AGENDA

Children’s Health Consultant Advisory Committee Meeting
Board of Governors

Tuesday, May 18, 2021, 8:30 a.m.
L.A. Care Health Plan, 1055 W 7th Street, 10th Floor, Los Angeles, CA 90017

California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions. Accordingly, members of the public should now listen to this meeting via teleconference or videoconference as follows:

To join the meeting via videoconference please use the link below:
https://lacare.webex.com/lacare/onstage/g.php?MTID=e1b9be2c39d2e9a944e604a03c1e3d5fb

To join the meeting via teleconference please dial:
+1-415-655-0002
Meeting Number: 187 320 8137
Password: lacare

Members of the Children’s Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference. The public may listen to the committee’s meeting by teleconference or videoconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to BoardServices@lacare.org, or send a text or voicemail to: 213 628-6420.

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the Agenda item to which your comment relates.
Comments received by voicemail, email or text by 8:30 am on May 18, 2021 will be provided in writing to the members of the committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an Agenda item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

All votes in a teleconferenced meeting shall be conducted by roll call.
If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (“ADA”) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

1. Approve today’s Agenda
2. Public Comment
3. Approve March 16, 2021 Meeting Minutes P.3
4. Chairperson Report
5. Chief Medical Officer Report P.14

Tara Ficek, MPH
Chair

Richard Seidman, MD, MPH
Chief Medical Officer

Chair
ADJOURNMENT

The next meeting is scheduled on August 17, 2021 at 8:30 a.m.

Please keep public comments to three minutes or less.

The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting. To confirm details with L.A. Care Board Services staff prior to the meeting call (213) 694-1250, extension 4183 or 4184.

THE PUBLIC MAY ADDRESS THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY FILLING OUT A “REQUEST TO ADDRESS” FORM AND SUBMITTING THE FORM TO L.A. CARE STAFF PRESENT AT THE MEETING BEFORE THE AGENDA ITEM IS ANNOUNCED. YOUR NAME WILL BE CALLED WHEN THE ITEM YOU ARE ADDRESSING WILL BE DISCUSSED. THE PUBLIC MAY ALSO ADDRESS THE BOARD ON OTHER L.A. CARE MATTERS DURING PUBLIC COMMENT.

NOTE: THE CHILDREN’S HEALTH CONSULTANT ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY EVERY TWO MONTHS AT 8:30 A.M. POSTED AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT Board Services, 1055 W. 7th Street – 10th Floor, Los Angeles, CA 90017.

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at Board Services, L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday – Friday.

AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care’s Board Services Department at (213) 694-1250. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.
**AGENDA ITEM/PRESENTER** | **MOTIONS / MAJOR DISCUSSIONS** | **ACTION TAKEN**
--- | --- | ---
**CALL TO ORDER** | Chairperson Tara Ficek, MPH, called the meeting to order at 8:33 a.m. without quorum. She stated that the committee has a full agenda with presentations. She advised the committee that Fatima Clark, MSW, Senior Policy and Outreach Associate, Health and The Children’s Movement, Children Now!, will be presenting information about the Children’s Well-Being Scorecard. | Approved unanimously. 10 AYES (Chandler, Dudovitz, Ficek, Fleischman, Frederick, Knox, Kyle, Puffer, Ramos, Seidman) |
**APPROVAL OF MEETING AGENDA** | The Committee reached a quorum at 9:05 a.m. |  |
|  | The Agenda for today’s meeting was approved as submitted. |  |
**APPROVAL OF THE MEETING MINUTES** | The minutes of the January 21, 2021 meeting were approved as submitted. | Approved unanimously. 10 AYES |
<table>
<thead>
<tr>
<th>AGENDA ITEM / PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAIRPERSON REPORT</strong></td>
<td>Chairperson Ficek noted that the county has hit important milestones in the last few days. The county has moved into the purple tier due to the reduction in COVID-19 case count. She stated that this paves the way for the opening of businesses and schools. For the population that committee members represent it is a big milestone. All districts in the county have presented their plan for returning students to campus. It is a win for children to get back to class. Family mental health is something that should continue to be looked at as well as health disparities. She imagines they will continue to be discussed throughout the year.</td>
<td></td>
</tr>
<tr>
<td><strong>PUBLIC COMMENT</strong></td>
<td>A Public comment was removed at the request of the submitter.</td>
<td></td>
</tr>
<tr>
<td><strong>CHIEF MEDICAL OFFICER REPORT</strong></td>
<td>Richard Seidman, MD, MPH, Chief Medical Officer, gave the March 2021 Chief Medical Officer report. <em>(A copy of his written report can be obtained from Board Services.)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>COVID-19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>By early March 2021, there were more than 113 million cases and 2.5 million deaths from COVID-19 worldwide. The surge peaked in January, and after a 6-week decline in the number of cases, there was a 7% increase believed to be driven by a combination of increased transmission due to re-openings, to circulating variants of concern, and reduced compliance and fatigue with basic public health measures. Vaccination efforts ramp up unevenly throughout the world and the emergence of variants of concern are being studied closely.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The United States has seen a similar drop in cases and deaths, which is beginning to level off causing concern about the potential for another surge as has occurred in other places throughout the world. California and Los Angeles are seeing a sustained reduction in cases and deaths and, despite the many challenges with the vaccine effort, are keeping pace with the national pace which has succeeded in vaccinating nearly 60 million people (18% of the eligible population have received at least one dose of vaccine). <em>(Member Rebecca Dudovitz, MD, MS, Member Rosina Franco, MD, and Member Mary Jane Puffer, BSN, MPA, joined the meeting.)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cases in Los Angeles have dropped from more than 15,000 per day down to 1,000 -2,000 and hospitalizations, which pushed our delivery system to the edge, have now dropped from more than 8,000 per day to less than 1,500. L.A. Care has identified nearly 120,000</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEM/PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>cases, 20,000 hospitalizations, and 3,600 deaths (16% of LA County total) among our members. The approval of the Johnson and Johnson single dose vaccine on February 27 marks another significant milestone in the course of the pandemic, expected to significantly increase vaccine supplies locally and throughout the United States and worldwide. March 16th will mark the one-year anniversary when the majority of L.A. Care staff began working remotely, and we continue to do so today. Even while working remotely, L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine. L.A. Care has developed a robust COVID-19 communication plan, which was shared at L.A. Care’s Technical Advisory Committee in January. The plan includes the creation and maintenance of a COVID-19 resource page on L.A. Care’s website and the development of frequently asked questions (FAQs) documents made available to our Call Center staff and shared with our Nurse Advice Line vendor. In addition to these activities including updated information available to members to help them find and schedule appointments for COVID-19 vaccinations, L.A. Care is conducting outreach efforts to members, and is collaborating with vaccine providers by doing targeted outreach to L.A. Care members to increase the rate of vaccine administration among our members. Member Dudovitz stated that the committee that advised the Federal Drug Administration to authorize the Johnson &amp; Johnson vaccine actually considered prioritizing it over the other vaccines. Some people think it is the most effective vaccine to combat the pandemic. Member Seidman thanked Member Dudovitz for her comments. Member Seidman said that a panel on COVID-19 with Muntu Davis, MD, L.A. County Department of Public Health, and Peter G. Szilagyi, MD, MPH, Pediatrics at UCLA Health. He noted that Dr. Szilagyi is also on the Committee for Immunization Practice. He has the insight, because he is part of the discussions. He also has access to data from surveys on COVID-19 acceptance. Hector Flores, MD, White Memorial Residency will also be speaking on behalf of the LatinX community. Member Puffer asked Member Seidman if there is a vaccine plan released to the RCACs. Member Seidman responded that L.A. Care has been working very closely with the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEM/ PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Executive Community Advisory Committee (ECAC). ECAC’s membership includes the leadership of the all RCACs. L.A. Care has updated the committee with L.A. Care’s overall communication plan. Part of the discussion is always about how ECAC and RCAC members can help the word out to their peers. In a separate session he and Member James Kyle, MD, MDiv, held discussion with members to encourage members to engage with their peers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Member Kyle responded that L.A. Care has held two seminars with RCAC members. He attended an ECAC meeting, gave an update on COVID-19, and answered member questions. He noted that there seems to be a decline in vaccine hesitancy in minorities, but it is not where it should be. He is unsure of the strategy to encourage people who base their decision not to be vaccinated on reasons that do not have anything to do with science. He thinks that L.A. Care is making headway with the LatinX and Black community, but it is not where it ought to be. He is hopeful that enough people will be vaccinated in those communities to reach some immunity.  

Member Susan Fleischman, MD, asked if he committee had taken a formal position on school reopening. Member Seidman responded that the committee has not taken a position. If the committee would like to take a position, it would come in the form of a recommendation to L.A. Care’s Board of Governors. Member Fleischman noted that it is a complicated issue and would let the committee think about it. Member Seidman stated that it is political and it would be best to take an independent position.  

In addition to these efforts, L.A. Care is working with Blue Shield Promise Health Plan, our Plan and Community Resource Center partner to offer COVID-19 clinic events at each of our eight Community Resource Centers (CRCs). Vaccine supply allowing, the events will begin in late March, but may be delayed as needed if our Pharmacy partner is not able to secure sufficient vaccine. The schedule will also be adjusted if our Pharmacy partner is able to secure the Johnson and Johnson vaccine for these events, necessitating only one dose, rather than the two doses required for both the Pfizer and Moderna vaccines. Our goal is to administer 1,000 vaccines per day at each of these events to our members and to eligible members of the communities surrounding our CRCs. We will offer both drive-thru and walk-up options, and will require appointments to manage the demand and increase access and transportation options to and from the clinics. L.A. Care does provide transportation as a Plan benefit to assist members with walk-up appointments for COVID-19 vaccine. |  |
<table>
<thead>
<tr>
<th>AGENDA ITEM/ PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Advancing and Innovating Medi-Cal (CalAIM)</td>
<td>Work is ramping up across the organization with the launch of a cross functional team to manage preparation for the implementation of CalAIM deliverables by January 1, 2022. A significant part of the effort is focused on the transition from our existing Health Homes Program and the LA County administered Whole Person Care Program into a combined set of benefits call Enhanced Care Management (ECM) and In Lieu of Services (ILOS).</td>
<td></td>
</tr>
<tr>
<td>L.A. Care has provided comments to the Local Health Plans of California and the California Association of Health Plans and to the Department of Health Care Services (DHCS) regarding the State’s proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cynthia Carmona, Senior Director, Safety Net Initiatives, and Mary Zavala, Director, Health Home Programs, Health Homes, stated that generally speaking L.A. Care is excited for ECM to come online with the addition of the children and youth population. In the Severe Mental Illness category, L.A. Care will also be able to serve children and youth that experience severe emotional disturbance. There are two areas in ECM where children and youth will have access. Those two populations are not normally prioritized for services under Health Homes or Whole-Person Care. Children and youth under the age of 18 make up a very small percentage. Only about 5% of total enrollment are children and predominant diagnosis is Asthma. Shifting to ECM in 2022 will broaden the openings to be able to serve additional with complex health needs. Physical, behavioral, developmental, and oral health needs will be better met. The state has provided very broad categories. One of the things that L.A. Care is actively working on right now is how to refine these criteria to be able to serve the children most in need. Mainly Children up to age 21 and foster children up to age 26. Children and Youth will be able to enroll into ECM services starting in July 1, 2022. L.A. Care is waiting from additional guidance from DHCS on the launch date for children with serious emotional disturbance. Could be as early as June 1 2022.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Seidman asked Ms. Zavala if she had any comments about the CCS population and ECM. Ms. Zavala responded that that is something that L.A. Care is currently looking at. DHCS advised that these services are not duplicates.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chairperson Ficek recommended that this be table as a future agenda item. Member Seidman agreed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
AGENDA ITEM / PRESENTER

PROP 56: VALUE-BASED PAY PROGRAM UPDATE
Katrina Miller-Parrish, MD, FAAP.

Katrina Miller-Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services, gave a presentation about PROP 56: Value-Based Pay Program Update. (A copy of the written report can be obtained from Board Services.)

On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56) to increase the excise tax on cigarettes and tobacco products to help fund health care expenditures. The funding appropriated for Proposition 56 by the Department of Health Care Services (DHCS) specifies the issuance of supplemental payments to Managed Care Plans for Eligible Network Providers performing qualifying Value-Based Payment (VBP) Program services. L.A. Care will release supplemental funding to contracted PPGs with the expectation that the contracted PPGs release a communication to Eligible Network Providers detailing the payment process, including a Prop. 56 Payment Summary, and that said payment will be released to Eligible Network Providers based on the criteria below.

Payment Criteria
The Proposition 56 payments are based on Dates of Service (DOS) July 1, 2019 to June 30, 2020 (Fiscal Year 1) and DOS July 1, 2020 to September 30, 2020 (Fiscal Year 2, Quarter 1) for clean claims or “Accepted” Encounters Received by September 30, 2020 – Payment #1. L.A. Care defines “Accepted” Encounter data as encounter data received by L.A. Care (clean data after edit process) submitted timely, formatted properly, and coded accurately in compliance with national standards. Please reference All Plan Letter (APL 20-014) for further specifications regarding encounter submission.

For a summary list of Proposition 56 VBP codes and descriptions, please refer to the VBP Program Technical Specifications, which can be found here: https://www.dhcs.ca.gov/provgovpart/Documents/VBP-Specifications-9.30.20.pdf.

<table>
<thead>
<tr>
<th>Prop 56 Program</th>
<th>Payments</th>
<th># Unique Providers</th>
<th>DOS beg</th>
<th>DOS end</th>
</tr>
</thead>
<tbody>
<tr>
<td>VBP</td>
<td>$461,350.00</td>
<td>780</td>
<td>8/1/2019</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Developmental Screenings</td>
<td>$37,730.20</td>
<td>58</td>
<td>1/3/2020</td>
<td>2/8/2021</td>
</tr>
<tr>
<td>ACES Screenings</td>
<td>$37,352.00</td>
<td>39</td>
<td>1/2/2020</td>
<td>2/5/2021</td>
</tr>
<tr>
<td>Overall</td>
<td>$536,232.20</td>
<td>872</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEM/PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------</td>
<td>--------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VBP Measures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Well Child Visits in First 15 Months of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Well Child Visits in 3rd – 6th Years of Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• All Childhood Vaccines for Two Year Olds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Blood Lead Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dental Fluoride Varnish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Controlling High Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diabetes Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Control of Persistent Asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening for Clinical Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Management of Depression Medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening for Unhealthy Alcohol Use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Member Puffer asked Dr. Parrish if the adolescence well visits are eliminated or are not considered for L.A. Care. She also if these scores were based on HEDIS measures. Dr. Parrish confirmed that the scores are based on HEDIS measures. 21 measures were chosen sometimes between 2017 and 2018. Although the adolescent program is not in the Prop 56 VBP program through L.A. Care, the organization still incentivizes these services. Unfortunately, Prop 56 does not cover everything, but L.A. Care has many other incentive programs even if they are not included in this program.

Chairperson Ficek that developmental screenings being lower than desired. She asked if L.A. Care sets target goals for providers. She asked what L.A. Care was trying to achieve. Dr. Parrish respond that this is the 2nd or 3rd time a group has looked at these numbers. There has been much activity trying to get these payments out. The programs can be very complex. L.A. Care does not have a goal related to Prop 56, but it could set one in the future.

Member Maria Chandler, MD, stated that as a provider she would like to know how they are getting feedback on how they are doing. She said she it can be improved greatly, but
AGENDA ITEM/ PRESENTER | MOTIONS / MAJOR DISCUSSIONS | ACTION TAKEN
--- | --- | ---
have not been receiving reports or payments. Dr. Parrish responded that it would go to the Independent Physician Association (IPA). The IPA will then distribute payment to the provider. It depends on the payment program. Dr. Parrish asked Member Chandler what her payment structure is. Member Chandler stated that the information goes to Finance and may not go to her directly. Dr. Parrish responded that she would try to assist her in figuring out who receives the report.

CHILDREN’S WELL-BEING SCORECARD
Fatima D. Clark, MSW

(Member Hilda Perez joined the meeting.)

Fatima D. Clark, MSW, Senior Policy and Outreach Associate, Health and The Children’s Movement, Children Now, gave a presentation about the Children’s Well-Being Scorecard. *(A copy of the presentation can be obtained from Board Services.)*

Whole-Child Approach
A whole-child approach to systems change is necessary to address each child’s unique needs from prenatal to age 26.

The Children’s Movement of California
Children Now leads The Children’s Movement to connect 4,100 and growing diverse groups to speak at the right time with one voice on behalf of kids.


<table>
<thead>
<tr>
<th>Indicator</th>
<th>CA Average 2018-19</th>
<th>CA Average 2020-21</th>
<th>LA County Average 2020-21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who had health insurance</td>
<td>95%</td>
<td>96%</td>
<td>96%</td>
</tr>
<tr>
<td>Pregnant women who received prenatal care beginning the first trimester</td>
<td>84%</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>Newborns who were exclusively breastfed while in the hospital</td>
<td>70%</td>
<td>70%</td>
<td>64%</td>
</tr>
<tr>
<td>Newborns who were not low birthweight</td>
<td>93%</td>
<td>93%</td>
<td>85%</td>
</tr>
<tr>
<td>Children with Medi-Cal who had an annual preventive check-up</td>
<td>--</td>
<td>41%</td>
<td>42%</td>
</tr>
<tr>
<td>AGENDA ITEM / PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>Kindergarteners with up-to-date immunizations</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Children, ages birth-to-5 and who are in low-income families, who visited a dentist in the last year</td>
<td>26%</td>
<td>39%</td>
<td>42%</td>
</tr>
<tr>
<td>13-year-olds who were vaccinated for Human Papillomavirus (HPV)</td>
<td>--</td>
<td>28%</td>
<td>30%</td>
</tr>
</tbody>
</table>

2021 Priorities and Opportunities
Protect and prevent cuts to children’s health services. Eliminate the suspension of Prop. 56 payments that support children’s health services, like well-child visits, developmental screenings, pediatric specialty care, and trauma screenings.

Redesign Medi-Cal to improve quality of care for children. Institute reforms that ensure compliance with existing contractual requirements, align payments and incentives with measurable outcomes and performance, and proactively eliminate disparities in children’s health outcomes via CalAIM, Medi-Cal Managed Care Procurement, and Medi-Cal Dental ASO Procurement.

Expand mental health services for students and youth. Increase funding for the school-county partnerships program to ensure kids receive the mental health care they need by supporting more local partnerships that increase access to mental health services for students through schools.
SB 682 (Rubio): would require the State to establish a plan to reduce racial disparities in five childhood chronic disease areas: asthma, depression, dental carries, diabetes, and vaping-related diseases. Among other requirements, the plan must include cross-sector and interagency agreements, as well as establishing clear accountability for meeting target reductions.

Preventing and Protecting Cuts to Children’s Health Services
National decline in children’s preventive care (March to July 2020, compared to March to July 2019). Data shared by DHCS show similar trends for children in Medi-Cal.
- 12% decline: Fewer vaccinations for children up to age two
- 29% decline: Fewer child screening services
- 35% decline: Fewer outpatient mental health services and those delivered via telehealth
- 50% decline: Fewer dental services
<table>
<thead>
<tr>
<th>AGENDA ITEM / PRESENTER</th>
<th>MOTIONS / MAJOR DISCUSSIONS</th>
<th>ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Mental Health Services for Students and Youth</td>
<td>Disconnection from school and peers, plus the challenges and unpredictability of distance learning, add new and additional stressors. Mental health needs are increasing according to parents, students, and emergency room visits:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 14% of parents report worsening behavioral health for their children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Almost half of California’s students report needing mental health support, including 32% of students who were not receiving services before the pandemic but feel they may now need services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Proportion of emergency department visits related to mental health increased dramatically:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Up 24% for children aged 5-11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Up 31% among adolescents aged 12-17</td>
<td></td>
</tr>
<tr>
<td>Childhood Chronic Health Conditions: Racial Disparities (SB 682)</td>
<td>Requires the State to Develop &amp; Implement A Plan for Eliminating Racial Disparities in Childhood Chronic Disease in California.</td>
<td></td>
</tr>
<tr>
<td>Pediatric Asthma</td>
<td>Reduction in asthma death rate for Black children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in asthma ER visits and asthma hospitalizations for Black and Latino children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in asthma prevalence for children of color</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in number of Black and brown children who experience secondhand smoke exposure</td>
<td></td>
</tr>
<tr>
<td>Childhood Diabetes</td>
<td>Reduction in diabetes deaths among Black children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in diabetes hospitalizations for Black children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in diabetes and pre-diabetes diagnoses among children of color</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduction in rates of overweight/obesity among youth of color</td>
<td></td>
</tr>
<tr>
<td>Youth Depression</td>
<td>Reduction in unidentified need in Black and brown youth</td>
<td></td>
</tr>
<tr>
<td>AGENDA ITEM / PRESENTER</td>
<td>MOTIONS / MAJOR DISCUSSIONS</td>
<td>ACTION TAKEN</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td>• Increase in school attendance for Black and brown youth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Increase in “feelings of connectedness” among Black and brown youth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Decrease in suicidality among Black and brown youth</td>
<td></td>
</tr>
<tr>
<td>Childhood Dental Caries</td>
<td>• Reduction in dental caries among Latino, Black, Asian, and Native American children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Reduction in ED visit for avoidable dental issues for Latino and Black children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Decrease in missed school days for Latino, Black, Asian, and Native American children</td>
<td></td>
</tr>
<tr>
<td>Vaping-Related Diseases</td>
<td>• Decrease in number of Black and brown youth who use e-cigarette products</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Decrease in vaping related advertisements targeted to Black and brown communities</td>
<td></td>
</tr>
</tbody>
</table>

Member Seidman asked Ms. Clark if she knew if funding is part of the discussion on the bill. At the plan level when legislature passes laws, it is passed along to DHCS, then the plans, and then the provider network. No matter the focus, sometimes it can be an unfunded mandate. He asked if there are additional resources that will be provided. Ms. Clark responded that she does not know if funding will be made available. It seems there is a stated commitment on reducing disparities.

Member Perez stated that as a mother of 3 children. One child is 17 and in high school, one child is 15 and is autistic, and the third is a student at UCLA. She noted that they are a low-income family from Compton. She asked if the presentation could be shared with her. Ms. Clark responded that the presentation could be shared with anyone. She asked staff to forward her the presentation.

**ADJOURNMENT**
The meeting was adjourned at 10:02 a.m.
COVID-19 Update
By early May, 2021, there were more than 150 million cases and nearly 3.2 million deaths from COVID-19 worldwide. Following a 6-week decline in cases after the winter surge, a nine-week long increase in global cases has pushed the number of new cases worldwide to the highest weekly average (+5.7 million/week) since the beginning of the pandemic. These increases have been driven by the surge in India, accounting for 90% of the cases in Southeast Asia, 46% of cases and 25% of deaths globally.

As vaccination counts continue to rise and increasing cases in hot spots throughout the country declined, the United States has seen a 27% reduction in the 14-day average case rate and a 4% reduction in deaths. California and Los Angeles are seeing a sustained reduction in cases and deaths. Los Angeles County moved into the Yellow Tier of the Blueprint for a Safer Economy on Thursday, May 6th after meeting the thresholds in our adjusted case rate (< 2.0 cases/100,000) and percent positivity for COVID tests (< 2%) for two weeks in a row.

The Los Angeles County Department of Public Health press release on May 6th declares “Los Angeles County’s case rate remains low and stable.” Cases in Los Angeles have dropped from more than 15,000 per day down during the winter surge to less than 300 a day in late April, a 35% reduction since late March. Over the same period of time, hospitalizations dropped 37% and deaths dropped by 87%. L.A. Care has identified over 120,000 cases, 20,000 hospitalizations, and over 4,000 deaths (16% of LA County total) among our members.

The demand for vaccinations has dropped nationwide to 2.1 million per day, down from a peak of over 3 million per day. Los Angeles County experienced a 30% reduction in vaccine administration in the last week of April. Despite these declines, more than 550,000 L.A. Care members have received at least one vaccine, accounting for more than 10% of the nearly 5 million L.A. County residents vaccinated to date. L.A. Care staff are working closely with the Department of Public Health to identify and confirm populations for targeted outreach to improve vaccination coverage in demographic (65+ for example), geographic (SPAs 1 and 6) and race and ethnic groups (African Americans) where we are seeing lower vaccination rates.

L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine.
Due to the Covid-19 pandemic, the Health Education team of registered dietitians and health educators have been providing over the phone consulting and group appointments have been suspended. Working with the IT security department, the Health Education team is now able to offer both group appointments and individual consulting using both video and audio on following patient education services: diabetes, healthy heart, weight management, asthma, self-care during pregnancy, etc.

WebEx offers a visual component not available telephonically. This visual component greatly enhances the personalization and effectiveness of the education experience. These include:

- The ability to show visual cues or written material which can assist hard of hearing members
- Demonstration food portion sizes which can assist cognitively challenged members
- Exhibit portion sizes with plate, cup, and measuring spoon demonstrations which can assist members with low health literacy, particularly those with difficulty understanding numbers such as 6oz or 1/3 cup
- And the ability to visually demonstrate the correct use of medical devices, such as glucometers during diabetes education.
- The team plans to measure member satisfaction, participation levels, and education effectiveness using WebEx.

L.A. Care continues its robust COVID-19 communication plan including the COVID-19 resource page on L.A. Care’s website and frequently asked questions (FAQs) document available to our Call Center and Nurse Advice Line vendor staff. These resources are updated frequently, including information to address vaccine hesitancy and information to help them find and schedule appointments for COVID-19 vaccinations. Provider communications efforts have included a QI Webinar focused on vaccine hesitancy and communication tips for talking with patients and a COVID-19 CME event.

**California Advancing and Innovating Medi-Cal (CalAIM)**
Work is in full swing throughout the organization led by a cross functional team to manage preparation for the implementation of CalAIM deliverables by 1/1/22. A significant part of the effort is focused on the transition from our existing Health Homes Program (HHP) and the LA County administered Whole Person Care Program (WPC) into a combined set of benefits called Enhanced Care Management (ECM) and In Lieu of Services (ILOS). L.A. Care is well positioned to meet the Population Health Management (PHM) goals included in CalAIM because the requirements are aligned with the NCQA PHM requirements.

L.A. Care has provided comments to the Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP) and continues to work closely with the L.A. County Department of Health Services and the Department of Health Care Services (DHCS) regarding the State’s proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program.

**Quality Improvement and Healthcare Effectiveness Data and Information Set (HEDIS) Update**
L.A. Care staff work on improving our measured performance and clinical outcomes throughout the year. We work closely with our Plan Partners, network providers and contracted groups and IPAs to prioritize improvement effects. Current efforts include:

- Bus shelter and social media ads ran from November through February promoting well care visits were placed in South LA, East LA and Antelope Valley. There were 1.2 million impressions made based on an evaluation done by our marketing team.
- An adolescent immunization social media campaign
Automated outreach calls were made to members with diabetes and/or hypertension across all lines of business with an option to transfer to a live agent when our call center capacity allows. In this way, the effectiveness of live agent transfers can be evaluated against the calls without. Follow up calls will be scheduled two months after the initial call to assess visit experience and/or to assist members with scheduling a visit with their provider if they have not yet done so.

Efforts to improve ER utilization and transitions of care include meetings with PPGs to increase engagement and focus on readmissions and ED utilization.

Other improvement projects are underway the Diabetes Disparities Performance Improvement Project (PIP), the Child Immunization Status PIP.

On March 2, 2021, Department of Health Care Services (DHCS) responded positively to our COVID-19 Quality Improvement Project (QIP) submission. They were impressed with the various organizational efforts around COVID-19 as well as the scale. DHCS also released a notice that they will not issue financial sanctions or mandate corrective action plans for measurement year 2020 (MY 2020) for performance below the minimum performance level (MPL) but will resume these potential consequences for MY 2021. They will still require plans to submit a COVID-19 strategy and implement quality improvement projects for measures falling below the MPL in MY 2020.

Each year, we undergo an audit to certify our HEDIS data collection and reporting process. We passed that audit in March and will submit our data to the National Committee for Quality Assurance (NCQA).

**Pharmacy Update**

**Comprehensive Medication Management (CMM) via California Right Meds Collaborative (CRMC)**

This program has grown with the addition of two more community pharmacies participating which have been on-boarded into the CRMC program (The Prescription Shop Pharmacy and Bellwood Pharmacy). As of 4/23/21, 176 patients are engaged in the program. A total of 775 medication related problems (MRPs) have been identified, and an average A1c reduction of 2.5% in patients with 5 or more CMM visits with participating pharmacists.

**Clinical Pharmacy Pilot Program (Ambulatory Care)**

- In this program, an ambulatory care pharmacist is dispatched into partnering federally qualified health center clinics to provide clinical services in managing diabetes, hypertension, and hyperlipidemia. As of 4/23/21, 133 members are enrolled in the program.
  - Wilmington Community Clinic: 58 members have been actively seen by the pharmacist; average A1c reduction of 3.48% among high-risk members.
  - APLA Health: 35 members have been actively seen by the pharmacist; average A1c reduction of 2.72% among high-risk members.
  - Watts Healthcare Corporation: 40 members have been actively seen by the pharmacist; average A1c reduction of 2.65% among high-risk members.

**Medication Adherence – Comprehensive Adherence Solutions Program (CASP)**

- As we prepare for DSNP transition, the pharmacy team is preparing to launch a comprehensive medication adherence outreach program. Intern pharmacists will be outreaching to non-adherent or
at-risk members to offer mail order service, 90-day prescription conversion, and medication education to overcome any potential hurdle the members may be facing to become adherent.

- We are working with CSC to restart and revamp IVR medication refill reminder calls later this year. This call campaign was on pause in mid-2020 as a result of TCPA guidance. We will also coordinate efforts with QI in implementing medication adherence verbiage for the IVR call campaign.

**Asthma Medication Ratio (AMR) Education Kit Evaluation**

In collaboration with QI, the pharmacy team launched the AMR Education Kit intervention on 11/6/2020, which was mailed to 6,277 members. The kit included a member letter, stickers to differentiate their controllers from their rescue inhalers, a magnetic postcard to remind members to take their medications, and educational handouts from Health Ed.

- The pharmacy team recently conducted an evaluation of the 5,601 members in this intervention to compare the effectiveness 12 months pre- vs. post-intervention.
  - The average AMR ratio demonstrated a statistically significant improvement from .42 to .45 (an improvement of 0.03, P<0.001).
  - When examining the number of medication units filled, the results appear to substantiate the results above. The total number of members for this analysis is 6,026 (251 members disenrolled). When looking at a 4-month comparison, **47% of the members filled less rescue inhalers in the 4 months after intervention than before intervention.** This result is sustained when extrapolated to 12 months, where **66% members filled less rescue inhalers overall.**

Taken together, these findings suggest that the intervention was successful in achieving more appropriate asthma medication use. Further evaluation will be required to determine if we can also demonstrate that these improvements are correlated with achieving better asthma control, lower overall medication costs and decreased ER utilization and admissions.

**Medi-Cal Rx Transition**

Governor Gavin Newsom issued Executive Order N-01-19, which requires the Department of Health Care Services (DHCS) to transition all Medi-Cal Pharmacy Services from Managed Care (MC) to Fee-for-Service (FFS) by January 1, 2021. This new transition is termed Medi-Cal Rx. DHCS decided to delay the planned Go-Live date of April 1, 2021 to review new conflict avoidance protocols submitted by Magellan, the contracted vendor, per a January 2021 announcement of plans for Centene Corporation to acquire Magellan. Further updates are expected from DHCS in May 2021.

**Transitions of Care Program (TCP)**

As of 4/15/21, there are 48 completed cases in which the pharmacist has completed the medication reconciliation and provider clinical notice. If eligible, members will also be referred to the CRMC program for continued chronic disease state management (see above). Thus far, one TCP member has been identified as eligible for CRMC.

**Transform L.A. program**

Transform L.A. is coaching 13 engaged DN practices, encompassing 88 providers, 3,200 DN members and 29,550 total L.A. Care members. Practice coaching modality remains primarily virtual, but we are now accommodating on-site coaching on a limited basis. Cohort 3 outreach calls began 4/19 – we have 4 new practices in the pipeline/on the waitlist.
CalAIM: Enhanced Care Management & In-Lieu-Of Services:

Presentation to the Children’s Health Consultants Advisory Committee

Cynthia Carmona
Senior Director, Safety Net Initiatives

Mary Zavala
Director, Health Homes Program
Safety Net Initiatives

May 18, 2021
CalAIM Overview

• **California Advancing and Innovating Medi-Cal (CalAIM)**
  - Proposal for upcoming Medi-Cal waiver starting January 2022
  - Unlike previous waivers, contains significant implications for Medi-Cal managed care plans, including L.A. Care
  - Must be approved by CMS

• **CalAIM Goals**
  - Identify and manage member risk and need through Whole Person Care approaches and addressing Social Determinants of Health
  - Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
  - Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform
Relaunched CalAIM Proposals

As Indicated in the Governor’s Draft Budget for FY 21-22

- Enhanced Care Management + In Lieu-of Services
- Managed Care Plan Incentives
- Mandatory Managed Care Enrollment (non-duals)/Transitioning Populations
- New Dental Benefits
- Behavioral Health Quality Improvement Program
- Organ Transplant Carve-In
- Multipurpose Senior Services Program Carve-Out
- Long-Term Plan for Foster Children – workgroup will continue to meet until June 2021
- Population Health Management (1/1/2023)
- D-SNP (1/1/2023)

(Timeline of all CalAIM proposals in Appendix.)
ECM & ILOS Overview
Enhanced Care Management (ECM) would be a new statewide health plan benefit replacing Whole Person Care & Health Homes.

ECM & ILOS funding to plans not tied to individual enrollments; incorporated into overall capitation rate.

ECM is very similar to Health Homes, but will include additional populations & exclude housing navigation / tenancy support.

DHCS will offer a menu of 14 potential “in lieu-of” services that are optional for plans. ILOS would be considered in the medical cost basis for future rates and will likely become future Medi-Cal benefits.

DHCS expects plans to place services in the community, coordinate with County partners (especially County Behavioral Health), and will mandate that plans subcontract with WPC & HHP providers to ensure continuity.
CalAIM: DHCS’ Proposed Care Management Model

**Enhanced Case Management**

Follows NCQA requirements

“A program of coordinated care and services for members who have experienced a critical event or diagnosis that requires extensive use of resources.”

**Complex Case Management**

Most intensive, delivered primarily in person by community-based providers.

Social model, whole-person case management to address clinical and non-clinical needs of high-cost &/or high need members.

**Basic Case Management**

Medium to high-risk level or emerging risk

Require planning and coordination that is not at the highest level of complexity, intensity or duration

MCP may provide these services using own staff, clinic-based staff, or community-based staff and may be provided by non-licensed staff

May include a documented individual care plan
ECM: 7 Required Populations of Focus

- **1/1/2022:** High utilizers with frequent hospital or ER visits/admissions

- **1/1/2022:** Individuals who are homeless and have at least one complex physical, behavioral or developmental health need.

- **1/1/2022:** Adults with SMI or SUD, one complex social factor and meet one of more of a list of other criteria.

- **1/1/2022:** Individuals transitioning from incarceration

- **1/1/2023:** Individuals at risk for institutionalization, eligible for long-term care

- **7/1/2023:** Children or youth with complex physical, behavioral, developmental and oral health needs, (including SED) and their families

- **1/1/2023:** Nursing facility residents who want to transition to the community

- **WPC & HHP-aligned populations go-live 1/1/2022 in L.A. County**

- **Other populations go-live 1/1/2023 or later.**

- DHCS expects plans to enroll 1-2% of their Medi-Cal population into ECM.

- Existing enrollees starting ECM on 1/1/2022 will already constitute 2% of L.A. Care’s Medi-Cal population before enrolling newly enrolled or new populations of focus.
## Updated ECM Eligibility Criteria - Children

### Adults

Must meet definition for at least one of the six ECM **Adult Populations of Focus:**
1) Homeless,*
2) High utilizer,*
3) SMI/SUD,*
4) Incarcerated and transitioning to community,**
5) At risk for institutionalization and eligible for LTC,**
6) Nursing facility Residents who are strong candidates for successful transition to the community and have a desire to do so.**

### Children/Youth up to 21

Must meet definition for at least one of the six ECM **Children/Youth Populations of Focus:**
1) Homeless,*
2) High utilizer,**
3) SED or identified to be at clinical high risk (CHR) for psychosis or experiencing a first episode of psychosis,**
4) Enrolled in CCS / CCS Whole Child Model (WCM) with additional needs beyond CCS qualifying condition,**
5) Involved in, or with a history of involvement in child welfare (including foster care up to 26),**
6) Incarcerated and transitioning to the community.**

**Crosswalk to timing proposal:**
- * Go live in 2022
- ** Go live in 2023, with certain exceptions for WPC

---

**Source:** DHCS / Manatt MCP Slides, 4/30/2021
ECM Services: Supporting Children & Youth
ECM Children and Youth Services

Services include but are not limited to:

- Engage with families/care takers and share info and make referrals to services that will help child’s health
- Coordinate care across various health and services providers
- Assist with accessing respite care as needed
- Coordinate services as required by EPSDT
- Utilize housing related ILOS if needed
- Close coordination with county behavioral health plans
**ECM Core Services 1 of 2**

### Comprehensive Assessment & Care Management Plan
- In-person engagement
- Care plan to assess strengths, risks, needs, goals, and preferences
- Member’s physical/developmental health, mental health, SUD, LTSS, oral health, palliative care, social services, housing

### Enhanced Coordination of Care
- Organize and implement member’s care plan
- Integrate care among all service providers
- Support treatment adherence
- Communicate member’s needs to all providers of care team

### Health Promotion
- Services to support member’s ability to manage their health
ECM Core Services 2 of 2

Comprehensive Transitional Care

- Activities to reduce avoidable Member admissions/readmissions
- For those who are experiencing a care transition: develop/update transition plan; coordinate support services; track admissions/discharges; coordinate medication; referrals to appropriate services

Member and Family Supports

- Document and engage with a member’s caregiver or family/support person in care plan
- Identify and refer to supports needed for the member and family/support persons to manage member’s condition

Coordination of and Referral to Community and Social Support Services

- Determine, coordinate, and refer members to available community resources and follow up to ensure services were rendered
Comparing Current & Future State: Health Homes to ECM
Health Homes Current State: Membership by Age

L.A. CARE HHP ENROLLEES BY AGE, DECEMBER 2020

- 65% (0-17 yrs.)
- 10% (18-35 yrs.)
- 5% (36-55 yrs.)
- 11% (56-64 yrs.)
- 34% (65+ yrs.)
Health Homes Current State: Pediatric Diagnoses

Number of Active HHP Members under Age 21 by Diagnoses
Date: 3/15/2021

- Asthma: 278
- Major Depression Disorder: 69
- Chronic Liver Disease: 23
- Diabetes: 17
- Hypertension: 14
- Bipolar Disorder: 12
- Traumatic Brain Injury: 11
- Chronic Obstructive Pulmonary Disease: 11
- Psychotic Disorder: 8
- Dementia: 8
- Substance Use Disorder: 6
- Chronic Or Congestive Heart Failure: 5
- Coronary Artery Disease: 1
- Chronic Kidney Disease: 1

0 50 100 150 200 250 300

32
Current & Future State: Key Differences

• ECM will support children and their families
  - Coordinate care with primary and specialty medical teams
  - Support and coordination with schools
  - Guide parents and caregivers as they navigate multiple systems

• Children and youth will be a key component of ECM
  - How to identify children and youth most in need of ECM?
    • Reviewing criteria for CCS, Regional Center, etc.
  - Constructing ECM provider networks to best meet their needs
    • Look at organizations with relevant expertise
  - Training will be key
    • Issues around consent, school accommodations, etc.
## DHCS Timeline – High Level

<table>
<thead>
<tr>
<th>Date</th>
<th>Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 8, 2021</td>
<td>DHCS released revised ECM / ILOS proposal w/Governor’s Budget</td>
</tr>
<tr>
<td>Mid-Feb 2021</td>
<td>DHCS released contract requirements, standard terms and conditions and MOC template. DHCS sent a supplemental data request (SDR) to plans and counties for HHP and WPC data.</td>
</tr>
<tr>
<td>End of April</td>
<td>DHCS provided additional guidance regarding populations of focus criteria. DHCS changed start dates for certain populations of focus.</td>
</tr>
<tr>
<td>End of May 2021</td>
<td>DHCS to provide plans with draft rates.</td>
</tr>
</tbody>
</table>
| 7/1/2021           | L.A. Care submits to DHCS:  
• Model of Care Part 1: ILOS Selections                                                                                                                                                                                                                                                                                         |
| Summer 2021        | DHCS provides final ECM rates to plans                                                                                                                                                                                                                                                                                                |
| September-October 2021 | L.A. Care submits to DHCS:  
• ECM Model of Care Part 2 (Network)  
• ILOS Networks  
• WPC Transition                                                                                                                                                                                                                                                     |
| 1/1/2022           | ECM & ILOS Go-Live; members in HHP & WPC case management grandfathered into ECM                                                                                                                                                                                                                                                      |
| 7/1/2022           | Any additional ILOS Go Live (and every 6 months thereafter)  
L.A. Care submits PHM Program Description to DHCS                                                                                                                                                                                                                           |
| 1/1/2023           | New ECM Populations of Focus: LTC Eligible and Nursing Facility Transition; (Children 7/1/2023)                                                                                                                                                                                                                                           |
Questions?
DHCS CalAIM Website:

https://www.dhcs.ca.gov/calaim

- ECM = Appendix I
- ILOS = Appendix J