Integrated California Children's Services and Whole Child Model Dashboard

Released December 2021

The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.

- The CCS program is administered as a partnership between county health departments and the California Department of Health Care Services (DHCS).
- The intent of the CCS program is to provide necessary medical services for children with CCS medically eligible conditions whose parents are unable to pay for these services, wholly or in part.
- The statute also requires the DHCS and the county CCS program to seek eligible children by cooperating with local public or private agencies and providers of medical care to bring potentially eligible children to sources of expert diagnosis and treatment.

The Whole Child Model (WCM) program is for children and youth under 21 years of age who meet the eligibility requirements of California Children's Services (CCS) and are enrolled in a managed care plan under a county organized health system (COHS) or Regional Health Authority (RHA). The goals of the WCM program are to:

- Improve the coordination of primary and preventive services with specialty care services, medical therapy units, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), long-term services and supports (LTSS), regional center services, and home- and community-based services using a child and youth and family-centered approach.
- Maintain or exceed CCS program standards and specialty care access, including access to appropriate subspecialties.
- Provide for the continuity of child and youth access to expert, CCS dedicated case management and care coordination, provider referrals, and service authorizations.
- Improve the transition of youth from CCS to adult Medi-Cal managed systems of care through better coordination of medical and nonmedical services and supports and improved access to appropriate adult providers for youth who age out of CCS.
- Identify, track, and evaluate the transition of children and youth from CCS to the Whole Child Model program to inform future CCS program improvements.

Data and Analysis Notes:

This dashboard displays a combination of point-in-time, trend and cumulative measures. WCM data are reported by Managed Care Plans (Plans) or Counties. CCS data refers to counties operating outside WCM.

- **Point-in-time charts:** Figures 2 - 8, 46 and 47.
  Charts display data for the last month in the reporting period.
- **Trend charts:** Figures 1, 11, 12, 15, 16, 19, 22, 25, 28, 37, 38, 40, 41, 43, 45 and 48.
  Charts display each month's or quarter's data in the last 12 months of the reporting period.
- **Cumulative charts:** Figures 9, 10, 13, 14, 17, 18, 20, 21, 23, 24, 26, 27, 29, 32 - 36, 39, 42, 44 and 49 - 50.
  Charts display the sum of the last 12 months' data in the reporting period as one figure.
- **Tables:** Figures 30 and 31.
  Tables display each month's data in the last 12 months of the reporting period.

CCS and WCM Enrollment and Demographics: *Figures 1-28*

The data in this section comes from the DHCS Medi-Cal Management Information System/Decision Support system (MIS/DSS). The Enterprise Performance Monitoring (EPM) is utilized to extract and aggregate all WCM data for Figures 1-28. The Children's Medical Services Network (CMS Net) database is utilized to extract all CCS data for Figures 1-7, 9-11, 13-15, 36 and 39. Figures 1-8 display enrollment and demographics and Figures 9-28 display utilization data for CCS and WCM programs. Figures 1, 11, 12, 15, 16, 19, 22, 25 and 28 are trend charts displaying monthly data over the last 12 months. Figures 2-8 show data for the last month in the reporting period as a point of time view of the CCS and WCM programs. Figures 9, 10, 13, 14, 17, 18, 20, 21, 23, 24, 26 and 27 are cumulative charts, showing the sum of the 12 months' data as one figure.

CCS and WCM Enrollment and Demographics:

The data in this section examines the trend of enrollment over time as well as the breakdown of the CCS and WCM member demographics. Evaluation of Medi-Cal members enrolled in CCS and in the managed care plans participating in the WCM program occurs monthly. Demographic data studies the structure of the CCS and WCM populations in terms of ethnicity, gender, primary languages and age.

A trend of total CCS and WCM enrollment over time are displayed in Figure 1. In July 2019, 122,298 members were enrolled in CCS. Enrollment decreased slightly over time to 121,660 members in June 2020. In July 2019, 29,471 members were enrolled in WCM. Enrollment decreased slightly through May, then increased to 29,668 members enrolled in June 2020. CalOptima joined the WCM program in July 2019.

Figure 2 shows that 49% of CCS enrollees identified themselves as Hispanic. This was calculated by using member reported ethnicity for the month of June 2020 as the numerator, divided by total enrollment for June 2020 as the denominator. Figure 2 also shows that 54% of WCM enrollees identified themselves as Hispanic. This was calculated by using member reported ethnicity for the month of June 2020 as the numerator, divided by total enrollment for June 2020 as the denominator.

The CCS population consists of 46.5% female and 53.5% male as displayed in Figure 3. This was calculated by using enrollment by gender in June 2020 as the numerator, divided by the total enrollment in June 2020 as the denominator. The WCM population consists of 52.7% male and 47.3% female as displayed in Figure 3. This was calculated by using enrollment by gender in June 2020 as the numerator, divided by the total enrollment in June 2020 as the denominator.

Figure 4 displays enrollment by top six primary languages. In June 2020, 66.3% of CCS members spoke English and 28.6% spoke Spanish as their primary spoken language. This was calculated by using CCS enrollment for each language in June 2020 as the numerator, divided by the total CCS enrollment in June 2020 as the denominator. In June 2020, 57.5% of WCM members spoke English and 39.2% spoke Spanish as their primary spoken language. This was calculated by using WCM enrollment for each language in June 2020 as the numerator, divided by the total WCM enrollment in June 2020 as the denominator.

Figure 5 displays enrollment by age. In June 2020, 32% of CCS members were between the ages 12 and 17 and 13% of CCS members were between the ages of 18 and 20. This was calculated by using CCS enrollment for each age range for the month of June 2020 as the numerator, divided by total CCS enrollment for June 2020 as the denominator. In June 2020, 32% of WCM members were between the ages 12 and 17, and 14% of WCM members were between the ages of 18 and 20. This was calculated by using WCM enrollment for each age range for the month of June 2020 as the numerator, divided by total WCM enrollment for June 2020 as the denominator.

Figures 6 and 7 display total CCS enrollment by county, in alphabetical order. The largest enrollment is Los Angeles County with 32,962 members. The smallest enrollment displayed is Mono County with 57 members. An asterisk (*) represents numbers have been suppressed for Counties that have low number of observations as they are seen as statistically unreliable.

Figure 8 displays total WCM enrollment by county, in alphabetical order. Orange County had the most enrollment with 11,529 members and Trinity County had the least with 47 members.

CCS and WCM Outpatient Visits:

An outpatient visit is defined as a patient who is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment. The data in this section is broken down by gender, ethnicity and plan.

Figure 9 displays that for CCS, female enrollees made 2,104 outpatient visits per 1,000 member months while males made 2,177 outpatient visits per 1,000 member months. This was calculated by using the number of CCS outpatient visits for each gender for July 2019 through June 2020 as the numerator, divided by the CCS enrollment for each gender for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000. Figure 12 also displays that for WCM, female enrollees made 2,947 outpatient visits per 1,000 member months while males made 3,184 outpatient visits per 1,000 member months. This was calculated by using the number of WCM outpatient visits for each gender for July 2019 through June 2020 as the numerator, divided by the WCM enrollment for each gender for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

For Figure 10, CCS members that identified as African-American made the most outpatient visits at 3,062 per 1,000 member months. This was calculated by using the number of CCS outpatient visits for each ethnicity for July 2019 through June 2020 as the numerator, divided by the CCS enrollment for each ethnicity for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000. Figure 10 also shows WCM members that identified as Asian/Pacific Islander made the most outpatient visits at 3,637 per 1,000 member months. This was calculated by using the number of WCM outpatient visits for each ethnicity for July 2019 through June 2020 as the numerator, divided by the WCM enrollment for each ethnicity for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

Figure 11 shows the trend in the number of statewide CCS and WCM outpatient visits from July 2019 through June 2020. This was calculated by using the number of outpatient visits for each program per month for July 2019 through June 2020 as the numerator, divided by the enrollment for each program per month for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

Figure 12 shows the trend in the number of WCM outpatient visits for each participating plan from July 2019 through June 2020. This was calculated by using the number of WCM outpatient visits for each plan per month for July 2019 through June 2020 as the numerator, divided by the WCM enrollment for each plan per month for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

CCS and WCM Inpatient Admissions:

An inpatient admission is defined as a hospital patient who receives lodging and food as well as treatment. The data in this section is broken down by gender, ethnicity and plan.

Figure 13 displays that for CCS, male enrollees had 34 inpatient admissions per 1,000 member months and female enrollees had 32 inpatient admissions per 1,000 member months. This was calculated by using the number of CCS inpatient visits for each gender for July 2019 through June 2020 as the numerator, divided by the CCS enrollment for each gender for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000. Figure 13 also displays that for WCM, male enrollees had 31 inpatient admissions per 1,000 member months and female enrollees had 28 inpatient admissions per 1,000 member months. This was calculated by using the number of WCM inpatient visits for each gender for July 2019 through June 2020 as the numerator, divided by the WCM enrollment for each gender for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

For Figure 14, in the CCS program, African-American members had the most inpatient admissions at 56 per 1,000 member months. This was calculated by using the number of CCS inpatient visits for each ethnicity for July 2019 through June 2020 as the numerator, divided by the CCS enrollment for each ethnicity for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000. In the WCM program, African-American members had the most inpatient admissions at 48 per 1,000 member months. This was calculated by using the number of WCM inpatient visits for each ethnicity for July 2019 through June 2020 as the numerator, divided by the WCM enrollment for each ethnicity for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

Figure 15 shows the trend in the number of statewide CCS and WCM inpatient admissions from July 2019 through June 2020. This was calculated by using the number of inpatient admissions for each program per month for July 2019 through June 2020 as the numerator, divided by the enrollment for each program per month for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

Figure 16 shows the trend in the number of WCM inpatient admissions for each participating plan from July 2019 through June 2020. This was calculated by using the number of WCM inpatient admissions for each plan per month for July 2019 through June 2020 as the numerator, divided by the WCM enrollment for each plan per month for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

WCM Emergency Room (ER) Visits:

An ER visit is defined as a patient that presents at a hospital staffed for the reception and treatment of immediate medical care. The data in this section is broken down by gender, ethnicity and plan.

Figure 17 displays that male enrollees made 76 ER visits per 1,000 member months and female enrollees made 76 ER visits per 1,000 member months. This was calculated by using the number of ER visits for each gender for July 2019 through June 2020 as the numerator, divided by the enrollment for each gender for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

For Figure 18, African-American members made the most ER visits at 106 per 1,000 member months. This was calculated by using the number of ER visits for each ethnicity for July 2019 through June 2020 as the numerator, divided by the enrollment for each ethnicity for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

Figure 19 shows the trend in the number of ER visits for each participating plan from July 2019 through June 2020. This was calculated by using the number of ER visits for each plan per month for July 2019 through June 2020 as the numerator, divided by the enrollment for each plan per month for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

WCM Prescriptions:

Prescriptions is defined as medicines ordered by physicians for the treatment of patients. The data in this section is broken down by gender, ethnicity and plan.

Figure 20 displays that female enrollees had utilized 1,345 prescription medications per 1,000 member months while males had utilized 1,320 prescription medications per 1,000 member months. This was calculated by using the number of prescriptions for each gender for July 2019 through June 2020 as the numerator, divided by the enrollment for each gender for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

For Figure 21, African-American members utilized the most prescription medications at 1,724 per 1,000 member months. This was calculated by using the number of prescriptions for each ethnicity for July 2019 through June 2020 as the numerator, divided by the enrollment for each ethnicity for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

Figure 22 shows the trend in the number of prescription medications for each participating plan from July 2019 through June 2020. This was calculated by using the number of prescriptions reported by each plan per month for July 2019 through June 2020 as the numerator, divided by the enrollment for each plan per month for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

WCM Non-Specialty Mental Health:

Non-specialty mental health is defined as services for the treatment of members' mental health that are covered by the plans' contracts, including, but not limited to, individual and group mental health evaluation and treatment; psychological testing; medication management; outpatient laboratory; medications; supplies and supplements. The data in this section is broken down by gender, ethnicity and plan.

Figure 23 displays that female enrollees made 52 non-specialty mental health visits per 1,000 member months while males made 37 non-specialty mental health visits per 1,000 member months. This was calculated by using the number of non-specialty mental health visits for each gender for July 2019 through June 2020 as the numerator, divided by the enrollment for each gender for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

For Figure 24, non-Hispanic/white members made the most visits at 77 per 1,000 member months. This was calculated by using the number of non-specialty mental health visits for each ethnicity for July 2019 through June 2020 as the numerator, divided by the enrollment for each ethnicity for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

Figure 25 shows the trend in the number of non-specialty mental health visits for each participating plan from July 2019 through June 2020. This was calculated by using the number of non-specialty mental health visits for each plan per month for July 2019 through June 2020 as the numerator, divided by the enrollment for each plan per month for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

WCM Emergency Room (ER) Visits with an Inpatient Admission:

This data focuses on those patients who visited the ER and then were admitted to the hospital for treatment and care. The data in this section is broken down by gender, ethnicity and plan.

Figure 26 displays that male enrollees made 12 ER visits with an inpatient admission per 1,000 member months while female enrollees made 11 ER visits with an inpatient admissions per 1,000 months. This was calculated by using the number of ER visits with an inpatient admission for each gender for July 2019 through June 2020 as the numerator, divided by the enrollment for each gender for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

For Figure 27, African-American members made the most ER visits with an inpatient admission at 19 per 1,000 member months. This was calculated by using the number of ER visits with an inpatient admission for each ethnicity for July 2019 through June 2020 as the numerator, divided by the enrollment for each ethnicity for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000.

Figure 28 shows the trend in the number of ER visits with an inpatient admission for each participating plan from July 2019 through June 2020. This was calculated by using the number of ER visits with an inpatient admission for each plan per month for July 2019 through June 2020 as the numerator, divided by the denominator is enrollment for each plan per month for July 2019 through June 2020 as the denominator. The dividend was then multiplied by 1,000. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

WCM Continuity of Care (COC): *Figures 29-35*

Plans must establish and maintain a process to allow members to request and receive COC with existing CCS provider(s) for up to 12 months. All existing rules and regulations apply with the following additions that are specific to WCM: specialized or customized durable medical equipment (DME), continuity of care case management, authorized prescription drugs, and extension of continuity of care period. COC data is submitted by plans. Figures 30-31 are tables displaying monthly data for 12 months. Figures 29 and 32-35 are cumulative charts, showing the sum of the 12 months' data as one figure.

Figure 29 displays that requests for COC per 1,000 members ranged from 14 for Health Plan of San Mateo (HPSM) to 142 for CenCal Health (CenCal). This was calculated by using the number of COC requests for each plan for July 2019 through June 2020 as the numerator, divided by the enrollment for each plan in June 2020 as the denominator. The dividend was then multiplied by 1,000. Figure 29 also displays percentage of COC requests approved, by plan and by county. The approval percentage ranged from 93% for Partnership Health Plan of California (PHC) to 100% for Central California Alliance for Health (CCAH). This was calculated by using the number of approved COC requests for each plan and each county for July 2019 through June 2020 as the numerator, divided by the total number of COC requests for each plan and each county for July 2019 through June 2020 as the denominator.

Total number of COC requests for each plan for the months 13 through 24 after joining the program are shown in Figure 30. In the thirteenth month of operation, CalOptima reported 29, CenCal reported 52, and CCAH reported 22 COC requests. In the twenty-fourth month of operation, CenCal reported 27 COC requests. HPSM has operated in a CCS Pilot program for a period of 5 years prior to the implementation of the WCM, resulting in its lower number of COC requests during this reporting period. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

Months 25 through 36 upon joining the program for COC requests are displayed in Figure 31. In the twenty-fifth month of operation, CenCal reported receiving 29 COC requests. In the thirty-sixth month of operation, CenCal, CCAH and HPSM reported zero COC requests. CalOptima has not yet reported their twenty-fifth through thirty-sixth months of participation in the program. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable. A double dagger (‡) represents Plans who have not reached this month in their observation yet.

Figure 32 shows the average number of COC requests for each plan for months 13 through 24 compared to months 25 through 36. CenCal had an average of 35.2 for months 13 through 24 and 36.3 for months 25 through 36. CCAH had an average of 23.7 for months 13 through 24 and fewer than 11 for months 25 through 36. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable. A double dagger (‡) represents Plans who have not reached this month in their observation yet.

Figure 33 displays major categories for the COC requests. Specialized or customized DME was requested 137 times, or 12.1% of the time, while 484, or 42.9%, of requests were made for prescription drugs. The high number of prescription drug COC requests were due to PHC joining the WCM program in July 2018 and receiving a high volume of requests from members that were in previously carved-out counties. This was calculated by using the number of COC requests for each category for July 2019 through June 2020 as the numerator, divided by the total number of COC requests for July 2019 through June 2020 as the denominator.

Figure 34 shows reasons for COC denials not required by APL. Ten duplicative requests accounted for 29% of COC denial reasons while two denial reasons or 6% each were due to pharmaceutical concerns and criteria not met. This was calculated by using the number of COC denials for each reason for July 2019 through June 2020 as the numerator, divided by the total number of COC denials for July 2019 through June 2020 as the denominator.

Figure 35 shows reasons for COC denials required by APL. No pre-existing relationship between WCM member and provider accounted for 11 or 31% of COC denial reasons while 0% were due to quality of care issues and for provider not being state approved. This was calculated by using the number of COC denials for each reason for July 2019 through June 2020 as the numerator, divided by the total number of COC denials for July 2019 through June 2020 as the denominator.

Please note that for Figure 34, only the top 5 denial reasons are displayed. Figure 35 displays all denial categories as required by the APL, besides "Others". Neither Figure 34 nor Figure 35 adds up to 100%.

CCS and WCM Case Management: *Figures 36-45*

Plans must provide case management and care coordination for CCS-eligible members and their families. Plans must ensure that information, education, and support is continuously provided to CCS-eligible members and their families to assist in their understanding of the CCS-eligible member's health, other available services, and overall collaboration on the CCS-eligible member's Individual Care Plan (ICP). This dashboard focuses on Neonatal Intensive Care Unit (NICU) authorization requests, Pediatric Intensive Care Unit (PICU) authorization requests, Inpatient Facilities and Special Care Center (SCC) authorization requests, and Specialized or Customized DME authorization requests. Case management data is submitted by plans. Figures 37 and 40 are trend charts displaying monthly data over the 12 months. Figures 38, 41, 43 and 45 are trend charts displaying quarterly data over 12 months. Figures 36, 39, 42, and 44 are cumulative charts, showing the sum of the 12 months' data as one figure.

CCS and WCM NICU Authorizations:

Figure 36 displays total WCM NICU authorization requests and percent approval rate by plan and by county. Total plan enrollment and percent distribution of program enrollment in each plan is displayed on the far left column for reference. The approval percentage ranged from 98% for PHC to 100% for CenCal and CCAH. This was calculated by using the number of approved NICU authorizations for each plan and each county for July 2019 through June 2020 as the numerator, divided by the number of NICU requests for authorizations for each plan and each county for July 2019 through June 2020 as the denominator. An asterisk (*) represents numbers have been suppressed for Plans or Counties that have low number of observations as they are seen as statistically unreliable.

Figure 37 displays the total NICU authorization requests per 1,000 members, by month. The figure displays that there were 6.1 CCS NICU authorization requests per 1,000 members for July 2019. There were 6.5 CCS NICU authorization requests per 1,000 members for June 2020. The figure also displays that there were 2.7 WCM NICU authorization requests per 1,000 members for July 2019. There were 2.7 WCM NICU authorization requests per 1,000 members for June 2020.

Figure 38 displays the trend of total WCM NICU authorization requests for each plan each quarter. For example, CCAH reported 38 requests in Q3 2019, 28 requests in Q4 2019, 36 requests in Q1 2020, and 23 requests in Q2 2020. PHC reported fewer than 11 requests in Q3 and Q4 2019, and HPSM reported fewer than 11 requests for all four quarters. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

CCS and WCM PICU Authorizations:

Figure 39 displays total WCM PICU authorization requests and approval rate, by plan and by county. The figure displays that total PICU authorization requests ranged from 74 for HPSM to 655 for CalOptima. Total plan enrollment and percent distribution of program enrollment in each plan is displayed on the far left column for reference. The approval percentage for PICU requests ranged from 99% for CalOptima and PHC to 100% for the other three plans. This was calculated by using the number of approved PICU authorization requests for each plan and each county for July 2019 through June 2020 as the numerator, divided by the total number of PICU authorization requests for each plan and each county for July 2019 through June 2020 as the denominator. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

Figure 40 displays total PICU authorization requests per 1,000 members, by month. The figure displays that there were 1.7 CCS PICU authorization requests per 1,000 members in July 2019 and 1.6 authorization requests per 1,000 members for June 2020. The figure also displays that there were 4.5 WCM PICU authorization requests per 1,000 members in July 2019 and 2.6 authorization requests per 1,000 members for June 2020.

Figure 41 displays the trend of total WCM PICU authorization requests for each plan each quarter. For example, CalOptima reported 140 requests in Q3 2019, 160 requests in Q4 2019, 201 requests in Q1 2020, and 154 requests in Q2 2020. HPSM reported fewer than 11 requests for Q3 2019 and Q2 2020. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

WCM Inpatient Facilities and SCC Authorizations:

Figure 42 displays total requests for SCC authorizations and approval rate, by plan and by county. The figure displays that Inpatient Facilities and SCC authorization requests ranged from 566 for CenCal to 5,442 for CalOptima. Total plan enrollment and percent distribution of program enrollment in each plan is displayed on the far left column for reference. The approval percentage for Inpatient Facilities and Special Care Centers ranged from 96% for PHC to 100% for CCAH and CenCal. This was calculated by using the number of approved Inpatient Facilities and SCC authorizations for each plan and each county for July 2019 through June 2020 as the numerator, divided by the number of Inpatient Facilities and SCC requests for authorizations for each plan and each county for July 2019 through June 2020 as the denominator. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations asthey are seen as statistically unreliable.

Figure 43 displays the total requests seeking authorization for SCC services for each plan each quarter. For example, CenCal reported 141 requests in Q3 2019, 184 requests in Q4 2019, 142 requests for Q1 2020, and 99 requests in Q2 2020.

WCM Specialized or Customized DME Authorizations:

Figure 44 displays total requests for DME authorizations and approval rate, by plan and by county. The figure displays that specialized or customized DME requests for authorizations ranged from 59 for CenCal to 1,510 for PHC. Total plan enrollment and percent distribution of program enrollment in each plan is displayed on the far left column for reference. The approval percentage ranged from 95% for PHC to 100% for CenCal, CCAH and HPSM. This was calculated by using the number of approved specialized or customized DME authorizations for each plan and each county for July 2019 through June 2020 as the numerator, divided by the number of specialized or customized DME requests for authorizations for each plan and each county for July 2019 through June 2020 as the denominator.

Figure 45 displays the total requests seeking authorization for DME services for each plan each quarter. For example, PHC reported 383 requests in Q3 2019, 313 requests in Q4 2019, 446 requests in Q1 2020, and 368 requests in Q22020. CenCal reported fewer than 11 requests in Q3 and Q4 2019. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

WCM Care Coordination: *Figures 46-47*

Plans must assess each CCS child's or youth's risk level and needs by performing a risk assessment process using means such as telephonic or in-person communication, review of utilization and claims processing data, or by other means. Plans are required to develop and complete the risk assessment process for WCM transition members, newly CCS-eligible members, or new CCS members enrolling in the plan. The risk assessment process must include the development of a pediatric risk stratification process (PRSP) that will be used to classify members into high and low risk categories, allowing the plan to identify members who have more complex health care needs. Members who do not have any information available will automatically be categorized as high risk until further assessment data is gathered to make an additional risk determination. An ICP must be created for high-risk members. Care coordination data is submitted by plans and the dashboard charts show the last month in the reporting period as a point of time view.

For Figure 46, the percentage of high-risk members who received an assessment ranged from 27%, which is 359 assessments for PHC to 100%, which is 787 assessments for HPSM. This was calculated by using the number of high-risk assessments for each plan in June 2020 as the numerator, divided by the number of high-risk members in each plan in June 2020 as the denominator. Each denominator is different because each plan has a different number of high-risk members.

For Figure 47, the percentage of low-risk members who received an assessment ranged from 41%, which is 4,819 assessments for CalOptima to 79%, which is 2,631 assessments for CenCal. This was calculated by using the number of low-risk assessments for each plan in June 2020 as the numerator, divided by the number of low-risk members in each plan in June 2020 as the denominator. Each denominator is different because each plan has a different number of low-risk members.

WCM Grievances and Appeals: *Figure 48-50*

CCS-eligible members enrolled in managed care are provided the same grievance and appeal rights as other plan members. Plans must have timely processes for accepting and acting upon member grievances and appeals. Grievances and appeals data is submitted by plans. Figure 48 is a trend chart displaying monthly data over 12 months. Figures 49 and 50 are cumulative charts, showing the sum of the 12 months' data as one figure.

For Figure 48, WCM appeals and grievances per 1,000 members are trended over 12 months (July 2019 - June 2020). In July 2019, plans reported to have received 0.51 appeals per 1,000 members and 0.81 grievances per 1,000 members. In June 2020, plans received 0.51 appeals per 1,000 members and 0.98 grievances per 1,000 members.

WCM appeals per 1,000 member months are shown by plan in Figure 49. CCAH reported to have received 0.3 appeals per 1,000 member months while HPSM reported 1.8 appeals per 1,000 member months.

Figure 50 displays percent distribution of major categories of total grievances reported by plans. Total grievances for each Plan is displayed on the far right end of the bar. This was calculated by using the number of each grievance type for each plan for July 2019 through June 2020 as the numerator, divided by the total number of grievances for each plan from July 2019 through June 2020 as the denominator.

WCM Family Advisory Committee Meetings: *Figure 51*

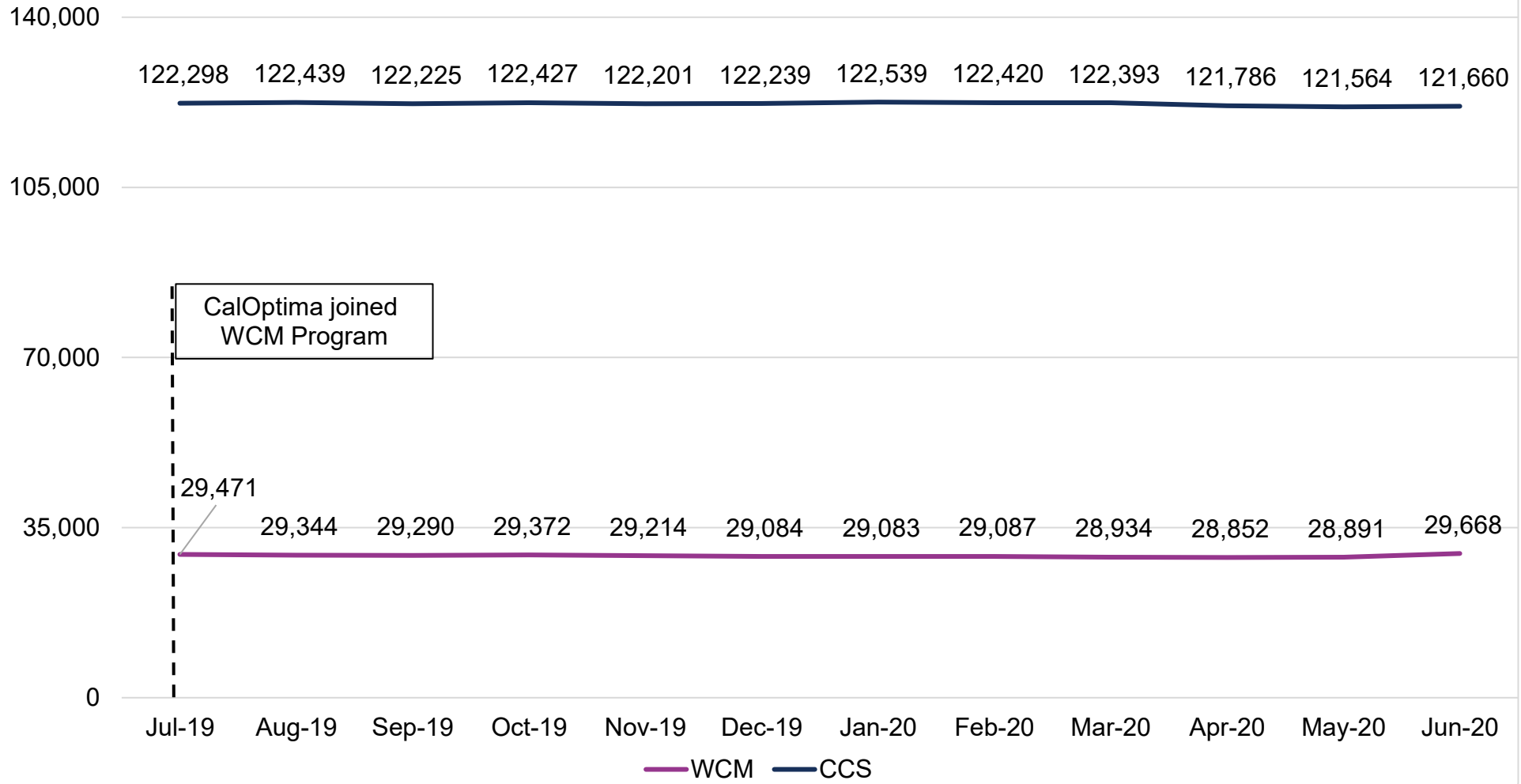
Plans must establish a quarterly Family Advisory Committee (FAC) for CCS families composed of a diverse group of families that represent a range of conditions, disabilities, and demographics. The FAC must also include local providers, including, but not limited to, parent centers, such as family resource centers, family empowerment centers, and parent training and information centers. Figure 51 summarizes the number of committee members, meetings held, recruitment efforts and seats to be filled for each plan over 12 months (July 2019 - June 2020).

Plan Key:

Plan Name	Plan Abbreviation on Dashboard	WCM Implementation Date
CalOptima	CalOptima	July 1, 2019
CenCal Health	CenCal	July 1, 2018
Central California Alliance For Health	CCAH	July 1, 2018
Health Plan Of San Mateo	HPSM	July 1, 2018
Partnership Health Plan of California	PHC	January 1, 2019

CCS and WCM Enrollment and Demographics Figure 1: Breakdown of Enrollment (Jul'19 - Jun'20)

Fig 1: Monthly Statewide Enrollment



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2019 to June 2020.

CCS and WCM Enrollment and Demographics Figures 2 & 3: Breakdowns of Population as of June 2020

Fig 2: Enrollment by Race/Ethnicity

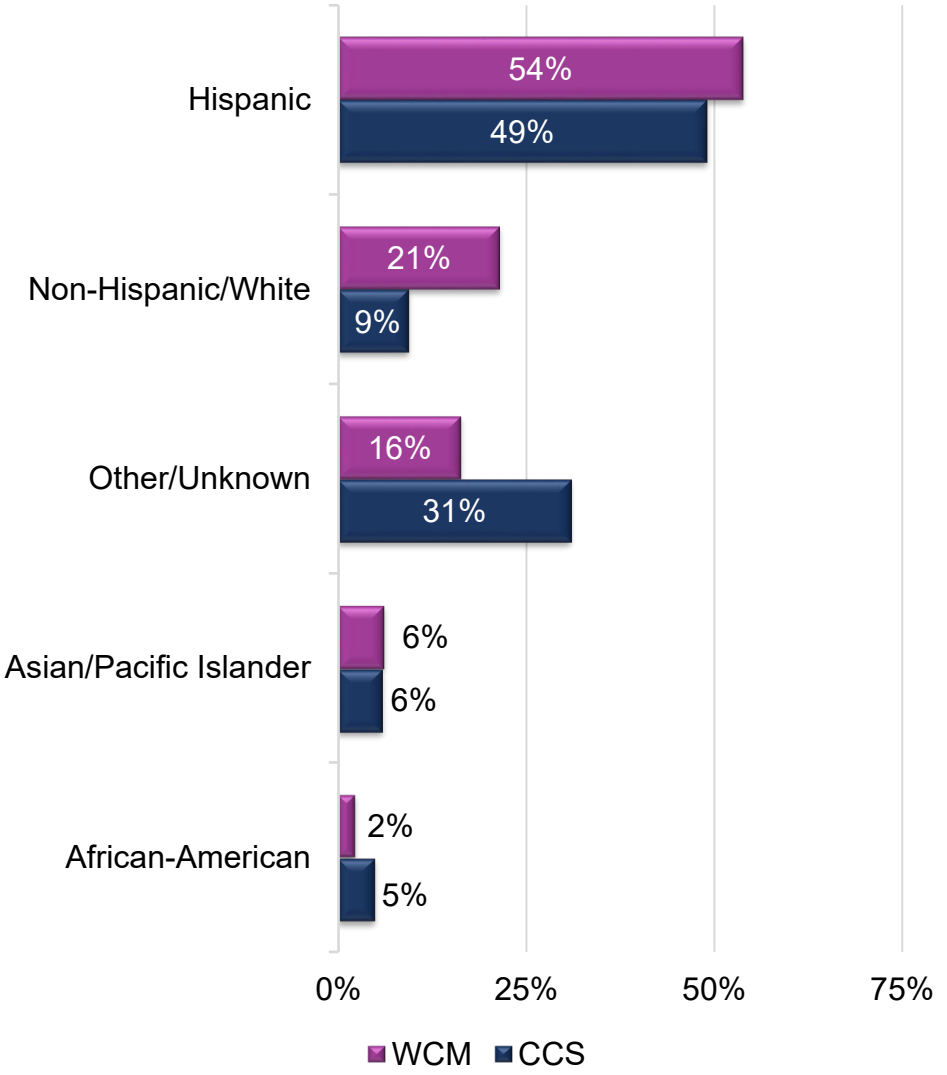
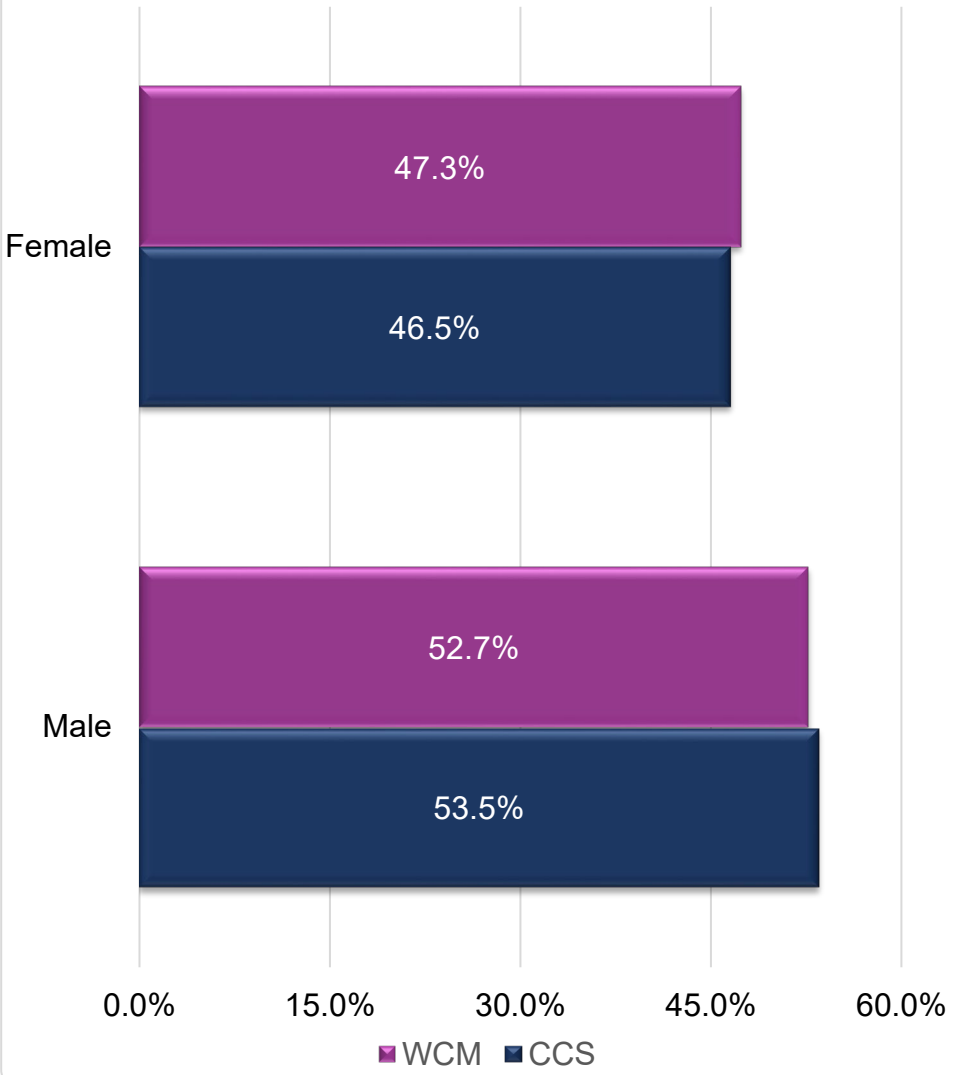


Fig 3: Enrollment by Gender



Note: CCS refers to counties operating outside of the Whole Child Model Program.

CCS and WCM Enrollment and Demographics Figures 4 & 5: Breakdowns of Population as of June 2020

Fig 4: Enrollment by Language Spoken

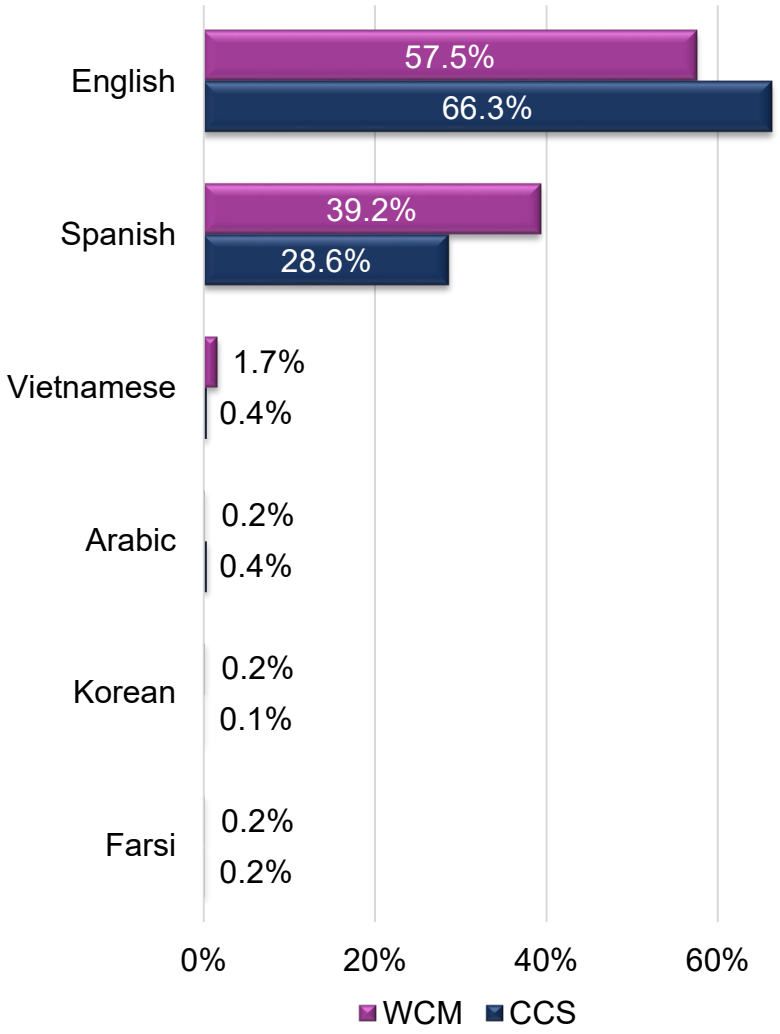
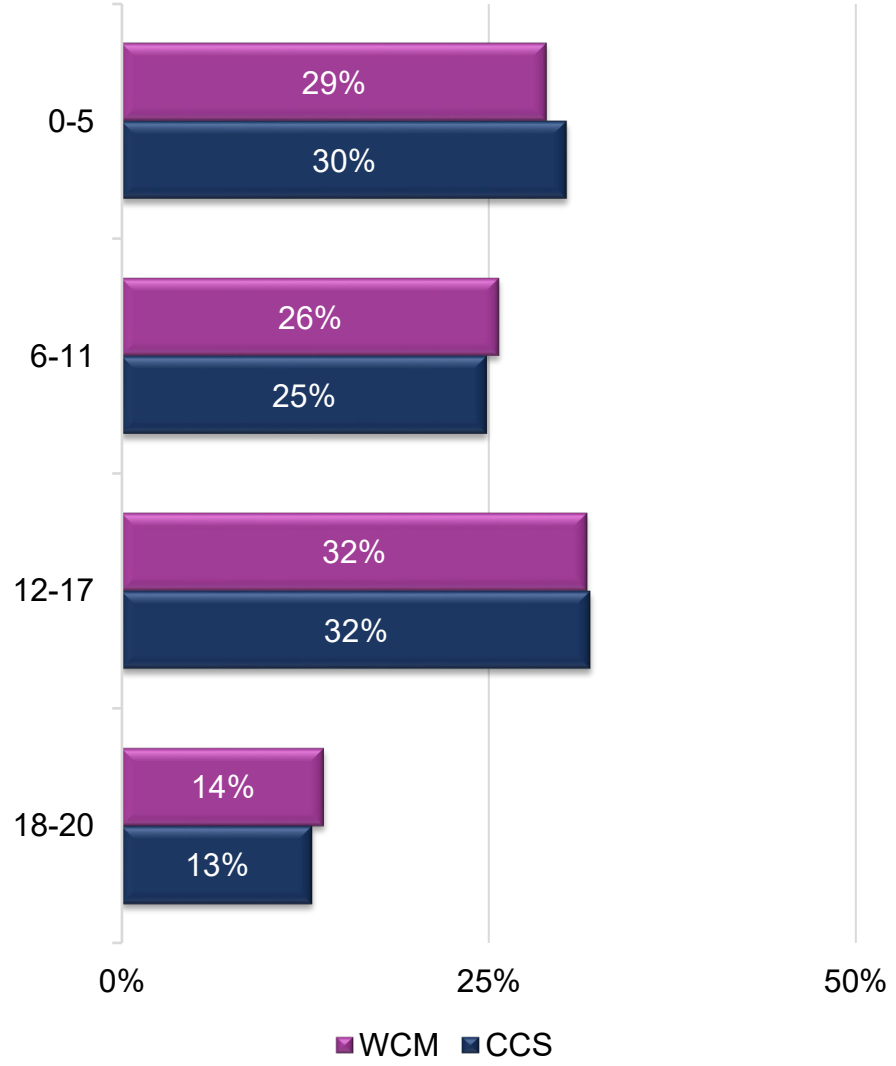


Fig 5: Enrollment by Age



Note: CCS refers to counties operating outside of the Whole Child Model Program.

CCS Enrollment and Demographics Figures 6 & 7: Breakdowns of Population as of June 2020

Fig 6: Total Classic CCS Enrollment by County

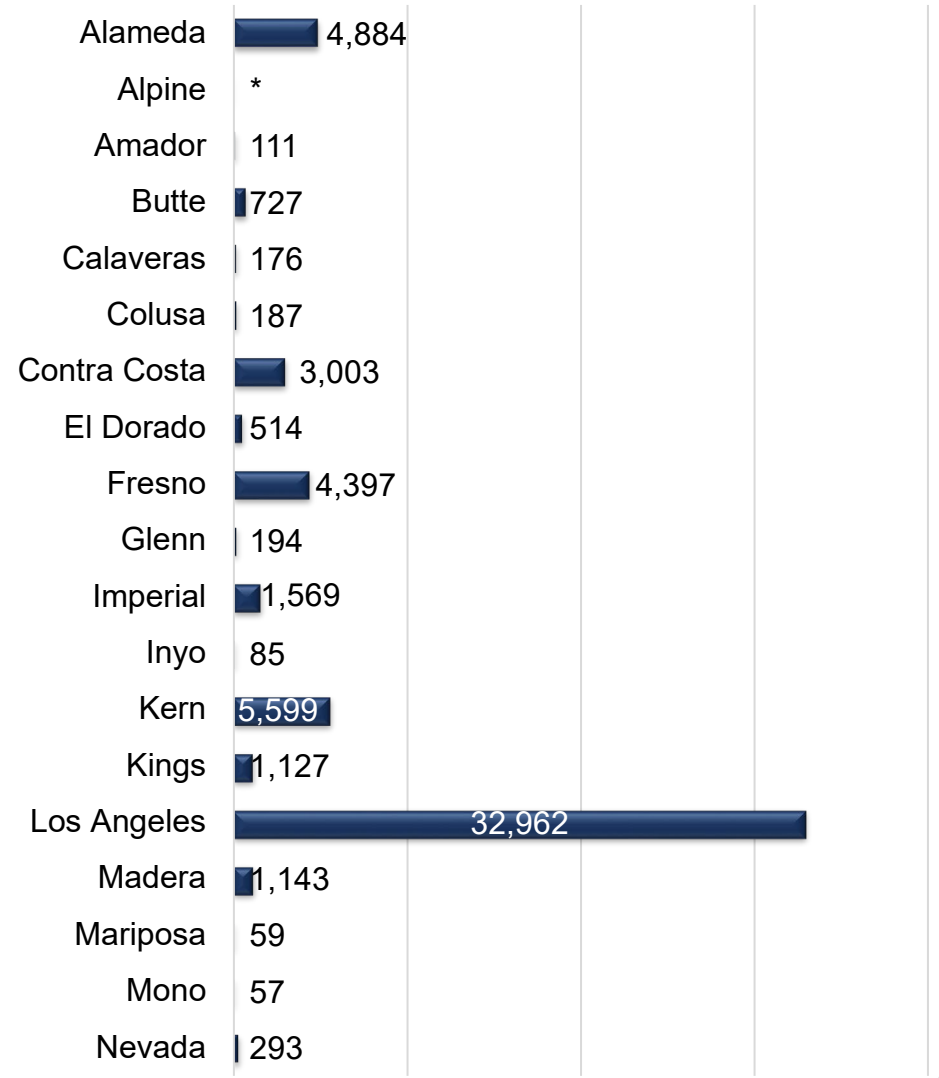
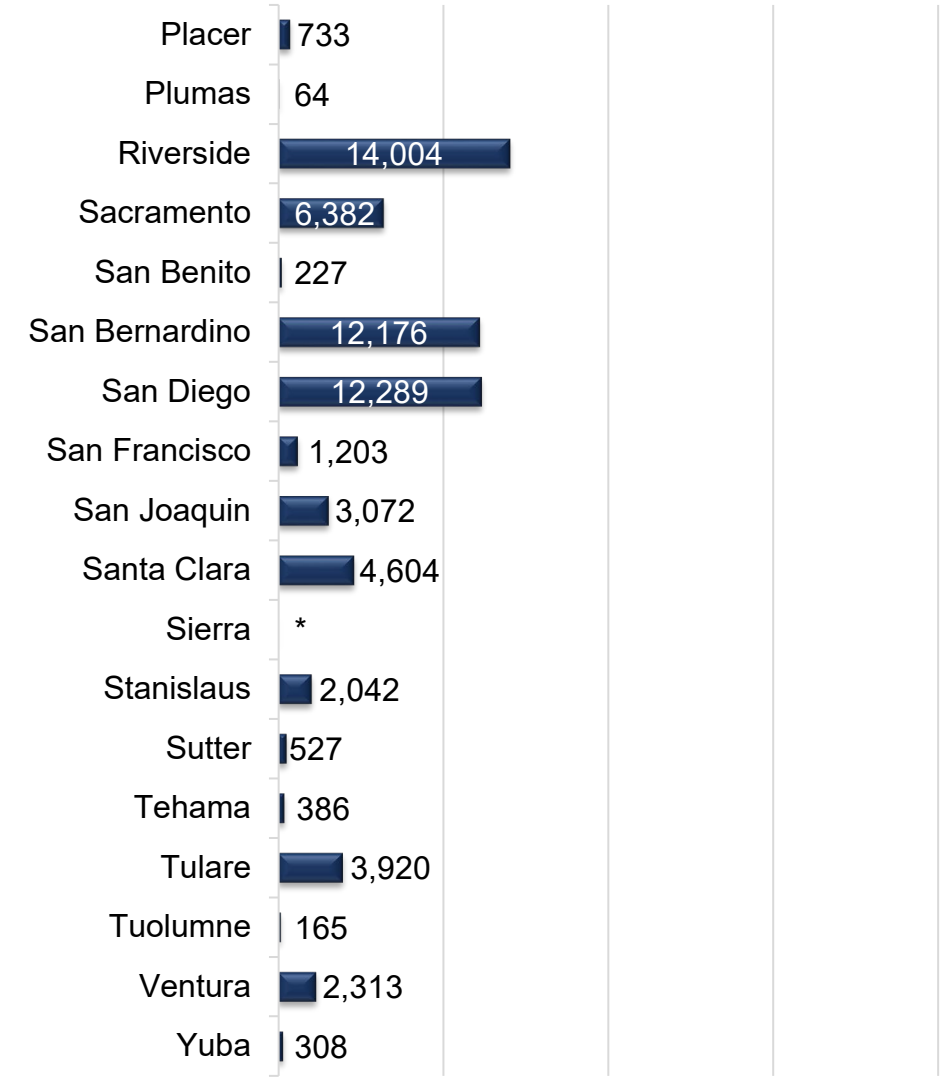


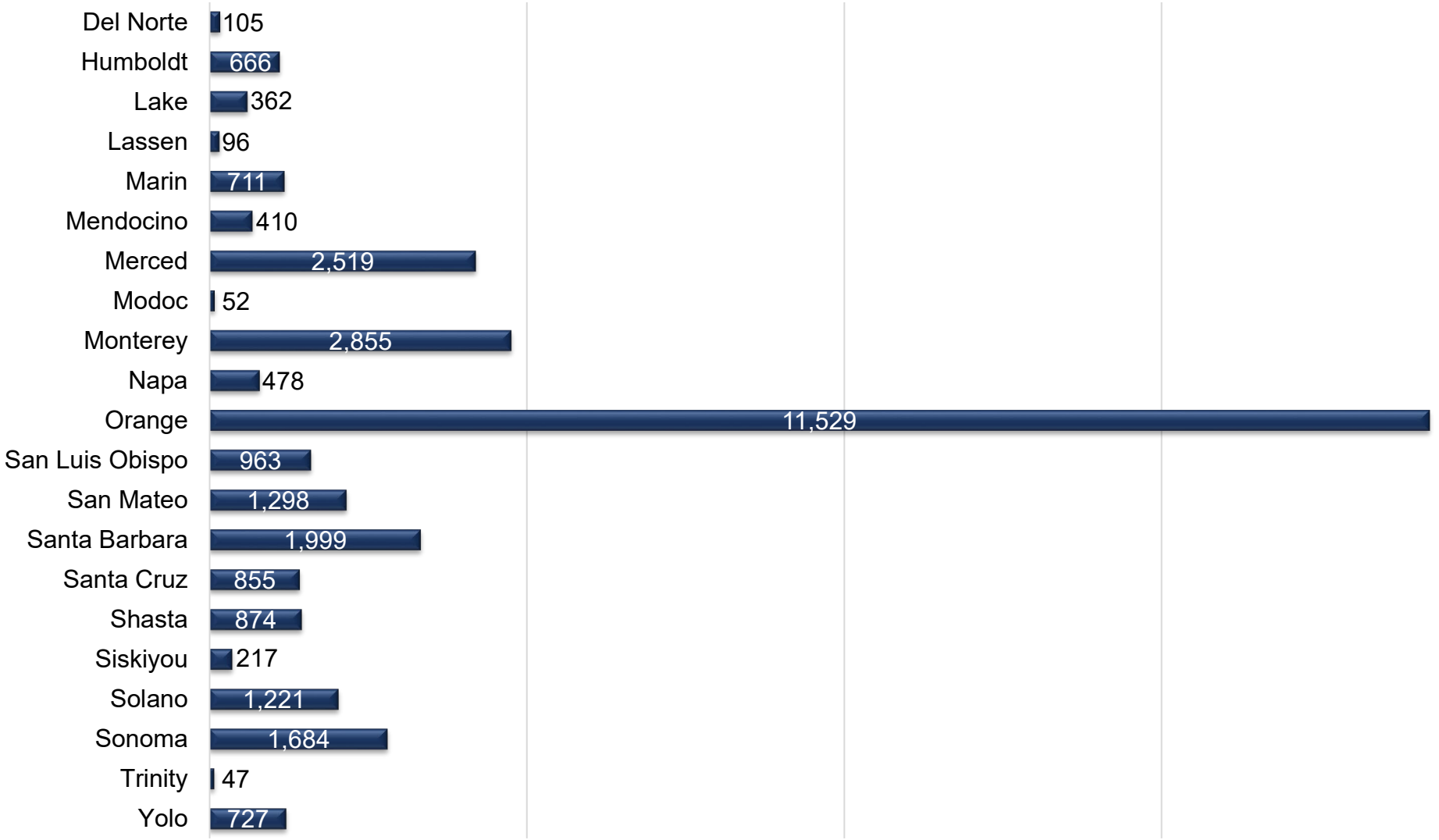
Fig 7: Total Classic CCS Enrollment by County



Note: CCS refers to counties operating outside of the Whole Child Model Program.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

WCM Enrollment and Demographics Figure 8: Breakdowns of Population as of June 2020

Fig 8: WCM Enrollment by County



CCS and WCM Utilization Figures 9 & 10: Breakdowns of Outpatient Visits Utilization (Jul'19 - Jun'20)

Fig 9: Outpatient Visits per 1,000 Member Months by Gender

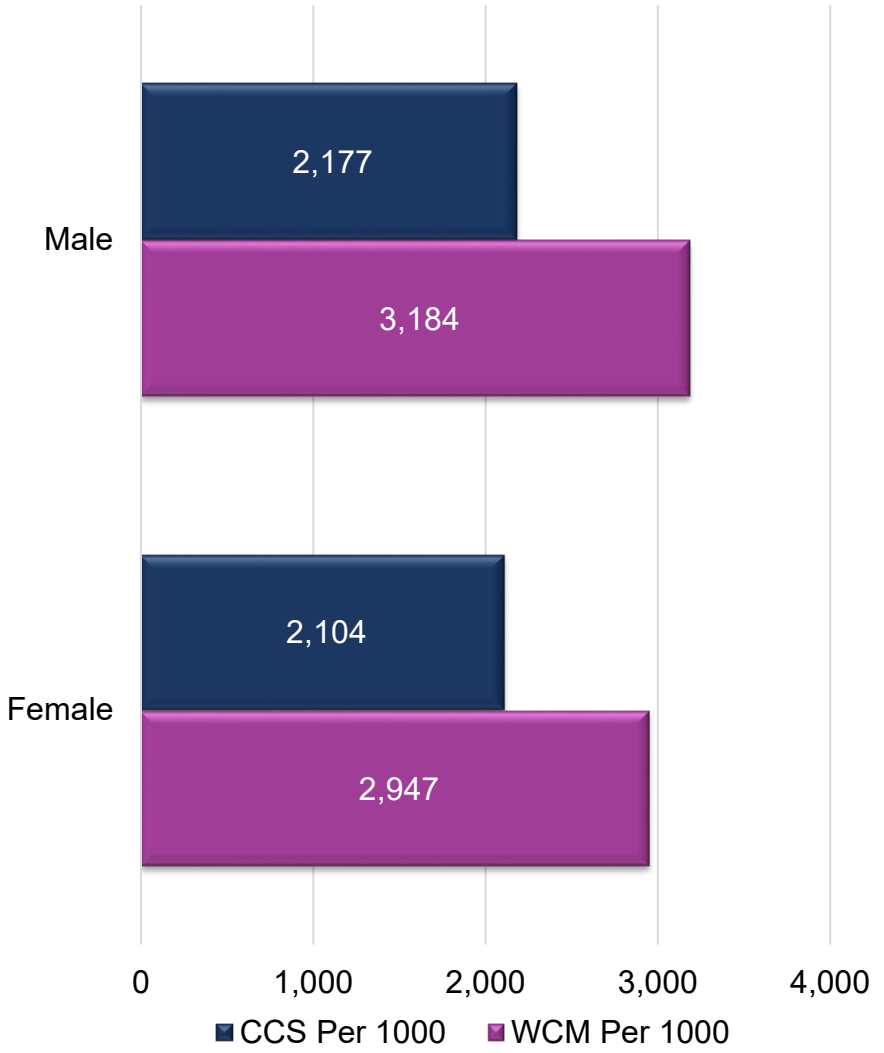
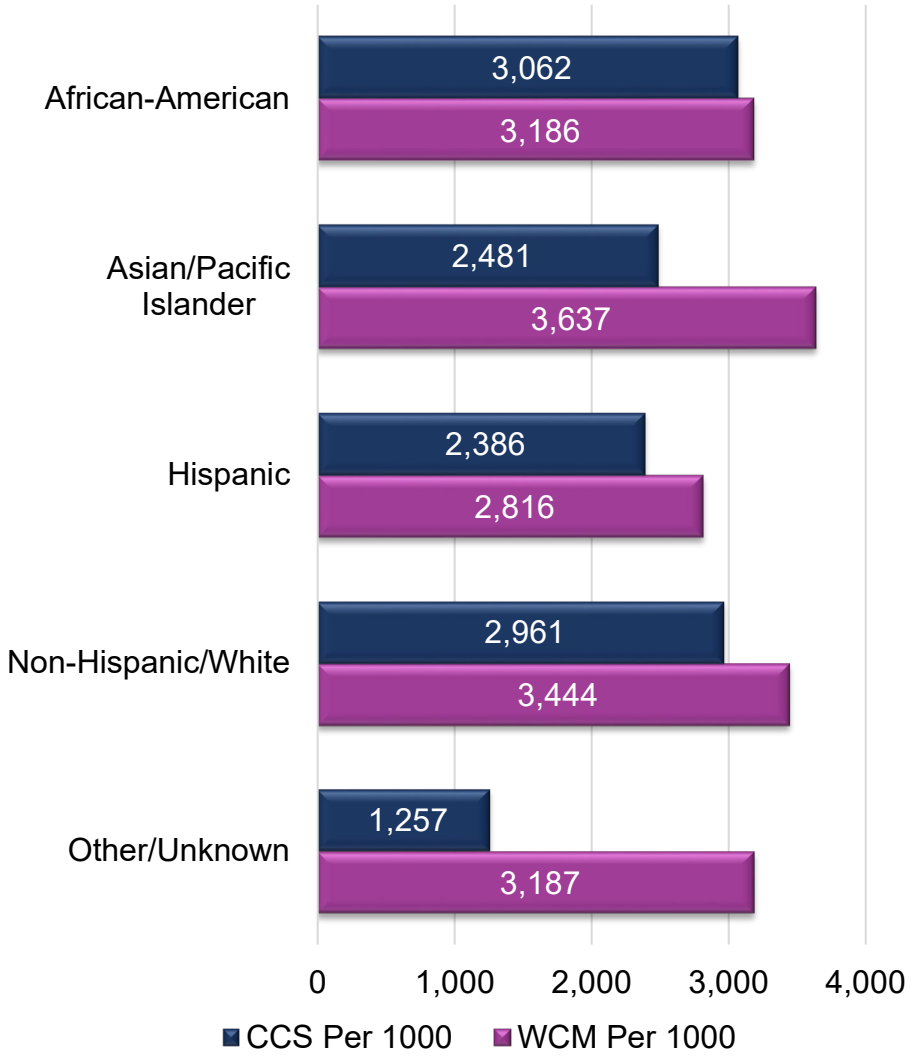


Fig 10: Outpatient Visits per 1,000 Member Months by Ethnicity



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2019 to June 2020.

CCS and WCM Utilization Figures 11 & 12: Breakdowns of Outpatient Visits Utilization (Jul'19 - Jun'20)

Fig 11: Outpatient Visits Statewide per 1,000 Members, by Month

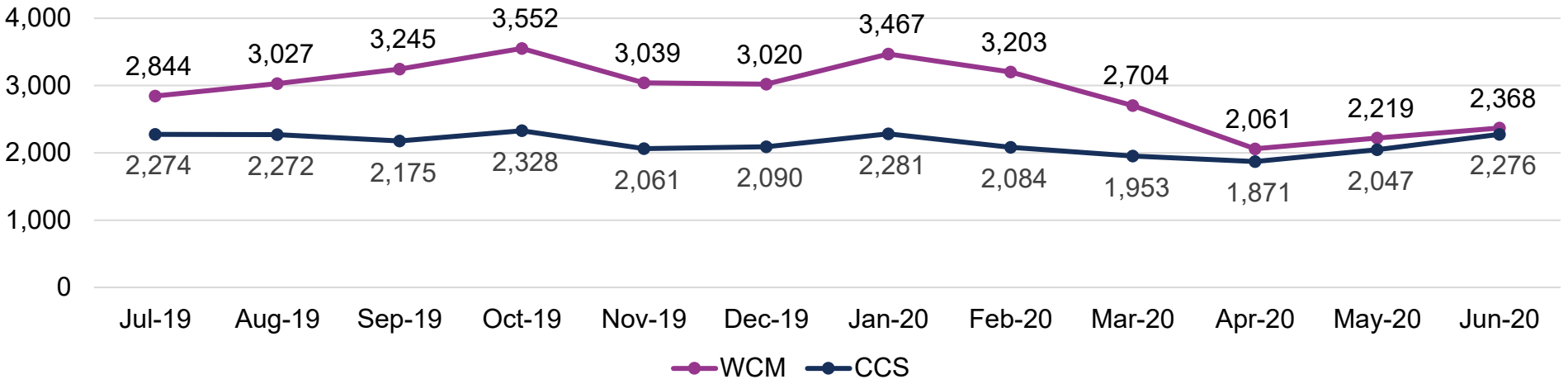
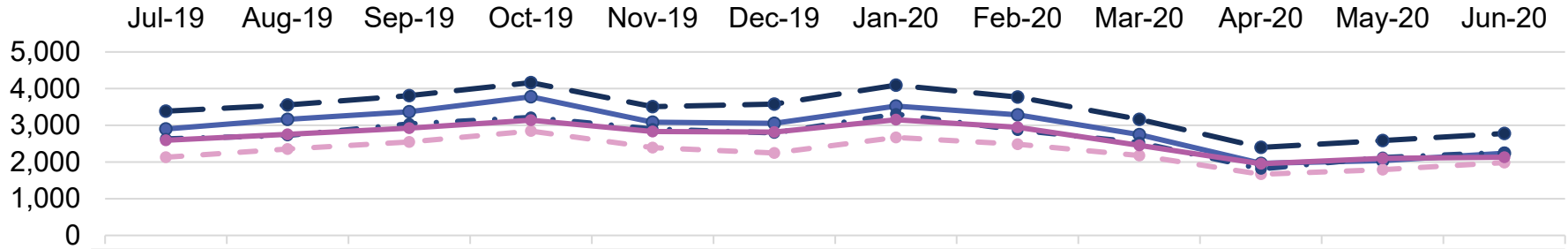


Fig 12: WCM Outpatient Visits per 1,000 Members by Plan, by Month



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
CalOptima	3,386	3,552	3,807	4,165	3,512	3,580	4,098	3,772	3,162	2,399	2,583	2,775
CenCal	2,898	3,162	3,370	3,779	3,090	3,056	3,529	3,283	2,745	1,965	2,041	2,243
CCAH	2,130	2,355	2,548	2,844	2,393	2,245	2,673	2,489	2,179	1,667	1,793	1,987
HPSM	2,632	2,723	3,038	3,218	2,898	2,797	3,307	2,869	2,532	1,812	2,125	2,264
PHC	2,590	2,756	2,925	3,140	2,833	2,815	3,152	2,946	2,452	1,953	2,103	2,132

Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2019 to June 2020.

CCS and WCM Utilization Figures 13 & 14: Breakdowns of Inpatient Admissions Utilization (Jul'19 - Jun'20)

Fig 13: Inpatient Admissions per 1,000 Member Months by Gender

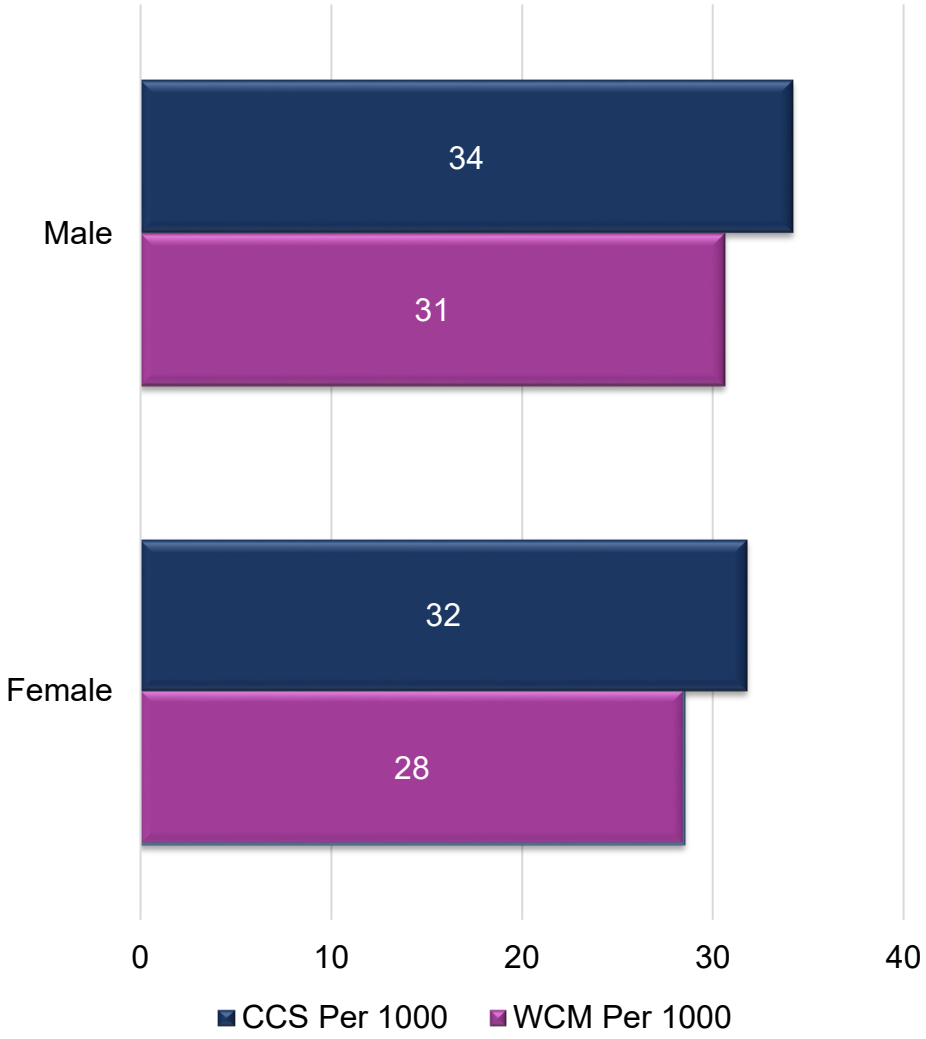
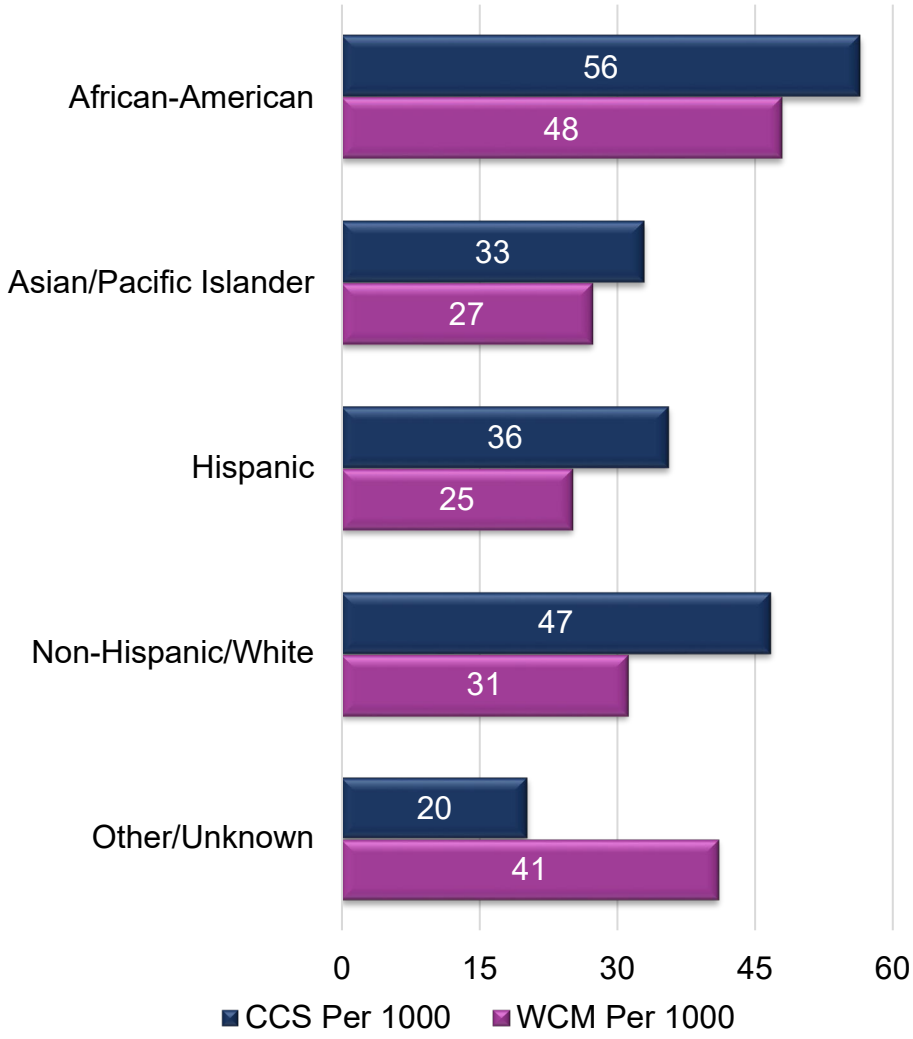


Fig 14: Inpatient Admissions per 1,000 Member Months by Ethnicity



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2019 to June 2020.

CCS and WCM Utilization Figures 15 & 16: Breakdowns of Inpatient Admissions Utilization (Jul'19 - Jun'20)

Fig 15: Inpatient Admissions Statewide per 1,000 Members, by Month

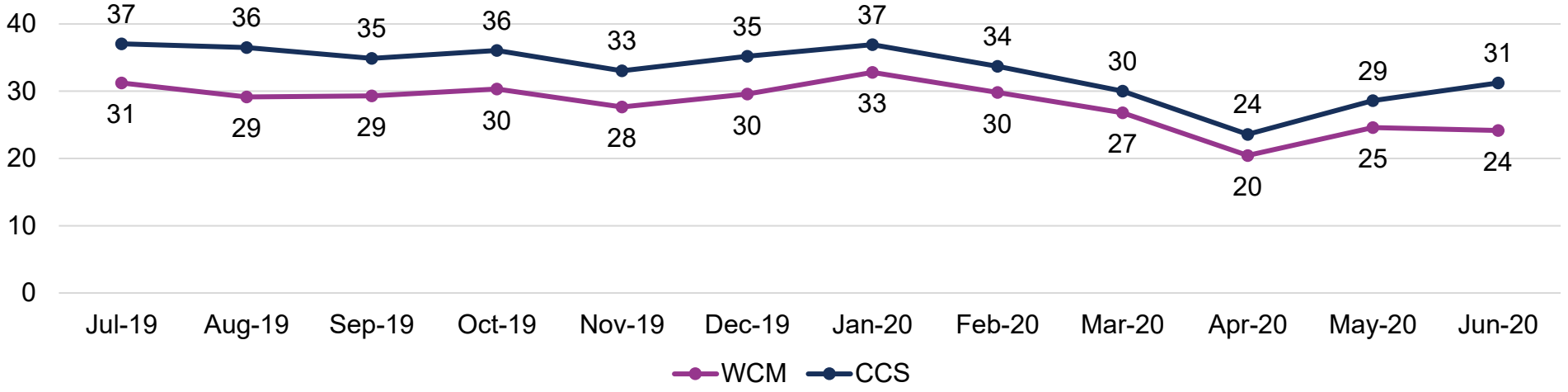
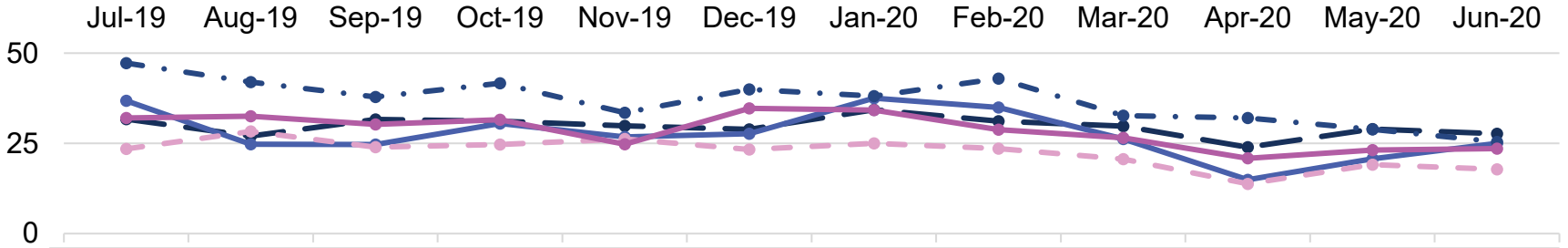


Fig 16: WCM Inpatient Admissions per 1,000 Members by Plan, by Month



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
CalOptima	32	27	32	31	30	29	34	31	30	24	29	28
CenCal	37	25	25	31	27	28	38	35	26	15	21	25
CCAH	23	28	24	25	26	23	25	24	21	14	19	18
HPSM	47	42	38	42	33	40	38	43	33	32	29	25
PHC	32	33	30	32	25	35	34	29	27	21	23	24

Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2019 to June 2020.

WCM Utilization Figure 17 - 19: Breakdowns of Emergency Room Utilization (Jul'19 - Jun'20)

Fig 17: ER Visits per 1,000 Member Months by Gender

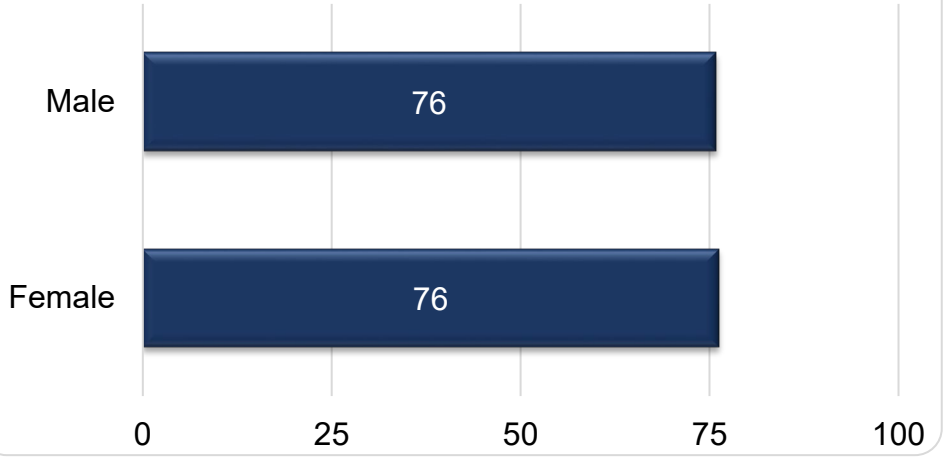


Fig 18: ER Visits per 1,000 Member Months by Ethnicity

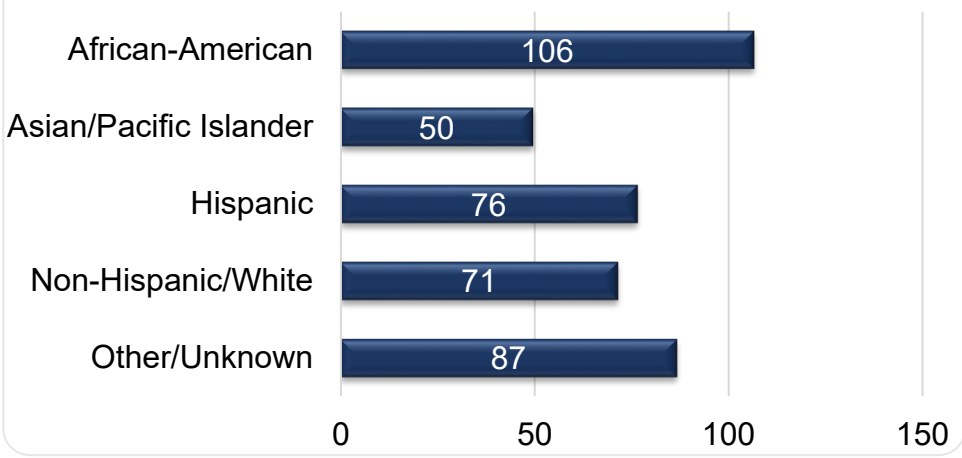
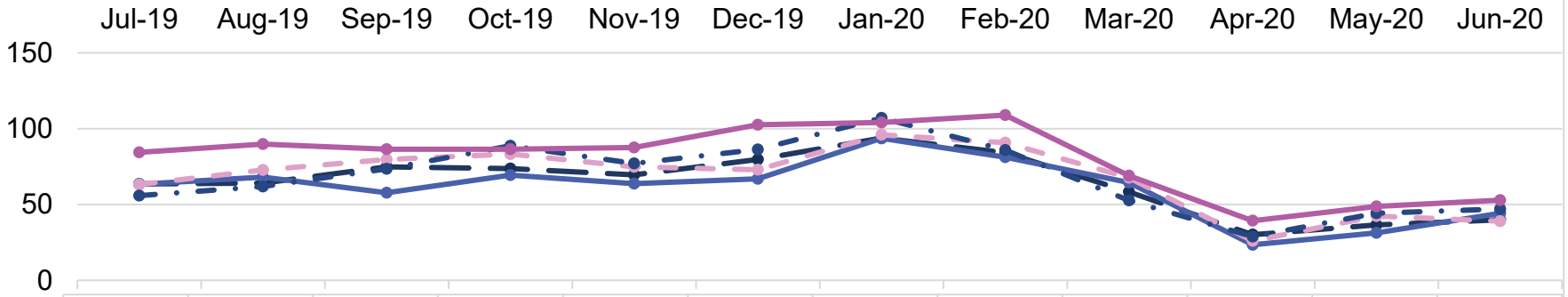


Fig 19: ER Visits per 1,000 Members by Plan, by Month



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
CalOptima	64	64	75	74	69	80	94	84	58	30	36	40
CenCal	63	68	58	69	64	67	94	81	64	23	31	44
CCAH	63	73	80	83	75	73	96	91	68	26	42	39
HPSM	56	62	73	89	77	86	107	86	53	29	44	47
PHC	84	90	86	86	88	102	104	109	69	39	49	53

WCM Utilization Figure 20 - 22: Breakdowns of Prescriptions Utilization (Jul'19 - Jun'20)

Fig 20: Prescriptions per 1,000 Member Months by Gender

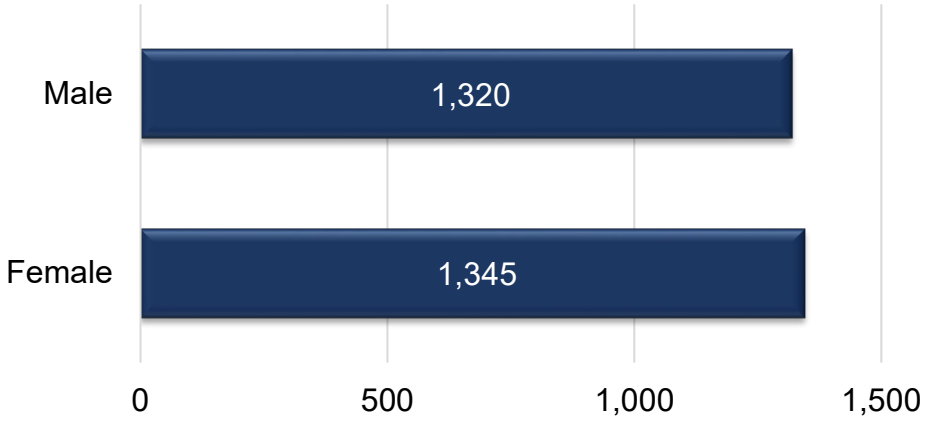


Fig 21: Prescriptions per 1,000 Member Months by Ethnicity

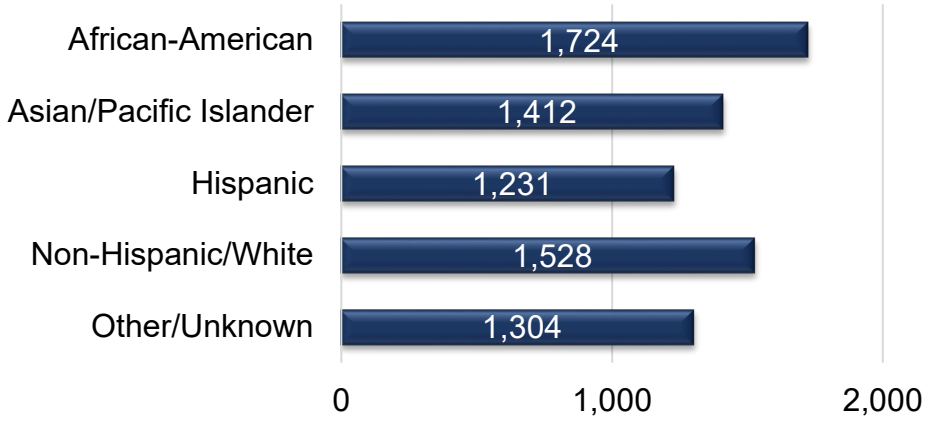
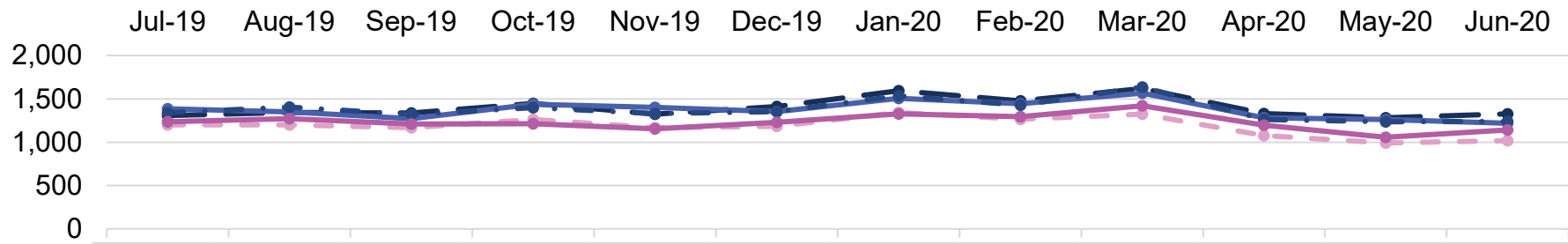


Fig 22: Prescriptions per 1,000 Members by Plan, by Month



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
CalOptima	1,308	1,342	1,336	1,447	1,325	1,413	1,595	1,475	1,619	1,331	1,282	1,328
CenCal	1,386	1,350	1,272	1,439	1,401	1,354	1,506	1,443	1,566	1,282	1,262	1,218
CCAH	1,199	1,201	1,168	1,262	1,169	1,183	1,342	1,265	1,322	1,075	992	1,019
HPSM	1,339	1,405	1,320	1,400	1,329	1,353	1,536	1,428	1,636	1,262	1,236	1,240
PHC	1,235	1,270	1,209	1,213	1,153	1,230	1,328	1,293	1,420	1,198	1,056	1,143

WCM Utilization Figure 23 - 25: Breakdowns of Non-specialty Mental Health Visits Utilization (Jul'19 - Jun'20)

Fig 23: Non-specialty Mental Health Visits per 1,000 Member Months by Gender

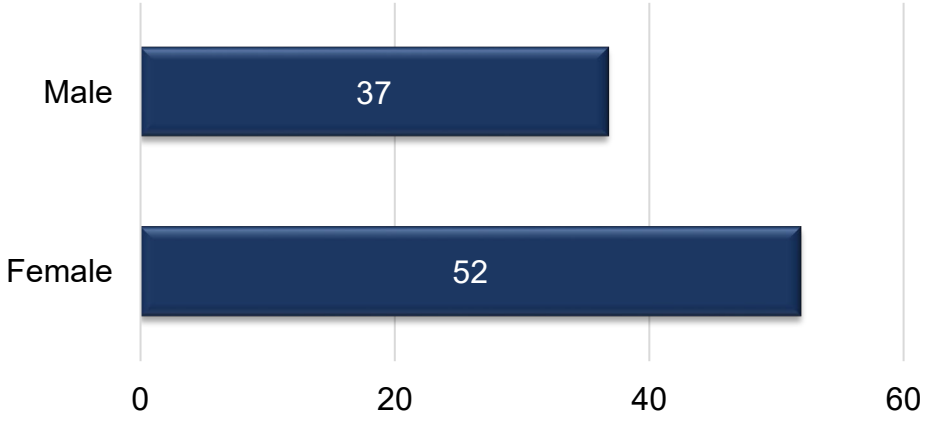


Fig 24: Non-specialty Mental Health Visits per 1,000 Member Months by Ethnicity

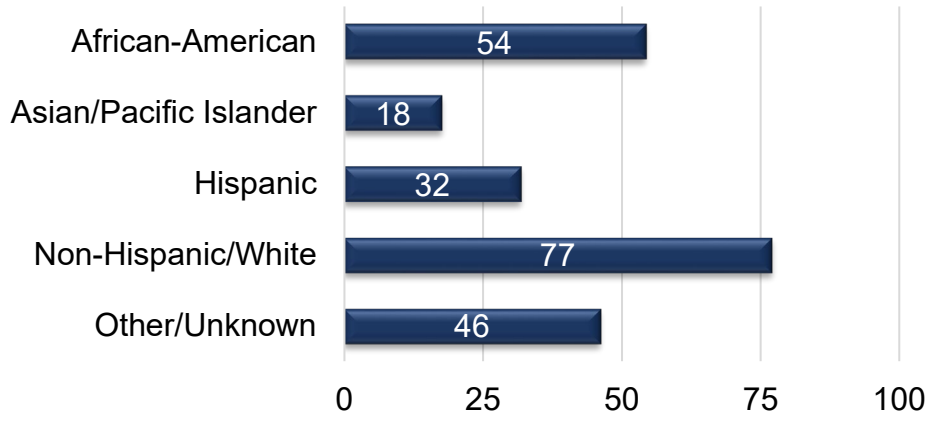
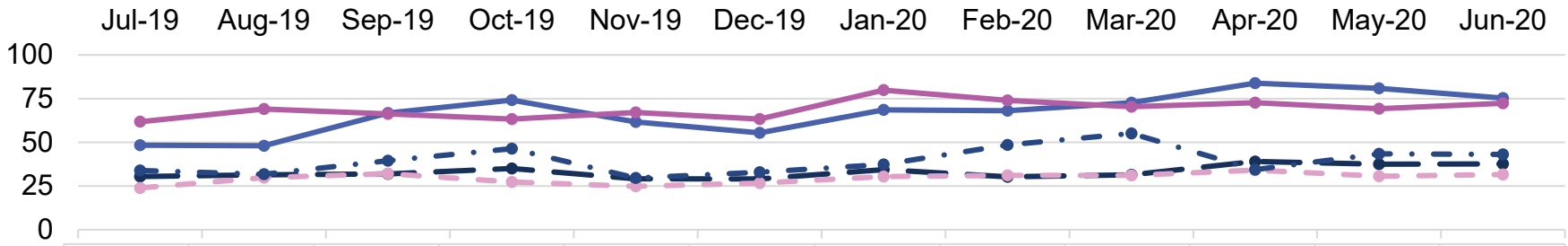


Fig 25: Non-specialty Mental Health Visits per 1,000 Members by Plan, by Month



	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
CalOptima	30	31	32	35	29	29	34	30	31	39	38	38
CenCal	48	48	67	74	62	55	69	68	73	84	81	75
CCAH	24	30	32	27	25	27	30	31	31	34	31	32
HPSM	34	32	39	46	30	33	37	49	55	34	43	43
PHC	62	69	66	63	67	63	80	74	70	73	69	72

WCM Utilization Figure 26 - 28: Breakdowns of Emergency Room Visits with an Inpatient Admission Utilization (Jul'19 - Jun'20)

Fig 26: Emergency Room Visits with an Inpatient Admission per 1,000 Member Months by Gender

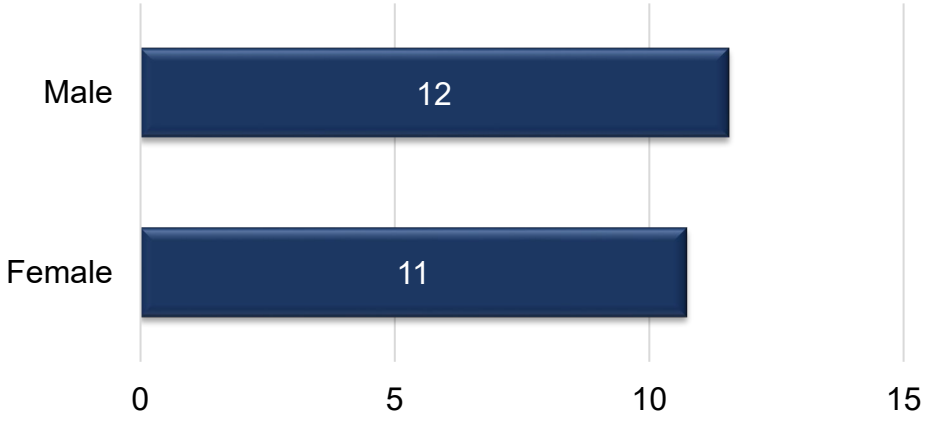


Fig 27: Emergency Room Visits with an Inpatient Admission per 1,000 Member Months by Ethnicity

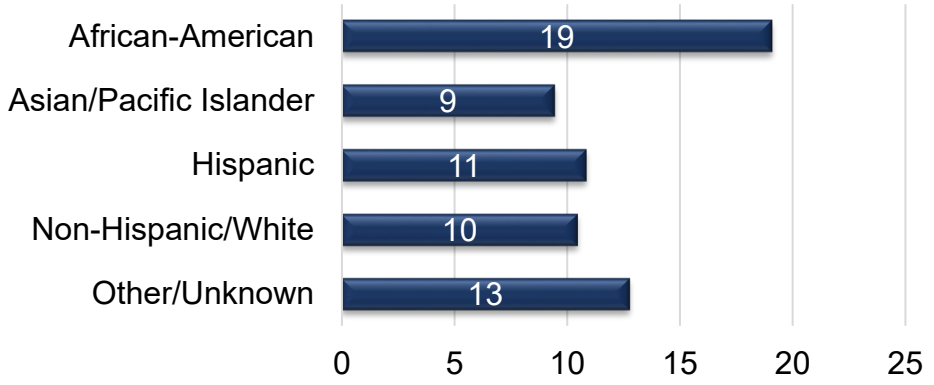
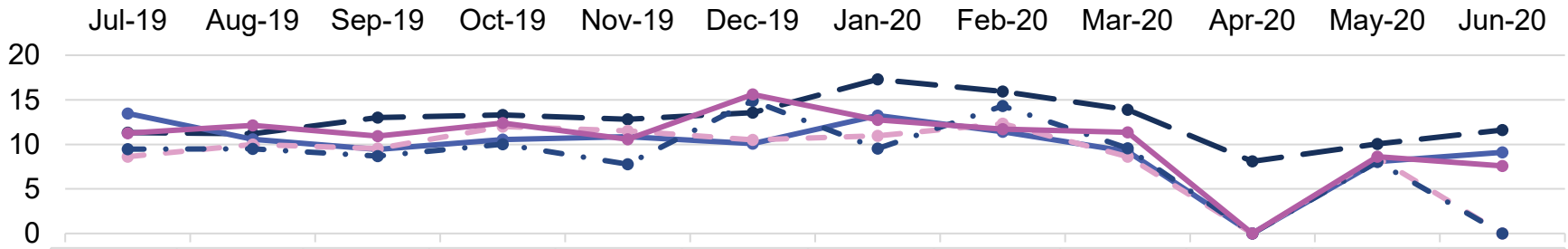


Fig 28: Emergency Room Visits with an Inpatient Admission per 1,000 Members by Plan, by Month

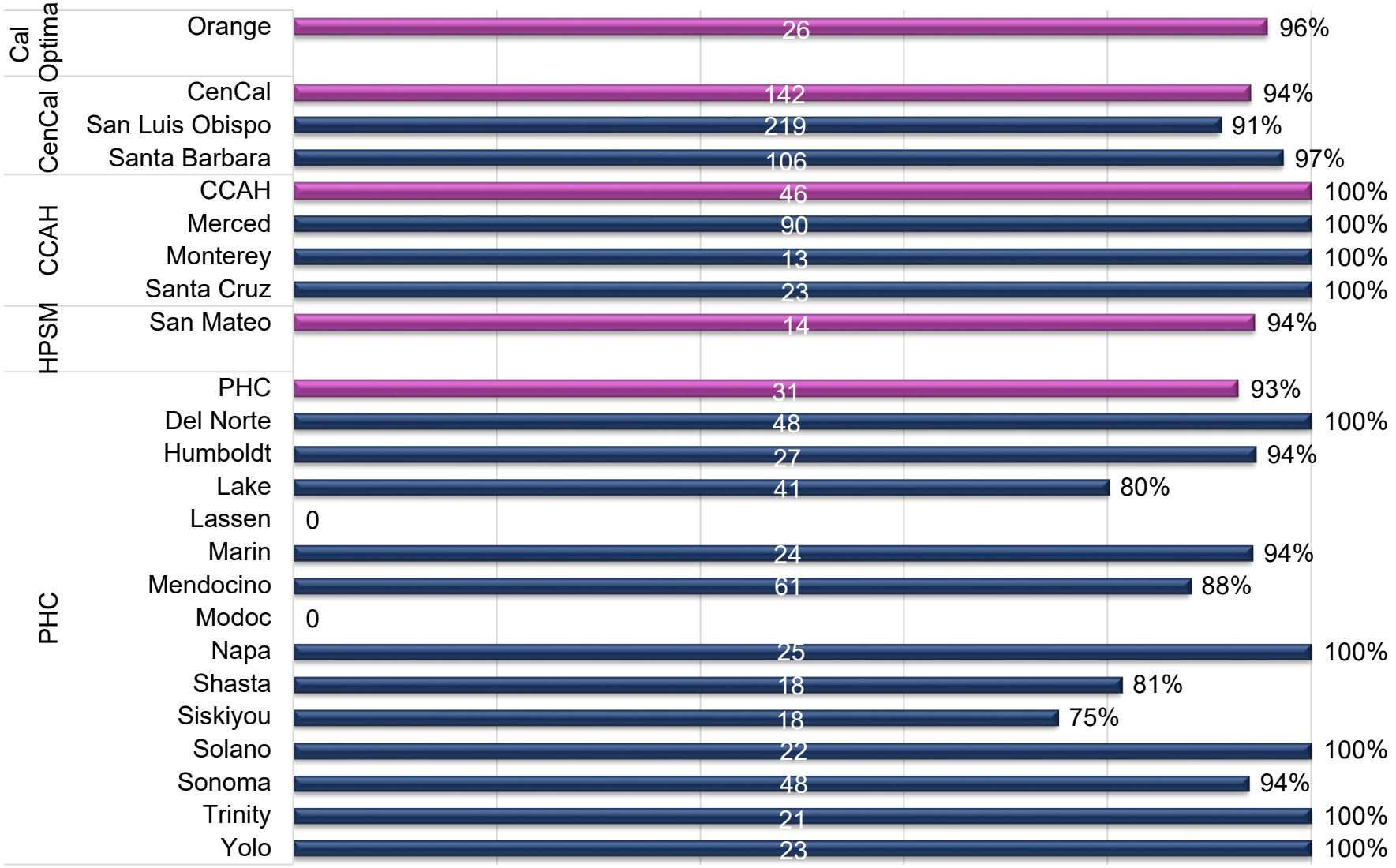


	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
CalOptima	11	11	13	13	13	14	17	16	14	8	10	12
CenCal	13	11	9	11	11	10	13	11	9	*	8	9
CCAH	9	10	10	12	12	11	11	12	9	*	8	*
HPSM	9	10	9	10	8	15	10	14	10	*	8	*
PHC	11	12	11	12	11	16	13	12	11	*	9	8

**Counts of items that are <8 are suppressed per CDO guidelines.*

WCM Figure 29: Continuity of Care (COC) Requests & Approvals per 1,000 Members (Jul'19 - Jun'20)

Fig 29: COC Request per 1,000 Members & Percentage Approval by Plan, by County



Note: This report contains data from July 2019 to June 2020.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

WCM Figure 30: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 13 through Month 24

	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24
CalOptima	29	14	23	*	*	*	*	*	*	*	*	*
CenCal	52	37	59	35	47	49	0	0	35	50	31	27
CCAH	22	21	18	50	71	26	14	21	34	*	*	*
HPSM	*	*	*	0	0	*	0	0	0	0	*	*
PHC	*	0	*	0	0	0	0	0	0	0	0	*

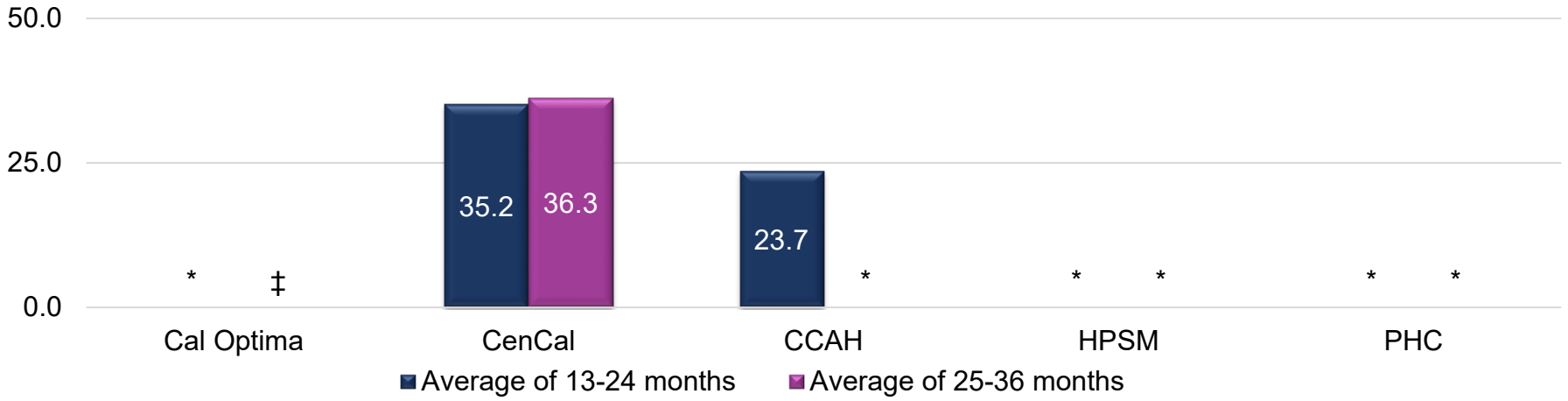
WCM Figure 31: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 25 through Month 36

	Month 25	Month 26	Month 27	Month 28	Month 29	Month 30	Month 31	Month 32	Month 33	Month 34	Month 35	Month 36
CalOptima	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
CenCal	29	40	37	45	23	32	44	31	39	41	28	46
CCAH	0	*	*	*	*	*	0	*	*	*	*	*
HPSM	*	0	0	0	*	*	*	*	0	22	17	21
PHC	0	*	0	0	0	‡	‡	‡	‡	‡	‡	‡

Note: CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*
‡ Plans who have not reached this month in their observation yet.

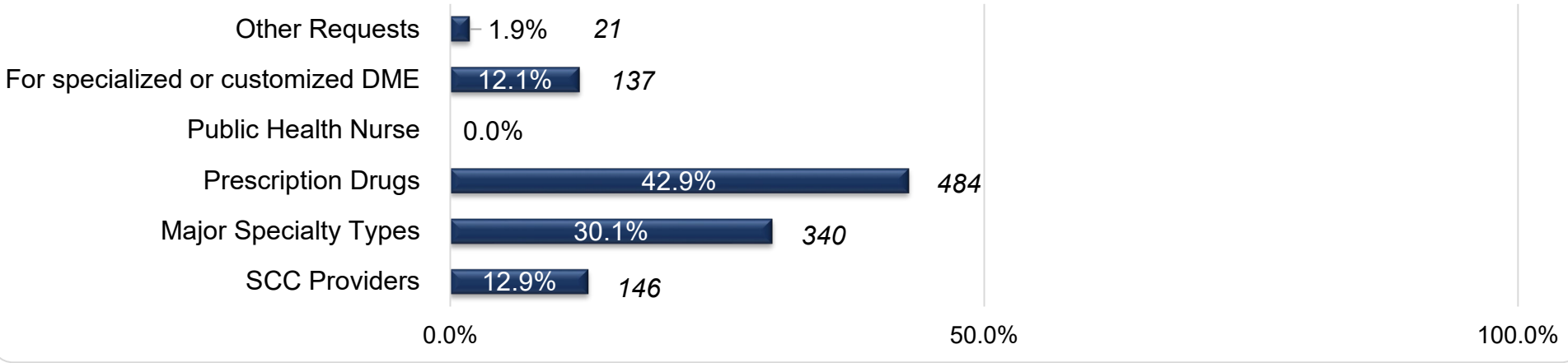
WCM Figure 32: Continuity of Care (COC) - Requests, by Plan

Fig 32: Plan Average COC Request Upon Joining the Program, Month 13 - Month 24 Vs Month 25 -Month 36



WCM Figure 33: Continuity of Care (COC) - Requests Categories (Jul'19 - Jun'20)

Fig 33: COC Requests - Categories



**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*
‡ Plans who have not reached this month in their observation yet.

WCM Figures 34 & 35: Continuity of Care (COC) - Denials Reasons (Jul'19 - Jun'20)

Fig 34: Top 5 COC Denial Reasons (Not Required by APL)

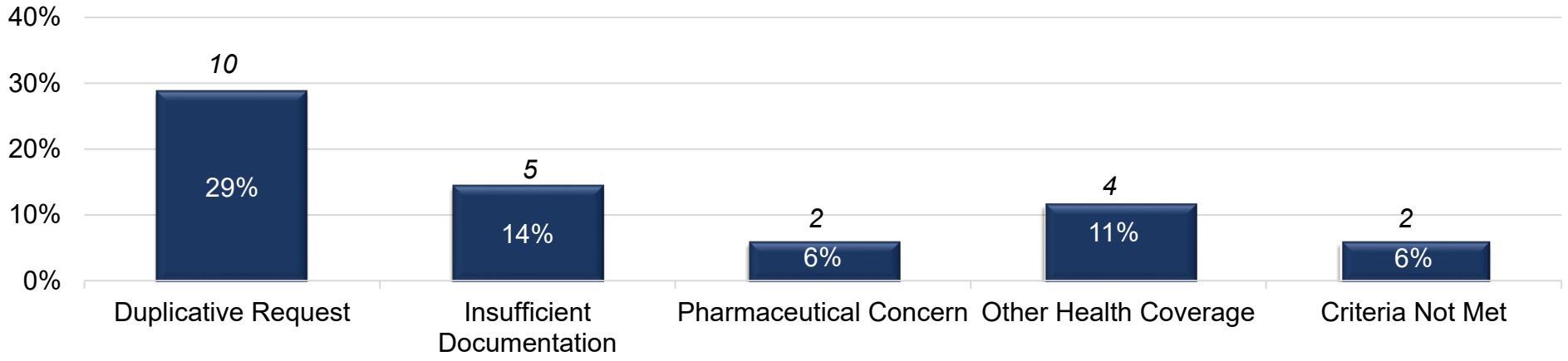
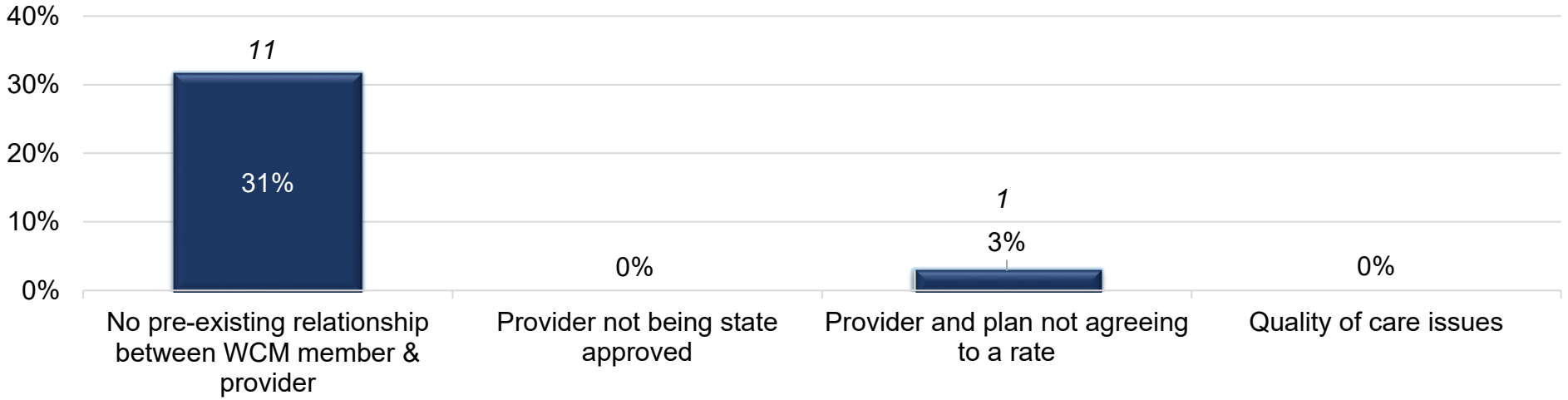


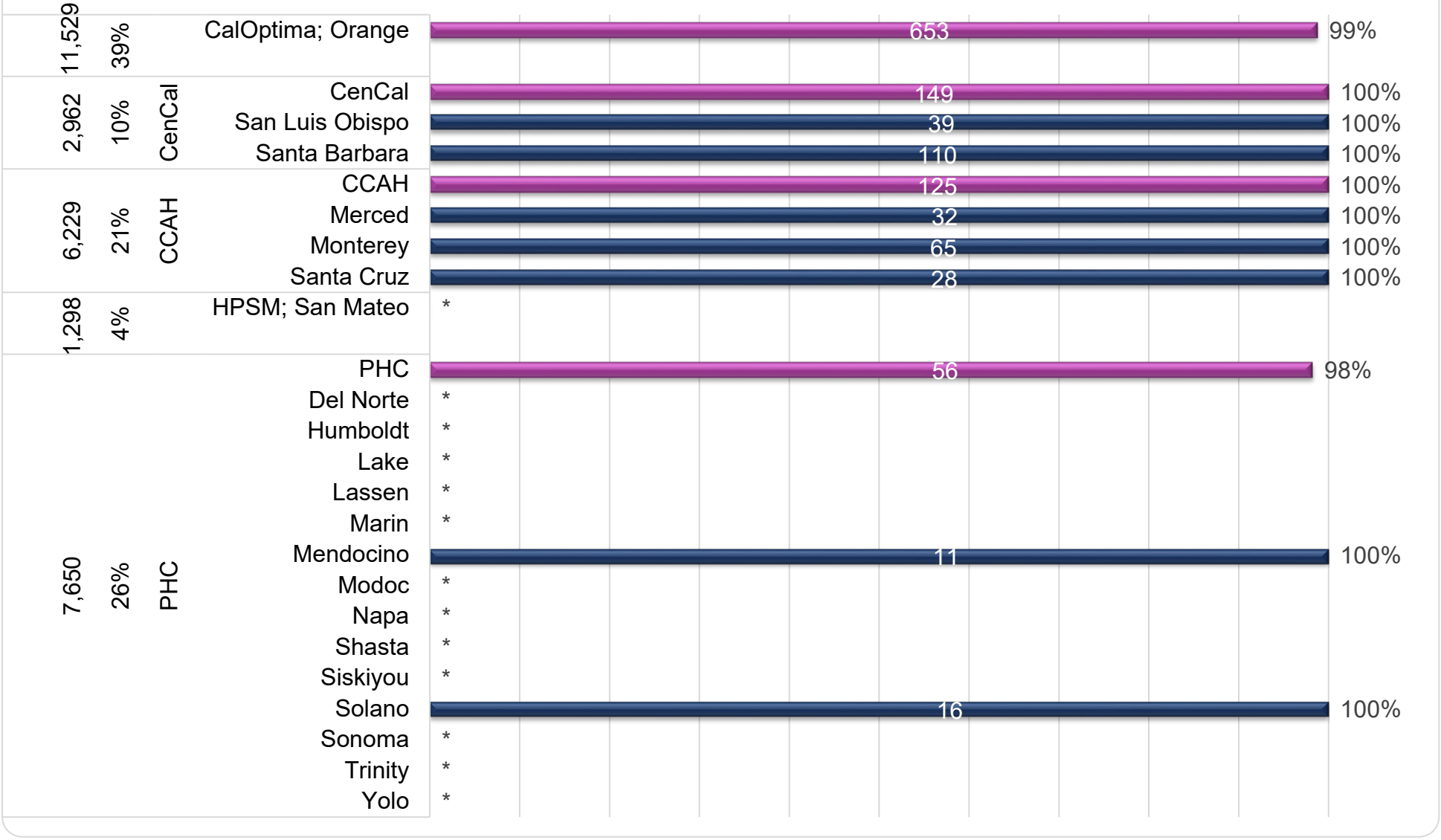
Fig 35: COC Denial Reasons (Required by APL)



Note: Please see page 9 for detailed information on why Figures 34 & 35 do not add up to 100%.

WCM Figure 36: Case Management NICU Authorization Requests & Approvals (Jul'19 - Jun'20)

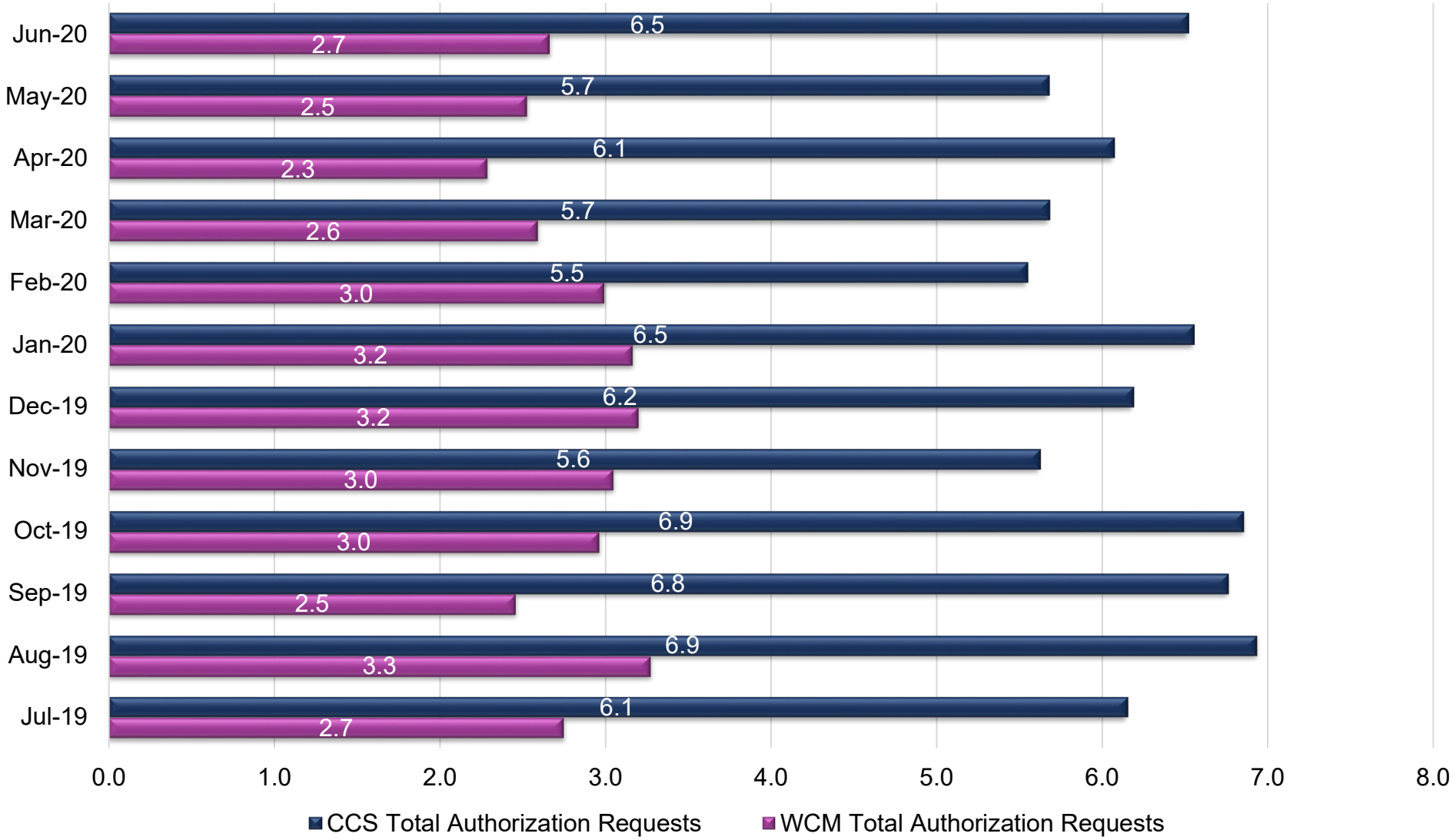
Fig 36: WCM Total NICU Authorization Requests & Percentage Approved by Plan, by County



Note: This report contains data from July 2019 to June 2020.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

CCS and WCM Figure 37: Case Management NICU Authorization Requests (Jul'19 - Jun'20)

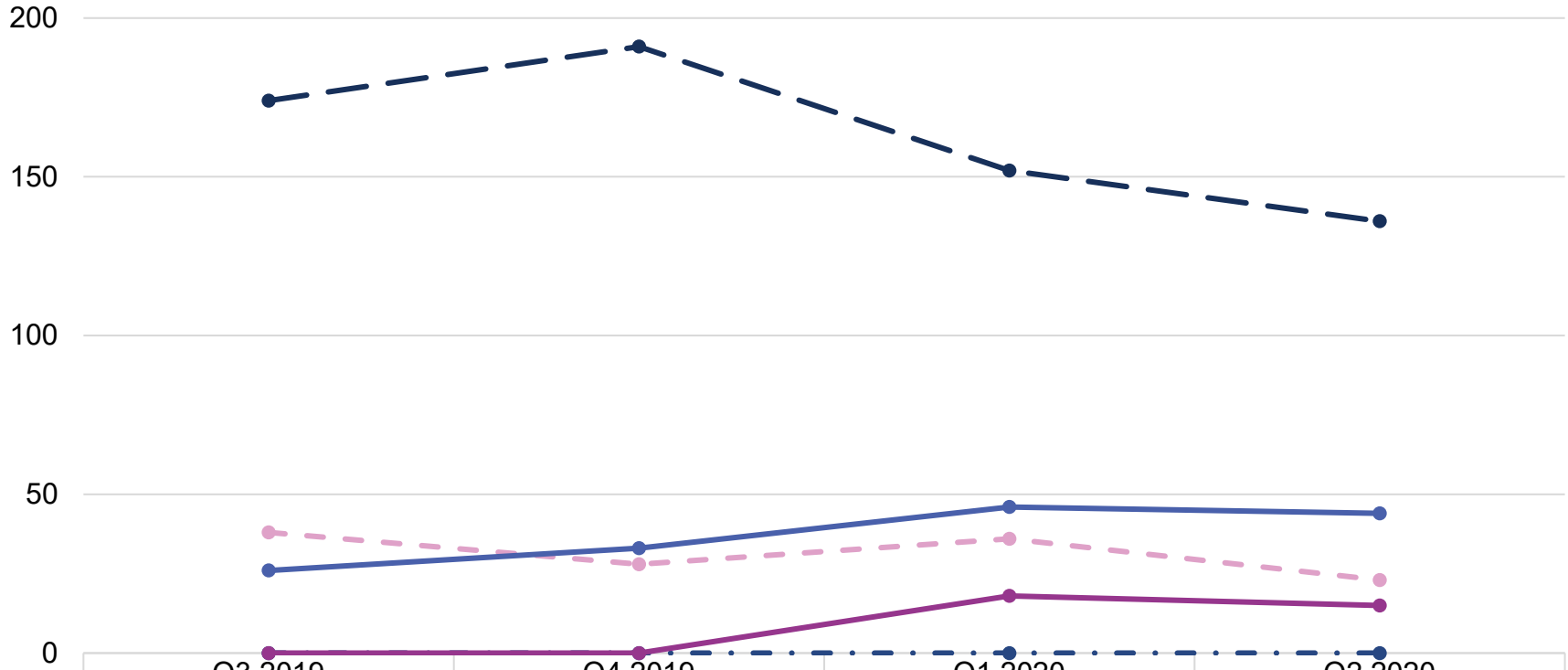
Fig 37: Statewide Total NICU Authorization Requests per 1,000 Members, by Month



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2019 to June 2020.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

WCM Figure 38: Case Management NICU Authorization Requests (Jul'19 - Jun'20)

Fig 38: WCM Total NICU Authorization Requests by Plan, by Quarter



	Q3 2019	Q4 2019	Q1 2020	Q2 2020
CalOptima	174	191	152	136
CCAH	38	28	36	23
CenCal	26	33	46	44
HPSM	*	*	*	*
PHC	*	*	18	15

Note: This report contains data from *July* 2019 to *June* 2020. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. CalOptima joined in July 2019.
* PHC for Q*3* and Q*4* 2019 and HPSM for all four quarter had counts of items <11 and are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.

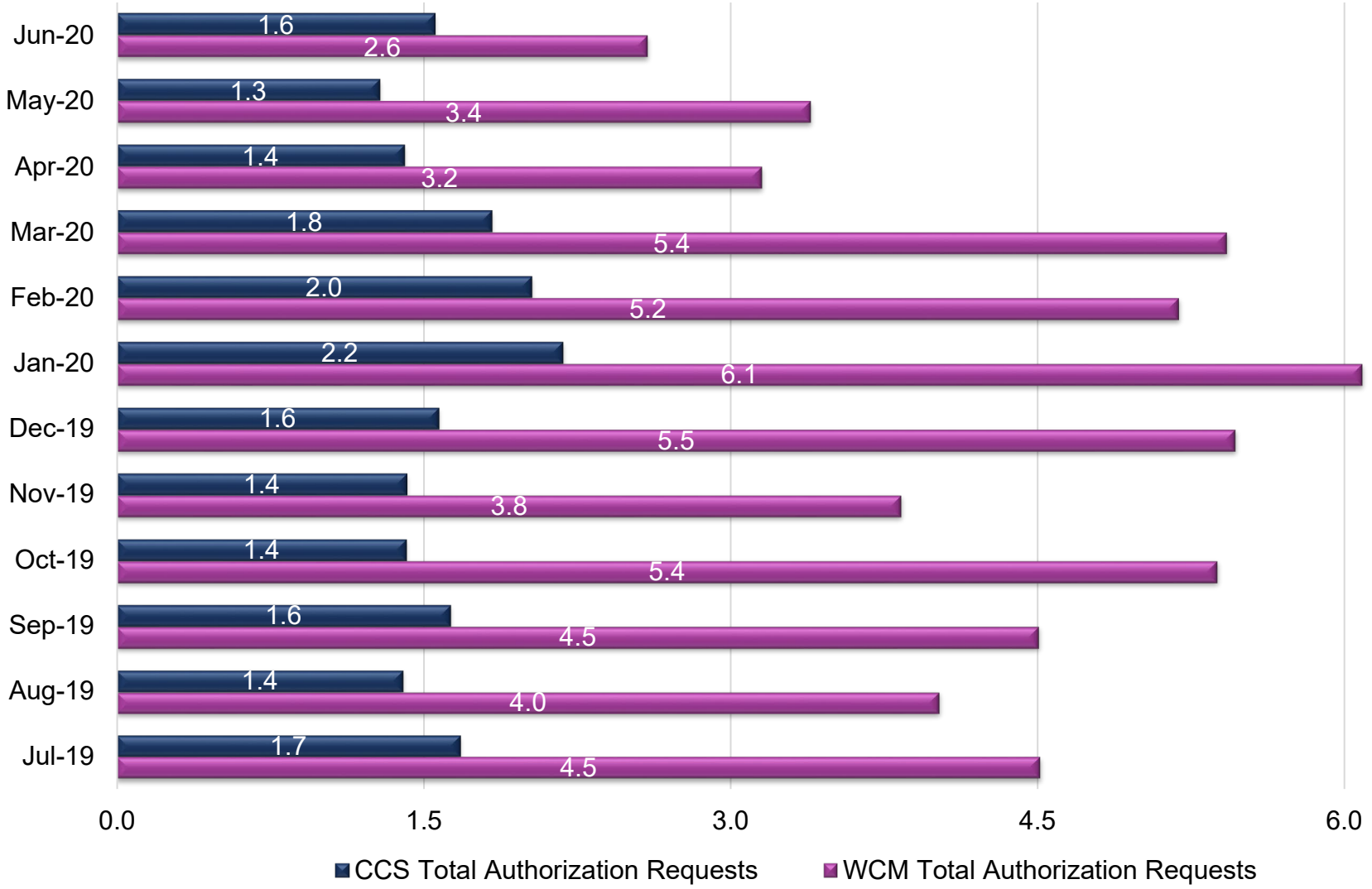
WCM Figure 39: Case Management PICU Authorization Requests & Approvals (Jul'19 - Jun'20)

Fig 39: WCM Total PICU Authorization Requests & Percentage Approved by Plan, by County

Note: This report contains data from July 2019 to June 2020.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

CCS and WCM Figure 40: Case Management PICU Authorization Requests (Jul'19 - Jun'20)

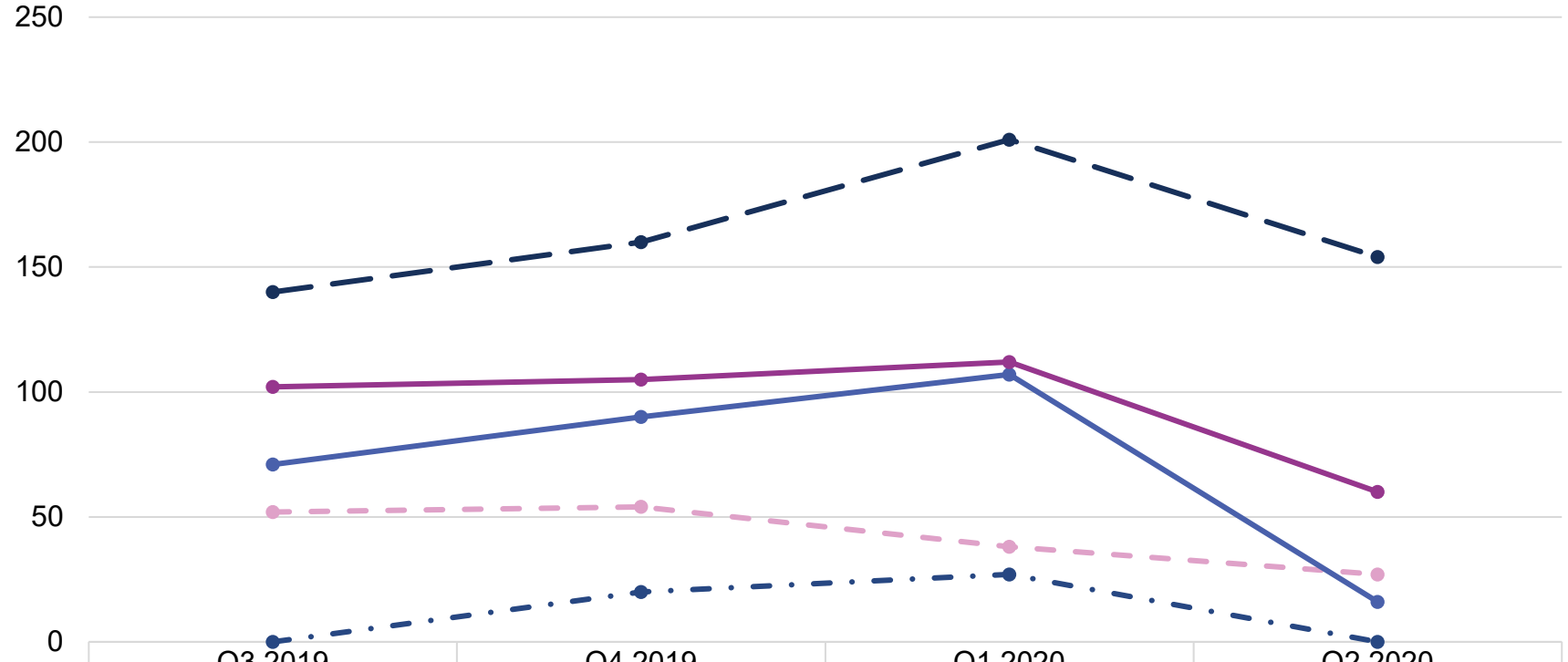
Fig 40: Statewide Total PICU Authorization Requests per 1,000 Members, by Month



Note: CCS refers to counties operating outside of the Whole Child Model Program. This report contains data from July 2019 to June 2020. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

WCM Figure 41: Case Management PICU Authorization Requests (Jul'19 - Jun'20)

Fig 41: WCM Total PICU Authorization Requests by Plan, by Quarter



	Q3 2019	Q4 2019	Q1 2020	Q2 2020
CalOptima	140	160	201	154
CCAH	52	54	38	27
CenCal	71	90	107	16
HPSM	*	20	27	*
PHC	102	105	112	60

Note: This report contains data from July 2019 to June 2020. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. CalOptima joined in July 2019.
**HPSM for Q3 2019 and Q2 2020 had counts of items <11 and are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

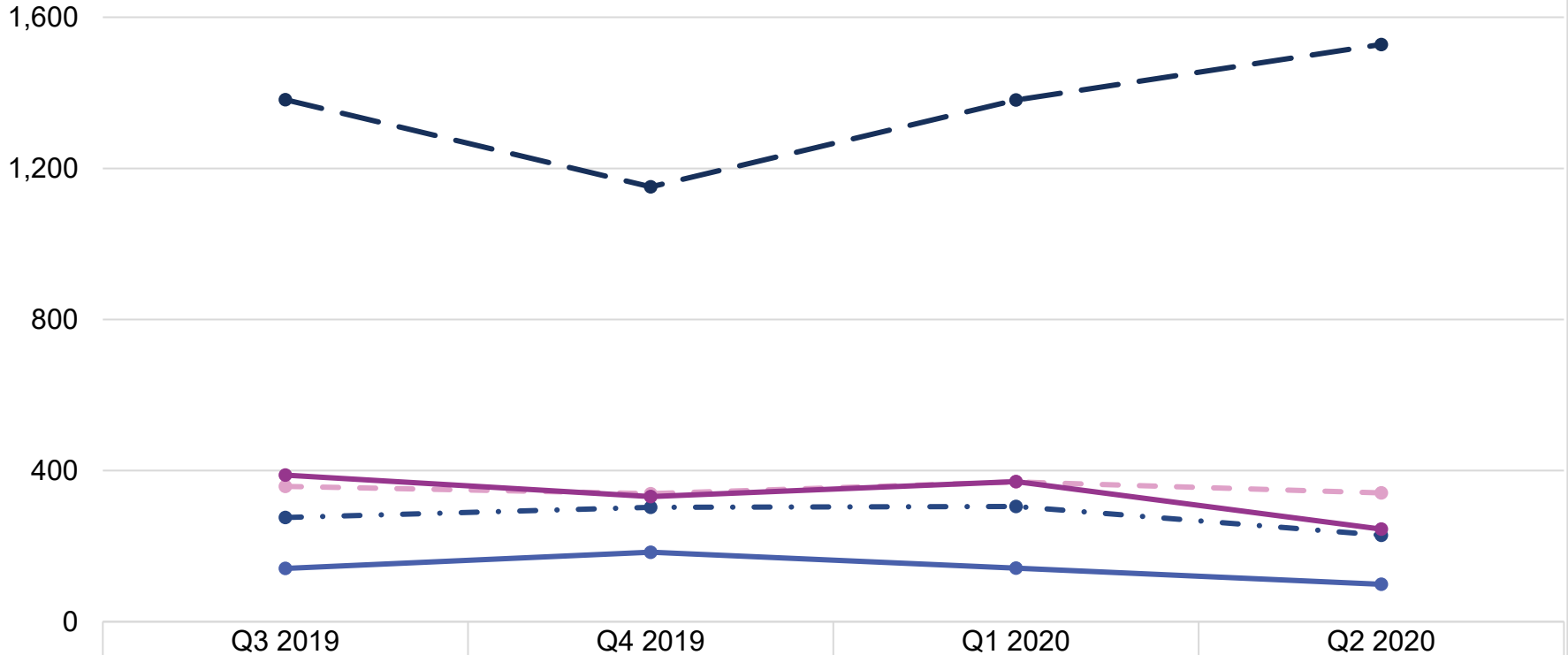
WCM Figure 42: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorization Requests & Approvals (Jul'19 - Jun'20)

Fig 42: WCM Total Inpatient Facilities and SCC Authorization Requests & Percentage Approved by Plan, by County

Note: This report contains data from July 2019 to June 2020.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
**Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

WCM Figure 43: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorization Requests (Jul'19 - Jun'20)

Fig 43: WCM Total Inpatient Facilities and Special Care Centers (SCC) Authorization Requests by Plan, by Quarter



	Q3 2019	Q4 2019	Q1 2020	Q2 2020
CalOptima	1,382	1,151	1,381	1,528
CCAH	358	339	370	341
CenCal	141	184	142	99
HPSM	276	303	305	229
PHC	388	331	371	245

Note: This report contains data from July 2019 to June 2020. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. CalOptima joined in July 2019.

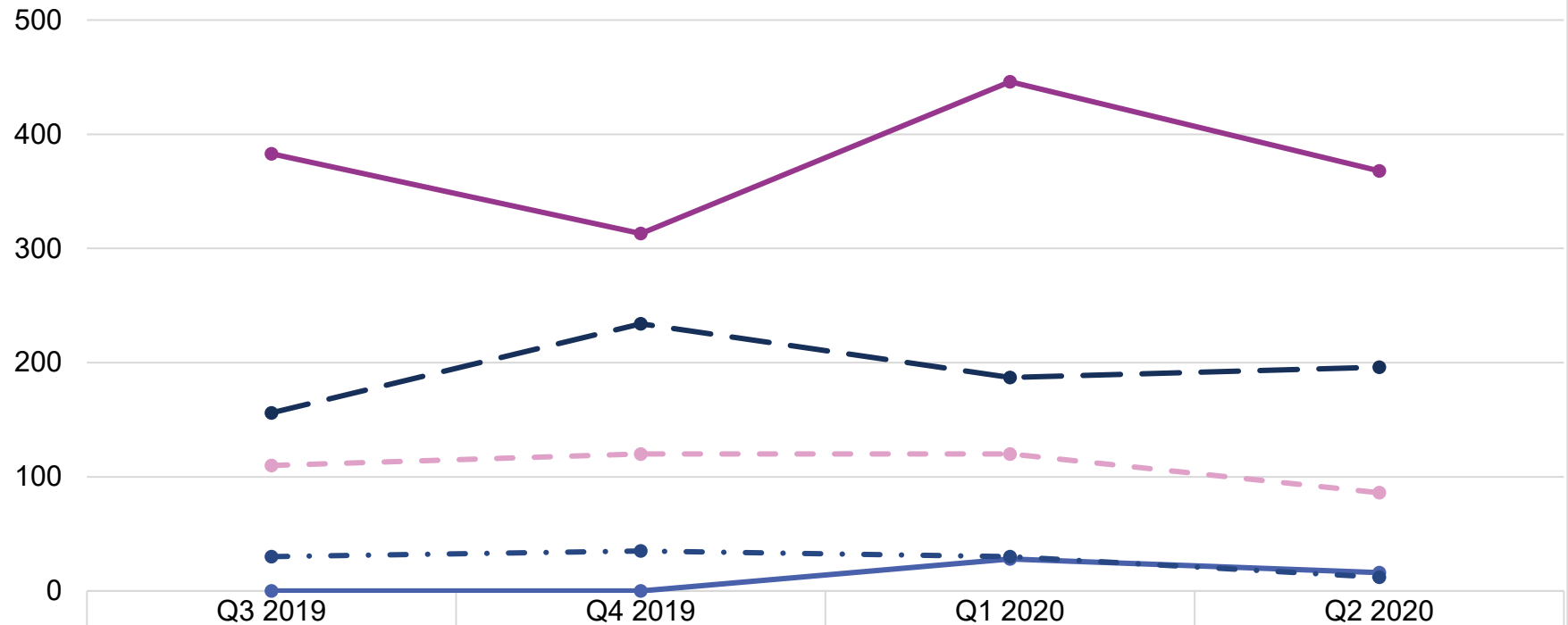
WCM Figure 44: Case Management Specialized or Customized DME Authorization Requests & Approvals (Jul'19 - Jun'20)

Fig 44: WCM Total Specialized or Customized DME Authorization Requests & Percentage Approved by Plan, by County

Note: This report contains data from July 2019 to June 2020.
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

WCM Figure 45: Case Management Specialized or Customized DME Authorization Requests (Jul'19 - Jun'20)

Fig 45: WCM Total Specialized or Customized DME Authorization Requests by Plan, by Quarter



	Q3 2019	Q4 2019	Q1 2020	Q2 2020
CalOptima	156	234	187	196
CCAH	110	120	120	86
CenCal	*	*	28	16
HPSM	30	35	30	12
PHC	383	313	446	368

Note: This report contains data from July 2019 to June 2020. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019. CalOptima joined in July 2019.
**CenCal for Q3 and Q4 2019 had counts of items <11 and are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.*

WCM Figures 46 & 47: Care Coordination High-Risk and Low-Risk Assessments - June 2020

Fig 46: Percentage of High Risk Members who Received an Assessment, by Plan

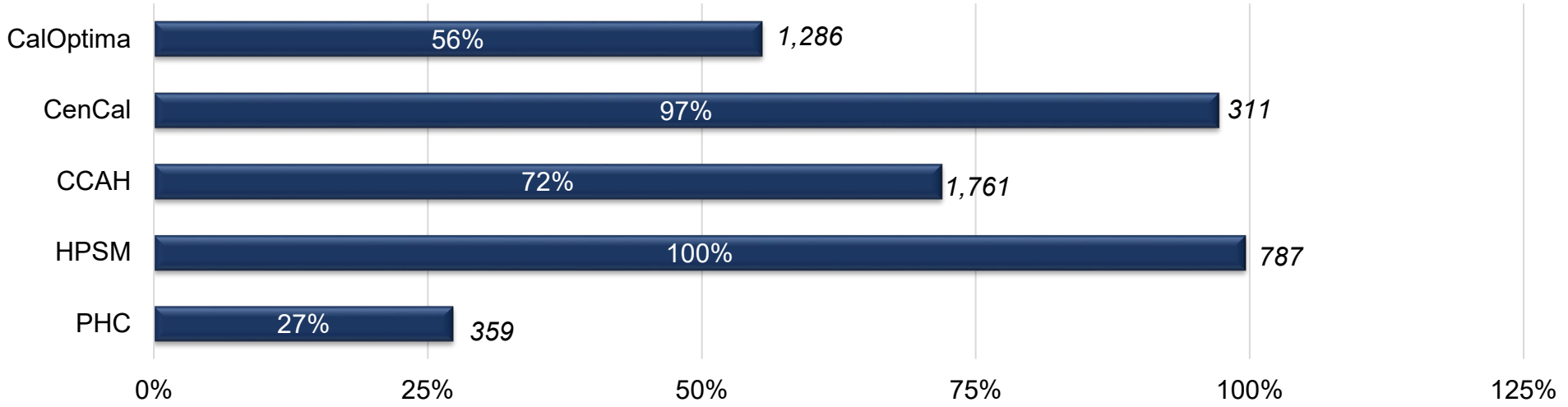
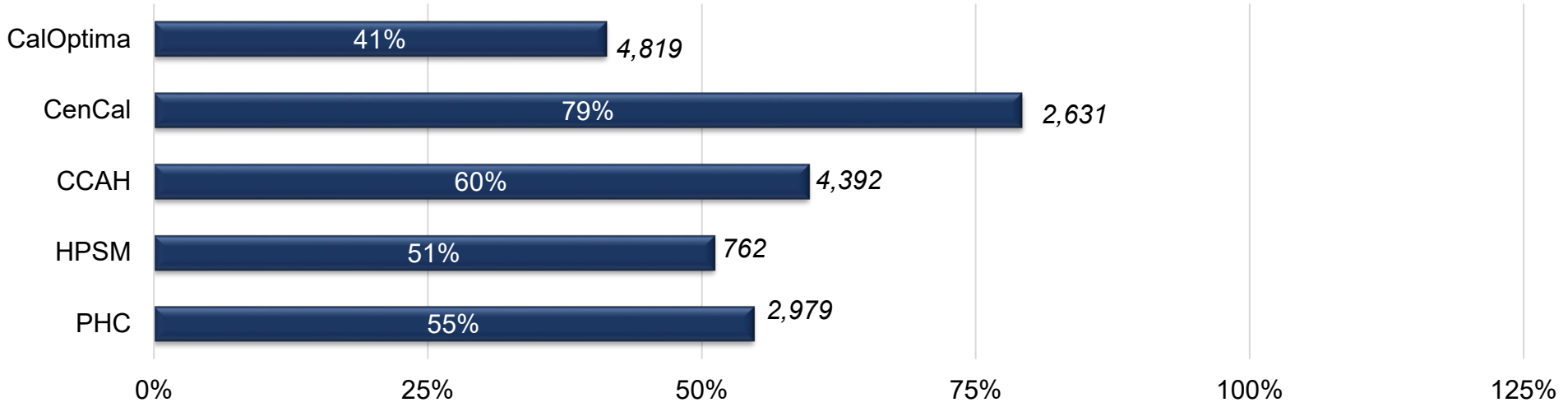


Fig 47: Percentage of Low Risk Members who Received an Assessment, by Plan



Note: DHCS is following up with WCM MCPs on assessments to clarify expectations and provide technical assistance.

WCM Figures 48 & 49: Grievances & Appeals per 1,000 Member Months (Jul'19 - Jun'20)

Fig 48: WCM Grievances and Appeals per 1,000 Members

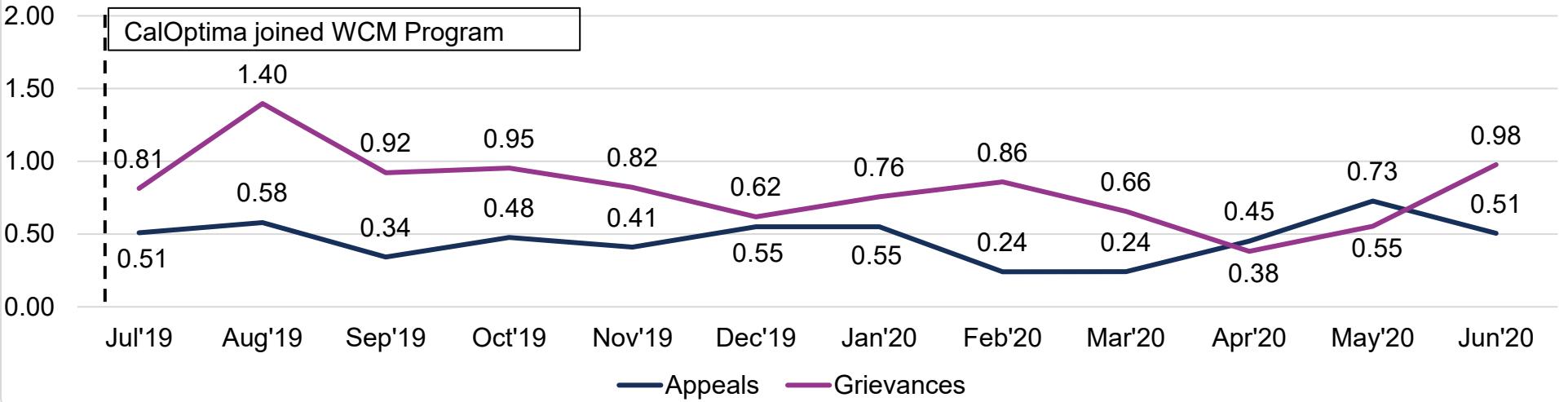
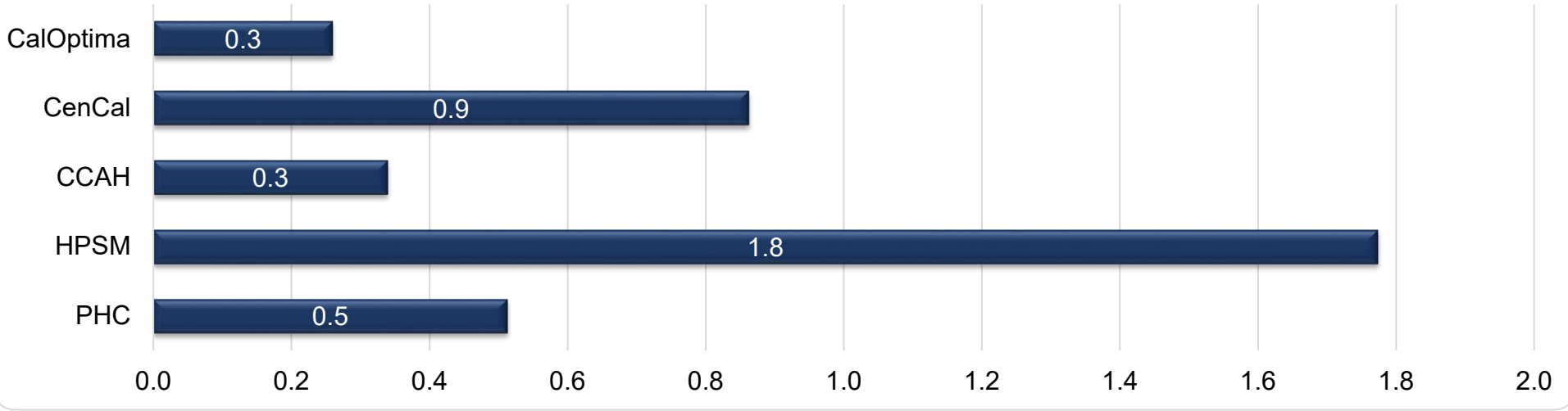
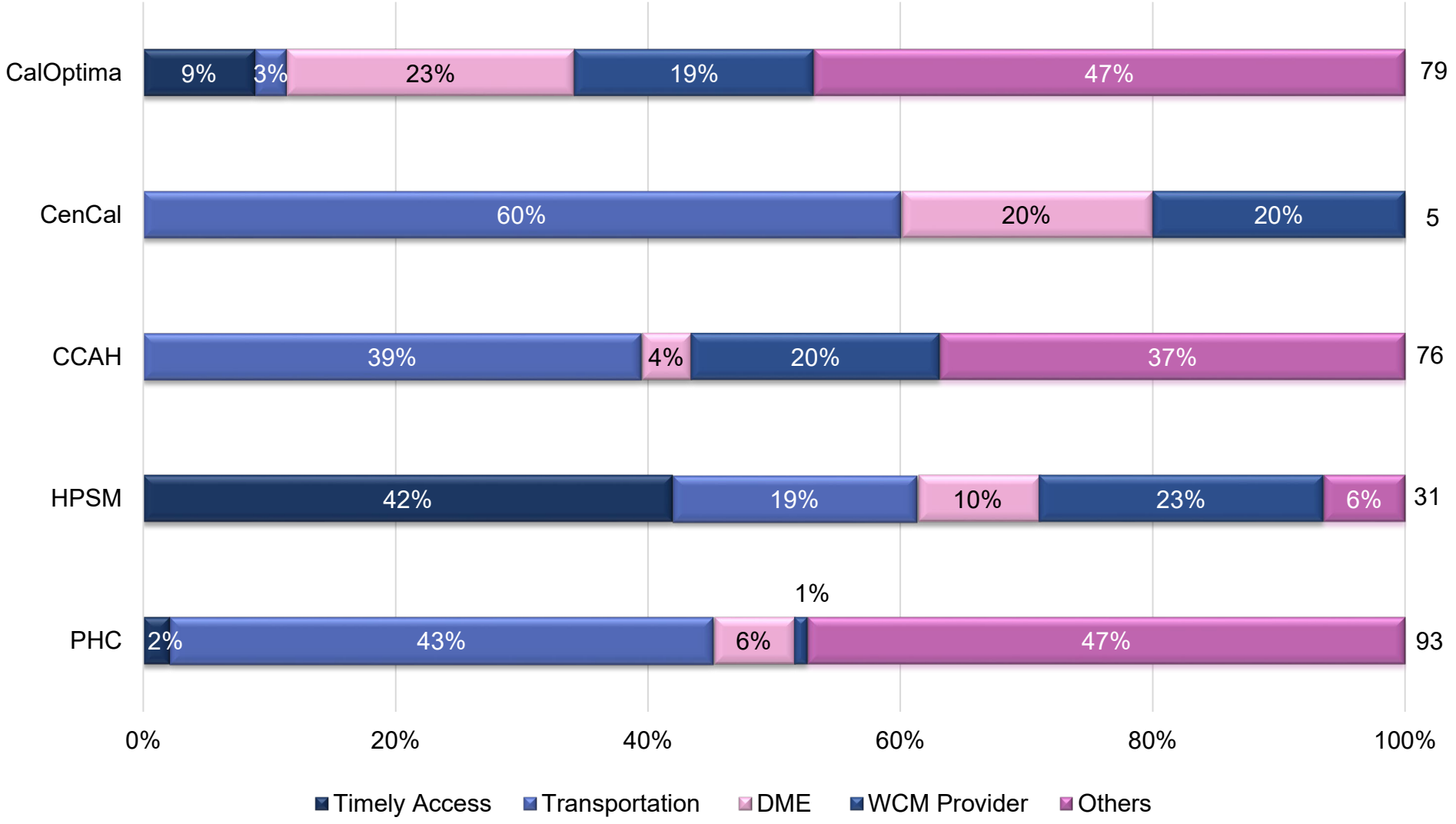


Fig 49: WCM Appeals per 1,000 Member Months, by Plan



WCM Figure 50: Grievances - Breakdown by Categories, by Plan (Jul'19 - Jun'20)

Fig 50: Grievances Categories, by Plan



WCM Figure 51: Family Advisory Committee Meetings Table (Jul'19 - Jun'20)

Plan Name	Number of Committee Members	Number of Meetings Held Jul19 - Jun'20	Recruitment Efforts	Seats to be Filled
CalOptima	9	5	The WCM FAC lost a family member due to their child turning 21 in November 2019. The committee picked up an additional family member and a consumer advocate during 2019/2020 and through March 31, 2020, had 6 family members and 3 community representatives. Staff continues to recruit through existing members and publicizing the openings on CalOptima's website, and regular updates in newsletters to community members.	2 of 11
CCAH	16	12	2019-20 recruitment efforts included direct outreach to WCM families, including the utilization of the Alliance newsletter to announce openings on the advisory committee as well as Case/Care Management staffs and community partners to inform members they interact with of advisory committee openings. 2019 recruitments efforts proved successful with 4 new members that were officially onboarded in February 2020.	3 of 19
CenCal	16	3	Currently recruiting for 2 positions - seeking help from family advocacy groups	2 of 18
HPSM	15	4	Efforts are ad hoc as HPSM's Social Workers make contact with families.	N/A. No target number of seats.
PHC	14	6	By December 2019, committee membership was open to any interested parties. Our original goal of recruiting 2 members per county was not providing enough interest so we relaxed that approach. We were actively requesting referrals to the committee from providers via our PQC meetings, from county CCS staff via our WCM JOC meeting as well as in meetings with individual counties, and Care Coordination Staff was prompted to encourage members they were in contact with to attend as well. We did and still maintain a page on our PHC website that discusses the FAC with contact information for interested members. In every meeting, Partnership Healthplan of CA (PHC) encourages our existing members who know other parents of special needs children to encourage participation in our group. PHC will reach out to any referrals we identify. In addition, there is also information about the FAC on our website (member's section) that encourages participation.	14 of 28

Note: Number of Committee Members is connected to the Seats to be Filled. DHCS works with the Plans to maintain a consistent definition. DHCS follows up quarterly to ensure the seats are filled as quickly as possible.