CALIFORNIA CHILDREN'S SERVICES (CCS) ADVISORY GROUP MEETING

April 9, 2025, 1:00–4:00 p.m.

DHCS Staff:

Jennifer Allen, Sabrina Atoyebi, Amara Bahramiaref, Michelle Baass, Sean Barber, Vera Belan, Joseph Billingsley, Lori Bradley, Julie Cheung, Erica Grant, Ariana Hader-Smith, Alyssa Hedrick, Gina Helm, Sheela Jonnalagadda, Isabel Lacuesta, Pooja Nath, Annie Pham, Katie Ramsey, Barbara Sasaki, Carolyn Smith, Tanya Stone, Olivia Thomas, MaryJo Tobola, Michael Whitehead, and Kristie Yi

Advisory Group Members:

Katherine Barresi, Lianna Chen, Dr. Jerry Cheng, Janis Lambert Connallon, Stephanie Dansker, Kristen Dimou, Dr. Mary Giammona, Erica Holmes, Michelle Gibbons, Allison Gray, Kelly Hardy, Erin Kelly, Ann Kinkor, Ann Kuhns, Beth Malinowski, Carol Miller, Dr. Dianna Myers, Dr. Miriam Parsa, Dr. Mona Patel, Janet Peck, Michelle Schenck-Soto, Susan Skotzke, Laurie Soman, Dr. James Stein, Shelby Stockdale, and Katrina Whitaker

Meeting Summary

Welcome and Housekeeping

- Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems (HCDS), welcomed participants.
- Erica Grant, CCS Policy Unit Chief, Integrated Systems of Care Division (ISCD), reviewed housekeeping and meeting logistics with participants. Roll call was taken from the call log and sign-in sheet.

Director Remarks

DHCS Director Michelle Baass provided the following remarks:

- Pediatric Integration of Members 21 years of age and younger was implemented on January 31, 2025. Medi-Cal Rx implemented the CCS Panel Authority policy,

under which CCS Panel Providers (physicians or Certified Nurse Practitioners) have authority to prescribe Medi-Cal Rx drugs and products to members 20 years of age and under without prior authorization (with a few exceptions).

- CCS Information Notice 25-01, issued on February 26, 2025, provides a one-time increase to the current fiscal year's CCS Case Management budget based on updated caseload figures. For questions regarding this notice, please email the ISCD Fiscal team at ISCDFiscal@dhcs.ca.gov.
- An overview of today's meeting agenda
    - Updates on the following:
        - 2025 CCS Priorities
        - Whole Child Model (WCM) expansion
        - Medi-Cal Rx
        - County Compliance, Monitoring, and Oversight (CMO)
        - A Partnership Health Plan (PHP) CCS family who will share their member experience.
- Welcome new Advisory Group member Shelby Stockdale, Program Manager for CenCal Health's pediatric WCM program.

January 2025 Meeting Recap

CCS Policy Unit Chief, Erica Grant, provided the following January 2025 meeting recap:

- Three new Advisory Group members were introduced and welcomed:
    - Dr. James Stein, Children's Coalition President and Chief Medical Officer, Children's Hospital Los Angeles
    - Gina Stabile, CenCal Health's Parent Representative
    - Janet Peck, CCS Administrator, Butte County
- 2024 CCS achievements were highlighted:
    - Kaiser Foundation Health Plan implementing as an Alternate Health Care Plan Provider within existing WCM Counties.
    - The CCS Performance Measure Quality dashboard was published on December 31st.
    - Nine (9) Numbered Letters (NL) along with the Transition of Care Frequently Asked Questions were posted and distributed.
- The Medi-Cal Rx team provided an update on Pediatric Utilization Management Integration, CCS Panel Provider Authority, and Operational Improvements and Monitoring.
- Updates on:
    - The WCM 2025 expansion
    - The relationship of Enhanced Care Management (ECM) and CCS.

- Enrollment in ECM for CCS children and youth
- Referral and authorization standard
- Closed-loop referrals

Recap 2024 Priorities

The following were CCS Program priorities for 2024, presented by Medical Operations Branch Chief, Sabrina Atoyebi:

- CCS Redesign
- CCS Compliance and Monitoring Oversight
- WCM Implementations
- Program Administrative Statewide Operations

2025 Priorities Criteria

Sabrina Atoyebi presented the following 2025 Priorities criteria:

- Feasibility
  - DHCS resources and ability to make meaningful changes.
- Level of Effort
  - Stretch effort to complete, but also attainable.
- Aligns With Existing DHCS Efforts
  - Provides an opportunity to align with larger efforts while providing targeted focus on the CCS population.
- Medical Necessity
  - Supports the health and well-being of beneficiaries/members.
- Level of Interest/Reoccurring Topic
  - Agenda topics raised by counties and stakeholders in multiple venues.

2025 Priorities Options

Sabrina Atoyebi presented the following 2025 Priorities Criteria:

- DHCS will focus on these seven (7) priorities in 2025. Items not listed can be considered for 2026 priorities.
- Transition to Adulthood
  - Update existing guidance and tools to improve transition to adulthood.
  - Publish a provider and CCS County partner frequently asked questions.
  - Create guidance to help transition kids while still in pre-/post-transplant periods.
- Expansion of Providers
  - Promote and increase provider awareness to become a CCS Paneled Provider for Children and Youth up to 21 years old.

- CCS Quality Metrics Performance Measures
  - Monitor measures throughout 2025.
  - Continue working on the Tier 1 measures.
  - Explore feasibility to expand on subcommittee-recommended/modified measures; however, this item may be postponed to fiscal year 2026-2027. DHCS is keeping this on for 2025 in the event progress can be made this year.
- 2025 CCS WCM Expansion Monitoring
  - Continue quarterly check-in meetings with the counties and managed care plans (MCP).
  - Continuous monitoring through post-transition monitoring.
- CCS Monitoring & Oversight implementation July 1, 2025
  - Strive to obtain executed memorandums of understanding (MOUs).
  - Initiate monitoring protocols.
- ECM
  - Monitor ECM services for CCS children and youth.
- Referral and Enrollment
  - Review existing data to monitor and identify trends and areas of improvement.

Advisory Group members provided input on additional priorities to be considered:

- Service Authorization Request timelines.
- Further discussion of priorities at future meetings.
- ECM updates relative to CCS populations of focus.
- Operationalizing the priorities.

2025 WCM Expansion Update

The following WCM Expansion update was presented by Sean Barber, Chief of Managed Care Networks and Access Branch:

- All data presented is as of February 2025. All MCPs met network readiness requirements.
- Enhanced protections for members who transitioned January 1, 2025, which included automatic Continuity of Care (CoC) for services, and proactive outreach to out-of-network (OON) provider.
- Pre- and Post-Transition Monitoring was conducted. MCPs must honor current authorizations, including CoC requests for OON provider agreements, per APL 24-015.

- MCPs will allow WCM members to continue CCS County Public Health Nurse (PHN) case management, provided it is completed within 90 days of transition to the WCM Program, and subject to PHN availability.
- Since January 1, 2025, two (2) grievances and four (4) appeals were reported.

Amara Bahramiaref, Managed Care Policy Branch Chief, presented the following WCM Monitoring and WCM Regulations update:

- A multi-pronged WCM Transition Monitoring plan was applied to ensure members' experiences were smooth.
- MCPs completed Pediatric Risk Stratification (PRSP) within 45 calendar days and members were assigned a primary point of contact CCS Case Manager.
- MCPs are actively referring members to CCS for determination per the CCS Medical Eligibility Guide.
- DHCS has determined formal regulations for WCM are not feasible due to the Program's evolution and related requirements. DHCS maintains authority to establish regulations, as necessary, under state law. Guidance and compliance will continue to be clarified through APLs, NLs, MOUs, and the MCP contract. DHCS has authority to enforce compliance when MCPs do not meet program requirements.
    - Advisory Group members provided input that performance measures for the WCM regulations are important to hold MCPs accountable for deliverables. A crosswalk to show how measures are being tracked now would be good to see.
- A PHP Nurse Case Manager and WCM family spoke on the members' experience with the CCS Program saying the program helped immensely with gaining back mobility (i.e., stair climbing).

Brigid Gast, Senior Director of Care Management, PHP presented the following update:

- PHP operates WCM in all 24 Northern California counties primarily for care coordination of primary, specialty and behavioral health, under age 21.
- PHP allows integrated services for clinical and non-clinical services facilitated through the Plan. Each member has a primary WCM/CCS case manager contact.
- Individualized Care Plans (ICP) include risk stratification, high risk health assessment, interventions with care manager, case research.
- ECM is administered at PHP for qualifying members who meet DHCS population of focus criteria.

- A stakeholder asked if all current PHP members have a primary point of contact. PHP replied yes, all members have a primary point of contact.

County Compliance Monitoring and Oversight (CCMO)

County Compliance Monitoring and Oversight Unit Chief, Katie Ramsey, provided the following update:

- CCMO provides oversight of the CCS Program statewide for grievance, appeals, training, compliance of quarterly and annual reports, enforcement and corrective actions.
- DHCS released CCS onboarding and training logs, CMIP sunsetting notices, technical assistance guides (TAGs), technical assistance office hours, and is developing more training for counties on Monitoring & Oversight (M&O) requirements.
- From January 2022 to June 2023, 12 workgroup meetings were held to gather stakeholder and county input. The M&O Memorandum of Understanding (MOU) was released for public comment from September to October 2023 and finalized in June 2024. Signed MOUs from the counties are due June 30, 2025.
- CCS Grievance Process was implemented July 2024. Counties that transitioned in January 2025 should revisit their grievance processes. DHCS is continuing to review county CCS webpages to monitor for grievance factsheet postings.
- DHCS will continue to support counties with CCMO implementation ahead of July 1, 2025.
    - A stakeholder expressed concern about a lack of funding to support CCMO program activities. DHCS replied that we are open to working with the counties on the execution of the MOU.

Advancing Medi-Cal Rx: Pediatric Utilization Management (UM) Integration

Pharmacy Policy Branch Chief, Dr. Bassant Khalil, provided the following updates:

- Following routine internal monitoring as of January 2025, and based on stakeholder input, a decision was made to implement utilization management claim edits and prior authorization requirements for pediatric claims in two separate stages.
    - Stage 1 was implemented on January 31, 2025.
        - All pediatric claims became subject to utilization management edits.

        - New start therapies became subject to prior authorization requirements.
        - CCS paneled provider authority policy was initiated. Providers, physicians, and certified nurse practitioners can prescribe medications and pharmacy products for CCS and Medi-Cal members aged >20 years without prior authorization. Some exceptions apply.
    - On April 25, 2025, Stage 2 initiates where continuing therapies will be subject to both prior authorization requirements and continued use of utilization management. This will end the transition policy for Medi-Cal Rx and conclude reinstatement.
- Preliminary outcomes from January implementation are:
    - No systemic issues identified
    - Stakeholder feedback includes appreciation for collaboration, resources and technical support.
- In preparation for April implementation, instructional resources are being developed, targeted outreach to providers and pharmacies with high claims volumes will occur on/after April 25, 2025.
- DHCS is continuing to analyze issues from stakeholders, monitor pediatric policies and Medi-Cal Rx operations, and continue with further system enhancements to reduce administrative burden.
- As follow-up from the January 2026 CCS Advisory Group meeting, Contract Drug List was reviewed and age restrictions for liquid medications have been removed. Drugs that require Prior Authorization are reviewed for medical necessity and those that are denied can be escalated to the Customer Service Center.
    - A Stakeholder commented that administrative burden has increased since the January implementation and more work is requested in the pediatric supply space (i.e., diabetic medications).

Public Comment

- Dr. Mona Patel asked if there are changes to various pharmacy benefits changing as a result of the federal funding news.
    - DHCS response: DHCS announced participation in the Center for Medicaid and Medicaid Innovation (CMMI) opportunity for Gene Therapies for Sickle Cell (DHCS New Release 25-13-CGT-Access-Model-3-21-25). DHCS is continuing to evaluate the larger sphere of high-cost therapies and treatments and will send communications as more is known.
- David Austin asked when the next version of the Medical Eligibility Guide is going to be released.

    - DHCS response: DHCS is not currently working on an updated guide but will take this topic under advisement.
- Dr. Mary Giammona asked if consideration could be given to kids who have aged out of the Program (possibly ages 21-26) to continue to receive medications from a CCS paneled doctor without prior authorization.
    - DHCS response: DHCS will consider adding this as a topic for a future meeting.
- Dr. Mary Giammona asked if progress has been made to release an NL addressing children admitted to a non-CCS hospital for emergency services until stabilized to move to a CCS hospital for care.
    - DHCS response: DHCS has an NL ready in review and will consider its priority placement in the review queue.

The next CCS Advisory Group meeting will be held on Wednesday, July 16, 2025.