

CalAIM EPSDT All Comer Webinar

November 18, 2022

Transcript

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SPEAKER – TIME	AUDIO
Julian	<p>Hello and welcome. My name is Julian and I will be in the background answering any Zoom technical questions. If you experience difficulty please type your question into the Q and A field. We encourage you to submit questions at any time. Live closed captioning will be available in English and Spanish. Emma will now cover meeting options.</p> <p>Questions can be submitted in the Q and A any time as Julian mentioned. Verbal questions will also be taken at the end of the session. Apartments must raise their hand for to unmute. Listen for your number to be called by the moderator and if selected be ensure you are unmuted. If you are logged on by did Zoom interface if selected to share your comment you will receive a request to unmute. Please ensure you accept before speaking. And with that I'd like to introduce Pamela Riley, Chief Health Equity Officer and Assistant Deputy.</p>
Pamela Riley	<p>Thank you very much. And good morning everyone. Thank you all so much for joining us today. And as I said I am Pamela Riley. I am the Chief Health Equity officer at DHCS as well as Assistant Deputy Director. I also serve as channel health champion. As many of you know I'm a pediatrician by training and very excited to have joined DHCS earlier this year to really help advance Medi-Cal's efforts to improve care for children and families. It is my pleasure to be here with you today giving you an overview of our Outreach and Education Toolkit planning for our Early and Periodic Screening Diagnostic and Treatment benefit under Medi-Cal.</p> <p>I am here presenting today with my colleague Rene who leads our Healthcare Benefits and Eligibility Division. We will do our best to share as much information with you as possible today and to take any questions and feedback that you may have on our planning for this work. Next slide please. Oh. My apologies. Can you go back to the previous slide.</p> <p>So as many of you know DHCS released the Medi-Cal Strategy to Support Health and Opportunity for Children and Families earlier this year really as forward looking policy agenda to understand and better coordinate what we are already doing for children and to make improvements to that to really provide more comprehensive coordinated benefits to improve the health of children and families.</p>

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Pamela Riley	<p>A key part of that agenda is our work that we are sharing with you today on EPSDT. EPSDT, which I'm assuming many of you already know what that is, but a lot of people are like what's the EPSDT? It's really the core benefits that children are entitled to under Medi-Cal. And we would like to make that a little bit clearer both to our members, to our health plans, to our providers, to really increase effective understanding and utilization of those services.</p> <p>So we will be targeting those audiences with these materials that we have developed to really increase more effective outreach and utilization of preventive care. We know preventive care utilization has been a challenge for Medi-Cal beneficiaries, and we see this as an effort to really improve those rates and really appreciate the partnership and input of everyone on this call today in terms of how we do that most effectively. Next slide please.</p> <p>So as I mentioned the goals for our EPSDT Outreach and Education Toolkit are really to improve utilization of EPSDT benefits by improving member understanding of what those benefits are and what they are entitled to in Medi-Cal to increase coordination of those benefits among many child serving stakeholders.</p> <p>We also as part of this effort in addition to targeting members and health plans we also want providers to be aware of what benefits and services are available to Medi-Cal members through EPSDT and what they are entitled to and as such we will incorporate a provider training aspect to this.</p> <p>And finally in an effort to make EPSDT less opaque and a little bit more accessible we have proposed renaming it or at least identifying an easy term that we can refer to the benefits so that people know that what we are talking about and easily refer to what members are entitled to Next slide please. I will now turn it over to my colleague Rene to walk through some of the components of the Toolkit. And then I will hop on again to talk about our provider training aspect. Rene.</p>

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Rene Mollow	<p>So thanks Pam. And thanks everyone for joining us today. Again, I'm Rene, I'm the Deputy Director for Healthcare Benefits and Eligibility with the Department. And one of the program areas in my portfolio is the benefits development for the Medi-Cal program. So my team does have a responsibility in terms of the information that we put out relative to EPSDT. And we're working very closely with Pam as our child health champion in this respect. So in terms of the work that we're looking to accomplish there are a couple of things that we're doing.</p> <p>One, we're looking at the renaming of EPSDT. Again, as Pam indicated that's probably a term that's more familiar to those of us that work in this space. But outwardly facing it's probably very confusing and maybe not really be clear to people in terms of what that means. So our goal here is to develop a name that's going to resonate more with people in understanding the services and supports that are available to children in the Medi-Cal program.</p> <p>In this respect with the renaming we're also looking at developing brochures for both our children and teens that are covered by the Medi-Cal program. And we're also developing an EPSDT enrollee rights document. And this is to help further educate people about their rights and responsibilities to the extent they believe they're not receiving the services for which they are entitled. And then to kind of top this all off and pull it all together is the EPSDT provider training.</p> <p>And the training will be directed to our managed care plans and the providers that they contract with in terms of providing these valuable services to individuals that again are eligible and entitled to receive these services. So next slide please. So in terms of renaming. So again, this is looking at a way to help our audiences to better understand the intent of this benefit under the Medi-Cal program. The name will be used in all of outward facing materials that are developed by both DHCS and our managed care plans in terms of those materials that are directed to our Medi-Cal beneficiaries.</p>

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Rene Mollow	<p>We have some proposed new names that are currently being tested with consumers and stakeholders. And in the draft materials that we've shared out for feedback the name that we're currently using is Grow Up Healthy California. But the other two names that were developed were California Healthy Futures and Medi-Cal Healthy Futures. So we're in the process now of collecting feedback in terms of how these names actually resonate with our beneficiaries as well as with our stakeholders in terms of the review of these materials.</p> <p>Next slide please. So in terms of the child and teen brochures. So the brochures are really designed excuse me -- they're really designed to give individuals an overview of the EPSDT services. The eligibility for such services and how to access those services. We are testing these materials with both parents of children as well as teens. The brochures, you know, have pictures on them and then some key information as well as key contact information for individuals.</p> <p>And again we are testing these right now with Medi-Cal beneficiaries to actually get their feedback. Because again, the goal is these are being developed for their views. So we want to make sure that the information that's contained in there -- that it resonates with them as well as wanting to ensure areas where we can provide clarifications for individuals.</p> <p>The information will also include an overview of sexual health and behavioral healthcare services. In terms of the distribution you know the information again will be shared with our beneficiaries, with our providers, and with our managed care plans and with our county offices and local health departments. Our goal is once the documents have been finalized, there will be a very wide distribution for these documents. And then we'll also be requiring our managed care plans to share out this information on an annual basis with our members ages 0 to 20.</p> <p>The information will be posted on the website and the brochures once they are finalized will also be translated into the threshold languages that are used by the Medi-Cal program as well as provided in alternative formats. Next slide please. In terms of Know Your Rights similarly speaking in terms of distribution we're going to again have a wide distribution of this information. And the information will also be published on the DHCS website.</p>

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Rene Mollow	<p>That will be the same for the brochures that I review. In terms of the Know Your Rights this is really geared towards helping individuals to understand -- once they understand the scope of the benefits that they are entitled to receive, then this provides them with information in terms of if they believe that they're not receiving the services that they are entitled to. So it does provide the information in terms of having them file for a state hearing or grievances depending upon the managed care delivery system in which they are trying to access these services.</p> <p>And that would also be inclusive of individuals that are in our fee for service delivery system. And it provides some high level steps for what people can do if they feel like their rights are not being appropriately attended to by providers or the health plans in terms of their access to these coverage services. And just as a reminder Medi-Cal beneficiaries do have the right to fair hearings when services being requested on their behalf are not provided in you know in the manner in which they have been requested.</p> <p>And then there's also as it relates to EPSDT the medical necessities standard which is a much broader standard for children and Medicaid versus that for our adult population. And so, there's additional context that is provided to them in the Know Your Rights letter. Next slide please. And now I'll turn it back over to Pam to talk about the training component of our Toolkit. Thank you.</p>
Pamela Riley	<p>Thanks Rene. I'll now provide just a bit of information on our plans for provider training as all of you know making sure that members receive the benefits that they're entitled to. It's important to focus on the members themselves but also who's providing the service. I can tell you when I practiced as a general pediatrician I didn't really understand what EPSDT meant. And I imagine that a lot of folks out there feel the same.</p> <p>So I think it's going to be really important for us to develop a standardized training that providers can use and make sure that it reaches providers effectively and certainly appreciate your thoughts and input on this. Just as a bit of background starting in January 2024 Medi-Cal managed care plans must provide EPSDT training for their providers.</p>

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Pamela Riley	<p>And in an effort to take advantage of this implementation support we are developing a standardized training that really provides a comprehensive overview of what EPSDT covers. What's covered under federal and state law. All of the screening diagnostic treatment services and medically necessary services that members are entitled to so that providers at least have a point of reference for what members are entitled to and in order to best advocate for those services. We will be -- we are in the process of developing that training now. And we will primarily be using managed care plans as the distribution channels since this is most appropriate to the managed care new contracts.</p> <p>We will be primarily be using managed care plans to communicate that information out to providers. But that said we will definitely want to identify other sources of making sure that really that providers are aware of this benefit. The managed care benefits will have the responsibility of providing that training and communicating that out. Next slide please. This slide illustrates all the different components taken together and how they target our different audiences, the primary audiences being our members or enrollees.</p> <p>With health plans and providers being other key audiences too. Certainly the renaming we want that to be a means to making the understanding the benefit more accessible across the board. The brochures will primarily target enrollees, but we will want planning to use and distribute those as well. The medical -- the Know Your Rights letter again targeted to what enrollees are doing. But we certainly want the other audiences to be aware of that as well and then provider training will target anyone who's providing EPSDT services and the plans will play a key role in distributing those materials</p> <p>Next slide please. In terms of the timeline for launching our Toolkit, we are currently working on developing these materials now as Rene mentioned. The enrollee facing materials we worked closely with stakeholders in terms of getting input on those. We are currently conducting consumer testing to really get that member voice on what resonates.</p>

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Pamela Riley	<p>And we are -- will be working on developing finalizing and getting input on the provider training materials incorporating provider stakeholders in that. We will be finalizing the Toolkit components end of this year with the goal of publicly releasing these materials at the beginning of 2023. And we'll certainly be keeping everyone updated on our progress.</p> <p>Next slide please. So that was all we had to formally present. We mostly want to take this opportunity to share this information and also to hear from those of you on the call. Any questions or concerns that you may have. Any input for us to really make this most effective as we said we really want this to be an effective means and tool of ultimately improving child health preventive care rates in California and definitely be the partnership of all of those of you on the call. So with that I will open it up to questions and turn it over to our -- Manatt colleagues to facilitate.</p>
Emma Petievich	<p>If you can go to the next slide to review instructions for making comment today. If you log in by phone only press star 9 to raise your hand. If selected make sure to unmute by pressing star 6. If you logged in by zoom press raise hand and unmute. We'll start to do that process now. If that works for the rest of the Manatt team we'll jump into our first hand raised. Okay. Let's take Mary Crandall. Mary, you should be able to unmute now.</p>
Mary Crandall	<p>Yes. Good morning everyone. So I'm currently the coordinator for EPSDT services. And I work for Anthem Blue Cross. We have a corporate team that's developing a toolkit for providers for EPSDT services. And they want to launch that in January. But I would rather have it in May if we could use that. Do you have any idea when the name will be settled on?</p>
Rene Mollow	<p>So this is Rene. We're doing our testing. And we're hoping to have things launched in January, but right now we don't have that specific date. But the goal is to get it launched in January. And so, appreciate the question and comment in terms of the information that you all are working on. Our goal would be.</p> <p>To your point Mary whatever the name may be is that we would then propagate that with our plans and then our plans to use that in all outward facing materials that they are using for beneficiaries as well as for providers for consistency. And there will be the other thing I'll add Mary -- there will be policy guidance coming out from the Department in the form of an APL once the materials are finalized to give guidance to the plan on the use of the materials.</p>
Emma Petievich	<p>Okay. We have a few more hands raised. I'll go ahead and tackle that. Next up is DRui.</p>

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Dayanara Ruiz	<p>Hello my name is Dayanara Ruiz. Thank you to the Department for allowing us to speak and sharing all this information. One of the questions I have is as DHCS proposes to... offering other suggestions while we generally appreciate the Department wants to make these services sound more friendly for children youth and families and therefore the name change. It will be most important for a name to resonate with Medi-Cal members and families the messages are intended for as well as be consistent with other materials distributed by the state counties and managed care plans.</p> <p>Could you provide more information about how the new proposed names are being tested with enrollee focus groups? Are names being tested with both parents and teens? Are names being tested in languages other than English and Spanish or with individuals with disabilities or special healthcare needs?</p>
Rene Mollow	<p>So I'll start. And I'll have the team weigh in as well. So thank you Dayanara. Very good question. So we have reached out. So we took from the Department side of things. We queried our own eligibility system and did an outreach to individuals that are enrolled in the Medi-Cal program. And we stratified it by ages. We are testing the materials both with parents and with teens.</p> <p>And for those for the child product you know if the child is available and if it's appropriate depending upon the age of the child they may involve them in that testing. For the younger kids it's geared towards their parents. And then for the older individuals it is geared towards the teens. Right now the testing was done for individuals that speak English or Spanish. We had not reached out to individuals with other languages. But do appreciate the question being asked. Spanish was targeted because it's the largest population or language that is spoken within the program. We are testing in terms of the materials.</p> <p>And the materials I think there was a post in the chat. Folks can see what the materials are that we are using to test. And we're trying to be sensitive across the board in terms of languages, ethnicity, and individuals with special health needs by the visuals that were developed. And there's kind of like a set of visuals that were identified that could be with used and tested with individuals. Again it's very important to us that materials resonate with our population at large. Looking at people of all races and ethnicity in terms of the materials that we are working through.</p>

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Rene Mollow	<p>Based upon the feedback that we'll receive then we'll also -- the feedback will be from our beneficiaries that are enrolled in the program as well as key stakeholders that have enrolled... and so based upon that collective feedback and any feedback that we may also receive from the public writ large including those of you that are here today.</p> <p>All of that feedback will be taken into consideration and then the materials will be revised accordingly and then based upon that feedback and those revisions then we'll look to send the materials out for reading comprehension and literacy levels because we tend to try development materials at the sixth grade level. But again we recognize with certain words that may be used that may not be possible but that's what the goal is.</p> <p>And so, taking those various steps probably weigh in on the final product that will then be looking to disseminate out publicly. And I hope I answered all your questions. But please let me know if I missed anything.</p>
Claudia Page	<p>Sounds good to me, Rene. The only thing to add is we are really looking at this from different angles and the methodologies were deliberately and thoughtfully designed for focus group feedback. As well as one on one individuals who were mailed the materials. We're opening them in real-time with researchers acting in correspondence with what they received by way of follow up groups. That's all I'd add.</p>
Emma Petievich	<p>Great. Next we will call on Sydney Turner. You should be able to unmute.</p>
Sydney Turner	<p>Thank you so much. And thank you for this update. I notice you were trying to finalize these materials by November but I seem to be missing a specific date. Would you welcome any managed care plan feedback? We do have health education and language assistance programs here. I was also wondering if you would appreciate maybe some of the managed care plans or at least Health Net previewing these in our community advisory communities where we do have parent and is representatives of children and things like that. If it's not helpful and you guys are further along that's fine. I wanted to offer at least for Health Net.</p>

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Rene Mollow	<p>Thank you for that Sydney. And both the beneficiary facing and the provider materials we also included the plans. We reached out to the plan associations. You know for feedback. But certainly welcome any and all feedback. Again I think that's why we're doing the webinar today to get that input from folks as well as some other key stakeholder groups where we have raised and shared the information in terms of what we're doing.</p> <p>Because we really do want this to be comprehensive. But we also recognize the timing and trying to be deliberate in terms of the groups that we're outreaching to. But it was important to us to make sure that we have this broader stakeholder convening so we can offer that as another opportunity for people to review and weigh in on those materials.</p> <p>And then there will also be some more specific outreach to our managed care programs in particular as it relates to the provider training materials. Because that's going to be a key component of this strategy, helping to make sure that our providers are well versed and fully understand the intention behind the EPSDT services and what it means for them as a provider in terms of preventive care as well as also screening for other conditions that may go beyond the need for just preventive services. And doing the appropriate diagnostic and testing for them to then provide the applicable treatment services that individuals are entitled to.</p>
Emma Petievich	Thanks Rene. We have another hand raised with Kristen Golden. You should be able to unmute now.
Kristen Golden Testa	This is Kristen with the Children's Partnership. I put my questions in the chat but I'll just ask them. I was curious whether the provider training is available for and is aimed at also community providers like community health workers and doulas because they're obviously in the front lines with families as well as pediatricians. And then also whether they are able to review the materials. It sounded like the review is for stakeholders that are providers only if I'm understanding that correctly. And just with seeing whether community health workers are included in that.

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Rene Mollow	<p>So right now -- thanks for the question. Right now the training is targeted for licensed providers. That would be doing say the well child check and the follow up visits based upon identified needs of the individuals. Managed care plans will be responsible for deploying the training materials with their provider networks. The information will be available like I said on our website. But it's not targeted specifically say for non-licensed practitioners.</p> <p>But we can take that information back and in terms of the training materials, because it is geared towards licensed providers, it's going to be targeted for licensed providers and the appropriate state level associations for representing licensed entities for them to take a look and review of the materials as well as the Plan medical directors and all.</p> <p>Because again we want to make sure that the information resonates with them and that it really serves as a retraining opportunity to remind people of the obligation that they have in terms of serving our population. So that's who it's geared towards right now.</p> <p>But we can certainly take it back in terms of how it might be modified for those individuals that are non-licensed practitioners. Because again with the intent of EPSDT it's early and periodic screening. So they have to be able to do appropriate level screenings and assessment and then make the appropriate level work to do diagnostic services and/or treatment services. Because that's the true intent of EPSDT. So that's why it is geared towards the licensed providers.</p> <p>And then Pam I don't know if there's anything more you want to add to that. Not to put you on the spot my friend.</p>
Pamela Riley	<p>No problem. Kristen hi. Thank you so much for that question. We are really planning in the interest of the timeline that we have set we're really going to focus getting input as Rene said from providers, provider organizations, and plan representatives. So it won't be as broad of a request for like intensive review but that said we always welcome your thoughts and input on how we can distribute this more effectively and really reach who we want to reach with this training.</p>
Emma Petievich	<p>Okay. We have another hand raised. Mao you should be able to unmute.</p>

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Mao Moua	<p>Good morning. And also thank you to the state for allowing us to be a part of your forum and also this talk to provide feedback and also to ask questions. I have a few questions here. Just in regards to accessibility. The first one is around alternative formats. I know that you guys did mention that this would also be available in alternative formats. Does that mean that the state would have already -- would be ready to provide upon request large print, braille, audio, CD, and also different formats if our members do ask for this.</p> <p>And if so does that mean the MCPs would be provided either the hard copies or at least electronic formats so that we can also either print or copy over onto an audio CD or CD type to be able to distribute to our members. And then just in terms of I think I have a few questions just around the provider training piece. I wrote down a note here but I just wanted to confirm. It sounds like the MCPs are going to be tasked with providing this for better trainings to our providers.</p> <p>And if you can confirm that that would be great. My other question is also around just language component of this. You know I just want to acknowledge and thank you guys for definitely field testing this and using different modalities as well to field test English. I also just want to stress the importance of also field testing in the various languages as well too just to ensure culture appropriateness as well as terminology. I myself am a Hmong native speaker fluent in Hmong.</p> <p>There's some complexities when it comes to the translation piece. Especially when it comes to literal translations. And I just want to be mindful whichever terminology we're using because of the specific population that we're targeting that we're also being mindful of the cultural aspect of this as well too.</p>
Rene Mollow	<p>Mao, this is Rene. Thank you for your question. So I will start with the alternative format. Yes. The documents will be available in the alternative format. We have been over the past year -- it's been longer than a year -- probably two years now have been working through some alternative processes to collect information on our Medi-Cal beneficiaries that need information that may impact their eligibility or benefits in alternative formats.</p>

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Rene Mollow	<p>So we're collecting that information. Those options will also be incorporated into the Medi-Cal single streamline application future forward as well as the online eligibility and enrollment systems. So as we look to roll this out for those individuals where we have already collected this information and know what their alternative format is, that information will then be disseminated to them in that format. Managed care plans today have an obligation to make sure that those materials or any time a member raises their hand for an alternative format to meet that need. So it kind of cuts both ways. There's a responsibility on the Department. There's a responsibility on the managed care plan.</p> <p>And so, the managed care plan will be provided with the applicable materials and then their contractual arrangements. But then have to make sure that the materials are made available as they're looking to disseminate them and the appropriate alternative format. So whether it's the large print braille or the audio or data CDs they would have obligation to make the information available in those formats. In terms of the provider trainings, yes, the plan would have responsibility for that and rolling that out.</p> <p>But again we'll also put the information on the DHCS website. Because we recognize that we have primarily managed care is ability system but we also have some providers that participate in our fee for service delivery system. So the information will be there and available for their use as well. And in terms of the call for appropriateness do appreciate your feedback in that space.</p> <p>We will be working to make sure that the materials using you know a vendor today to make sure that as we're -- once the documents are finalized it's gone through the literacy review and comprehension and all. Then the documents will be translated in the appropriate threshold languages that we use in the Medi-Cal program.</p> <p>There are policies and processes in place to look at that and evaluate and ensure the appropriateness of the translated materials and that it meets the intent of the languages that we have a responsibility for. So we are also taking that into consideration. Do recognize that right now the materials are being tested for English and Spanish speaking individuals, because that again comprises the majority -- not all -- but the majority of the populations that we do serve.</p>
Emma Petievich	Okay. We'll go to the next hand raised. Alexandra Parma you should be able to unmute.

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Alexandra Parma	Yes. I work for Children's Policy. Thank you for walking us through these materials. It's super helpful. I didn't see anything in the child brochure about care coordination. Given that managed care plans are responsible for coordinating medically necessary EPSDT services. I'm just wondering if there's anything we can add to the materials of what families can expect on that front. I know how population... looks like for families and children but I think it's a important part of this. Thanks.
Rene Mollow	Thank you.
Emma Petievich	Okay. There are no additional hands raised at this time.
Claudia Page	Great. Maybe I can just jump in with a couple of questions posed in Q and A. One was going back to training related questions. If there was a plan for regularly training the managed care plan about EPSDT. I think that's the first one. And I don't know Rene or Pam do you want to talk to the Department's thinking on that.
Rene Mollow	Going back to the question. On the regularly --
Claudia Page	Is there a plan to regularly train plans -- this is putting a spotlight on the plan. And note to the pediatrician who works inside and out. He noticed many managed care plan staff don't really know the difference.
Rene Mollow	<p>Our expectation is with the materials that we're rolling out that there would be an expectation that you know plan employees would have an understanding of what it means for the delivery of these services for children. So we can take that back and talk with managed care colleagues in terms of how they envision that being rolled out.</p> <p>Our expectation is that that would be an inherent requirement through the plan contract just to be clear there's an obligation about their understanding and the availability of services under the broad umbrella of EPSDT. So that's already a plan requirement but to your point about plan employees and what they may do for training. I think writ large because of the requirement that's kind of implied but we can take that back to see if there's anything that Department may do in that space. So thank you for that question.</p>
Claudia Page	Great. And the last one here is from Susana. If a provider is contracted with multiple managed care plans do they have to take the training -- a different training with each of their plans or can they attempt to have taken training with one plan and it will suffice for the other plan?

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Rene Mollow	<p>I think that will be a plan determination. To the extent that they have to indicate that they have done the training and all then there would have to be ways in which they would document that. And so, to the extent of my thinking out loud here. To the extent if a provider is contracted across multiple plans that they then have the documentation actually having received the training and then that should supply for the other plans. I think the one thing I'll say and the reason why we're doing what we're doing and why the Department is looking at some of these requirements and developing these trainings is because we want to make sure -- I think that that's the other big thing that we have learned across the board along the way here is that there's a lack of consistency.</p> <p>So that's why having the materials we're developing the trainings that we're developing is to help maintain and ensure that consistency and that level of understanding versus it being plan specific. Not to say that plans cannot augment the information but there's also requirement for certain types of trainings what have you that they do have to be about reviewed and approved by the Department.</p> <p>And so, because of the importance of this we would be looking for if there's augmentation for plans to provide that information but then to make sure that they develop materials to ensure that consistency and basic level of understanding that we would expect providers to have caring for our child populations in the Medi-Cal program.</p>
Claudia Page	<p>There are no more hands and there are no more questions but there is a nice comment from Helen that says thank you for undertaking this training. It's long overdue and much needed. It's a good point to end on if there are no further questions. There's a hand. It went down. At least it looked like it did to me. I don't know if my colleagues are seeing it go up.</p>
Emma Petievich	<p>There are no additional hands raised at this time.</p>
Claudia Page	<p>Rene and Pam do you want to do any parting words? I think it looks like we may be ready to wrap.</p>
Rene Mollow	<p>I just want to say on behalf of the Department first and foremost thank you for your time today and for your thought questions and comments back to us. We really do appreciate it. It really is important that we get it right. And so, that's what we're planning to accomplish with these materials. And so, really appreciate your interest and we'll also look forward to any additional comments feedback that you all want to offer to the Department in the materials that we have developed.</p>

CalAIM EPSDT All Comer Webinar

November 18, 2022

Transcript

SPEAKER – TIME	AUDIO
Pamela Riley	And I will just echo Rene's thanks. We really appreciate you joining us this morning and your participation your questions your feedback. We really need that in order to make this as effective as possible for improving care for the children we serve. So we thank you very much for joining us.
Rene Mollow	Thank you.