



# **California Children's Services Program**

**Advisory Group Meeting**  
October 7, 2020



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# **Welcome and Introductions**

**Will Lightbourne**

Director

Department of Health Care Services



# Agenda

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Welcome and Introductions

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Classic California Children's Services and Whole Child Model Dashboard

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Medi-Cal Rx Update

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Medical Therapy Program Step 2 Guidance

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Whole Child Model Referrals

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Service Authorization Requests Processing

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Brief Updates

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Open Discussion

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Public Comments, Next Steps, and Upcoming Meetings



# **Classic CCS and Whole Child Model Dashboards**

**Dr. Roy Schutzengel, MD, MBA**

Medical Director, Integrated Systems of Care Division

**Nathan Nau**

Managed Care Quality and Monitoring Division Chief



# WCM Dashboard

- Overview of WCM Dashboard Development
  - December 2019: Draft WCM Dashboard presented
  - Feedback requested
  - July 2020: Presented on feedback
  - October 2020: WCM Dashboard walk through
- CCS Classic Dashboard Update
- WCM Dashboard walk-through



# Medi-Cal Rx Update

**Harry Hendrix**

Chief, Pharmacy Benefits Division  
Department of Health Care Services



# Today's Agenda

- Opening Remarks
- Project Implementation Updates
  - Timeline & Testing
  - Web Portal
  - Outreach
  - Policy & Guidance
  - Provider Enrollment
  - SAR Transition
- Question & Answer Session





# Medi-Cal Rx Implementation Status

- Timeline
  - 3 months to go-live
- Testing
  - Stage 1 completed
  - Stage 2 in process
  - Stage 3 starting
- Data Exchanges w/MCPs & Others
  - Testing/sample - in process
  - Production data - starting soon



# Secure Web Portal

- **Medi-Cal providers (pharmacies and prescribing physicians):** These individuals will have secure access to the following tools and functionalities:
  - **Beneficiary eligibility lookup** - Users can securely inquire on beneficiary eligibility status.
  - **Web claims submission** - Users can securely search for claims by cardholder ID and fill date. This tool will also allow users to submit pharmacy claims including reversals and resubmission.
  - **Prior authorization submission and inquiry** - Pharmacies and prescribers will be able to log in to a secure section of their portal to submit prior authorization (PA) requests, which will enable them to:
    - Check the status of PAs they have previously submitted through the portal, and attach documentation to PA submissions through POS. The portal will contain a direct link to CoverMyMeds, where a true electronic PA request can be submitted in real time by prescribers, with most decisions happening in real time.
    - Access to Medi-Cal beneficiary claims history and/or PA requests if their National Provider Number (NPI) is associated with the claim and/or request for PA.



# Secure Web Portal (Cont.)

- **Medi-Cal providers (pharmacies and prescribing physicians):** These individuals will have secure access to the following tools and functionalities:
  - **Secure message center:** The secure message center will provide the ability to send and receive messages with customer service representatives to address questions providers may have.
  - **Secure chat:** Providers will be able to connect to a customer representative via the live chat option.
- **County CCS Program Care Managers:** These individuals will have real-time online access to detail member level information, including PA and claims data.
  - ISCD solicited and received two (2) designated users (DUs) per county to facilitate clinical care coordination.
  - All DU information was provided to Magellan.
  - DUs notified late-September. Initial access training being held on October 5 through 16. Computer Based Training (CBT) following initial access training.



# Outreach Updates

- CCS Information Notice (IN)
  - PBD/ISCD developing IN to address changes resulting from Medi-Cal Rx, leveraging approved language from other sources.
- Beneficiaries
  - 90- and 60-day letters from DHCS/Magellan.
  - 30-day notice from and corresponding outreach campaign by the MCPs.
- Providers:
  - Targeted DHCS provider outreach and noticing.
  - Registration for training, and portal access.
  - Regular Newsflash articles and Provider Bulletins, through web-based subscription services.
  - Medi-Cal Rx Provider Manual updates.



# Outreach Updates *(Cont.)*

## Call Center and Related Customer Services and Supports:

- DHCS has developed comprehensive scripts for use at various call centers to ensure consistent messaging and information sharing both leading up to, during, and following the transition, as well as help to ensure Medi-Cal beneficiaries and providers (prescribers and pharmacies) are directed to the appropriate location for questions relative to Medi-Cal Rx.
- To facilitate effective customer service and ensure beneficiaries and providers have access to real-time, comprehensive and accurate information, the following will occur:
  - On or before December 31, 2020: Coverage will be through DHCS' existing FFS FI call center staff.
  - On or after January 1, 2021: Coverage will be through DHCS' Medi-Cal Rx Customer Service Center staff, 24/7/365.



# Rx Policies/Guidance

- DHCS Medi-Cal Rx All Plan Letter (APL) drafted and was shared for public comment.
  - Final feedback was due to DHCS on 09/30.
  - Targeting release by end of October.
- DMHC APL is complete; and pending final publication.
- DHCS Policy & Process Documents
  - Complete and on website: Scope Document; Website/Portal; MCP Clinical Liaison; Pharmacy Transition Policy; Complaints/Grievances
  - In Process: Medi-Cal Rx Prior Authorization (PA)/Utilization Management (UM) and related beneficiary appeal processes



# Other State Department Collaboration Efforts



## ▪ Key Focus for CDSS:

- Organizational planning regarding the Fair Hearing process.
- Identifying transitional activities and conducting operational readiness assessments.
- Projected caseload assessments and resource planning/allocation.

## ▪ Key Focus for DMHC:

- Health plan transitional readiness from an regulatory, compliance, and reporting perspective.
- Identifying key responsibilities that remain post-transition.
- Articulating areas with crossover and/or other nuanced health plan issues.



# Provider Enrollment Update

- Medi-Cal has enrolled 6,315 out of 6,589 licensed pharmacies in California.
- DHCS data analytics show that 98.6% of MCP beneficiaries in calendar year 2019 were served by Medi-Cal enrolled pharmacies, and, of those, 96% were served only by Medi-Cal enrolled pharmacies, which leaves only 1.4% (~92,000 MCP beneficiaries) served ONLY by non-enrolled pharmacies.
  - We are currently exploring and working to solution available alternative pharmacy access to support the 1.4% that have not used an enrolled Medi-Cal Pharmacy yet.
  - Moreover, we have conducted and will continue to conduct additional data analytics and effectuate efforts to ensure pharmacy access and transition coverage for MCP beneficiaries.
- Please note that the current analysis the team is doing also included a specific CCS focus, during which we have verified that 100% of the CCS pharmacies serving MCP beneficiaries are Medi-Cal enrolled pharmacies.





# Provider Enrollment Update (*Cont.*)

- Analysis of CMS NET SARs:
  - Pharmacy SARs are only authorized to Pharmacy Providers actively enrolled in Medi-Cal
  - 1,319 providers filed 102,303 SARs during 15 months (2019 - Q1-2020)
  - All 1,319 providers are on the Medi-Cal Provider Master File
- Medi-Cal Rx:
  - Medi-Cal Provider Master File is ongoing source for all functions – Claims, PAs, Web Portal, etc.



# Prior Authorization Process / SAR Transition

- Pharmacy SARs are being transitioned to Medi-Cal Rx to facilitate care continuity through the 180-Day Pharmacy Transition Plan
- Service Code Group (SCG) SARs are transitioning to function similar to CA-MMIS FFS
- All new Medi-Cal Rx Prior Authorizations are product specific - no more SCGs
- DHCS now allows certain maintenance medications to have up to 5 year PAs



# Helpful Information & Resources

- For more information about Medi-Cal Rx, please visit DHCS' dedicated Medi-Cal Rx Transition website: [Medi-Cal Rx: Transition](#)
- The Resources and Reference Materials section contains links to helpful information:
  - Medi-Cal Rx Frequently Asked Questions (FAQs)
  - Medi-Cal Rx Complaints and Grievances
  - Medi-Cal Rx Website and Pharmacy Portal Policy
  - Medi-Cal Rx Clinical Liaison Policy
  - Medi-Cal Rx Scope
- Medi-Cal Rx Website: <https://medi-calrx.dhcs.ca.gov/home/>
- Sign up for Medi-Cal Rx Subscription Service for email notices when new items are posted:
- For questions and/or comments regarding Medi-Cal Rx, DHCS invites stakeholders to submit those via email to [RxCarveOut@dhcs.ca.gov](mailto:RxCarveOut@dhcs.ca.gov)



# Question & Answer Session





# **Medical Therapy Program Step 2 Guidance**

**Jill Abramson, MD, MPH, FAAP**

Associate Medical Director

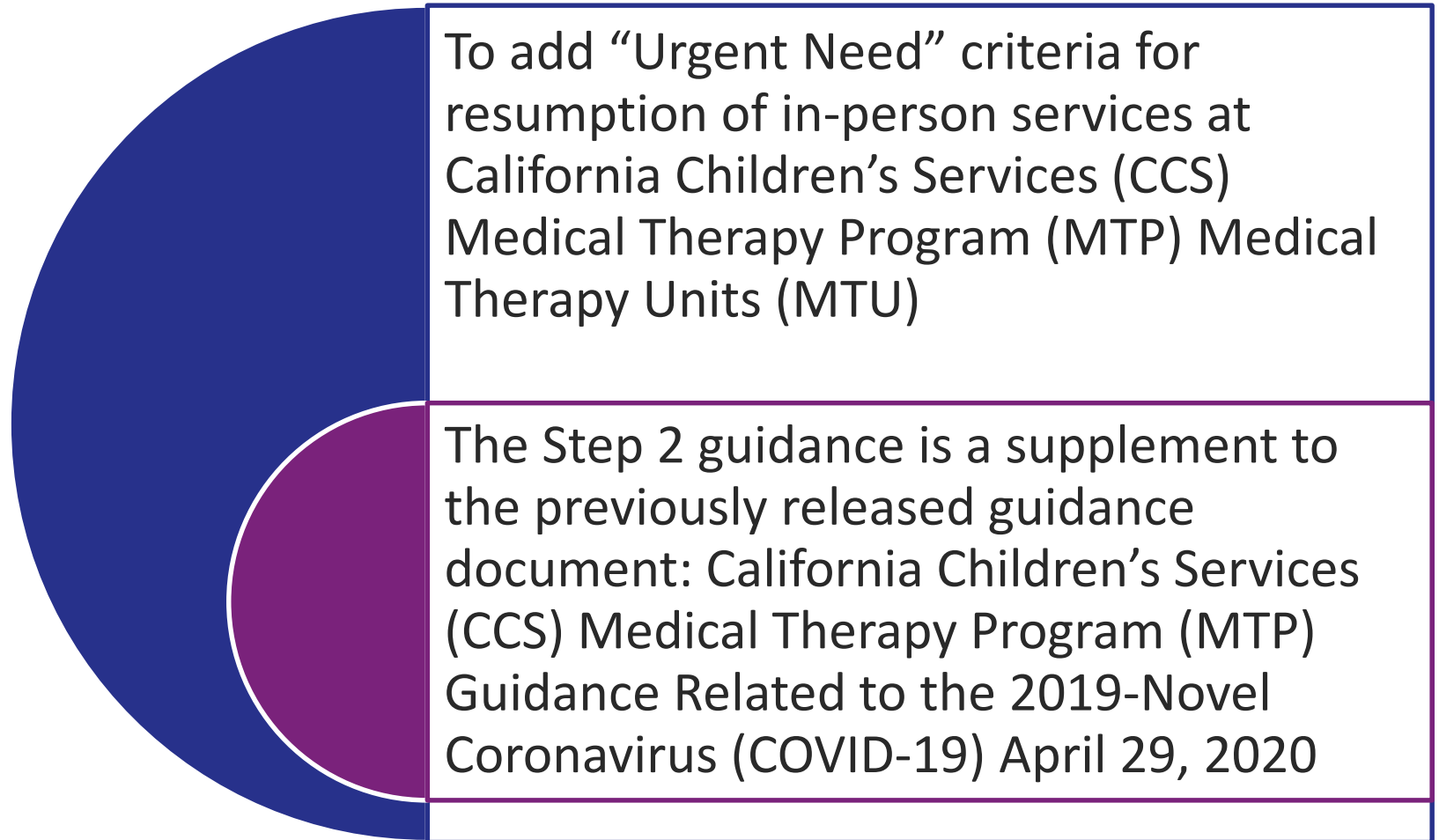
Medical Operations and Policy Branch

Integrated Systems of Care Division

Department of Health Care Services



# Purpose of the Step 2 Guidance





# Re-Cap of the Original Guidance

## Step 1 Guidance

- Permitted MTUs to provide in-person services to clients with **critical need**
- Approved county MTPs to provide routine services such as consultation and treatment, when they can be performed using telehealth technology when telehealth was considered an acceptable alternative to in-person service provision



# Critical Need Conditions

Initial encounter for client following surgery to address spasticity or other mobility issue related to the MTP-eligible condition





## Step 2 Guidance

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As the State begins gradual reopening, county CCS MTPs may begin in-person services for clients who meet Step 1 (critical need) or Step 2 (urgent need) conditions

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In-person Services can be provided to clients that present with urgent needs as defined by the following criteria and approved by the MTU unit supervisor/lead therapist



# Urgent Need Conditions

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Initial evaluation and development of treatment plan when a delay of in-person assessment may result in long-term deficits

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Clients with rapidly progressive conditions with evolving therapy/equipment needs that cannot be met using telehealth

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Durable Medical Equipment (DME) evaluations when the client may incur long-term deficits due to delayed in-person assessment

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DME provision when this cannot be performed using telehealth



## Urgent Need Conditions *(cont.)*

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Clients that are aging out of the CCS MTP and have therapy/equipment needs that cannot be met using telehealth

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Other conditions under which the therapist identifies an immediate physical therapy or occupational therapy need that cannot be adequately addressed using telehealth

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Medical Therapy Conference (MTC) appointments that cannot be appropriately performed using telehealth as jointly determined by the MTU unit supervisor/lead therapist and the MTC physician



# Keep the Following in Mind

MTUs will continue to hold Medical MTCs remotely in lieu of in-person conferences as identified in Step 1 guidance when possible

County MTPs should continue to inform MTP families to contact the vendor, pharmacy, or prescribing specialist if their CCS-approved supplies or medications are running low

County MTPs that remain closed by education agencies and not by county health department decision should communicate with the appropriate education agency to re-open the MTU(s) for in-person services per this updated guidance document

County MTPs should seek to continue using telehealth for routine therapy and equipment needs and transition for clients who met Step 2 criteria back to telehealth when appropriate



# Additional Resources

Telehealth and Virtual Communication in FFS and Managed Care Medi-Cal

[https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth Other Virtual Telephonic Communications V4.0.pdf](https://www.dhcs.ca.gov/Documents/COVID-19/Telehealth%20Other%20Virtual%20Telephonic%20Communications%20V4.0.pdf)

California Children's Services Medical Therapy Programs during COVID-19

<https://www.dhcs.ca.gov/Documents/COVID-19/County-CCS-MTP-COVID-Guidance.pdf>

California Children's Services Medical Therapy Programs during COVID-19  
Step 2 Guidance

<https://www.dhcs.ca.gov/services/ccs/Documents/MTP-COVID-19-Updated-Step-2-Guidance.pdf>

Questions Regarding These Instructions

[MTPCentral@dhcs.ca.gov](mailto:MTPCentral@dhcs.ca.gov)



# Whole Child Model Referrals

**Autumn Boylan**

Assistant Deputy Director, Health Care Delivery Systems  
Department of Health Care Services



# Service Authorization Request Processing

**Cheryl Walker, MD**

Associate Medical Director

Medical Operations and Policy Branch

Integrated Systems of Care Division

Department of Health Care Services



# New Service Authorization Request (SAR) Adjudication Process

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To receive SARs and other service requests that require ISCD action from:

- Dependent counties
- Independent counties for complex requests
- Providers serving children who:
  - Reside in Whole Child Model Counties
  - Need a transplant
  - Need a cochlear implant





# Updated SAR Email Inboxes

[CCSPhysicianReview@dhcs.ca.gov](mailto:CCSPhysicianReview@dhcs.ca.gov)

RightFax 916-440-5308

[CCSExpeditedReview@dhcs.ca.gov](mailto:CCSExpeditedReview@dhcs.ca.gov)

RightFax 916-440-5306

[CCSDirectedReview@dhcs.ca.gov](mailto:CCSDirectedReview@dhcs.ca.gov)

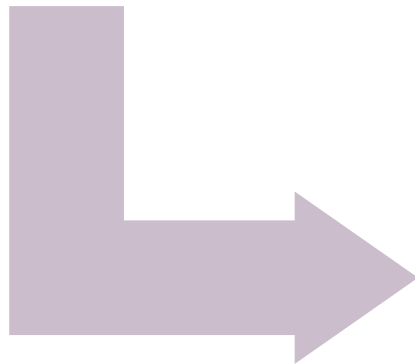
RightFax 916-440-5768



# Physician Review

[CCSPhysicianReview@dhcs.ca.gov](mailto:CCSPhysicianReview@dhcs.ca.gov)

RightFax 916-440-5308



**Transplants, CAR-T: Yescarta,  
Kymriah, Cochlear Implants,  
Out-of-State Requests**



# Expedited Review

[CCSExpeditedReview@dhcs.ca.gov](mailto:CCSExpeditedReview@dhcs.ca.gov)

RightFax 916-440-5306

- Bleeding Disorders: Blood Factor, Hemlibra
- Cystic Fibrosis: Kalydeco, Orkambi, Symdeko, Trikafta
- Muscular Dystrophy: Eteplirsen, Golodirsen, Deflazacort
- Growth Disorders: Lupron, Histrelin, Triptorelin
- High-Risk Infants: Synagis
- Hospital Discharge Needs



# Expedited Review (cont.)

[CCSExpeditedReview@dhcs.ca.gov](mailto:CCSExpeditedReview@dhcs.ca.gov)

RightFax 916-440-5306

- Metabolic Diseases: Kuvan, Palyngiq, Brineura, Medical Foods, Enteral Nutrition
- Retinal Disease: Luxturna
- Seizure Management: Epidiolex
- Spasticity Management: Botulinum Toxin
- Spinal Muscular Atrophy: Spinraza, Zolgensma
- Requests Marked Expedited
- Upcoming Surgery, including Selective Dorsal Rhizotomy



# Directed Review

[CCSDirectedReview@dhcs.ca.gov](mailto:CCSDirectedReview@dhcs.ca.gov)

RightFax 916-440-5768

Annual Medical Reviews

Diabetes Supplies

Durable Medical Equipment

Genetic Testing

Intercounty Transfers

Medical Eligibility Determination

Neonatal Intensive Care Unit

Off-Label or Investigational Service

Previous Decision Reconsideration

Request for ISCD Physician Review

SARs Submitted > 45 days ago



# Additional Information and Resources

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<https://www.dhcs.ca.gov/services/ccs>



# Brief Updates

**Autumn Boylan**

Assistant Deputy Director, Health Care Delivery Systems  
Department of Health Care Services



# Updates

Barriers to Access Medical Documentation

Process for Adding New CCS Advisory Group Members





# Open Discussion

**Will Lightbourne**

Director

Department of Health Care Services



# **Public Comments, Next Steps, and Upcoming Meetings**

**Will Lightbourne**

Director

Department of Health Care Services



# Information and Questions

- For Whole Child Model information, please visit:
  - <http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>
- For CCS Advisory Group information, please visit:
  - <http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>
- If you would like to be added to the DHCS CCS interested parties email list or if you have questions, please send them to [CCSRedesign@dhcs.ca.gov](mailto:CCSRedesign@dhcs.ca.gov)