



California Children's Services (CCS) Program

Advisory Group Meeting

July 11, 2017



Welcome, Introductions, and Purpose of Today's Meeting

Jennifer Kent
Director
Department of Health Care Services

Agenda

- Welcome, Introductions and General Updates
- Complex Care and Family Engagement Spring Workshops
- Performance Measures Technical Workgroup (TWG)
- Neonatal Intensive Care Unit (NICU) Discussion Group Update
- Memorandum of Understanding (MOU) Template Update
- Implementation Timeline
- New Division and Restructure
- Open Discussion
- Public Comments, Next Steps, and Upcoming Meetings

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
Department of Health Care Services

Family Engagement Workshop

Purpose

To provide a venue in which Whole-Child Model (WCM) health plans may consider various options for successful Family Advisory Committees

Workshop Representatives

County Organized Health Systems (COHS)

- 14 Representatives; Central California Alliance for Health (CCAH), CalOptima, Health Plan San Mateo (HPSM) Partnership, and CenCal
- Special participation by parent coordinator from CCS/HPSM Parent Advisory Group

Children and Youth with Special Health Care Needs (CYSHCN) Advisory Committee Subject Matter Experts

- Family Voices of California Project Leadership
- Family Centered Care, Lucile Packard Children's Hospital

Family Engagement Workshop – Agenda

Sharing experiences and best practices from:

- COHS and their existing Advisory Committee work with members and stakeholders
- Experts engaging families of CYSHCN on Advisory Committees
- Input from attendees about next steps

Key Points from Family Voices of California Project Leadership

Special Considerations:

- Families of CYSHCN often facing lifelong health conditions; passionate about timely access to specialty care; understanding that the right care at the right time may be the difference between life and death; family must serve as key coordinators for their child's care; time can be a major challenge for these families.

Value of Training:

- Supporting parents on Family Advisory Committee (FACs) to gain knowledge of public systems; understand the role of FACs; understand processes involved in systems change; gain effective communication skills.

Family Engagement Workshop

Preliminary discussion of key topics for FACs

- Recruitment and retention of families
- Importance of diversity among committee members
- Role of translation and interpretation
- Training of families and staff
- Clearly identifying and communicating the role of the FAC
- Preparing FAC members for each meeting
- Preparing the health plan for advice from the FAC
- Providing feedback to the FAC regarding its recommendations
- Per diems
- Use of teleconferencing
- Relationship to statewide stakeholder advisory group

Family Engagement Workshop

Workgroup Recommendations

- Guidance/principles from DHCS regarding parameters for the FACs
- A health plan learning collaborative
- Periodic convening of members of the FACs
- Training of:
 - FAC family members
 - Health plan staff

Complex Care Workshop

Purpose

- To discuss the care of children with medical complexity in the WCM and the potential role of complex care clinics

Complex Workshop Topics

- Who are the children with medical complexity?
- Health Plan Experiences
- Complex Care Clinics

Workshop Participants

County Organized Health Systems

- 15 Representatives; CCAH, CalOptima, HPSM, Partnership, and CenCal

Presenters

- Children's Hospital Los Angeles: Tom Klitzner, MD, Carlos Lerner, MD
- Stanford: David Bergman, MD, Lee Sanders, MD

Special Guests

- Mr. and Mrs. Chamnes; CCS parents

Complex Care Workshop

Key topics for FACs

- Potential value of complex care clinics as part of the network
- Potential value of complex care clinics to children, families and providers
- Identify approaches for health plans to work with complex care clinics
- Discussion and experience from active complex care clinics
- Discussion regarding health plans' experience with complex care clinics and anticipated issues going forward

Feedback from Workshop Participants

- Shared understanding that the WCM is taking place
- All entities (CCS advocates, providers, MCPs) are working together ensuring the best outcome for the CCS children enrolling in the WCM
- Willingness on the part of all entities to work collaboratively
- Helpful for COHS health plans and CCS advocates to discuss experiences in caring for children with complex needs
- Spirit of shared values in the meeting and mutual respect for the work that each other (COHS health plans and CCS advocates) has been engaged in
- CCS advocates were pleasantly surprised with the experience that COHS health plans have with developing and implementing advisory committees
- COHS health plan highlighted the importance of committees, as well as how the input of committee members is communicated across the health plan

Performance Measures Technical Workgroup (TWG)

Patricia McClelland

Systems of Care Division Chief
Department of Health Care Services

Dr. Maria Jocson

Public Health Medical Officer
Systems of Care Division
Department of Health Care Services

Workgroup Goals

To align and standardize performance measures across all programs for Children and Youth with Special Health Care Needs (CYSHCN)

CYSHCN Programs and Performance Measure Categories

Programs

- 1115 Waiver CCS Demonstration Project
- CCS Program
- Title V Federal Block Grant
- Whole-Child Model (WCM)

Measure Categories

- Access to Care
- Care Coordination
- Family Participation
- Quality of Care
- Transition Services

Access to Care

Measures

- Percentage of CYSHCN with select conditions with a documented Special Care Center (SCC) visit within 90 days of referral
- Percentage of CYSHCN 12 months to 20 years of age with a Primary Care Physician visit
- Number of CYSHCN with select conditions and received service authorization
- Number of CYSHCN screened for clinical depression

Care Coordination

Measures

- Number of CYSHCN acute inpatient stays followed by an unplanned acute readmission for any diagnosis within 30 days
- CYSHCN utilization of emergency room, inpatient, outpatient, pharmacy, and mild/moderate mental health services per 1,000 member months
- Percentage of CYSHCN discharged from a hospital with at least 1 follow-up contact or visit within 28 days post-discharge

Family Participation

Measures

- CYSHCN family participation in surveys, advisory committee/task forces, transition plan, and family advocacy
- Number of completed informational trainings to increase awareness and participation in family engagement
- Percentage of local CCS programs with family member input on transition plan

Quality of Care

Measures

- Percentage of children at 2 years of age with appropriate childhood immunizations
- Percentage of CYSHCN with Type 1 or Type 2 diabetes mellitus and a recent hemoglobin A1c (HbA1c) $> 8\%$

Transition Services

Measures

- Number of CYSHCN > 14 years with chronic health conditions that extend past their 21st birthday and have a transition plan to adulthood biannual review
- Percentage of local CCS programs with family member input on transition plan

1115 Waiver Evaluation Design

Update

- DHCS received additional feedback on June 19, 2017 from CMS on the draft waiver evaluation design documents submitted in May 2017
- Further review by DHCS is needed
- Response due to CMS by July 14, 2017



Performance Measure TWG

Next Steps

DHCS will finalize standardized performance measures across CYSHCN programs



Neonatal Intensive Care Unit (NICU) Discussion Group Update

Javier Portela

Managed Care Operations Division Chief
Department of Health Care Services

Patricia McClelland

Systems of Care Division Chief
Department of Health Care Services

NICU Highlights

NICU discussion group had two (2) meetings - April and May

NICU acuity versus CCS eligibility

Discussions focused on the operational areas of NICU acuity assessment, authorization, and payment

Discussion surrounding physician versus facilities payment

Discussion group to identify efficiencies and streamline the process for providers/hospitals

NICU Case Scenarios

Case #1 - Baby born to Medi-Cal managed care mom

- Baby admitted directly to NICU and later transitions to nursery
- Baby covered under mom's Medi-Cal managed care

Case #2 - Baby born to Fee-For-Service (FFS) mom

- Healthy delivery but subsequently admitted to NICU
- Baby covered under mom's Medi-Cal for the month of birth and following month
- Baby stays in the NICU greater than 2 months

Case #3 - Baby has own individual managed care coverage

- Baby admitted from the ER to the NICU
- Baby has own CIN (Client Index Number) and coverage

Proposed NICU Matrix

The chart below identifies the entity (state, county, or health plan) is currently responsible for NICU acuity, authorization, and payment functions

| | NICU Acuity | Authorization | Payor (Facility/Physician) |
|----------------------------------|-------------|---------------|-------------------------------|
| | | | |
| <i>Independent Carve-In</i> | HP | HP | HP |
| | | | |
| <i>Independent Carve-Out</i> | HP | HP | STATE |
| | | | |
| <i>Dependent Carve-Out</i> | HP | HP | STATE |

Recommendation

- Recommendation is for one entity, the health plan, to perform both the NICU Acuity Assessment and Authorization while the health plan/State continues as the payor
- This improves coordination and lessens confusion for providers/hospitals

Memorandum of Understanding (MOU) Template Update

Patricia McClelland

Systems of Care Division Chief
Department of Health Care Services

Javier Portela

Managed Care Operations Division Chief
Department of Health Care Services

MOU Template

Identifies the responsibilities and obligations for both the county and health plan

Scope of Responsibilities (SOR) identifies the roles and responsibilities as they relate to Eligibility and Enrollment services, Case Management services, Continuity of Care services, Advisory Committees, Data Sharing, Dispute Resolutions, Neonatal Intensive Care Unit (NICU) services and Quality Assurance

MOU Template

30-day public comment period ended June 12th

Template is a wire frame and can be customized based on needs of the individual counties and the health plans

Different from the health plan contract

DHCS reviews the final MOUs

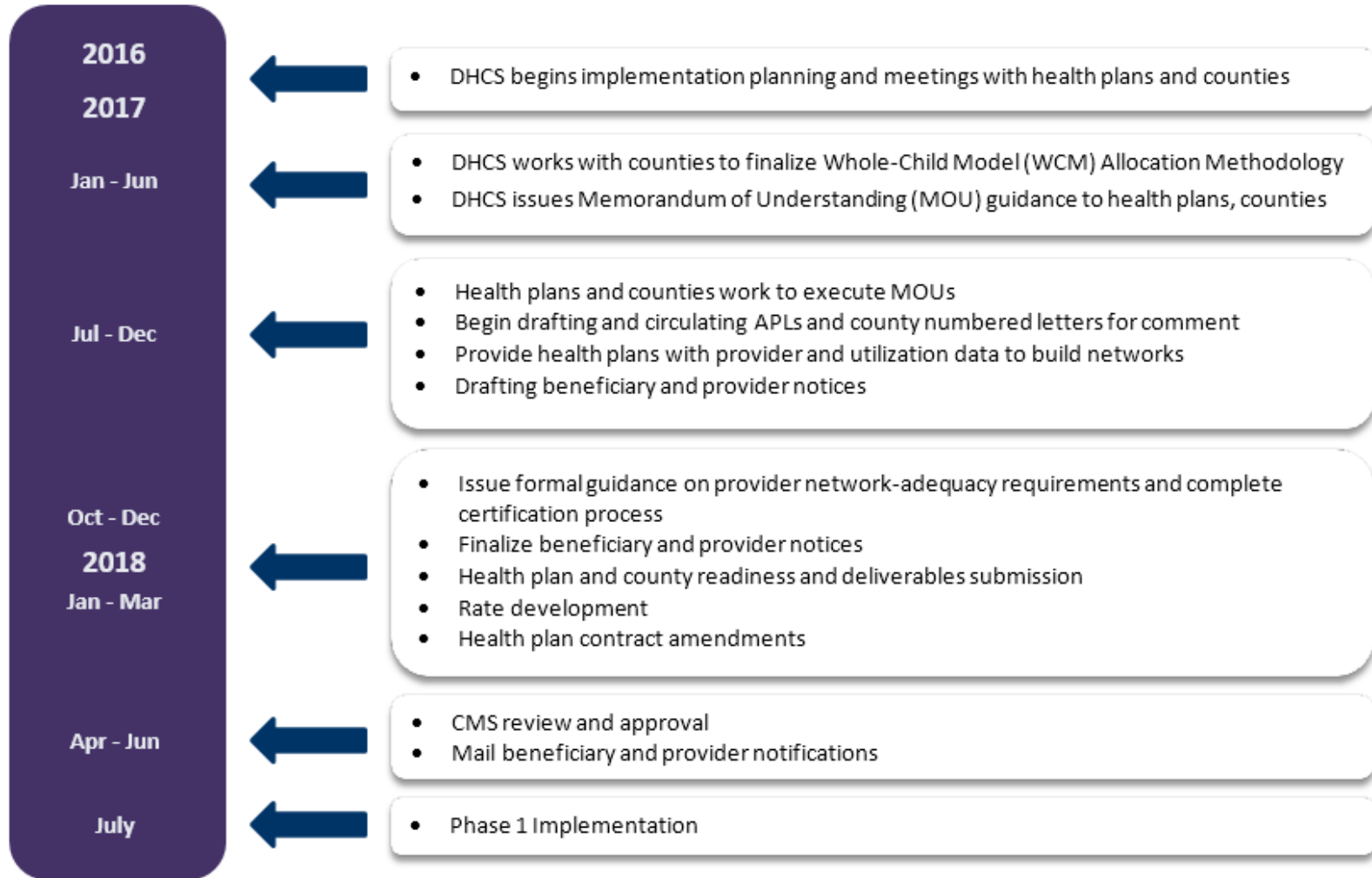


Implementation Timeline

Jacey Cooper

Assistant Deputy Director
Health Care Delivery Systems
Department of Health Care Services

Implementation Timeline



July - December 2017

Health plans and counties work to execute MOUs

Begin drafting and circulating APLs and county numbered letters for comment

Provide health plans with provider and utilization data to build networks

Drafting beneficiary and provider notices

October 2017 - March 2018

Issue formal guidance on provider network-adequacy requirements and complete certification process

Finalize beneficiary and provider notices

Health plan and county readiness and deliverables submission

Rate development

Health plan contract amendments

April - June 2018

CMS review and approval

**Mail beneficiary and provider
notifications**

July 2018



Implementation



Integrated Systems of Care

Jacey Cooper

Assistant Deputy Director

Health Care Delivery Systems

Department of Health Care Services

Multi-division Assessment

- Reorganization of projects / initiatives / operations among HCDS divisions
- Identify system duplications and, where necessary, merge services
- Reorganize HCDS divisions based upon scope of work and level of program expertise
- Identify areas of opportunity for organizational development, staff engagement, staff training, operational efficiencies, and infrastructure investment

Deep Dive of Long Term Care and Systems of Care Findings

- Multiple Locations
- Vacant Positions
- Silos
- Key person dependencies and limited cross-training
- Lack of infrastructure investment
- One-off programs or services
- One-stop shop

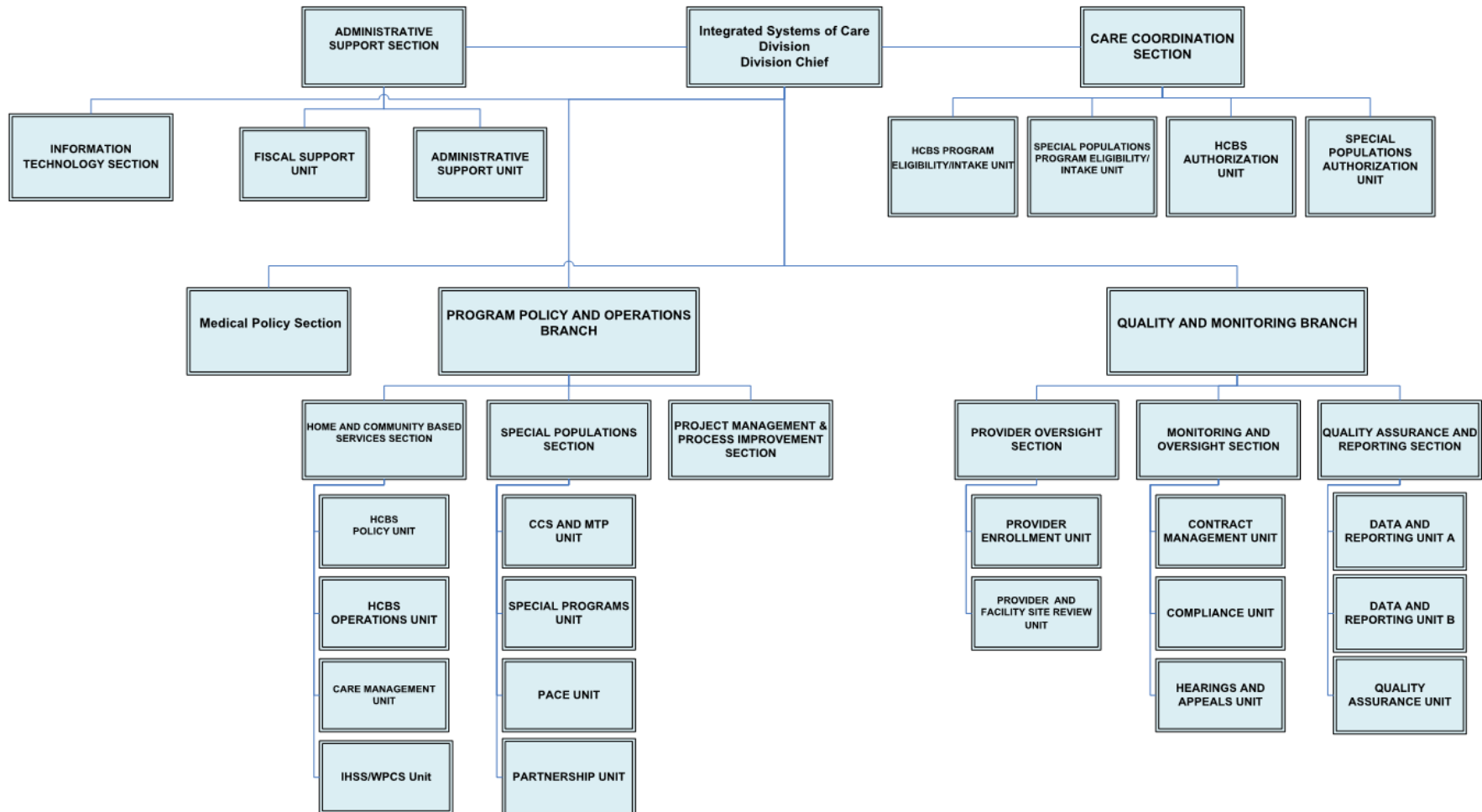
Integrated Systems of Care Restructure Goals and Objective

- Increase efficiencies through standardization
- Improve antiquated service systems
- Increase program administration accountability
- Improve service delivery and customer service
- Increase communication and engagement for stakeholders and employees

Clinical Assurance and Administrative Support Division (CAASD) Transition

- Program authorizations that will transition to CAASD:
 - Non-waiver State Plan Services & Early and Periodic Screening, Diagnosis, and Treatment
 - Private Duty Nursing
 - Pediatric Day Health Care
 - Fee-For-Service Community-Based Adult Services
 - Cochlear Implant
 - Genetically Handicapped Persons Program
- Policy and program decision will remain with Integrated Systems of Care Division

Organization Chart



Public Comments, Next Steps, and Upcoming Meetings

Jennifer Kent

Director

Department of Health Care Services

Jacey Cooper

Assistant Deputy Director

Health Care Delivery Systems

Department of Health Care Services

WCM Workshop Schedule



**End of
2017**

Medical Therapy Program and the Whole-Child Model

To help health plans understand the function and role of MTP and how it relates to WCM.

2017 CCS AG Meeting

1700 K Street

- October 4, 2017
(Wednesday)



Information and Questions

- For Whole-Child Model information, please visit:
 - <http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>
- For CCS Advisory Group information, please visit:
 - <http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>
- If you would like to be added to the DHCS CCS Interested Parties email list or if you have questions, please send them to CCSRedesign@dhcs.ca.gov