



**Department of Health Care Services
California Children's Services (CCS) Advisory Group
July 11, 2017**

Meeting Summary

Members who attended: Maya Altman, Health Plan of San Mateo; Steven Barkley, MD, Santa Barbara Cottage Hospital; Richard Chinnock, MD, California Specialty Care Coalition; John Patrick Cleary, MD, California Association of Neonatologists; Arlene Cullum, Sutter Health; Kristen Dimou, County of San Diego Health and Human Services Agency; Tonya Erickson, Monterey County Health Department; Michael Harris for Bob Freeman, CenCal Health; Michelle Gibbons, County Health Executives Association of California; Teresa Jurado, CCS parent representative; Lara Khouri, Children's Hospital Los Angeles Medical Group; Ann Kuhns, California Children's Hospital Association; Lael Lambert, Marin County CCS; Alan McKay, Central California Alliance for Health; Ed Schor, MD, Lucile Packard Foundation for Children's Health; Laurie Soman, Children's Regional Integrated Service System; and David Souleles, Orange County Health Care Agency.

Members who attended by phone: Nick Anas, MD, Children's Hospital – Orange County; Domonique Hensler, Rady Children's Hospital of San Diego; Ann Kinkor, Epilepsy California; Tony Pallitto, Kern County Public Health Services Department; and Amy Westling, Association of Regional Center Agencies.

Members who did not attend: Michelle Cabrera, SEIU California; Kris Calvin, American Academy of Pediatrics, CA; Juno Duenas, Family Voices; Liz Gibboney, Partnership HealthPlan of California; Kelly Hardy, Children Now; Kausha King, Care Parent Network; Tom Klitzner, MD, California Children's Services, UCLA; Dave Kramer-Urner, Santa Cruz County CCS; Tony Maynard, Hemophilia Council of California; Michael Schrader, CalOptima; and Farrah McDaid-Ting, California State Association of Counties.

DHCS Staff: Jennifer Kent, Director; Jacey Cooper, Assistant Deputy Director; Patricia McClelland, Division Chief; Javier Portela, Division Chief; Nathan Nau, Division Chief; and Maria Jocson, MD, Public Health Officer.

Guest Speakers: Maryann O'Sullivan, Independent Health Policy Consultant, Lucile Packard Foundation for Children's Health.

Agenda: http://www.dhcs.ca.gov/services/ccs/Documents/Agenda_7-11-17.pdf

Presentation slides:

http://www.dhcs.ca.gov/services/ccs/Documents/CCS_AG_Meeting_PPT_7-11-17.PDF

Welcome, Introductions, and Purpose of Today’s Meeting

Jennifer Kent, DHCS

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

General Updates

Jennifer Kent, DHCS

Federal updates included an overview of DHCS’ fiscal analysis of the [Better Care Reconciliation Act](#).

The State Fiscal Year started on July 1, 2017. DHCS released State Plan Amendments (SPAs) for Proposition 56 funding appropriated by the Legislature. This is the tobacco tax revenue that is intended to enhance Medicaid rates. Appropriations were included for:

- Dental
- Physician Services
- Intermediate Care Facilities for the Developmentally Disabled (ICF-DD)
- Women’s Health
- AIDS Waiver Program
- State Funded Abortion Services

Complex Care and Family Engagement Spring Workshops

Maryann O’Sullivan, Independent Health Policy Consultant, Lucile Packard Foundation for Children’s Health

Patricia McClelland, Systems of Care Division Chief

DHCS hosted two workshops in collaboration with Lucile Packard Foundation for Children’s Health, Family Engagement and Complex Care. The purpose of the Family Engagement Workshop is to provide a venue in which Whole-Child Model (WCM) health plans may consider various options for successful Family Advisory Committees. The purpose of the Complex Care Workshop is to discuss the care of children with medical complexity in the WCM and the potential role of complex care clinics. Workshop representatives included County Organized Health Systems (COHS) and Children and Youth with Special Health Care Needs (CYSHCN) Advisory Committee subject matter experts.

Refer to the [PowerPoint Presentation](#), slides 4 through 14.

Questions and Comments

Question: What are the next steps? Is the group going to convene again? What is the plan for rollout?

Response: This information sharing session was intended for health plans to learn best practices and implement them into their existing structures. There will not be a follow-up workshop.

Performance Measures Technical Workgroup (TWG)
Patricia McClelland, Systems of Care Division Chief, DHCS
Dr. Maria Jocson, Public Health Medical Officer, DHCS

DHCS shared the proposed performance measures from the TWG. The group analyzed performance measures across various CYSHCN programs, including: the CCS Program, Title V Federal Block Grant, 1115 Waiver CCS Demonstration Project, and the WCM.

Refer to the [PowerPoint Presentation](#), slides 15 through 24.

Questions and Comments

Question: Several of the Access to Care measures do not indicate a measurable period. Are you still working to identify those periods?

Response: There is a specified numerator and denominator within each measure. The presentation displays an overview of those measures.

Question: In terms of the measures for 14 years and up, did the TWG break out the chronic health conditions in your measurements?

Response: CCS has a list of eligible medical conditions. The conditions are available on DHCS' website, <http://www.dhcs.ca.gov/provgovpart/Documents/CCS%20eligible%20medical%20conditions.pdf>.

Question: What is the level of reporting for these measures? Are these measures for the plans, medical group, or the providers? How will this be handled in the WCM?

Response: DHCS is working to define a core set of measures. For CCS or the Plan and Fiscal Guidelines (PFG) or Title V, the data pulled will depend on the program in order to meet CMS requirements DHCS intends to implement consistent measures across the programs to ensure that the Department is communicating the impact of those programs across the state.

Question: Will the document have information about expectations of collection methods?

Response: There is a data source in the specification document. It specifies what the numerator, denominator, and data source should be.

Question: How are the performance measures going to be used? Will DHCS compare WCM counties to non-WCM counties? How does DHCS intend to use the data?

Response: There are various programs that require reporting. For example, the 1115 Demonstration Project is required to have certain reporting elements that are in the 1115 Special Terms and Conditions. DHCS is meeting those requirements to CMS in reporting those measures. The WCM is following the same reporting elements. Senate Bill (SB) 586 has a list of evaluations that clearly calls for evaluation between WCM counties and non-WCM counties. It depends on the program, the purpose of the measure, why it exists, and what DHCS is achieving.

Question: There are different measures for different groups that will come from different places, health plans, hospitals, counties, at different time measures. Part of the goal of this group was to look at the pre- and post-movement into the WCM and to demonstrate that it does what the families and beneficiaries need it to do. Is there going to be a place that brings it together and specifically looks at that as an evaluation?

Response: For the WCM, DHCS will meet the requirements of SB 586 that requires a comparison between the two environments and not necessarily pre- and post-WCM. It's a comparison between the WCM and non-WCM during the same time period. The independent evaluator and the CMS approved evaluation design will help define the WCM evaluation.

Question: Is there any consideration to measure family satisfaction and have it be part of the evaluation process?

Response: In CCS, family satisfaction is measured according to the four components mentioned for the first measure under family participation, which include answers to surveys, group discussion, participation in task forces and committees, and transition planning.

Neonatal Intensive Care Unit (NICU) Discussion Group Update
Javier Portela, Managed Care Operations Division Chief, DHCS
Patricia McClelland, Systems of Care Division Chief, DHCS

DHCS shared the recommendation from the NICU discussion group.

Refer to the [PowerPoint Presentation](#), slides 25 through 29.

Questions and Comments

Question: How does the recommendation improve NICU coordination in the WCM?

Response: Currently, physicians and facilities are sending authorization requests to two entities and waiting for the state or county to approve or deny NICU acuity assessment and NICU authorization so the health plan can approve NICU coverage. In addition, concerns regarding NICU discharge were discussed. The plans need to be aware so they can begin the discharge and transition outside of the NICU. It's more efficient and provides a more coordinated environment when the plans do acuity assessment and authorization. The plan is more informed and aware to administer the overall care to the child.

Question: How will DHCS know that plans are following the CCS Numbered Letters (N.L.) for NICU acuity?

Response: DHCS performs medical audits to assess the care that is authorized or not authorized to ensure it meets requirements.

Question: Is the WCM NICU recommendation because these children would not be CCS eligible when they leave the NICU?

Response: CCS eligibility was taken out of the discussion. Participants of the discussion felt NICU acuity is not eligibility. It is an assessment of acuity. There still needs to be a CCS eligibility determination after the beneficiaries leave the NICU. These beneficiaries may gain CCS eligibility, or they may not, but the goal is to have the plan with them the entire way. If the child does qualify for CCS, they are being assessed as they leave the NICU.

Question: What is the protocol for those beneficiaries referred back to the CCS Program for medical eligibility determination?

Response: For those cases, the plans in the WCM will be responsible for the CCS beneficiary's care after discharge. County CCS may have already completed eligibility by the time of discharge or maybe a referral is given afterwards. It depends on the timing of the referral and the timing of the eligibility process.

Memorandum of Understanding (MOU) Template Update **Javier Portela, Managed Care Operations Division Chief, DHCS**

DHCS provided an overview of the MOU template.

Refer to the [PowerPoint Presentation](#), slides 30 through 32.

Questions and Comments

Question: How are the stakeholder comments and feedback going to be structured or incorporated into the MOU?

Response: We are categorizing the responses into different areas. Many of the responses were general WCM comments and did not fall into the categories in the MOU. The Department received feedback that will be incorporated into the MOU. Other comments and feedback received are more suited to be included in the contract between the plan and the county.

Implementation Timeline

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

DHCS provided an updated WCM timeline and gave an overview of the timeline.

Refer to the [PowerPoint Presentation](#), slides 33 through 39.

Questions and Comments

Question: Given the implementation timeline, is there a timeline to indicate what the county and Managed Care Plan (MCP) staffing responsibility or staffing structure might be? What is the timeline for MCPs to decide if they will be contracting with the counties?

Response: DHCS defers to counties and health plans for local conversation.

Question: Where in the July-to-December period is the provision of utilization data?

Response: Some utilization data, if not all, is already flowing to the plans. The Department is also going to give MCPs a complete provider file because CCS providers are not always within the county.

Question: How much latitude do the counties and the plans have in altering the draft MOU?

Response: There are certain provisions that cannot be changed. There are core responsibilities assigned to the plans. There are core responsibilities the counties will retain, such as eligibility. Some things will allow flexibility, such as how the advisory groups are composed.

Question: Will the draft of the notices be sent to Family Voices of California (FVCA) or family advisory committees?

Response: The notices will be sent to the AG committee, FVCA, and other stakeholders to review and provide feedback.

Integrated Systems of Care

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

DHCS gave an overview of the integration of Systems of Care Division and Long-Term Care Division into Integrated Systems of Care Division.

Refer to the [PowerPoint Presentation](#), slides 39 through 44.

Questions and Comments

Question: Will there be pediatricians, physicians, and nurses with expertise in children with special health care needs located in the Los Angeles office responsible for eligibility and authorization?

Response: All the physicians will remain in Sacramento. They will work closely with the Los Angeles team when it comes to a second level of review and have oversight. The physicians would have oversight in the standard practice and/or recommendations around guidelines for what is allowable and what are the best practices for reviewing and approving SARS.

Question: Is there anything in the reorganization chart regarding oversight of the CCS medical therapy program (MTP)?

Response: Yes. The CCS and MTP unit will oversee CCS and MTP from a policy perspective.

Open Discussion

Jennifer Kent, Director, DHCS

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

Question: Would DHCS consider using the authorization chart or a variation of the chart from the NICU discussion, and distribute it to address the inconsistent application of the authorization process?

Response: The tool shared with the discussion group was great. It communicated clear expectations to allow for standardization. DHCS will discuss how we will share the document.

Public Comments

Jennifer Kent, Director, DHCS

No questions during this section.

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 date:

- October 4, 2017