



**California Children's Services (CCS) Redesign
Redesign Stakeholder Advisory Board (RSAB)
CCS Redesign Update Webinar Summary**
Friday, May 29, 2015

**Members
in Attendance:**

Families / Advocates: Juno Duenas, Family Voices of California; Tony Maynard, Hemophilia Council of California;
County Representatives: Chris Dybdahl, CCS Administrator, Santa Cruz County; Susan Mora, Riverside County Department of Public Health; Tony Pallitto, CCS Administrator, Kern County; Judith Reigel, County Health Executives Association of California; Katie Schlageter, CCS Administrator, Alameda County; **Hospital Representatives:** Steven Barkley, MD, Santa Barbara Cottage Hospital; Amy Carta, Santa Clara Valley Health and Hospital System; Arlene Cullum, Sutter Health; Karen Dahl, MD, Valley Children's Hospital; Domonique Hensler, Rady Children's Hospital; Tom Klitzner, MD, UC Medical Centers; Ann Kuhns, California Children's Hospital Association; Richard Rabens, MD, Kaiser Permanente Northern California State Programs; **Provider Representatives:** Maya Altman, Health Plan of San Mateo; Nick Anas, MD, Children's Specialty Care Coalition; Kris Calvin, American Academy of Pediatrics; Athena Chapman, California Association of Health Plans; John Patrick Cleary, MD, California Association of Neonatologists; Erin Kelly, Children's Specialty Care Coalition; **Foundation Representatives:** David Alexander, MD, Lucile Packard Foundation for Children's Health; **CCS Executive Committee Representatives:** Dyan Apostolos, Monterey County; David Souleles, Orange County Health Care Agency; **Other Stakeholders:** Laurie Soman, Packard Children's Hospital and the Children's Regional Integrated Service System (CRISS); Amy Westling, Association of Regional Center Agencies.

**DHCS Staff
in Attendance:**

Jill Abramson, MD; David Banda; Anastasia Dodson; Hannah Katch; Brian Kentera; Neal Kohatsu, MD; Department of Health Care Services (DHCS) Office



**UCLA/Stanford Staff
in Attendance:**

Lisa Chamberlain, MD; Michaela Ferrari; Max Hadler;
Nathan Moriyama; Jessica Padilla; Dylan Roby; Erin Salce

Audience Members:

Joyce E. Aldred; Bernardette Arellano; Judith Baker;
Marianne Biangone; Anand Chabra; Debra Cooper; Sara
Copeland; Margi Dragomanovich; Elizabeth Evenson; Tonya
Erickson; Harriet Fain; David Fein; Louis Girling; Brenda
Harris; Bridgette Hernandez; Marcia Higareda; Erika Jewell;
Claudia Jonah; Amber Kemp; Kathy Kirros; Dave Kramer-
Urner; Theresa Krutsinger; Carol Kurushima; Jacob Lam;
Natasha Levchenko; Ling Woo Liu; Anna Long; Kathleen
Long; Maricela Lujan; Rachel Luxemberg; Deborah
Martinez; Pip Marks; Kathy McCoy; Chris McSorley;
Tederick Myles; Cruz Naranjo; Ruby Nicolas; Robert O'Reilly;
Hanh Pham; Anne Reiss; Melissa Rolland; Anthony Rose;
Denise Russo; Barbara Ryan; Patricia Sabella; Lisa
Schoyer; Arif Shaikh; Tim Shannon; Nancy Starck; Aaron
Starfire; Teresa Stark; Ana Stenersen; Marc Thibault; Robin
Thomas; Paula Villescaz; Michelle Washington; Kristen
White; Julie Wildam; Karen Williams; Linda Winn; Meredith
Wolfe; Nicole Wordelman; Sandra Wright-Gibson; Pamela
Xiong; Tehama County CCS; Ventura County
Representative; Yuba County Representative

Webinar Summary

Welcome, Purpose of Today's Meeting, and Introductions

1. Bobbie Wunsch (Pacific Health Consulting), the meeting facilitator, called the meeting to order and welcomed everyone. She explained that members of the public are encouraged to comment using the webinar chat box.
2. She noted that this webinar is replacing the previously scheduled in-person meeting in Sacramento on this day (May 29th). The in-person meeting has been rescheduled for June 22nd and will be held at the Sheraton Grand Sacramento Hotel.



3. Ms. Wunsch provided a brief overview of the agenda for the meeting which included an update on the program improvement progress from the Department of Health Care Services and updates from each of the six technical workgroups.

Program Improvement Process Update and Q&A

4. Anastasia Dodson (DHCS), summarized the last RSAB meeting on March 20th as an overview of various health care delivery models and discussion about how different pieces of these models could be put together in different ways. She continued that DHCS had taken that information and was synthesizing it and thinking about how it fit in with the overall goals for the redesign process.
5. Ms. Dodson added that DHCS was working hard on a model framework that would be shared and discussed at the June 22nd RSAB meeting.
 - a. The model would emphasize points from earlier meetings including the value of a whole-child approach, care coordination, and partnerships across counties, providers, and health plans. She emphasized the Department's commitment to maintaining quality and access for CCS children and families.
 - b. The framework would also provide a long-term, or phased-in approach, to take time for planning and having operational discussions in advance of the roll-out.
6. Ms. Dodson provided additional context on the Department's activities noting that DHCS was conducting a parallel Title V stakeholder process and following other related workgroup meetings.
 - a. She emphasized the importance of addressing issues now through dialogue with stakeholders regardless of long-term change in overall models.
7. Ms. Dodson added that DHCS is looking at new stakeholder engagement processes in an ongoing way to ensure that they continue after the July 17th RSAB meeting. DHCS is working on a detailed plan with a written scope and timeline for each workgroup as well as continuing regular meetings of the larger group. She acknowledged the dialogue that has taken place between the



Department and the RSAB, and also emphasized the value of the input from the technical workgroups.

8. The Department took comments and responded to questions related to the program improvement process status update provided by Ms. Dodson:

- a. Ms. Dodson clarified the framework's timeline would be in sync with the legislative process and that feedback collected during the upcoming June 22nd meeting would inform any statute changes in relation to the carve-out sunset.
- b. Laurie Soman (Children's Regional Integrated Service System (CRISS)) commented that an extension of the carve-out is necessary if the implementation is to take years.
 - i. Ms. Dodson explained that the draft model framework would clarify how the carve-out sunset would work within the model timeline.
- c. Ms. Dodson reassured the group that the model draft and any related materials would be available prior to the June 22nd meeting to allow members time to review and form questions.
- d. David Alexander, MD (Lucile Packard Foundation for Children's Health) asked for clarification about the timeframe for feedback on models being adopted given the legislative process timeline.
 - i. Ms. Dodson noted that there would be concurrent discussion in both stakeholder meetings and between administration and legislature. She added that DHCS wants to make sure that they are looking at the right level of detail at this point and thinking about how much will have to be put into statute and keep working through the stakeholder process.

Technical Workgroup (TWG) Updates

9. Ms. Wunsch facilitated updates from the technical workgroups.



10. Data TWG Update:

- a. Brian Kentera (DHCS) introduced himself as co-chair of the Data workgroup, which he co-chaired with Dylan Roby (UCLA) and Lee Sanders, MD (Stanford) and provided key updates on workgroup activities.
- b. Mr. Kentera explained the Data TWG has held three meetings and that recordings and summaries of these meetings are available online.
- c. He described the datasets that the TWG has been working with, which include: claims files from the 35 service state claims file; eligibility files from a couple of different sources; CCS Authorization data; a wide variety of provider data through different sources; and a preliminary CCS dataset.
- d. Mr. Kentera described the Data Request Form as the avenue by which the RSAB could request data from the workgroup by submitting the form to UCLA.
 - i. Completed requests include enrollment period per child by diagnosis and county; and expenditures for claims by types of care and county.
 - ii. Current work includes an analysis of Neonatal Intensive Care Unit (NICU) by region, hospital, and time period.
- e. Preliminary findings suggest that CCS enrollment differs by diagnosis and by region. CCS annual spend per child varies by region, CCS spend per claim varies by county, CCS spend per hospital day varies by hospital. Mr. Kentera explained that work will continue on this set of data as additional data requests come in.

11. The Department took comments and responded to questions related to the Data TWG Update:

- a. Ann Kuhns (California Children's Hospital Association) asked that the Data Request tracking document be made available online for transparency.

She noted that it would be helpful to link answers to questions submitted by including this information on the websites.

- b.** Juno Duenas (Family Voices) commented that it would be great if the Data TWG could look at whether or not families are able to access resources around the State.

 - i.** Mr. Kentera noted there are limitations to what can be done in this area using state administrative data, but that demographic data has been helpful for comparisons.
- c.** Ms. Soman commented that answering why differences exist would be more interesting than simply noting that differences exist. She asked if the Data TWG is formulating hypotheses about some of the preliminary observations and if there will be further drilling down to be able to report a little bit more about what the variation means.

 - i.** Mr. Kentera commented that the results are presented at a high level to give an opportunity for further discussion and drill down into different scenarios. He added that, from his perspective, preliminary findings have been made and further discussion and deeper analysis has to occur.
 - ii.** Ms. Chamberlain noted that if variation is found, the first step is to conduct a rigorous check in terms of the analysis and the process. Then once the variation is deemed consistent, the information goes to the RSAB and subsequent hypotheses will hopefully come in. So, if you see variation and you think it may be driven by X, Y, or Z and another request would take this to the next level.
 - iii.** Ms. Wunsch clarified that it is the RSAB's responsibility to get questions to the Data TWG so that they may begin work.
- d.** Mr. Kentera responded to the request to release CCS cost data by saying that high-level data is definitely available and can be released immediately, but more work is needed to be able to release County and diagnosis-level data.



- e. Ms. Dodson responded to a question about CCS data noting that DHCS is very excited about the California Health and Human Services (CHHS) Open Data Portal and that some of DHCS' Medi-Cal data has been uploaded and CCS data is on also on the list of data to be uploaded.
- f. Ms. Wunsch relayed a comment from Amy Carta (California Association of Public Hospitals and Health Systems) suggesting that the data around cost and growth in the program be shared with the RSAB and posted on the websites.

12. Health Homes / Care Coordination / Transition TWG Update

- a. Hannah Katch (DHCS) summarized the purpose of the workgroup as discussing and developing recommendations for best practices for medical homes or health homes for CCS eligible children.
- b. The materials and summary of the TWG's kick-off meeting are available online.
 - i. Topics covered during that webinar included health homes for patients with complex needs, the DHCS concept paper, and the 2015 Title V needs assessment.
- c. Ms. Katch clarified the difference between the Section 2703, Affordable Care Act (ACA) Health Homes program and CCS Health Homes. Key highlights include:
 - i. Some CCS beneficiaries may be eligible, but the vast majority will be adults.
 - ii. There is no authority to change anyone's basic coverage through the ACA Health Homes program.
- d. Ms. Katch noted that as the CCS Health Homes program and ACA Health Homes program develop, this workgroup will continue to explore how the ACA Health Homes program may be implemented for the CCS population.



13. The Department took comments and responded to questions related to the Health Homes / Care Coordination / Transition Update:

- a. Ms. Soman commented that she would like more information on the 2703 ACA Health Homes program and asked for an explanation of any added value for CCS kids from participation in the 2703 ACA Health Home Program, and if there is no value added, assurance that CCS kids would not have any disruption in care due to the ACA Health Homes program.
 - i. Ms. Katch suggested looking at the [concept paper](#) and the [webinar](#) for background information and reiterated that the 2703 ACA Health Homes Program is an optional added benefit for eligible individuals.
- b. Ms. Duenas suggested that with the volume of materials for consideration, it would be very helpful to have a side-by-side chart with differences, enhancements, etc. between a health home and a medical home.
 - i. Ms. Katch noted the importance of balancing this portion of the discussion relative to the greater redesign. The 2703 ACA Health Homes Program is one subpart of the overall discussion on health homes for kids with CCS eligible conditions which, in turn, is a subpart of the greater CCS redesign.
- c. Tom Klitzner, MD (UC Medical Centers) commented that nationally, low cost of care, care coordination, health homes and medical homes services are most effectively handled by the providers because of the regionalized nature of the California system. He added that plan level care coordination is nowhere near as effective as provider level, and expressed concern that CCS children may be caught in the national trend that may work for adults despite the fact that it's starting to be shown not to work for kids.
 - i. Ms. Katch clarified that the ACA Health Homes Program that DHCS is proposing does put the care coordination at the point of care, particularly for high-need, high-utilizer individuals. She added that further discussion of how this will be provided for CCS eligible kids would help inform the conversation.



- d. Ms. Kuhns added that she believes the ACA [Health Homes program] will allow for a health homes model for CCS kids that directly contracts with the provider.
 - i. Ms. Katch explained that the ACA Health Homes Program will be starting in a few select counties with a few select diagnoses.
- e. Ms. Kuhns expressed concern about the implication that managed care is the Department's preferred model.
 - i. Ms. Katch clarified that the discussion does not presuppose anything for the CCS program and that the ACA Health Homes program is entirely separate from CCS. In this space, we want to have a robust conversation about the best medical home or health home approach for CCS eligible children.

14. Eligibility and Health Conditions TWG Update

- a. Claudia Crist (DHCS) provided an update on workgroup activities thus far, which have included two webinar meetings. The materials and summaries of the meetings are available online.
 - i. She noted that DHCS announced a goal and an overall approach to have a report [from this workgroup] with recommendations to the legislature by the end of calendar year 2016.
 - ii. Ms. Dodson noted that DHCS is not intending to propose statutory changes for CCS eligible conditions at this time. The intent is to put out a framework for ways to approach and review the criteria to see what needs to be updated.
- b. Next steps include reviewing the medical criteria, fleshing out the details of the review criteria—that is, the framework that will be used to approach review of the criteria—and also making sure that there is input from CCS medical experts.
- c. Ms. Christ emphasized the workgroup's extended timeline, which is intended to allow for the focus to be on statutory and regulatory changes.

15. The Department took comments and responded to questions related to the Eligibility and Health Conditions TWG Update:

- a. Ms. Christ addressed a request from Nick Anas, MD (Children’s Specialty Care Coalition) to see the list of the technical workgroup membership.
 - i. She noted that workgroup membership would be augmented to include additional experts. Given the highly technical areas involved in evaluating the medical criteria, DHCS understands that this needs to be done with great care, and that input from experts is important.
 - ii. A comment from the audience suggested that the Department look at expanding technical group membership to include other individuals who work with children in the CCS program.
 - iii. Ms. Christ commented that the Department would love to have nominations or proposals for experts that need to be part of this group.
- b. Ms. Katch clarified that the Department planned to set up a meeting schedule for this workgroup, but that there are no scheduled meetings for the group at this time.
- c. Richard Rabens, MD (Kaiser Permanente Northern California State Programs) asked for clarification about a possible transition timeline.
 - i. Ms. Katch explained that the Department was planning ongoing activities very carefully and speaking with stakeholders to ensure that adequate time was built into the schedule for any proposed changes.
- d. Ms. Soman expressed concern about the Review Guidelines presented during the second meeting of this workgroup.
 - i. Ms. Katch clarified that the guidelines presented were very high level in order to give the group the opportunity to flesh those out.

- ii. Ms. Kuhns suggested that the criteria be reworked to reflect the goals that the Department laid out for the redesign.

16. Outcome Measures/Quality TWG Update:

- a. Linnette Scott, MD (DHCS) provided an overview of the workgroup's activities thus far. The materials and summaries of the meetings are available online.
 - i. The first two meetings have focused on sharing, understanding the current landscape, introducing ideas, and identifying where we need more research and framework to then pull out areas that will be potential recommendations.
 - ii. The group is currently at the beginning stages of thinking about outcome and quality measures but excited about identifying potential areas of focus and thinking about other options
 - iii. Areas they have explored include quality measures developed by Stanford's Center for Policy Outcomes and Prevention which listed existing administrative data sources. Other data sources include national and State-wide datasets that currently exist and new datasets that will be coming in the future.
 - 1. In terms of measures, the group looked at infective care, care coordination, potential outcomes, capacity, and cost effectiveness.
 - iv. Dr. Scott explained that the group is looking at other national and state quality measures to explore how they might be applicable to the redesign.
- b. She noted the importance of keeping the redesign goals in mind to understand what we want to measure and how to measure it.
- c. Dr. Scott commented that there is lots of overlap between the workgroups and that it is important to keep in mind that we're talking about one context

here and looking to coordinate across the different workgroups and make sure to be aware of redundancy.

- d. The group is also talking about coordinating with the Title V Assessment and will continue to ensure that the two processes remain complimentary while avoiding conflict and duplication.

17. The Department took comments and responded to questions related to the Outcome Measures/Quality TWG Update:

- a. Ms. Soman commented on a theme that she is hearing from the workgroups, that we need to be better at agreeing on frameworks so that we have a guiding plan to look at individual topics and be sure that the frameworks are structured in a way that leads to redesign.
- b. Ms. Soman also encouraged the group to look at information from Boston Children's Hospital to help in operationalizing care coordination for complex conditions within a larger framework.
- c. Dr. Klitzner commented that findings show that neither existing measures nor our current medical records are equipped to capture enough data. So, he is involved in two processes to try to add in additional data collection for children with special health care needs of various types and various acuities. If this ends up being true, the workgroups may want to consider funding [streams] for collecting data because it is outside of our clinical practice.
- d. Dr. Scott commented that the Health Information Technology for Economic and Clinical Health Act of 2009 has generated a tremendous amount of change to the use of health information technology, electronic health record (EHR), and health care.
- e. Dr. Anas asked if the workgroup is talking about how quality will be linked to access and funding as well as all of these concepts tied together. He also asked how that data will be used.



- i. Ms. Dodson responded that this is a topic of internal discussion. She acknowledged the overlap and explained that they are trying to be strategic about this.

18. Provider Access and Provider Network Update:

- a. Ms. Dodson provided updates for the TWG activities which included a kick-off webinar in on March 18th. The materials and summary of the TWG's kick-off meeting are available online.
 - i. Topics discussed included: provider paneling, certification process, network quality, current access, and an overview of existing providers.
 - ii. The discussion also included basic information about how the program works, the paneling process, how access is measured and monitored, what is in place now, what current issues are, as well as strategies on how to ensure or improve access are all posted on the websites.
 - iii. Ms. Dodson recognized that this is a very important topic that warrants further discussions.

19. County / State Roles and Responsibilities TWG Update:

- a. Ms. Dodson provided updates for the TWG activities which included a kick-off webinar on March 25th. The materials and summary of the TWG's kick-off meeting are available online.
 - i. At this meeting groundwork was laid making sure that everyone had access to basic information about the structure, complexities, funding relationships, and rules and responsibilities.
 - ii. Ms. Dodson also explained how this workgroup fit into the other groups and that the group would benefit from combining them.



Wrap-Up and Next Steps

20. Ms. Wunsch emphasized that this webinar was an update on redesign activities and that upcoming in-person meetings would take place on June 22nd at the Sheraton Grand Hotel in Sacramento, and on July 17th at the California Lottery Building, also in Sacramento.
21. Ms. Wunsch explained that the proposed framework would be distributed to the RSAB ahead of the June 22nd meeting and posted for all to review in order to solicit feedback and comments during the next meeting. She emphasized that the process would continue beyond the July 17th meeting.
22. Ms. Wunsch thanked the members of the public who participated, gave special thanks to DHCS staff working behind the scenes to get the proposal ready, and thanked the UCLA staff for their support.
23. Ms. Wunsch responded to questions about the duration of the June and July meetings by letting everyone know that written invitations would be sent next week to allow time to set up travel arrangements.

Some Comments/Suggestions Submitted Chat Box

- a. The more the Health Home is paid for or controlled at the Plan Level, the less chance there is of utilizing the potential power of MUT's as Medical Homes
- b. The Department's health home proposal only reimburses medical homes through Medi-Cal, which indicates a strong bias and raises concerns.
- c. The full committee should review the process and progress of the [Eligibility and Health Conditions TWG] workgroup before considering expansion/diversification of the.
- d. Consider whether a Health Information Exchange plays a role in reviewing/understanding outcomes longer term.
- e. The sunset timeframe is explained in AB 187, which is available online to read.



- f. Consider ways to involve parents and self-advocates on all levels of planning.
 - g. Elaborate on the process to give stakeholder feedback on draft framework.
 - h. What work is being done to make care coordination services reimbursable in the medical home?
 - i. Will CCS kids be adversely impacted by the Adult Health Homes Model proposal? (Chris McSorley)
 - j. Quality and Care coordination TWG should take a look at The National Center for Medical Home Implementation's tools to gather data and implement health homes for complex children (Bernardette Arellano, California Children's Hospital Association (CCHA)).
 - k. Make available the final product which resulted from everyone's feedback about the documents that sought to define these programs (Erika Jewell, Long Beach Memorial Medical Center).
 - l. The listings of paneled providers on CMS net, GHPP providers, and MTP eligibility are all in need of updating.
 - m. Consider a broader range of professional individuals that currently work with children in the CCS program when adding additional members to the Eligibility TWG. Specifically consider representatives from the Southern Counties.

END