



# CCS California Children's Services Program

**Advisory Group Meeting**

June 29, 2016



# Welcome, Introductions, and Purpose of Today's Meeting

**Jennifer Kent**  
Director, DHCS

# Agenda

- 9:30-10:00 ■ Registration, Gather, and Networking
- 10:00-10:15 ■ Welcome, Introductions, and Purpose of Today's Meeting
- 10:15-10:45 ■ General Updates
- 10:45-11:45 ■ Implementation Rollout
- 11:45-12:45 ■ Lunch
- 12:45-1:30 ■ Readiness Activities for Health Plans and Counties
- 1:30-2:15 ■ Health Plan Monitoring
- 2:15-2:30 ■ Data Update – Regionalization of Inpatient and Outpatient Care Use
- 2:30-2:45 ■ Open Discussion
- 2:45-2:55 ■ Public Comments
- 2:55-3:00 ■ Next Steps and Next Meetings





# General Updates

**Jennifer Kent**  
Director, DHCS



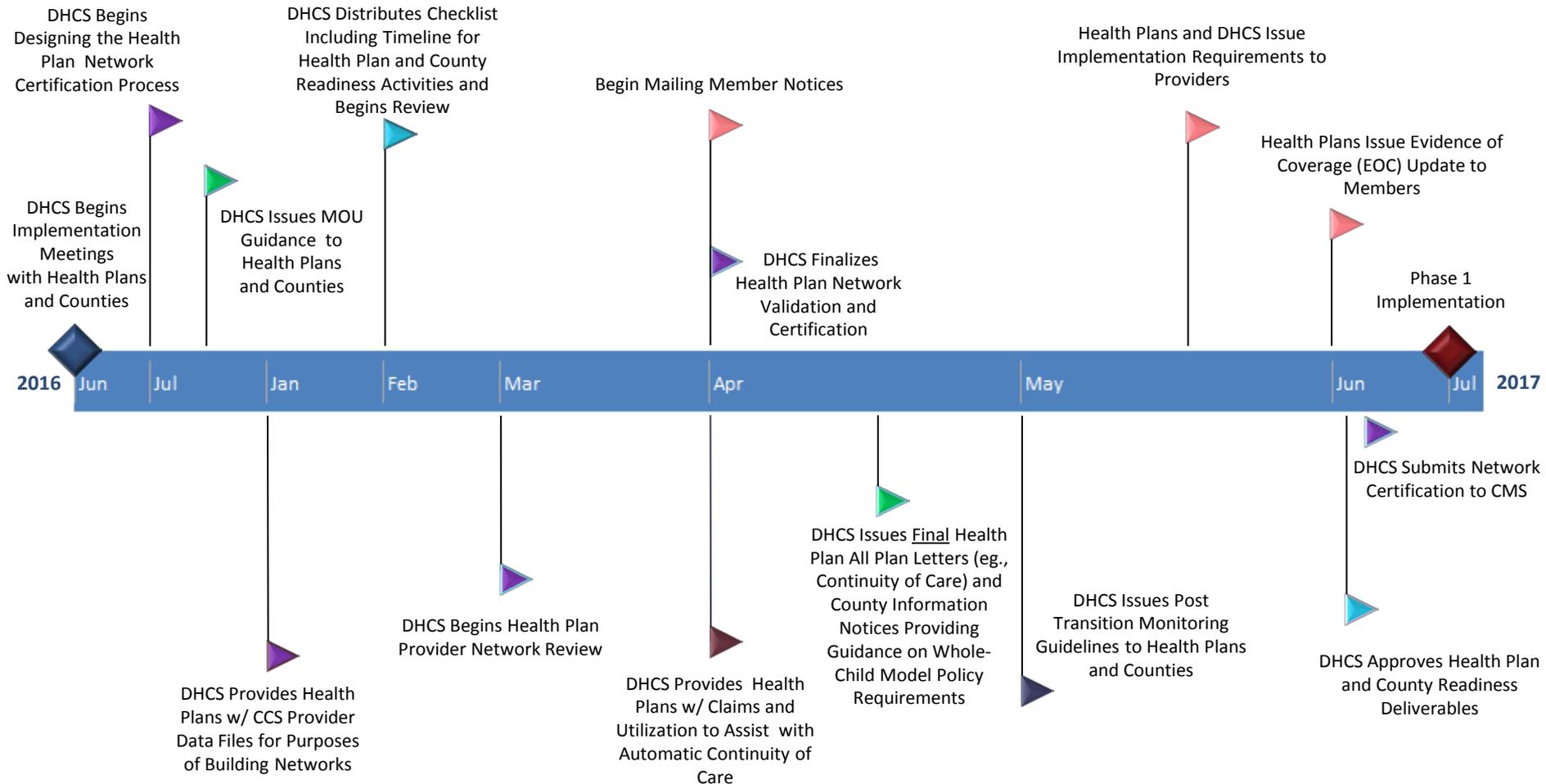
# Implementation Rollout

**Sarah Brooks**

Deputy Director, Health Care Delivery Systems, DHCS



# Whole-Child Model Implementation Timeline\*



\*Timeline is for Phase 1 of implementation; phase 2 will occur no sooner than January 1, 2018

# Whole-Child Model Phase-In Schedule

Phases	
<b>Phase 1 – No sooner than July 1, 2017</b> <ul style="list-style-type: none"> <li>➤ CenCal Health</li> <li>➤ Central California Alliance for Health</li> </ul>	
Network Overlap	Medium to Large
Number of Counties	Small
Total Population	Small
CCS Carved-In / Carved-Out	Both
Independent / Dependent	Independent
<b>Phase 2 – No sooner than Jan 1, 2018</b> <ul style="list-style-type: none"> <li>➤ Partnership HealthPlan</li> <li>➤ CalOptima</li> </ul>	
Network Overlap	Small to Large
Number of Counties	Large
Total Population	Large
CCS Carved-In / Carved-Out	Both
Independent / Dependent	Both



# Health Plan and CCS County Information by Phase

Health Plan	County	CCS Transitioning Population	Independent / Dependent County	CCS Services Carved In / Carved Out	Medi Cal and CCS Network % Overlap
<b>Phase 1 No sooner than July 1, 2017</b>					
<b>CenCal</b>	Santa Barbara	1,810	Independent	Carved-In	90-100%
	San Luis Obispo	1,000	Independent	Carved-Out	90-100%
<b>Central California Alliance for Health</b>	Merced	2,140	Independent	Carved-Out	60-69%
	Monterey	2,660	Independent	Carved-Out	70-79%
	Santa Cruz	1,050	Independent	Carved-Out	80-89%
<b>Phase 2 No sooner than Jan 1, 2018</b>					
<b>Partnership HealthPlan</b>	Modoc	40	Dependent	Carved-Out	80-89%
	Lassen	90	Dependent	Carved-Out	90-100%
	Trinity	40	Dependent	Carved-Out	90-100%
	Del Norte	150	Dependent	Carved-Out	90-100%
	Siskiyou	230	Dependent	Carved-Out	90-100%
	Shasta	810	Independent	Carved-Out	90-100%
	Humboldt	640	Independent	Carved-Out	90-100%
	Lake	320	Independent	Carved-Out	90-100%
	Mendocino	380	Independent	Carved-Out	90-100%
	Sonoma	1,560	Independent	Carved-Out	80-89%
	Napa	450	Independent	Carved-In	90-100%
	Marin	540	Independent	Carved-In	80-89%
	Solano	1,080	Independent	Carved-In	90-100%
Yolo	710	Independent	Carved-In	90-100%	
<b>CalOptima</b>	Orange	11,810	Independent	Carved-Out	55-59%



# County Information Notice (CIN)

- Provide direction to counties to implement the Whole-Child Model.
- Guidance will come in the form of assumption documents and be formalized later in a CIN.
- Counties will maintain responsibility for CCS program eligibility determinations, and appeals relating to eligibility determinations.
- Counties to continue to provide care coordination services for CCS children not included in the Whole-Child Model.



# Frequently Asked Questions (FAQs)

- What is the Whole-Child Model?
- Which Health Plans and Counties are included?
- Who can get Whole-Child Model services?
- Who will provide CCS services?
- How will DHCS make sure health plans are following the requirements?
- What happens if a beneficiary is not happy with a provider or service?
- Will the MTP change?
- How will DHCS seek input?





# Readiness Activities

**Javier Portela**

Chief, Managed Care Operations Division, DHCS

**Nathan Nau**

Chief, Managed Care Quality and Monitoring Division, DHCS

**Patricia McClelland**

Chief, Systems of Care Division, DHCS

# Health Plan Readiness Activities

- Health plan readiness activities include:
  - Data Sharing
  - Plan Readiness
  - Network Certification



# Data Sharing Activities

- DHCS will provide data to each health plan prior to the transition of beneficiaries that will assist the health plans with:
  - Evaluating the provider network and ensuring inclusion of an adequate number of providers based on anticipated utilization.
  - Determining current and future beneficiary service needs.
  - Identifying Continuity of Care needs for beneficiaries and establishing providers and treatment plans for transitioning beneficiaries prior to the transition occurring.
- DHCS will provide health plans with:
  - Current CCS paneled provider information statewide.
  - Beneficiary specific fee-for-service claims and Service Authorization Requests (SARs) for the past 12 months.



# Health Plan Readiness Checklist

- DHCS will review submission of deliverables to evaluate health plan readiness and to determine health plan contractual compliance.
- DHCS will issue a Plan Readiness checklist that outlines the required deliverables as well as the submission timelines.
- DHCS has identified no fewer than 25 policies that will need modification to ensure seamless coverage.
- Additional policies may be identified in the future for updating as the implementation process proceeds.



# Health Plan Readiness Deliverables

Deliverable Title
Member Notices
Evidence of Coverage
Plan Narrative
Time and Distance - Network Adequacy
Standards of Accessibility
Referrals and Coordination of Care
Continuity of Care Policy
Timely Access Standards
Quality of Care and Utilization Management
Provider and Plan-to-Plan Contracts
Administrative Services Contracts
Plan Organization
Agreements with Counties and Other Governmental Agencies
Grievances and Appeals
Physical Access Policy
Out-of-Network Access Policy
Credentialing Policy
Service Availability Policy
Wheelchair Policy and Assessment Form – Including Specialized and Modification
Care Coordination for Whole Child Model
Utilization Management



# Network Certification

- DHCS will review and certify health plan networks to ensure timely access to appropriate providers of care is available to all transitioning beneficiaries on an ongoing basis.
- DHCS will conduct a comprehensive network assessment of each contracted health plan to ensure all network access requirements are met.
  - Includes analysis of current and projected enrollment and utilization, network evaluation and validation including the number and types of providers, and a policy and procedure assessment.



# County Readiness Activities

- County readiness activities include:
  - County Readiness
  - Memorandum of Understanding (MOU)
  - Transitional Monitoring



# County Readiness Checklist

- DHCS will issue a County Readiness checklist and timeline that outlines the required deliverables that must be approved prior to implementation.
- The deliverables will be applicable to county administration of CCS eligibility responsibilities, and coordination of care with health plans when beneficiaries are accessing care through both the health plan and county delivery systems.



# County Readiness Deliverables

Deliverable Title
Program Eligibility Policy
Grievance and Appeals Policy for Program Eligibility
Disenrollment Policy
Agreements with Health Plans
Care Coordination
Member Notices
Additional TBD



# County and Health Plan MOU

- The county and health plan will update the current MOU regarding CCS related responsibilities and submit for review.
- The MOU will include:
  - Care coordination responsibilities
  - Processes to provide financial and residential eligibility information





# Health Plan Monitoring

**Nathan Nau**

Chief, Managed Care Quality and Monitoring Division, DHCS

# Monitoring in General

DHCS monitors many health plan compliance areas ongoing including:

- Network Adequacy
- Audits and Surveys
- Grievances and Appeals
- Continuity of Care
- Ombudsman
- Quality
- Data and Statistics



# Transitional Monitoring

- DHCS conducts transitional monitoring following implementation
  - Duration:
    - Monthly for the first six months (at a minimum)
    - Quarterly thereafter
      - Typically occurs for one to two years
      - DHCS determines when to stop transitional monitoring based on data analysis and plan performance



# Transitional Monitoring (cont.)

- Data elements are dependent on the transition but generally include:
  - Continuity of care
  - Net change of the network size
  - Grievance and appeals
  - Utilization rates
  - Assessment rates and timeframes
  - Call Center
  - Call campaign



# Network Adequacy Monitoring

## Timely Access Standards:

- Urgent Appointments
  - For services that do not need prior approval - 48 hours
  - For services that do need prior approval - 96 hours
- Non-Urgent Appointments
  - Primary Care - 10 business days
  - Specialists - 15 business days
  - Appointment with a mental health care provider (who is not a physician) - 10 business days
  - Appointment for other services to diagnose or treat a health condition - 15 business days



# Network Adequacy Monitoring (cont.)

- DHCS conducts a timely access study through annual medical audits
  - Provider survey
  - Results posted to the DHCS website
  - Action taken when health plans are not in compliance
    - Corrective Action



# Network Adequacy Monitoring (cont.)

Time and Distance:

- Primary Care Requirement: 30 minutes or 10 miles
  - GeoAccess reports
  - Quarterly provider network reports



# Network Adequacy Monitoring (cont.)

## Provider Ratios:

- PCP
  - 1:2,000
- Physician
  - 1:1,200
- Specialists
  - Health Plan must maintain adequate numbers and types of specialists within their network to accommodate the need for specialty care



# Managed Care Monitoring Information

- Managed Care Dashboard
  - Published quarterly
  - Contains information on the managed care demographics, quality metrics, continuity of care, grievances and appeals, etc.
  - <http://www.dhcs.ca.gov/services/Pages/MngdCarePerformDashboard.aspx>



# **Regionalization of Subspecialty Care: Findings from CCS Administrative Data**

**Lee M. Sanders, MD, MPH  
Stanford Center for Policy, Outcomes and Prevention (CPOP)  
June 29, 2016**

CCS Program Advisory Group

# Essential Questions

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**How do we protect the health and well-being of a large population of children with serious chronic illness?**

1. How do these children **use** health care services?
2. What is the distribution of program **spend** for that care?
3. How does this **vary** by region and over time?

# Essential Questions

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**How do we protect the health and well-being of a large population of children with serious chronic illness?**

1. How do these children **use** outpatient and inpatient health care services?
2. What is the distribution of program **spend** for that care?
3. How does care **vary** by region and over time?

# Variation in Care: by Region and Over Time

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How does care for CCS-enrolled children vary, by region and over time?

1. How many new children are **enrolled** in the program?
2. What is the availability of **outpatient** subspecialty care?
3. Where are children **hospitalized**?

# Analytic Design

Retrospective, population-based analysis of all paid claims for the CCS Program (2009-2012)

Total capture of all care episodes

Inpatient bed days

Outpatient visits (primary, subspecialty, non-MD)

ED visits

Home health and Durable Medical Equipment (DME)

Residential care

Pharmacy

**N = 323,922 children**

# Definitions

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**CCS enrollee:** Any child enrolled in California Children's Services from 7/1/2009 to 6/30/2012. Data pulled January 2013.

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

**Types of Care:** Broad categories based on claim type: Inpatient, Residential Facility, MD visit, Pharmacy, DME, Home Health, ED visit, Dental, Other Outpatient.

**Counties, County Groups and Regions:** County defined as place of child's residence at enrollment. County groups (3) defined by DHCS CCS Redesign Plan. Regions (5) defined by California Department of Social Services.

# Definition of County Groups

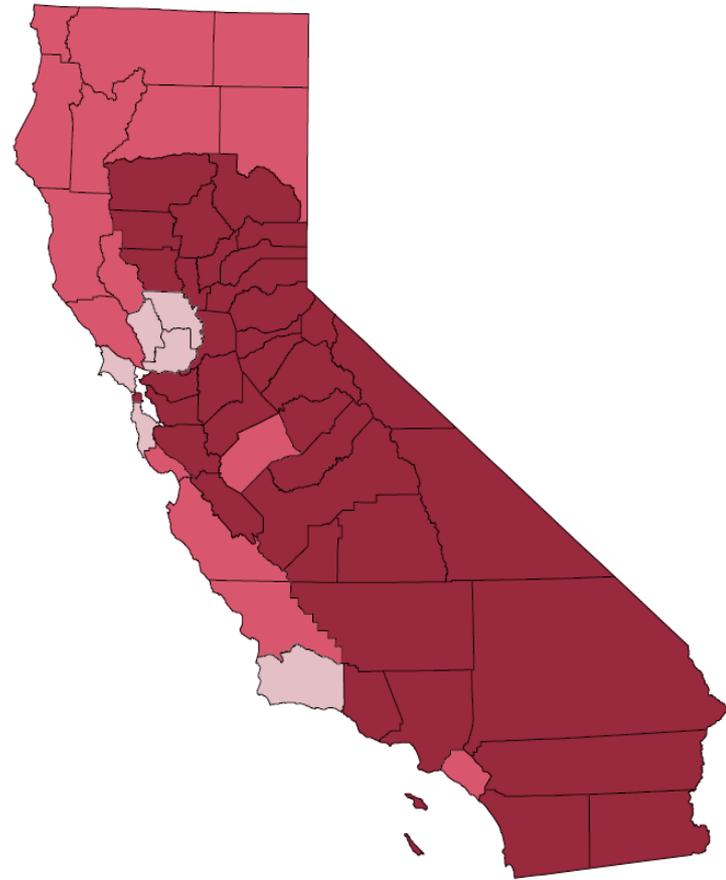
## Carved-In Counties

Marin, Napa, San Mateo, Solano, Santa Barbara, Yolo

## “Whole Child” Counties

Del Norte, Humboldt, Lake, Lassen, Mendocino, Merced, Modoc, Monterey, Orange, Santa Cruz, San Luis Obispo, Shasta, Siskiyou, Sonoma, Trinity

## Other Counties



region 1. Carve-in Counties 2. Whole-child Count 3. Other Counties

## Definition of CCS-Paneled Provider

"Paneled Provider" is an individual who has been determined by the CCS program to meet the advanced education, training, and/or experience requirements for his/her provider type in order to render services to a CCS applicant or client. Subspecialty (including pediatric vs. non-pediatric) was determined from the National Provider Identifier (NPI) Registry.

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

<https://npiregistry.cms.hhs.gov>

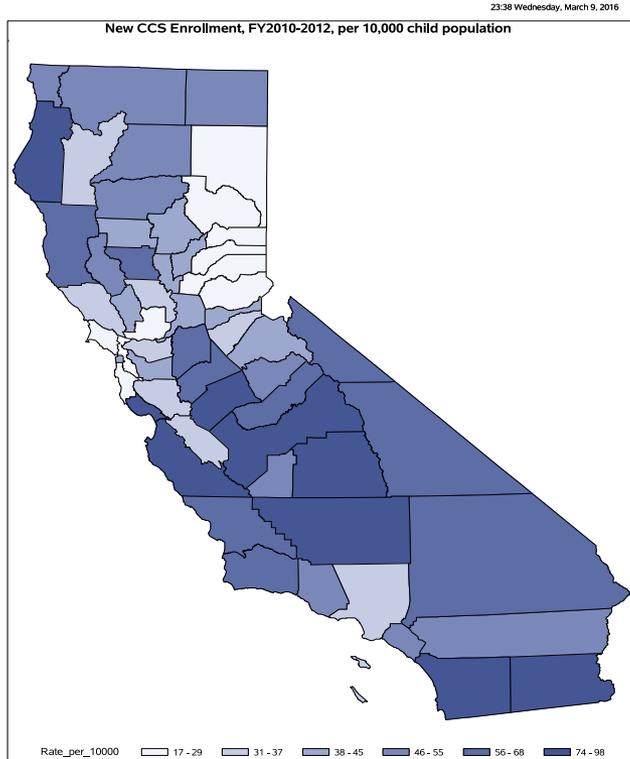
# Variation in Care: by Region and Over Time

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How does care for CCS-enrolled children **vary**, by region and over time?

1. **How many new children are enrolled in the program, by region and over time?**
2. What is the availability of outpatient subspecialty care?
3. Where are children **hospitalized**?

# New CCS Enrollees Per Year,\* by County and County Group



	2009-10	2010-11	2011-12
Total	53	51	46
Carve in Counties	25	28	26
Whole Child Counties	62	57	52
Other Counties	52	51	46

\*Per 10,000 children. Based on total population of children in each county (California Department of Finance).

# Variation in Care: by Region and Over Time

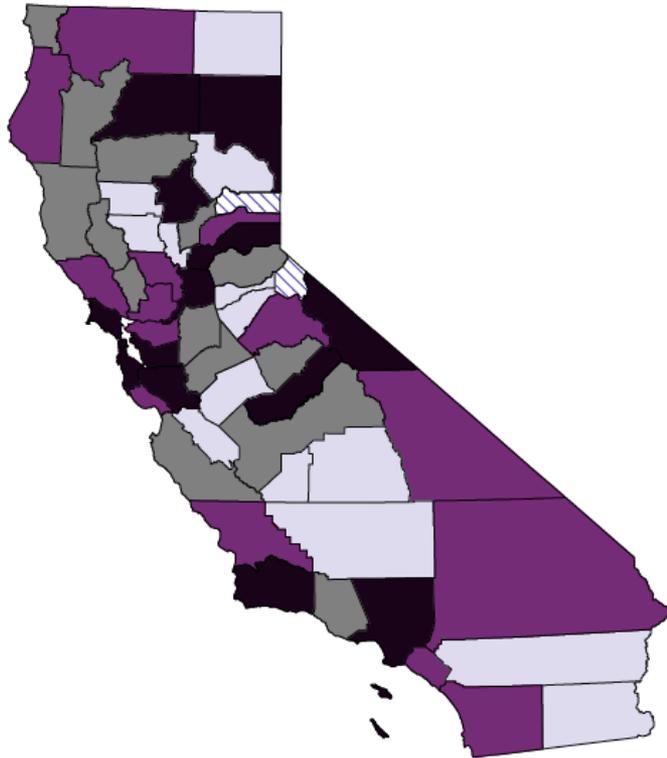
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How does care for CCS-enrolled children **vary**, by region and over time?

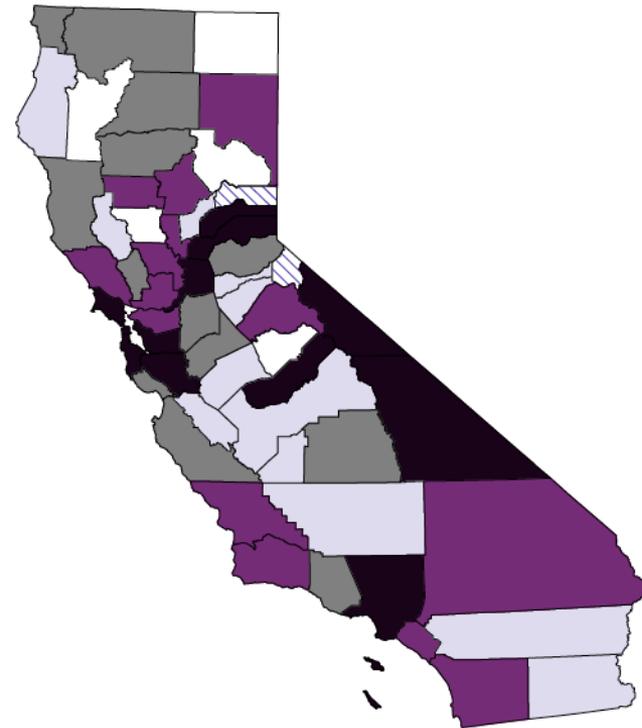
1. How many new children are enrolled in the program?
2. **What is the availability of outpatient subspecialty care, by region?**
3. What is the actual use of hospital care?

# Availability of Outpatient Care: Providers per 1,000 CCS children

CCS-paneled  
Providers



CCS-paneled  
Pediatric Providers



 no CCS kids

 no providers

 0- 8

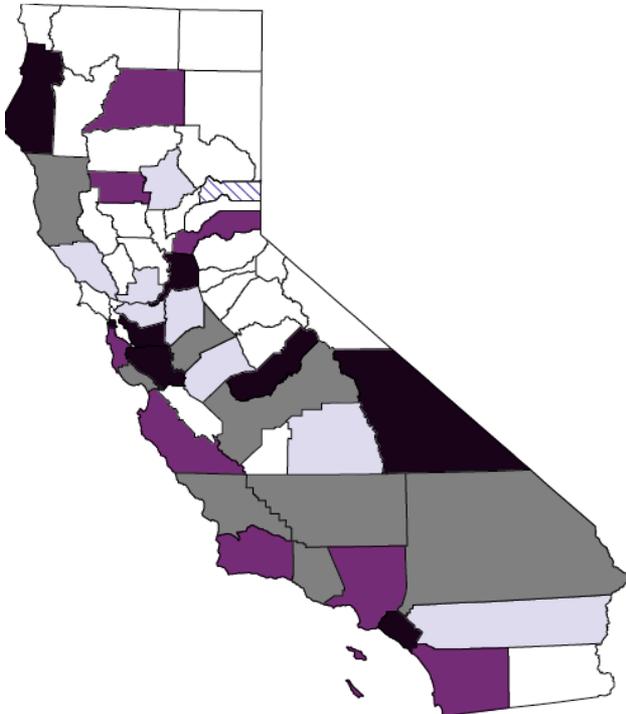
 8- 14

 14- 20

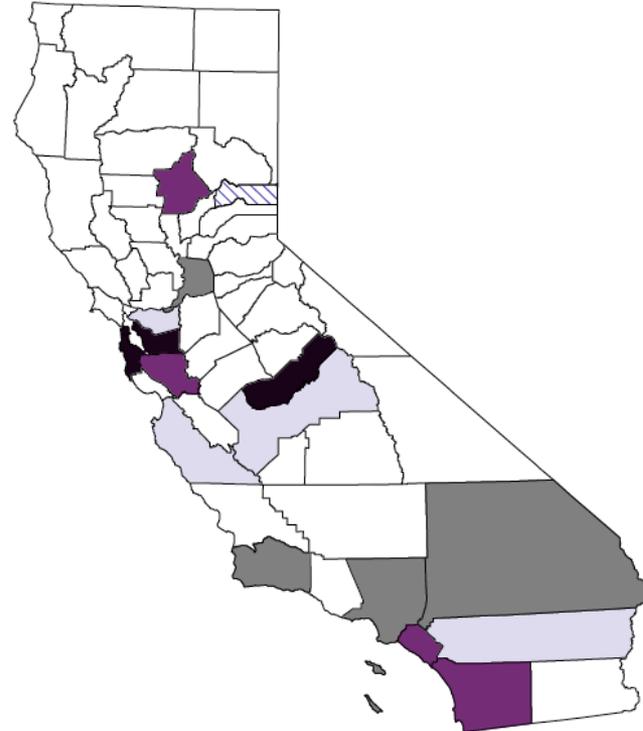
 20- 126

# Availability of Neurology Care: Providers per 1,000 CCS children

CCS-paneled  
Neurologists



CCS-paneled  
Pediatric Neurologist



 no CCS kids  
 8- 14

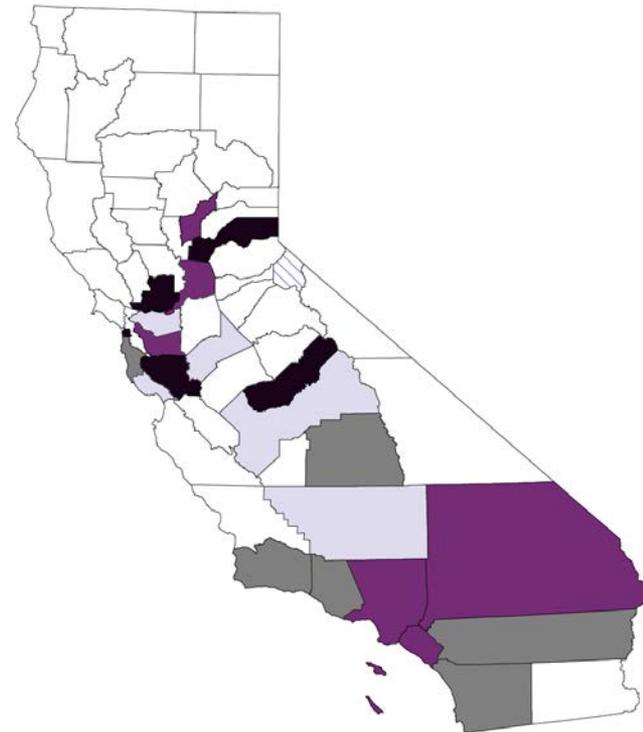
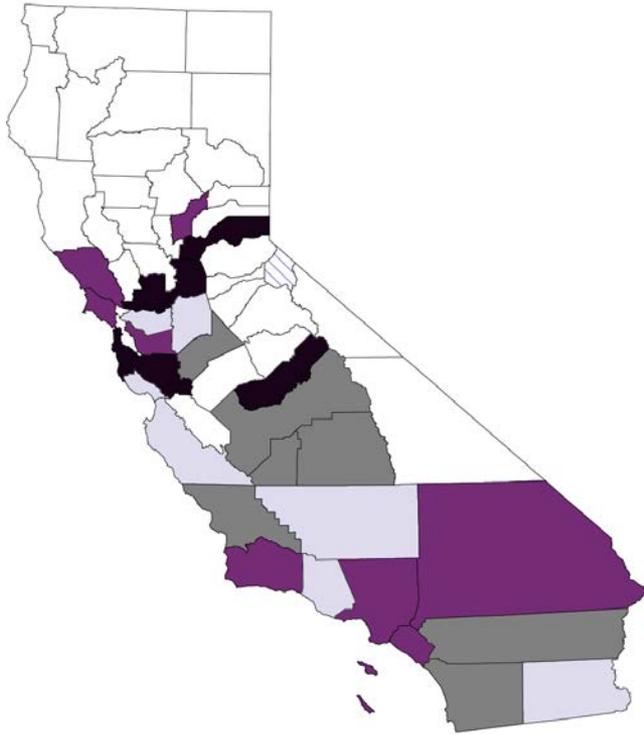
 no providers  
 14- 20

 0- 8  
 20- 126

# Availability of Cardiology Care: Providers per 1,000 CCS children

CCS-paneled  
Cardiologists

CCS-paneled  
Pediatric Cardiologists



 no CCS kids  
 8- 14

 no providers  
 14- 20

 0- 8  
 20- 126

# Variation in Care: by Region and Over Time

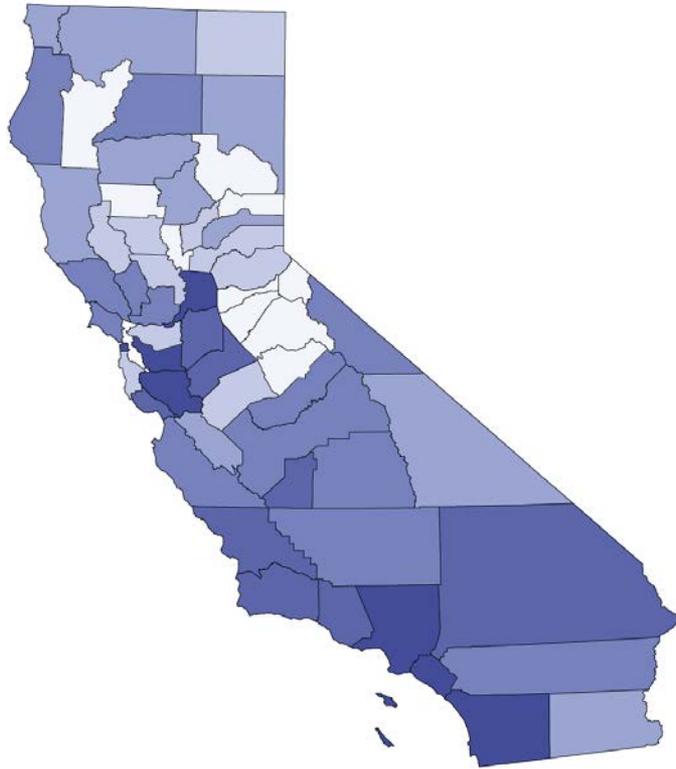
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How does care for CCS-enrolled children **vary**, by region and over time?

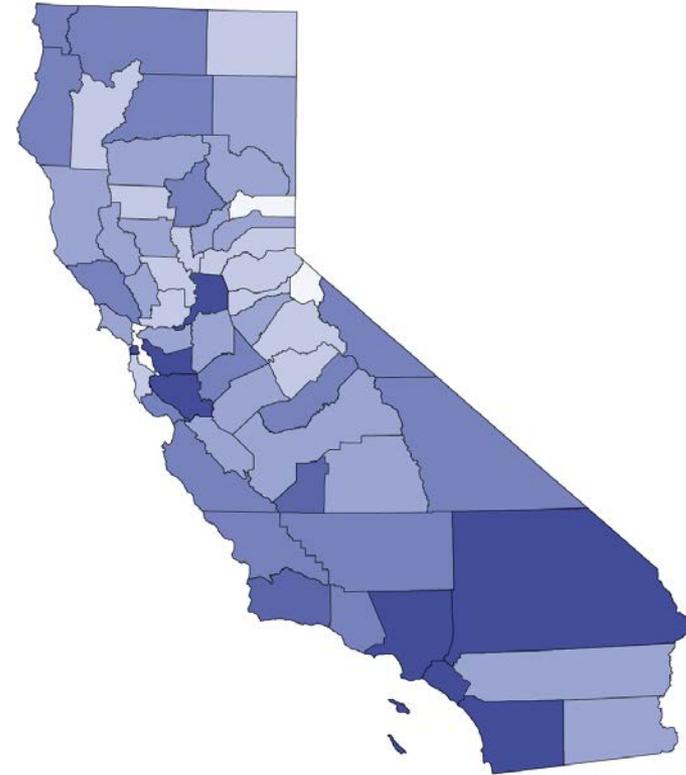
1. How many new children are enrolled in the program?
2. What is the availability of outpatient subspecialty care?
3. **Where are children hospitalized, based on home county?**

# Use of Hospital Care: % hospitalized in home county, by age

Child Age < 1 year



Child Age > 1 year



0

1-10%

11-25%

26-50%

51-75%

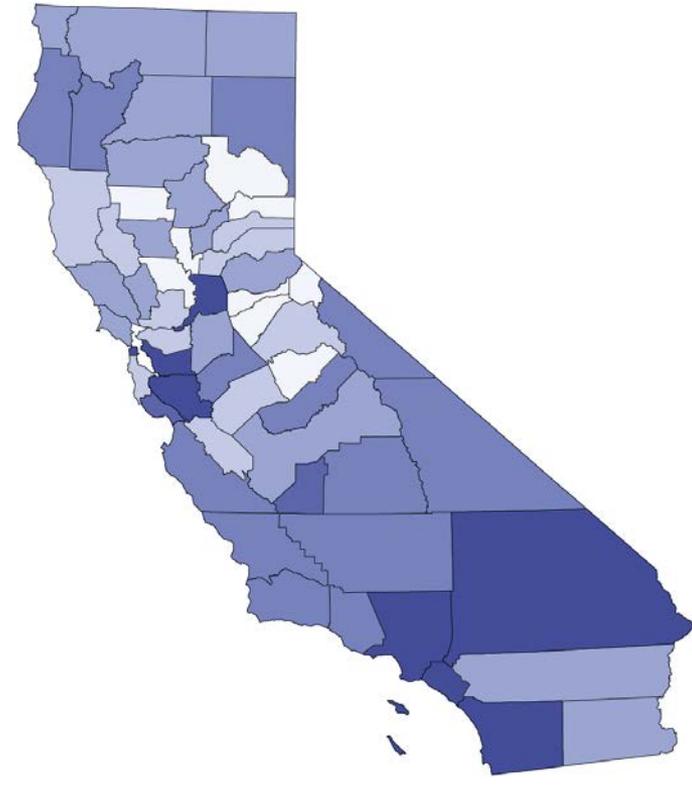
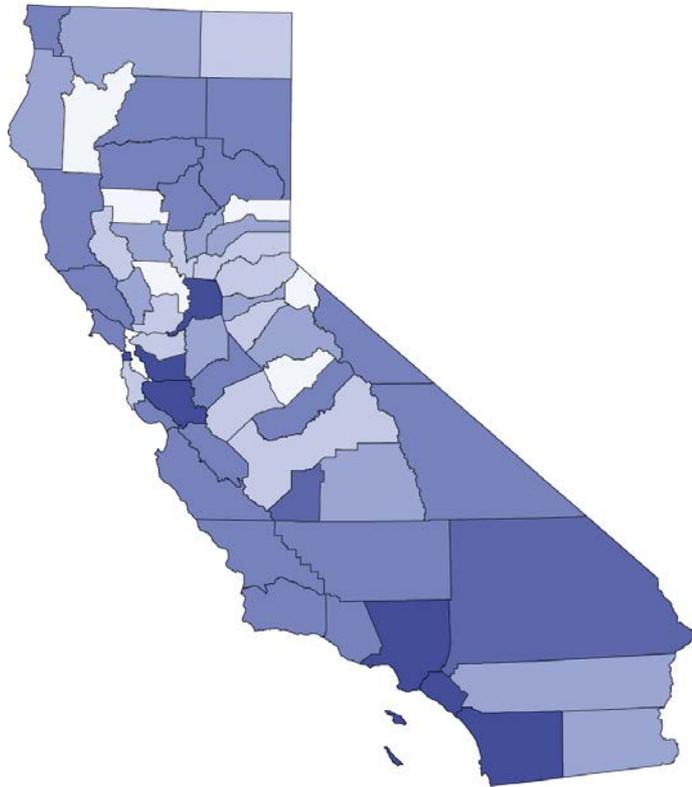
76-100%

# Use of Hospital Care:

## % hospitalized in home county, by diagnosis

Child with Neurology Diagnosis

Child with Cardiology Diagnosis



# Regionalization of Subspecialty Care

- New CCS enrollment is decreasing, varies by region
  - Overall enrollment decreasing over time
  - Lower rates of new enrollees in “Carved-In” Counties
- Outpatient subspecialty care unavailable in many counties
  - Less available in “Carved-In” and “Whole-Child” Counties
- Hospitalizations often outside child’s home county
  - More often when home is a “Carved-In” or “Whole-Child” County

# Data Reports for CCS Advisory Group

1. Denied claims (not feasible)
2. Enrollment periods, by diagnostic category and county
3. Description of CCS NICU population, by region
4. Types of outpatient Care
5. Enrollees and spending by type of care.
6. Sites of hospital and outpatient care
7. List of CCS providers (by DHCS)
8. Number of CCS enrollee hospital stays, by hospital
9. Hemophilia claims by county (not PHI feasible)
10. Spending trends over last 3 years (by DHCS)
11. Use and Spending across 3 County groups

<http://healthpolicy.ucla.edu/Documents/Spotlight/Data%20Request%20Tracking%20Document.pdf>

# CPOP Policy Briefs

<https://cpopstanford.wordpress.com/our-work/state/>

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## Center for Policy, Outcomes & Prevention



### Center Analytic Team

The Center Analytic Team for the Center for Policy, Outcomes and Prevention (CPOP) includes experienced pediatric clinicians from across the subspecialties, dedicated data analysts, experts in health services research, biostatistics, epidemiology, economics, and the social sciences. Working with state-level stakeholders and community-based partnerships -- the team seeks to provide real-world analytic guidance for policy efforts to improve the health and health care of for all children, with a particular focus on children with special health care needs (CSHCN).

### Analytic Guidance for the California Children's Services (CCS) Program

Funded in part by the California HealthCare Foundation (CHCF), CPOP is applying rigorous analysis of population-data to provide policy-relevant guidance to

reform of the California Children's Services (CCS), the nation's largest Title V program, serving more than 150,000 children per year through county- and state-based case management and other services. The project is led by [Paul H. Wise, MD, MPH](#) and [Lee M. Sanders, MD, MPH](#) both senior faculty at CPOP. [Lisa Chamberlain, MD, MPH](#), Assistant Professor of Pediatrics at Stanford University, leads the policy bridging activities, and [Vandana Sundaram, MPH](#), leads the data analyses.

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CENTER FOR HEALTH POLICY/  
CENTER FOR PRIMARY CARE AND  
OUTCOMES RESEARCH

Health Policy Facts

March 2014, Issue 8

## Quality of Care: Outpatient Care Before Hospitalization

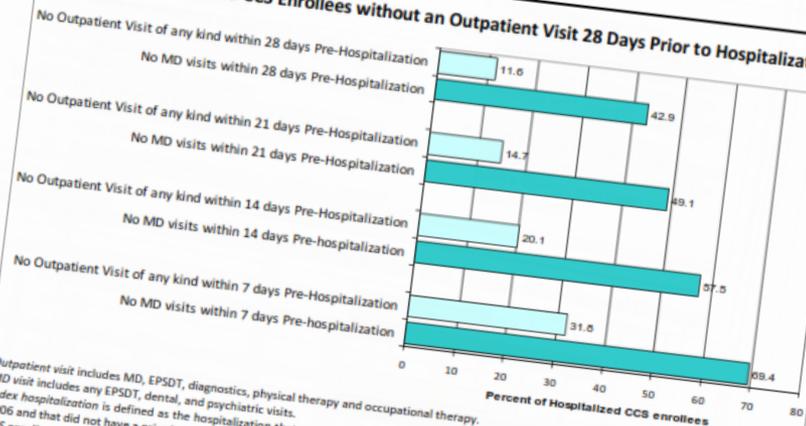
### THE FINDINGS

- 12% of CCS enrollees had no outpatient care during the 28 days prior to hospital admission.
- 42% of CCS enrollees had no MD clinic visits during the 28 days prior to hospital admission.
- Those in the following categories had higher-than-average rates of "no visits in 28 days:"
  - Ages 13-21 years
  - Non-complex chronic conditions (e.g., Diabetes, Inflammatory Bowel Disease, Sickle Cell Disease, Hemophilia)<sup>1</sup>

### POLICY IMPLICATIONS

- "Outpatient care before hospitalization" may be a useful quality indicator for some CSHCN. This may be particularly true for children with specific, non-complex chronic conditions.
- Systems of care may be able to reduce some preventable hospitalizations, by identifying and improving outpatient-care delivery to children most at risk for "no outpatient care before hospitalization."

## Percent of Hospitalized CCS Enrollees without an Outpatient Visit 28 Days Prior to Hospitalization



Outpatient visit includes MD, EPSDT, diagnostics, physical therapy and occupational therapy.  
MD visit includes any EPSDT, dental, and psychiatric visits.  
Index hospitalization is defined as the hospitalization that occurred 6 months after CCS enrollment and more than 28 days after the start of fiscal year 2006 and that did not have a prior hospitalization within 28 days prior.  
CCS enrollee is any child enrolled in California Children's Services for > 6 months from 7/1/2006 to 6/30/2012. As the nation's largest Title V program, CCS provides case management each year for >150,000 children with a serious chronic medical condition and whose family has an eligible adjusted annual income. Most CCS enrollees are enrolled in MediCal or Healthy Families. <http://www.dhcs.ca.gov/services/ccs>. Data analyzed were de-identified information from all paid claims for these CCS enrollees, as abstracted from the state's Management Information System / Decision Support System.  
<sup>1</sup>Mangione-Smith, in press

This work was funded by the California Health Care Foundation [www.chcf.org](http://www.chcf.org)

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aid claims for these CCS enrollees, as abstracted from the state's Management Information System / Decision Support System.

# Thank You



## DHCS

Sarah Brooks, MSW  
Anastasia Dodson, MPP  
Pat McClelland  
Linette Scott, MD, MPH  
Brian Kentera  
Robert Dimand, MD  
Katie Schlageter, Alameda  
Louis Girling, MD, Alameda  
Maya Altman, HPSM

## California Stakeholders

Teresa Jurado  
Ed Schor, MD  
Juno Duenas  
Eileen Crumm  
Laurie Soman  
Christy Sandborg, MD, Stanford  
David Bergman, MD, Stanford  
Bert Lubin, MD, CHRCO  
Tom Klitzner, MD, UCLA

## Center for Policy, Outcomes and Prevention (CPOP)

Lisa Chamberlain, MD, MPH  
Paul Wise, MD, MPH  
Jason Wang, MD, PhD  
Olga Saynina, MA, MBA  
Catherine Clark, PhD





# Open Discussion

**Jennifer Kent**  
Director, DHCS

**Sarah Brooks**  
Deputy Director, Health Care Delivery Systems, DHCS



# Public Comment

**Jennifer Kent**  
Director, DHCS



# Next CCS AG Meeting

**Jennifer Kent**  
Director, DHCS

**Sarah Brooks**  
Deputy Director, Health Care Delivery Systems, DHCS

# Next CCS AG Meeting

- October 5, 2016



# Information and Questions

- 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)

