

California Children's Services (CCS) County Monitoring and Oversight

Office Hours Training: Annual Report

Topics Covered

- » Due dates
- » Annual Report submissions
- » Compliance activities, including:
 - Information that must be submitted
 - Best practices
- » Resources
- » Children's Medical Services (CMS) Net and Microsoft Business Intelligence (MSBI) reports

Due Dates to which County CCS Programs Must Adhere

Annual	Due Date
Fiscal Year: July – June	October 1

Supplemental information requests due within 30 calendar days

Annual Report Template



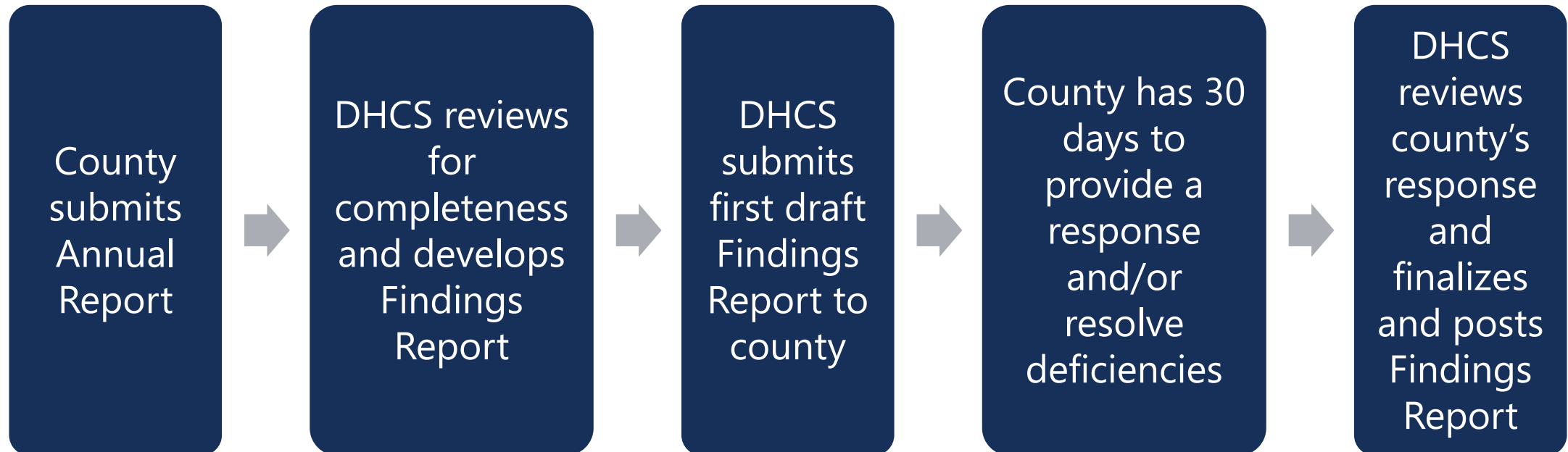
Annual Report Template

The Annual Report Template is titled, ***Exhibit 2: CCS County Monitoring Template – Annual Reports***, and includes:

- » Reporting Instruction
- » Contact Info
- » Training Log
- » County Responsibilities
- » DHCS Responsibilities
- » Annual Compliance Activities

Reporting Instructions

- » Reporting Instructions tab - instructions on how to complete the Annual Report Template
- » County CCS programs must comply with all reporting requirements by the submission dates



Contact Information

Contact Information	
County	
Reporting Period	
Preparer Name	
Preparer Title	
Preparer Email	
Preparer Phone	

Training Log

First Name	Last Name	Job Title	Job Type (Clinical or Non-Clinical)	Training Title

Training Short Description	Training Duration	DHCS Sponsored Training (Yes or No)	County Sponsored Training (Y=Yes, N-No)	Date Completed (MM/DD/YYYY)

Compliance Activity for Training

Training		
Compliance Activity	Documentation Reviewed	Examples of Best Practices
County CCS program shall complete mandatory training and 20 hours of training annually by all CCS program staff	» Counties submit Training Log within Annual Report	» County CCS program's policies and procedures should list mandatory training and additional training for CCS program staff, timeline of when trainings need to be completed after onboarding and annually, and clear goals and objectives for each training » County CCS program should have an effective feedback loop for trainings » County CCS program documents evidence of training (e.g., sign-in sheets, dates of training, training schedules, training materials) » County CCS program conducts internal monitoring at a set frequency to ensure effectiveness of trainings

County Reporting Responsibilities

Metric	Instructions	Responsible County Model Type	Included in the Annual Submission (Select from below)
Medical Therapy Unit (MTU) Locations	County CCS programs to submit MTU directories and addresses	All counties	Select
Medical Therapy Program (MTP) Chart Audit	County CCS programs to submit policies and procedures	All counties	Select
Case Management and Coordination of Services	County CCS programs to submit policies and procedures	WCM Independent and Dependent counties	Select

» Family participation survey results if survey was completed

Compliance Activity for MTU Locations

Counties submit their MTU directory, including MTU addresses

MTU Directory should include:

- » Full name
- » National Provider Identifier (NPI), if applicable
- » Complete address of all site(s)

Compliance Activity for MTP Chart Audit *for Counties with MTU(s)*

Counties submit
applicable policies
and procedures

Policies and procedures should define

- » Processes for monthly MTP chart audits on randomly selected charts
- » How the county MTP Utilization Team will audit at least 10% of the MTP caseload
- » Identify who is part of the MTP Utilization Team
 - The titles of the team members
 - Their role within the team

Compliance Activity for MTP Chart Audit *for Independent Counties Without a MTU*

Counties submit
applicable policies
and procedures

Policies and procedures should

- » Include process for MTP Utilization Team performing MTP therapy plan audit every six months
- » How MTP charts are selected
- » Identify who is part of the MTP Utilization Team
 - The title of team members
 - Their role within the team

Compliance Activity for MTP Chart Audit *for Dependent Counties Without a MTU*

Counties submit
applicable policies
and procedures

Policies and procedures should

- » Include process for providing DHCS with information to perform the MTP therapy plan reviews every 6 months

Compliance Activity for Case Management and Care Coordination

Counties submit
applicable policies
and procedures

Policies and procedures should

- » Include case management and care coordination between county CCS program and WCM managed care plans (MCP)
- » Process for method and frequency of communication
- » How collaboration between counties and WCM MCP will occur including resolving issues as they arise

Compliance Activity for Annual Medical Review (AMR) and Family Participation

CMS Net *Medical Review Less than 91 Days Report*

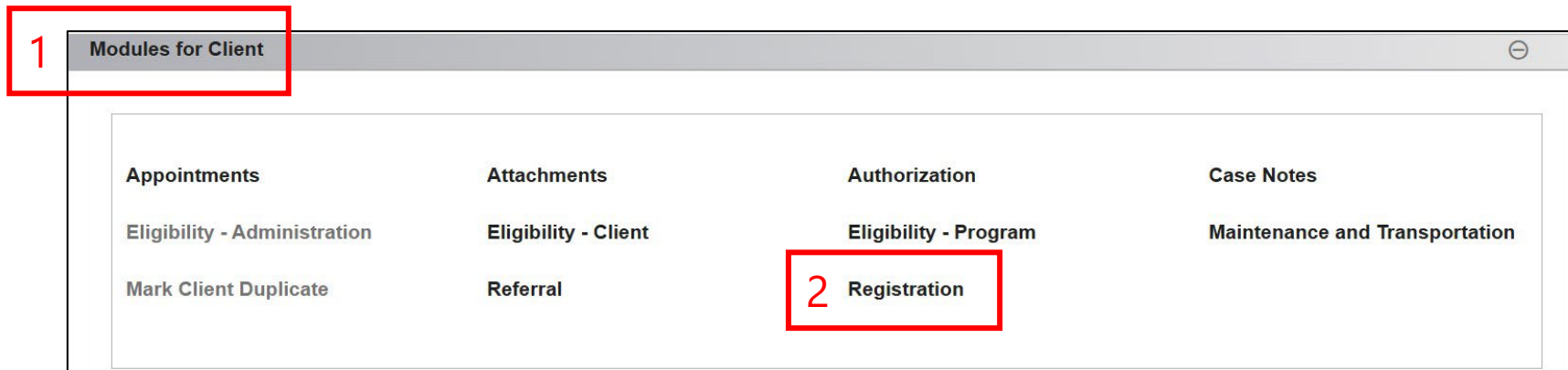
- » If number one was completed for family participation, counties must provide the results from the family survey

DHCS Responsibilities

Metric	Instructions
Medical Home	DHCS will Pull CMS Net Report
AMR Completion	DHCS will Pull CMS Net Report
Medical Eligibility	DHCS will Pull CMS Net Report
Financial Eligibility	DHCS will Pull CMS Net Report
Residential Eligibility	DHCS will Pull CMS Net Report
CCS Beneficiaries Who Are Authorized for an Annual Special Care Center (SCC) Visit	DHCS will Pull MSBI Claims Report

Medical Home

To meet this compliance activity, a medical home must be entered in the Medical Home field in CMS Net.



1 Modules for Client

Appointments	Attachments	Authorization	Case Notes
Eligibility - Administration	Eligibility - Client	Eligibility - Program	Maintenance and Transportation
Mark Client Duplicate	Referral	2 Registration	



3 Addressee

Add Addressee

Addressee Type

> Client

> Primary

> Medical Home

AMR Completion

1

Complete AMR prior to program eligibility end date



2

Offer 1 of the 4 specific family participation criteria

Other Annual Compliance Activities

There are no changes or new requirements for these annual compliance activities.

Medical Eligibility

Financial
and
Residential
Eligibility

Annual SCC Visit

Annual Compliance Activities

Provides an overview of all the annual compliance activities.

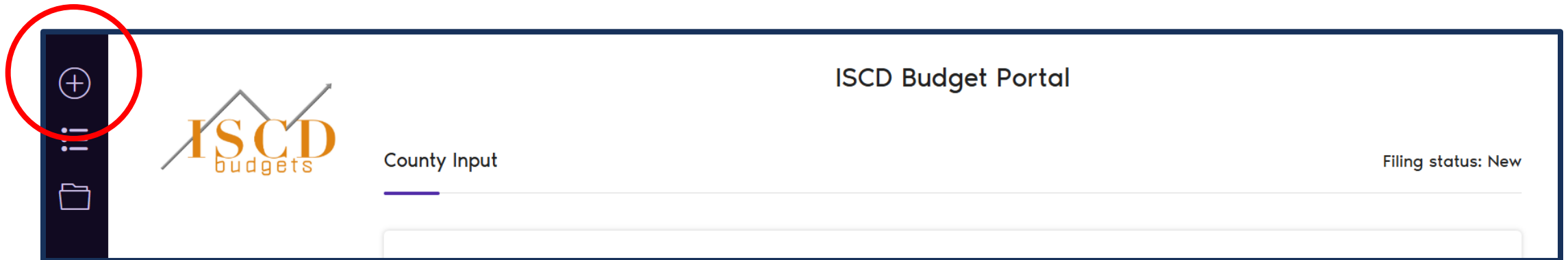
- » Total number of annual compliance activities
- » County model-type compliance activities applies to
 - » Numerator
 - » Denominator
 - » Data source
 - » Reporting entity

How to Submit an Annual Report

Reports submitted through the **existing budget portal with specific naming convention**

- » Labeled as "County Name 20YY-20YY Annual Report" where YY is the beginning of the year and the end of the Fiscal year
 - ***Example: Mono County 2025-2026 Annual Report***

How to Submit an Annual Report

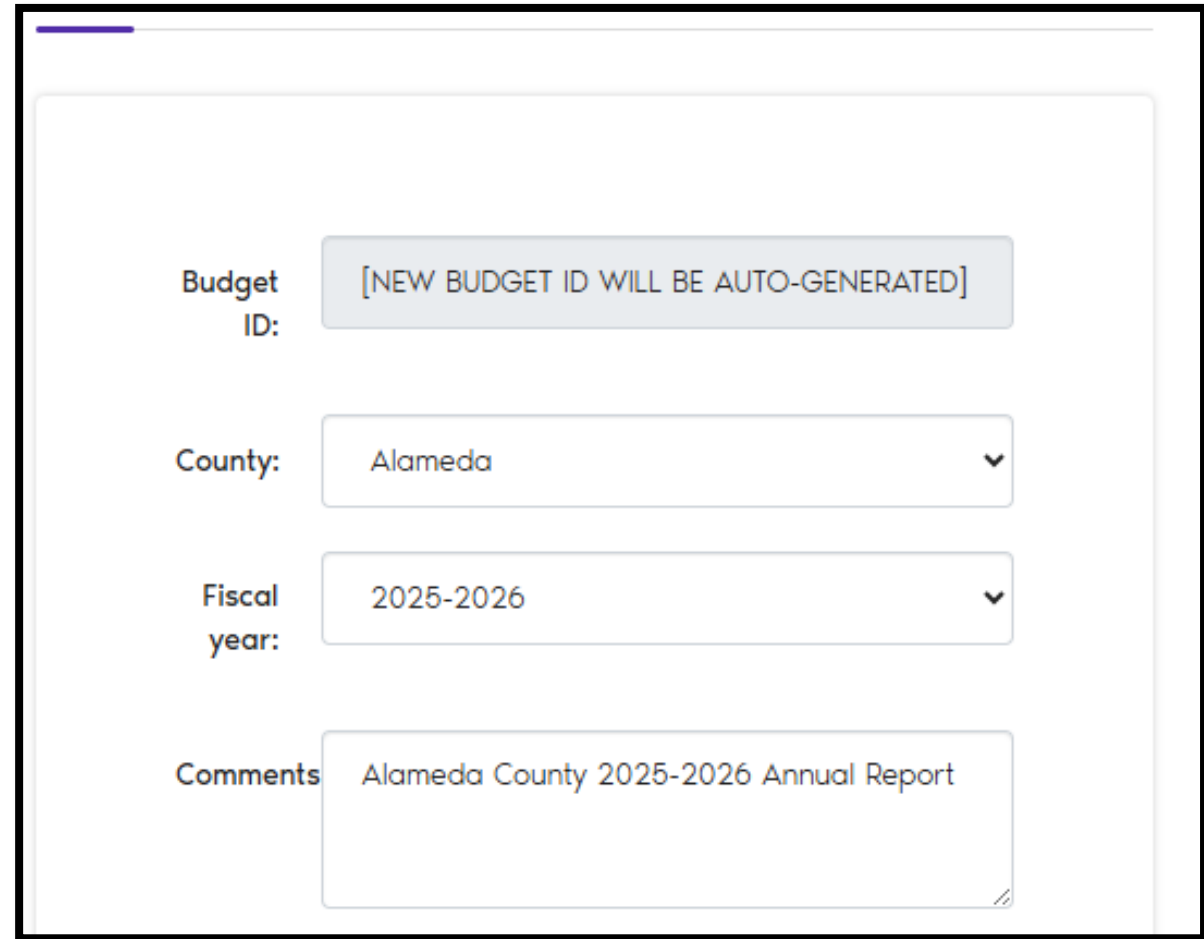


How to Submit an Annual Report (*cont.*)

Proper Naming Convention:

County Name 20YY-
20YY Annual Report

Example: Mono
County 2025-2026
Annual Report



A screenshot of a web form for submitting an annual report. The form is enclosed in a black border and contains four input fields. The first field is labeled 'Budget ID:' and has a light blue box with the text '[NEW BUDGET ID WILL BE AUTO-GENERATED]'. The second field is labeled 'County:' and is a dropdown menu with 'Alameda' selected. The third field is labeled 'Fiscal year:' and is a dropdown menu with '2025-2026' selected. The fourth field is labeled 'Comments' and contains the text 'Alameda County 2025-2026 Annual Report'.

Budget ID:	[NEW BUDGET ID WILL BE AUTO-GENERATED]
County:	Alameda
Fiscal year:	2025-2026
Comments	Alameda County 2025-2026 Annual Report

How to Submit an Annual Report (cont.)

☐ I acknowledge, that the information submitted for the Plan and Budget is correct and follows the Plan and Fiscal Guidelines.

☒ I hereby certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services upon request. I am aware that the documents and records may be requested at any time for review. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) and/or any other state or federal regulation(s) required for County compliance.

How to Submit an Annual Report *(cont.)*

File Type:

CCS M&O Annual Report

Attach Files:

Choose file...

Browse

There are currently no attachments to this filing.

Resources

- » [California Children's Services \(CCS Compliance, Monitoring, and Oversight Program\)](#)

Question and Answer Session



Thank you



Appendix

CMS Net and MSBI Reports
Utilized for the CCS County Annual Report

Compliance Activity: Medical Home

Report Name/Location:

Patient List Without Medical Home (CMS Net)

Report Description: Generated report provides list of beneficiaries without a medical home

The total beneficiaries without a medical home is divided by a county's total caseload to determine compliance level

Report Path

- » Reports
- » Registration
- » Patient List Without Medical Home
- » Select Desired County
- » Run Report

- > Appointments

> Authorization

> Caseload

> Miscellaneous

> Provider

> Registration

Reports for Registration

Report Name *

Patient List without Medical Home

County *

Alpine

Run Report

Compliance Activity: Medical/Financial/Residential Eligibility Determinations

Report Name/Location: CCS
Performance Measure (CMS
Net)

Report Description: Reports
generated on an annual and
quarterly basis showing
compliance percentage of
determinations.

High Risk Infant Follow-Up
(HRIF) and Neonatal Intensive
Care Unit (NICU)
determinations are now also
included with these reports

Report Path

- » Reports
- » Miscellaneous
- » CCS Performance Measure
- » Select County
- » Run Report

> Appointments

> Miscellaneous

> Authorization

> Provider

Miscellaneous Reports

Report Name *

CCS Performance Measure

County *

Sacramento

Run Report

Compliance Activity: Medical/Financial/Residential Eligibility Determinations (*cont.*)

Multiple reports are generated. The reports are separated by annual and quarterly reporting periods.

2023-2024	FY_2023-2024_PM2_Annual_Summary_20240928.pdf
2023-2024	FY_2023-2024_PM2_Annual_Summary_HRIF_20240928.pdf
2023-2024	FY_2023-2024_PM2_Annual_Summary_NICU_20240928.pdf
2023-2024	FY_2023-2024_PM2_Quarterly_01_Jul_Sep_Detail_20231228.xls
2023-2024	FY_2023-2024_PM2_Quarterly_01_Jul_Sep_Summary_20231228.pdf
2023-2024	FY_2023-2024_PM2_Quarterly_02_Oct_Dec_Detail_20240328.xls
2023-2024	FY_2023-2024_PM2_Quarterly_02_Oct_Dec_Summary_20240328.pdf
2023-2024	FY_2023-2024_PM2_Quarterly_03_Jan_Mar_Detail_20240627.xls
2023-2024	FY_2023-2024_PM2_Quarterly_03_Jan_Mar_Summary_20240627.pdf
2023-2024	FY_2023-2024_PM2_Quarterly_03_Jan_Mar_Summary_HRIF_20240627.pdf
2023-2024	FY_2023-2024_PM2_Quarterly_03_Jan_Mar_Summary_NICU_20240627.pdf
2023-2024	FY_2023-2024_PM2_Quarterly_04_Apr_Jun_Detail_20240928.xls
2023-2024	FY_2023-2024_PM2_Quarterly_04_Apr_Jun_Summary_20240928.pdf
2023-2024	FY_2023-2024_PM2_Quarterly_04_Apr_Jun_Summary_HRIF_20240928.pdf
2023-2024	FY_2023-2024_PM2_Quarterly_04_Apr_Jun_Summary_NICU_20240928.pdf

Compliance Activity: Annual Medical Review/Family Participation

Report Name/Location:

Medical Review Less Than 91 Days (CMS Net)

Report Description: The report generated shows active cases with less than 91 days to eligibility end date. The far, right column shows the number of days before an AMR is supposed to be completed, or before a beneficiary's program eligibility end date.

A negative number shows the amount of days past the AMR due date and indicates family participation was not offered.

Report Path

- » Reports
- » Eligibility
- » Medical Reviews Less Than 91 Days
- » Select County
- » Run Report

» Appointments

» Authorization

» Caseload

» Eligibility

Reports for Eligibility

Report Name*

Medical Review Less Than 91 Days

County*

Sacramento

Run Report

Compliance Activity: Annual SCC/Specialist Visit

Report Name/Location:

Annual_SCC_Specialist_Visit_12_121_2023 (MSBI)

Report Description: The report generates details for beneficiaries who had at least one SCC/specialist visit during the date range and excludes multiple SCC/specialist visits from a particular beneficiary

The total participant count is found on the last row of the generated report. The total

Report Path

- » Select the folder labeled "Templates"
- » Select the folder labeled "CMS Eligibility"
- » Select the folder labeled "Annual_SCC_Specialist_Visit_12_121_2023"
- » Enter the date range you want to see for authorized SCC/specialist visits
 - The date range should coincide with the annual reporting period
- » Click "County" and select desired county
- » Click "View Report"

Questions?
Email: CCSMonitoring@dhcs.ca.gov

