

# California Children's Services Redesign

## **Care Coordination / Medical Home / Provider Access Technical Workgroup Webinar**

January 28, 2016

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# Agenda

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- **Welcome, Introduction, and Purpose of Today’s Meeting**
    - Anastasia Dodson, Associate Director for Policy, DHCS
  - **Alameda County CCS Intensive Care Coordination**
    - Katie Schlageter, MS/HCA, CCS Administrator, Alameda County
    - Marilyn Romero, MSN, CCS Nurse Manager, Alameda County
  - **Kern County CCS Strategic Management**
    - Tony Pallitto, CCS Administrator, Kern County
  - **Los Angeles County CCS Case Management Redesign Project: Keys to Success**
    - Dr. Mary Doyle, Associate Medical Director, Los Angeles County CCS
  - **Workgroup Discussion**
  - **Wrap-up and Next Steps**
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# **Welcome, Introductions, and Purpose of Today's Meeting**

**Anastasia Dodson**  
DHCS Associate Director for Policy

# Recent Topics and Information

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- December 11 Workgroup Webinar:
    - An Overview of California County Public Mental Health Services for Children by County Behavioral Health Directors Association of California
    - Integration of Behavioral Health Services for Children with Chronic Illness Medical Therapy Program Overview by CHOC
    - Alameda County CCS Mental Health Initiative
  - January 6 CCS Advisory Group meeting:
    - Medi-Cal Managed Care (MCMC) Health Plan and CCS Requirements
    - MCMC Health Plan Readiness
    - MCMC Health Plan Monitoring (Preview)
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# Alameda County CCS Intensive Care Coordination

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT

Katie Schlageter, MS/HCA, CCS Administrator

Marilyn Romero, MSN, CCS Nurse Manager

January 28, 2016

# Intensive Care Coordination Background

Of the 6,619 children/youth receiving medical case management in Alameda County, the pilot project focuses on:

- Children/youth with greatest medical complexity
- Clients/families with significant psychosocial needs

Provide enhanced client and family-centered services

# Defining Care Coordination

Pediatric care coordination is a patient- and family-centered, assessment driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes.

*Richard Antonelli, Jeanne McAllister Jill Pop, "Making Care Coordination a Critical Component of the Pediatric Health System: A Multidisciplinary Framework," The Commonwealth Fund, May 2009.*

# Desired Outcomes of ICC

- Decrease family stress
- Increase family satisfaction
- Increase school attendance

*Measured with pre- and post-survey*



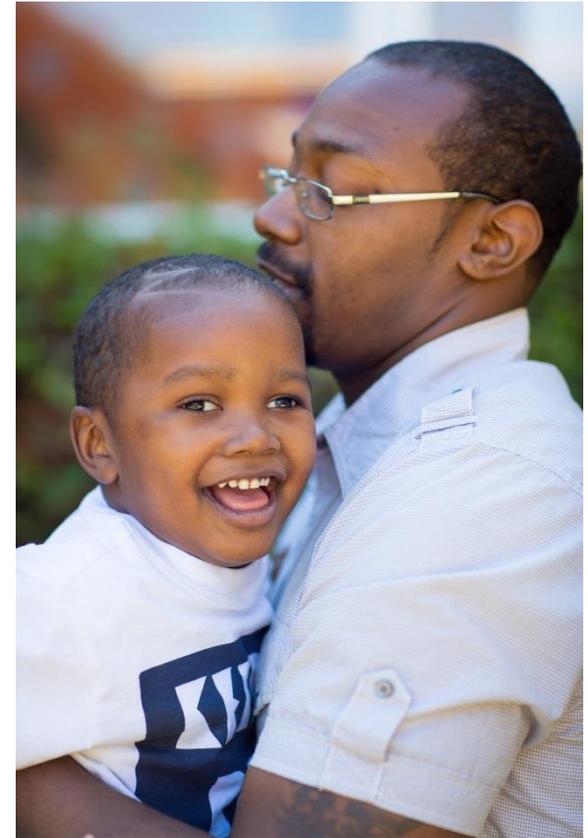
# Addressing Health Equity

- African American/Black and Latino/Hispanic living in poverty **experience health disparities** in greater proportions
  - Avoidable ED rates and asthma hospitalization highest among African Americans
  - Latinos uninsured at double the rate of White residents (15.7%)
  - Latino women lowest rates of access to prenatal care
  - Barriers to health information and education

*Alameda County Community Health Assessment—Data Profile, 2014, Alameda County Public Health Department, Community Assessment, Planning, and Education (CAPE) Unit.*

# Inclusion Criteria

- High Acuity Screen score
- At least one parent proficient in English or Spanish
- Prioritize African American and monolingual Spanish speaking families
- All ages
- Prioritize specific diagnoses



# Components of ICC

- Acuity Scale Tool
- Needs Assessment and Intervention Tool
- Care Plan/Database
- Case Conferences
- Monthly phone calls to family
- Reassessment of family needs at least every 6 months

# Risk Factors/Acuity Scale

- Medical Condition
- Multiple Providers/Vendors
- Hospitalization Details
- DME/Supplies/  
Pharmaceuticals
- Coordination Issues
- Social Issues
- Insurance Issues



# ICC Database

Main-Program Client Assessment and Intervention

Client Info/Staff Notes Nursing Assessment and Intervention QA Nursing Assesmt and Int QA2 Coordination Issues Social Work Assessment and Intervention Transition A

Client Name  CCS No  ContactParent  NCM:

**#1 Why patient has CCS?** Date 1 2 3

#							
1	Patient/family verbalizes understanding of why patient has CCS? [yes/no]	<input checked="" type="checkbox"/>	6/25/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Provide orientation to CCS. [InfoBox opens with important highlights]	<input checked="" type="checkbox"/>	6/25/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Send brochure	<input checked="" type="checkbox"/>	6/25/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Send SAR with card	<input checked="" type="checkbox"/>	6/25/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Send improved welcome letter, including reference to CCS website.	<input checked="" type="checkbox"/>	6/25/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Intervntn:  test nursing ai  
 Comments:  
 FollowUp to reassess:

**#2 PF Verbalizes Understanding diagnosis**

#							
1	Patient/family verbalizes understanding of diagnosis? [yes/no]	<input checked="" type="checkbox"/>	7/24/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Refer to CCS authorized provider	<input checked="" type="checkbox"/>	7/24/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Provide general information	<input checked="" type="checkbox"/>	7/24/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Refer to appropriate resources	<input checked="" type="checkbox"/>	7/24/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Other interventions	<input checked="" type="checkbox"/>	7/24/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

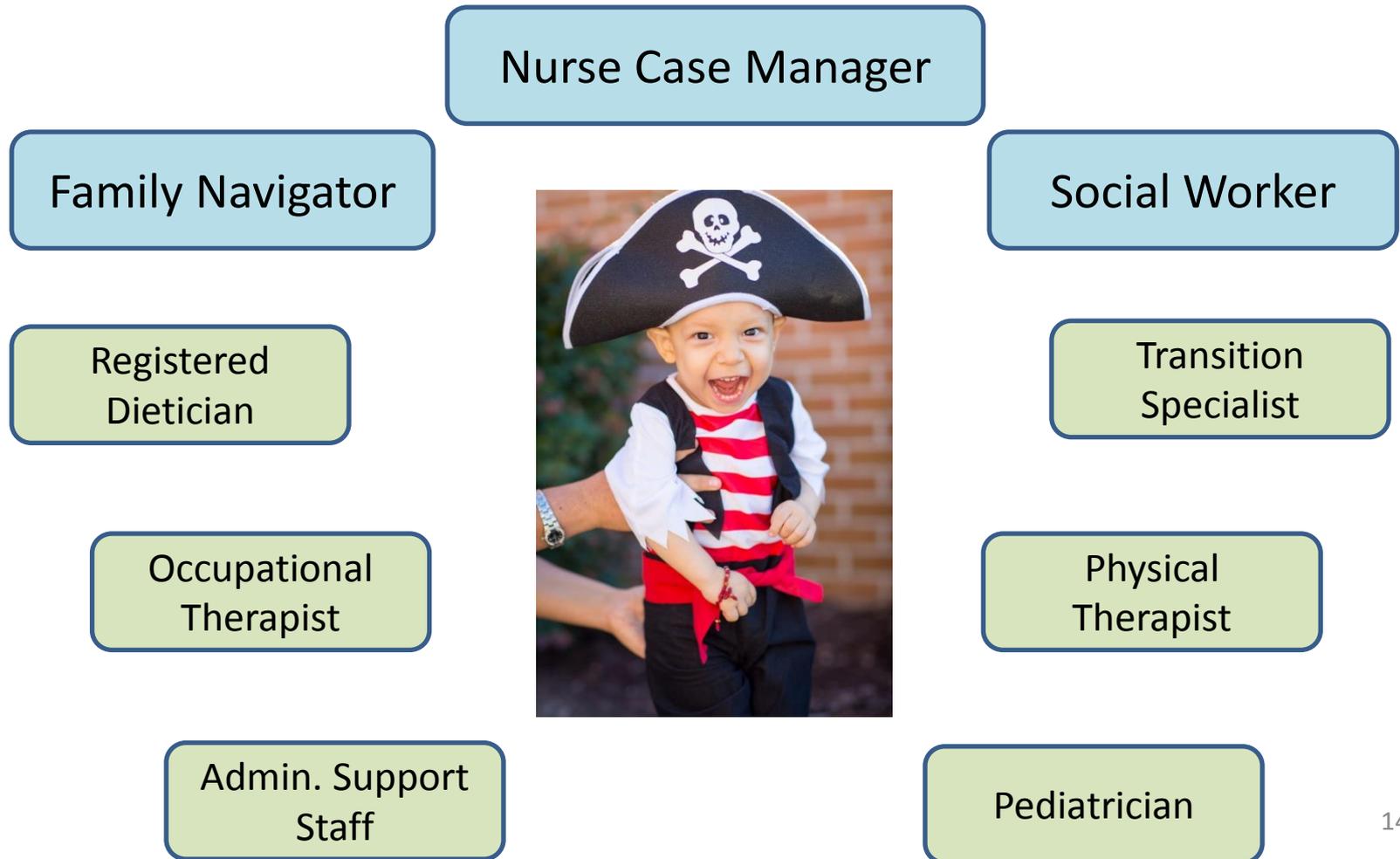
Other Intervntn:  33  
 Comments: 33  
 FollowUp to reassess:

**#3 Patient Receiving Services Appropriate Medical Home?**

#							
1	Patient receiving services at appropriate medical home? [yes/no]	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Refer to available medical home (CHDP, etc)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Refer to managed care or insurance plan for resources	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Refer to community provider/liaison	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Refer to health educator	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Intervntn:   
 Comments:  
 FollowUp to reassess:

# ICC Case Conference Team



# Challenges

- Nurse Case Manager case load
- Difficulty contacting families
- Transient population
- Capacity of social worker and family navigators
- Requires weekly meetings with pilot staff
- Developing the database
- Developing outcomes and survey

# Questions?

Katie Schlageter:

[Katie.Schlageter@acgov.org](mailto:Katie.Schlageter@acgov.org)

Marilyn Romero:

[Marilyn.Romero@acgov.org](mailto:Marilyn.Romero@acgov.org)



**Alameda County Public Health Department**

**California Children's Services (CCS)**

***Right Care. Right Time. Right Place***



# Using Strategic Management Concepts to Implement Care Coordination and Case Management functions at Kern CCS

Tony Pallitto, Administrator  
Email: [TonyP@co.kern.ca.us](mailto:TonyP@co.kern.ca.us)  
Office: (661) 868-1272

In February 2011 Kern CCS Implemented Strategic Management to cope with change (Novick, Morrow, & Mays, 2008; Swayne, Duncan, & Ginter, 2008).

- Internal issues included: inadequate staffing, silos CCS workforce, and enduring effort to maintain the *status quo*
- Externally: Section 1115 waiver projects were indicative of change for the CCS program

### **Strategic Management:**

1. Develop a strategic plan with measurable goals and objectives
2. Conduct a stakeholder analysis to identify external partners
3. Continuously manage the strategic momentum

# SWOT Analysis FY 2011-12

## Strengths

Longevity

Almost fully funded

## Weaknesses

Fractionalized care

Siloed organizational structure

## Opportunities

Develop a "whole child" model and improve CCS

## Threats

Removing the CCS carve-out from Medi-Cal Managed Care

## **Health Care Innovation Awards-Round Two: Proposal FY 12-13**

Collaborated with Kern Health Systems (MMCO) & Medically Vulnerable Child Coordination Project (local CSHCN collaborative)

- Mapped out each organizations strengths and weakness
- Stratified Kern CCS caseload by:
  - Acute (simple): 1 year or < proposed to be managed by MMCO (more utilization review, minimal or no care coordination)
  - Chronic (complex): entry to 21 years in CCS – proposed whole-child be managed by Kern CCS (long-termed care coordination and greater impact from psychosocial challenges)

# SWOT Analysis FY 2014-15

## Strengths

Longevity  
~~Almost fully funded~~  
Organizational culture that embraces change

## Weaknesses

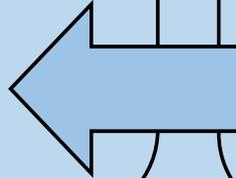
Fractionalized care  
~~Siloed organizational structure~~  
Staffing constraints

## Opportunities

Develop a "whole child model"  
in partnership with  
local Medi-Cal Managed Care

## Threats

DHCS plan to move CCS into  
Medi-Cal Managed Care in 2019  
  
Removing the CCS carve-out  
from Medi-Cal Managed Care



CCS staff re-defined their work functions after transitioning to digital document processing:

- Care Coordinator (Public Health Nurse): Coordinates the child's medical care
- Case Manager (Program Specialist/Program Technician): Assists the child and family mitigate psychosocial challenges that become barriers to care; manage the program processes

Intensive care coordination / case management is set in motion by:

- Families, providers and PH district nurses (individual level)
- MVCCP collaborative (systems level)
- Psychosocial Assessment Tool (Kazak et al., 2001; Pai et al., 2007), (program induction)

## References

- Kazak, A.E., Prusak, A., McSherry, M., Simms, S., Beele, D., Rouske, M., Alderter, M., & Lange, B. (2001). The psychosocial assessment tool (PAT): Pilot data on a brief screening instrument for identifying high risk families in pediatric oncology. *Families, Systems, & Health, 19*(3), 303-317.
- Novick, L.F., Morrow, C.B., & Mays, G.P. (2008). Assessment and strategic planning in public health. In Novick, L.F., Morrow, C.B., & Mays, G.P. (Eds.), *Public health administration*, (pp. 411-437). Sudbury, MA: Jones and Bartlett.
- Pai, A.L., Patino-Fernandez, A.M., McSherry, M., Beele, D., Alderfer, M.A., Reilly, A.T., Hwang, W.T., & Kazak, A.E. (2007). The psychosocial assessment tool (PAT2.0): Psychometric properties of a screener for psychosocial distress in families of children newly diagnosed with cancer. *Journal of Pediatric Psychology, 33*(1), 50-62. doi: 10.1093/jpopsy/jsm053
- Swayne, L.E., Duncan, W.J., & Ginter, P.M. (2008). *Strategic management of health care organizations* (6<sup>th</sup> ed.). San Francisco, CA: Jossey-Bass.



# Los Angeles County CCS

## Case Management Redesign Project:

### Keys to Success

Mary L. Doyle, MD, FAAP

Associate Medical Director, LA County CCS

DHCS CCS Advisory Group: TWG Webinar:

CCS Care Coordination/Medical Home/Provider Access

January 28, 2016





## Basic Premise

- Sort cases based on complexity of case management needed
- Lower the caseload for nurses handling those with more need
- Tailor the care plan to level of need
- Address the whole child



## Keys To Success

- Careful design: 3 years in the making!
  - \*Preliminary review of >2500 new referrals
  - \*Literature review to support our observations and interventions
  - \*Pre/post pilot outcome measures
  - \*Dedication to meticulous record keeping and tool development
  - \*No exclusion of any patient groups (i.e. – MTP, NICU, at risk)



## Keys To Success

- Revisions and refinements made in real time
- Use of experienced medical personnel
  1. Upfront rapid assessment team (in place since 2010)
  2. Medical consultant team availability and proximity
  3. General program case management expertise
- Built on a base where families were largely satisfied



# Moving Forward

- **Work Tool Development:**

1. CMS-Net: State controlled modifications – just completed

- \*Entry of case complexity stratification

- \*New correspondence types for standard cases

2. Case Management Program: version for general use

- \*Finalized modifications to reflect nursing workflow

- \*Vendor contract

3. Nursing Care Plans



# Moving Forward

- **Workflow Processes:** Finalization
- **Staff Training:**
  1. Work flow
  2. Sorting criteria
  3. Development of a tailored care plan
  4. Use of the case management software to track activities
- **ICD-10:** Standardized Lists
- **Medical Home Assessment:** Using caregiver questions



Thank you!

**For questions:**

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# Wrap-up and Next Steps

**Anastasia Dodson**

Associate Director for Policy, DHCS

# Upcoming CCS Events

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- Data and Quality Measures Technical Workgroup Webinar
    - **When:** Wednesday, February 3, 2016 from 10:00am-12:30pm
    - **Register:** Information on the CCS Advisory Group webpage
  
  - CCS Advisory Group Stakeholder Meeting
    - **When:** Wednesday, April 6, 2016 from 10:00am–3:00pm
    - **Where:** Sacramento Convention Center  
1400 J St, Sacramento
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# Information and Questions

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- For CCS Redesign information, please visit:
  - <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](mailto: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](mailto:CCSRedesign@dhcs.ca.gov)