California Children's Services

Advisory Group Meeting

October 27, 2021

If you are having webinar difficulties…

For webinar link	• Send an email to CCSRedesign@dhcs.ca.gov
To join by phone	• +1 (415) 655-0001 • Access code: 145 656 9799
To join by video system or application	• 1456569799@dhcs.webex.com • You can also dial 173.243.2.68 and enter your meeting number

Welcome and Introductions

Michelle Baass
Director
Department of Health Care Services

Agenda

Welcome and Introductions
Medi-Cal Rx Update
Update on California Advancing and Innovating Medi-Cal (CalAIM): Enhanced Care Management (ECM) and County Oversight and Monitoring
Medical Therapy Program (MTP) – State Coordination Efforts
DHCS Quality Monitoring: CCS/Whole Child Model (WCM) Dashboards, Children's Medical Services (CMS) Core Set Measures and CCS Quality Strategy
CCS Updates: CCS Program Letters and CCS Advisory Group Subcommittee
Open Discussion
Public Comments, Next Steps, and Upcoming Meetings

Medi-Cal Rx Update

Harry Hendrix

Chief, Pharmacy Benefits Division

Department of Health Care Services

Medi-Cal Rx Implementation Updates

- Beneficiary Notices
- Pharmacy Outreach and Education
- Prescriber Outreach and Education
- Partner Readiness

CCS Program Updates

- County Program Access
  - Existing user access provisioned and ready
  - Exploring additional user access
- Service Authorization Request Transition
- 180-Day Transition

Helpful Information & Resources

- For more information about Medi-Cal Rx, please visit DHCS' dedicated Medi-Cal Rx Transition webpage: 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 the Medi-Cal Rx subscription service for email notifications when new items are posted:
- For questions and/or comments regarding Medi-Cal Rx, please email RxCarveOut@dhcs.ca.gov.

Question & Answer Session

CalAIM: ECM

Oksana Meyer, MPA
Chief, Coordinated Care Programs Section
Managed Care Quality and Monitoring Division

ECM Summary

- ECM is required in all managed care plan (MCP) contracts as the highest tier care coordination benefit that MCPs will be required to make available to members.
- Available to all MCP members who meet ECM "Population of Focus" definitions.
  - Eligible groups represent those who are high-need, high-cost members in Medi-Cal managed care and are heterogenous *(see next slide).*
  - Every MCP member enrolled in ECM will have a dedicated care manager.
- Design takes elements of both Health Homes Program (HHP) and Whole Person Care (WPC) pilot program:
  - Roles and responsibilities are the same as HHP (plan administers, with required partnerships with providers for frontline care management).
  - Emphasis on cross-sector care coordination spanning physical, behavioral health, and social needs.
  - Emphasis on high-touch care management provided primarily through in-person interactions with members where they live, seek care, or prefer to access services.

ECM Populations of Focus

ECM go-live will occur in stages, by populations of focus

Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)	**January 2022** (WPC/HH counties); **July 2022** (other counties)
4. Incarcerated and Transitioning to the Community 5. At Risk for Institutionalization and Eligible for Long-Term Care 6. Nursing Facility Residents Transitioning to the Community	**January 2023**

ECM Populations of Focus *(cont.)*

ECM go-live will occur in stages, by populations of focus

Populations of Focus	Go-Live Timing
7. Children / Youth Populations of Focus • High Utilizers • Serious Emotional Disturbance (SED) or Identified to be at Clinical High Risk (CHR) for Psychosis or Experiencing a First Episode of Psychosis • Enrolled in CCS/CCS WCM with Additional Needs Beyond the CCS Qualifying Condition • Involved in, or with a History of Involvement in, Child Welfare (Including Foster Care up to Age 26)	**July 2023**

Note:

- Children Experiencing Homelessness is implemented as part of the Adult Population of Focus of Individuals and Families Experiencing Homelessness, which has a go-live of **January/July 2022.**
- Children and Youth Transitioning from Incarceration has a go-Live consistent with the Adult Population of Focus of **January 2023**.

Community Supports Summary

Summary

- DHCS selected 14 pre-approved Community Supports that it determined were medically appropriate and cost-effective alternatives to services/settings covered under the State Plan.
- Optional for MCPs to provide and for managed care members to receive; MCPs are strongly encouraged to offer all pre-approved Community Supports to comprehensively address member needs.
- Builds upon work done in WPC pilots, HHP, and Home and Community-Based Services waivers.
- MCPs must evaluate the medical appropriateness and cost-effectiveness of a Community Supports benefit as a substitute for a State Plan service when determining whether to authorize Community Supports for a member.
- MCPs have already preliminarily elected Community Supports for implementation in January 2022; plans can expand/drop Community Supports every six months with notice/approval to DHCS.
- Community Supports will be documented in the MCP contract and incorporated into future rates, consistent with Centers for Medicare & Medicaid Services (CMS) rules.
- *See Appendix for the 14 pre-approved Community Supports.*

ECM & Community Supports Updates

Key Dates and Milestones

- **ECM**
  - Published ECM All Plan Letter 21-012
  - Published ECM Policy Guide
  - Provider Webinars posted on DHCS website
- **Community Supports**
  - Published Community Supports Policy Guide
  - Published Non-Binding Community Supports Pricing Guidance
- **Upcoming:**
  - Oct./Nov.: ECM and Community Supports networks due
  - Jan. 1: HHP and WPC transition to ECM/Community Supports
  - Early 2022: Begin children/youth stakeholder discussions

Resources

ECM/Community Supports Resources

- For updated information about ECM and Community Supports, please see the DHCS ECM/ILOS webpage.

ECM/Community Supports Questions

- Questions about ECM or Community Supports may be directed to CalAIMECMILOS@dhcs.ca.gov.

Pre-Approved Community Supports *(1 of 5)*

Service	Description
1. Housing Transition Navigation Services	Assists individuals who are currently homeless, or at high risk of homelessness, with finding and obtaining housing.
2. Housing Deposits	Assists individuals who are currently homeless, or at risk of homelessness, with identifying, coordinating, securing, and/or funding one-time services and modifications necessary to enable a person to establish a basic household.
3. Housing Tenancy and Sustaining Services	Supports individuals who are currently homeless, or at risk of homelessness, in maintaining safe and stable tenancy once housing is secured.
4. Short-term Post Hospitalization Services	Provides homeless individuals with significant medical or behavioral health needs with the opportunity to continue their medical, psychiatric, and substance use disorder recovery immediately after exiting an institutional setting.

Pre-Approved Community Supports *(2 of 5)*

Service	Description
5. Recuperative Care (Medical Respite)	Provides individuals who are homeless or who are at high-risk of homelessness, who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions), with a safe place to recuperate and receive integrated clinical/social care.
6. Respite Services *(for caregivers)*	Provides coverage to caregivers of participants who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them. These services are non-medical in nature.
7. Day Habilitation Programs	Assists individuals who are homeless or who have recently been housed in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the community.

Pre-Approved Community Supports *(3 of 5)*

Service	Description
8. Nursing Facility Transition / Diversion to Assisted Living Facilities (ALF), such as Residential Care Facilities for the Elderly and Adult Residential Facilities	Assists individuals who have resided for 60+ days in a nursing facility to transition from that nursing facility to an assisted living facility in the community.
9. Community Transition Services / Nursing Facility Transition to a Home	Assists individuals who have resided for 60+ days in a nursing facility to transition back to the community and into a home.
10. Personal Care and Homemaker Services	Assists with activities of daily living, such as bathing or feeding, and instrumental activities of daily living, such as meal preparation for individuals at risk of hospitalization/institutionalization or who have functional deficits and no other support systems.

Pre-Approved Community Supports *(4 of 5)*

Service	Description
11. Environmental Accessibility Adaptations (Home Modifications)	Provides physical adaptations to a home that are necessary to ensure the health, welfare, and safety of individuals who are at risk of institutionalization in a nursing facility.
12. Medically Tailored Meals / Medically Supportive Foods	Provides meals/foods to individuals following discharge from a hospital or nursing home, individuals with extensive care coordination needs, or to those with chronic diseases.
13. Sobering Centers	Provides an alternative setting for individuals who are 18+ , found to be publicly intoxicated but are conscious and free from medical distress, to help them avoid an emergency room stay.

Pre-Approved Community Supports *(5 of 5)*

Service	Description
14. Asthma Remediation	To provide the physical modifications to a home environment (e.g., installation of air filters) that are necessary to ensure the health, welfare, and safety of the individual, or to enable the individual to function in the home, and without which acute asthma episodes could result in the need for emergency services and hospitalization. Service is only available to individuals with poorly controlled asthma (as determined by an emergency department visit or hospitalization or two sick or urgent care visits in the past 12 months or a score of 19 or lower on the Asthma Control Test).

CalAIM: Enhancing County Oversight and Monitoring

Michael Luu
Chief, Monitoring and Oversight Section
Integrated Systems of Care Division

Electronic Budget Submission Portal

Budget Submission Portal	• DHCS received contacts from all counties • Budget portal access is live
Training	• DHCS provided training to counties in October 2021 • Contact DHCS at DHCSSCDAdmin@dhcs.ca.gov for technical support
Submission	• DHCS sent out, via email, the allocation letter on 9/24/21 • Budget submission for Fiscal Year 2021/22

Plan and Fiscal Guidelines (PFG)

PFG Section Update Status

- PFG Section updates to be released on a flow basis
- Focus on updating sections 6, 7, and 8
- DHCS will release PFGs via email to all counties
- Anticipated release before the end of calendar year 2021

Memorandum of Understanding (MOU)

- Starting in January 2022, DHCS will convene a monthly memorandum of understanding (MOU) workgroup that will include counties, associations, CCS Advisory Group members, family members, etc.
- The purpose of the workgroup is to consult with counties and affected stakeholders to develop and draft the MOU template to meet the requirement of the CalAIM initiative.
- DHCS is drafting an initial framework that includes preliminary roles, responsibilities, and expectations.
- DHCS will regularly share the framework and other workgroup deliverables with stakeholders for input.

Goals of the MOU

Enable DHCS and counties to establish and meet expectations for quality and access to care for beneficiaries enrolled in CCS.

Performance standards, reporting requirements, and methods used to assess county compliance with federal and state requirements applicable to the CCS program will be made transparent through the MOUs.

Questions

BREAK

MTP – State Coordination Efforts

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

Heather Calomese
Director, Special Education Division
California Department of Education

CCS and WCM Dashboard

Eugene Stevenson, PhD
Chief, Research Data Supervisor I
Managed Care Quality and Monitoring Division

Michael Whitehead
Research Data Supervisor
Quality Assurance and Reporting Section
Integrated Systems of Care Division

Overview of CMS Child Core Set Measures

Rachelle Weiss
Chief, Data Management and Analytics Division
Enterprise Data and Information Management
Department of Health Care Services

CMS Core Set Measures

Support federal and state efforts to collect, report, and use a standardized set of measures to assess performance and drive improvement in quality of care.

- Child Core Set (26 measures)
- Adult Core Set (33 measures)

CMS Core Set Measures

- Reporting is currently voluntary
- Mandatory reporting starting in 2024:
  - Child Core Set
  - Adult Behavioral Health Core Set
- Updates made annually with stakeholder feedback
  - https://www.mathematica.org/features/maccoresetreview

Care Domains

- Primary Care Access and Preventive Care
- Maternal and Perinatal Health
- Care of Acute and Chronic Conditions
- Behavioral Health Care
- Dental and Oral Health Services

Primary Care Access and Preventive Care

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)
- Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)
- Childhood Immunization Status (CIS-CH)
- Immunizations for Adolescents (IMA-CH)
- Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)
- Well-Child Visits in the First 30 Months of Life (W30-CH)
- Child and Adolescent Well-Care Visits (WCV-CH)
- Developmental Screening in the First Three Years of Life (DEV-CH)

Maternal and Perinatal Health

- Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH)
- Live Births Weighing Less Than 2,500 Grams (LBW-CH)
- Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)
- Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)
- Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)
- Low-Risk Cesarean Delivery (LRCD-CH)

Care of Acute and Chronic Conditions

- Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)
- Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)

Behavioral Health Care

- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)
- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)

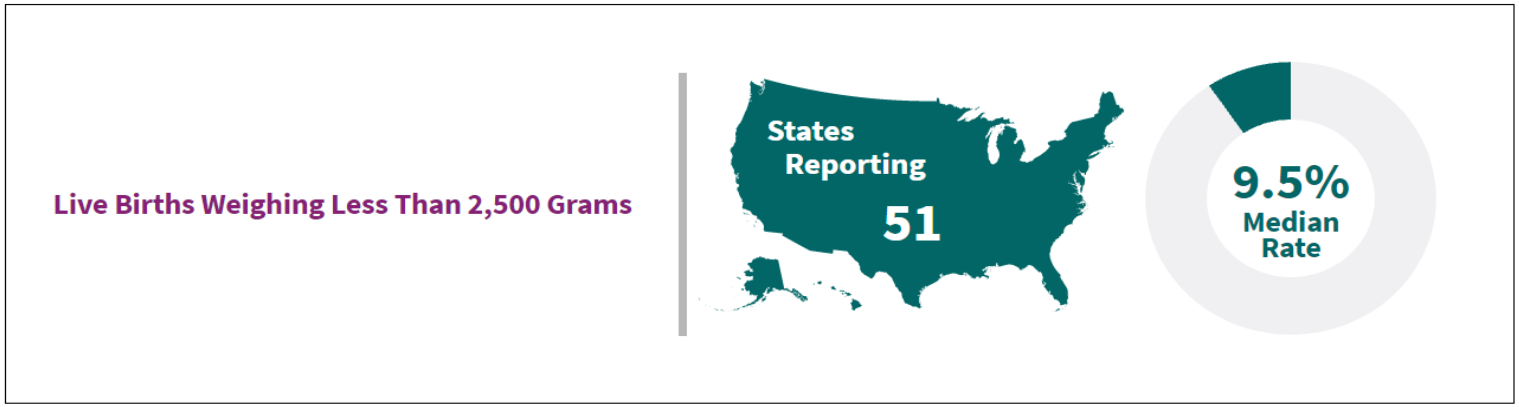
Dental and Oral Health Services

- Percentage of Medi-Cal Eligibles Who Received Preventive Dental Services (PDENT-CH)
- Sealant Receipt on Permanent First Molars (SFM-CH)

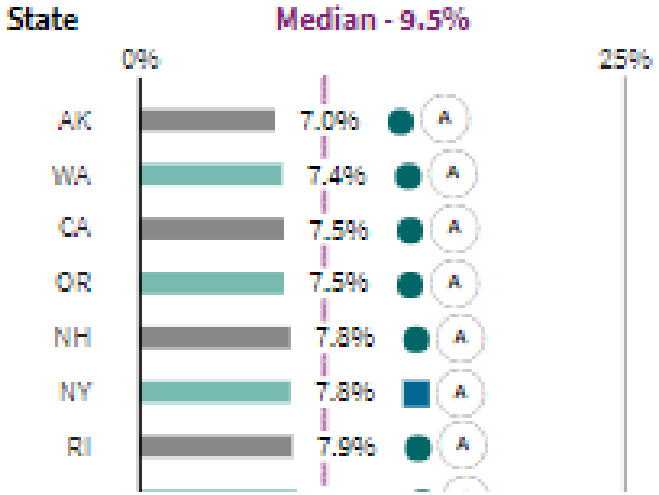
Medicaid Scorecard

https://www.medicaid.gov/state-overviews/scorecard/index.html

State Health System Performance



California has the third lowest rate at 7.5% (lower is better)



Select Child Core Set Measures: 2019 Medicaid Scorecard

Core Set Measure	CA	National Median
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	87.1%	73.2%*
Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	61.4%	59.4%*
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	7.5%	9.7%*
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH)	90.0%	84.4%*
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	67.8%	68.6%
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) (Per 1,000 member months)	37.4	43.2*
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 *7 Days	67.8%	45.6%*
Metabolic Monitoring for Children and Adolescents on Antipsychotics	42.5%	35.4%*
Percentage of Eligibles Who Received Preventive Dental Services	39.3%	41.5%

Quality & Health Equity Strategy

Palav Babaria, MD, MHS
Chief Quality Officer

Quality and Population Health Management

DHCS

Quality Strategy Goals*:

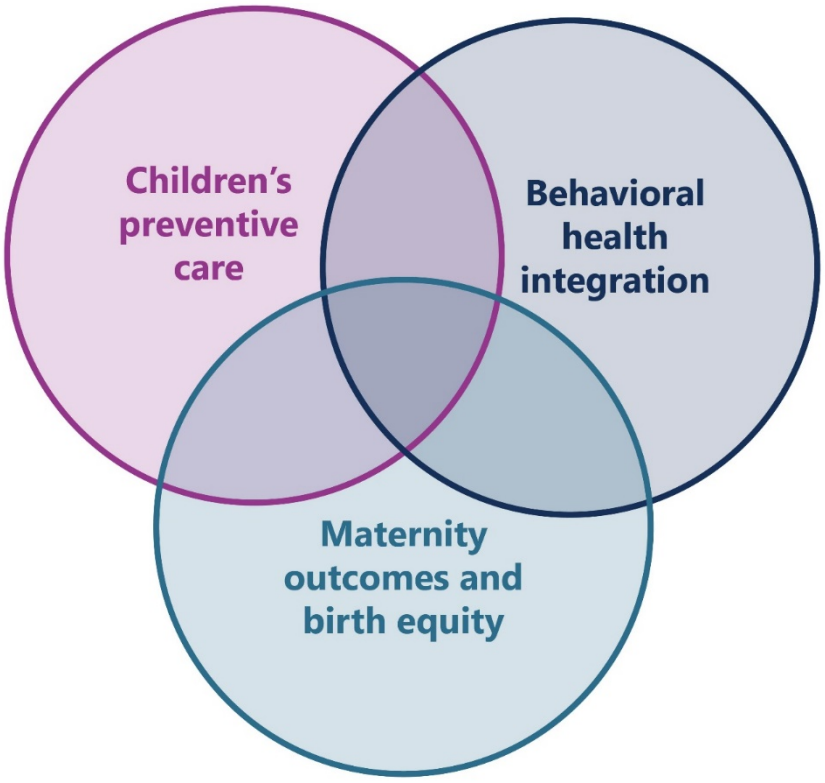
- Engage members as owners of their own care
- Keep families and communities healthy via prevention
- Provide early interventions for rising risk and patient-centered chronic disease management
- Provide whole person care for high-risk populations, addressing drivers of health

*All Quality Strategy content in this presentation is in DRAFT form and subject to change after formal public comment period

Quality Strategy Guiding Principles

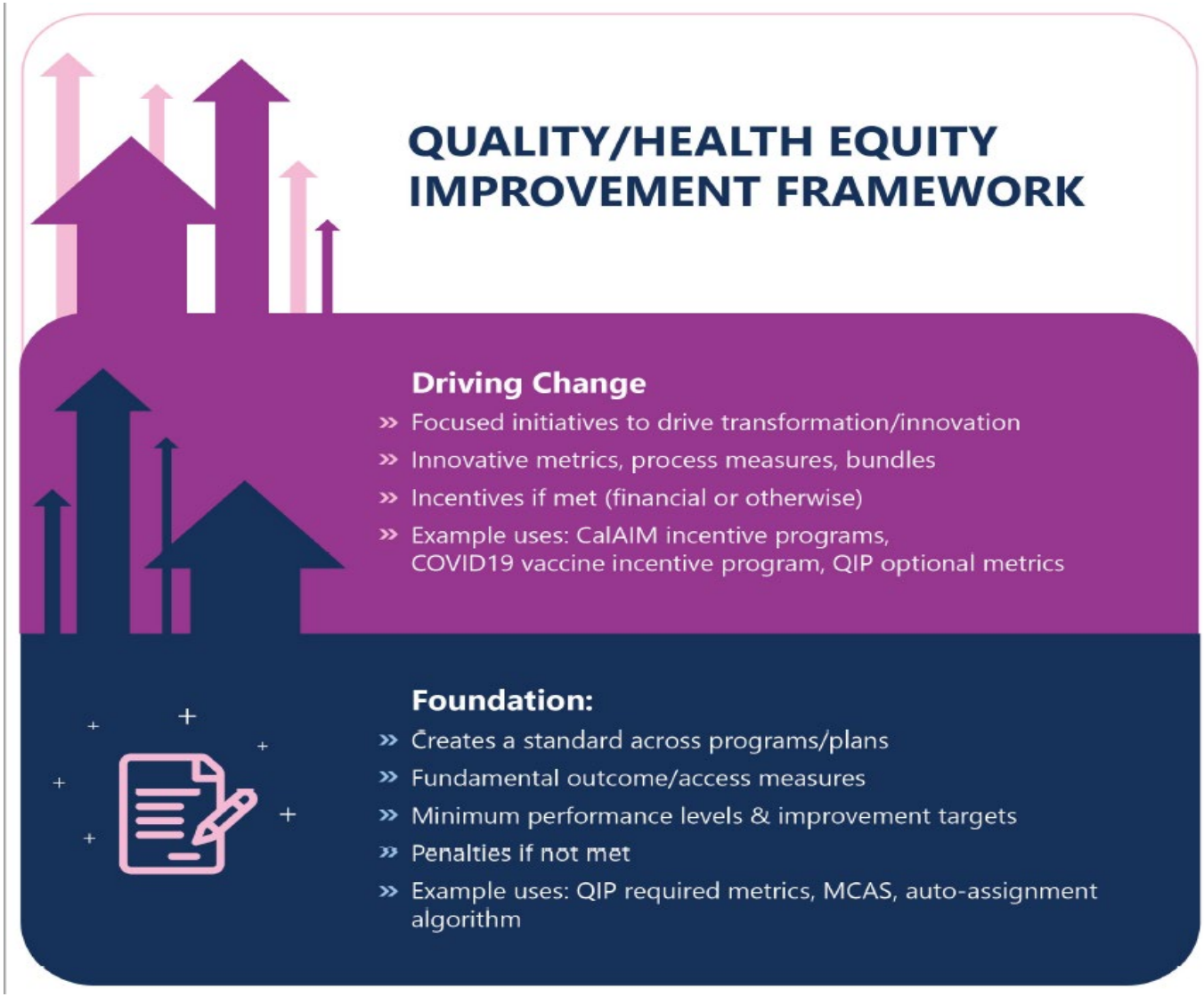
- Eliminating health disparities through anti-racism and community-based partnerships
- Data driven improvements that address the whole person
- Transparency, accountability, and member involvement

Clinical Focus Areas



Bold Goals: 50 x 2025

- Ensure all health plans exceed the 50th percentile for all children's preventive care measures
- Close racial/ethnic disparities in well-child visits and immunizations by 50% (state level)
- Close maternity care disparity for Black and Native Americans by 50% (state level)
- Improve maternal and adolescent depression screening by 50% (state level)
- Improve follow up after emergency department visit for mental health or substance use disorder by 50% (state level)


QUALITY/HEALTH EQUITY IMPROVEMENT FRAMEWORK
Driving Change
» Focused initiatives to drive transformation/innovation
» Innovative metrics, process measures, bundles
» Incentives if met (financial or otherwise)
» Example uses: CalAIM incentive programs, COVID19 vaccine incentive program, QIP optional metrics
Foundation:
» Creates a standard across programs/plans
» Fundamental outcome/access measures
» Minimum performance levels & improvement targets
» Penalties if not met
» Example uses: QIP required metrics, MCAS, auto-assignment algorithm

Health Equity Domains

- Managed Care/FFS (including CCS)
- Dental
- Behavioral Health
- School Based Services
- HCBS/1915c Delivery System
- CalAIM & Quality Strategy
- Alignment With Public Health

Health Equity Vision

- **Data collection and stratification:** Complete, accurate data on REAL (Race, Ethnicity, Ancestry and Language) SOGI (Sexual Orientation and Gender Identity) information for Medi-Cal beneficiaries will be utilized to illuminate and address health care inequities across DHCS programs
- **Workforce diversity and cultural responsiveness:** Medi-Cal workforce, at all levels should reflect the diversity of the Medi-Cal beneficiary population and *always* provide culturally and linguistically appropriate care
- **Reducing health care disparities:** Eliminate racial, ethnic, and other disparities within the Medi-Cal population and support policy efforts to eliminate disparities, largely driven by social determinants of health, between Medi-Cal beneficiaries and commercial populations.

Proposed Equity Metrics for 2022

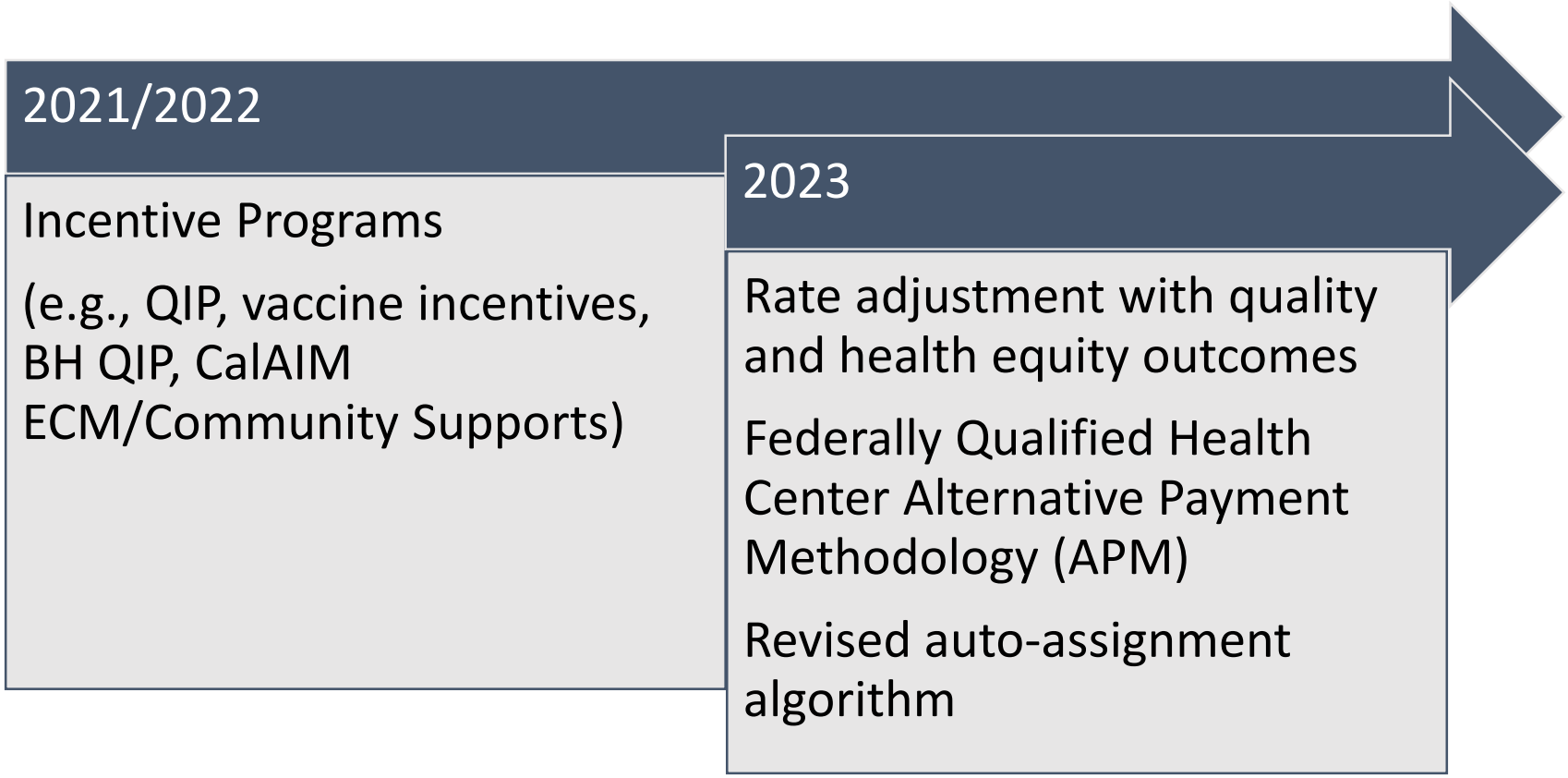
- Colorectal cancer*
- Controlling high blood pressure*
- HgbA1c for persons with DM*
- Prenatal and postpartum care*
- Child and adolescent WCV*
- Childhood immunizations
- Adolescent immunizations
- Follow up after ED visit for mental illness and SUD (include adolescent measure if available)
- Perinatal and postpartum depression screening

*Metrics recommended by NCQA for stratification by race/ethnicity

Health Equity Roadmap: Next Steps

- **Skeleton Roadmap:** Inventory of current and planned DHCS efforts (in CalAIM, HCBS Spending Plan, FY 2021-22 Budget) complete
- **Full Roadmap:** Formal co-design working group, including beneficiaries from marginalized populations, community-based organizations, members with specific health needs (e.g., CCS members and CCS Advisory Group) and other stakeholders, to identify gaps in current work and develop full roadmap with recommendations for future goals

Value-Based Payment Roadmap



Improved Transparency, Accountability, and Member Involvement

- Creating an organizational structure that supports accountability
- Standardizing elements of monitoring and compliance across programs
- Creating a proactive monitoring structure to assess managed care performance, including public data
- Enhanced county oversight (in BH, Medi-Cal eligibility and enrollment, CCS program)
- Member engagement at all steps, including with quality strategy review process

CCS-Specific Considerations

- What opportunities are there to create CCS-focused efforts within larger DHCS initiatives (e.g., CalAIM Population Health Management, Health Equity Roadmap, etc.)?
- What is the best way to incorporate clinical metrics into the CCS/WCM Dashboard? Can we leverage applicable core set measures while also identifying CCS-specific measures?
- How do we break down silos and ensure alignment across programs (e.g., CCS vs. WCM vs. BH vs. dental)?
- Other topics for advancing clinical outcomes and health equity within CCS?

Q&A AND FEEDBACK

CCS Program Letters

Cheryl Walker, MD
Associate Medical Director
Medical Operations and Policy Branch
Integrated Systems of Care Division
Department of Health Care Services

CCS Numbered Letters

In Queue for Posting

1. Inter-County Transfer Policy
2. Scope of Nurse Practitioners in Special Care Centers
3. Trikafta

In Queue for Public Comment

1. Authorization of Dental Services
2. Botulinum Toxin

CCS Information Notices

Posted

1. Palivizumab for Immunoprophylaxis of Respiratory Syncytial Virus Infection during 2021-2022
2. Update for CCS Information Notice 21-03: Palivizumab for Immunoprophylaxis of Respiratory Syncytial Virus Infection during 2021-2022
3. Allocation Letters FY 2021-22 CCS, Child Health and Disability Prevention (CHDP) Program , CHDP Lead Prevention Program, and Health Care Program for Children in Foster Care

In Queue for Posting

1. Client Therapy Record

CCS Standards

Posted

1. Neonatal Intensive Care Unit (Regional, Community, Intermediate)

In Queue for Posting

1. Aerodigestive
2. Cardiac
3. Cystic Fibrosis
4. Endocrine
5. Metabolic
6. Pulmonary

CCS Advisory Group Subcommittee

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

Subcommittee Updates

Charter & Welcome Letter

- DHCS incorporated feedback from CCS Advisory Group members
- Posted on the CCS Advisory Group webpage

CCS Advisory Group Composition

- DHCS will solicit input from CCS Advisory Group regarding membership composition

Open Discussion
CCS Advisory Group Members

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

Public Comments, Next Steps, and Upcoming Meetings

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

Upcoming CCS Advisory Group Meetings

2022	Wednesday, January 12
	Wednesday, April 13
	Wednesday, July 13
	Wednesday, October 12

Information and Questions

- For WCM 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/PAdvisoryGroupes/AdvisoryGroup.aspx
- If you would like to be added to the DHCS CCS interested parties email list, or if you have questions, please email CCSRedesign@dhcs.ca.gov.