

G. Technical Assistance

In accordance with 42 CFR section 438.358(d) and at the direction of DHCS, Contractor must implement EQRO's technical guidance provided to Contractor in conducting mandatory and optional activities described in 42 CFR section 438.358 and this Contract.

2.2.10 Quality Care for Children

Contractor must maintain a robust program to ensure the provision of all physical, behavioral and oral health services to Members less than 21 years of age. Contractor must also maintain mechanisms to identify and improve on gaps in the quality of and access to care in each of the following areas:

A. Scope of Services

- 1) Contractor must ensure the provision of all screening, preventive and Medically Necessary diagnostic and treatment services for Members less than 21 years of age in accordance with Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members less than 21 Years of Age*);
- 2) Contractor must actively promote EPSDT screenings and AAP Bright Futures preventive services to Members and their families;
- 3) Contractor must identify Members who have not utilized EPSDT screening services or AAP Bright Futures preventive services and ensure outreach to these Members in a culturally and linguistically appropriate manner;
- 4) Contractor must maintain MOUs with LHDs and LGAs, in the Contractor's service areas, including but not limited to CCS, WIC, maternal and child health, social services, regional centers, and child welfare departments, as outlined in Exhibit A, Attachment III, Subsection 5.6.1 (*MOUs with Third Party Entities and County Programs*) in order to facilitate the provision of EPSDT services to Members less than 21 years of age;
- 5) Contractor must conduct ongoing training, at least once every two years, for Network Providers on required preventive healthcare services, including EPSDT services for Members less than 21 years of age as outlined in Exhibit A, Attachment III, Subsection 3.2.5.A (*Network Provider Training*), to ensure Providers are able to support Members and families in fully utilizing EPSDT services.

B. Utilization Management

Contractor must ensure that all requirements outlined in Exhibit A, Attachment III, Section 2.3 (*Utilization Management*) apply to the review and provision of Medically Necessary services for Members less than 21 years of age.

C. Population Health Management and Coordination of Care

- 1) Contractor must ensure that all requirements outlined in Exhibit A, Attachment III, Section 4.3 (*Population Health Management and Coordination of Care*), including the development of the annual PNA, apply to Members less than 21 years of age;
- 2) Contractor's Population Health Management Strategy (PHMS), as described in Exhibit A, Attachment III, Subsection 4.3.1 (*Population Health Management (PHM) Program Requirements*), must contain a specific section focused on how the Contractor will provide PHM services to Members less than 21 years of age, including but not limited to, Basic PHM, EPSDT services, Care Coordination services, Early Intervention Services and a Wellness and Prevention Program;

Contractor and its Fully Delegated Subcontractors and Downstream Fully Delegated Subcontractors must provide a comprehensive wellness and prevention program to all Members less than 21 years of age, which includes but is not limited to (see full requirements in Exhibit A, Attachment III, Subsection 4.3.10 [*Wellness and Prevention Programs*]) initiatives, programs and evidence-based approaches to improving access to preventive health visits, developmental screenings and services for Members less than 21 years of age, as described in Exhibit A, Attachment III, Subsection 5.3.4 (*Services for Members less than 21 Years of Age*).

D. Network and Access to Care

- 1) Contractor must ensure that each Member less than 21 years of age has an assigned PCP as well as access to Specialists for Covered Services and Medically Necessary services, in accordance with Exhibit A, Attachment III, Subsection 5.2.1 (*Access to Network Providers and Covered Services*);
- 2) Contractor must provide information to all Network Providers regarding the VFC Program and is expected to promote and

support enrollment of applicable Network Providers in the VFC program in order to improve access to immunizations; and

- 3) Contractor must maintain and continually monitor, improve and evaluate cultural and linguistic services that support the delivery of Covered Services to Members less than 21 years of age, in accordance with Exhibit A, Attachment III, Subsection 5.2.11 (*Cultural and Linguistic Programs and Committees*).

E. Quality and Health Equity

- 1) Contractor must identify and address underutilization of Children's preventive services including but not limited to EPSDT services such as well child visits, developmental screenings and immunizations;
- 2) Contractor must report on DHCS-identified quality and Health Equity performance measures related to health care services for Members less than 21 years of age, and must exceed any DHCS-specified MPL, in accordance with Exhibit A, Attachment III, Subsection 2.2.9.A (*Quality Performance Measures*);
- 3) Contractor must engage with local entities when developing interventions and strategies to address deficiencies in performance measures related to health care services for Members less than 21 years of age;
- 4) Contractor must meet any Health Disparity reduction targets for specific populations and measures for Members less than 21 years of age, as identified by DHCS and in accordance with Exhibit A, Attachment III, Subsection 2.2.9.A.2 (*Quality Performance Measures*);
- 5) Contractor must participate in any value based payment programs for services provided to Members less than 21 years of age, as directed by DHCS;
- 6) Contractor must engage in planned equity-focused interventions to address identified gaps in the quality of and access to care for Members less 21 years of age, including preventive and screening services; and
- 7) Contractor must engage in a Member and family oriented engagement strategy to QI and Health Equity, including Children

and caregiver representation on the CAC, and using CAC findings and recommendations, and the results of Member listening sessions, focus groups and surveys, to inform QI and Health Equity interventions, as outlined in Exhibit A, Attachment III, Subsection 5.2.11.D (*Community Engagement*).

F. Mental Health and Substance Use Disorder Services

Contractor must adhere to all requirements of Exhibit A, Attachment 5.5 (*Mental Health and Substance Use Disorder Benefits*) for the provision of mental health and Substance Use Disorder services to Members less than 21 years of age, as appropriate, including complying with all mental health parity requirements in 42 CFR section 438.900 *et seq.*

Contractor must collaborate with the Department in its effort to implement the California Children and Youth Behavioral Health Initiative.

G. School-Based Services

To facilitate the provision of Medically Necessary services to Children, Contractor must execute an MOU with Local Education Agencies (LEAs) in each county within Contractor's Service Area for school-based services, including but not limited to EPSDT and Behavioral Health Services for Members less than 21 years of age. Contractor must also ensure that Members' Primary Care Providers cooperate and collaborate with LEAs in the development of Individualized Education Plans (IEPs) or Individualized Family Service Plans (IFSPs) and ultimately ensure that care is coordinated regardless of financial responsibility, as outlined in Exhibit A, Attachment III, Subsections 4.3.17 (*School-Based Services*) and 5.6.1 (*MOUs with Third-Party Entities and County Programs*).

2.2.11 Disease Surveillance

Contractor must implement and maintain procedures for reporting any serious diseases or conditions to both local and State public health authorities and to implement directives from the public health authorities as required by law, including but not limited to, 17 CCR section 2500 *et seq.*