCS, if the state has sufficient network capacity, to add housing support services as a covered Medi-Cal benefit for individuals experiencing or at risk of homelessness, consistent with the following Community Supports offered through CalAIM:</p> <ul style="list-style-type: none"> • Housing Transition Navigation Services • Housing Deposits • Housing Tenancy and Sustaining Services <p><i>Potential CalOptima Health Impact:</i> Formalization of certain Community Support services as covered benefits for eligible CalOptima Health Medi-Cal members.</p>	10/07/2023 Vetoed due to duplication of forthcoming elements within CalAIM transitional rent starting in 2024-25; additional costs need to be considered as part of the state's budget (see full veto message).	CalOptima Health: Watch CalPACE: Support

Bill Number Author	Bill Summary/Impact	Bill Status	Position/Notes
<u>AB 1202</u> Lackey	<p>Health Care Services Data for Children, Pregnancy and Postpartum: No later than January 1, 2025, would have required DHCS to report to the Legislature the results of an analysis to identify the number and geographic distribution of Medi-Cal providers needed to ensure compliance with time and distances standards for pediatric primary care. The report would have also included data on the number of children, pregnant and postpartum individuals receiving certain Medi-Cal services.</p> <p>Potential CalOptima Health Impact: Increased network analysis and reporting to DHCS.</p>	<p>10/08/2023 Vetoed due to duplicative reporting standards for existing DHCS efforts (see full veto message).</p>	CalOptima Health: Watch
<u>AB 1288</u> Reyes	<p>Medication-Assisted Treatment Prior Authorization: Would have prohibited health plans from requiring prior authorization for a naloxone product, buprenorphine product, methadone or long-acting injectable naltrexone for detoxification or maintenance treatment of an SUD, when prescribed according to generally accepted national professional guidelines.</p> <p>Potential CalOptima Health Impact: Modified utilization management procedures for a covered Medi-Cal benefit.</p>	<p>10/08/2023 Vetoed due to duplicative efforts already in place. (see full veto message).</p>	CalOptima Health: Watch CAHP: Oppose
<u>AB 1451</u> Jackson	<p>Urgent and Emergency Mental Health and SUD Treatment: By January 1, 2024, would have required health plans to provide coverage for the treatment of urgent and emergency mental health and SUDs without prior authorization.</p> <p>Potential CalOptima Health Impact: Increased scope of and/or modified utilization management procedures for behavioral health services provided to CalOptima Health Medi-Cal members.</p>	<p>10/07/2023 Vetoed due to duplication of services already available; additional costs need to be considered as part of the state's budget (see full veto message).</p>	CalOptima Health: Watch

ACAP: Association for Community Affiliated Plans
CAHP: California Association of Health Plans
CalPACE: California PACE Association
LHPC: Local Health Plans of California
NPA: National PACE Association

Whole Child Model Family Advisory Committee

December 19, 2023

Dr. Michael Weiss
V.P. Population Health
CHOC Children's

The Orange County Medi-Cal Pediatric Landscape

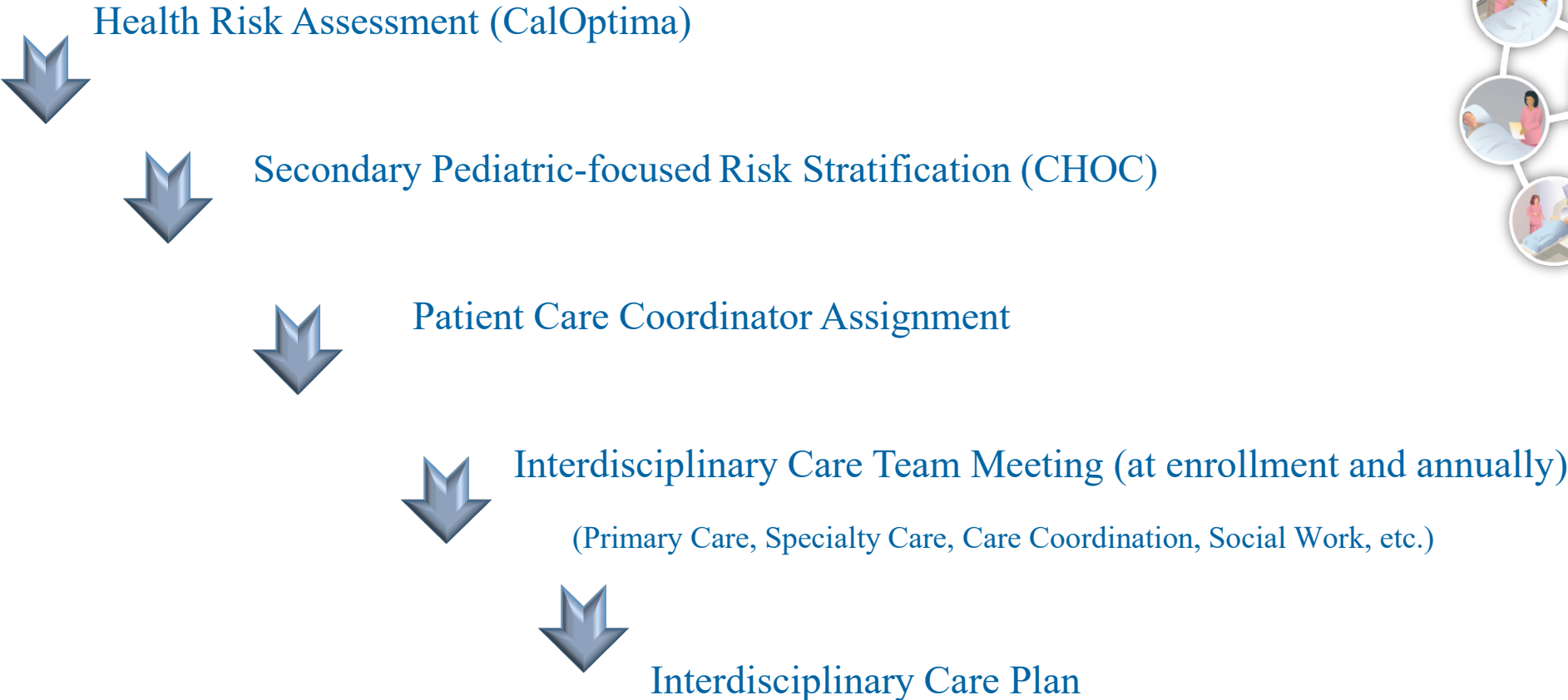
- CalOptima
 - 350,000 children (0-21)
 - 14 Health Networks including CalOptima's Community Network
 - CHOC Health Alliance all-pediatric Network
- CCS/Whole Child Model
 - 12,000 children in O.C.
- CHOC Health Alliance (partnership between CHOC and physician group)
 - 157,000 children
 - 7,000 WCM/CCS children
 - CHOC hospital/specialists care for 85% of ALL CCS children in O.C.



CHOC Services

- High Risk Model of Care
- CCS Special Care Centers
- Adolescent-to-Young Adult Care Transition Program
- 1-844-GET-CHOC 24/7 Nurse Triage and 12-hour Telehealth Line
- Pediatric-specific Urgent Cares and Emergency Department

High Risk Model Of Care



High Risk Model of Care Program Impact

Metric	Pre ICT* Meeting	Post ICT* Meeting	Improvement
ED Visit Rate	114**	78**	31% Reduction
Hospital Admission Rate	169**	110**	38% Reduction
Length of Stay	9.59 days	6.32 days	34% reduction

• *Interdisciplinary Care Team Meeting

• **Per 1,000 member months
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• ***Weiss and Marchese, Clinical Pediatrics, Vol. 58, No. 9, August 2019

CCS Special Care Centers

- Bone marrow transplant
- Cardiology
- Cochlear Implant
- Craniofacial
- Cystic Fibrosis
- Endocrinology
- Extra-corporeal Membrane Oxygenation
- Gastroenterology
- Hematology/Oncology
- Hemophilia
- High risk infant follow up
- Infectious Diseases/Immunology
- Metabolic
- Neonatal ICU
- Neuromuscular
- Pediatric ICU
- Renal Dialysis
- Rheumatology
- Sickle Cell Disease
- Spina Bifida

Care Transitions at a Glance (A2B Program)

3-PRONG APPROACH



System-wide culture of transition readiness



Research that drives best practices



Specialized A2B Clinic for high-risk patients

EVIDENCE-DRIVEN



Policy



Tracking & Monitoring



Readiness



Planning



Transfer



Completion

PATIENT VOLUMES

50K

Transition-age patients seen annually at CHOC

1,300

Age out of CHOC per year

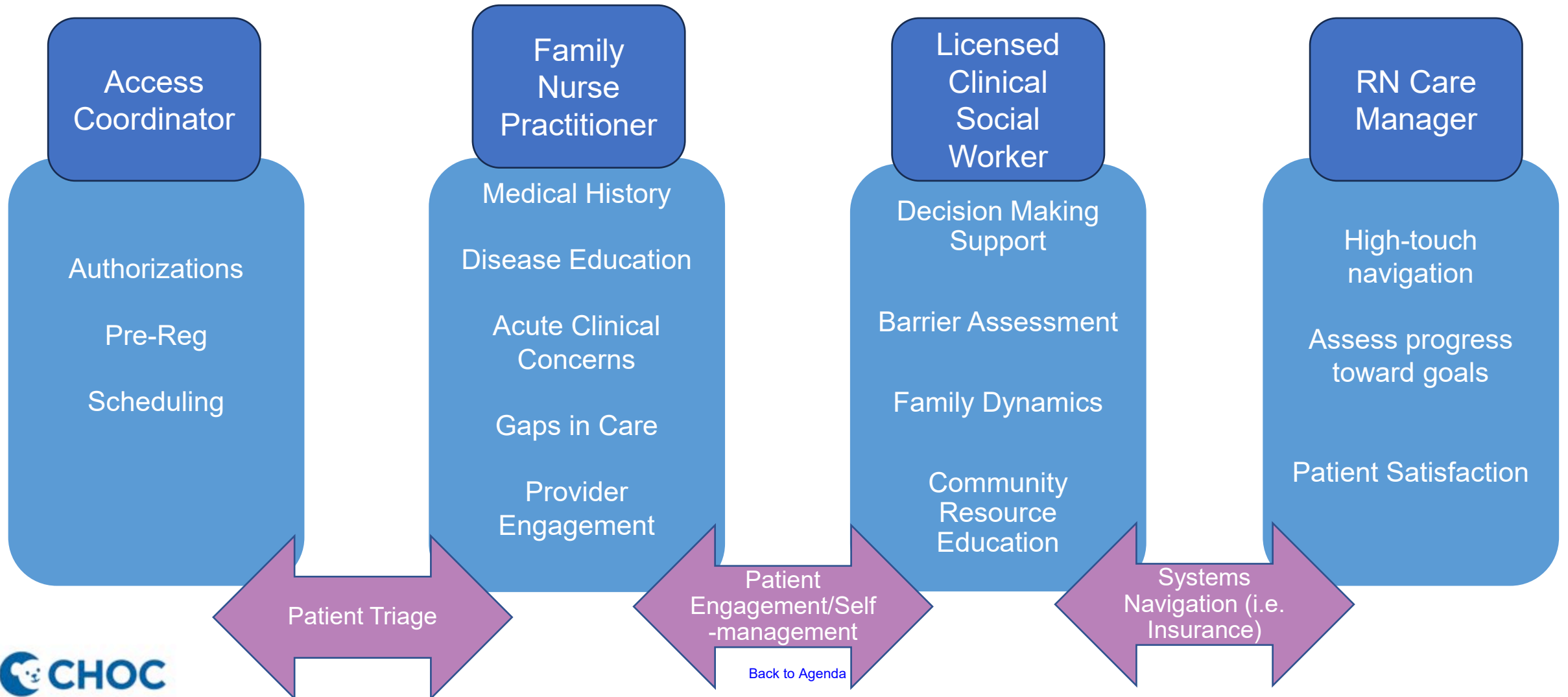
1,000

Received transition intervention

500+

Completed A2B Clinic visits

CHOC A2B Clinical Team



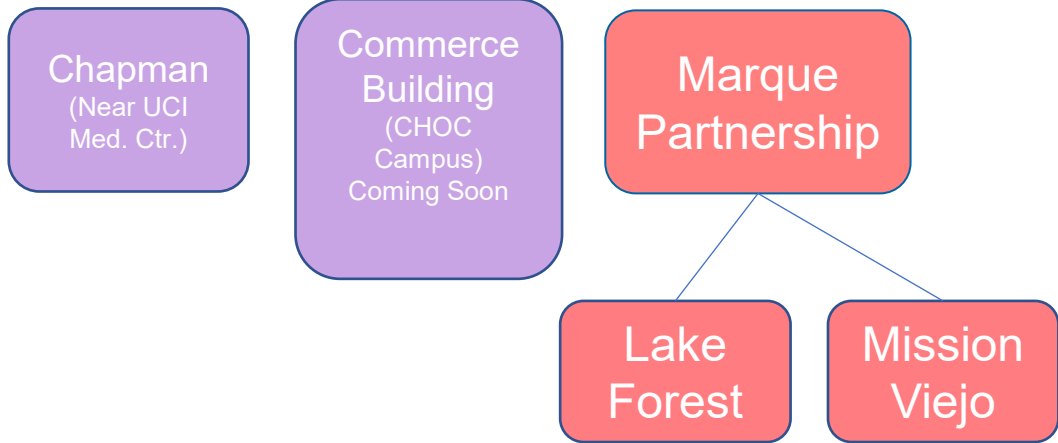
1-844-GET-CHOC

- 24/7-365 Pediatric Nurse Triage
 - Free
 - 21 and under
 - Must be in CA
- Telehealth Available 6 pm-6 am
 - CHA
 - Providence-Heritage Medical Group
 - Nominal cash price
 - PPO's



CHOC Pediatric Urgent Care/Emergency Services

Pediatric Only



Emergency Services



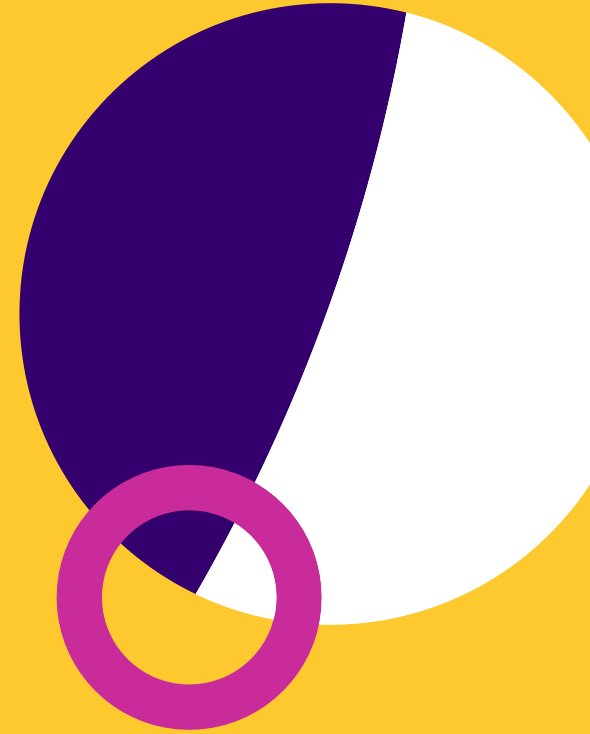
Shared EMR with CHOC Locations

Challenges

- Overlap and confusion with CalAIM Offerings
 - Enhanced Case Management
 - Community Supports
- Community understanding of who/what is available
- Engaging health networks in prevention and proactive care
- Emphasizing the importance of children, especially those with special needs

MemorialCare Miller Children's & Women's Hospital Long Beach

*An Invaluable and Remarkable Community
Resource*



Agenda

- **Welcome and Introductions**
 - Dr Graham Tse, Chief Medical Officer
 - Christina Bell, Executive Director Outpatient Specialty Clinics
 - Donna Rosenlund, Director Social Work Services
- **Overview of Miller Children's & Women's Hospital**
- **CalAim & Supporting Services**



MemorialCare™
Miller Children's & Women's
Hospital Long Beach

Legacy of Caring

- Children's hospitals represent less than 5% of U.S. hospitals
- Founded / opened in 1970
- One of eight free-standing children's hospitals in CA
- Not-for-profit and community based
- Licensed as separate facility in 2000
- Maternity services added to Miller Children's & Women's in 2003
- Miller Children's & Women's is a California Children's Services (CCS) Tertiary Care Hospital and Special Care Center
- Campus integrates children's hospital with women's hospital and adult services
- Serves Los Angeles and Orange Counties, as well as other Southern CA geographies



Memberships and Accreditations



- Member of Children's Hospital Association (CHA) and California Children's Hospital Association (CCHA)
- Nursing Magnet recognized
- Named a Human Experience (HX) Pinnacle of Excellence Award® winner by Press Ganey
- Only one of a few hospitals in the nation to receive Disease Specific Certification in Pediatric Asthma from The Joint Commission (TJC)
- California Perinatal Quality Care Collaborative (CQPCC)
- *U.S. News & World Report* ranked children's hospital and high-performing maternity program
- ✓ Ranked #40 in the U.S. for Pulmonary and Lung Surgery



By the Numbers

- 357 licensed pediatric and women's beds
- 13,317 pediatric admissions
- 4,674 pediatric surgical cases
- 30,672 pediatric ED visits
- 5,311 births and 851 NICU babies treated
- 1,500 patients treated in the PICU
- 69,197 outpatient clinic visits
- More than 850 pediatric physicians representing 32 different sub-specialties (hospitalists, intensivists, oncology, cardiology, ortho, etc.)
- 850+ pediatric registered nurses
- 18 California Children's Services (CCS) Centers
- Provided care to women and children from 250+ cities and 500+ ZIP codes



Pediatric Sub-Specialties & Specialists

Miller Children's & Women's medical staff is comprised of more than 850 physicians including pediatric sub-specialists, hospitalists and intensivists

- Anesthesiology
- Cardiac Surgery
- Cardiology
- Child Abuse Pediatrics
- Critical Care Medicine
- Developmental – Behavioral
- Dentistry
- Emergency Medicine
- Endocrinology
- Ears, Nose, Throat Surgery
- Gastroenterology
- Genetics/Metabolic
- Gynecology
- Hematology - Oncology
- Hospice & Palliative Medicine
- Infectious Diseases
- Maternal and Fetal Medicine
- Neonatal – Perinatal Medicine
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics
- Ophthalmology
- Orthopedics
- Physical Medicine and Rehabilitation
- Psychiatry
- Pulmonology
- Radiology & Neuroradiology
- Rheumatology
- Surgery
- Sleep Medicine
- Urology

Key Centers and Programs



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Miller Children's & Women's
Hospital Long Beach

- Children's Heart Institute
- Children's Pulmonary Institute
- Jonathan Jaques Children's Cancer Institute
- Cheresse Mari Laulhere BirthCare Center
- Neonatal Intensive Care Unit
 - Small Baby Center
- Gastroenterology & Nutrition Center
- Orthopedic Center
- Stramski Children's Developmental Center
- Cheresse Mari Laulhere Child Life Program
- Ronald McDonald House
 - Located conveniently across the street
- More than 60 residents from UCLA, UCI, PIH Downey, USC, Loma Linda, Harbor-UCLA training in pediatrics & pediatric sub-specialties, anesthesia, family medicine, obstetrics & gynecology, and emergency medicine

- ACGME residency and fellowship programs
 - Fellows in pediatric infectious diseases, neonatal-perinatal medicine, pediatric pulmonology, physical medicine and rehabilitation, endocrinology, hematology/oncology and maternal-fetal medicine



Accreditation Council for
Graduate Medical Education



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Miller Children's & Women's Right in Your Backyard



Miller Children's & Women's Hospital Long Beach

(The main campus houses a variety of medical services and inpatient units.)

Cherese Mari Lauhere Children's Village

(Located adjacent to the main campus, with more than 25 outpatient specialties in-house.)



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Inpatient Care



MemorialCare™
Miller Children's & Women's
Hospital Long Beach

- 357 Licensed Beds
 - 138 pediatric medical / surgical beds
 - 24 bed hematology / oncology unit
 - 22 bed pediatric intensive care unit and 8 bed cardiothoracic intensive care unit
 - 95 bed level IV (AAP) neonatal intensive care unit with integrated small baby center
 - 59 prenatal bed mother-baby unit and 11 bed “high risk” perinatal special care unit
- 24/7 in-house pediatric hospitalists & intensivists, neonatologists, maternal fetal medicine, & OB hospitalists
- Neonatal, maternal, critical care & pediatric transport teams
- Level 2 pediatric (and adult) trauma center and board certified pediatric “emergentologists”



Outpatient Pediatric Specialty Care

- Cheresse Mari Lulhere Children's Village, an 80,000 sq. ft. building located on the main hospital campus
 - One stop specialty care and therapies including diagnostics, pharmacy, lab, outpatient rehab, child life, etc.
 - 25+ specialty clinics
- Locations across LA and Orange Counties, including two community-based outpatient pediatric multi-specialty centers (map on next slide)
 - LA County - Torrance / South Bay
 - Orange County - Fountain Valley / Coastal (GI, nephrology, neurology, orthopedics, pulmonology and cardiology)
- Eighteen California Children's Services (CCS) Specialty Centers



California Children's Services (CCS) Specialty Centers


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Miller Children's & Women's
Hospital Long Beach

CCS Specialty Centers are comprised of multi-disciplinary, multi-specialty providers who evaluate the patient's medical condition and develop a family-centered care plan to facilitate the provision of timely, coordinated treatment.

- Cardiology
- Craniofacial
- Endocrine
- Gastroenterology and Nutrition
- Hematology/Oncology
- Hemophilia
- High Risk Infant Follow-Up (Regional)
- Hypertonicity
- Infectious Disease and Immunologic Disorders
- Metabolic
- Myelomeningocele (Spina Bifida)
- Pediatric Intensive Care Unit
- Pulmonary/Cystic Fibrosis
- Regional Neonatal Intensive Care Unit
- Rehabilitation
- Renal
- Rheumatology
- Sickle Cell

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California Advancing & Innovating Medi-Cal (CalAIM)



CalAIM is a transformative, multi-year process led by DHCS that will

- Improves the quality of life and health outcomes of Medi-Cal beneficiaries
- By implementing delivery system and payment reforms to align enrollee needs with resources

CalAIM

- Leverages Medi-Cal as a tool to help address many of the complex challenges facing the most vulnerable residents
- Takes a person-centered approach that targets the social determinants of health (SDoH) and reduces health disparities and inequities

CCS Center Care



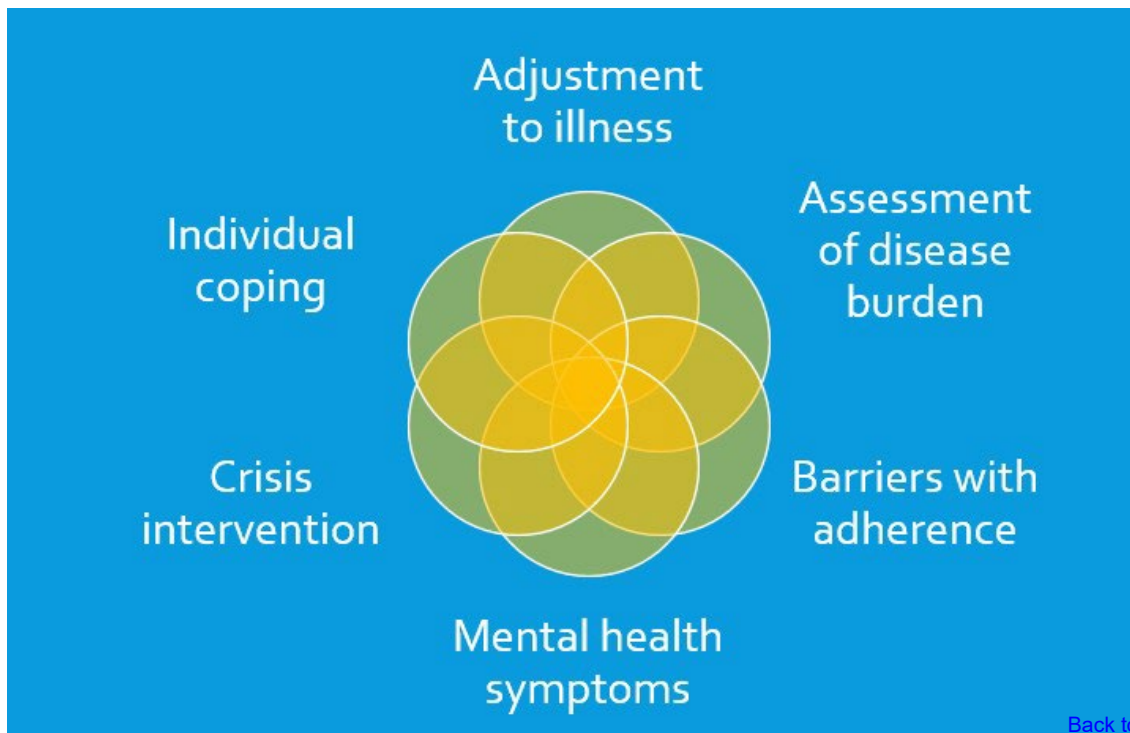
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Hospital Long Beach

- **Magnet Designated Hospital**
- **Professional Practice Model used to guide care**
- **MDC (Multi Disciplinary Clinics)**
 - Multiple specialists working together to coordinate the care team with the family physicians, nurses, PT, OT, ST, RD, SW, Psychologist.
 - Focus is on the family not just the child.
 - Education support resources and school reintegration plans
 - RN to educate, check in on care plan progression and goal progress
 - Pet, Music and Art Therapy
 - Survivorship program
 - Support Groups



Mental Health Services

Partnership with the Guidance Center to provide mental health resources to our patient population focusing on the whole child.



Aim 1: Increase early detection of mental health symptoms in youth

Aim 2: Administer timely behavioral health assessment

Aim 3: Increase access to research-based mental health treatment

Population Health & Supporting Services

- Helping Hands Program
- Integrated Behavioral Health in our multi-specialty clinics and hospital
- Community partnerships with Dental health
- Long Beach Alliance for Children with Asthma (LBACA) is a community coalition that is dedicated to improving the lives of children with asthma in the greater Long Beach area. COE for asthma.
- Improve Care Now Network / IBD program
- Ronald McDonald House
- Community Grants Programs through our Community Benefit Oversight Committee
- Silver Cloud Health – An online educational and therapeutic program to help manages anxiety, depression and stress. The interactive digital platform can be personalized to an individuals needs using a blend of online programs, tools and tactics and be accessed from a smartphone, tablet or PC.
- Family Resource Center (linkage to community resources), and Injury Prevention (car seat safety, helmet education, etc.)

Enhanced Care Management (ECM)



Enhanced Care Management to address the needs of the highest need enrollees through intensive coordination of health and health related services. We will meet enrollees wherever they are – in a shelter, doctors office, or at home.

The Providing Access and Transforming Health (PATH) initiative will provide funding for providers, community-based organizations and other entities to expand capacity to better service enrollees. In July of 2023, the program expanded to children and youth.

MemorialCare Select Health Plan providers have an ECM program developed and is actively working with providers to develop and mature their ECM Programs.

Focused Populations:

- 1) Members with high utilization and complex needs
- 2) Individuals and families experiences homelessness
- 3) Individuals transitioning form incarceration
- 4) Adults with SMI/SUD and other health needs



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Hospital Long Beach



**Thank
you!**

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CalOptima Health Whole-Child Model Family

Advisory Committee Meeting

December 19, 2023

Mona Patel, MD

Chief Integrated Delivery Systems Officer

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Mission and Values

MISSION:

We create hope and build healthier futures.

As a leader in pediatric academic medicine, we fulfill our mission by:

- Caring for children, teens, young adults and families
- Making discoveries and advances that enhance health and save lives
- Training those who will be the future of child health
- Supporting our communities, especially underserved populations

VALUES:

- We achieve our best together.
- We are hopeful and compassionate.
- We are learners leading transformation.
- We are stewards of the lives and resources entrusted to us.
- We serve with great care.

CHLA Clinical + Research: Facts & Figures



413
ACTIVE
BEDS



17,501
DISCHARGES



15,581
SURGERIES



704,761
PATIENT VISITS



928
MEDICAL STAFF
MEMBERS



6,666
EMPLOYEES




6.4 AVERAGE
DAYS LENGTH
OF STAY
111,065 PATIENT DAYS



\$51 MILLION
TOTAL NATIONAL
INSTITUTES OF
HEALTH FUNDING



553
ACTIVE
CLINICAL
TRIALS



\$154.1
MILLION
TOTAL
RESEARCH
FUNDING

Renowned for Clinical Excellence



Best Children's Hospitals

- No. 1 in California for over a decade
- No. 1 in the Pacific region
- Top 10 Children's Hospital in US*



Best Pediatric Hospitals

- No. 5 in the world
- No. 4 in the nation



**Nursing
Excellence**



**Intensive Care
Nursing**



**Leadership in
Equitable Care**



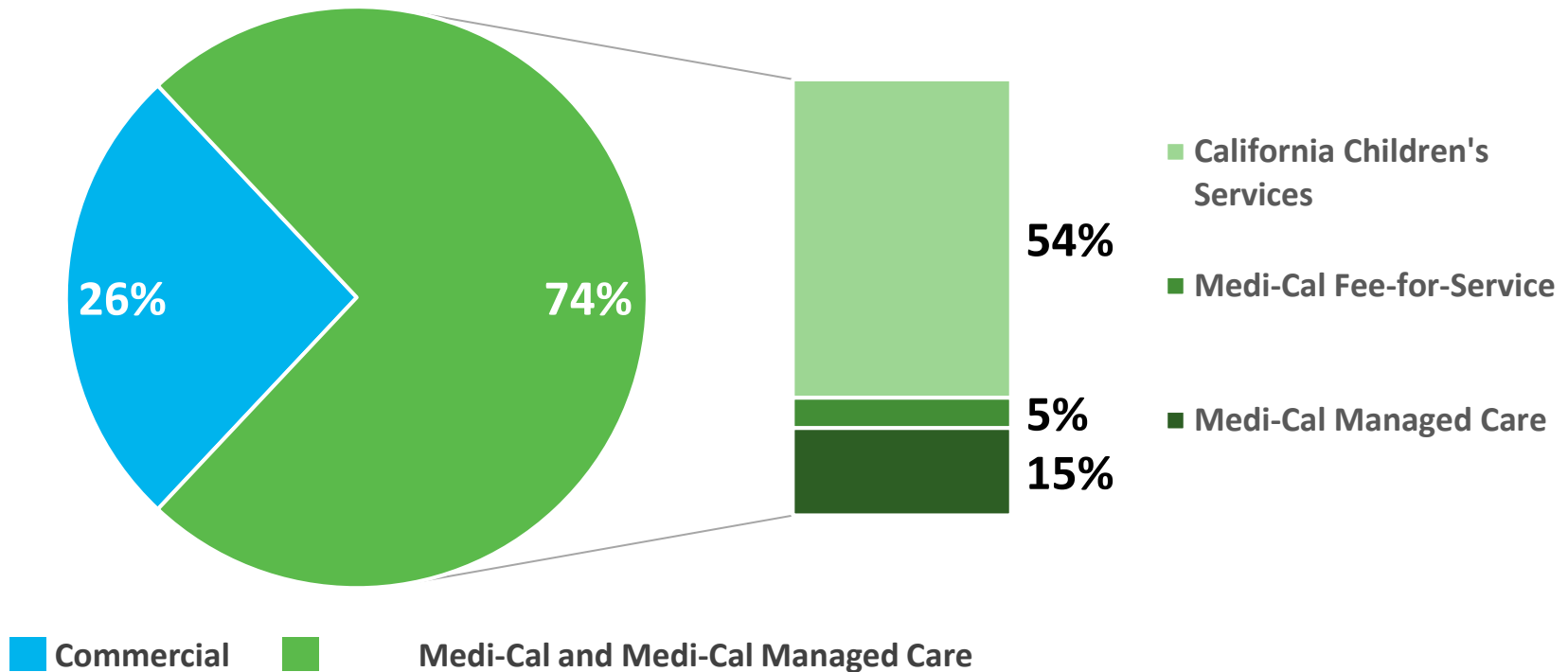
**Patient
Experience**



**Emergency
Nursing**

CHLA is a Safety Net Hospital with Majority Medi-Cal Payor serving Patients with CCS

Payor Mix by Patient Days (FY 2022)



Compared with other children's hospitals, CHLA serves more patients - and those patients are more complex

- CHLA's average CMI is higher than any other Children's Hospital in CA. CHLA has had the highest CMI for over 25 years amongst other Children's Hospitals in CA.
- CHLA treats more outlier patients >30 days than other Children's Hospitals in CA
- CHLA treats more patients with major complications and comorbidities than any other Children's Hospital in CA
- CHLA treats more medically and socially complex patients than any other Children's Hospital in CA
- CHLA performs more inpatient surgeries than any other Children's Hospital in CA
- CHLA performs more transplants than all other Children's Hospital in CA combined

The largest provider of Inpatient care for children covered by Medi-Cal, especially California Children's Services (CCS).

State of California

- 17% of complex pediatric discharges
- 13% of pediatric discharges

Southern California

- 26% of complex pediatric discharges

County of Los Angeles

- 53% of complex pediatric discharges

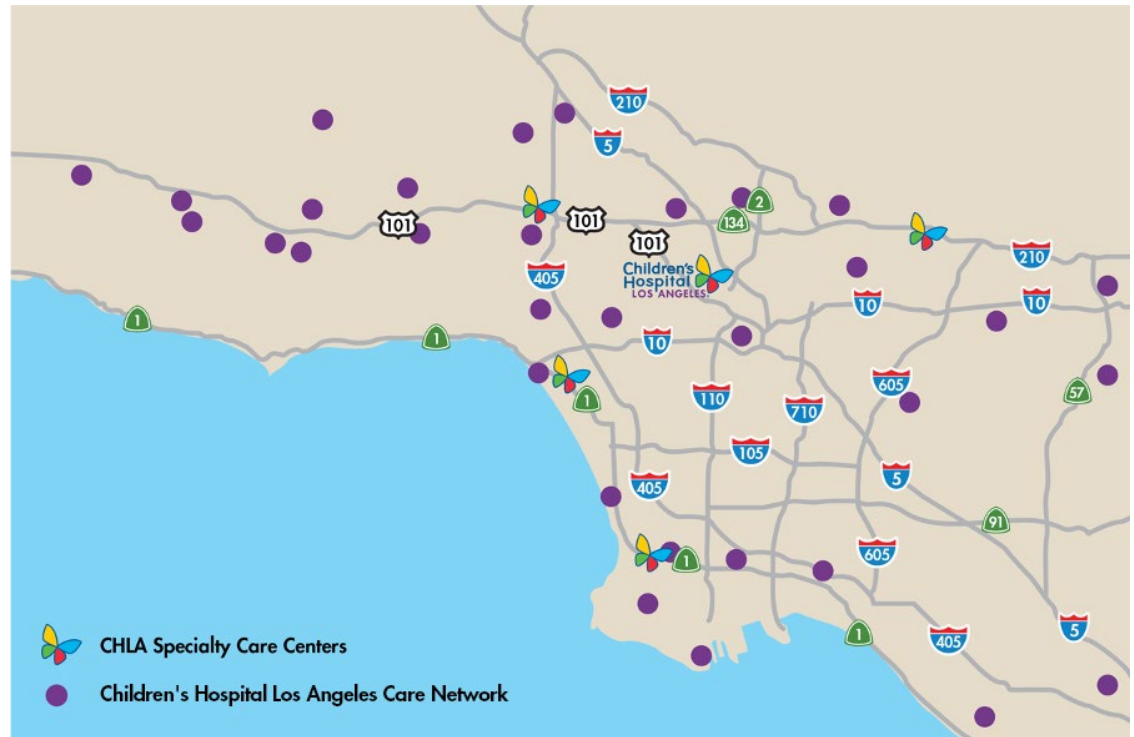
Complex Care for California Children

- 33% solid organ transplants
- 23% cardiac discharges
- 17% cancer discharges
- 14% neurological discharges
- 18% orthopedics discharges

CHLA Reach

Six Specialty Care Centers

- Arcadia
- Bakersfield
- Encino
- Santa Monica
- South Bay
- Valencia



Children's Hospital Los Angeles Care Network

- Primary care pediatricians across Southern California

■ Our physicians, provide care in over 32 specialties and 31 special focused services for complex conditions.

■ In addition to the CHLA campus, CHLAMG physicians provide care at over 100 non-CHLA service locations

■ National and Global Service Delivery

Clinical Quality, Access & Outcomes

Neurologic Institute:

- Certifications: Duchenne, Muscular Dystrophy, Multiple Sclerosis, Hydrocephalus, Epilepsy Center, Neuro-Oncology
- <3% readmission rate;
- Cost Effective with lowest adjusted ALOS
- 89% Seizure-Free
- > 90% patient satisfaction
- Time to see Neurology < 21 days; Neurosurgery < 7 days
- Same Day Multidisciplinary Clinics

Heart Institute:

- Excellence in CTICU, CV Acute, ECMO with advanced imaging & interventional catheterization. 1 of 2 children's hospitals in nation with Beacon Award
- Leading edge therapies including Hepa-Filtered private room for transplants; VADs, inhaled NO; Piccolo.
- 3-year pediatric heart transplant survival 100% (compared to national average 87%)
- Complex surgical procedures (800 annual procedures), mortality rates < STS benchmarks; shorter postoperative LOS and lower time on bypass compared with STS benchmarks
- Practice sites reaching Orange County; South Bay to Bakersfield

Cancer & Blood Diseases Institute:

- #3 in US with world class interdisciplinary care teams
- Designated center for breakthrough therapies and research trials, with world headquarters at CHLA
- Surpassing national benchmarks in 5-yr survival rates for Neuroblastoma, Leukemia and BMT programs
- 288 active clinical trials
- 50 bed infusion center with immunomodulation & gene therapy delivery

Orthopedics:

- #2 in US for Pediatric Orthopedic Care
- One of largest programs for pediatric spine and neuromuscular disorders
- Accredited motion & sports analysis
- CHLA Orthopedists consult at multiple county CCS MTU facilities offering expertise in complex conditions
- One of select hospitals offering magnetic lengthening growing rods
- <1% infection rates; reduced LOS from 5 day to 3 day with 25% less in post-op charges
- EOS imaging with 90-98% less radiation than standard scoliosis xrays
- >100 Neuromuscular hip reconstructions with interdisciplinary team care

Neonatology:

- #1 ranked in CA for Neonatal care
- ECMO dept designated as Center of Excellence
- Robust Fetal-Maternal Center; Critical Newborn Care and Fetal Surgery Procedures
- Clinical excellence with low unplanned extubation and readmit rates compared to benchmarks
- 78% babies receive breastmilk with support of large lactation/breastmilk lab onsite
- Emergency transport mobilization of time of 30mn or less 84% of emergent transfers
- Low LOS for neonatal medical and surgical patients
- Comprehensive Newborn Follow Up (HRIF) program from 2mo post NICU discharge to 3 years
- Integrated family mental health model

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Abdominal Transplant:

- FY 23 Sum of Cases = 52 transplants completed (Heart/Liver/Kidney) with majority CCS coverage
- One of nation's largest liver transplant programs; 1/3 from living donors
- Multidisciplinary team model with USC Keck School of Medicine
- Median wait times reduced to 2.6mo with scheduling for transplant within 72-96hrs of donor evaluation
- Anonymous donor and bloodless Liver transplant techniques introduced by CHLA
- Kidney transplant with 100% 1yr, 3yr patient survival outcomes

California Children's Services (CCS) Program assures access and quality care for the sickest children.

Children's Hospital Los Angeles is home to 26 CCS Specialty Care Centers. Care is provided to more than 16,000 children each year through nearly 100,000 patient visits.

- Bone Marrow Transplant Center
- Cardiac Center
- Communication Disorder Center Type C
- Craniofacial Center
- Cystic Fibrosis and Pulmonary Disease Center
- Endocrine Center
- Epilepsy Center
- Extracorporeal Membrane Oxygenation (ECMO) Center
- Gastrointestinal Center
- [Heart Transplant Center](#)
- Hematology/Oncology Center
- Hematology/Oncology Center (Bone and Extremity Tumor Program)
- Hematology/Oncology Center (Neuro-Oncology Program)
- High Risk Infant Follow-up (Regional)
- Infectious Disease and Immunologic Disorders Center
- [Liver Transplant Center](#)
- Metabolic Center
- Neonatal Intensive Care Unit (Regional)
- Neuromuscular Center
- Pediatric Intensive Care Unit
- Rehabilitation Center
- [Renal Dialysis and Transplant Center](#)
- Rheumatology Disease Center
- Selective Posterior Center
- Sickle Cell Disease Center
- Spina Bifida Center
- *4 new centers in process of application with DHCS*

CHLA CCS Specialty Center Team

- **Interdisciplinary Team Members**
 - Specialty Physicians, Primary Care, RN Care Managers
 - Registered Dietitians
 - Social Work
 - Therapy
 - Behavioral Health
 - *Community Health Workforce (CHW)*
- **Integrated Care Management Documentation Platform**
 - Continuum of Care Communication
 - Comprehensive Care Planning
 - Health Related Social Needs Integration
- **Center for Healthy Adolescent Transitions (CHAT)**

CHLA Parent Workshops

Center for Healthy Adolescent Transition (CHAT)



Life After CHLA

Education Workshops for Parents of Adolescents & Young Adults

Feel free to join one, a couple, or all our virtual workshops to learn how to best get you and your adolescent/young adult ready for adulthood and adult care. Preparation and practice are key!

Are You Ready? Preparing Yourself for Your Youth's Transition to Adult Care



Learn how to build your skills and get the support you need to help navigate this process

Presented by: Laura Bava, PsyD, ABPP, Pediatric Psychologist, CHLA

Thursday, September 1, 6-8pm

Is Your Youth Ready? Preparing Your Youth for Their Transition to Adult Care



This process requires partnership for success! Learn how to work with your youth to make sure they have the knowledge and skills needed to succeed

Presented by: Laura Bava, PsyD, ABPP, Pediatric Psychologist, CHLA

Thursday, September 15, 6-8pm

A Whole New World: The Difference Between Pediatric and Adult Care



Learn how adult care is different and what you need to know to prepare for a successful transfer

Presented by: Mohamad Raad, MD, Medical Director,
Adolescent Care & Transition (ACT) Clinic, LAC-USC

Thursday, September 29, 6-8pm

Is Your Youth Covered? Navigating Insurance Through Transition



Learn insurance basics, coverage for your adult child, rights and responsibilities, how to get help when needed, and more

Presented by: Maternal and Child Health Access (MCHA)

Thursday, October 13, 6-8pm

Perspectives From Experience: Key Lessons Learned From Parents & Patients



Learn tips and strategies from parents and patients who have successfully transferred to adult care

Presented by: Panel of former CHLA patients and parents

Thursday, October 27, 6-8pm

Enhancing Care Management at CHLA – CalAIM and CCS

- **Health Complexity** = Medical Complexity + Social Complexity
- **Enhanced Care Management** = CCS + ECM
 - Adding High Touch, High Value Social Risk Care Management to our CCS Core Teams
 - Helping families coordinate systems (healthcare, community, school, social services and beyond)
 - CHW as Peer, Advocate, Partner & Trusted Friend



CHLA CalAIM ECM Model

- *Goal to create a Pediatric continuum of care model integrating medical and social emotional risk care management*
- CalAIM ECM Contracting across 5 counties, 8+ health plans
- CHLA Contracted ECM Populations of Focus:
 - California Children's Services (CCS)
 - Child Welfare
 - Serious Mental Illness (DMH)
 - Substance Use Disorder
 - *Birth Equity – 2024*
- 12 FTE Community Health Workforce
 - ECM Model with CHW integration in 10 CCS Specialty Care Centers with phased approach to include all sites mid-2024
- 320 children and youth enrolled in ECM (*July 15, 2023-Dec 12, 2023*)
- >800 outreaches conducted since July 15, 2023
- >25 community visits completed to enable community resource engagement

The WHY...our CHW Team Stories

- **Samera** worked with a family who did not have a working fridge– able to apply to a community foundation and now 3 months later, the family has a refrigerator!
- **Dovia** has been working with a young mother of 3 children who are unhoused. She was nervous to apply for housing, and she went with mom into the housing agency to apply, and advocated with the health plan community supports to enable housing navigation and rent payment on behalf of the family
- **Liz** joined a young mom with developmental delay enroll into classes at LAVC, and advocate for student with disabilities services
- **Sarahi** worked with a father who had repeat denials of paid family leave application, and was able to coordinate a supportive letter from the clinician team to prevent job loss
- **Daniela** worked with a family who had a share of cost for Medi-Cal that they were struggling to afford. She called DPSS and found they had inaccuracies in the income statements– and the family no longer has a share of cost, and qualify for CCS
- **Monica** attended a community food distribution event to help a family secure discounted and ongoing food resource for a family of 6 struggling for nutrient-rich resources
- **Marguerite** helped secure continued electricity for one of our technology-dependent BMT patients where LADWP was threatening shut off...she helped write a letter in Spanish and worked with the father to complete the low-income discount program, where the family can afford the monthly payments. The power stayed on!

Thank you!

mpatel@chla.usc.edu

THE NEUROLOGICAL INSTITUTE OUTPATIENT CENTER



Children with neurological conditions require comprehensive care, often from numerous specialists who tend to patients' many different needs. Opened in 2021, the Neurological Institute Outpatient Center at Children's Hospital Los Angeles is dedicated to providing the highest-quality coordinated care for these patients and their families.

This bright, family-friendly, 23,000-square-foot center is the largest facility in the western U.S. dedicated to caring for children with neurological conditions. Here, we bring together experts in nearly 20 subspecialties from the nationally ranked neurology and neurosurgery programs at Children's Hospital Los Angeles.

This unique outpatient space promotes collaboration and a multidisciplinary approach to optimize patient care. Appointments are streamlined and more convenient for busy families near and far, allowing a child to see all their necessary specialists during a single visit.

In the center, neurologists treat children with a wide variety of conditions including epilepsy, cerebral palsy, headaches, neuromuscular disorders, movement disorders and developmental delays. Our neurosurgeons have expertise in congenital brain and spinal malformations, brain and spinal cord tumors, craniofacial disorders, surgical treatments for epilepsy, injuries that affect the central and peripheral nervous system and more. In addition, our providers partner with specialists including those in rehabilitation, orthopaedic surgery, plastic surgery, psychology, diet therapy, social work and genetic counseling to deliver the full spectrum of care.

Encompassing an entire floor at the hospital's Sunset Boulevard campus, the Neurological Institute Outpatient Center features a spacious, child-friendly lobby with colorful clinical areas, and it is decorated with cheerful murals created with input from patients and families.

The Neurological Institute Outpatient Center includes:

- 34 patient exam rooms
- 2 subspecialty waiting rooms
- A state-of-the-art electroencephalogram (EEG) lab
- A dedicated playroom
- 3 dedicated consultation rooms

The Neurological Institute Outpatient Center greatly expands the number of neurologic patients Children's Hospital Los Angeles can treat annually and supports our goal of helping children reach their full neurologic and developmental potential.

REFERRALS, ADMISSIONS AND TRANSPORT SERVICES

Phone: 888-631-2452 • Fax: 323-361-8988
myCHLA Physician Portal: <https://myCHLA.CHLA.org>

INTERNATIONAL REFERRALS

Phone: +1-323-361-8737 • Fax: +1-323-361-3878
Email: internationalpatientreferrals@chla.usc.edu
CHLA.org/GlobalHealth

THE NEUROLOGICAL INSTITUTE OUTPATIENT CENTER

4650 Sunset Blvd., Los Angeles, CA 90027

Neurology

Phone: 323-361-2471
Fax: 323-361-1109

Neurosurgery

Phone: 323-361-2169
Fax: 323-361-3101

CHLA.org/Neurological-Institute

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HEART INSTITUTE



The Heart Institute at Children's Hospital Los Angeles is the largest pediatric cardiac center in the Western United States and has expertise handling all forms of pediatric and congenital heart disease, from the most common to the rarest and most complex cases. There is no cardiac condition that the Heart Institute's specialists cannot treat.

Beginning with the first pediatric heart surgery in the Western U.S. in the 1930s, the Heart Institute has a history of treating small hearts with big problems. Nearly a century later, the Institute is renowned for taking the most challenging cases and maintaining impressive health outcomes.

Consistently ranked among the top pediatric cardiac programs in the United States by U.S. News & World Report, the Heart Institute provides an integrated suite of inpatient and outpatient services that bring together specialists in cardiology, cardiothoracic surgery, heart transplant, cardiac intensive care, cardiac acute care, cardiac anesthesia and cardiovascular rehabilitation in one centralized location. The Heart Institute's scope of care ranges from treating babies in the womb to adolescents and young adults, ensuring all patients can live up to their full potential.

PROGRAMS AND SERVICES

Division of Cardiothoracic Surgery

The Division of Cardiothoracic Surgery is one of the most robust programs of its kind in the nation, performing more than 800 heart surgeries every year. We have experts in every area of pediatric cardiology. These specialists include heart rhythm doctors, catheterization experts, critical care specialists, geneticists and more. Our collective expertise and close collaboration translate into excellent outcomes for our patients.

Division of Cardiology

The Division of Cardiology cares for children with heart or blood vessel problems and is a leader in advanced evaluation, diagnosis and treatment of all forms of pediatric heart disease. Our state-of-the-art cardiac catheterization lab uses the latest technology to provide clear, accurate data while reducing the radiation required for minimally invasive procedures such as angioplasty, valvuloplasty and stent insertion.

Interventional Catheterization Program

Our experienced interventional cardiologists offer all types of cardiac catheterization procedures. They work closely with the Heart Institute's other cardiologists, electrophysiologists, heart surgeons and critical care experts to provide comprehensive care. Our team has one of the best safety records in the country for cardiac catheterizations. In addition, the Interventional Catheterization Program uses rotational imaging and has the ability to create 3D images of the heart and vessels.

Heart Transplant Program

More than 25 years ago, Children's Hospital Los Angeles established the first dedicated Heart Transplant Program at a freestanding pediatric hospital in Southern California. Our surgeons have experience performing transplants in young patients who have a variety of complex, high-risk conditions. Specialists provide complete pre-transplant evaluations and manage the needs of patients and their families throughout the process of awaiting and receiving a transplant. Our post-transplant success is exemplary and is achieved by a coordinated team of specialists.

Fetal Cardiology Program

The Fetal Cardiology Program, which is dedicated to diagnosing babies with heart defects before birth, is one of the most sophisticated programs of its kind in California. Every year, our experts participate in more than 800 outpatient consultations to diagnose neonatal heart defects. The team also provides customized treatment plans, so expectant mothers receive personalized care during pregnancy, delivery and after their baby arrives.

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Cardiogenomics Program

The Cardiogenomics Program is the only multidisciplinary clinic of its kind in Southern California providing comprehensive care for children and adolescents with suspected genetic or inherited cardiac conditions. Using genetic testing, specialists in cardiology and genetics collaborate to identify children at risk for life-threatening heart conditions, provide family education and implement preventative therapies.

Cardiothoracic Intensive Care Unit (CTICU)

Our CTICU was the first of its kind in the Western United States. More than half of the unit's patients are newborns with congenital heart conditions, many of whom require innovative treatments. Novel technologies—along with the attentive care of dedicated specialists and nurses—give patients the best chance to achieve a full recovery as quickly as possible. The CTICU has received the prestigious Gold Beacon Award for Excellence from the American Association of Critical-Care Nurses.

Among other specialties, the Institute is home to the:

- Cardiac Electrophysiology and Device Program
- Cardiac Myopathy and Heart Failure Program
- Complex Congenital Heart Disease Program
- Kawasaki Disease Program
- Pulmonary Hypertension Program
- Single Ventricle and Fontan Program

ACCOLADES AND ACHIEVEMENTS

The Heart Institute at Children's Hospital Los Angeles is a preeminent referral center for diseases of the heart and circulation in childhood, attracting families from across the United States and around the world. Each component of care has been designed with children and families in mind.

- The Heart Institute has been a leader in pediatric cardiac care for nearly 90 years and has achieved many firsts, including performing the first pediatric open-heart surgery in Southern California and performing the first multilobar lung transplant from living parents to a child with cystic fibrosis. In 2022, CHLA physicians performed the hospital's first heart-liver transplant, just the 17th done in the nation.
- In 2022, the Cardiac Catheterization team was the first in the world to implant a cardiac stent designed specifically for babies and young children that can be expanded with a child's growing body all the way to adulthood.
- The Heart Institute's physician-scientists and researchers are involved in more than 100 current research endeavors, publishing their work in more than 60 publications annually. Team members are engaged in several national and international multicenter trials testing novel treatments for childhood heart disease, including using stem cell injections to grow new heart muscle, and gene therapies for disorders of the heart and circulation.
- The ECMO Program has been honored with the prestigious Award for Excellence in Life Support by the Extracorporeal Life Support Organization, an international group of health care professionals who evaluate hospital treatment therapies for patients fighting complex cardiac disease and respiratory failure.
- The Children's Cardiomyopathy Foundation has designated CHLA as a Cardiomyopathy Center of Care, meaning we have cardiomyopathy (heart muscle disease) specialists and offer advanced treatment options.

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CHLA.org/heart

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CANCER AND BLOOD DISEASE INSTITUTE



For more than six decades the Cancer and Blood Disease Institute at Children's Hospital Los Angeles has been committed to increasing cure rates and improving quality of survival for children, adolescents and young adults through outstanding clinical care, innovative research, academic excellence and global leadership.

The Institute—one of the largest and highest-ranked pediatric hematology, oncology, and transplantation and cellular therapy programs in the U.S.—cares for approximately 6,200 patients and conducts more than 35,000 outpatient visits every year.

The Cancer and Blood Disease Institute has been ranked among the top pediatric cancer programs in the country by U.S. News & World Report every year since the rankings were launched in 2008.

The Institute's Clinical Trials Program is one of the nation's largest devoted to children with cancer and blood disorders and is home to multiple leading international pediatric consortia, including Children's Hospital Acquired Thrombosis Network (CHAT), New Approaches to Neuroblastoma Therapy (NANT) and Therapeutic Advances in Childhood Leukemia & Lymphoma (TACL), and is a member of 20 major clinical trials consortia. In fiscal year 2021, the program enrolled 900 patients in 205 clinical trials.

PROGRAMS AND CENTERS

Oncology

The Oncology Section focuses on early diagnosis, innovative multidisciplinary treatment, quality of life and long-term follow-up for patients with cancer. Specialists use the latest technology for tumor surgery and reconstruction, employing minimally invasive techniques whenever possible. In addition, the Oncology Section is one of the few in the U.S. with access to an inpatient pediatric rehabilitation unit on campus. The Institute's specialty oncology services include:

- Leukemia and Lymphoma Program
- Neuro-oncology Program
- Radiation Oncology Program
- Bone and Soft Tissue Tumors Program (including sarcoma)
- Neuroblastoma Program
- Retinoblastoma Program

The Leukemia and Lymphoma Program includes one of the largest chimeric antigen receptor (CAR) T-cell therapy programs in the U.S. treating children and young adults with relapsed and refractory leukemia and lymphomas.

The Radiation Oncology Program is one of only three dedicated freestanding pediatric programs in the country and includes onsite state-of-the-art facilities and equipment.

Hematology

The Institute's highly skilled hematologists are expert in and treat the full spectrum of pediatric blood disorders. Specialized multidisciplinary programs include red blood cell disorders (e.g., sickle cell disease, thalassemia) hemostasis and thrombosis (e.g., hemophilia and other coagulation disorders), bone marrow failure (e.g., aplastic anemia), white blood cell disorders, iron overload and epidermolysis bullosa. Through these programs, our physicians, nurse practitioners, clinical nurses, social workers and other interdisciplinary caregivers offer patients and families comprehensive care including counseling and education in health maintenance, nutrition and pain management.

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Transplantation and Cellular Therapy

The Transplantation and Cellular Therapy Program performs nearly 100 blood and marrow transplants annually, including autologous and allogeneic transplants from family and unrelated donors utilizing marrow, cord blood and peripheral blood hematopoietic stem cells. Transplantation is utilized for the full spectrum of oncologic, hematologic, metabolic and immune disorders. The Institute is pioneering the use of cellular immunotherapies for children with cancer who have exhausted other curative options. Additional areas of expertise include reduced toxicity pre-transplant approaches and haploidentical donor transplantation.

Survivorship and Supportive Care Program

The Survivorship and Supportive Care (SSC) Program offers a broad array of psychosocial clinical services aimed at improving quality of life for our patients and families during and after treatment. Part of the SSC Program, the HOPE Behavioral Health, Neuropsychology and Education Service provides psychosocial support and education to patients and families. The Medical Supportive Care Service advances care that reduces side effects and other negative consequences of cancer, serious blood diseases and their treatments.

ACCOLADES AND ACHIEVEMENTS

The Cancer and Blood Disease Institute offers hope, healing and leading-edge care for patients and families. Our experts are saving lives every day while working to make scientific discoveries that will help improve survival rates and quality of life for children around the world.

- The Institute treats many of the sickest children and has one of the highest survival rates among the top pediatric cancer programs in the nation.
- Children's Hospital Los Angeles is a founding member of CureWorks, an international collaboration designed to accelerate the development of immunotherapy treatments for childhood cancer.
- The Institute's commitment to optimizing the patient and family experience is reflected in the results of surveys conducted by the National Research Council, which placed Children's Hospital Los Angeles among the top three pediatric hospitals in the nation for patient and family satisfaction, including No. 1 for inpatient services.
- The American Society for Radiation Oncology Accreditation Program for Excellence has recognized the Radiation Oncology Program for delivering high-quality patient care. Children's Hospital Los Angeles is the first and only freestanding children's hospital to receive this honor.

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JACKIE AND GENE AUTRY ORTHOPEDIC CENTER



For children with an orthopedic condition, nothing is more important than seeking care from a pediatric specialist. Unlike adults, children have growth plates that are still open, increasing their risk for a fracture or other serious injury while their bones are still growing. Delayed or improper treatment from a medical provider without extra pediatric training can mean the difference between making a full recovery and suffering long-term side effects.

Experts at the Jackie and Gene Autry Orthopedic Center at Children's Hospital Los Angeles have experience treating children with the full spectrum of Orthopedic conditions—including broken bones, spine disorders, neuromuscular weakness, tumors and hip, hand and joint abnormalities—and work to promote a full and speedy recovery so that patients can lead active, healthy lives.

The Autry Orthopedic Center brings together Board-certified orthopedic surgeons, orthopedic nurses, physician assistants, rehabilitation specialists, physical therapists and other caregivers who conduct nearly 27,000 patient visits and 2,000 surgeries every year. The team's treatment plans, which are tailored to each child's unique condition, produce some of the best surgical outcomes in the country, from fewer complications and shorter hospital stays to fewer blood transfusions and low infection rates.

PROGRAMS AND CENTERS

Spine Center

Approximately 300 pediatric spine treatments are performed at our hospital every year, and patients recover faster and have extremely low rates of complications after surgery compared to the national average. Few hospitals in the country can match this level of experience.

Pediatric Orthopedic Neuromuscular Program

Children with cerebral palsy, muscular dystrophy, spina bifida, Charcot-Marie-Tooth disease or other neuromuscular disorders receive integrated care, which includes physical therapy, bracing, gait analysis and movement control. The Neuromuscular Program's specialists diagnose and treat approximately 400 children every month, working closely with hand and upper extremity experts, neurologists and other departments as needed.

Hip Preservation Program

Hip problems don't just affect older people. In fact, approximately 1 in 10 infants have hip instability, and 1 in 100 infants receive treatment for hip dysplasia, the medical term for loose, unstable hip joints. The Hip Preservation Program specializes in treating these conditions, along with Legg-Calve-Perthes Disease, using non-surgical techniques and surgery, and is the only comprehensive pediatric program of its kind in Los Angeles County.

Sports Medicine Program and the Motion and Sports Analysis Laboratory

Broken bones, concussions, ligament tears, dislocations, stress fractures and sprains are just a few of the injuries the Sports Medicine team treats to help young athletes get back in the game quickly and safely. In the John C. Wilson Jr. Motion and Sports Analysis Laboratory, a 10-camera motion capture system evaluates both athletes and patients with neuromuscular disorders via strategically placed sensors on the body and force plates embedded in the floor. This

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technology makes diagnoses and surgical plans more precise, and has shown to reduce a patient's risk of needing a second surgery by 50% in the first five years following surgery.

The Jackie and Gene Autry Orthopedic Center also houses the Bone and Soft Tissue Tumor Program, Hand and Upper Extremity Orthopedic Program, the Brachial Plexus and Peripheral Nerve Program, and the Comprehensive Clubfoot Clinic.

ACCOLADES AND ACHIEVEMENTS

The Autry Orthopedic Center is a preeminent referral center, attracting families from across the country and around the world. Each component of care—from clinical equipment and surgical techniques to psychosocial support and rehabilitation—has been designed with children in mind.

- The Autry Orthopedic Center is consistently recognized as a top 10 pediatric orthopedic program by U.S. News & World Report, which issues rankings based on an institution's clinical volumes, metrics and reputation.
- Patients at Children's Hospital Los Angeles are treated using the latest, safest technology, including EOS imaging, which uses up to 95% less radiation than standard X-rays.
- Our experts are at the forefront of creating new protocols that are adopted globally. One innovative procedure pioneered at CHLA was the use of magnetic-controlled rods, which are used to straighten the spine of scoliosis patients without invasive follow-up surgery. The rods, which are lengthened magnetically as the patient grows, eliminate the need for multiple operations that traditional rods require.
- The Motion and Sports Analysis Laboratory was the first gait lab in California to receive full accreditation from the Commission for Motion Laboratory Accreditation, a distinction held by fewer than 20 labs nationwide. It is also one of the few motion labs in the country with a mobile unit that brings assessment services directly to schools as well as club and recreational sports teams.
- Approximately 190 research studies are currently underway, all aimed at identifying better ways to diagnose orthopedic conditions, making treatments more effective and maximizing results. The team's research findings are routinely featured in prestigious medical publications such as the Journal of Pediatric Orthopaedics and the Journal of Orthopaedic Trauma.
- The Autry Orthopedic Center has one of the largest education programs in the Western U.S., training more than 35 residents and international fellows annually who contribute a valuable, diverse perspective to our clinic.

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For infants born with a severe health condition, nothing is more important than receiving the highest-quality medical, surgical and supportive care in the earliest days, weeks and months of life. The Fetal and Neonatal Institute at Children's Hospital Los Angeles brings together teams of neonatologists, maternal-fetal experts and specialized nurses from CHLA and USC to treat nearly 3,000 infants and high-risk expectant mothers every year.

PROGRAMS AND CENTERS

The Steven & Alexandra Cohen Foundation Newborn and Infant Critical Care Unit (NICCU)

Every year, the Cohen Foundation NICCU oversees care for nearly 650 critically ill infants who need specialized medical intervention for complex neonatal conditions. The 58-bed NICCU is a Level IV unit, the highest level of neonatal care attainable in the U.S. Patients have access to the latest protocols and technology and a wide range of experts in more than 350 specialties including neurology, cardiology and pulmonology.

Fetal-Maternal Center

The Fetal-Maternal Center is one of the few programs in the nation providing comprehensive care for expectant mothers experiencing high-risk pregnancies. The Center offers diagnosis, treatment, monitoring and personalized post-birth planning by a team of physicians from Children's Hospital Los Angeles and USC, including perinatologists, neonatologists and nurse care managers. For babies who have rare conditions, such as twin-twin transfusion syndrome or spina bifida, the Fetal Surgery Program specializes in life-changing and often lifesaving surgical interventions that few institutions offer.

The Newborn Follow-Up Program

After discharge from the hospital, the Newborn Follow-Up Program provides monitoring, support and care for children up to age 3 who have chronic or complex conditions. The program assesses the developmental, medical, nutritional and psychosocial needs of children at risk for growth problems or developmental delays.

ACCOLADES AND ACHIEVEMENTS

The Fetal and Neonatal Institute has one of the most innovative models of care for treating maternal-fetal and neonatal problems in the United States. Our experts are equipped to address complex medical, genetic, metabolic and developmental disorders in infants in a supportive, family-friendly environment tailored for children and their caregivers.

- The Institute is consistently recognized among the top neonatology programs in the nation by U.S. News & World Report, which assesses a program's clinical volumes, infection rates, availability of advanced technologies and family support.

ACCOLADES AND ACHIEVEMENTS

- Children with pulmonary and heart disorders sometimes require advanced cardiopulmonary management using extracorporeal membrane oxygenation (ECMO), which temporarily takes over a child's failing heart and lungs so the organs can heal. Our ECMO Program is among the largest in California and has been honored with the prestigious Award for Excellence in Life Support by the Extracorporeal Life Support Organization, an international group of health care providers that evaluates hospital treatment therapies for patients fighting complex cardiac disease and respiratory failure.
- The Fetal and Neonatal Institute supports innovative research to develop new treatments and improve long-term outcomes for babies with complex health conditions. Our physician-scientists and researchers collaborate with experts across CHLA, The Saban Research Institute of CHLA and USC to study maternal, fetal, neonatal and infant health. There are four primary research pillars: clinical studies; epidemiology and outcomes research; quality and performance improvement inquiries; and education research.
- The Fetal and Neonatal Institute integrates unique infant-family mental health support beginning when a child is diagnosed with a condition in utero, continuing through hospitalization and after a child goes home. Mental health experts help parents and caregivers build resilience and strengthen the bond with their child to give patients the best chance at a healthy, happy future.
- The Cohen Foundation NICCU has been honored with the ICU Design Citation Award, which recognizes intensive care units that combine functional design with humanitarian delivery of care. The rooms are also technologically advanced. Patient vital signs are electronically tracked and stored in a child's electronic medical record, and rooms are equipped with surgical booms so that emergency procedures can be performed at the bedside.

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LIVER TRANSPLANT PROGRAM

DIVISION OF ABDOMINAL TRANSPLANTATION



The Liver Transplant Program at Children's Hospital Los Angeles is one of the largest pediatric liver transplant programs in the United States—performing more than 445 liver transplants in children since 1998. One-third of those organs have come from living donors, making the program a national leader in pediatric living donor liver transplantation.

The multidisciplinary team collaborates with specialists throughout CHLA to provide the most advanced and comprehensive care for young patients with complex liver disorders. In addition, our experts are at the forefront of novel research aimed at better diagnosing, treating and preventing organ rejection—with the goal of making every child's liver transplant last a lifetime.

PROGRAM HIGHLIGHTS

Living Donor Transplants

In 2021, Children's Hospital Los Angeles was the second largest program in the nation for pediatric living donor liver transplants, with 10 out of 31 transplants coming from living donors. Living transplants have been linked to better outcomes, especially in children. The team recently published a global study showing that children with living donor organs have half the risk of dying—and half the rejection—compared with those who receive cadaveric livers. Living donation also allows children to get a lifesaving new organ much sooner.

Significantly Lower Wait Times

Because of CHLA's strength in living donation, the program's median wait time to transplant is approximately 2.6 months, compared with the regional average wait time of 30.5 months and 13.5 months nationally. In addition, the team offers a fast-track living donor evaluation option, through our partners at Keck Medicine of USC, for a select cohort of patients with the most critical disease. These patients are generally scheduled for transplant within 72 to 96 hours of the donor's evaluation.

Anonymous Living Donor Program

Children's Hospital Los Angeles has 20 years of expertise in anonymous living donor liver transplants. Working in partnership with Keck Medicine of USC, the program is one of only a handful of centers in the country to offer this "Good Samaritan" option for children.

Bloodless Liver Transplants

CHLA performed the first-ever pediatric "bloodless" liver transplant in 2001. This procedure has been a source of comfort to families to make the best decision for their child's care without compromising their beliefs. In collaboration with our Hematology colleagues, we have been able to honor these families' wishes and have successfully transplanted several patients without transfusion.

WHY CHOOSE US

With nearly 25 years of expertise, the Liver Transplant Program at Children’s Hospital Los Angeles is a major referral center for children requiring liver transplant care, with one-year graft and patient survival rates of 100%.

- In 2021, Children’s Hospital Los Angeles performed 31 pediatric liver transplants—the most in the Western U.S. and No. 2 in the nation. Ten of those organs came from living donors, making CHLA the second largest program in the country for living donor liver transplants in children.
- In 2021, the program collaborated with colleagues in the Heart Institute to perform the first pediatric heart-liver transplant at Children’s Hospital Los Angeles. The successful procedure was just the 17th of its kind in the nation.
- Our surgeon-scientists are using state-of-the-art imaging mass cytometry technology to investigate the mechanisms of liver transplant rejection and develop novel biomarkers to better diagnose, treat and predict rejection in children. CHLA researchers are also working to develop noninvasive predictors of liver fibrosis in children with Fontan-associated liver disease, and to advance the scientific understanding of liver development, biliary atresia and fatty liver disease.
- Children’s Hospital Los Angeles is a founding member of the Studies in Pediatric Liver Transplantation (SPLIT) consortium and a participating site in the Childhood Liver Disease Network (ChiLDREN). Both groups bring together investigators from institutions around the world to collaborate on improving outcomes for patients with liver disease.
- In 2022, CHLA launched a National Institutes of Health-funded postdoctoral training program in translational hepatology research. The program, which provides up to three years of support for intensive laboratory or clinical research training, is only the fifth of its kind in the country for pediatric hepatology.
- The Liver Transplant Program is part of CHLA’s Division of Gastroenterology, Hepatology and Nutrition, which is ranked among the top 10 pediatric gastroenterology and GI surgery programs in the country by U.S. News & World Report. The Division is renowned for its comprehensive approach to caring for young patients with gastrointestinal, liver and nutritional disorders and for its leading research program.

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Kaiser Permanente | Medi-Cal Direct Contract Whole Child Model Program

CalOptima Family Advisory Committee
Transition Update
December 19, 2023

Kaiser Permanente Whole Child Model Program

This narrative has been prepared to provide the **CalOptima Health Plan’s Family Advisory Council (FAC)** an overview of our current program offerings and our planned expansion of WCM services into to all eight DHCS designated WCM counties.

Our discussion today will focus on three areas

1 **Overview**

A background on our KP’s WCM Program

2 **KP’s Integrated Delivery System**

WCM Scope of Services & Continuity of Care

3 **External Partnership**

External partnerships & outside referrals

Overview | KP's Whole Child Model Program

Kaiser Permanente Whole Child Model Program

On June 30, 2022, Governor Gavin Newsom signed into law AB 2724

KP has signed an agreement with DHCS directly to provide services to Medi-Cal beneficiaries in all 32 counties effective 1/1/2024

Currently KP has a Direct Contract to cover Medi-Cal members in Sacramento and San Diego

Expands KP's participation to 10 new counties to fully align with KP's commercial footprint

KP will no longer have contracts with Plan Partners, thereby creating a single direct contract with DHCS, replacing 14 existing contracts (2 with DHCS and 12 with plan partners)



Kaiser Permanente WCM Model | Current and Future Footprint

Kaiser Permanente will administer Whole Child Model program in alignment in WCM counties as designated by DHCS

KP's Medi-Cal Managed Care Plan is available to

- **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 today** will stay with Kaiser. There will be no disruption of care for these members.

* Eligible populations per AB 2724. DHCS and KP Memorandum of Understanding <https://www.dhcs.ca.gov/Documents/KP-DHCS-AHCSP-MOU.pdf>

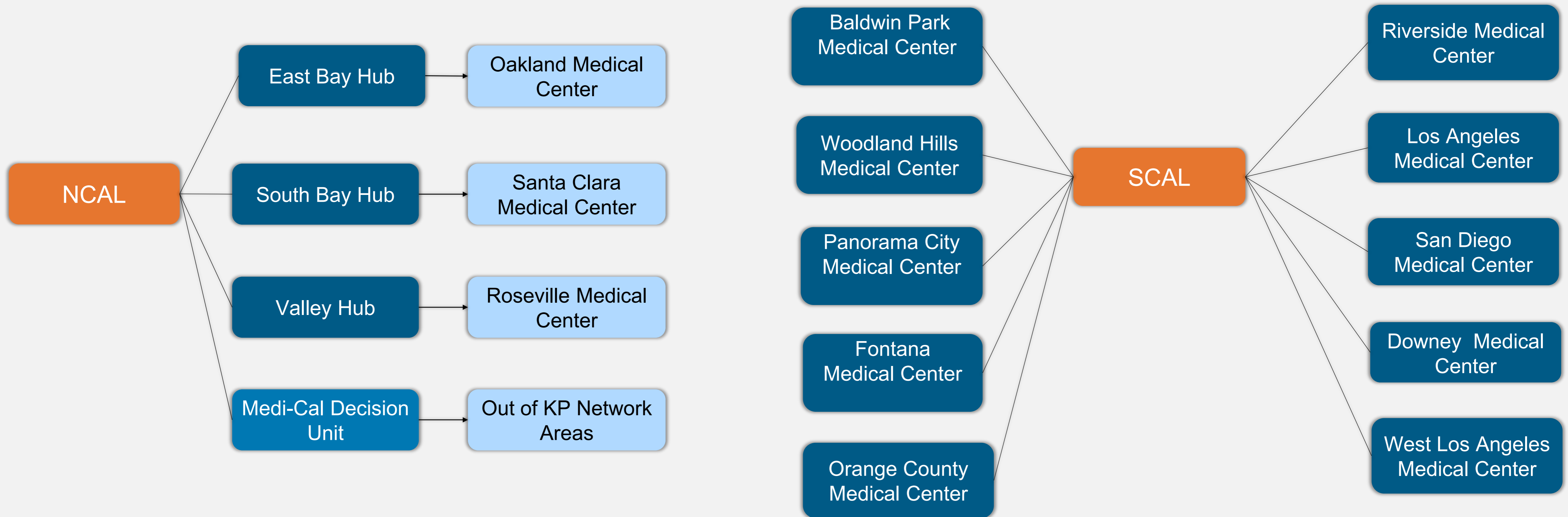
Current	2024		2025
Existing KP Classic CCS Counties KP is a CCS Provider	New KP Classic CCS Counties AB2724 KP will be a CCS Provider	KP to be a WCM Prime Plan- AB2724	KP to be a WCM Prime Plan - 2025 AB118
<ul style="list-style-type: none"> • Alameda • Amador • Contra Costa • El Dorado • Los Angeles • Placer • Riverside • Kern • San Joaquin • Santa Clara • Ventura • Sacramento • San Bernadino • San Diego • San Francisco 	<ul style="list-style-type: none"> • Fresno • Kings • Madera • Mariposa • Stanislaus • Sutter • Tulare • Yuba • Imperial 	<ul style="list-style-type: none"> • Solano • Sonoma • Yolo • Marin • Napa • San Mateo • Santa Cruz • Orange** 	<ul style="list-style-type: none"> • Placer • Mariposa • Sutter • Yuba

**KP currently provides WCM services as a delegate to Cal Optima

KP's Integrated Delivery System & External Partnership

Kaiser Permanente WCM Model | Regional Hubs and Medical Centers

KP CCS teams include RNs, MSWs, and Operations Specialist who support administrative functions and service coordination



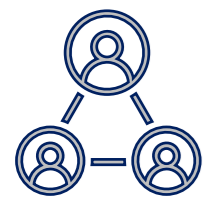
KP WCM Case Management



With this transition, KP is now the authorizing health plan and is accountable for authorizing all services, including transportation, DME, as well as providing care coordination.



Multidisciplinary KP CCS WCM teams include RNs, MSWs, and Operations Specialist who support administrative functions and service coordination. Their scope includes WCM and Classic CCS. KP CCS WCM teams are geographically-based within or near our KP CCS certified Medical centers



Case Management is led by KP WCM Care Coordinators who serve as the conduit between all members of the care team. These Care Coordinators have clinical pediatric expertise, are well versed in WCM guidelines, and have completed extensive pediatric complex care coordination training. Each member is assigned a KP WCM Care Coordinator as their single point of contact.

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.
- Engage CCS county offices through identification to assess medical eligibility to initiate covered services including DME, hearing aids, medical therapy services with CCS paneled providers in addition to following transportation guidelines for NEMT and NMT.
- Facilitate continuity of care requests. KP will honor all open MCPs authorizations upon request.

Community Referrals

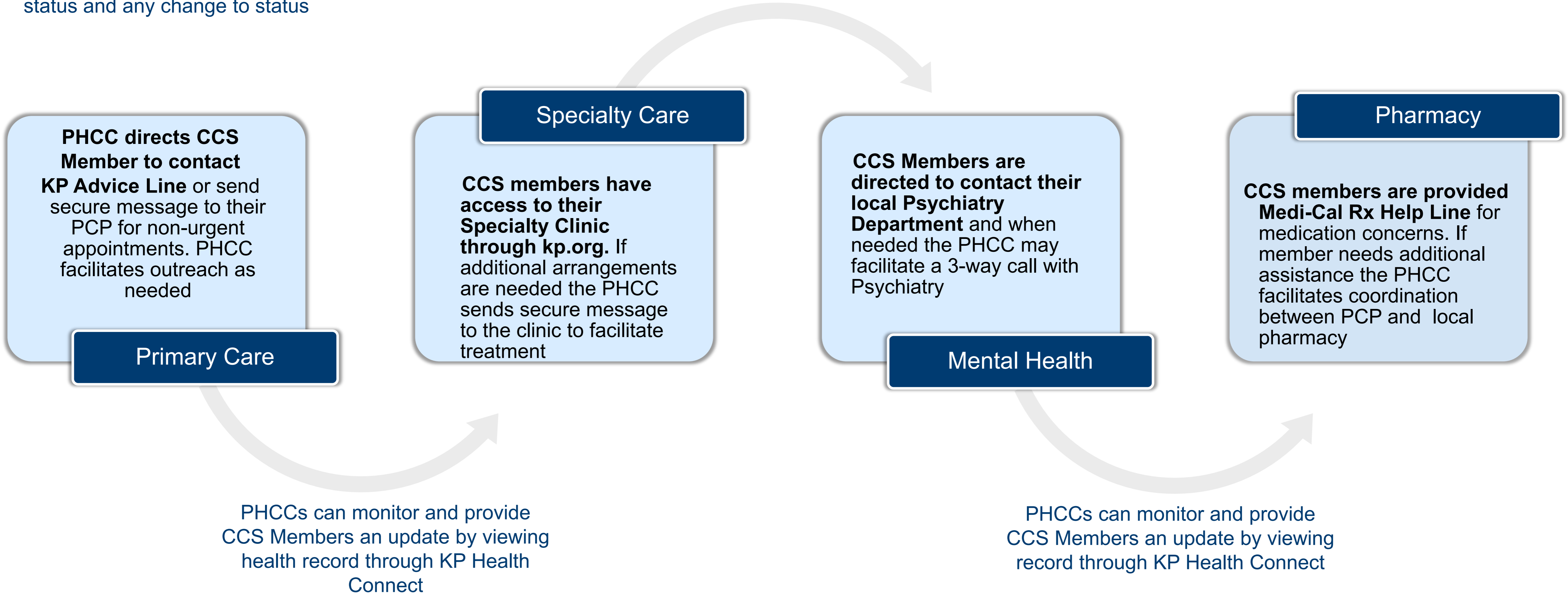
- KP WCM Care Coordinators engage the KP Outside Referrals Department to facilitate referrals for specialty services not provided by KP, or when members prefer not to cross county lines to remain within KP network to receive their specialty care.
- KP WCM Care Coordinators assess members for Enhanced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

Kaiser Permanente WCM Model | Linkages to Primary Care and Specialties

WCM Pediatric Health Care Coordinator (PHCC) facilitates CCS members timely access to appropriate care as depicted below

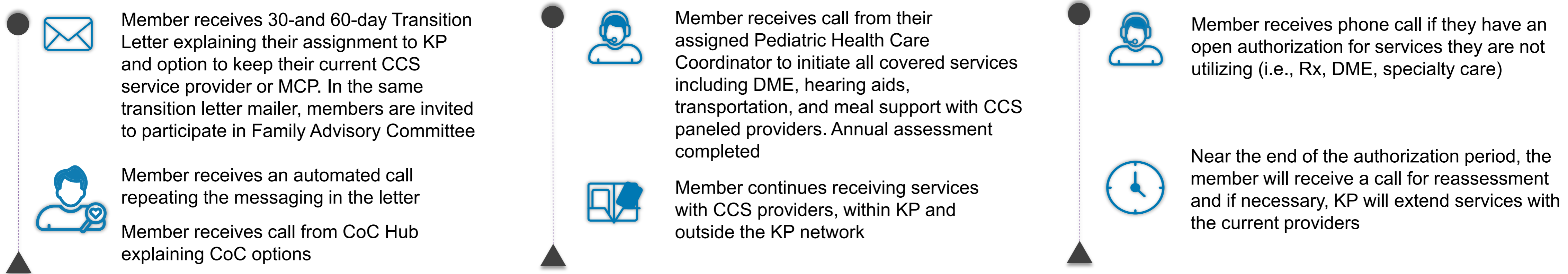
PCP is notified when member becomes eligible for WCM CCS status and any change to status

PHCCs can monitor and provide CCS Members an update by viewing health record through KP Health Connect



Kaiser Permanente WCM Model | Member transition journey

MEMBER JOURNEY



SUPPORTING PROCESSES

- **Ongoing engagement with MCPs** throughout readiness phase; transitioning CCS member list requested
- **CCS WCM transitioning member list established.** KP data teams reconcile WCM members from HP of San Mateo, Partnership HealthPlan with internal data EU codes. Meeting with Central CA Alliance for Health (CCAH) planned for 11/30 to verify members
- **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 Continuity of Care (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.

- **Pediatric Health Care Coordinator (PHCC)** are assigned to each WCM member; 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:
 - 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

- During transition period:
- **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.
- Annual Re-determination:
- **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



Member and Community Engagement | Work underway

Pursuing a multi-pronged strategy to ensure readiness for January 1, 2024.



Work continues to organize the transition of members from their current WCM care manager to KP. KP will send member notifications at 60 and 30 days prior to go-live from KP informing them of the transition to KP and their rights to continuity of care. Automated outbound calls will be made between 60 and 30 days prior to go-live to provide information contained in the notification letter.



Engagement with each classic CCS and WCM county has been initiated and is ongoing. KP is engaging each WCM county to discuss and come to agreement on MOU terms.



Regional Family Advisory Committees will be launched Q1 of 2024. Recruitment efforts will begin Q4 2023.



A Clinical Advisory Committee will be established comprising KP CCS Medical Officers, County CCS Medical Directors and, paneled providers to discuss key clinical metrics beginning in Q1 2024.

California Children's Services Family Advisory Committee (FAC)



Kaiser Permanente invites current or former CCS patients and family members to join the California Children's Services Family Advisory Committee starting in 2024!

The California Children's Services Family Advisory Committee (FAC) hosted by Kaiser Permanente is a committee that connects CCS patients and their family members with doctors, staff, and family resource centers.

Our goal is to provide a safe space to share with us the things that are working well, the things that are not working so well, and the things we can do to improve the CCS-member healthcare experience!

- Are you a parent/guardian of a Kaiser CCS-eligible child?
- Do you have suggestions to improve families' experience with their healthcare?
- Do you want to make a difference in your community?
- Can you commit to 1 hour of your time every 3 months?
- Meetings held virtually and may be in person upon the group's interest.

If YES – We want to hear from you!

This committee will be held on the third Tuesday every 3 months from 6:00pm-7:00pm.

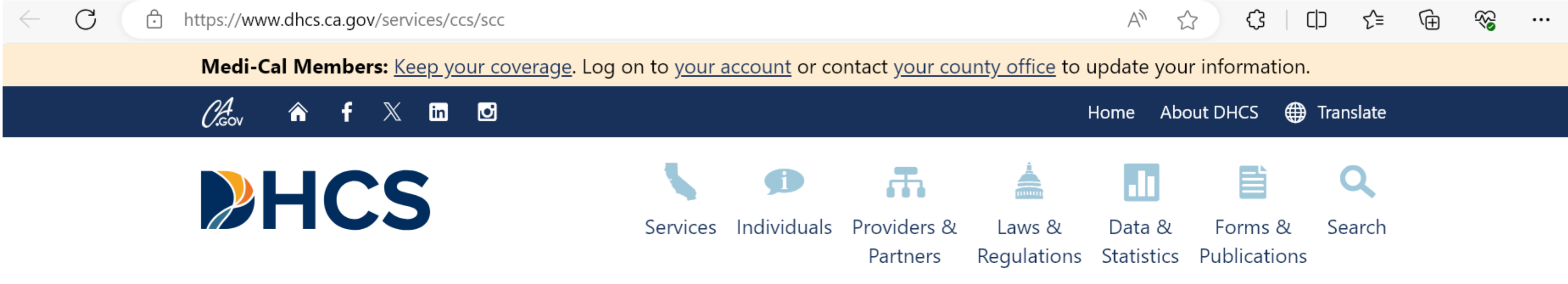


For additional information or to sign up, please call toll-free 866-842-2574 or e-mail medi-calauthorizationteam@kp.org with your name and phone number.

Specialty Providers | Paneled Providers Look Up

KP is in the progress of completing our Provider Directory which would include CCS indicators for CCS paneled Specialists. Currently, information on CCS paneled Specialists working under a Special Care Center can be found on DHCS' website

[DHCS Special Care Centers](https://www.dhcs.ca.gov/services/ccs/scc)



Hospitals and Special Care Centers

Special Care Centers (SCC) provide comprehensive, coordinated health care to California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) clients with specific medical conditions. SCCs are organized around a specific condition or system. SCCs are comprised of multi-disciplinary, multi-specialty providers who evaluate the client's medical condition and develop a family-centered health care plan to facilitate the provision of timely, coordinated treatment.

- [Look up by SCC Type](#)
- [Look up by CCS Approved Hospital Name](#)
- [Look up by CCS Approved Hospital Name by Counties](#)

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

 Management Team	<table border="1"> <tr> <td data-bbox="483 637 999 844">Sloane Petrillo Sloane.X.Petrillo@kp.org</td> <td data-bbox="999 637 1582 844">Christine Gissible Christine.A.Gissible@kp.org</td> <td data-bbox="1582 637 2149 844">Stephanie Smith Stephanie.R.Smith@kp.org</td> <td data-bbox="2149 637 2698 844">Gina Anixter Gina.Anixter@kp.org</td> <td data-bbox="2698 637 3242 844">Stephanie Smith Stephanie.R.Smith@kp.org</td> </tr> </table>					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
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 Area	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					
 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.

