Managed Care Whole Child Model Dashboard
Released June 2021

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. Dashboard data are reported by Managed Care Plans (plan) or Counties.
- **Point-in-time charts:** Figures 2-5, 39, and 40.
  Charts display data for the last month in the reporting period.
- **Trend charts:** Figures 1, 8, 11, 14, 17, 20, 23, 35, and 41.
  Charts display each month's data in the last 12 months of the reporting period.
- **Cumulative charts:** Figures 6, 7, 9, 10, 12, 13, 15, 16, 18, 19, 21, 22, 26-30, 32, 34, 36, 38, 42, 43, and 44.
  Charts display the sum of the last 12 months' data in the reporting period as one figure.
- **Tables:** Figures 24, 25, 31, 33 and 37.
  Tables display each month's data in the last 12 months of the reporting period.

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Whole Child Model Enrollment and Demographics: *Figures 1-23*

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 whole child model data for Figures 1-23. Figures 1-5 displays WCM enrollment and demographics. Figures 6-23 displays utilization data. Figures 1, 8, 11, 14, 17, 20, and 23 are trend charts displaying monthly data over the last 12 months. Figures 2-5 show data for the last month in the reporting period as a point of time view of the Whole Child Model program. Figures 6, 7, 9, 10, 12, 13, 15, 16, 18, 19, 21, and 22 are cumulative charts, showing the sum of the 12 months' data as one figure.

Enrollment and Demographics:

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

A trend of total enrollment over time is displayed in Figure 1. In January 2019, 18,074 members were enrolled in WCM. Enrollment increased over time to 29,105 members enrolled in December 2019. CenCal, CCAH, and HPSM began offering WCM services July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined WCM program in July 2019. The large increase of membership in January 2019 is due to Partnership joining the program. The increase of membership in July 2019 is due to CalOptima joining the program.

Figure 2 shows that 15,566, or 53%, of enrollees identified themselves as Hispanic. This was calculated by using member reported ethnicity for the month of December 2019 as the numerator, divided by total enrollment for December 2019 as the denominator.

The WCM population consists of 15,340, or 53%, male and 13,765, or 47%, female as displayed in Figure 3. This was calculated by using enrollment by gender in December 2019 as the numerator, divided by the total enrollment in December 2019 as the denominator.

Figure 4 displays primary languages. 16,599, or 57.0%, of members reported English and 11,598, or 39.8%, reported Spanish as their primary spoken language. This was calculated by using enrollment for each language in December 2019 as the numerator, divided by the total enrollment in December 2019 as the denominator.

Figure 5 displays total WCM enrollment, by plan and by county. The raw numbers are displayed within the bar graph. As of December 2019, HPSM reported 1,277 children and CalOptima reported 11,494 children enrolled in the program.

Figure 5 also displays WCM enrollment per 1,000 children enrolled in the Medi-Cal program. Partnership reported 26 enrollees in Solano County and 41 enrollees per 1,000 children enrolled in the Medi-Cal program in Marin County. This was calculated by using enrollment in WCM in each plan and county in December 2019 as the numerator, divided by members aged 0-21 years into the Medi-Cal program in each plan and county in December 2019 as the denominator. The dividend was then multiplied by 1,000.

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 6 displays that male enrollees made 80 ER visits per 1,000 member months and female enrollees made 81 ER visits per 1,000 member months. This was calculated by using the number of ER visits for each gender for January 2019 through December 2019 as the numerator, divided by the enrollment for each gender for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

For Figure 7, African-American members made the most ER visits at 115 per 1,000 member months. This was calculated by using the number of ER visits for each ethnicity for January 2019 through December 2019 as the numerator, divided by the enrollment for each ethnicity for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

Figure 8 shows the trend in the number of ER visits for each participating plan from January 2019 through December 2019. This was calculated by using the number of ER visits for each plan per month for January 2019 through December 2019 as the numerator, divided by the enrollment for each plan per month for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000. A dagger (†) represents Plans who are not in the observations yet.

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 female enrollees made 2,896 outpatient visits per 1,000 member months while males made 3,119 outpatient visits per 1,000 member months. This was calculated by using the number of outpatient visits for each gender for January 2019 through December 2019 as the numerator, divided by the enrollment for each gender for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

For Figure 10, members that identified as Asian/Pacific Islander made the most outpatient visits at 3,560 per 1,000 member months. This was calculated by using the number of outpatient visits for each ethnicity for January 2019 through December 2019 as the numerator, divided by the enrollment for each ethnicity for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

Figure 11 shows the trend in the number of outpatient visits for each participating plan from January 2019 through December 2019. This was calculated by using the number of outpatient visits for each plan per month for January 2019 through December 2019 as the numerator, divided by the enrollment for each plan per month for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000. A dagger (†) represents Plans who are not in the observations yet.

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 12 displays that male enrollees had 30 inpatient admissions per 1,000 member months and female enrollees had 29 inpatient admissions per 1,000 member months. This was calculated by using the number of inpatient visits for each gender for January 2019 through December 2019 as the numerator, divided by the enrollment for each gender for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

For Figure 13, African-American members had the most inpatient admissions at 49 per 1,000 member months. This was calculated by using the number of inpatient visits for each ethnicity for January 2019 through December 2019 as the numerator, divided by the enrollment for each ethnicity for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

Figure 14 shows the trend in the number of inpatient admissions for each participating plan from January 2019 through December 2019. This was calculated by using the number of inpatient admissions for each plan per month for January 2019 through December 2019 as the numerator, divided by the enrollment for each plan per month for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000. A dagger (†) represents Plans who are not in the observations yet.

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 15 displays that female enrollees had utilized 1,309 prescription medications per 1,000 member months while males had utilized 1,269 prescription medications per 1,000 member months. This was calculated by using the number of prescriptions for each gender for January 2019 through December 2019 as the numerator, divided by the enrollment for each gender for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

For Figure 16, African-American members utilized the most prescription medications at 1,668 per 1,000 member months. This was calculated by using the number of prescriptions for each ethnicity for January 2019 through December 2019 as the numerator, divided by the enrollment for each ethnicity for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

Figure 17 shows the trend in the number of prescription medications for each participating plan from January 2019 through December 2019. This was calculated by using the number of prescriptions reported by each plan per month for January 2019 through December 2019 as the numerator, divided by the enrollment for each plan per month for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000. A dagger (†) represents Plans who are not in the observations yet.

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 18 displays that female enrollees made 50 non-specialty mental health visits per 1,000 member months while males made 36 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 January 2019 through December 2019 as the numerator, divided by the enrollment for each gender for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

For Figure 19, non-Hispanic/white members made the most visits at 73 per 1,000 member months. This was calculated by using the number of non-specialty mental health visits for each ethnicity for January 2019 through December 2019 as

the numerator, divided by the enrollment for each ethnicity for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

Figure 20 shows the trend in the number of non-specialty mental health visits for each participating plan from January 2019 through December 2019. This was calculated by using the number of non-specialty mental health visits for each plan per month for January 2019 through December 2019 as the numerator, divided by the enrollment for each plan per month for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000. A dagger (†) represents Plans who are not in the observations yet.

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 21 displays that male and female enrollees made 12 ER visits with an inpatient admission per 1,000 member months each. This was calculated by using the number of ER visits with an inpatient admission for each gender for January 2019 through December 2019 as the numerator, divided by the enrollment for each gender for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

For Figure 22, African-American members made the most ER visits with an inpatient admission at 22 per 1,000 member months. This was calculated by using the number of ER visits with an inpatient admission for each ethnicity for January 2019 through December 2019 as the numerator, divided by the enrollment for each ethnicity for January 2019 through December 2019 as the denominator. The dividend was then multiplied by 1,000.

Figure 23 shows the trend in the number of ER visits with an inpatient admission for each participating plan from January 2019 through December 2019. This was calculated by using the number of ER visits with an inpatient admission for each plan per month for January 2019 through December 2019 as the numerator, divided by the denominator is enrollment for each plan per month for January 2019 through December 2019 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. A dagger (†) represents Plans who are not in the observations yet.

Continuity of Care (COC): *Figures 24-30*

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 24-25 are tables displaying monthly data for 12 months. Figures 26-30 are cumulative charts, showing the sum of the 12 months' data as one figure.

Total number of COC requests for each plan for the months 7 through 18 after joining the program are shown in Figure 24. In the seventh month of operation, CalOptima reported 32, CenCal reported 44, CCAH reported 54 and Partnership reported receiving 64 COC requests. In the eighteenth month of operation, CenCal reported 49, and CCAH reported receiving 26 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.

Months 19 through 30 upon joining the program for COC requests are displayed in Figure 25. In the nineteenth month of operation, CalOptima reported 6 and CCAH reported receiving 14 COC requests. In the thirtieth month of operation, CenCal reported receiving 32 COC requests. CalOptima and Partnership have not yet reported their twenty-seventh month 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 26 shows the average number of COC requests for each plan for months 7 through 18 compared to months 19 through 30. CenCal had an average of 46.8 for months 7 through 18 and 29.1 for months 19 through 30. Partnership had an average of 19.8 for months 7 through 18 and fewer than 11 for months 19 through 30. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable.

Figure 27 displays major categories for the COC requests. Public health nurses were requested 6 times, or 0.2% of the time, while 1,928, or 74.3%, of requests were made for prescription drugs. The high number of prescription drug COC requests were due to Partnership 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 January 2019 through December 2019 as the numerator, divided by the total number of COC requests for January 2019 through December 2019 as the denominator.

Figure 28 shows reasons for COC denials not required by APL. Duplicative requests accounted for 16 or 29% of COC denial reasons while 3 denial reasons or 5% were due to other health insurance. This was calculated by using the number of COC denials for each reason for January 2019 through December 2019 as the numerator, divided by the total number of COC denials for January 2019 through December 2019 as the denominator.

Figure 29 shows reasons for COC denials required by APL. No pre-existing relationship between WCM member and provider accounted for 6 or 11% of COC denial reasons while 0% were due to quality of care issues. This was calculated by using the number of COC denials for each reason for January 2019 through December 2019 as the numerator, divided by the total number of COC denials for January 2019 through December 2019 as the denominator.

Please note that for Figure 28, only the top 6 denial reasons are displayed. Figure 29 displays all denial categories as required by the APL, besides "Others". Neither Figure 28 nor Figure 29 adds up to 100%.

Figure 30 displays that requests for COC per 1,000 members ranged from 14 for CalOptima to 204 for Partnership. This was calculated by using the number of COC requests for each plan for January 2019 through December 2019 as the numerator, divided by the enrollment for each plan in December 2019 as the denominator. The dividend was then multiplied by 1,000. Figure 30 also displays percentage of COC requests approved, by plan and by county. The approval percentage ranged from 90% for Partnership to 100% for CCAH. Plans that have low percentage approvals are seen as statistically unreliable because of the low number of observations. Caution should be exercised when evaluating the results. This was calculated by using the number of approved COC requests for each plan and each county for January 2019 through December 2019 as the numerator, divided by the total number of COC requests for each plan and each county for January 2019 through December 2019 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.

Case Management: *Figures 31-38*
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) authorizations, Pediatric Intensive Care Unit (PICU) authorizations, Inpatient Facilities and Special Care Center (SCC) authorizations, and Specialized or Customized DME authorizations. Case management data is submitted by plans. Figures 31, 33, 35, and 37 are trend tables/charts displaying monthly data over 12 months. Figures 32, 34, 36, and 38 are cumulative charts, showing the sum of the 12 months' data as one figure.

NICU Authorizations:

Figure 31 displays the trend of total requests seeking authorization for NICU services for each plan per month. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable. A dagger (†) represents Plans who are not in the observations yet.

Figure 32 displays total requests for NICU authorizations 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 96 % for Partnership to 100% for CenCal and CCAH. This was calculated by using the number of approved NICU authorizations for each plan and each county for January 2019 through December 2019 as the numerator, divided by the number of NICU requests for authorizations for each plan and each county for January 2019 through December 2019 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.

PICU Authorizations:

Figure 33 displays the trend of total requests seeking authorization for PICU services for each plan per month. In January 2019, CenCal reported 13 requests and CCAH reported 19 requests. Partnership joined the WCM program in January 2019 and reported 25 requests. CalOptima joined the WCM in July 2019 and reported 60 requests. In December 2019, CalOptima reported 54 requests, CenCal reported 33, CCAH reported 25 and Partnership reported 39. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable. A dagger (†) represents Plans who are not in the observations yet.

Figure 34 displays total requests for PICU authorizations and approval rate, by plan and by county. The figure displays that total requests for PICU authorizations ranged from 72 for HPSM to 430 for Partnership. 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 to 100% for all other plans. This was calculated by using the number of approved PICU requests for authorizations for each plan and each county for January 2019 through December 2019 as the numerator, divided by the number of PICU authorizations for each plan and each county for January 2019 through December 2019 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.

Inpatient Facilities and SCC Authorizations:

Figure 35 displays the total requests seeking authorization for SCC services for each plan per month. In January 2019,

CCAH reported 110, CenCal reported 57, and HPSM reported 81. Partnership joined the WCM program in January 2019 and reported 84 requests. CalOptima joined the WCM program in July 2019 and reported 821 requests. In December 2019, CalOptima reported 399, CCAH reported 101, CenCal reported 74, HPSM reported 103, and Partnership reported 122 requests.

Figure 36 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 568 for CenCal to 2,533 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 Partnership 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 January 2019 through December 2019 as the numerator, divided by the number of Inpatient Facilities and SCC requests for authorizations for each plan and each county for January 2019 through December 2019 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.

Specialized or Customized DME Authorizations:
Figure 37 displays the total requests seeking authorization for DME services for each plan per month. In January 2019, CCAH reported 23 and Partnership reported 111 requests. CalOptima joined the WCM program in July 2019 and reported 36 requests. An asterisk (*) represents numbers have been suppressed for Plans that have low number of observations as they are seen as statistically unreliable. A dagger (†) represents Plans who are not in the observations yet.

Figure 38 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 87 for CenCal to 1,570 for Partnership. 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 93% for Partnership 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 January 2019 through December 2019 as the numerator, divided by the number of specialized or customized DME requests for authorizations for each plan and each county for January 2019 through December 2019 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.

Care Coordination: *Figures 39-40*

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 39, the percentage of high-risk members who received an assessment ranged from 34%, which is 364 assessments for Partnership to 100%, which is 274 assessments for CenCal. This was calculated by using the number of high-risk assessments for each plan in December 2019 as the numerator, divided by the number of high-risk members in each plan in December 2019 as the denominator. Each denominator is different because each plan has a different number of high-risk members.

For Figure 40, the percentage of low-risk members who received an assessment ranged from 18%, which is 2008 assessments for CalOptima to 69%, which is 1,481 assessments for CenCal. This was calculated by using the number of low-risk assessments for each plan in December 2019 as the numerator, divided by the number of low-risk members in each plan in December 2019 as the denominator. Each denominator is different because each plan has a different number of low-risk members.

Grievances and Appeals: *Figure 41-43*

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 41 is a trend chart displaying monthly data over 12 months. Figures 42 and 43 are cumulative charts, showing the sum of the 12 months' data as one figure.

For Figure 41, WCM appeals and grievances are trended over 12 months (January 2019 - December 2019). In January 2019, plans reported to have received 6 appeals and 5 grievances. In December 2019, plans received 16 appeals and 18 grievances.

WCM appeals are shown by plan in Figure 42. CalOptima reported to have received 12 appeals while PHC reported 50 appeals.

Figure 43 displays major categories of total grievances reported by plans. This was calculated by using the number of each grievance type for each plan for January 2019 through December 2019 as the numerator, divided by the total number of grievances for each plan from January 2019 through December 2019 as the denominator.

Family Advisory Committee Meetings: *Figure 44*
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 44 summarizes the number of committee members, meetings held, recruitment efforts and seats to be filled for each plan over 12 months (January 2019 - December 2019).

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

Whole Child Model Enrollment and Demographics Figure 1: Breakdown of Enrollment (Jan'19 - Dec'19)

Fig 1: Whole Child Model Enrollment
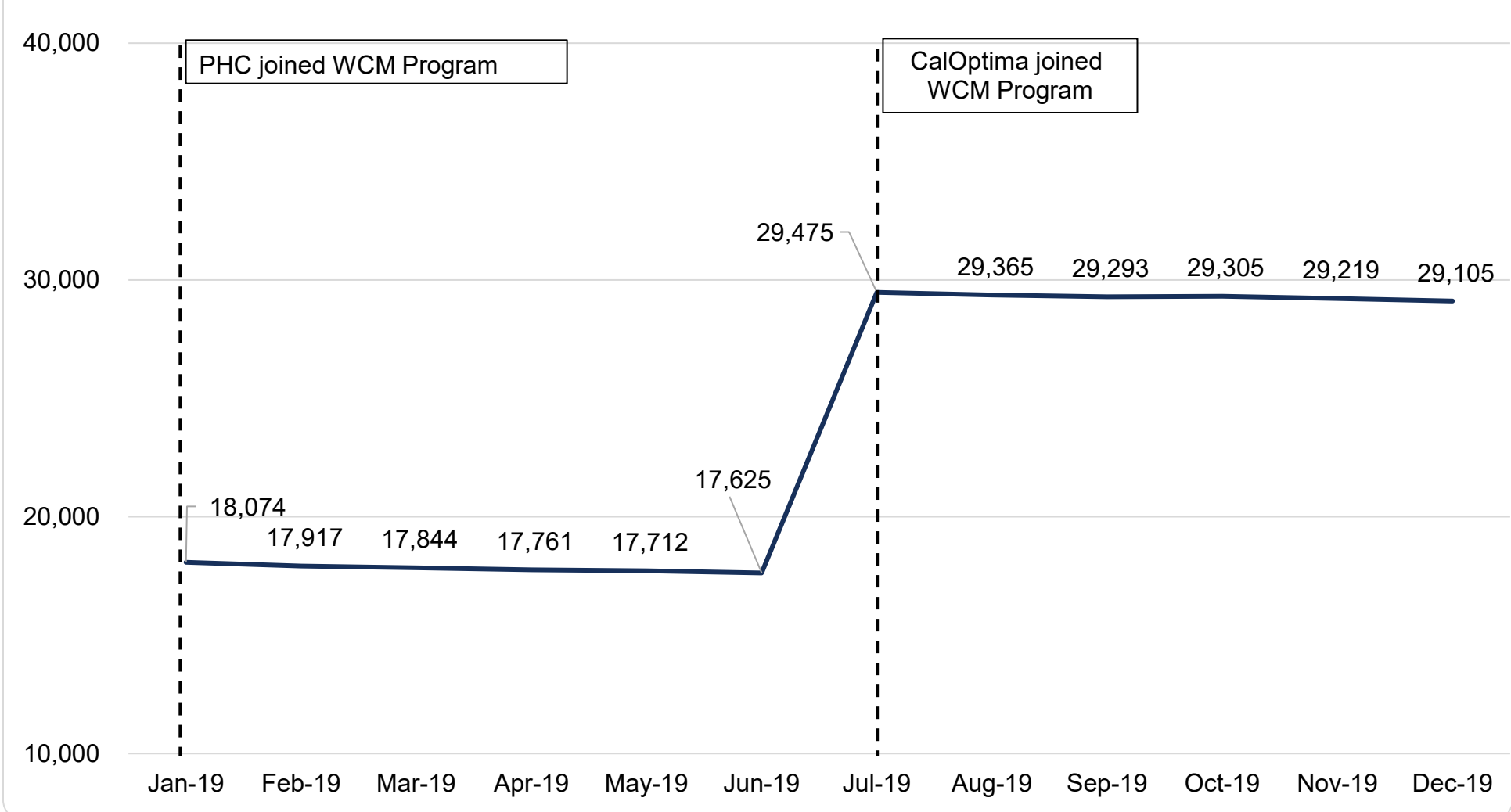
Note: *This report contains data from January 2019 to December 2019.*
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.

Whole Child Model Enrollment and Demographics Figure 2 - 4: Breakdowns of Population as of December 2019

Fig 2: Enrollment by Race/Ethnicity

Race/Ethnicity	Percent	Count
Hispanic	53%	15,566
Non-Hispanic/White	21%	6,212
Other/Unknown	17%	4,877
Asian/Pacific Islander	6%	1,812
African-American	2%	638

Fig 3: Enrollment by Sex

	Female	Male
Count	13,765	15,340
Percent	47% Female	53% Male
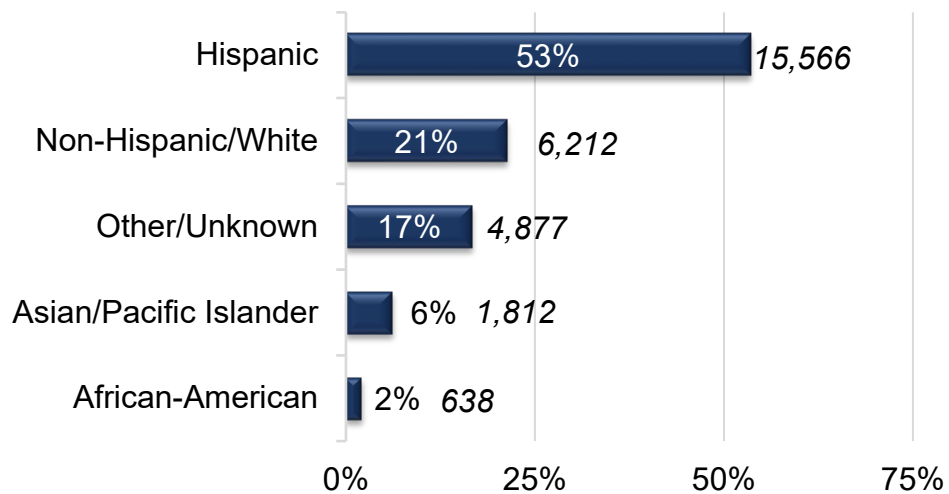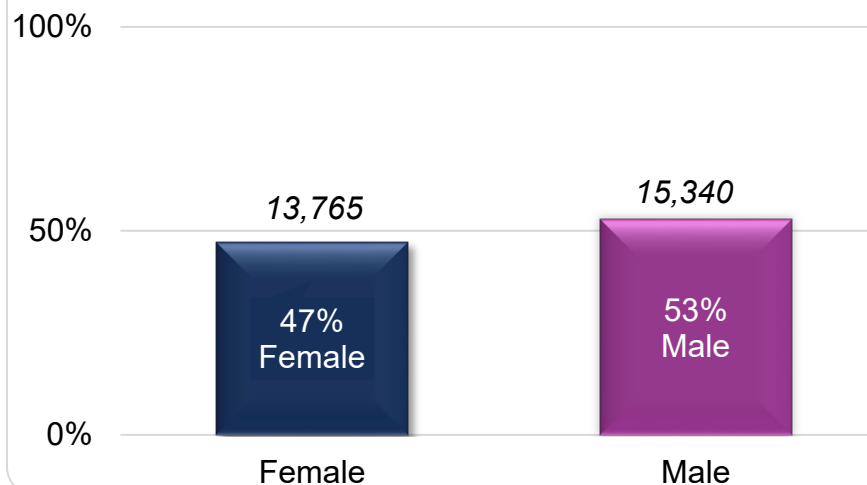
Fig 4: Enrollment by Language Spoken

Language	Percent	Count
English	57.0%	16,599
Spanish	39.8%	11,598
Vietnamese	1.7%	499
Korean	0.2%	64
Arabic	0.2%	62
Farsi	0.2%	60
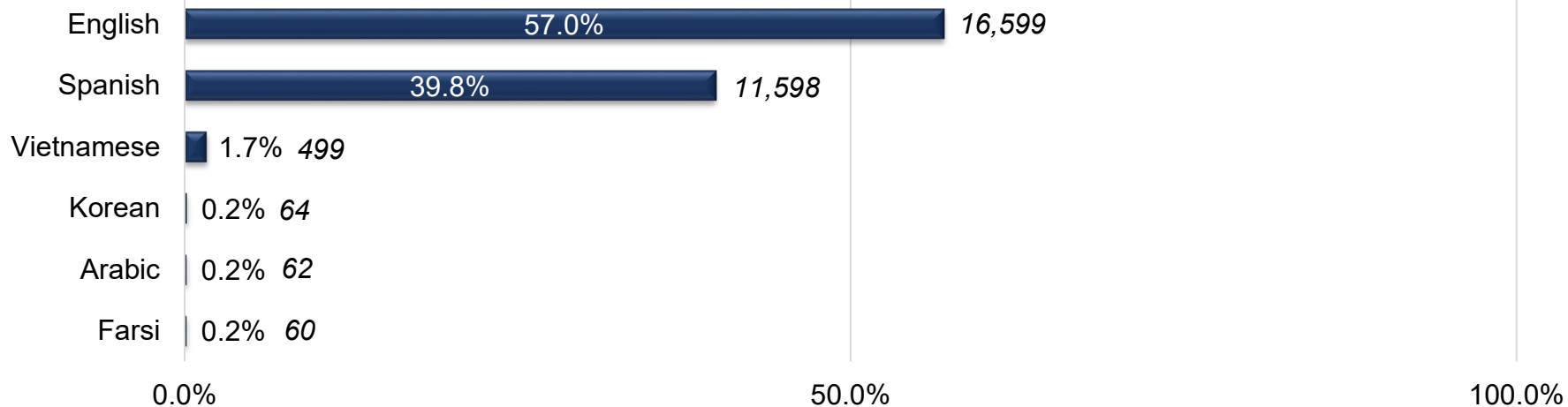
Whole Child Model Enrollment and Demographics Figure 5: Breakdowns of Population as of December 2019

Fig 5: Total WCM Program Enrollment & WCM Enrollment per 1,000 Children Enrolled in Medi-Cal, by Plan, by County

Plan	County	Total WCM Enrollment	WCM per 1,000
CenCal	CalOptima; Orange	11,494	35
CenCal	CenCal	2,782	30
CenCal	San Luis Obispo	889	38
CenCal	Santa Barbara	1,893	28
CCAH	CCAH	6,105	34
CCAH	Merced	2,402	37
CCAH	Monterey	2,810	33
CCAH	Santa Cruz	893	31
HPSM	San Mateo	1,277	25
PHC	PHC	7,447	32
PHC	Del Norte	105	23
PHC	Humboldt	648	33
PHC	Lake	354	31
PHC	Lassen	102	34
PHC	Marin	681	41
PHC	Mendocino	410	28
PHC	Modoc	38	29
PHC	Napa	464	34
PHC	Shasta	833	34
PHC	Siskiyou	219	34
PHC	Solano	1,193	26
PHC	Sonoma	1,642	35
PHC	Trinity	47	33
PHC	Yolo	711	31

Whole Child Model Enrollment and Demographics Figure 6 - 8: Breakdowns of Emergency Room Utilization (Jan'19 - Dec'19)

Fig 6: Emergency Visits per 1,000 Member Months by Sex

Sex	Visits
Male	80
Female	81

Fig 7: Emergency Visits per 1,000 Member Months by Ethnicity

Ethnicity	Visits
African-American	115
Asian/Pacific Islander	53
Hispanic	79
Non-Hispanic/White	79
Other/Unknown	92
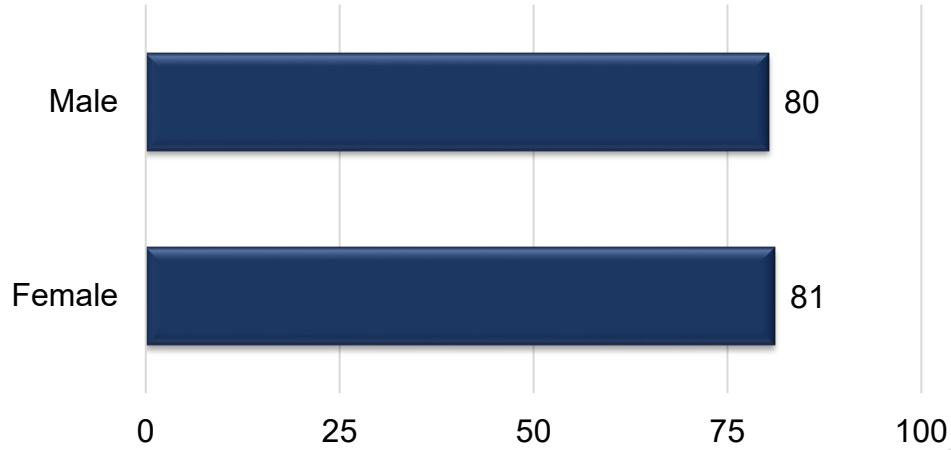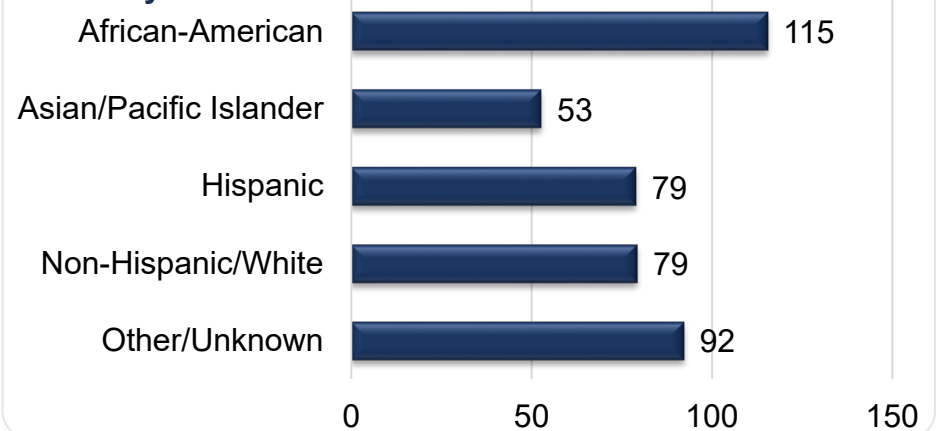
Fig 8: ER Visits per 1,000 Members by Plan, by Month
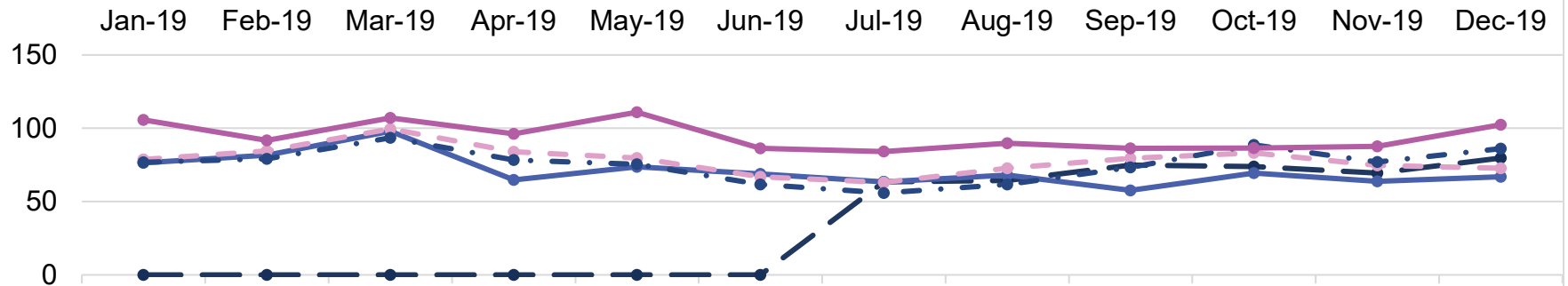
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
CalOptima	†	†	†	†	†	†	63	64	75	74	69	80
CenCal	76	82	98	65	74	69	63	68	58	69	64	67
CCAH	79	85	100	84	80	67	63	73	80	83	75	73
HPSM	77	79	94	78	75	62	56	62	73	89	77	86
PHC	106	92	107	96	111	86	84	90	86	86	88	102

†Plans who are not in the observations yet.

Whole Child Model Enrollment and Demographics Figure 9 - 11: Breakdowns of Outpatient Visits Utilization (Jan'19 - Dec'19)

Fig 9: Outpatient Visits per 1,000 Member Months by Sex
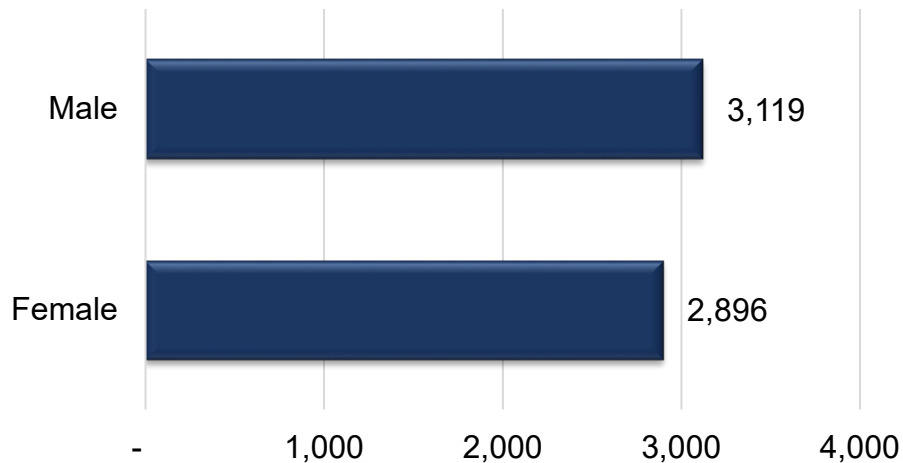
Sex	Value
Male	3,119
Female	2,896

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

Ethnicity	Value
African-American	3,112
Asian/Pacific Islander	3,560
Hispanic	2,757
Non-Hispanic/White	3,376
Other/Unknown	3,135

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

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
CalOptima	†	†	†	†	†	†	3,381	3,546	3,802	4,174	3,509	3,576
CenCal	3,577	3,463	3,645	3,511	3,544	2,882	2,866	3,159	3,362	3,779	3,085	3,050
CCAH	2,519	2,335	2,565	2,566	2,677	2,117	2,132	2,355	2,548	2,842	2,393	2,244
HPSM	2,895	2,707	2,891	2,895	2,967	2,532	2,632	2,723	3,038	3,217	2,896	2,800
PHC	2,994	2,763	2,985	3,121	3,185	2,573	2,582	2,749	2,917	3,139	2,832	2,811
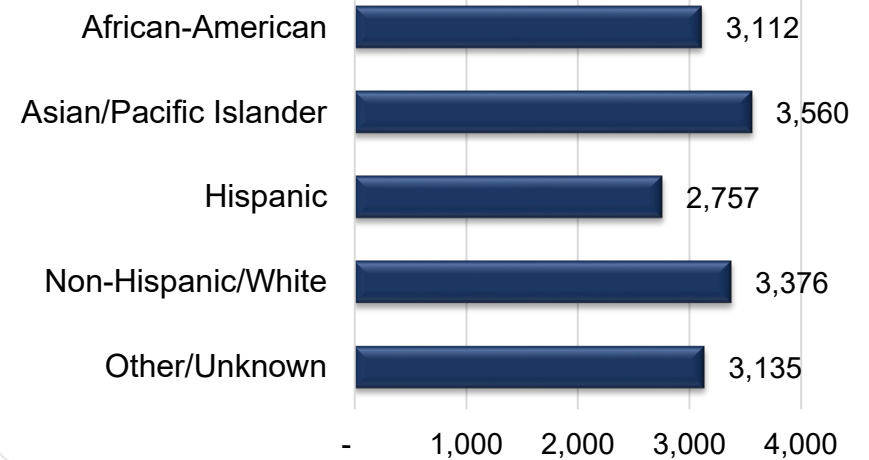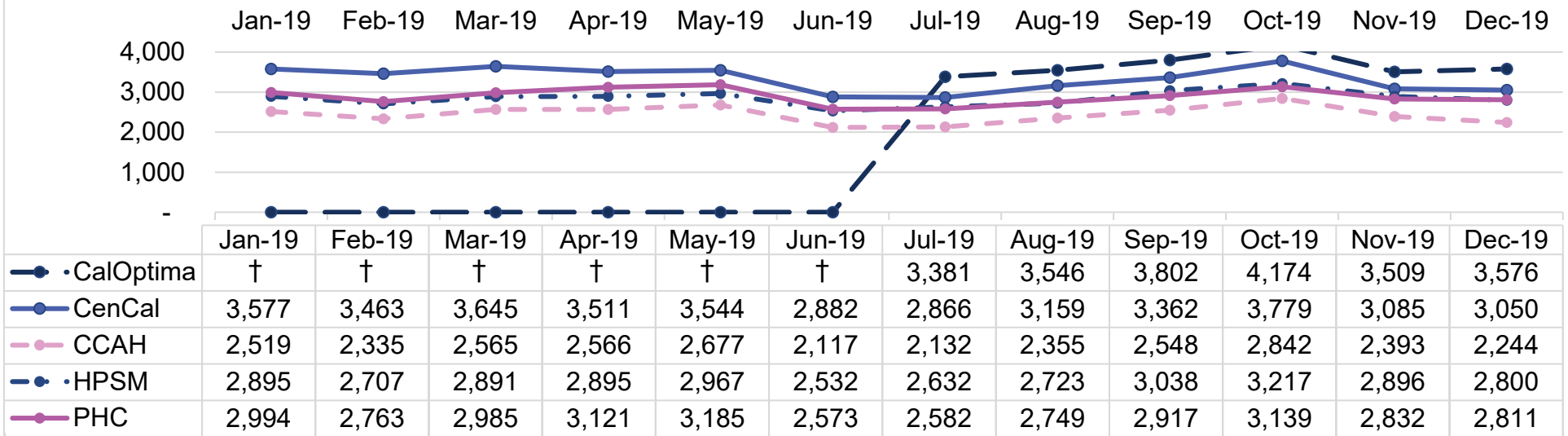
†Plans who are not in the observations yet.

Whole Child Model Enrollment and Demographics Figure 12 - 14: Breakdowns of Inpatient Admissions Utilization (Jan'19 - Dec'19)

Fig 12: Inpatient Admissions per 1,000 Member Months by Sex

Sex	Value
Male	30
Female	29

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

Ethnicity	Value
African-American	49
Asian/Pacific Islander	30
Hispanic	25
Non-Hispanic/White	31
Other/Unknown	40
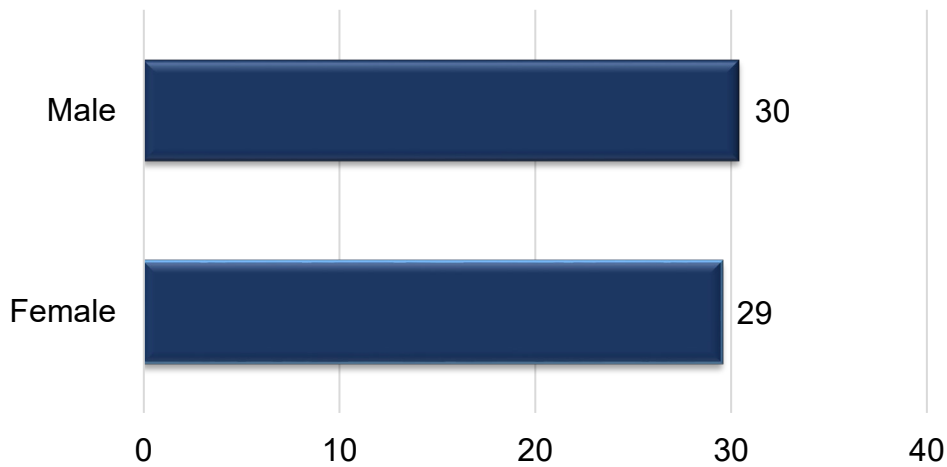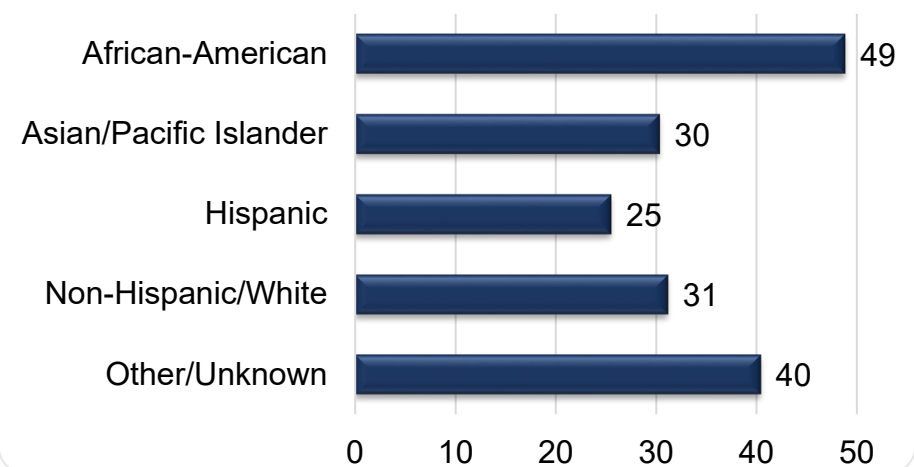
Fig 14: Inpatient Admissions per 1,000 Members by Plan, by Month
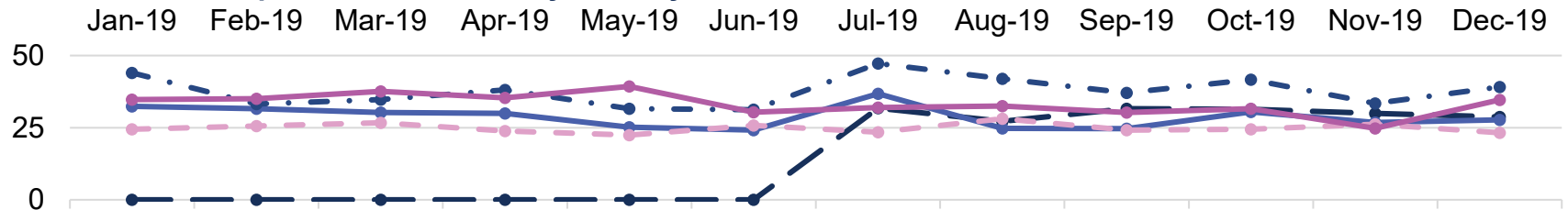
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
CalOptima	†	†	†	†	†	†	32	27	32	31	30	29
CenCal	32	32	30	30	25	24	37	25	25	31	27	28
CCAH	24	26	27	24	22	26	23	28	24	24	26	23
HPSM	44	33	35	38	32	31	47	42	37	42	33	39
PHC	35	35	38	35	39	30	32	33	30	32	25	35

†Plans who are not in the observations yet.

Whole Child Model Enrollment and Demographics Figure 15 - 17: Breakdowns of Prescriptions Utilization (Jan'19 - Dec'19)

Fig 15: Prescriptions per 1,000 Member Months by Sex

Male	1,269
Female	1,309

Fig 16: Prescriptions per 1,000 Member Months by Ethnicity

African-American	1,668
Asian/Pacific Islander	1,373
Hispanic	1,188
Non-Hispanic/White	1,464
Other/Unknown	1,273
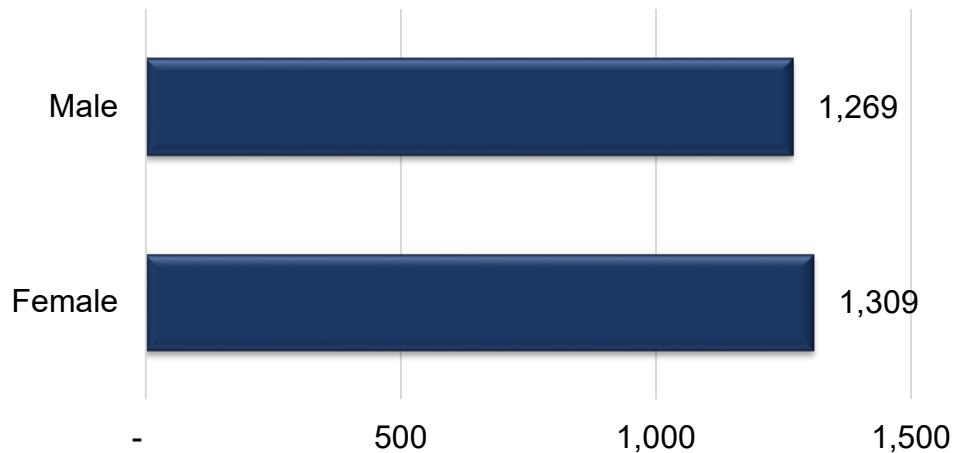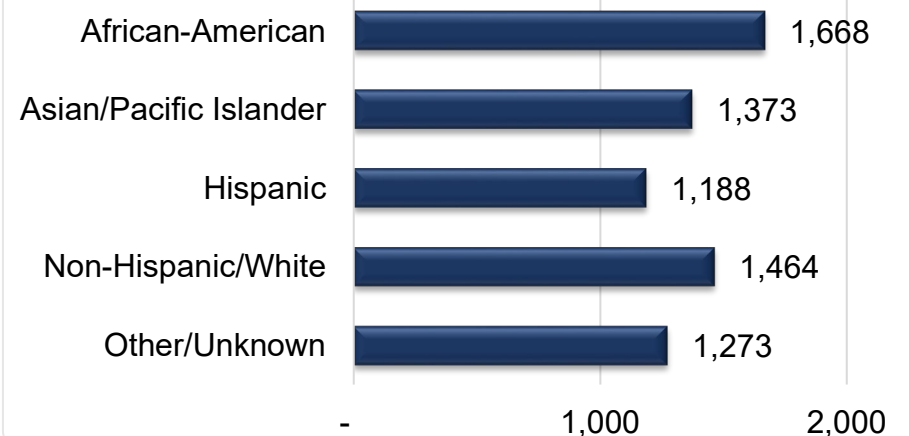
Fig 17: Prescription per 1,000 Members by Plan, by Month
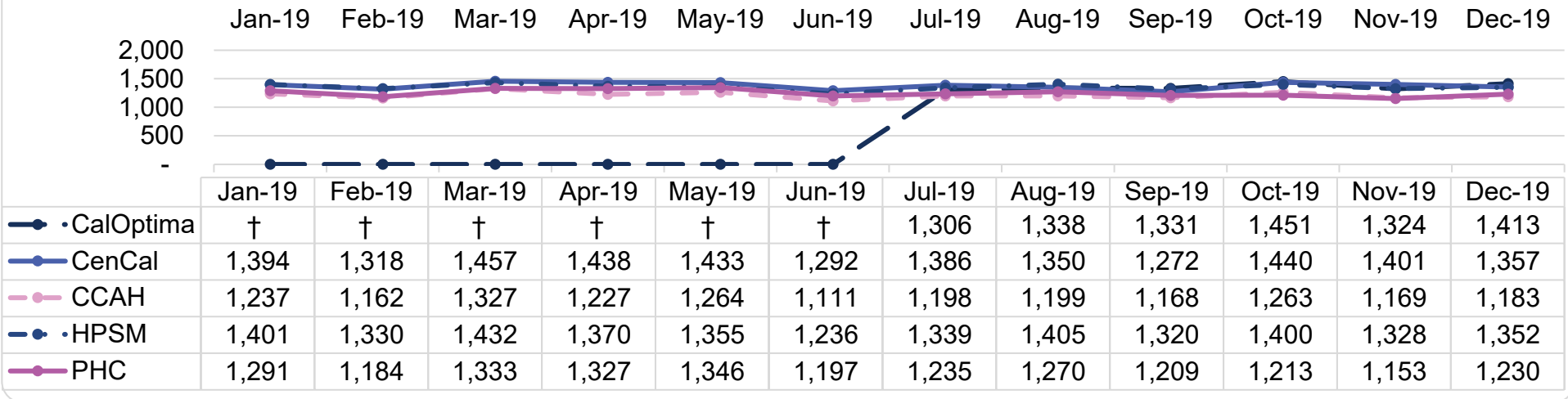
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
CalOptima	†	†	†	†	†	†	1,306	1,338	1,331	1,451	1,324	1,413
CenCal	1,394	1,318	1,457	1,438	1,433	1,292	1,386	1,350	1,272	1,440	1,401	1,357
CCAH	1,237	1,162	1,327	1,227	1,264	1,111	1,198	1,199	1,168	1,263	1,169	1,183
HPSM	1,401	1,330	1,432	1,370	1,355	1,236	1,339	1,405	1,320	1,400	1,328	1,352
PHC	1,291	1,184	1,333	1,327	1,346	1,197	1,235	1,270	1,209	1,213	1,153	1,230

†Plans who are not in the observations yet.

Whole Child Model Enrollment and Demographics Figure 18 - 20: Breakdowns of Non-specialty Mental Health Visits Utilization (Jan'19 - Dec'19)

Fig 18: Non-specialty Mental Health Visits per 1,000 Member Months by Sex
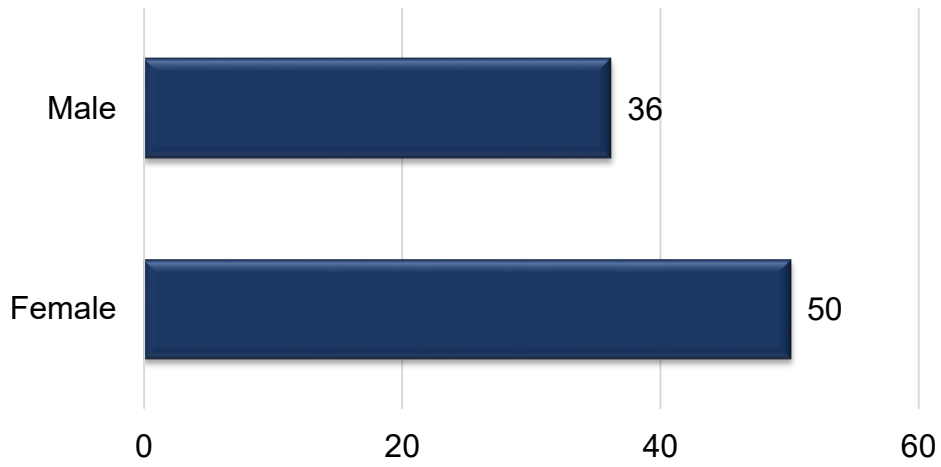
Fig 19: Non-specialty Mental Health Visits per 1,000 Member Months by Ethnicity
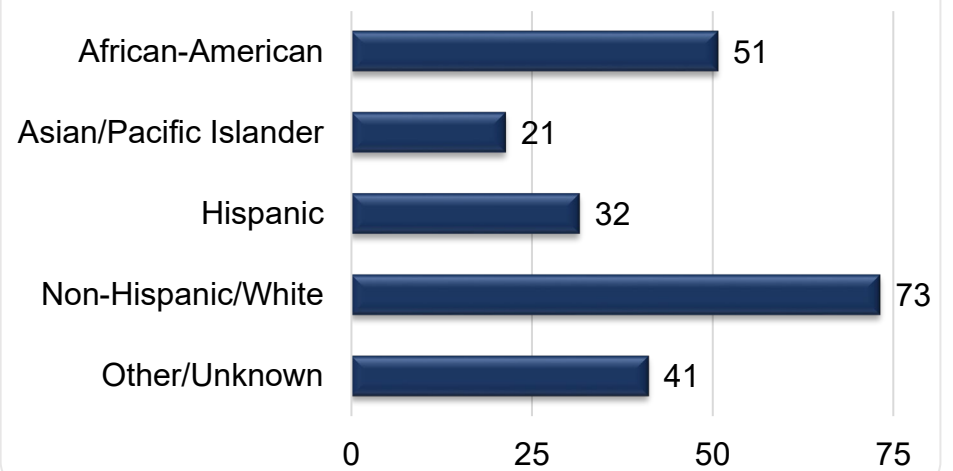
Fig 20: Non-specialty Mental Health Visits per 1,000 Members by Plan, by Month
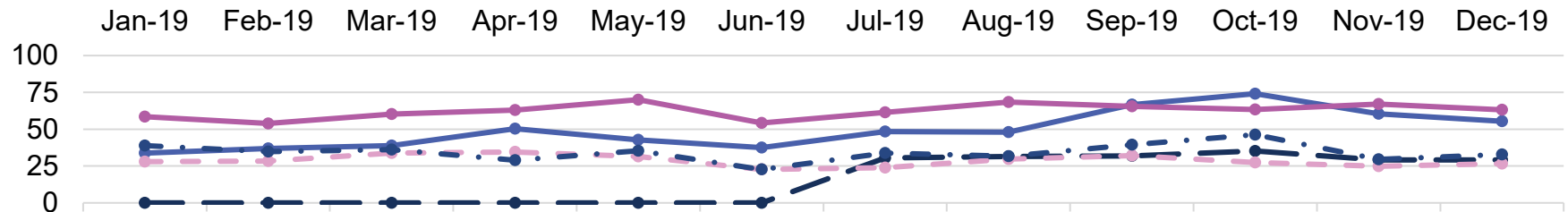
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
CalOptima	†	†	†	†	†	†	30	31	32	35	29	29
CenCal	34	37	39	50	43	38	48	48	67	74	61	55
CCAH	28	28	34	35	32	23	24	30	32	27	25	27
HPSM	39	35	36	29	35	23	34	32	39	46	30	33
PHC	58	54	60	63	70	54	61	68	65	63	67	63

†Plans who are not in the observations yet.

Whole Child Model Enrollment and Demographics Figure 21 - 23: Breakdowns of Emergency Room Visits with an Inpatient Admission Utilization (Jan'19 - Dec'19)

Fig 21: Emergency Room Visits with an Inpatient Admission per 1,000 Member Months by Sex
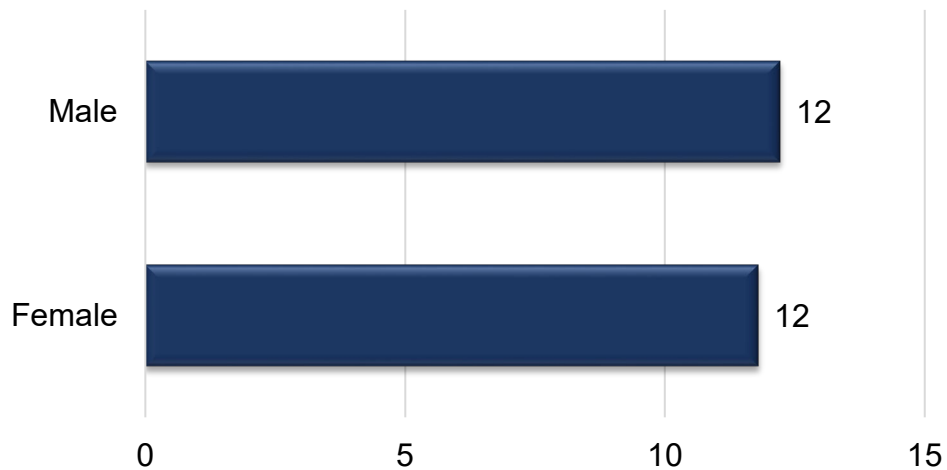
Sex	Value
Male	12
Female	12

Fig 22: Emergency Room Visits with an Inpatient Admission per 1,000 Member Months by Ethnicity

Ethnicity	Value
African-American	22
Asian/Pacific Islander	10
Hispanic	11
Non-Hispanic/White	12
Other/Unknown	14
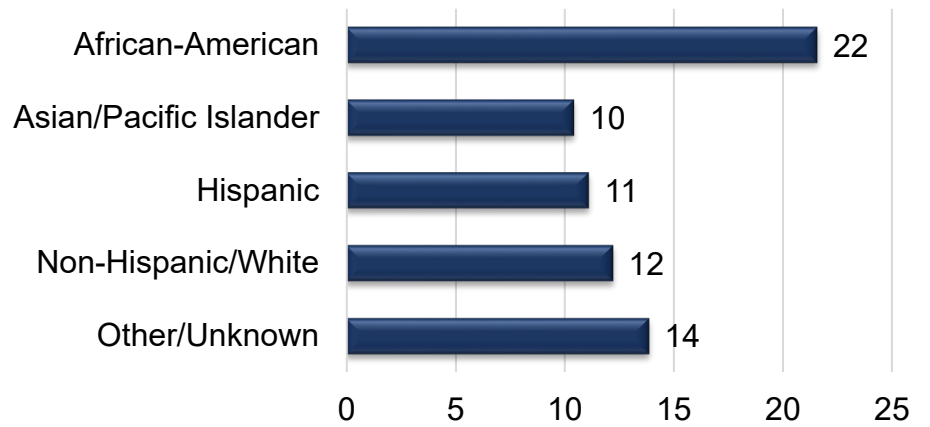
Fig 23: Emergency Room Visits with an Inpatient Admission per 1,000 Members by Plan, by Month

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

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

†Plans who are not in the observations yet.

Whole Child Model Figure 24: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 7 through Month 18

	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15	Month 16	Month 17	Month 18
CalOptima	32	21	21	33	11	16	29	14	23	*	*	*
CenCal	44	49	40	55	45	49	52	37	59	35	47	49
CCAH	54	51	33	39	20	15	22	21	18	50	72	26
HPSM	*	14	*	*	*	*	*	*	*	*	*	*
PHC	64	62	40	20	48	*	*	*	*	*	*	*

Whole Child Model Figure 25: Continuity of Care (COC) Requests Upon Joining the Program, by Plan, by Month - Month 19 through Month 30

	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Month 25	Month 26	Month 27	Month 28	Month 29	Month 30
CalOptima	*	*	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
CenCal	*	*	35	50	31	27	29	40	37	45	23	32
CCAH	14	21	34	*	*	*	*	*	*	*	*	*
HPSM	*	*	*	*	*	*	*	*	*	*	*	*
PHC	*	*	*	*	*	*	*	*	‡	‡	‡	‡

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.

Whole Child Model Figure 26: Continuity of Care (COC) - Requests, by Plan

Fig 26 - Plan Average COC Request Upon Joining the Program, Month 7 - Month 18 Vs Month 19 - Month 30

Plan	Average of 7-18 months	Average of 19-30 months
Cal Optima	18.3	*
CenCal	46.8	29.1
CCAH	35.1	*
HPSM	*	*
PHC	19.8	*

Whole Child Model Figure 27: Continuity of Care (COC) - Requests Categories (Jan'19 - Dec'19)

Fig 27: COC Requests - Categories

Category	Percent	Count
Other Requests	1.1%	28
For specialized or customized DME	7.1%	185
Public Health Nurse	0.2%	6
Prescription Drugs	74.3%	1,928
Major Specialty Types	10.4%	269
SCC Providers	6.9%	180

*Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.

Whole Child Model Figures 28 & 29: Continuity of Care (COC) - Denials Reasons (Jan'19 - Dec'19)

Fig 28 -Top 6 COC Denial Reasons (Not Required by APL)

Category	Count	Percent
Duplicative Request	16	29%
Insufficient Documentation	13	24%
County Public Health Nurse Unavailable	6	11%
Pharmaceutical Concern	6	11%
Other Health Coverage	3	5%
Criteria Not Met	2	4%
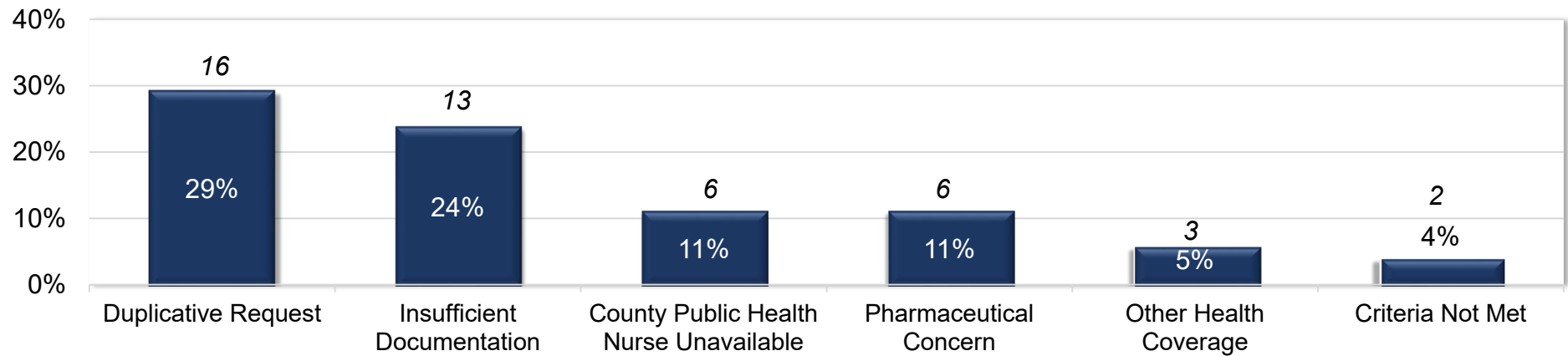
Fig 29 - COC Denial Reasons (Required by APL)

Category	Count	Percent
No pre-existing relationship between WCM member & provider	6	11%
Provider not being state approved	1	2%
Provider and plan not agreeing to a rate	2	4%
Quality of care issues	0	0%
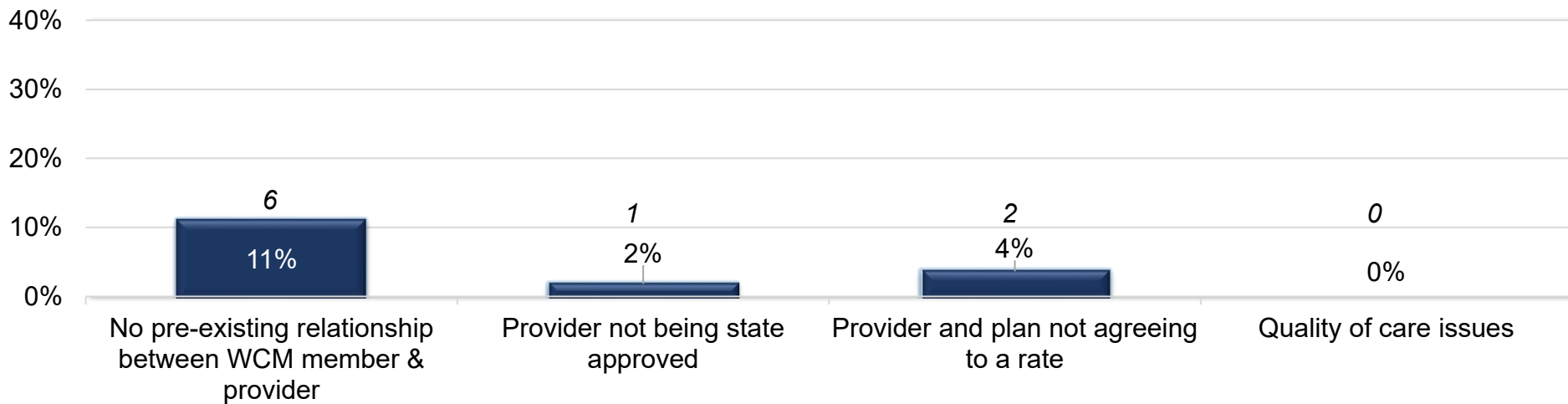
Note: Please see page 8 for detailed information on why Figures 28 & 29 do not add up to 100%.

Whole Child Model Figure 30: Continuity of Care (COC) Requests & Approvals per 1,000 Members (Jan'19 - Dec'19)

Fig 30: COC Request per 1,000 Members & Percentage Approval by Plan, by County
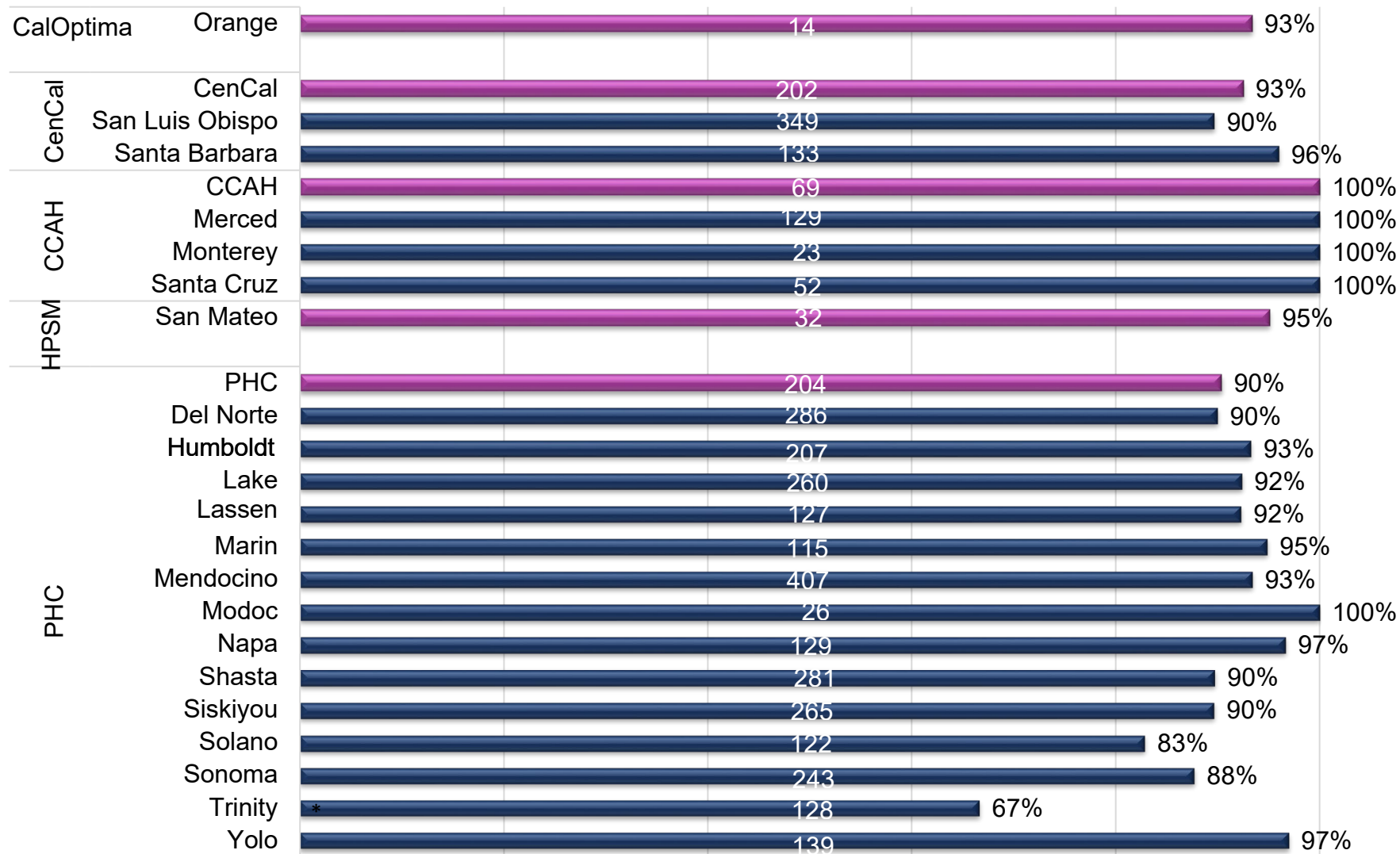
Plan	County	COC Request per 1,000 Members	% Approval
CalOptima	Orange	14	93%
CenCal	CenCal	202	93%
	San Luis Obispo	349	90%
	Santa Barbara	133	96%
CCAH	CCAH	69	100%
	Merced	129	100%
	Monterey	23	100%
	Santa Cruz	52	100%
HPSM	San Mateo	32	95%
PHC	PHC	204	90%
	Del Norte	286	90%
	Humboldt	207	93%
	Lake	260	92%
	Lassen	127	92%
	Marin	115	95%
	Mendocino	407	93%
	Modoc	26	100%
	Napa	129	97%
	Shasta	281	90%
	Siskiyou	265	90%
	Solano	122	83%
	Sonoma	243	88%
	Trinity	* 128	67%
	Yolo	139	97%

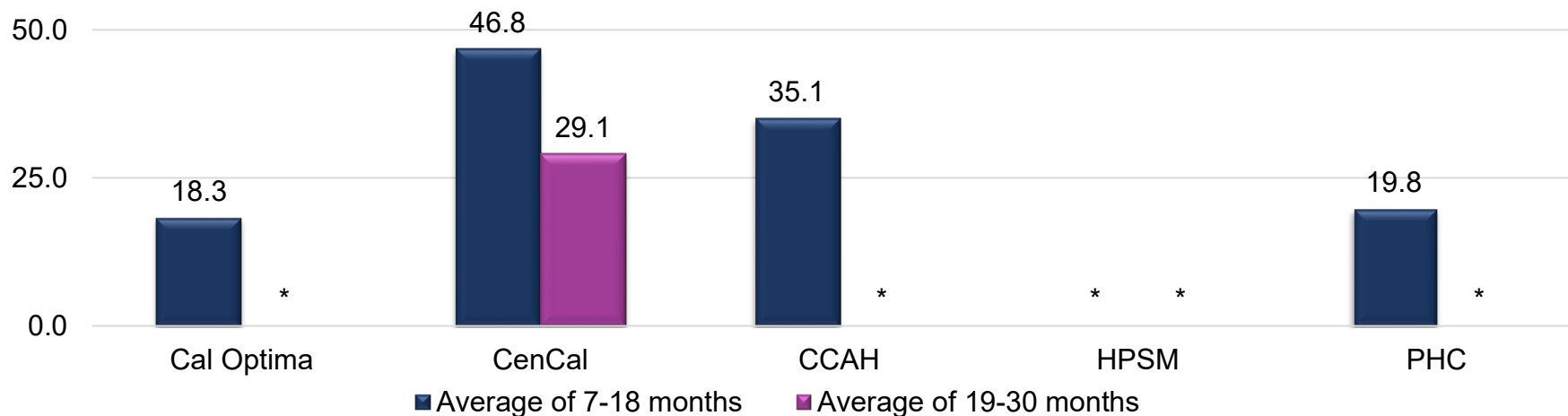*Note: This report contains data from January 2019 to December 2019. CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.*
Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines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

Whole Child Model Figure 31: Case Management NICU Authorizations & Approvals (Jan'19 - Dec'19)

Fig 31: Total Requests for NICU Authorizations by Plan, by Month

	Jan'19	Feb'19	Mar'19	Apr'19	May'19	Jun'19	July'19	Aug'19	Sep'19	Oct'19	Nov'19	Dec'19
CalOptima	†	†	†	†	†	†	60	61	53	64	63	64
CenCal	*	*	*	*	*	13	*	13	*	*	11	13
CCAH	*	*	12	*	*	*	11	17	*	*	11	11
HPSM	*	*	*	*	*	*	*	*	*	*	*	*
PHC	*	*	*	*	*	*	*	*	*	*	*	*

Note: This report contains data from January 2019 to December 2019.
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 are not in the observations yet.

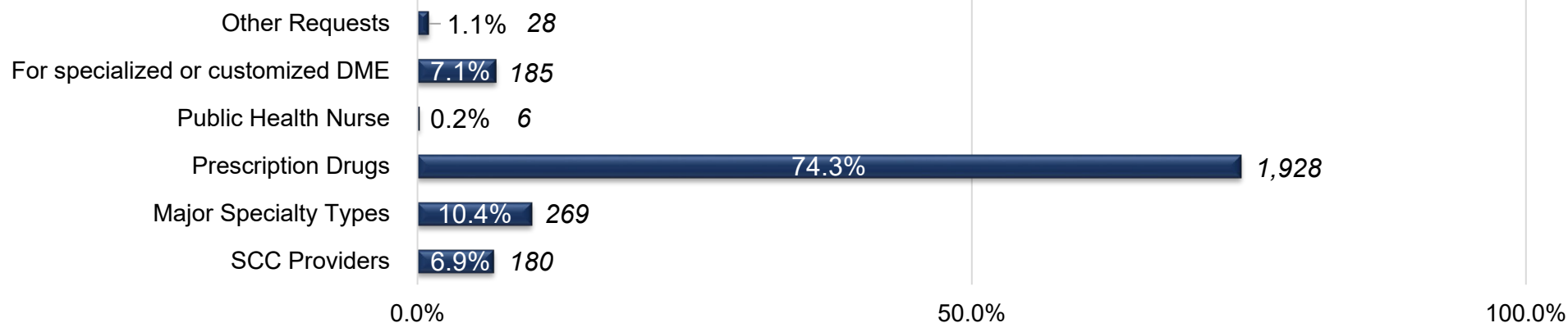**Whole Child Model Figure 32: Case Management NICU Authorizations & Approvals (Jan'19 - Dec'19)**

Fig 32: Total Requests for NICU Authorizations & Percentage Approved by Plan, by County

	Plan	County	Count	% Approved
11,494 / 39%	CalOptima; Orange		365	98%
2,782 / 10%	CenCal	CenCal	108	100%
		San Luis Obispo	35	100%
		Santa Barbara	73	100%
6,105 / 21%	CCAH	CCAH	116	100%
		Merced	43	100%
		Monterey	57	100%
		Santa Cruz	16	100%
1,277 / 4%	HPSM; San Mateo		*	
7,447 / 26%	PHC	PHC	46	96%
		Del Norte	*	
		Humboldt	*	
		Lake	*	
		Lassen	*	
		Marin	*	
		Mendocino	*	
		Modoc	*	
		Napa	*	
		Shasta	*	
		Siskiyou	*	
		Solano	17	100%
		Sonoma	*	
		Trinity	*	
		Yolo	*	

Note: This report contains data from January 2019 to December 2019.
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.

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Whole Child Model Figure 33: Case Management PICU Authorizations & Approvals (Jan'19 - Dec'19)

Fig 33: Total Requests for PICU Authorizations by Plan, by Month

	Jan'19	Feb'19	Mar'19	Apr'19	May'19	Jun'19	July'19	Aug'19	Sep'19	Oct'19	Nov'19	Dec'19
CalOptima	†	†	†	†	†	†	60	39	41	56	50	54
CenCal	13	15	18	21	21	21	20	22	29	29	28	33
CCAH	19	14	*	12	*	*	20	13	19	22	*	25
HPSM	*	*	13	*	*	*	*	*	*	*	*	*
PHC	25	37	49	37	45	30	27	35	40	44	22	39

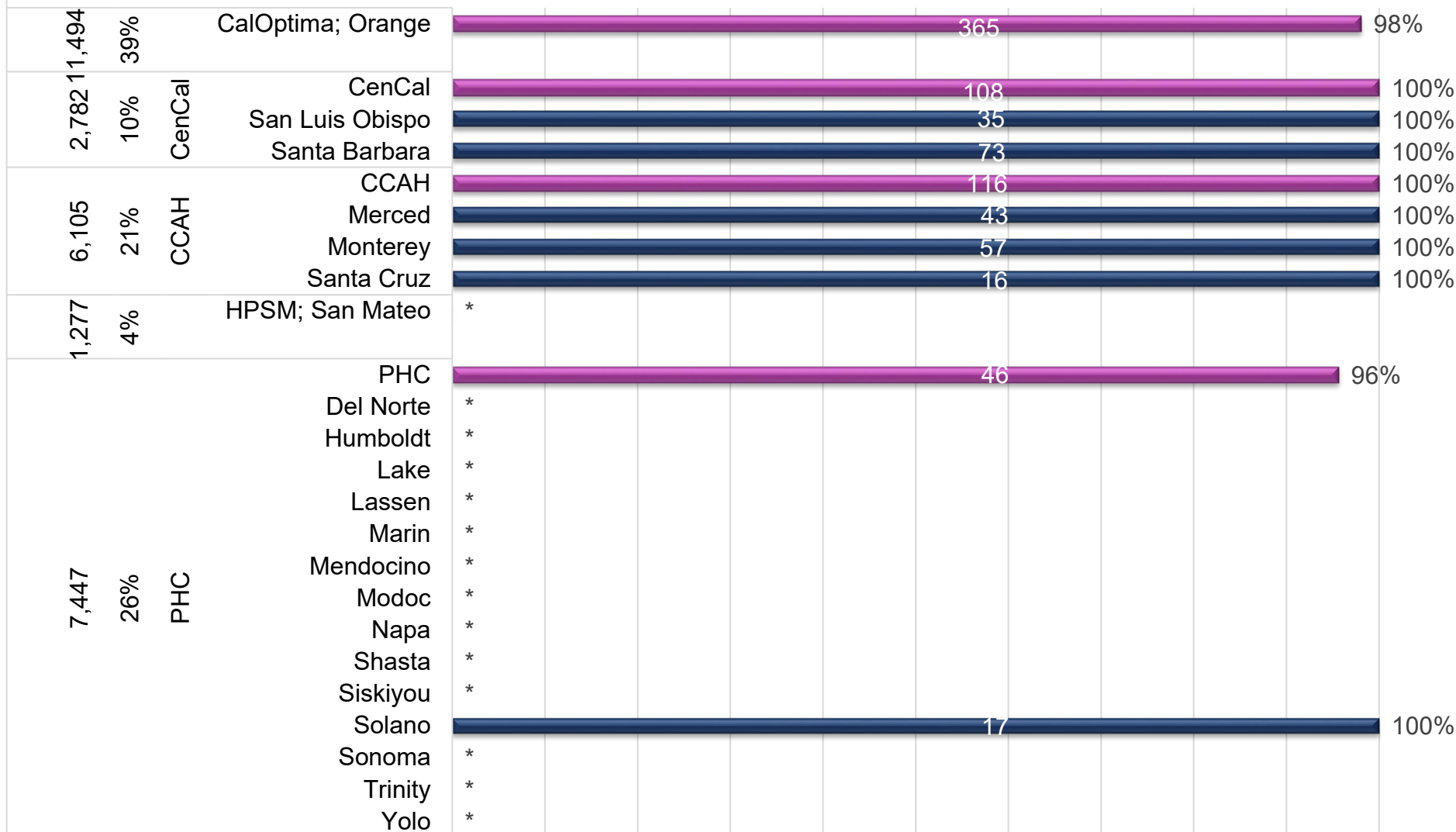*Note: This report contains data from January 2019 to December 2019.*
CenCal, CCAH, and HPSM began offering WCM services in July 2018. Partnership joined WCM Program in January 2019 and CalOptima joined in July 2019.
*Counts of items that are <11 are suppressed per the DHCS De-Identification Guidelines v. 2.0, November 2016.
†Plans who are not in the observations yet.

Whole Child Model Figure 34: Case Management PICU Authorizations & Approvals (Jan'19 - Dec'19)

Fig 34: Total Requests for PICU Authorizations & Percentage Approved by Plan, by County

Plan Total	Plan %	Plan	County	Requests	Approved %
11,494	39%		CalOptima; Orange	300	99%
2,782	10%	CenCal	CenCal	270	100%
			San Luis Obispo	70	100%
			Santa Barbara	200	100%
6,105	21%	CCAH	CCAH	178	100%
			Merced	49	100%
			Monterey	89	100%
			Santa Cruz	40	100%
1,277	4%		HPSM; San Mateo	72	100%
7,447	26%	PHC	PHC	430	100%
			Del Norte	*	
			Humboldt	21	100%
			Lake	31	100%
			Lassen	*	
			Marin	26	100%
			Mendocino	20	100%
			Modoc	*	
			Napa	34	100%
			Shasta	79	100%
			Siskiyou	*	
			Solano	63	98%
			Sonoma	77	100%
			Trinity	*	
			Yolo	41	100%

Note: This report contains data from January 2019 to December 2019. 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.

Whole Child Model Figure 35: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorizations & Approvals (Jan'19 - Dec'19)

Fig 35: Total Requests for Inpatient Facilities and Special Care Centers (SCC) Authorizations by Plan, by Month

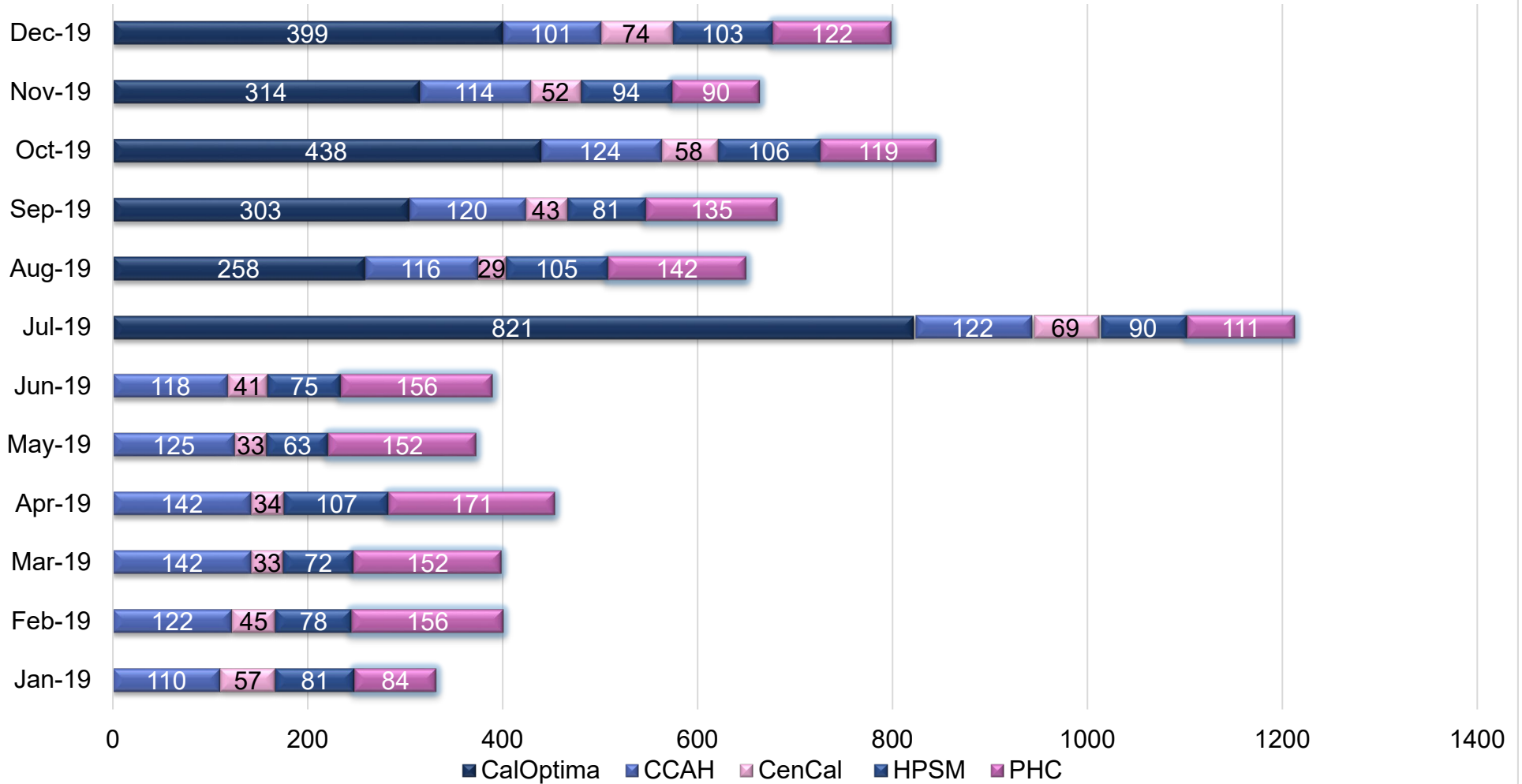| Month	CalOptima	CCAH	CenCal	HPSM	PHC
Dec-19	399	101	74	103	122
Nov-19	314	114	52	94	90
Oct-19	438	124	58	106	119
Sep-19	303	120	43	81	135
Aug-19	258	116	29	105	142
Jul-19	821	122	69	90	111
Jun-19		118	41	75	156
May-19		125	33	63	152
Apr-19		142	34	107	171
Mar-19		142	33	72	152
Feb-19		122	45	78	156
Jan-19		110	57	81	84

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

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Whole Child Model Figure 36: Case Management Inpatient Facilities and Special Care Centers (SCC) Authorizations & Approvals (Jan'19 - Dec'19)

Fig 36: Total Requests for Inpatient Facilities and SCC Authorizations & Percentage Approved by Plan, by County

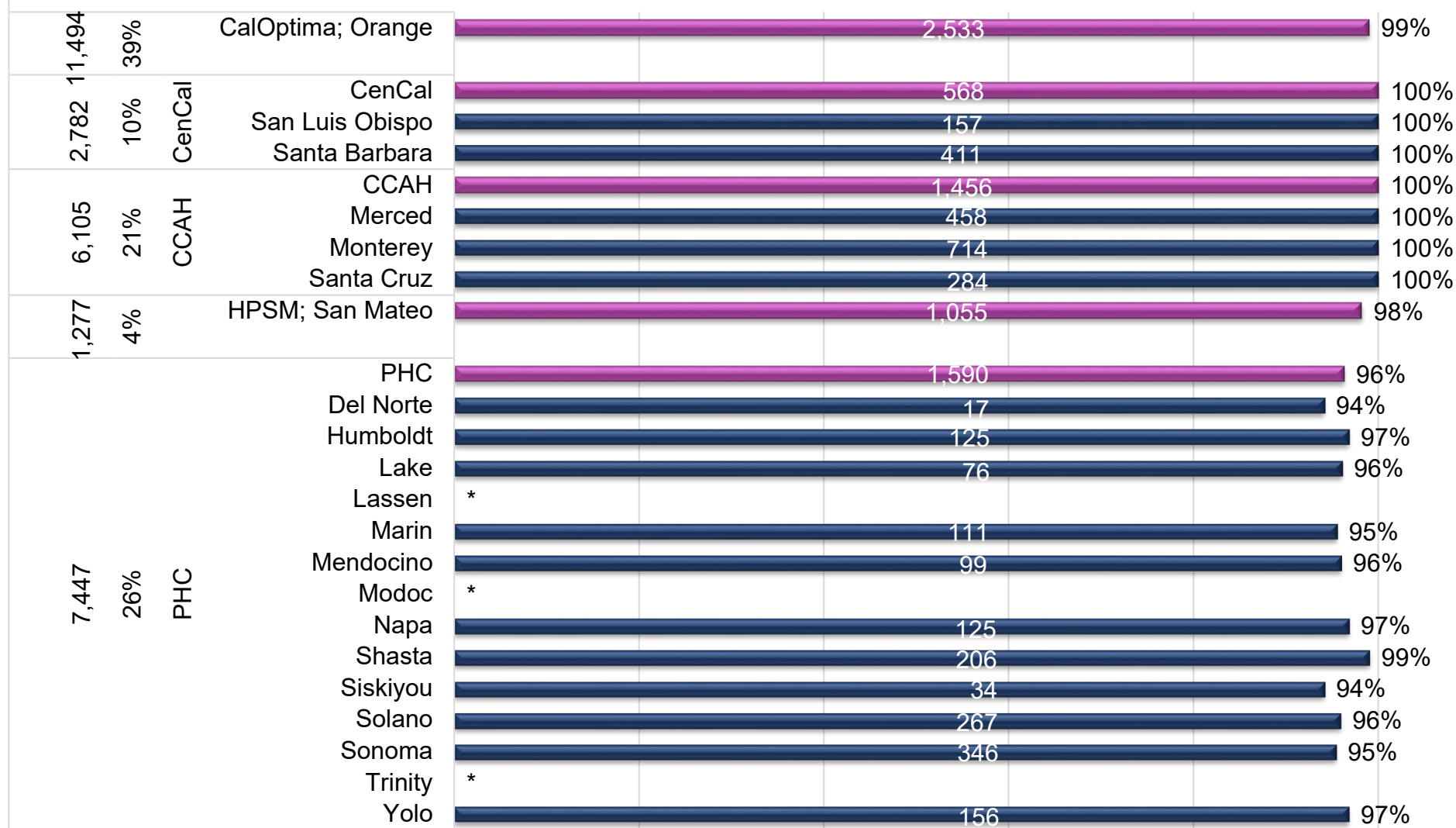| Plan Total	%	Plan	County	Requests	% Approved
11,494	39%		CalOptima; Orange	2,533	99%
2,782	10%	CenCal	CenCal	568	100%
			San Luis Obispo	157	100%
			Santa Barbara	411	100%
6,105	21%	CCAH	CCAH	1,456	100%
			Merced	458	100%
			Monterey	714	100%
			Santa Cruz	284	100%
1,277	4%		HPSM; San Mateo	1,055	98%
7,447	26%	PHC	PHC	1,590	96%
			Del Norte	17	94%
			Humboldt	125	97%
			Lake	76	96%
			Lassen	*	
			Marin	111	95%
			Mendocino	99	96%
			Modoc	*	
			Napa	125	97%
			Shasta	206	99%
			Siskiyou	34	94%
			Solano	267	96%
			Sonoma	346	95%
			Trinity	*	
			Yolo	156	97%

Note: This report contains data from January 2019 to December 2019. 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.

Whole Child Model Figure 37: Case Management Specialized or Customized DME Authorizations & Approvals (Jan'19 - Dec'19)

Fig 37: Total Requests for DME Authorizations by Plan, by Month

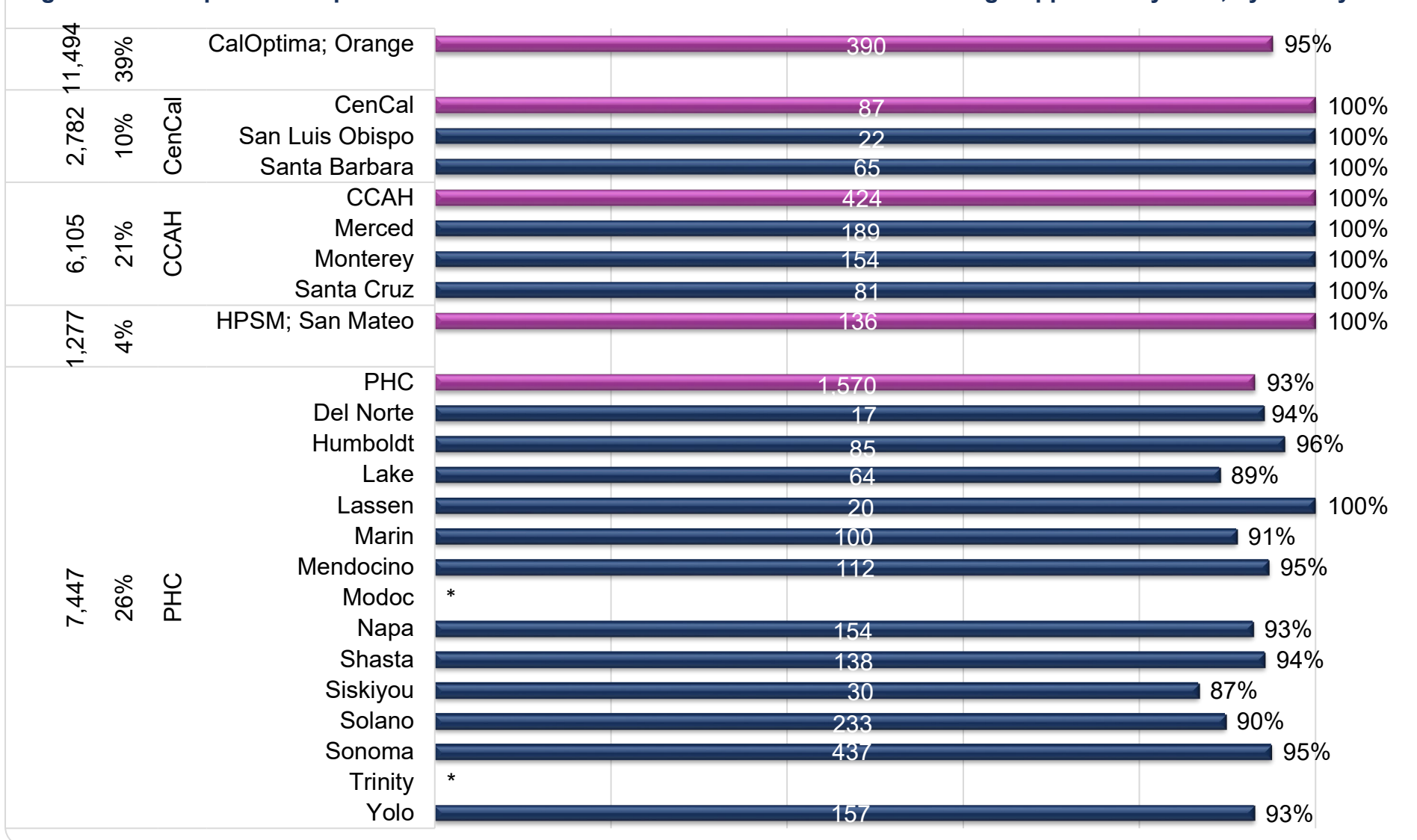|	Jan'19	Feb'19	Mar'19	Apr'19	May'19	Jun'19	July'19	Aug'19	Sep'19	Oct'19	Nov'19	Dec'19
CalOptima	†	†	†	†	†	†	36	49	71	93	73	74
CenCal	*	13	12	15	16	*	*	*	*	*	*	*
CCAH	23	33	29	45	39	25	35	36	39	43	48	29
HPSM	*	*	17	13	31	*	15	*	14	15	14	*
PHC	111	145	147	182	133	156	130	142	111	112	93	108

Note: This report contains data from January 2019 to December 2019. 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 are not in the observations yet.

Whole Child Model Figure 38: Case Management Specialized or Customized DME Authorizations & Approvals (Jan'19 - Dec'19)

Fig 38: Total Requests for Specialized or Customized DME Authorizations & Percentage Approved by Plan, by County

Group	County	Requests	% Approved
11,494 / 39%	CalOptima; Orange	390	95%
2,782 / 10% CenCal	CenCal	87	100%
	San Luis Obispo	22	100%
	Santa Barbara	65	100%
6,105 / 21% CCAH	CCAH	424	100%
	Merced	189	100%
	Monterey	154	100%
	Santa Cruz	81	100%
1,277 / 4%	HPSM; San Mateo	136	100%
7,447 / 26% PHC	PHC	1,570	93%
	Del Norte	17	94%
	Humboldt	85	96%
	Lake	64	89%
	Lassen	20	100%
	Marin	100	91%
	Mendocino	112	95%
	Modoc	*	
	Napa	154	93%
	Shasta	138	94%
	Siskiyou	30	87%
	Solano	233	90%
	Sonoma	437	95%
	Trinity	*	
	Yolo	157	93%

Note: This report contains data from January 2019 to December 2019. 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.

Whole Child Model Figures 39 & 40: Care Coordination High-Risk and Low-Risk Assessments - Dec'19

Fig 39: Percentage of High Risk Members who Received an Assessment, by Plan
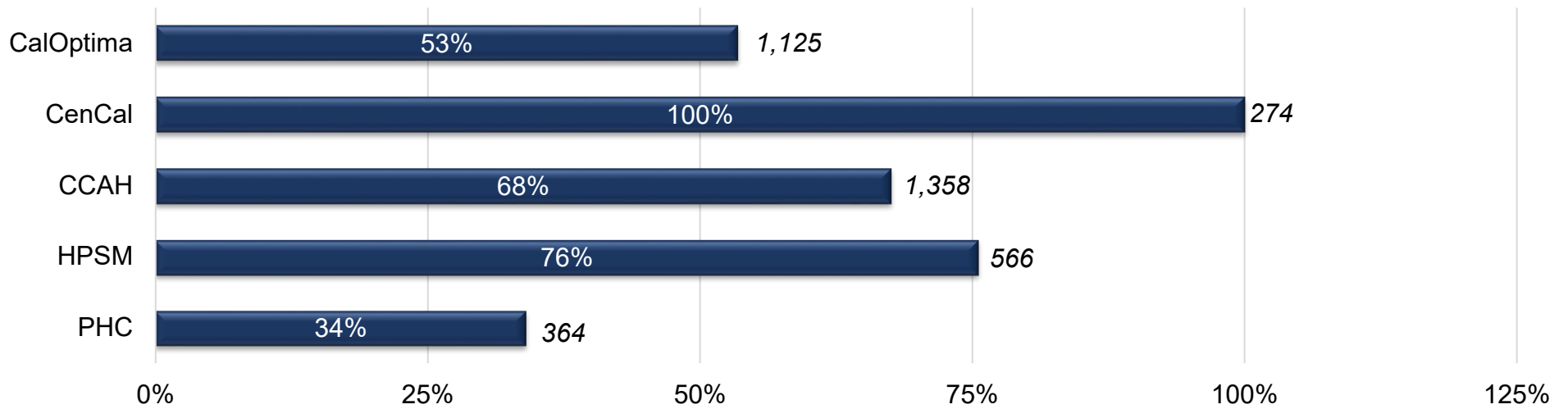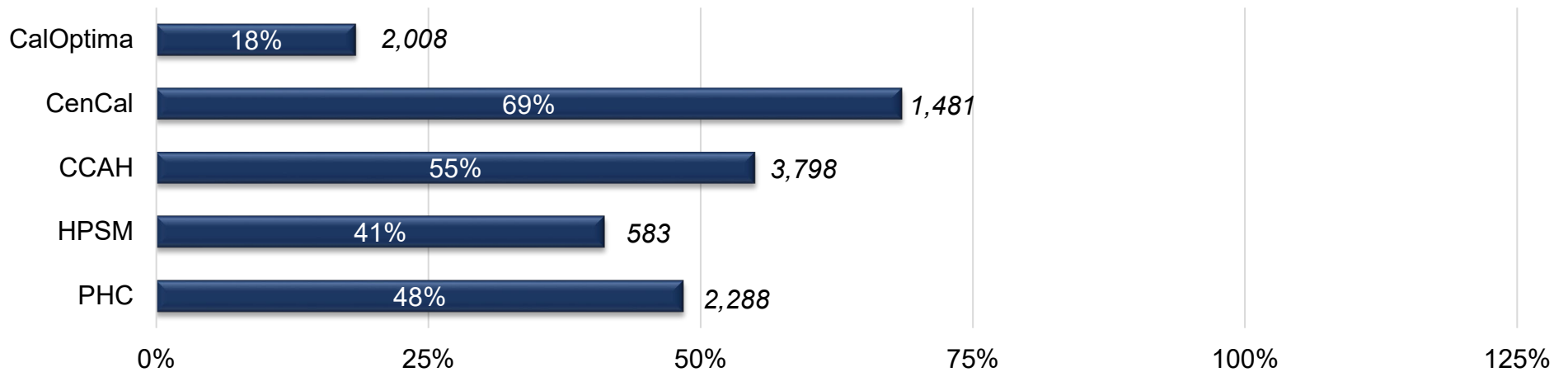

Fig 40: Percentage of Low Risk Members who Received an Assessment, by Plan

Whole Child Model Figure 41 & 42: Grievances & Appeals (Jan'19 - Dec'19)
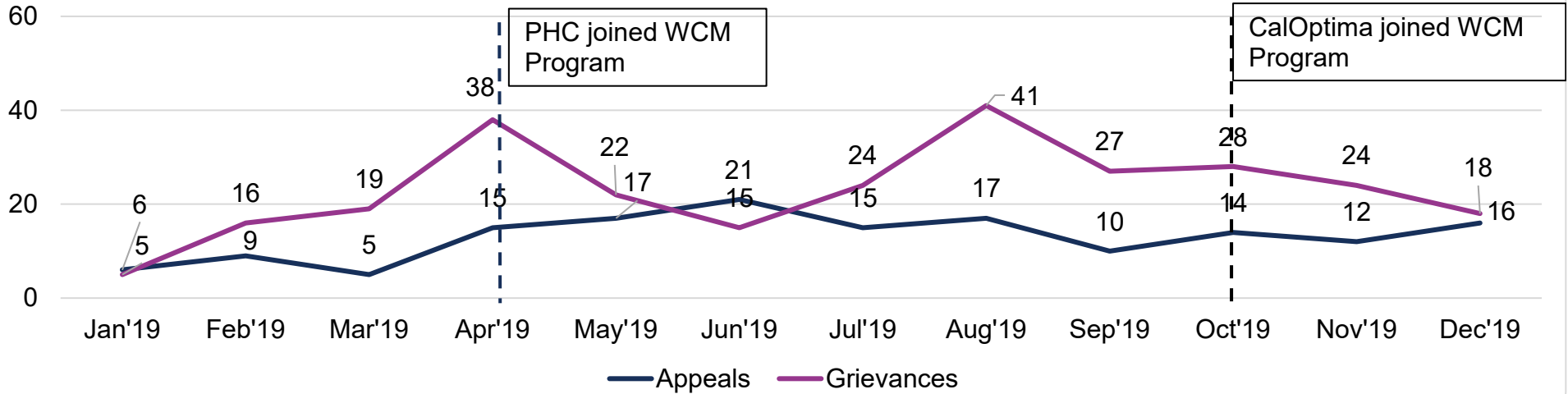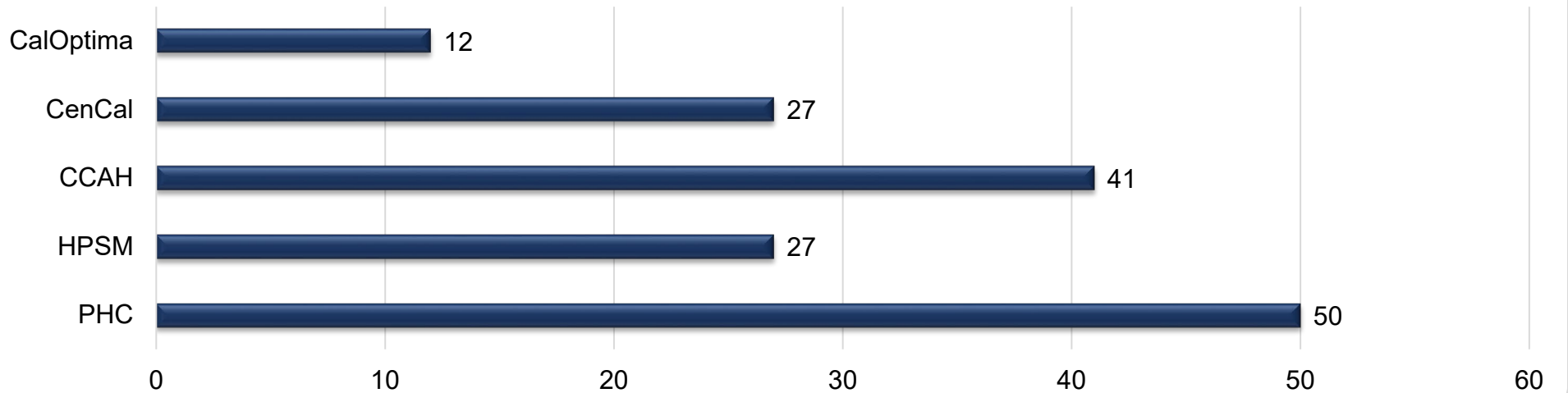
Fig 41: WCM Grievances and Appeals
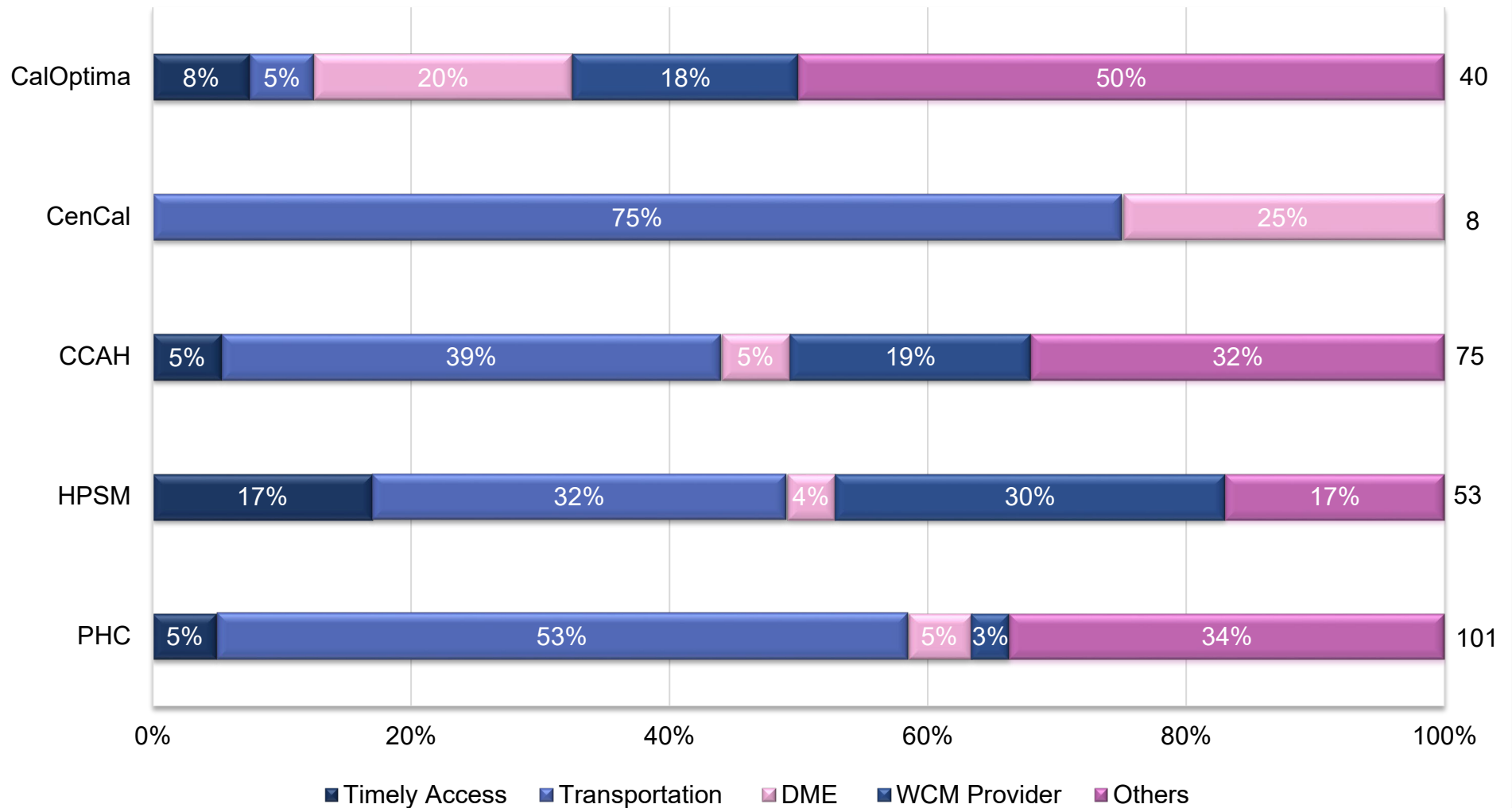

PHC joined WCM Program

CalOptima joined WCM Program

Legend: Appeals, Grievances

Fig 42: WCM Appeals, by Plan

Plan	Appeals
CalOptima	12
CenCal	27
CCAH	41
HPSM	27
PHC	50

Whole Child Model Figure 43: Grievances - Breakdown by Categories, by Plan (Jan'19 - Dec'19)

Fig 43: Grievances Categories, by Plan

Plan	Timely Access	Transportation	DME	WCM Provider	Others	Total
CalOptima	8%	5%	20%	18%	50%	40
CenCal		75%	25%			8
CCAH	5%	39%	5%	19%	32%	75
HPSM	17%	32%	4%	30%	17%	53
PHC	5%	53%	5%	3%	34%	101

Legend: ■ Timely Access ■ Transportation ■ DME ■ WCM Provider ■ Others

Whole Child Model Figure 44: Family Advisory Committee Meetings Table (Jan'19 - Dec'19)				
Plan Name	**Number of Committee Members**	**Number of Meetings Held Jan'19 - Dec'19**	**Recruitment Efforts**	**Seats to be Filled**
CalOptima	7	9	The WCM FAC lost a family member due to their child turning 21 in November 2019 and picked up an additional family member and a consumer advocate concluding the year with 5 family members and 2 community representatives. Staff continues to recruit through existing members and publicizing openings on Plan's website, and regular updates in newsletters to community members.	4 of 11
CCAH	12	12	2019 recruitment efforts included direct outreach to WCM families, including utilization of the Alliance newsletter to announce openings on the 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.	7 of 19
CenCal	18	4	All positions have remained filled therefore, no additional recruitment has been done.	0 of 18
HPSM	15	4	Efforts are ad hoc as HPSM's Social Workers make contact with families.	No target number of seats to fill.
PHC	14	6	By December 2019, committee membership was open to any interested parties. Original goal of recruiting 2 members per county was not providing enough interest and the approach had to be relaxed. Plan requested referrals from providers via PQC meetings, from county CCS staff via WCM JOC meeting, through meetings with individual counties, and Care Coordination Staff was prompted to encourage members they were in contact with to attend as well. Plan also has website page that discusses the FAC with contact information for interested members.	14 of 28