California Children’s Services Redesign

Care Coordination / Medical Home / Provider Access
Technical Workgroup Webinar

October 9, 2015
Agenda

- Welcome, Introduction, and Purpose of Today’s Meeting
  - Anastasia Dodson, Associate Director for Policy, DHCS
- Workgroup Charter and Goals
  - Anastasia Dodson, Associate Director for Policy, DHCS
- Managed Care: Care Coordination Standards
  - Anna Lee Amarnath, MD, Acting Medical Quality and Oversight Section Chief, DHCS
- Proposed County Performance Measures
  - Anastasia Dodson, Associate Director for Policy, DHCS
- Los Angeles County CCS – Operationalizing Best Practices: Update on Case Management Redesign
  - Dr. Mary Doyle, Associate Medical Director, Los Angeles County CCS
- Medical Therapy Program Overview, Data Analysis, and Coordination
  - Pat Howard, OT Supervisor, MTP, Napa County CCS
  - Harriet Fain-Tvedt, PT, Chief, MTP, Orange County CCS
  - Tess O’Hern, Therapy Manager, Orange County CCS
- CCS Transition of Care - Collaborative Coordination of Care
  - Kathy Neal, Chief Health Services Officer, Central California Alliance for Health
- Wrap-up and Next Steps
  - Anastasia Dodson, Associate Director for Policy, DHCS
Welcome, Introductions, and Purpose Of Today’s Meeting

Anastasia Dodson
DHCS Associate Director for Policy
CC/MH/PA Workgroup Charter and Goals

Anastasia Dodson
DHCS Associate Director for Policy
CC/MH/PA Workgroup Goals

- **Goal 1**: Provide the CCS AG and DHCS with technical consultation in regards to implementation of the Whole-Child model.

- **Goal 2**: Advise the CCS AG and DHCS on ways to improve care coordination between all partners in all counties. Explore new, innovative models of care including Medical Homes, and devise strategies to incorporate relevant components that will increase care coordination and care quality.

- **Goal 3**: Discuss provider standards and access requirements to promote continuity of care.

- **Goal 4**: Improve transitions for youth aging out of CCS.
CCS Care Coordination Standards in Managed Care

Anna Lee Amarnath, MD
Acting Chief Medical Quality and Oversight Section
Managed Care Quality and Monitoring Division
Many Medi-Cal beneficiaries with California Children’s Services (CCS) eligible conditions are also enrolled in a Medi-Cal managed care health plan (MCP).

Most MCP contracts do not cover CCS services.

For those MCPs in which CCS services are carved-in, the MCPs are responsible for covering CCS services in addition to all medically necessary services not related to the CCS condition.
Managed Care: Care Coordination Standards

- MCPs develop and implement written policies and procedures for identifying and referring children with CCS-eligible conditions to the local CCS program.

- Policies and procedures are reviewed and approved by DHCS.

COHS contract language; Exhibit A, Attachment 11 & Attachment 18
MCP’s providers identify CCS-eligible members by:

- Performing baseline health assessments.

- Performing diagnostic evaluations.

- Providing sufficient clinical detail to establish, or raise a reasonable suspicion, that a Member has a CCS-eligible medical condition.
MCPs facilitate:

- Initial referrals of members with CCS-eligible conditions to the local CCS program by telephone, same-day mail or fax, if available.

- Supporting medical documentation sufficient to allow for eligibility determination by the local CCS program.
Managed Care:
Care Coordination Standards

- MCPs provide all Medically Necessary Covered Services for the Member’s CCS-eligible condition until CCS eligibility is confirmed.

- MCPs provide all Medically Necessary Covered Services that are unrelated to the CCS-eligible condition.

- MCPs facilitate coordination of services and joint case management between their Primary Care Providers and the CCS program.

- MCPs execute a Memorandum of Understanding (MOU) with the local CCS programs for the coordination of CCS services to members. MOUs are reviewed and approved by DHCS.

COHS contract language; Exhibit A, Attachment 11 & Attachment 18
Proposed CCS County Measures

Anastasia Dodson
DHCS Associate Director for Policy
CCS County Measures

The Department intends to monitor counties on:

- Medical Home
- Timely Administrative Case Management
- Care Coordination
- Health Care Transition Planning
Example: CCS County Measure 1

| Definition | Clients enrolled in CCS, including NICU infants, will have a designated physician, subspecialty physician or nurse practitioner, in a usual place of care (e.g. clinic, office, where care is provided normally), who addresses preventative, acute, and chronic care from birth through transition to adulthood. |
| Denominator | The total number of unduplicated active children enrolled in the local CCS county program. |
| Numerator | The total number of unduplicated active children with a Medical Home address in the addressee tab of CMS Net Registration with the Provider Type field identifying a Certified Nurse Practitioner or Physician. A blank Medical Home or another Provider Type in the field will be designated incorrect and not counted. |
## Example: CCS County Measure 2

### Definition
Children referred to CCS have their initial medical and program (financial and residential) eligibility determined within the prescribed guidelines per California Codes of Regulations (CCR), Title 22, and according to established CCS policy * and procedures**. Counties will measure the following:

### Numerator

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Medical eligibility is determined within seven calendar days of receipt of all medical documentation necessary to determine whether a CCS-eligible condition exists in the last fiscal year. (CCR, Title 22, Section 42132; CCS N.L. 20-0997) Measure number of days between the referral date and the last case note within the reported Fiscal Year with a type of “Medical Documentation Received”.</td>
</tr>
<tr>
<td>b.</td>
<td>Residential eligibility is determined within 30 calendar days of receipt of documentation needed to make the determination in the last fiscal year. (CCR, Title 22, Section 41610) Measure number of days between the referral date and the last case note within the reported Fiscal Year with a type of “Residential Documentation Received”.</td>
</tr>
<tr>
<td>c.</td>
<td>Financial eligibility is determined within 30 calendar days of receipt of documentation needed to make the determination in the last fiscal year. (CCR, Title 22, Section 41610). Measure number of days between the referral date and the last case note within the reported Fiscal Year with a type of “Financial Documentation Received”.</td>
</tr>
</tbody>
</table>

### Denominator
Number of unduplicated new referrals to the CCS program in each county assigned a pending status in the last fiscal year.
Example: CCS County Measure 3

<table>
<thead>
<tr>
<th>Definition</th>
<th>Clients enrolled in CCS, in the identified ICD categories, will have a referral to a designated Special Care Center and an annual SCC Team Report.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of clients in CCS, with a medical condition in the following ICD categories, who actually received an authorization for SCC services in the last fiscal year:</td>
</tr>
<tr>
<td></td>
<td>1. Cardiac Defect: 745. or any 5-digit 745. code</td>
</tr>
<tr>
<td></td>
<td>Cardiac Anomalies: 746. or any 5-digit 746. code</td>
</tr>
<tr>
<td></td>
<td>2. Cystic Fibrosis: 277. or any 5 digit 277. code</td>
</tr>
<tr>
<td></td>
<td>Respiratory Failure: 518. or any 5-digit 518. code</td>
</tr>
<tr>
<td></td>
<td>3. Diabetes Type I: 250. or any 5-digit 250. code</td>
</tr>
<tr>
<td></td>
<td>4. Factor Disorder: 286. or any 5-digit 286. code</td>
</tr>
<tr>
<td></td>
<td>Leukemia: 204. or any 5-digit 204. Code</td>
</tr>
<tr>
<td></td>
<td>Sickle Cell: 282.62 or .63 or .64 or .68 or .69</td>
</tr>
<tr>
<td></td>
<td>5. Post-Transplant: 33.50, 33.51, 33.52, 33.6, 37.5, 37.51, 41.01, 41.02, 41.03, 41.04, 41.05, 41.06, 41.07, 41.08, 41.09, 46.97, 50.51, 50.59, 52.80, 55.61, 55.69</td>
</tr>
<tr>
<td>Denominator</td>
<td>Number of unduplicated CCS clients in each category and subcategory who should receive an authorization for SCC services in the last fiscal year.</td>
</tr>
</tbody>
</table>
**Example: CCS County Measure 4**

<table>
<thead>
<tr>
<th>Definition</th>
<th>The percentage of youth enrolled in the CCS program 18 years and older identified by ICD Categories in Performance Measure 3 who are expected to have a chronic health condition that will extend past their 21(^{st}) birthday will have CMS Net case notes documentation of health care transition planning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>The number of youth enrolled in the CCS program who are 18 years and older identified in the denominator below who have documentation in either the Transition Planning Required Case Note or the Transition Planning Not Required Case Note identified during the Annual Medical Review for each client.</td>
</tr>
<tr>
<td>Denominator</td>
<td>Number of clients in CCS, age 18 through 20, with a medical condition in the following ICD-9 categories:</td>
</tr>
<tr>
<td></td>
<td>1. Cardiac Defect: 745. or any 5-digit 745. code</td>
</tr>
<tr>
<td></td>
<td>Cardiac Anomalies: 746. or any 5-digit 746. code</td>
</tr>
<tr>
<td></td>
<td>2. Cystic Fibrosis: 277. or any 5 digit 277. code</td>
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<td></td>
<td>Respiratory Failure: 518. or any 5-digit 518. code</td>
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<td></td>
<td>3. Diabetes Type I: 250. or any 5-digit 250. code</td>
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<td>4. Factor Disorder: 286. or any 5-digit 286. code</td>
</tr>
<tr>
<td></td>
<td>Leukemia: 204. or any 5-digit 204. Code</td>
</tr>
<tr>
<td></td>
<td>Sickle Cell: 282.62 or .63 or .64 or .68 or .69</td>
</tr>
<tr>
<td></td>
<td>5. Post-Transplant: 33.50, 33.51, 33.52, 33.6, 37.5, 37.51, 41.01, 41.02, 41.03, 41.04, 41.05, 41.06, 41.07, 41.08, 41.09, 46.97, 50.51, 50.59, 52.80, 55.61, 55.69</td>
</tr>
</tbody>
</table>
Los Angeles County CCS

Operationalizing Best Practices: Update on Case Management Redesign

Mary Doyle, M.D., FAAP
Associate Medical Director, LA County CCS
CCS Redesign Care Coordination Technical Work Group
October 9, 2015
Overview

1. Recap: what we did

2. Implementation of lessons learned

3. What we are continuing to do
The Project: 2.1.14 through 1.31.15

• **Target Group:** 4493 cases

• **Sorted by complexity of case management need**

• **Assigned to team of 9 nurses:**
  4 with complex cases
  1 with Medical Therapy Program case load
  4 for less complex cases

• **Case loads/nurse:** ~250 for complex & MTU cases;
  ~550 for less complex

• **Varied interventions:** based on complexity of need

• **Recorded case activities:** using a software system designed specifically for this project that allowed the capture of data that was both patient specific and reflective of case management interventions and CCS processes
**Implementation:** Case Sorting Definitions Finalized

- **Standard Case Management:** the CCS condition is
  1. Acute and expected to resolve in <1yr without complications
  2. Chronic and expected to require ongoing treatment and/or monitoring but is usually managed effectively through life and poses only a limited effect on the ability to function
  3. At risk for a CCS medically condition: i.e. – in a screening or diagnostic program (NBHS, NBMS, HRIF, HIV risk) AND: there are NO other co-morbid physical, mental or developmental conditions or social issues that affect health

- **Complex Case Management:** all others
Implementation: Standardization of ICD-10 Assignment

• CCS program has never used a standardized method for ICD code assignment for the covered medical condition

• Based on the controlled assignment of ICD 9 codes to 1741 new referrals to the pilot team, a draft list of codes for CCS medically eligible conditions was “cross walked” to ICD 10 codes. This formed the starting point for the development of standardized lists of codes that will be used for LA Co. CCS

• Currently, a team is piloting a set of coding principles and revising 4 sets of standardized codes (NICU, MTU, standard, complex cases) with the goal of general program use by 1.1.16
Implementation: Case Load Sorting

• Hybrid case load chosen: complex and standard cases

• Rather than limit the number of cases assigned to one nurse, the percentage of complex v. standard will be fixed:
  - 60%: standard
  - 40%: complex

• Requires an enhancement in CMS Net to insure that this assignment can be tracked by nurse

• New cases will be sorted on referral; existing cases will be sorted at any point that the nurse needs to interact with it
Implementation: Case Management Activities

- Standardized case management activities: close to completion

- Based on: analysis of 1 year’s worth of nursing interventions on the pilot team patients

- Vary by need for standard v. complex case management

- Standard: introductory letter; authorizations; responses to inquiries; case closure at 1 year if the CCS condition resolves

- Complex: detailed assessment, development of a nursing care plan and re-review during the year
Implementation: Case Management Software

• Process of revising the platform and software used to perform and record case management activities

• Enhancements:
  - Order of use/entry mimics nurse case workflow
  - Extensive drop down menus (~no free text) for interventions
  - Standardized ICD-10 choices
  - Resource directories
  - Patient/family specific indicators of quality: medical home, affected siblings, disease specific indicators, school, MTU

• Immensely searchable!!!
What’s To Come:

• **Complex Cases in the Pilot Project:** being tracked into their 2nd year by diagnoses and health status group

• **Medical Home Questionnaire Project:** near completion of a project designed to assess the quality of a patient’s medical home using a short set of questions asked over the phone.

Thank You!
California Children’s Services Medical Therapy Program
Medical Therapy Program (MTP)

- Medical Therapy Units (MTUs)
  - Located on school campuses per State interagency agreement
  - MediCal certified outpatient rehab centers

- Physical and Occupational Therapy
  - Based on medical necessity
  - General service delivery model: International Classification of Functioning, Disability and Health (ICF)

- Medical Oversight
  - Special Care Centers managing children with complex needs or
  - Medical Therapy Conference (MTC) physicians may include
    - Pediatricians
    - Orthopedists
    - Physiatrists
    - Neurologists
  - MTCs in large counties include nurses, social workers, nutritionists, orthotists and/or durable medical equipment (DME) providers
Purpose of the MTP

- Provide medically necessary physical and occupational therapy to children with qualifying diagnoses from birth to age 21
MTP Diagnoses

- Cerebral Palsy
- Neuromuscular diseases, e.g., muscular dystrophy
- Musculoskeletal diseases, e.g., arthrogryposis, juvenile rheumatoid arthritis
- Spina bifida
- Brachial plexus injury
- Acquired conditions
  - Spinal cord injury (SCI)
  - Traumatic brain injury (TBI)
  - Sequelae of brain tumors
Intake and Services

- MTP medical eligibility determined
  - Patients and families oriented to the program
  - OT and PT assessments completed
- Goals and objectives based on
  - Family input
  - Functional need
  - Evolving evidence for best-practice
### Service Delivery Framework

**International Classification of Functioning, Disability and Health**

#### Health Condition

10 year old male with a diagnosis of Cerebral Palsy. GMFCS III- MACS II- CFCS I.

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<table>
<thead>
<tr>
<th>Body Structure and Function (Impairments)</th>
<th>Activity</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abilities/Restrictions</strong></td>
<td><strong>Abilities/Restrictions</strong></td>
<td></td>
</tr>
<tr>
<td>Decreased strength</td>
<td>Sitting: indep</td>
<td></td>
</tr>
<tr>
<td>• Especially hip abductors and extensors</td>
<td>Standing: contact guard support/ requires equipment to transfer to stand</td>
<td></td>
</tr>
<tr>
<td>• Decreased grip and pinch strength</td>
<td>Ambulation: Household distances with reverse walker/unable to ascend/descend stairs</td>
<td></td>
</tr>
<tr>
<td>Decreased active and passive range of motion</td>
<td>Propels manual WC indep/needs min assist for ramps and inclines; fatigues after 30 minutes propelling WC</td>
<td></td>
</tr>
<tr>
<td>• tight hip flexors, hamstrings, ankle plantar flexors, shoulder flexors</td>
<td>ADL- difficulty with fasteners</td>
<td></td>
</tr>
<tr>
<td>Decreased balance</td>
<td>Min assist with bathing/grooming</td>
<td></td>
</tr>
<tr>
<td>Decreased postural control</td>
<td>Rides adaptive trike/Requires assistance to transfer on/off trike</td>
<td></td>
</tr>
<tr>
<td>Decreased endurance</td>
<td>Participates in Cub Scouts/requires adult assistance on outings</td>
<td></td>
</tr>
</tbody>
</table>

#### Environmental

<table>
<thead>
<tr>
<th>Internal</th>
<th>External</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>+</strong></td>
<td><strong>+</strong></td>
</tr>
<tr>
<td>Motivated</td>
<td>Supportive family</td>
</tr>
<tr>
<td>Able to follow instructions</td>
<td>Accessible home and school</td>
</tr>
<tr>
<td>Distractable</td>
<td>Distance to therapy clinic</td>
</tr>
</tbody>
</table>
Jonathan’s Story
Neurologists
Pediatric ICU Physicians
Physical Therapists
Occupational Therapists
Speech Therapists
Physiatrists
Respiratory Therapists
Nurses
Orthopedists
Social Workers
Gastroenterologists
All of these services and Jonathan’s ongoing care are coordinated and authorized by California Children’s Services
Therapy Evaluations
Medical Therapy Conference (MTC)

Orthopedist measuring scoliosis curve
Scoliosis Management in Orthotics Clinic

Fitting the body jacket for optimal posture and comfort
Durable Medical Equipment (DME)

Wheelchair adjustments needed to accommodate the new body jacket.
PT and OT Sessions

Activities of Daily Living
Working on a switch toy ...

Got it!
7 Years Later, 12 years old

Jonathan, his parents and full time nurse

Nursing care: 40 hours/week
Respite Care: 24 hours/month
Full Scope MediCal
SSI
Dependent Transfers

Jonathan being transferred by his dad
Height: 61.5”, Weight: 113 pounds
Customized Equipment
That’s just one patient’s story, and one diagnosis.
Cerebral Palsy is the most common diagnosis in the MTP

Approximately 45% to 55%

Functional Profiles

- 5 levels for each scale
- 125 possible different functional profiles
- Gross Motor Function Classification System (GMFCS)
- Manual Ability Classification System (MACS)
- Communication Function Classification System (CFCS)
Orange County FP Data

- Total caseload: 1937
- Number with CP: 880 (45%)
- Total Number with complete functional profiles (FPs): 702
- Number of complete functional profiles represented out of a possible 125: 82
Napa County FP Data

Functional Profiles

Children

Emily

CPCS
MACS
GMPCS

I
II
III
IV
V
Hip Surveillance—a new chapter in care coordination
Collaborative Coordination of Care

Kathy Neal, RN, DNP(c)
Chief Health Services Officer
October 9, 2015
Currently at the Alliance

• Three counties with 333,000 members
• About 6000 members with CCS conditions
• About 4650 open CCS cases on 10/1/2015
• Extensive provider network of about 4700 providers
• Reviewing gap in network; active SCA practice
• UM Staff composed of Medical Directors, RNs, CCS Coordinators
Best Practices

1. All members are assigned to a Patient Centered Medical Home (PCMH)
   - Transition from pediatrician to adult primary care
   - CCS activity communicated with PCP
   - Continuity of Care policy

2. Identification of CCS members
   - PEDI (Provider Electronic Data Inquiry) list automated to Care Management system
   - Updated monthly
   - Members flagged for UM, CM, MS, Pharmacy staff
   - Concurrent Review
Best Practices (continued)

3. UM staff trained to identify CCS diagnoses
   • Authorization requests
   • CCS criteria

4. Collaboration
   • UM, Member Services, Provider Services
   • County CCS
   • Alliance Children’s Case Management
Transition Process

1. Starts as early as 18 years old

2. Coordination of care with CCS staff
   - UM and Children’s Case Managers have access to PEDI, reads notes for coordination of care

3. Continuity of care
   - Access to care
   - Primary/Specialty Services
   - DME
   - Pharmacy
External Communication

1. County CCS collaboration
   - MOU
   - Regular communication
   - Identified CCS liaisons
   - Quarterly in-person meetings

2. Authorization/Referral process
   - Provider based
Questions?

kneal@ccah-alliance.org
Wrap-up and Next Steps

Anastasia Dodson
Associate Director for Policy, DHCS
CCS Advisory Group Stakeholder Meeting

**When:** Wednesday, October 21, 2015
10:00am – 4:00pm

**Where:** Sacramento Convention Center
1400 J St, Sacramento
Information and Questions

- For CCS Redesign information, please visit:
  - [http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx)

- Please contact the CCS Redesign Team with questions and/or suggestions:
  - CCSRedesign@dhcs.ca.gov

- If you would like to be added to the DHCS CCS Interested Parties email list, please send your request to:
  - CCSRedesign@dhcs.ca.gov