



**Department of Health Care Services
California Children's Services (CCS) Advisory Group**

January 11, 2017

Meeting Summary

Members that attended: Dyan Apostolos, Monterey County Health Department; Steven Barkley, MD, Santa Barbara Cottage Hospital; Michelle Cabrera, SEIU California; Richard Chinnock, MD, California Specialty Care Coalition; Arlene Cullum, Sutter Health; Juno Duenas, Family Voices; Bob Freeman, CenCal Health; Michelle Gibbons, County Health Executives Association of California; Kelly Hardy, Children Now; Lara Khouri, Children's Hospital Los Angeles Medical Group; Lael Lambert, Marin County CCS; Alan McKay, Central California Alliance for Health; Tony Pallitto, Kern County Public Health Services Department; and Laurie Soman, Children's Regional Integrated Service System.

Members that attended by phone: Maya Altman, Health Plan of San Mateo; Nick Anas, MD, CHOC Children's Hospital; John Patrick Cleary, MD, California Association of Neonatologists; Dave Kramer-Urner, Santa Cruz County CCS; Katie Schlageter, Alameda County; Ed Schor, MD, and Amy Westling, Association of Regional Center.

Members that did not attend: Kris Calvin, American Academy of Pediatrics, CA; Liz Gibboney, Partnership HealthPlan of California; Domonique Hensler, Rady Children's Hospital, San Diego; Teresa Jurado, Health Plan San Mateo; Ann Kinkor, Epilepsy California; Tom Klitzner, MD, California Children's Services, UCLA; Ann Kuhns, California Children's Hospital; Tony Maynard, Hemophilia Council of California; Farrah McDaid-Ting, California State Association of Counties; Michael Schrader, CalOptima; and David Souleles, Orange County Health Care Agency.

DHCS Staff: Jennifer Kent, Jacey Cooper, Patricia McClelland, Javier Portela, Aaron Toyama, and Andrew Kilgust.

Meeting materials: <http://www.dhcs.ca.gov/services/ccs/Pages/MeetingMaterialsJan.aspx>

Presentation slides: <http://www.dhcs.ca.gov/services/ccs/Documents/JanuaryPresentation.pdf>

**Welcome, Introductions, and Purpose of Today's Meeting
Jennifer Kent, Department of Health Care Services (DHCS)**

Ms. Kent reviewed details for the day and invited the Advisory Group committee members to introduce themselves.

**General Updates
Jennifer Kent, Department of Health Care Services (DHCS)**

General updates were provided, including information about the State Budget. DHCS is taking a conservative approach on State spending for the upcoming fiscal year (FY) and there will be a

delay in certain programs statewide. For the fall budget process, DHCS is evaluating either new items signed by the Governor or initiatives planned to launch in FY 2017/18. DHCS is proposing to delay in Whole-Child Model (WCM) until July 1, 2018.

Whole-Child Model Infrastructure and Administrative Updates

Jacey Cooper, Assistant Deputy Director of Health Care Delivery Systems, DHCS

Javier Portela, Managed Care Operations Division Chief, DHCS

Per SB586, changes to the Advisory Group (AG) committee. DHCS is currently forming a Performance Measures Technical Workgroup (TWG) to align and standardize performance measures across Children with Special Health Care Needs programs. DHCS is requesting participants to be part of group with the intent to assemble by February/March 2017. DHCS will collaborate with the Lucille Packard Foundation for a spring workshop focused on Complex Care & Family Engagement. DHCS notes public confusion exists between the county Medical Therapy Program (MTP) and managed care plans (MCP) relationship; DHCS is collaborating with county programs to host a webinar in the summer/fall to discuss the role of the MTP, best practices, and information sharing. Phase 1 is planned for July 1, 2018. A revised WCM timeline will be added to the WCM website. Currently, DHCS is receiving feedback for the CCS administrative allocation methodology from counties. DHCS is also working on the health plans and counties MOU. A Memorandum of Understanding (MOU) template is anticipated to go to counties and health plans for comment early 2017. Refer to the [PowerPoint Presentation](#), slides 5 through 11.

Questions and Comments

Question: Please review the changes made to the AG committee.

Response: We invited County Organized Health Systems (COHS) CEOs to join the AG committee. We will post the revised AG committee member list on the AG website.

Question: If families want to keep their county CCS nurse case manager, has the Department gotten any closer in determining the transfer of responsibility and allocation?

Response: The administrative responsibility for both case and care management, for CCS children in WCM, is provided by the MCP. However, the MCP can contract with the county to provide some of those services. In SB586, a provision exists to allow public health nurses (PHN) to continue service for continuity of care (COC) purposes if the beneficiary requests and will be outlined in the MOU template. Beneficiary notices will also convey the beneficiary's rights.

Question: The elements of the MOU will only be applicable to what is transitioning in the statute and not what is addressed in the contractual arrangement that may or not exist?

Response: Correct. Plans will need to execute a separate contract if they contract back to the county.

Beneficiary Notices

Javier Portela, Managed Care Operations Division Chief, DHCS

Health plans and DHCS will collaborate for mailing the beneficiary notices. Health plans will provide 90-, 60-, and 30-day notices to beneficiaries. Refer to the [PowerPoint Presentation](#), slides 12 through 13.

Questions and Comments

Question: Will beneficiary notices be mailed or are other methods available?

Response: DHCS will use both mail and telephone calls using beneficiary information available in the Medi-Cal Eligibility Data System (MEDS).

Division of Responsibility (DOR)

Jacey Cooper, Assistant Deputy Director of Health Care Delivery Systems, DHCS

Patricia McClelland, Systems of Care Division Chief, DHCS

Javier Portela, Managed Care Operations Division Chief, DHCS

Division of responsibility (DOR) administrative functions: what being shifted and what remains the same? Under the WCM some CCS administrative functions that are currently the responsibility of the county move to the WCM health plans. No changes to the MTP and PPCW programs. Refer to the [PowerPoint Presentation](#), slides 14 through 17.

Questions and Comments

Question: Regarding the coordination of review of authorization for NICU children, the State will be the entity making the eligibility determination and review the acuity criteria for the carved out counties, correct?

Response: Correct.

Question: Program eligibility includes medical eligibility on the DOR, correct?

Response: Correct.

Question: In the Southern California region, there is a lot of ‘churn’ in terms of where people live and many children will be transitioning in and out of WCM counties. How will this scenario be handled?

Response: DHCS is brainstorming what touch points will cause an issue regarding transferring of children.

Question: Under the county column, why is there no MTU under responsibility?

Response: Medical Therapy Unit (MTU) and MTP are not transitioning in the WCM.

Medicaid Managed Care Final Rule (Final Rule)**Javier Portela, Managed Care Operations Division Chief, DHCS****Aaron Toyama, Managed Care Quality Monitoring Branch Chief, DHCS**

There has been a change due to the Final Rule, which is the first major overhaul of the managed care regulations since 2002. Changes in Grievances and Appeals (G&A) process include adjustments to timeframes for filing G&A's, adjustments to the process/flow including exhausting all G&A rights at the MCP level before proceeding to a State fair Hearing. Additionally there have been changes to network adequacy requirements including time and distance standards for provider types and the annual network certification process. Refer to the [PowerPoint Presentation](#), slides 18 through 26.

Questions and Comments

Question: Does the Final Rule apply to all health plans regardless if COHS or Knox-Keene licensed?

Response: Yes, the Final Rule applies to both as of July 1, 2017.

Suggestion: DHCS is encouraged to look at timely access, access to care, and time and distance standards.

Response: DHCS is developing standards for timely access, access to care, and time and distance. DHCS acknowledges access to care is important; and will focus on time and distance standards, which are in the Federal Regulations, and look at timely access across the board.

Question: Will children with special healthcare needs be part of the quality rating system, regarding performance measures?

Response: DHCS receives direction from Centers for Medicare and Medicaid Services (CMS) and currently does not know what CMS will require; but once we have a base, the quality rating system will be fine-tuned.

Question: What is the timeline for notices, stakeholder process, etc. for a July 1, 2018 implementation?

Response: All Plan Letters (APL) will address timeline requirements and contract amendments.

Continuity of Care (COC)**Andrew Kilgust, Contract Compliance Section Chief, DHCS**

Refer to the [PowerPoint Presentation](#), slides 27 through 34.

Questions and Comments

Question: Regarding durable medical equipment (DME), the benefit for DME to CCS is broader than to Medi-Cal enrollees. At the October 5, 2016 AG meeting, DHCS said there will be conversations about how the DME benefit would be approached. Are there formal conversations occurring currently with the county, providers, health plans, vendors, and specialty care coalition? Or are these private/individual conversations?

Response: Conversations have been informal to this point. We have a MTP workgroup that meet on a regular basis. Also there are discussions with engaged medical therapists providing program feedback. DHCS has reached out to other providers, vendors, etc. about concerns or issues they may have. There will be an APL drafted.

Question: Will the draft APL be made available for the AG committee to review?

Response: DHCS typically sends out APLs for public comment with a two-week turnaround time.

Question: How will DHCS streamline the process, making it simple to collect quality data?

Response: Regarding the data collection component, the MCP will ultimately be the holder of the encounter/quality data, which is where the State will receive the quality data. DHCS has started internal discussions about how the encounter/quality data will get to the end destination.

Question: Who is responsible at the local level to alert families of the WCM transition process? The plan, the county, or both?

Response: DHCS will work on the notices. The MCPs will at times send the notices out with DHCS' approval. In the notice, it will inform a beneficiary to contact the MCP for more information.

Question: Slide 28, COC, it would be great to have case examples. What do families need to do to get the 12 months COC? Is COC a right or does something need to trigger the 12 months COC?

Response: The families do not have to do anything to trigger COC. DHCS will provide the MCP all utilization data prior to the transition; stipulating that the beneficiary has seen the provider once in the past 12 months.

Question: What circumstances would prevent the 12 months of COC?

Response: If the provider had their license suspended, debarred, pending hearing, or unpaneled from the hospital.

Question: How does a beneficiary extend COC past 12 months?

Response: The beneficiary will need to ask the MCP. Families will receive a notice informing that COC is ending and provide options for next steps.

Question: After a beneficiary exhausts his grievance and appeals rights at the MCP level, at what point will the beneficiary be informed of his right to request an appeal at the State/director level?

Response: The MCP will inform the individual. The final MCP level notice will inform the beneficiary of the right to appeal to the Director. DHCS will also have a process in place to work with the MCP when these cases arise.

Question: Will families get a list of providers that they have seen in the last 12 months?

Response: DHCS will research if this is administratively possible.

Question: In SB586, are appeals to the Director only for providers for COC? Not DME or PHN?

Response: SB586 is targeted to physicians.

Open Discussion

Jennifer Kent, Director, DHCS

Question: Regarding plan readiness criteria, is DHCS interested in using the Advisory Group as a vehicle for commenting?

Response: DHCS has not completed the documentation, procedures and policies (P&Ps), and so forth and would like to do more internal work prior to sharing the plan readiness criteria.

Public Comments

Jennifer Kent, Director, DHCS

Question: Regarding DOR and budget allocation on Slide 17, the medical case management section is missing from county responsibility. This section is where we put our medical consultant and nurses who do the Medi-Cal eligibility determination. On the Proposed WCM Staffing Calculator, this function appears to be missing.

Response: DHCS will review the medical case management section of the Proposed WCM Staffing calculator and encourage counties to provide their questions by the end of the 2-week comment period.

Question: The implementation timeline previously had two phases with Orange County being in Phase 2, is this still the case with the new timeline?

Response: Yes. Phase 1 is July 1, 2018 and Phase 2 is being pushed back to January 1, 2019.

Next Steps and Next Meetings

All materials will be posted on the DHCS website at

<http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>

Next meetings on the following dates:

- April 5, 2017
- July 12, 2017