

California Children's Services (CCS) Advisory Group Meeting

Agenda

1:00 – 1:10	Welcome and Housekeeping
1:10 – 1:15	Director Remarks
1:15 – 1:20	Recap April Meeting Topics
1:20 – 1:40	2025 CCS Priorities
1:40 – 2:00	Pediatric Integration: Pharmacy Benefits
2:00 – 2:20	Enhanced Care Management
2:20 – 2:35	Break
2:35 – 3:05	County Compliance Monitoring & Oversight
3:05 – 3:15	Program Update
3:15 – 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 and Chat Comments from CCS Advisory Group members will be addressed in the meeting. Attendees and members of the public may ask questions or make comments during the Public Comment period.
- » 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 will be available during the meeting.
- » DHCS is recording the meeting for internal note-taking purposes only.

Director Remarks

Director Remarks

- » County Compliance Monitoring & Oversight
- » Cell & Gene Therapy Access Model
- » Medi-Cal Voices and Vision Council
- » 2025/2026 Budget Update

CCS Advisory Group Members

- » **Katherine Barresi**, Chief Health Services Officer, Partnership Health Plan of California
- » **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, Hemophilia 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
- » **Kelly Hardy**, Senior Managing Director, Children Now
- » **Dominique Hensler**, Director, Rady Children's Hospital and Health Center

CCS Advisory Group Members

- » **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
- » **Jolie Onodera**, Senior Legislative Analyst, California State Association of Counties
- » **Miriam Parsa**, Chief Pediatric Medical Officer, Cottage Children's Medical Center
- » **Mona Patel, MD.**, Department of Pediatrics, Children's Hospital Los Angeles Medical Group
- » **Janet Peck**, CCS Program Administrator, Butte County CCS Program

CCS Advisory Group Members

- » **Francesca Peterson** , CCS Program Administrator, San Luis Obispo County CCS Program
- » **Kristen Rogers**, Family Advisory Committee Member, CalOptima
- » **Susan Skotzke**, Family Advisory Committee Member, Central California Alliance for Health
- » **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

April Meeting Recap

April 2025 Meeting Recap

- » 2025 CCS Priorities
- » 2025 Whole Child Model Expansion
- » Member Experience & Partnership Health Plan update
- » County Compliance Monitoring and Oversight
- » Medi-Cal Rx

2025 CCS Priorities

2025 Priorities Criteria

- » Feasibility
- » Level of Effort
- » Aligns With Existing DHCS Efforts
- » Medical Necessity
- » Level of Interest/Reoccurring Topic

2025 Priorities Update

- » Transition to Adulthood
- » 2025 CCS WCM Expansion Monitoring
- » CCS Compliance, Monitoring and Oversight
- » Enhanced Care Management (ECM)
- » Referral and Enrollment Analysis

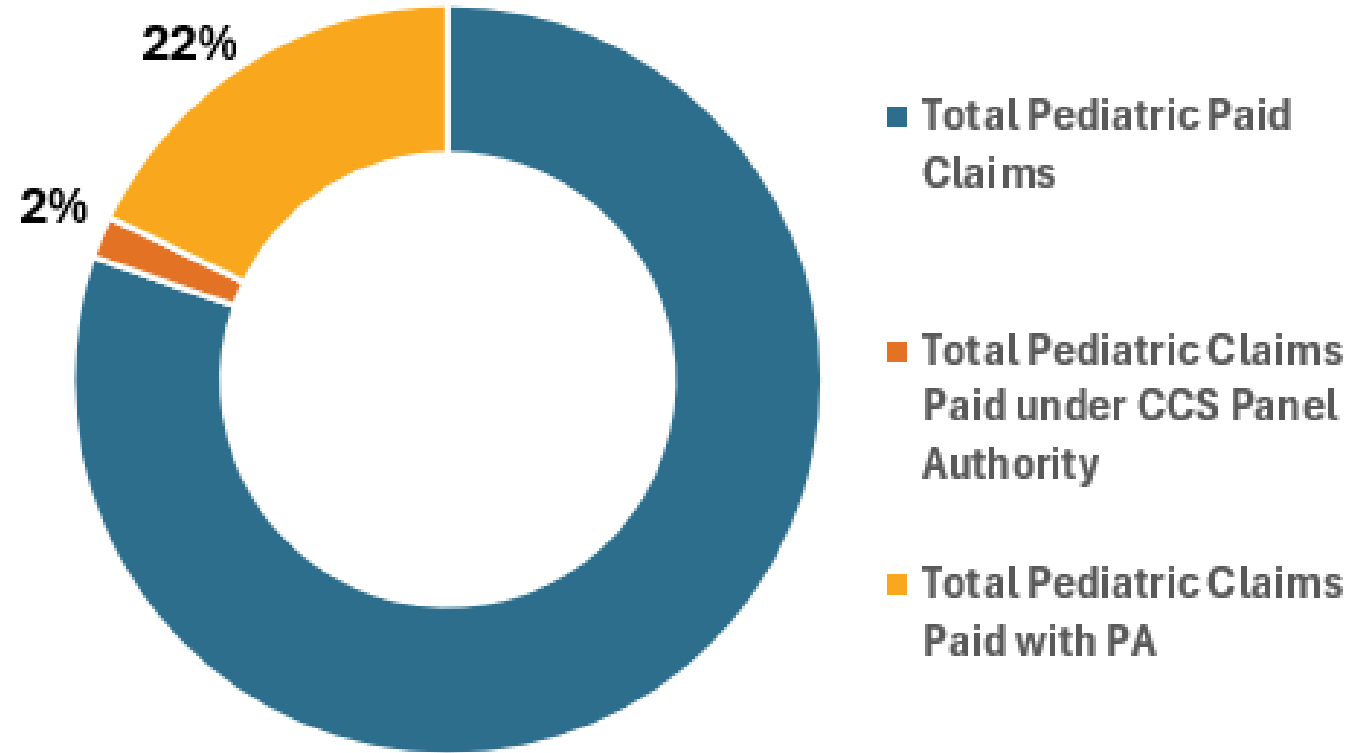
Discussion

Pharmacy Benefit Division Update: Pediatric Integration

Email: Medi-Cal.PharmacyBenefits@dhcs.ca.gov

Week 20 - Post Implementation (6/13 – 6/19/25)

- » Medi-Cal Rx Pediatric Claims Paid under CCS Panel Authority or with PA as percentage of Total Medi-Cal Rx Pediatric Paid Claims
- » Pediatric claims are approximately 14% of total Medi-Cal Rx paid claims. On average, 78% of pediatric claims pay without a PA.



Prescriber Learning Curve

- » Reject Code 75 (Prior Authorization Required) versus Reject Codes 76 (Quantity Limits) and Reject Code 78 (Cost Limits)
- » Use of Contact Drug List (CDL) medications

Key to Success: Collaboration

- » Through effective collaboration and partnership, DHCS and stakeholders worked to improve access to care and reduce administrative workload for prescribers and pharmacy providers which included:
 - Refinement of utilization management (UM) edits
 - System enhancements to leverage existing data for claim adjudication
 - Expansion of covered products and contracted medications for pediatric Medi-Cal members
 - Enhanced educational and outreach resources to better support prescribers and pharmacy providers.

Future Improvement Opportunities

- » DHCS continues to also explore opportunities to improve access and streamline the PA process including:
 - Development of a “Clinical Literature Repository” for citation of clinical literature in PA requests – eliminates need to upload articles with PA request submission
 - Holistic review of PA requests to enable override of cost limit when approving exemption from quantity limit for medical necessity – eliminates need for multiple PAs

Stakeholder Inquiry

- » Could the youth who have aged out of CCS continue to have CCS paneled MDs prescribing meds for them (adult specialty CCS-paneled MDs) –any possible consideration for this, since often same meds received under CCS are being continued?


Discussion

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

Presenter: Ana Ortega-Biedler & David Tian

Email: CalAIMECMILOS@dhcs.ca.gov

Agenda

- » **Hello!**  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 submitted questions
- » DHCS will preview a forthcoming 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 and the forthcoming TA resource

ECM CCS Population of Focus (POF) Enrollment Trends

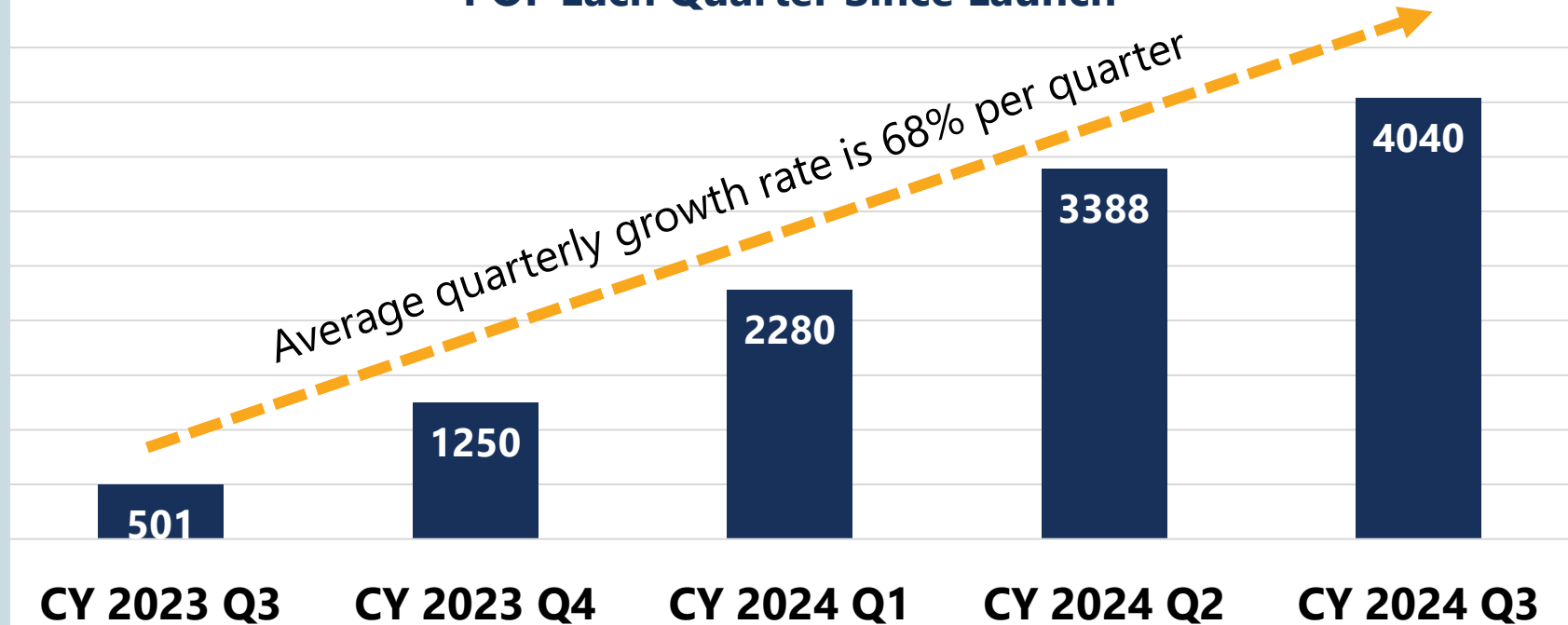
- » DHCS is designing a Technical Assistance resource on the ECM CCS POF for MCPs, ECM Providers and CCS Providers to increase utilization and improve the delivery of ECM for children engaged in CCS.

ECM CCS POF Enrollment Trends

The 4,040 children/youth enrolled in the ECM CCS POF in Q3 2024 represent ~2% of children enrolled in CCS statewide* -- signaling an opportunity to increase ECM enrollment.

*An estimated 91% of CCS-enrolled children/youth are part of the Managed Care delivery system

Total Number of Members Who Received ECM for the CCS POF Each Quarter Since Launch



Source: ECM and Community Supports Quarterly Implementation Report for Q3 2024; CCS Demographics and Enrollment Dashboard.

Members may meet eligibility criteria for more than one ECM POF.

Rationale for Technical Assistance Materials

In 2023 and 2024, DHCS received extensive feedback from Providers and stakeholders on areas of ambiguity and the need for improved implementation of ECM for the CCS POF.

To improve benefit utilization, DHCS worked with key stakeholders, including members of the CCS Advisory Group, to identify opportunities for improvement and promising practices to address implementation gaps.

- » DHCS is releasing a resource in summer 2025 to support MCPs, Providers and stakeholders with lessons learned on
 - How to cultivate referrals for the CCS POF
 - How ECM can be delivered to add value in parallel to CCS
 - How to strengthen competencies of ECM Providers of the CCS POF

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

Previewing of Forthcoming ECM TA for CCS POF

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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*)

Excerpt:

Engaging Children and Families in ECM

Provider Strategies for Building Awareness of ECM

- » ECM orientations at pediatric clinic “Lunch and Learns” and staff meetings
- » Presentations to CCS Medical Therapy Program (MTP) Occupational Therapists and Physical Therapists
- » Assigning a specific ECM point of contact for Special Care Centers, Children’s Hospitals, and pediatric practices
- » Regular case huddles with ECM Care Managers and specialty clinic Nurses and Social Workers
- » Conducting a Health System Grand Rounds on ECM
- » Distributing ECM FAQs to providers’ offices



Excerpt: Service Delivery and Role of ECM

Providers and Counties highlighted many examples of ECM's role in supporting children enrolled in CCS in response to questions on the value of ECM for this POF.

Addressing Food and Nutrition Needs

- » Food access and nutritional needs are often immediate needs that prompt referrals to ECM.
- » ECM LCMs **conduct home visits to initiate referrals for food access**. The ECM LCM shares information about CalFresh and connects families with resources like Medically Tailored Meals and their local food pantry. From there, ECM LCMs begin supporting additional needs.

Helping Families with Complex Scheduling

- » Families of children in CCS often face challenges coordinating multiple specialty appointments. CCS NCMs often refer families to ECM for help managing their child's appointments. The ECM LCM assists families with scheduling appointments to coincide with other clinic visits and help families prepare key questions to ask their providers at upcoming visits.

Accessing Transportation

- » Accessing transportation to appointments can be challenging for CCS families, especially those needing wheelchair assistance. ECM LCMs help families request Medi-Cal transportation services through their MCP's website or phone app. On appointment days, ECM LCMs assist families by ensuring drivers arrive on time and filing complaints if transportation fails to arrive.

🔍 Spotlight on ECM for Health System Navigation: Supporting Families with Multiple Specialists

» **Initial Need: Missing Appointments**

- A Medical Therapy Program team notices a child with cerebral palsy is missing their physical therapy appointments.
- The physical therapist informs the CCS NCM that the family struggles to manage their child's multiple specialty appointments each month because of challenges accessing transportation.

» **Referral:** The CCS NCM refers the family to the ECM Provider within the same health department using the ECM team's internal form.

» **Health Navigation Support:** The ECM Lead Care Manager:

- Assists the family in rescheduling their child's MTP appointment to coincide with another clinic visit on the same day;
- Arranges Medi-Cal transportation for both appointments;
- Helps the family prepare key questions to ask providers at the upcoming visits.





Spotlight:

Excerpt: Preparing ECM Care Managers to Serve the CCS POF

Key programs ECM Providers should be familiar with to support referrals and applications to services:

- » CCS
- » Assistance applying for IHSS
- » Assistance applying for conservatorship
- » Medi-Cal Transportation Services
- » Food and nutrition services and supports (e.g. CalFresh, WIC, Medically Tailored Meals, and community resources)
- » Medi-Cal Community Supports

Key skills ECM Providers should receive training on:

- » Motivational Interviewing
- » Home visiting safety
- » ACEs Aware
- » Complex Care Management
- » Documentation and care planning
- » Health Equity
- » Communication/soft skills
- » Administering screenings
- » Communicating with health care providers and care teams

Distributing and Using TA Resource

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Ideas for Using the TA Resource



ECM Providers **already** serving the CCS POF

- » Increasing referrals
- » Promising practices re: collaborating with CCS medical case management providers



ECM Providers **not** serving the CCS POF

- » Key considerations re: becoming an ECM provider for this POF
- » Unique roles an ECM provider plays in this care environment



Additional Provider Support

- » Working with ECM and Community Supports providers to expand access to ECM for this POF
- » Providing technical assistance and answering questions about services for people receiving CCS

Supporting Use of TA Resource

- » “Lessons from the Field” TA resource planned for release in summer 2025 on the **ECM Resources webpage**
- » What approaches can CCS Advisory Group members take to support **MCPs, CCS Providers, ECM Providers, and referral partners** in using this TA resource?



Other Upcoming ECM TA Resources

ECM Rate Setting and Transparency Target Release: August 2025

Questions for the CCS Advisory Board

- » What feedback does the Advisory Group have on any additional implementation gaps not addressed by the TA resource?
- » DHCS is finalizing a distribution plan for this technical assistance 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?

Thank You

Please send all questions and comments to
CaAIMECMILOS@dhcs.ca.gov



Break

County Compliance, Monitoring and Oversight Update

Email: CCSMonitoring@dhcs.ca.gov

MOU Updates

- » The CCS CalAIM Monitoring and Oversight activities have been changed to voluntary for counties. The requirement for the Memorandum of Understanding (MOU) to be executed by July 1, 2025, has been changed to a to-be-determined future date.
- » DHCS will continue to:
 - Remain dedicated to the fundamental principles of monitoring and oversight and will continue to exercise our authority to oversee CCS programs
 - Work with counties and stakeholders to address concerns, and identify optional pathways as appropriate and available
 - Monitor and oversee county activities outlined in state guidance (CCS NLs, CCS Administrative Case Management Manual, etc.) that are authorized per CalAIM/AB 133 [WIC §14184.600 refers to WIC §14184.102 (d)]
 - Evaluate the best ways to enhance monitoring and oversight of the CCS program

CCS Monitoring and Oversight

- » DHCS will accept existing county CCS program Logs
- » County CCS programs can complete the optional functions to invoice DHCS and receive additional funding
- » DHCS will report on information received
- » DHCS may randomly review information in case files to determine county compliance

CCS Grievance Process

- » CCS grievance process was implemented on July 1, 2024
- » DHCS encourages counties to intake and resolve grievances as it is in the best interest for the beneficiaries
 - Should counties not intake and resolve grievances, DHCS will support beneficiaries and advise counties on further action if necessary
- » DHCS is continuing to review county CCS program's grievance policies and procedures, and providing technical assistance and/or approval
- » The CCS Grievance, Appeal, and State Hearing Factsheets are based on county model type and in English and Spanish
 - Counties are to include their contact information within the factsheets
 - County CCS programs to post factsheets on their respective county CCS webpage and in their county CCS office
 - DHCS continues to review county CCS webpages to monitor factsheet posting

Grievances DHCS has Received to Date

Grievances by County Model Type

Responsible Party	# of Standard	# of Expedited
Independent County	4	0
Dependent County	1	1
Total	5	1

Types of Grievances by County Model Type

Type of Grievance	Independent County	Dependent County
Case Management	2	0
Timeliness of SAR adjudication	1	2
Other	1	0
Total	4	2

Next Steps for DHCS

» DHCS will:

- Continue to support counties in implementing their grievance process and ensure Grievance, Appeals, and State Hearing Factsheets are properly posted
- Publish additional trainings on the CCS training webpage
- Sunset CMIP
- Offer counties support and technical assistance on new reporting requirements, including holding office hours

Next Steps for Counties

- » DHCS recommends county CCS programs:
 - Attend at least one Quarterly and one Annual Office Hours to gain technical assistance by DHCS or ask questions
 - Complete the initial onboarding training
 - Develop policies and procedures and train county staff on compliance activities

Discussion

Program Update

CCS Guidance Documents

Policy Document	Status	Next Steps
Medical Therapy Program Family Centered Services NL	Posted June 4 th	N/A
Special Care Centers Core Standards	Final executive review	Distribute and post to website
Community Health Worker Information Notice	Final executive review	Distribute and post to website
Intercounty Transfer (ICT) NL	Internal review with the ICT Workgroup	Final executive review
Early Periodic Screening, Diagnostic and Treatment (EPSDT) Services for Private Duty Nursing (PDN) - Case Management NL	Internal DHCS review	Final executive Review
EPSDT PDN Authorization Process NL	Internal DHCS review	Public Comment

CCS Guidance Documents

Policy Document	Status	Next Steps
Guidelines for the Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment–Rehabilitation (DME-R)	Pending review by DHCS' Office of Legal Services	DHCS internal review
Establishing Medical Necessity for Cochlear Implants and Related Services	Under executive review	DHCS internal review
Other Health Coverage	Internal DHCS review	Review by DHCS' Office of Legal Services

Public Comment

Thank You
Next Meeting: October 15, 2025

Email: CCSProgram@dhcs.ca.gov

