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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
California Children's Services (CCS)
Monitoring and Oversight Workgroup
January 30, 2023
12 p.m. – 4 p.m.

MEETING SUMMARY

CCS Monitoring and Oversight Workgroup Members Attended:

Alicia Emanuel; Anna Leach-Proffer; Beverly Eldridge; Dawn Pacheco; Eileen (Chris) McSorley; Francis Chan, MD; Guillermina (Mina) Andres; Hannah Awai, MD; Heidi Merchen; Holly Henry; Janet Peck; Jody Martin; Jolie Onodera; Katherine Barresi; Kathryn Smith; Katie Schlageter; Kelly Hardy; Kristen Dimou; Lori Gardner; Lorri McKey; Mary Doyle, MD; Meredith Wolfe; Michelle Gibbons; Michelle Laba, MD; Nancy Netherland; Norma Williams; Pip Marks; Susan Skotzke; Tanesha Castaneda

CCS Monitoring and Oversight Workgroup Members that Did Not Attend:

Richard Chinnock, MD

DHCS Staff Attended: Susan Philip; Pamela Riley, MD; Joseph Billingsley; Cortney Maslyn; Annette Lee; Sabrina Atoyebi; Barbara Sasaki; Katie Ramsey; Cheryl Walker, MD; Megan Sharpe; Joseph Abhulimen

DHCS Consultants, Sellers Dorsey Attended: Sarah Brooks; Meredith Warden; Alex Kanemaru; Marisa Luera

Public Attended: 137

CCS Monitoring and Oversight Workgroup Materials: Agenda and Slide Deck

I. Welcome and Meeting Information

Sarah Brooks, DHCS Consultant with Sellers Dorsey

Welcomed members and shared meeting information

Alex Kanemaru, DHCS Consultant with Sellers Dorsey

Reviewed housekeeping items

II. Roll Call

Sarah Brooks

Conducted roll call of CCS Monitoring and Oversight Workgroup members, DHCS staff, and the Sellers Dorsey team

III. Policy Updates

***Sabrina Atoyebi, Chief
Medical Operations Branch***

Reviewed the Public Health Emergency (PHE) unwinding update

***Katie Ramsey, Chief
County Compliance Unit***

Provided an update on the CCS case management definition, core activities, and feedback received from Whole Child Model (WCM) Managed Care Plans (MCP), and counties

Summary Discussion:

- For the PHE unwinding, members commented that due to the end of the PHE, children and caregivers will experience many challenges. Members asked what proactive steps DHCS is taking to keep children on Medi-Cal
 - **Response:** DHCS is working on outreach and communication assistance to keep children/youth enrolled in Medi-Cal and will provide additional details at a later date
- Members asked if virtual Medical Therapy Program (MTP) visits will be reimbursed post PHE unwinding
 - **Response:** DHCS guidance on the subject is forthcoming
- Members asked DHCS to include CCS families in the PHE unwinding process
 - **Response:** DHCS will take this into consideration
- Members commented “community based” should be included in the CCS case management definition, and asked to put the request to remove it on hold to allow time for further review
 - **Response:** DHCS will take this into consideration

IV. December Meeting Summary and Workgroup Feedback
Katie Ramsey

Provided the December meeting summary and reviewed December homework items

V. Grievance Numbered Letter (NL)
Katie Ramsey

Provided an update on the draft Grievance NL including: feedback received, scope, goals, and next steps

Summary Discussion:

- Members commented the Grievance NL does not require counties to post the grievance process online or in a public forum, which may lead to CCS beneficiaries being shuffled between MCPs and counties
 - **Response:** DHCS will take this into consideration
- Members requested DHCS provide information to CCS beneficiaries on how services are coordinated between CCS beneficiaries and MCPs
 - **Response:** DHCS will take this into consideration
- Members expressed agreement with Grievance NL feedback submitted to the DHCS from the County Health Executive Association of California
 - **Response:** DHCS received the letter and will take this into consideration
- Members expressed smaller dependent counties don't have the resources needed for the increased responsibilities to implement the grievance process
 - **Response:** DHCS will take this into consideration
- Members expressed some independent counties have an informal grievance process, including a tracking log
 - **Response:** DHCS will take this into consideration
- Members expressed grievances regarding employees are subject to labor contracts
 - **Response:** DHCS will take this into consideration
- Members expressed objection to the grievance process
 - **Response:** DHCS will take this into consideration
- Members from some independent counties shared they have a hot line or call center to track grievances/complaints but do not have a formal tracking system
 - **Response:** DHCS will take this into consideration
- Members asked for the implementation date for the grievance process
 - **Response:** The implementation date is the same as the Memorandum of Understanding (MOU) execution date, July 1, 2024

- Members asked DHCS to ensure Health Insurance Portability and Accountability Act (HIPAA) practices are compliant with the grievance process
 - **Response:** DHCS will take this into consideration

VI. Training NL
Sabrina Atoyebi

Reviewed the Training NL overview, workgroup feedback received, and forthcoming details

VII. Memorandum of Understanding (MOU) Development
Katie Ramsey

Reviewed the MOU development timeline, summary of the Roles and Responsibilities Table, general feedback received, revisions made, and next steps

Summary of Discussion:

- Members requested the county model types be clearly defined within the Roles and Responsibilities Table
 - **Response:** DHCS will take this into consideration

VIII. Break
Sarah Brooks

A 15-minute break commenced

IX. Compliance Activities
Katie Ramsey

Reviewed the technical specifications for compliance activities including quarterly report, annual report, performance measures, and triennial survey activities

Summary of Discussion:

- Members asked why the age of 17 was selected for the transition planning compliance activity
 - **Response:** DHCS previously engaged with a workgroup and held a series of informational interviews where this recommendation was developed. DHCS previously heard from counties about the challenges of not having an authorized representative in place when the beneficiary turns 18. The goal of beginning at age 17 is to allow for enough time to obtain this as necessary and engage in the transition planning process prior to the beneficiary turning 18.

- Members asked if the MCPs will be responsible for reporting on the same performance measures
 - **Response:** MCPs will report on activities they are contractually required to report on
- Members requested MTP be added when referring to chart audits
 - **Response:** DHCS will take this into consideration
- Members requested DHCS clarify the number of days to determine financial eligibility and consider adding additional language pertaining to delays in receiving all necessary documentation
 - **Response:** DHCS will take this into consideration
- Members requested the use of business days instead of calendar days throughout
 - **Response:** DHCS will take this into consideration
- Members requested clarification on counties' responsibility for Electronic Visit Verification (EVV)
 - **Response:** DHCS will take this into consideration
- Members asked for additional details on performance measure benchmarks and what to expect if they are not met
 - **Response:** Additional details will be provided regarding performance benchmarks at a later date
- Members requested the staffing allocation table for 2024 be revised to accommodate reporting on the compliance activities
 - **Response:** DHCS will take this into consideration

X. Survey NL

Katie Ramsey

Provided the workgroup with an update on the Survey NL, feedback received, and next steps

XI. Promoting Transparency for the CCS Program

Katie Ramsey

Provided an overview of DHCS' proposal for informing CCS programs of monitoring and oversight requirements

XII. Enforcement Process

Katie Ramsey

Reviewed the enforcement overview, feedback received, and forthcoming Enforcement and Corrective Action NL

Summary of Discussion:

- Members asked how sanction amounts and corrective action will be determined
 - **Response:** DHCS will provide more details at a later date
- Members commented it might not be possible to penalize counties with federally enhanced funds since the counties are not MCPs, where funding is given to spend
 - **Response:** DHCS will take this into consideration
- Members expressed small counties do not have enough staff, sanctions are not feasible, and should be taken off the table
 - **Response:** DHCS will take this into consideration
- Members asked if county CCS programs will be able to correct any deficiencies prior to being sanctioned
 - **Response:** Good faith effort will be considered in the resolution of deficiencies and counties will have multiple opportunities to resolve the deficiency prior to being sanctioned
- Members asked what other DHCS programs are held to enforcement standards and guidelines
 - **Response:** The Program of All-Inclusive Care for the Elderly, Home and Community Based Waiver Program, and MCPs are held to similar guidelines

XIII. Public Comment

Sarah Brooks

- Public shared MPCs do not have the same audit criteria as the CCS programs. MCP's should be required to demonstrate they are providing care in alignment with the CCS standards.
 - **Response:** DHCS will take this into consideration
- Public requested DHCS to share a crosswalk of the performance measures required for the counties and the Whole Child Model MCPs
 - **Response:** DHCS will take this into consideration
- Public requested to have fiscal staff involved in the upcoming conversations to allow input on CCS program changes
 - **Response:** DHCS will take this into consideration

XIV. Next Steps

Sarah Brooks

Provided information on next steps, workgroup meeting logistics, and relayed contact information for questions or feedback

Meeting adjourned at 3:30 p.m.