



CCS California Children's Services Program

Advisory Group Meeting

April 6, 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
- 10:15-11:30 ■ CCS Program Improvement and Medical Home Discussion
- 11:30-12:00 ■ Lunch (Provided to CCS AG Group Members)
- 12:00-2:00 ■ Medi-Cal Managed Care Health Plan and CCS Requirements
- 2:00-2:35 ■ Data and Quality Measures TWG Update
 - CCS Performance Measures
 - Stanford Data Analysis
- 2:35-2:45 ■ Care Coordination / Medical Home / Provider Access TWG Update
- 2:45-2:55 ■ Public Comment
- 2:55-3:00 ■ Next Steps and Next Meetings





CCS Program Improvement and Medical Home Discussion

Anastasia Dodson

Associate Director, DHCS

Jill Abramson

Public Health Medical Officer, DHCS

CCS Program Today

- CCS Program provides medically necessary services for clients under age 21 with CCS-eligible Medical Conditions who also meet Residential and Financial eligibility requirements
- CCS Provides:
 - Diagnostic and treatment services
 - Medical case management
 - PT/OT services
- County CCS Program partnership
 - 31 Independent counties (population 200k)
 - Medical, Financial, and Residential
 - 27 Dependent counties (population 200k)
 - Financial and Residential



CCS Program Areas for Discussion/Improvement Efforts

- Medical Home
- CCS Eligibility Determinations
- Special Care Center Referrals
- Aging Out Transition Planning
- NICU Antibiotic Use



Medical Home Discussion Overview

- Medical home overview
- Medical home definition overview
- Discuss if medical homes should be utilized in CCS and for whom
- Discuss which entities should be considered as medical homes



National Center for Medical Home Implementation

- A medical home is an approach to providing comprehensive and high quality primary care.
- A medical home is not a building or place; it extends beyond the walls of a clinical practice.
- A medical home builds partnerships with clinical specialists, families, and community resources.
- Access to a medical home can be associated with improved health outcomes and health status.



Medical Home Elements Across Definitions

Elements of Medical Home Definitions	CRISS AAP	AHRQ	MCHB	CMS-Health Home
Family/patient centered	Partnership	Partnership	x	Person centered
Accessible	Distance, insurance	x	Enhanced	
Coordinated	Care plan	x	x	x
Comprehensive	Prev/prim/tertiary	Team wholly accountable	x	Care management
Continuous	1 provider		Continuous access	
Compassionate	Concern			
Culturally Effective	Recognize language, beliefs		x	
Quality/safety/cost		Informed decisions	Quality, Cost, Efficient, & Effective	

Organizations That Measure Medical Homes

- **National Committee for Quality Assurance (NCQA):**
The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be."
- **Center for Medical Home Improvement (CMHI):**
Community-based primary care setting which provides and coordinates high quality, planned, family-centered health promotion, acute illness care, and chronic condition management - across the lifespan.



Medical Home Definitions

- Complexity of definition may depend on:
 - Medical home setting (PCP, specialist, FQHC, other)
 - Who has Medical home (all, post-NICU, children with medical complexity)
- Different definitions could be appropriate for different groups
- Medical home must be measurable



CCS Medical Home Questions

- Should CCS require a medical home?
- If so, what should the definition of medical home be?
- For which group(s) of children should a medical home be considered?
- How would requiring a medical home benefit CCS children?
- How would care differ under a medical home from what is provided today?



CCS Medical Home Provider Questions

- If medical homes are utilized under the definition discussed, which entities should be medical home providers?
 - PCP, paneled or not
 - SCC specialist, SCC team
 - Other paneled specialist
 - FQHC with/without designated MD
 - Other
- Is the provider community able to fulfill the medical home requirements?



Lunch

(Provided for AG Members)





Medi-Cal Managed Care Health Plan and CCS Requirements

Sarah Brooks

Deputy Director of Health Care Delivery Systems, DHCS

Javier Portola

Managed Care Operations Division Chief, DHCS

Nathan Nau

Managed Care Quality Monitoring Division Chief, DHCS

David Banda

Health Program Specialist, DHCS

Feedback Sampling from January 6, 2016 AG Meeting

- **Authorization for Services** – Clarify prior authorization definition
- **Case Management or Care Coordination** – Recognize County role; Separate into two categories
- **Continuity of Care** – Documentation describing how transition is accomplished and how to do a “warm hand-off”
- **EPSDT** – Add EPSDT supplemental services covered by CCS (i.e. Hearing aids/batteries, medical foods, shift nursing care)
- **Grievance and Appeals** – Identify types of appeals occurring from eligibility and medical necessity
- **Individual Care Plans** – Add definitions, roles of the family, assessment parameters, and identify when the care plan is developed and updated





Data and Quality Measures Technical Workgroup Update

Linette Scott

Information Management Deputy Director and
CMIO, DHCS

Lee Sanders

Stanford Center for Policy, Outcomes and Prevention



CCS Performance Measures Update and Comments

Linette Scott

Information Management Deputy Director and
CMIO, DHCS

CCS Performance Measures Update and Comments

- December 4, 2015 and February 3, 2016 TWG webinars discussed 4 (four) CCS Performance Measure definitions of the *Plan and Fiscal Guidelines / Section 03 - Scope of Work and Performance Measures*
 - Medical Home
 - Determination of CCS Program Eligibility
 - Special Care Center Referrals
 - Aging Out Transition Planning
- November 2015 survey collected stakeholder feedback



Analyses of CCS Administrative Data: Update

Lee M. Sanders

CCS Advisory Group Meeting
April 6, 2016

Essential Questions

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?

Analytic Design

Retrospective, population-based analysis of all paid claims for the CCS Program (2007-2012)

Total capture of all care episodes

Total capture of all CCS-related costs

Partial capture of non-CCS-related costs (FFS)

N = 323,922 children

Data Source

All paid claims for all CCS enrollees, 7/1/2011 to 6/30/2012, abstracted from the state's Management Information System / Decision Support System (MIS/DSS).

“Total spending per child” includes all paid claims for children of all ages enrolled in fee-for-service Medi-Cal and all condition-specific claims for children enrolled in Managed Care Medi-Cal.

Definitions

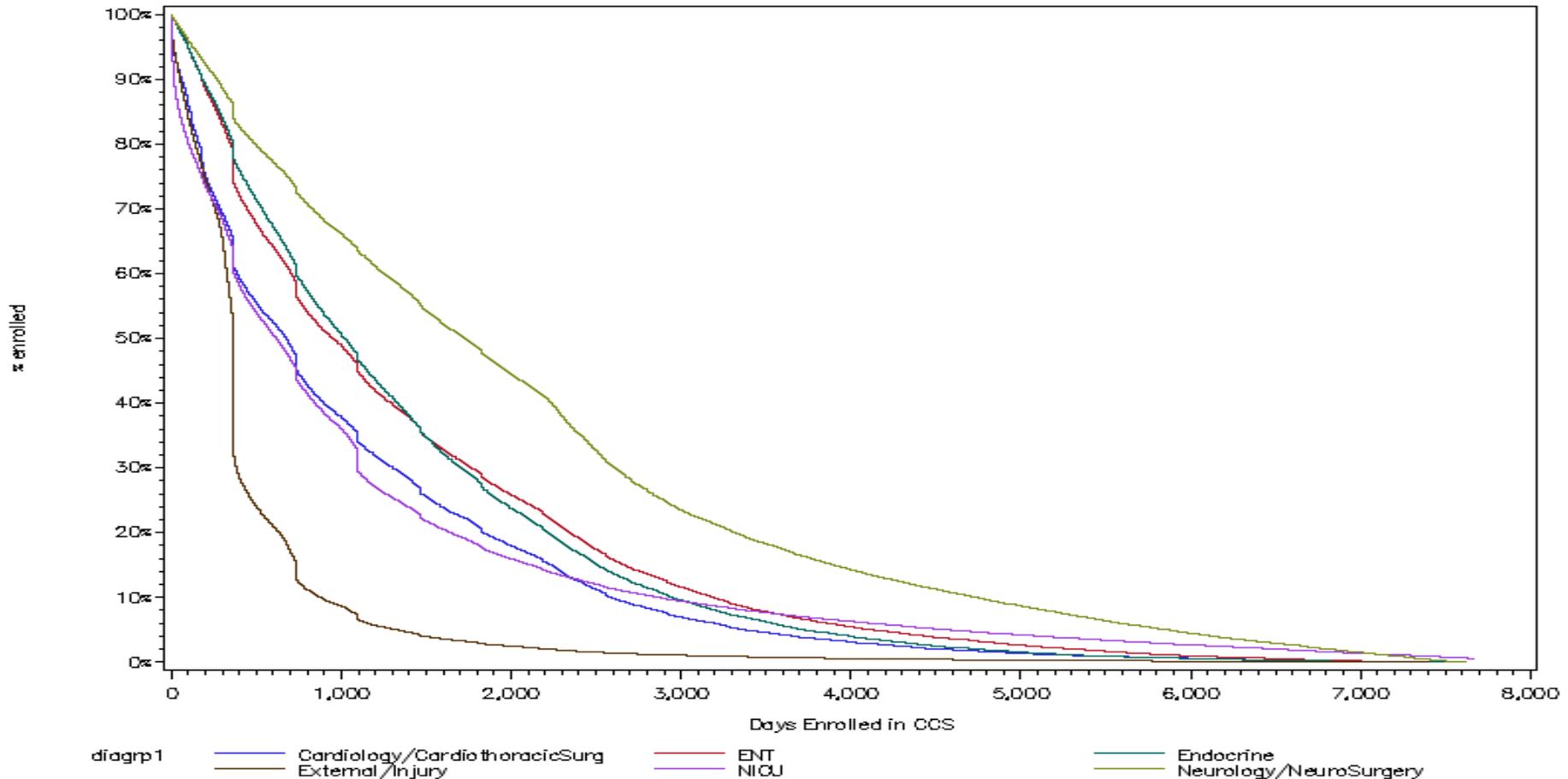
CCS enrollee: Any child enrolled in California Children's Services from 7/1/2011 to 6/30/2012. Data pulled January 2013.

<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.

CCS Program Enrollment (Days), By Diagnostic Category

Enrollment Lengths. Children enrolled 7/1/2009–6/30/2012
by diagnostic group



Child Enrollment Periods

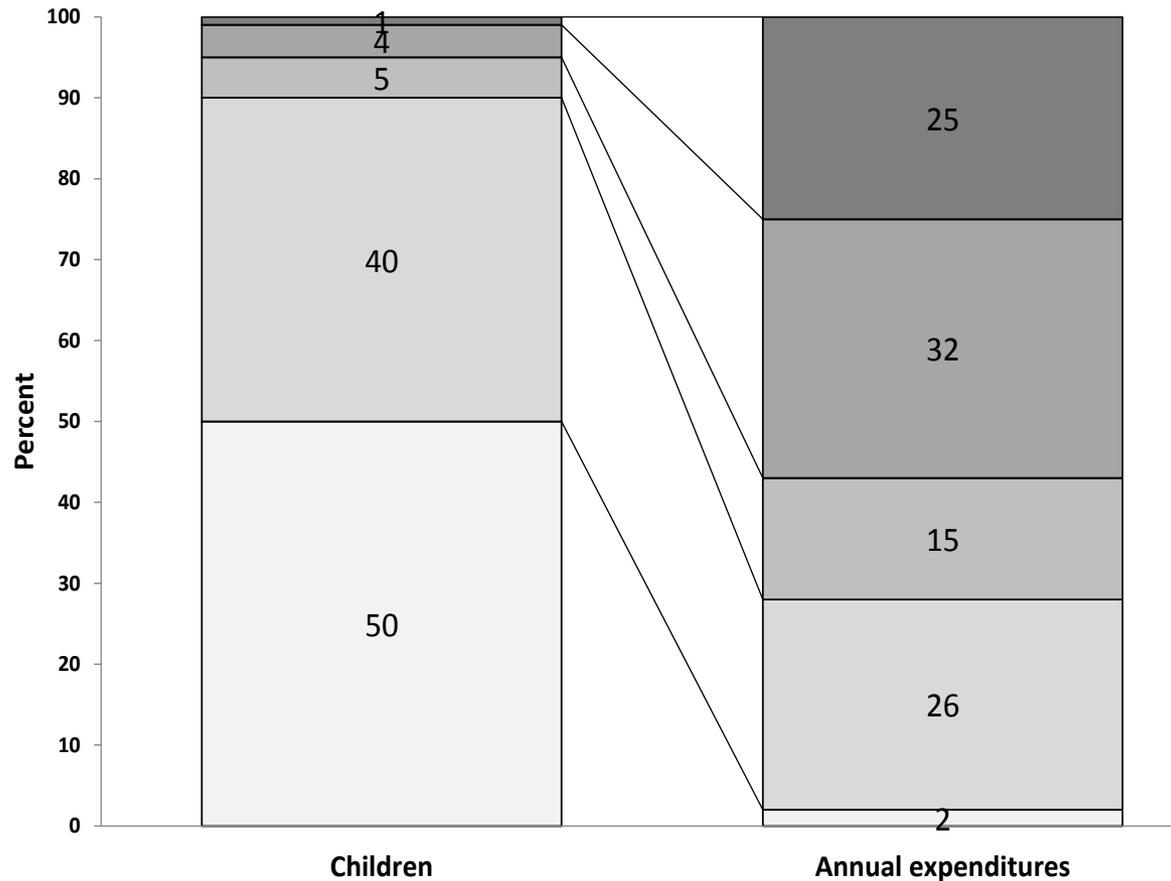
Findings

- Differences in enrollment periods are observed, based on primary diagnostic category.
- Children with primary diagnoses in the “neurologic” category have the longest enrollment periods.
- Children with primary diagnoses in the “injury” category have the shortest enrollment periods.

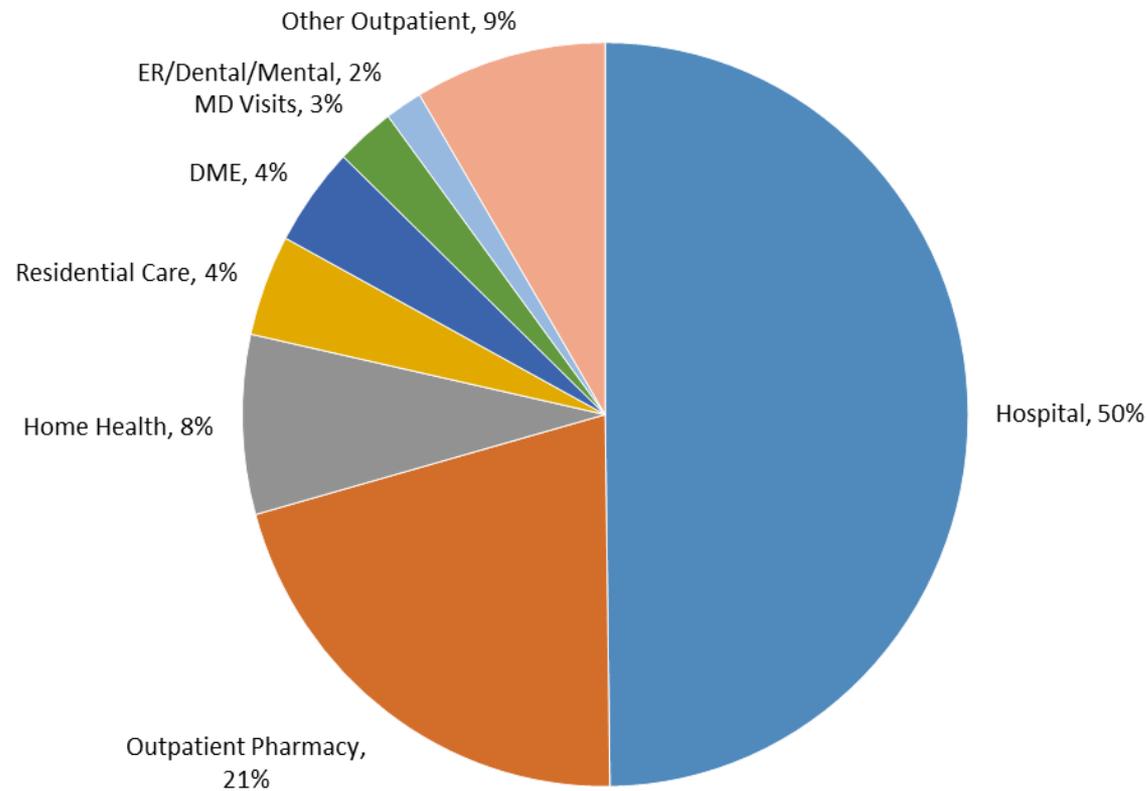
Distribution of CCS Program Spend

Objective: To assess the leading drivers of CCS program spend (2012), by health-service category and by proportion of children.

Distribution of Costs for the CCS Program

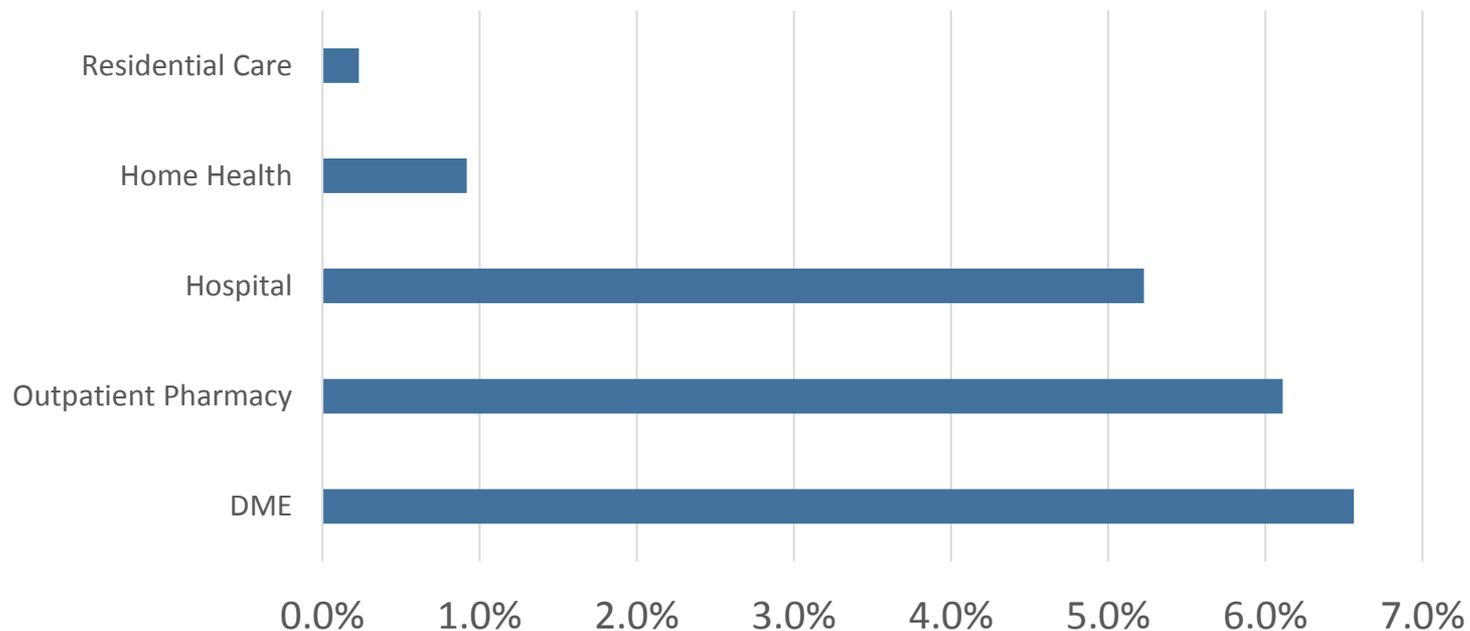


CCS Program Spend, by Health Service Category



CCS Spend Distribution, by Health Service Category

Percent of Children Responsible for >80% of CCS Program Spend in Each Service Category



Distribution CCS Program Spend Findings

- 10% of children are responsible for 72% of CCS program spend.
- The main drivers of CCS program spend are hospital-based care, outpatient pharmacy, home-health services, and other outpatient care (e.g., diagnostics, therapies).
- Fewer than 7% of children are responsible for >80% of CCS program spend in hospital and outpatient pharmacy care.
- Fewer than 1% of children are responsible for >80% of CCS program spend in home-health services.

Stanford CPOP Policy Briefs

Policy Briefs

- [CCS: Enrollment by Diagnosis and Over Time](#)
- [CCS Program Spend, by Health Service Category](#)
- [CCS: Annual Spending, by Region](#)
- [Two More Years: What Does Continued CHIP Funding Mean for California?](#)
- [CCS: All Inpatient Paid Claims by Site of Care](#)
- [Variation in Specialty Care Hospitalizations for Children with Chronic Conditions in CA](#)
- [Regionalized Pediatric Specialty Care for California's Children](#)
- [Quality of Care: Outpatient Care Before Hospitalization](#)
- [Quality of Care: Outpatient Care After Hospitalization](#)
- [The Cost of Care for Children Enrolled in CCS](#)
- [Care Use by "High-cost" Children Enrolled in CCS](#)
- [Health Care Use Varies by Diagnosis among CCS Enrollees](#)
- [Health Care Use Varies with Age among CCS Enrollees](#)

Peer-Reviewed Manuscripts

- Outpatient Pharmacy Expenditures (JAMA 2015)
- Health Care Use and Costs for Diabetes (J. Peds 2015)
- Use of Outpatient Care among VLBW Infants (submitted)
- Outpatient Care Patterns as Predictors of Diabetic Ketoacidosis (submitted)



Care Coordination / Medical Home / Provider Access Technical Workgroup Update

Anastasia Dodson
Associate Director for Policy, DHCS

January 28 Agenda

- **Alameda County CCS Intensive Care Coordination – Presented by Alameda County CCS**
- **Kern County CCS Strategic Management – Presented by Kern County CCS**
- **Los Angeles County CCS Case Management Redesign Project: Keys to Success – Presented by Los Angeles County CCS**





Public Comment

Jennifer Kent
Director, DHCS



Next Steps and Next Meetings

Jennifer Kent
Director, DHCS

Sarah Brooks
Deputy Director of Health Care Delivery Systems, DHCS

Next CCS Meetings / Webinars

2016 CCS Advisory Group Meeting Dates:

- July 6
- October 5

2016 Technical Workgroup (TWG) Webinar Dates:

- May 11 - Data and Quality Measures TWG
- June 3 - Care Coordination / Medical Home / Provider Access TWG



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
- If you would like to be added to the DHCS CCS Interested Parties email list, please send your request to:
 - CCSRedesign@dhcs.ca.gov

