

CALIFORNIA CHILDREN'S SERVICES (CCS) ADVISORY GROUP MEETING

Agenda

1:00 – 1:05	Welcome and Housekeeping
1:05 – 1:10	Director Remarks
1:10 – 1:15	October 2025 Meeting recap
1:15 – 1:20	2025 Accomplishments
1:20 – 2:50	2026 Priorities
2:50 – 3:00	Break
3:00– 3:15	Managed Care Plan Monitoring and Oversight
3:15 – 3:25	Postmortem Noticing
3:25 – 3:35	Med-Cal Rx: Pediatric Integration
3:35 – 3:50	Program Updates
3:50 – 4:00	Public Comment

Housekeeping and Meeting Logistics

- » Meeting information is available on the [CCS Advisory Group](#) webpage.
- » All meeting participants are muted upon entry.
- » Questions from CCS Advisory Group members will be addressed in the meeting.
- » CCS Advisory Group members: Please "Raise Your Hand" or use the chat feature to submit questions.
- » All other Attendees: The raise hand feature will be available during the public comment period.
- » Live Closed Captioning is available during the meeting.

Director Remarks

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Director Remarks

- » Happy New Year
- » Adult Unsatisfactory Immigration Status Enrollment Freeze
- » Meeting Agenda Overview
- » County Compliance Monitoring & Oversight

CCS Advisory Group Members



CCS Advisory Group Members

- » **Paloma Barazza**, Family Advisory Committee Member, Central California Alliance for Health
- » **Katherine Barresi**, Chief Health Services Officer, Partnership Health Plan of California
- » **Tanesha Castaneda**, CCS Program Administrator, Santa Barbara County CCS Program
- » **Lianna Chen**, Family Advisory Committee Members, Health Plan of San Mateo
- » **Jerry Cheng, MD.**, Chief of Pediatrics LA & Pediatrics Specialties Lead, Kaiser Permanente SCAL
- » **Whitney Clark**, Service Line Director – Women's and Children's Services, Sutter Health
- » **Janis Connallon**, Project Director, Family Voices
- » **Stephanie Dansker**, Board Member/Patient, Bleeding Disorders Council of California
- » **Kristen Dimou**, California Children's Branch Chief, San Diego County HHS
- » **Mary Giammona, MD.**, Medical Director, Molina Healthcare California
- » **Michelle Gibbons**, Executive Director, County Health Executives Association of California
- » **Allison Gray**, Program Officer, Lucille Packard Foundation for Children's Health

CCS Advisory Group Members

- » **Kelly Hardy**, Senior Managing Director, Children Now
- » **Dominique Hensler**, Director, Rady Children's Hospital and Health Center
- » **Michael Hunn**, CEO, CalOptima
- » **Erin Kelly**, Executive Director, Children's Specialty Care Coalition
- » **Ann Kinkor**, Coordinator State Legislative Agency, Epilepsy California
- » **Linnea Koopmans**, CEO, Local Health Plans of California
- » **Ann Kuhns**, President and CEO, California Children's Hospital Association
- » **Beth Malinowski**, Governmental Affairs Advocate, SEIU California
- » **Carol A. Miller, MD.**, Medical Consultant, CCS Medical Advisory Committee
- » **Dianna Myers, MD.**, Medical Director, Central California Alliance for Health

CCS Advisory Group Members

- » **Jaime Ordonez**, CCS Program Administrator, Yolo County CCS Program
- » **Miriam Parsa**, Chief Pediatric Medical Officer, Cottage Children's Medical Center
- » **Mona Patel, MD.**, Department of Pediatrics, Children's Hospital Los Angeles Medical Group
- » **Kristen Rogers**, Family Advisory Committee Member, CalOptima
- » **Michelle Schenck-Soto**, Program Supervisor – PH Nursing, Imperial County CCS Program
- » **Laurie Soman**, Director, Children's Regional Integrated Service System (CRISS)
- » **Gina Stabile**, Family Advisory Committee Member, CenCal Health
- » **Jim Stein, MD.**, Board President, Children's Specialty Care Coalition
- » **Shelby Stockdale**, Whole Child Model Program Manager, CenCal Health
- » **Amy Westling**, Director of Policy, Association of Regional Care Centers
- » **Katrina Whitaker**, Director of Public Health Nursing, Sutter County CCS Program

October 2025 Meeting Recap

ERICA GRANT, CCS POLICY UNIT CHIEF



October 2025 Meeting Recap

- » 2025 Priorities update
- » Pediatric Integration: Pharmacy Benefits
- » Program Updates

2025 CCS Accomplishments

JOSEPH BILLINGSLEY, ASSISTANT DEPUTY DIRECTOR
HEALTH CARE DELIVERY SYSTEMS



2025 Accomplishments

- » Enhanced Care Management (ECM) Technical Assistance Resource
- » Policy Guidance released in 2025
- » Medi-Cal Rx Prior Authorization
- » Medi-Cal Rx Prior Authorization
- » Providers/Facilities enrolled in 2025
- » 2025 Go-live of Whole Child Model (WCM) in 12 additional counties with 3 managed care plans
- » 2025 Post-Transitional Monitoring Closeout

2026 Priorities

SABRINA ATOYEBI, MEDICAL OPERATIONS BRANCH CHIEF



2026 CCS Priorities

- » Transition to Adulthood
- » CCS Whole Child Model Enrollment
- » Access to CCS Paneled Providers
- » CCS Quality Metrics Performance Measures
- » Enhanced Care Management

Transition to Adulthood

SABRINA ATOYEBI, MEDICAL OPERATIONS BRANCH CHIEF



Overview

- » Approximately 190,000 members under the age of 21 are enrolled into the California Children's Services (CCS). As these members approach their 21st birthday, they become eligible for various adult care programs and their care transitions to adult health care providers.
- » The primary goal is to enhance the member experience during the transition. DHCS will conduct an in-depth analysis to create standardized guidance, tools and support during the transition to adulthood.

2025 Work Efforts

- » Stakeholder interviews were held with:
 - Whole Child Model Counties
 - Whole Child Model Managed Care Plans
 - Classic Counties
 - Classic Managed Care Plans
 - CCS Advisory Group
 - Bleeding Disorders Council of California
- » Information Analysis:
 - Best practices, requirements for member support, categorization, etc.

Key Themes / Buckets

- » Pain/Relief Points
- » Points of Clarification
- » Methods of Communication
- » Interaction with Providers or Regional Centers
- » Continuity of Care
- » Roles and Responsibilities
- » Determining levels of need

2026 Roadmap

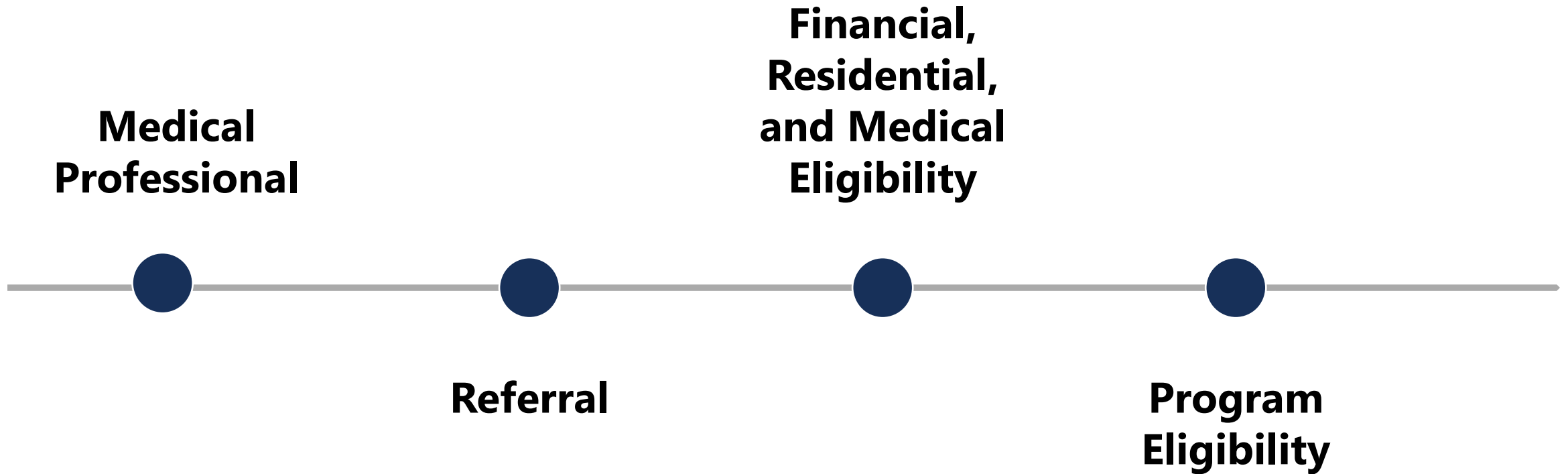


CCS Whole Child Model Enrollment

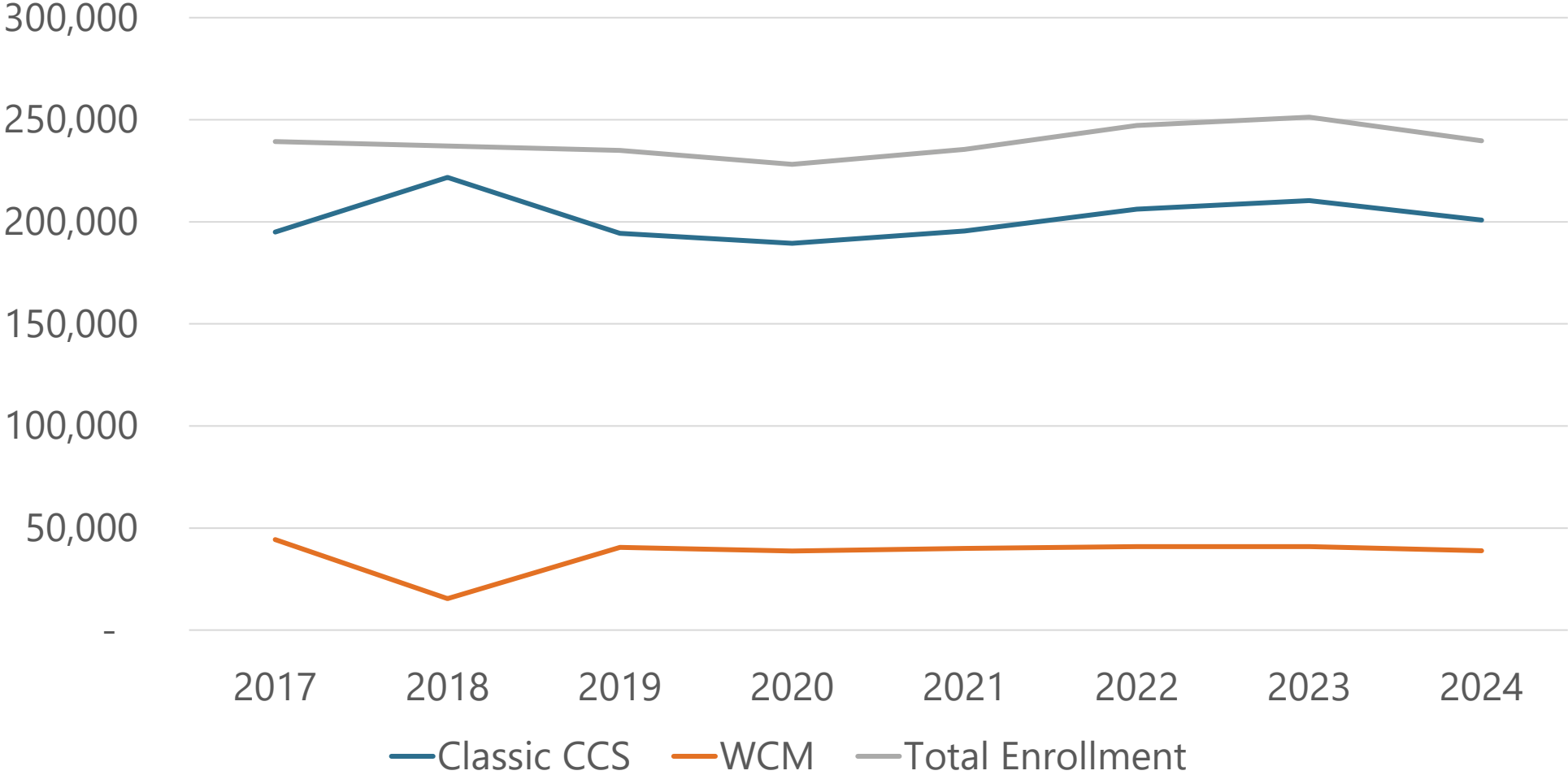
SABRINA ATOYEBI, MEDICAL OPERATIONS BRANCH CHIEF



Overview: Program Enrollment Process



CCS Enrollment Summary

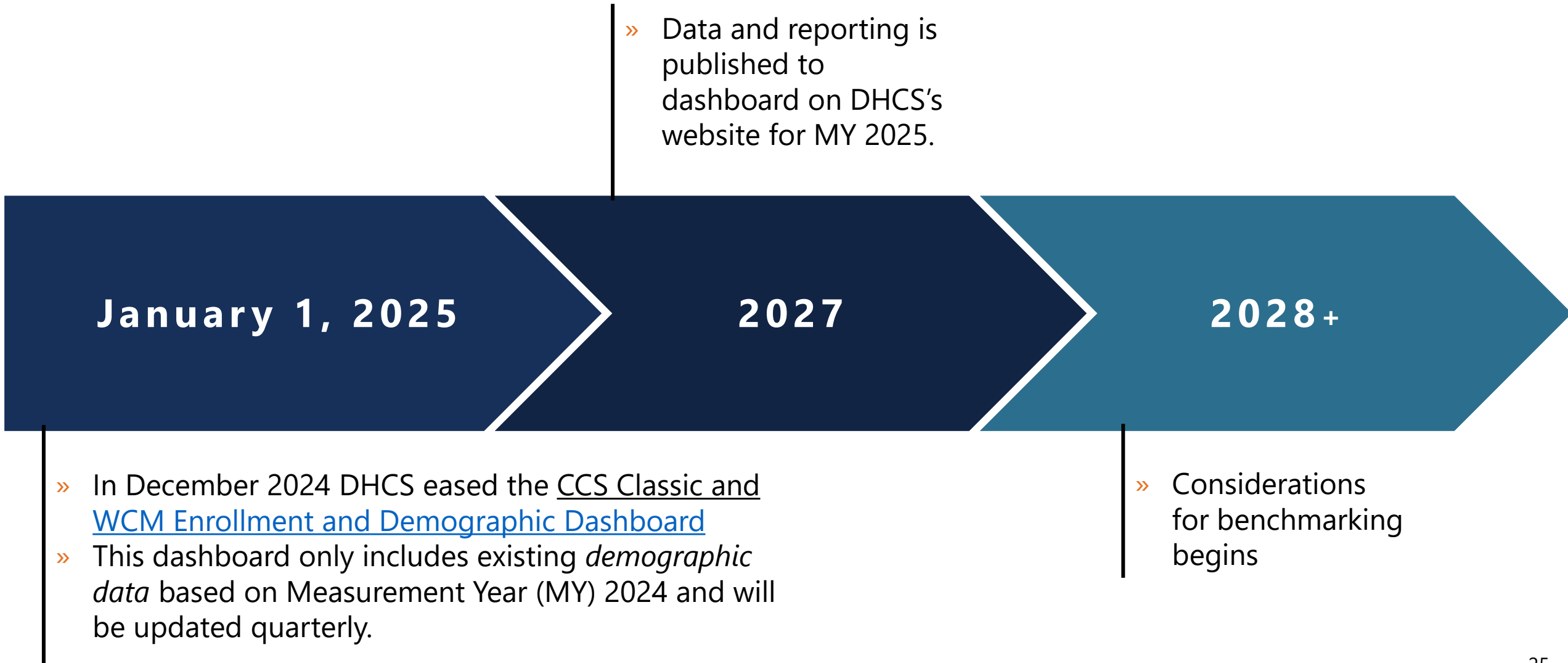


CCS Quality Metrics Performance Measures

SABRINA ATOYEBI, MEDICAL OPERATIONS BRANCH CHIEF



CCS Quality Metric Redesign Roadmap



CCS Provider Paneling

MICHAEL LUU, PROVIDER OVERSIGHT SECTION CHIEF



CCS Provider Paneling Delay Update

- » CCS paneling criteria for all provider types
- » Updates to CMS Net and Websites
- » ProviderPaneling@dhcs.ca.gov
 - Supporting documents
- » ProviderPanelingInquiry@dhcs.ca.gov
 - Inquiries

Enhanced Care Management (ECM) for Children & Youth in CCS: Update for the CCS Advisory Group

PUNREEP SAHOTA, QUALITY POPULATION HEALTH MANAGEMENT

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Future of Enhanced Care Management (ECM)

“DHCS proposes to continue and strengthen key CalAIM components such as ECM...”

– Continuing the Transformation of Medi-Cal, July 2025

- » ECM will continue statewide as a Medi-Cal managed care benefit and **does not depend on CalAIM waiver renewal**.
- » **Recent federal changes** to health-related social needs guidance **do not affect ECM’s authority**.
- » ECM is authorized under **federal Medicaid managed care rules** as part of core care coordination responsibilities.
- » **DHCS remains committed** to sustaining and improving ECM in future Medi-Cal innovation efforts with the Centers for Medicare & Medicaid Services.

Agenda and Objectives

- » The DHCS ECM team appreciates this opportunity to present an update to the CCS Advisory Group
- » This presentation aims to share information with the CCS Advisory Group and, when possible, answer questions and receive feedback
- » DHCS will review a Technical Assistance resource that provides guidance in the following areas:
 - Engaging Children and Families in ECM
 - Service Delivery and Role of ECM
 - Preparing ECM Care Managers to Serve the CCS POF
- » Provide time for feedback and Q&A on ECM implementation

Technical Assistance Resource



ECM CCS TA Resources Distribution Timeline

In December 2025 DHCS released a comprehensive set of ECM and CCS **Technical Assistance Resources** to provide tools and guidance that support successful ECM and CCS delivery.

Distribution Channels:

- » Published on DHCS website
- » Distributed via email to stakeholders
- » Brought to stakeholder meetings

What to Expect:

- » These resources are organized to be accessible, inclusive, and targeted to meet the needs of stakeholders
- » Materials highlight the lessons from the field from delivering ECM for CCS Population of Focus, providing guidance in the following areas:
 - Engaging Children and Families in ECM
 - Service Delivery and Role of ECM
 - Preparing ECM Care Managers to Serve the CCS POF

Content Overview: Delivering ECM to CCS POF

Examples of Key Content by Section



DHCS held focus groups with 9 ECM Providers and County CCS Providers. Implementation Challenges informed “Lessons from the Field” TA resource.

Section 1: Overview of ECM for Children in CCS

- » ECM/CCS Providers described clear, distinct roles for ECM Lead Care Manager (LCM) and CCS Nurse Case Managers with ECM LCM often serving in a long-term, in-person role of supporting families.

Section 2: Engaging Children and Families in ECM

- » Providers prioritize families for ECM who:
 - Have challenges navigating complex health systems (*e.g. missing appointments, needing support preparing for appointments*) and/or
 - Need more support in accessing benefits/supports outside of health care (*e.g. transportation, food, IHSS, conservatorship*)

Section 3: Service Delivery and the Role of ECM and CCS Care Managers

- » Four use cases from Providers on how ECM supports children in CCS and their families.

Section 4: Preparing ECM Providers to Serve CCS Populations

- » Providers emphasized the importance of building ECM Providers' skills to support children and families in CCS (*e.g., Motivational Interviewing, ACEs Aware, home visiting safety, administering screenings*)

Lessons from the Field:

Communication Across CCS and ECM Teams



**ECM and CCS
Providers
recommended
regular
communication on
care plan updates and
to coordinate care
management
services.**

- » Regularly **share lists of CCS-enrolled Members** with the County CCS Programs.
- » **Huddles between ECM LCM and specialty clinics** to discuss case needs and updates on care.
- » **EHR messages** between ECM LCMs and health care providers to elevate needs for additional education or medical questions.
- » **Monthly meetings between ECM, CCS Providers and local programs** (e.g. Child and Family Services, Regional Centers) to coordinate services.

Key ECM/CCS Implementation Challenges

- » Uncertainty on eligibility criteria for ECM services
- » Lack of awareness of ECM or how to make a referral
- » Doubts on value of ECM for CCS POF among PCPs, specialists, schools
- » Confusion about whether ECM duplicates existing child case management programs
- » Clarification needed on how ECM should be delivered in conjunction with the CCS model
- » Lack of expertise among ECM Providers to meet needs of children engaged in CCS

DHCS received confirmation of these challenges via data collected through focus groups conducted in Spring 2025

DHCS engaged the following entities via focus groups to understand implementation challenges:

Local Health Departments; CCS Providers; ECM Providers; Children's Advocates; Children & Youth Advisory Group; CCS Advisory Group; CPI Facilitators; MCPs

Questions for the CCS Advisory Board

- » What feedback does the Advisory Group have on any additional implementation gaps not addressed by the TA resource?
- » Which stakeholders and stakeholder organizations may be helpful partners in sharing this TA resource?
- » What other engagement opportunities or formats may be helpful from DHCS teams, including those working on ECM, CCS, and Whole Child Model implementation?

BREAK



Whole Child Model (WCM) Managed Care Plan (MCP) Monitoring and Oversight

BAMBI CISNEROS, ASSISTANT DEPUTY DIRECTOR
HEALTH CARE DELIVERY SYSTEMS

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WCM MCP Monitoring

- » Each month, MCPs submit data to DHCS to support DHCS' goal of identifying performance gaps and improving Member experience.
- » Data is analyzed to identify trends, outliers, timeliness and systemic issues, and leveraged for ongoing compliance and quality improvement.
- » Monitoring activities guide enforcement actions and policy decisions.

WCM MCP Monitoring (Continued)

- » DHCS oversees MCP compliance.
- » DHCS utilizes several methods of monitoring methods of monitoring:
 - Integrated CCS and WCM Dashboard
 - Grievance and Appeal (G&A) data
- » Key areas of oversight:
 - Access to Care
 - Transportation Services
 - Grievances and Appeals (G&A)
 - Service Utilization & Authorization Data
 - Care Coordination Activities
 - Member Experience Indicators

DHCS MCP Enforcement Levers



W&I Section 14197.7(e) codified in the MCP Contract and All Plan Letter (APL) 23-012 provides DHCS with broad enforcement authority over MCPs to address areas of non-compliance.

» **Technical Assistance (TA)**

- TA to MCPs to clarify policy and provide additional guidance as needed

» **Corrective Action Plans (CAPs)**

- Impose a plan detailing how the MCP will mitigate/remedy the identified issue(s)

» **Audits and Investigations**

- Audits conduct a deeper dive of identified areas of risk and/or reveal new areas of noncompliance

» **DHCS Enforcement Committee**

- Assess MCPs' CAPs and ongoing compliance concerns and consider elevation to sanctions

» **Sanctions/Liquidated Damages**

- DHCS may issue monetary and/or administrative sanctions, including suspension orders, termination of personnel, impositions of temporary management

Escalation Pathway for MCP Oversight

- » DHCS has established escalation pathways to address concerns identified through monitoring data.
- » The pathway progresses from informal outreach to formal enforcement:
 - Email the MCP with clarifying question(s) and request additional information for DHCS review
 - Meet with the MCP to discuss concerns and determine appropriate course of action
 - Request more intensive reporting if issues persist
 - Initiate a Corrective Action Plan (CAP) for sustained non-compliance
- » MCPs with CAPs are referred to DHCS' Enforcement Committee for further review.
 - The committee is a cross-cutting forum to review and assess MCP performance holistically.

Questions

Email DHCSMCQMDWCM@dhcs.ca.gov

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Postmortem Noticing

ALYSSA HEDRICK, COMMUNITY COORDINATION UNIT CHIEF



Postmortem Notification to County CCS Programs

- » A new requirement added to the 2025 B/C Medi-Cal Managed Care Plan (MCP) Contract Amendment requires MCPs to notify County CCS Programs when they become aware that a CCS child has passed away. This requirement is effective upon execution of the contract.
- » This change was initially prompted by concerns from WCM stakeholders, who noted that County CCS Programs were not being informed when a CCS child passed away. While WCM stakeholders raised the original concern, the requirement has since been expanded to apply to all MCPs.

Questions



Medi-Cal Rx Pediatric Integration Pharmacy Benefits Update

Bassant Khalil, Assistant Division Chief



Questions and Answers

Question #1: Can prior authorization (PA) be waived for medications if ordered by a CCS Paneled Provider after the member ages out of CCS?

» Answer: The Department appreciates this question and is still discussing internally. As a reminder, the proposed policy change would allow prescriptions written by CCS Paneled Providers, for any pediatric member, to be eligible for a **100-day PA extension** when the member becomes 21 years of age. Until the current policy changes, the member will need to have an active, approved PA.

Questions and Answers (Cont.)

Question #2: How will Medi-Cal Rx determine “medical necessity” for prior authorization (PA) of GLP-1 medications for weight loss alone? What is the PA criteria and how can prescribers meet the PA criteria?

» Answer: For Medi-Cal members under 21 years of age, Medi-Cal Rx's PA review is based upon an individual, case-by-case assessment to determine if medical necessity is demonstrated, consistent with the federal Early and Periodic, Screening, and Diagnostic Treatment (EPSDT) benefit. Please note that the medical necessity standard under EPSDT, i.e., to "correct or ameliorate," is more expansive than the standard applied for adults.

Questions and Answers (Cont.)

Question #3: Can the Department provide an update on prior authorization (PA) denial trends, concerns about PA denials, and/or potentially inappropriate quantity, cost, and dosage limits for Medi-Cal members (children and youth) under age 21?

» Answer: DHCS is not aware of any specific trends and/or concerns about PA denials. That said, any examples of access to care or other related PA issues may be submitted to the Department for review and appropriate follow-up. When submitting any examples, please ensure that you send via secured (encrypted) email to Medi-Cal.PharmacyBenefits@dhcs.ca.gov and copy medicalrxeducationoutreach@primetherapeutics.com.

Questions



Program Updates

BARBARA SASAKI, SPECIAL POPULATIONS SECTION CHIEF



CCS Guidance Documents

Policy Document	Status	Next Steps
CCS Program Medical Documentation NL	Posted on November 24, 2025	N/A
CCS Members with Unsatisfactory Immigration Status NL	Posted on December 22, 2025	N/A
Coverage of Community Health Worker Services in CCS IN	Posted on December 22, 2025	N/A
Special Care Centers Core Standards	Final executive review	Distribute and post to website

CCS Guidance Documents

Policy Document	Status	Next Steps
Early Periodic Screening, Diagnostic and Treatment (EPSDT) Services for Private Duty Nursing (PDN) - Case Management NL	Final executive review	Distribute and post to website
Intercounty Transfer (ICT) NL	Final executive review	Distribute and post to website
Neonatal Intensive Care Unit and High-Risk Infant Follow-Up Referral Process NL	Final executive review	Distribute and post to website

CCS Guidance Documents

Policy Document	Status	Next Steps
Newborn Screening Program NL	DHCS internal review	California Department of Public Health review
Guidelines for the Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment–Rehabilitation (DME-R)	DHCS internal review	Leadership review
Establishing Medical Necessity for Cochlear Implants and Related Services	DHCS internal review	Leadership review
Other Health Coverage NL	Preparing for external stakeholder review	External stakeholder review

Adult Unsatisfactory Immigration Status

- » On January 1, 2026, DHCS began freezing new Medi-Cal enrollments for undocumented adults ages 19 and older who qualified for full scope Medi-Cal through the state-funded Adult Expansion initiative.
- » Potentially affecting CCS members ages 19 and 20 enrolled in Medi-Cal with an unsatisfactory immigration status.
- » DHCS released NL 06-1225
- » DHCS Coverage Ambassadors

Interoperability Update

- » The Centers for Medicare & Medicaid Services (CMS) finalized the CMS Interoperability and Prior Authorization Final Rule. The goal is to ensure patients, health care providers, and payers have appropriate and necessary access to health records and to simplify the prior authorization process.
- » The prior authorization process will affect the CCS Program and will focus on improving:
 - Decision Timeframes
 - Provider Notification, Including Reasons for Denials
 - Reporting Metrics

Interoperability Update

- » DHCS was granted a delayed implementation of the new prior authorization timeframes provision in the Interoperability and Prior Authorization Final Rule to January 1, 2028. The CCS Program is working to:
- Evaluate and update existing utilization management policies
 - Review and revise policy manuals, provider guidance, and internal procedures
 - Amend contracts and interagency agreements
 - Train staff, contractors, and providers
 - Modify internal systems.

PUBLIC COMMENT



Thank You

Next Meeting: April 15, 2026

