California Children’s Services (CCS) Program

Advisory Group Meeting
October 4, 2017
Welcome, Introductions, and Purpose of Today’s Meeting

Jennifer Kent
Director
Department of Health Care Services
Agenda

- Welcome, Introductions and General Updates
- CCS 90th Anniversary
- State/Budget Update
- Transportation All Plan Letter (APL)
- Health Plan Readiness Timeline
- Whole-Child Model (WCM) Network Certification
- Performance Measures Update
- WCM Family Advisory Committees
- Open Discussion
- Public Comments, Next Steps, and Upcoming Meetings
CCS 90th Anniversary

Jennifer Kent
Director
Department of Health Care Services
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1927</td>
<td>CCS Program established as Children with Orthopedically Handicapping Conditions</td>
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<tr>
<td>1935</td>
<td>Maternal and Child Health (Title V)</td>
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<td>1936</td>
<td>Social Security Act, Title V; Requirement for Crippled Children Services</td>
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<tr>
<td>1960’s</td>
<td>DHS Director had authority to add conditions/diagnosis</td>
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<td>1964</td>
<td>Medicaid (Title XIX)</td>
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<td>1997</td>
<td>Healthy Families</td>
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<td>2010</td>
<td>CCS Demonstration Project Pilots through the 1115 Waiver/Bridge to Reform Waiver</td>
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<td>2016</td>
<td>CCS Demonstration Project Pilots through the 1115 Waiver/Medi-Cal 2020</td>
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<tr>
<td>2018</td>
<td>Whole-Child Model</td>
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Budget Update

Jennifer Kent
Director
Department of Health Care Services
Transportation
All Plan Letter (APL)

Nathan Nau
Managed Care Quality and Monitoring Division Chief
Department of Health Care Services
Transportation APL

• Published June 29, 2017, amended July 17, 2017
• All Plan Letter (APL) amends Medi-Cal managed care health plan (MCP) policy for:
  – Non-Emergency Medical Transportation (NEMT)
  – Non-Medical Transportation (NMT)
• APL Link:  
NMT Defined

• At a minimum, MCPs must provide the following NMT services:
  – Round trip transportation for a member by passenger car, taxicab, or any other form of public or private conveyance (private vehicle)
NMT Policy

- Beginning October 1, 2017 MCPs must cover NMT for carved out services
- Prior authorization is allowed
  - MCPs must develop a process to ensure that NMT can be requested and approved in a timely manner
- Includes transportation costs for the member and one attendant, such as a parent, guardian, or spouse
- With the written consent of a parent or guardian, MCPs may arrange for NMT for a minor who is unaccompanied
• The member’s need for NMT does not relieve the MCPs from complying with their timely access standards

• Private conveyance:
  – Attestation is required to demonstrate that other forms of transportation have been reasonably exhausted
  – Attestation can be submitted in person, over the phone, or in writing
  – Mileage reimbursement is available
Health Plan Readiness Timeline – October to December

Michelle Retke
Managed Care Operations Division Branch Chief
Department of Health Care Services
October 2017

DHCS shares 90 Day Beneficiary Notice with Stakeholders
• Informative notice about the transition along with FAQs
• Information on how to continue working with one’s public health nurse

Development of 60 Day Beneficiary Notice
• Reminder notice about the transition and a potentially revised FAQ containing any necessary updates
• Information on how to continue working with one’s public health nurse

Development of Deliverables and Contract Amendments

All Notices are shared with Stakeholders
(2 Week Review Period)
November 2017

DHCS shares 60 Day Beneficiary Notice with Stakeholders

Development of 30 Day Beneficiary Notice
• Reminder notice about the transition (public health nurse continuity rights)

December 2017

DHCS shares draft Contract Amendments and Deliverables with Plans

All Notices are shared with Stakeholders (2 Week Review Period)
WCM Network Certification

Aaron Toyama
Program Monitoring and Compliance Branch Chief
Managed Care Quality and Monitoring Division
Department of Health Care Services
### Whole Child Model Network Certification Timeline for Phase 1

<table>
<thead>
<tr>
<th>2017</th>
<th>2018</th>
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<tbody>
<tr>
<td><strong>October</strong></td>
<td><strong>January</strong></td>
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<tr>
<td>• Managed Care Quality and Monitoring Division (MCQMD) drafts network certification submission template.</td>
<td>• WCM MCP prepares submission.</td>
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<td><strong>November</strong></td>
<td><strong>February</strong></td>
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<tr>
<td>• MCQMD sends network certification submission template to WCM MCPs for comment.</td>
<td>• WCM MCP submits network certification template.</td>
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<tr>
<td>• MCQMD shares CCS Provider Data with WCM MCPs to support contracting efforts.</td>
<td><strong>March</strong></td>
</tr>
<tr>
<td>• MCQMD issues network certification submission template.</td>
<td>• MCQMD reviews network certification submission.</td>
</tr>
<tr>
<td><strong>December</strong></td>
<td><strong>April and May</strong></td>
</tr>
<tr>
<td>• DHCS submits certification to CMS</td>
<td>• MCQMD finalizes network validation and certification</td>
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Network Certification

• MCQMD will review and certify the WCM MCP’s network by conducting a comprehensive assessment to ensure all network access requirements are met for transitioning CCS-eligible population.
  – Objective: Complete provider network overlap with the existing CCS delivery system.
Methodology

Projected Enrollment

• Data Source: CCS Eligibility Data by County
• MCQMD will evaluate the current, as well as anticipated, number of CCS-eligible beneficiaries who will be accessing PCP and specialty services within each service area.

• Data Source: CCS Paneled Provider List, approved facilities and Special Care Centers, Service Authorization Request (SAR) Data, CCS Claims Data
• MCQMD will evaluate the data sources to project the utilization for the following year to ensure the participating WCM MCP can meet the needs of the transitioning beneficiaries.
Provider Network Overlap

• The overlap assessment will look at all providers that are in both the CCS-paneled provider network and the participating WCM MCPs within the service area.

• MCQMD will then evaluate the network capacity of WCM MCPs, along with the percentage rate of network overlap, to ensure that the needs of the CCS-eligible transitioning population are met.
Whole Child Model Provider Network

- Primary Care Physicians
- Professional, Allied and Medical Supportive Personnel
- Pediatric Specialists and Subspecialists
- Licensed Acute Care Hospitals
- Special Care Centers
- Neonatology
Assessment Tools

- Network Overlap Template
- WCM MCP Contracted Provider Template
- Geographic Access Maps
- Policy Review
- Provider Validation
Questions
Performance Measures Update

Jacey Cooper
Assistant Deputy Director
Health Care Delivery Systems
and
Integrated Services of Care Division Chief
Department of Health Care Services
CYSHCN* Programs and Performance Measures 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

*Children and Youth with Special Health Care Needs*
## Access to Care

### Performance Measure 1

Percentage of CYSHCN 1 – 20 years of age who had a visit with a primary care physician (PCP) during the reporting period

**Numerator:** Number of unique children, within the defined age range, with CCS-eligible medical conditions, who had a visit with a PCP during the reporting period

**Denominator:** All unique children, within the defined age range, with CCS-eligible medical conditions during the reporting period
## Access to Care (Cont.)

<table>
<thead>
<tr>
<th>Performance Measure 2</th>
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<tbody>
<tr>
<td>Percentage of CYSHCN 12 – 20 years of age screened for clinical depression, and if positive, has a follow-up plan documented on the date of the positive screen</td>
</tr>
</tbody>
</table>

**Numerator:** Number of unique CCS children screened for clinical depression on the date of the encounter using an age-appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the positive screen

**Denominator:** Number of unique children 12 – 20 years of age with CCS medical conditions
### Access to Care (Cont.)

<table>
<thead>
<tr>
<th>Performance Measure 3</th>
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<tr>
<td><strong>Utilization of out-patient (OP), pharmacy, and mild/moderate mental health services.</strong></td>
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Utilization reported per 1,000 member months for the following.

**Number of:**
- OP visits
- Prescriptions
- Mild to moderate mental health visits
### Performance Measure 1

Percentage of CYSHCN with select conditions who have a documented special care center (SCC) visit within 90 days of referral

**Numerator:** Number of unique CCS children with select conditions who have an initial visit with a SCC within 90 days of a CCS Program (State or County) receiving a service authorization request (SAR) to a SCC

**Denominator:** Number of unique CCS children with an initial SAR to a SCC

### Performance Measure 2

The number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days, and had a predicted probability of an acute readmission for CCS children <21 years of age

**Numerator:** Number of unique CCS children with at least one acute readmission for any diagnosis within 30 days of the index discharge date

**Denominator:** All acute inpatient discharges for unique CCS children <21 years of age, as of the index discharge date, who had one or more discharges on or between January 1 – December 1 of the measurement year
## Performance Measure 3

Utilization of emergency room (ER) visits and inpatient (IP) services for CYSHCN

Utilization reported per 1,000 member months for the following.

Number of:
- ER visits
- ER visits with an IP admission
- IP admission

## Performance Measure 4

Percentage of CYSHCN discharged from a hospital who had at least 1 follow-up contact or visit within 28 days post-discharge

**Numerator:** Number of unique CCS children with at least 1 follow-up visit within 28 days post-discharge

**Denominator:** Total number of unique CCS children discharged from a hospital
## Family Participation (Family-Centered Care)

<table>
<thead>
<tr>
<th>Performance Measure 1</th>
<th>Performance Measure 2</th>
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<tbody>
<tr>
<td>Criteria that documents family participation in the CCS program:</td>
<td>Number of completed informational trainings for increasing awareness and participation in activities that engage families</td>
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<tr>
<td>• Family satisfaction through survey, group discussion, or individual consultation</td>
<td></td>
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<tr>
<td>• Family participation on advisory committee/task forces</td>
<td></td>
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<tr>
<td>• Family participation in SCC team and/or transition plan</td>
<td></td>
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<tr>
<td>• Family advocates with CYSHCN expertise</td>
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## Quality of Care

<table>
<thead>
<tr>
<th>Performance Measure 1</th>
<th>Performance Measure 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of CYSHCN at 2 years of age who had appropriate childhood immunizations</td>
<td>Percentage of CYSHCN with type 1 or type 2 diabetes mellitus who had a most recent hemoglobin A1c (HbA1c) &gt; 8 %</td>
</tr>
<tr>
<td><strong>Numerator</strong>: Number of unique CCS children who had certain immunizations by their second birthday</td>
<td><strong>Numerator</strong>: Number of unique CCS children from the denominator whose most recent hemoglobin A1c level during the measurement year is &gt; 8 %</td>
</tr>
<tr>
<td><strong>Denominator</strong>: Number of unique CCS children at 2 years of age with CCS medical condition(s)</td>
<td><strong>Denominator</strong>: Number of unique CCS children &lt;21 years with CCS-eligible medical conditions with a diagnosis of type 1 or type 2 diabetes mellitus during the measurement year</td>
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## Performance Measure 1

CYSHCN 14+ years of age who are expected to have chronic health conditions that will extend past their 21\textsuperscript{st} birthday will have biannual review for long-term transition planning to adulthood

**Numerator**: Number of 14+ years unique CCS children charts containing a Transition Planning Checklist within the past 12 months

**Denominator**: Number of 14+ years unique CCS children charts with at least one condition that requires a transition plan
DHCS received additional feedback on June 19, 2017 from CMS on the draft waiver evaluation design documents originally submitted May 2017.

DHCS received additional feedback on September 12, 2017 from CMS on the DHCS responses submitted to CMS on July 14, 2017.

Comments were provided for the following draft evaluation sections:

- Goals and Objectives
- Evaluation Design and Methods
- Access to Care
- Provider Satisfaction
- Quality of Care
- Care Coordination
WCM Family Advisory Committees

Alan McKay
CEO
Central California Alliance for Health
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
2018 CCS AG Meetings
1700 K Street

- January 10, 2018 (Wednesday)
- April 4, 2018 (Wednesday)
- July 11, 2018 (Wednesday)
- October 10, 2018 (Wednesday)
Information and Questions

- For Whole-Child Model information, please visit:
  - http://www.dhcs.ca.gov/services/ccs/Pages/CCSW WholeChildModel.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