

California Children's Services Advisory Group Meeting

Agenda

Welcome and Housekeeping	1:00 – 1:05
Director Remarks and July Meeting Recap	1:05 – 1:15
Policy Initiatives	1:15 – 1:45
Whole Child Model (WCM) Readiness: DHCS Updates	1:45 – 2:15
Break	2:15 – 2:30
Enhanced Care Management	2:30 – 3:00
WCM Readiness: Kaiser Update and County Perspective	3:00 – 3:50
Public Comment	3:50 – 3:55
Wrap-up, next steps and thank you	3:55 – 4:00

Housekeeping & Webex Logistics

Do's & Don'ts of Webex

- » Participants are joining by computer and phone (link/meeting info on **California Children's Services (CCS) Advisory Group website**)
- » Everyone will be automatically muted upon entry
- » CCS Advisory Group members: 'Raise Your Hand' or use the Chat box to submit Questions
- » Other participants: Use the Chat box to submit comments/questions or 'Raise Your Hand' during the public comment period
- » Live Closed Captioning will be available during the meeting

Note: DHCS is recording the meeting for internal note-taking purposes

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Wrap-up, next steps and thank you	3:55 – 4:00
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Director Remarks



Director Remarks

- » Last Advisory Group meeting for 2023
- » Return to in-person meeting option starting January 2024
- » Kaiser Whole Child Model Readiness
- » Jacey Cooper, Chief Deputy Director, Health Care Programs and the department's State Medicaid Director, recognition and thanks

July Meeting Recap

- » Hearing Aid Coverage for Children Program (HACCP)
- » Whole Child Model Expansion
- » Kaiser Whole Child Model Readiness
- » Title V Needs Assessment

Advisory Group Members

Whitney Clark | *Sutter Health*
Lianna Chen | *Health Plan of San Mateo*
Michael Harris | *CenCal Health*
Michael Hunn | *Interim CEO CalOptima*
Beth Malinowski | *SEIU California*
Linnea Koopmans | *Local Health Plans of CA*
Carol A. Miller, MD | *CCS Medical Advisory Committee*
Francesca Peterson | *San Luis Obispo County*
Ann Kuhns | *California Children's Hospital Assoc.*
Amy Westling | *Assoc. of Regional Center Agencies*
Mary Giammona, MD | *Molina Healthcare CA*
Jolie Onodera | *CA State Assoc. of Counties*
Katherine Barresi | *Partnership HealthPlan of California*
Lara Khouri | *Children's Hospital Los Angeles Medical Group*
Kristen Dimou | *County of San Diego Health and Human Services Agency*
Allison Gray | *Lucille Packard Foundation for Children's Health*
Stephanie Dansker | *Board Member/Patient, Hemophilia Council of CA*
Dominique Hensler | *Rady Children's Hospital and Health Center*
Laurie Soman | *Children's Regional Integrated Service System*
Anthony Magit, MD | *Children's Specialty Care Coalition*

Kelly Hardy | *Children Now*
Jerry Cheng, MD | *Kaiser Permanente SCAL*
Dena Davis | *CenCal Health*
Kristen Rogers | *CalOptima*
Lael Lambert | *Marin County CCS Program*
Ann Kinkor | *Epilepsy California*
Erin Kelly | *Children's Specialty Care Coalition*
Susan Skotzke | *Central CA Alliance for Health*
Jennifer Mockus | *Central CA Alliance for Health*
Tamica Foots-Rachal | *Family Voices*
Miriam Parsa, MD | *Cottage Children's Medical Center*
Michelle Gibbons | *County Health Executives Assoc. of CA*

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Policy Initiatives



California Children's Services (CCS) Compliance, Monitoring and Oversight Program

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CCS Monitoring and Oversight Workgroup Goals

- » The goal of the CCS Compliance, Monitoring, and Oversight Program is to promote accessibility, transparency, monitoring, and oversight for the CCS program statewide
- » CCS Monitoring and Oversight Workgroup meeting discussions and associated Numbered Letters (NL) were used to create a Memorandum of Understanding (MOU) template, supporting attachments for the different county model types, and related guidance documents
- » The CCS Monitoring and Oversight MOU was released for a three-week public comment period from 9/26/23-10/16/23

CCS Monitoring and Oversight Workgroup at a Glance

- » To date, the workgroup, in partnership with DHCS, has developed and iterated on the following policies to establish the MOU and related documents:
 - *CCS Compliance, Monitoring, and Oversight Program Plan*
 - MOU outline and *MOU Roles and Responsibilities Table and Definitions* document
 - Grievance NL
 - Appeals and State Hearing (SH) NL
 - Training NL
 - CCS Program Reporting and Survey NL
 - Compliance Activities

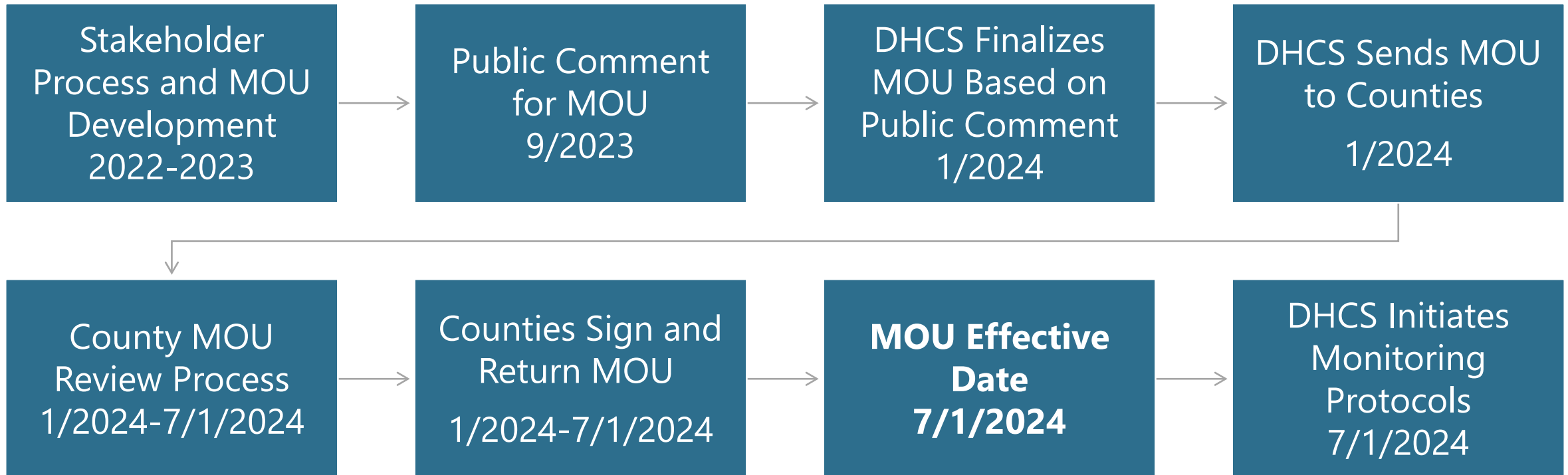
Related NLs

Policy Document	Discussion Item: CCS Monitoring and Oversight Workgroup	Status	Next Steps
Grievance NL <ul style="list-style-type: none"> Grievance Flowchart Grievance Form 	<ul style="list-style-type: none"> 2022: September, November, December 2023: January, March, June 	<ul style="list-style-type: none"> Released for public comment on December 23, 2022 Shared with CHEAC for review on July 14, 2023 Grievance, Appeals, and SH Factsheet shared with NHeLP, DRC, and Family Voices for review on August 23, 2023 	<ul style="list-style-type: none"> Final release in third quarter 2023
Appeals and State Hearing NL	<ul style="list-style-type: none"> 2022: September 2023: January, March, June 	<ul style="list-style-type: none"> Released for public comment on July 7, 2023 	<ul style="list-style-type: none"> Final release in fourth quarter 2023
CCS Program Reporting and Survey NL <ul style="list-style-type: none"> Compliance activities High Risk Assessment Tool for transition planning Reporting templates 	<ul style="list-style-type: none"> 2022: June, July, August, November, December 2023: January, March, June 	<ul style="list-style-type: none"> Released for public comment on January 24, 2023 Released for second round of public comment on July 13, 2023 	<ul style="list-style-type: none"> Final release in fourth quarter 2023

Related NLs (continued)

Policy Document	Discussion Item: CCS Monitoring and Oversight Workgroup	Status	Next Steps
Training NL	<ul style="list-style-type: none"> 2022: November 2023: January, June 	<ul style="list-style-type: none"> Released for public comment on January 27, 2023 	<ul style="list-style-type: none"> Posted on DHCS website CCS Training Requirements 04-0723
Electronic Visit Verification (EVV) NL	<ul style="list-style-type: none"> 2023: January, March, June 	<ul style="list-style-type: none"> Released for public comment on December 14, 2022 	<ul style="list-style-type: none"> Posted on DHCS website 02-0623 California EVV Implementation
MOU <ul style="list-style-type: none"> Roles and Responsibilities Table Definitions 	<ul style="list-style-type: none"> 2022: January, May, June, July, August, September, November, December 2023: January, March, June 	<ul style="list-style-type: none"> Released for three-week public comment period on September 26, 2023 	<ul style="list-style-type: none"> Final release in January 2024

MOU Development



Budget Proposal

- » Counties expressed budgetary resources concerns to complete compliance activities. To address some of these concerns, DHCS is conducting the following activities:
 - Intaking all grievances for Dependent counties
 - Pulling reports available through CMS Net
 - Conducting an internal landscape of the county budget allocation
- » County CCS programs are responsible for the following activities:
 - Intaking grievances for Independent counties
 - Submitting items not found in CMS Net such as:
 - County policies and procedures
 - Grievances and appeals
 - Transition planning
- » DHCS will continue to meet with key stakeholders to discuss the CCS budget

Next Steps

- » Ahead of the CCS Compliance, Monitoring and Oversight program go live on July 1, 2024, DHCS will:
 - Update and/or retire outdated policy guidance documents
 - Distribute the beneficiary Grievance, Appeal, and SH Factsheet
 - Post Technical Assistance Guides online
 - Develop Findings Report templates to post findings online
 - Update the DHCS webpages for training and compliance information

Discussion

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Child Health and Disability Prevention (CHDP) Program Transition

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Previous CHDP Transition Workgroup Meetings

- » The CHDP Transition Workgroup has convened six times in 2023:
 - January discussion topics included:
 - CHDP Gateway Transition to Child Presumptive Eligibility (CPE)
 - February discussion topics included:
 - Medi-Cal for Kids & Teens formerly known as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) processes and activities
 - Managed Care monitoring and oversight
 - March discussion topics included:
 - Transition of CHDP Resources (e.g., staffing and funding)

Previous CHDP Transition Workgroup Meetings (continued)

- May discussion topics included:
 - CHDP-CLPP
 - Newborn Hearing Screening Program (NHSP)
 - Oral Health
- June discussion topics included:
 - Health Care Program for Children in Foster Care (HCPCFC) as a Standalone Program
- September (Capstone Meeting) discussion topics included:
 - Updates to the Transition Plan, particularly around the fee-for-service population
 - DHCS responses to outstanding Workgroup feedback

CHDP Transition Plan Status Updates

- » In 2022, DHCS published [the Proposal to Discontinue the CHDP Program](#)
- » Throughout 2023, DHCS has convened sister divisions (e.g., MCQMD, MCED, QPHM, MDSD) to delineate responsibilities, clarify timelines, and identify actions needed for key transition activities
- » DHCS has also collaborated with CDSS and California Department of Public Health (CDPH) on an ongoing basis in relation to HCPCFC and CHDP-CLPP, respectively

CHDP Transition Plan Status Updates (continued)

- » The updated transition plan discusses background and current versus post-transition activities for:
 - CPE
 - EPSDT Services
 - CHDP-CLPP
 - HCPCFC
 - NHSP
- » DHCS has posted the Transition Plan for public comment to solicit feedback before finalizing the document
 - The public comment period extended from 9/27/2023 through 10/11/2023

Next Steps

- » DHCS will work to compile feedback from the public comment period to further update the Transition Plan
 - The Transition Plan will be posted on the DHCS website by December 31, 2023
- » DHCS will also provide an update to the legislature and certify that the CHDP transition is complete
- » DHCS will continue releasing guidance, training, and communications, as appropriate, to ensure a successful transition on July 1, 2024

Discussion

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California Children's Services (CCS) Redesign Performance Measure Quality Subcommittee

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CCS Redesign Performance Measure Quality Subcommittee Goals

- » The goal of the CCS Redesign Performance Measure Quality Subcommittee is to identify and implement quality metrics and outcome measures for the CCS and Whole Child Model (WCM) dashboard to drive improvements in health outcomes for children and youth
- » The subcommittee will collaborate with external stakeholders including WCM Medi-Cal Managed Care Health Plans (MCP) and CCS Classic counties to create a dashboard that compares the two programs
- » Clinical and non-clinical outcome measures should be identified and compared among both programs so external stakeholders, MCPs, and the public may access this information through the dashboard

Authorizing Statute

Welfare & Institutions Code (WIC), section 14094.7 (b) requires DHCS to conduct the following activities by January 1, 2025:

- » Annually provide an analysis on its website regarding trends on CCS enrollment for WCM counties and Classic counties, in a way that enables a comparison of trends between the two categories of CCS counties.
- » Develop utilization and quality measures, to be reported on an annual basis in a form and manner specified by the department, that relate specifically to CCS specialty care and report such measures for both WCM counties and Classic counties. When developing measures, the department shall consider:
 - Recommendations of the CCS Redesign Performance Measure Quality Subcommittee established by the department as part of the CCS Advisory Group pursuant to subdivision (c) of Section 14097.17.
 - Available data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit.

Authorizing Statute (continued)

- » Require, as part of its monitoring and oversight responsibilities, any WCM plan, as applicable, that is subject to one or more findings in its most recent annual medical audit pertaining to access or quality of care in the CCS program to implement quality improvement strategies that are specifically targeted to the CCS population, as determined by the department.
- » Establish a stakeholder process pursuant to Section 14094.17.

Background

- » Prior to the current subcommittee, efforts have previously been made to identify measures by which to measure CCS Classic and WCM counties.
- » The goal of this Subcommittee was to create a standardized set of performance measures for a variety of distinct children's programs
- » This Subcommittee was composed of a multidisciplinary team of clinicians and program experts who were tasked with drafting, reviewing, and discussing the viability and technical specifications of performance measures
- » ISCD is reconvening this Subcommittee in the form of the CCS Redesign Performance Measure Quality Subcommittee to identify and create an actionable plan to implement metrics

Background (continued)

- » The Subcommittee was tasked with identifying performance metrics that could be applied to both CCS Classic and Whole Child Model Programs to evaluate difference in performance between the two models. The workgroup established standardized technical specifications for five distinct categories or domains:
 1. Timely access to specialty services
 2. Follow-up care
 3. Caregiver satisfaction
 4. Clinical care quality and monitoring
 5. Long-term transition planning

Next Steps

- » The next Subcommittee meeting is scheduled for Wednesday, November 29, 2023, at 1-5 PM and the following topics will be discussed:
 - Guiding Principles for Measure Selection
 - Domains
 - Measure Selection Process
 - Preliminary Discussion of Feasible Measures by Domain

Discussion

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Whole Child Model Readiness: DHCS Updates

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Recap: New Whole Child Model Implementation

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Kaiser 2024 WCM Implementation

- » AB 2724 (Chapter 73, Statutes of 2022) provided authority for DHCS to “...commencing no sooner than January 1, 2024, expand managed care plans under the Whole Child Model program to also include the above-described AHCSPs.” (Kaiser Permanente)
- » Kaiser Permanente will implement as a WCM plan in the following existing WCM counties in which it will operate effective January 1, 2024:
 - Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, Yolo

AB 118 (Chapter 42, Statutes of 2023)

- » Delays implementation in all new County Organized Health System (COHS) expansion counties to January 1, 2025
 - Authorizes Kaiser to implement as a WCM plan in the four COHS expansion counties in which it will be operating
 - In alignment with proposed Trailer Bill Language (TBL) released in May Revise, AB 118 does not include expansion of WCM into the three new Single Plan model counties
- » Adds new requirements for DHCS, MCPs and Counties

New WCM Implementation effective January 1, 2025

Central California Alliance for Health	Partnership HealthPlan of California	Kaiser Permanente
Mariposa, San Benito	Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Yuba	Mariposa, Placer, Sutter, Yuba

Kaiser 2024 WCM Implementation



Kaiser WCM Plan Readiness

- » DHCS provided required WCM plan readiness deliverables to Kaiser on June 30, 2023.
- » The WCM plan readiness deliverables reflect the SB 586 deliverables used during the initial WCM implementation and updated to account for new requirements and changes over the last several years as well as addressing requirements identified in AB 2724 and AB 118.
- » There are total of 28 plan readiness deliverables required and due dates were provided for each deliverable. Kaiser has been proficient in meeting the due dates identified and responding to requests for additional information within the identified timelines.

Snapshot of Plan Readiness Deliverables

- » Continuity of Care
- » Member Notices
- » Provider Network
- » Local Stakeholder Process
- » Pediatric Health Risk Assessment
- » Identification of CCS-eligible Conditions and Referral
- » Maintenance and Transportation
- » Advisory Committee
- » Beneficiary Outreach
- » Access to Durable Medical Equipment

County Readiness

- » DHCS provided required County readiness deliverables to the eight counties in which Kaiser is implementing on September 13, 2023.
- » The counties are required to make updates to existing policies and procedures to address coordination with Kaiser as an additional WCM plan in their county.
 - Eligibility and Enrollment, Case Management, Intercounty Transfers, CCS Advisory Committee, Continuity of Care, Data and Information Sharing, Emergency Preparedness, Dispute Resolution, Neonatal Intensive Care Unit, Quality Assurance and Monitoring, and Subcontractors.

Joint Deliverables and Noticing

Joint Deliverables

- » Joint Kaiser and County deliverables consist of the required plan/county WCM Memorandum of Understanding (MOU) and Transition Plan.
- » DHCS updated the MOU template to address necessary changes/updates identified since WCM implementation and to address APL updates and new statutory requirements.
- » The revised MOU was shared out for public comment and DHCS is finalizing the template for release to Kaiser and the counties.

» County Information Notice

- Published September 2023

» Provider Notice

- Published September 2023

» Provider Bulletin

- Will publish mid-October

» Provider Newsflash

- Will go out monthly in October and November and four times in December

Collaborative Planning Meetings

- » DHCS has held monthly planning meetings with Kaiser since May 2023 and updated to a monthly planning meeting with Kaiser and the existing WCM counties in which it will be implementing as an alternate WCM plan beginning in July 2023.
 - DHCS will continue the Kaiser/County meetings through implementation and at minimum through first quarter 2024 post-implementation.
- » DHCS has also facilitated planning/collaboration meetings with Kaiser and the existing WCM plans in the counties in which it will be operating effective January 2024.

Post Transition Monitoring

- » To ensure a smooth transition for the Medi-Cal CCS members transitioning to Kaiser, DHCS will require daily check-in reporting with Kaiser to monitor any access to care or technical issues. DHCS will provide Kaiser with a reporting template identifying the specific reporting requirements prior to implementation.
- » Reporting Periods
 - Daily reporting through mid-January
 - Weekly reporting for the last two weeks of January
 - Monthly reporting through at least July but longer if determined necessary

2025 New WCM Implementation



2025 New WCM Implementation Planning

- » DHCS initiated monthly planning meetings in May/June 2023 with the expansion WCM plans and new counties and transitioned to quarterly (September and December) touchbase meetings following the July meeting.
 - These meetings are planned to shift back to a monthly cadence beginning in January 2024.
- » DHCS will include a detailed update on the timeline for the 2025 New WCM implementation readiness activities during the January 2024 CCS Advisory Group meeting.

Discussion

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Enhanced Care Management

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Discussion

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Whole Child Model Readiness: Kaiser Update

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Kaiser Permanente Whole Child Model Readiness Update

Kaycee B. Velarde, J.D.
Executive Director, California Medi-Cal and State
Sponsored Programs

Kinisha M. Campbell, MPH, FACHE
Executive Director, Medi-Cal Care Coordination

October 11, 2023



Agenda

- Kaiser Permanente's future Whole Child Model Landscape
- KP Case Management Structure
 - WCM Care Coordination
 - Continuity of Care
- Member and Community Engagement

Kaiser Permanente WCM Model | Current and Future Landscape

AB 2724 mandates Kaiser Permanente (KP) to administer Whole Child Model (WCM) in alignment with where the state has designated each WCM county.

Per AB 2724, the following populations are eligible to join KP’s Medi-Cal managed care plan:

- Those who have had KP coverage within the past 12 months
- Those who are qualified family linkages of existing KP members
- Those who are foster youth and former foster youth
- Those who are duals, covered by both Medicare and Medi-Cal

Existing WCM members assigned to KP today will stay with Kaiser. There will be no disruption of care for these members.

Additional growth may occur through default enrollment for members who do not select a health plan. KP will participate in default enrollment dependent on capacity and will annually determine which counties have capacity and for how many members.

Existing KP Classic CCS Counties <i>KP is a CCS Provider</i>	New KP Classic CCS Counties AB2724 <i>KP will be a CCS Provider</i>	KP to be a WCM Prime Plan- AB2724	KP to be a WCM Prime Plan-2025 AB118
<ul style="list-style-type: none">• Alameda• Amador• Contra Costa• El Dorado• Los Angeles• Placer• Riverside• Kern• San Joaquin• Santa Clara• Ventura• Sacramento• San Bernadino• San Diego• San Francisco	<ul style="list-style-type: none">• Fresno• Kings• Madera• Mariposa• Stanislaus• Sutter• Tulare• Yuba• Imperial	<ul style="list-style-type: none">• Solano• Sonoma• Yolo• Marin• Napa• San Mateo• Santa Cruz• Orange*	<ul style="list-style-type: none">• Placer• Mariposa• Sutter• Yuba

*KP currently performs WCM as a delegate to Cal Optima

DHCS and KP Memorandum of Understanding

<https://www.dhcs.ca.gov/Documents/KP-DHCS-AHCSP-MOU.pdf>

KP WCM Case Management



Multidisciplinary KP CCS WCM teams include RNs, MSWs, and Operations Specialist who support administrative functions and service coordination. Their scope includes WCM and Classic CCS.



KP CCS WCM teams are **geographically-based** within or near our KP CCS certified Medical centers



Case Management is led by KP WCM Care Coordinators who serve as the conduit between all members of the care team. These Care Coordinators have clinical pediatric expertise, are well versed in WCM guidelines, and have completed extensive pediatric complex care coordination training. Each member is assigned a KP WCM Care Coordinator as their single point of contact.

Integrated Technology

- Each Medi-Cal pediatric patient that presents within the KP system of care is reviewed for potential eligibility and referred to County CCS for CCS eligibility determination.

KP WCM Care Coordinators

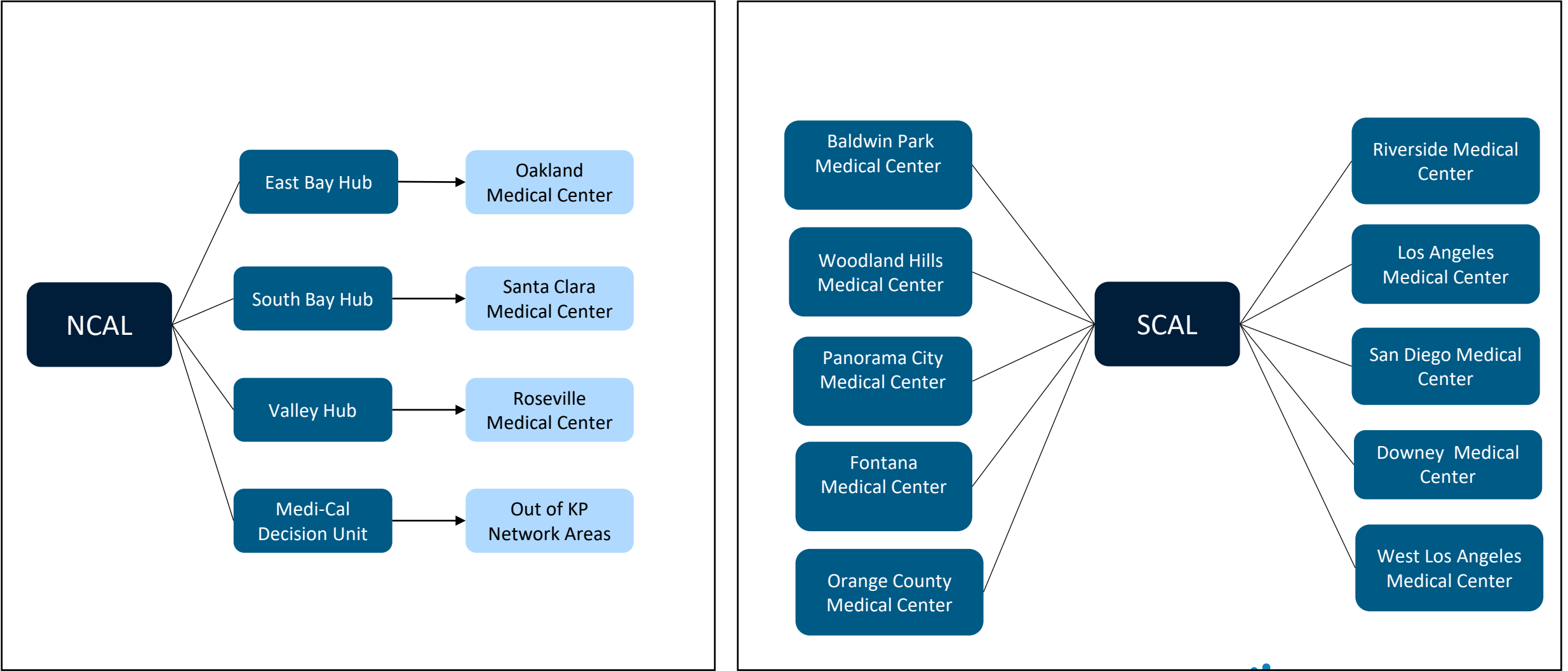
- Provide fully integrated care coordination including annual assessments and transition plans.
- Serve as the conduit between the member's primary and specialty care providers and other members of the care team.
- Engage County CCS offices for service authorization requests and initiate all covered services including DME, hearing aids, transportation, and meal support with CCS paneled providers.
- Facilitate continuity of care requests. KP will honor all open MCPs authorizations upon request.

Community Referrals

- KP WCM Care Coordinators engage the KP Outside Referrals Department to facilitate referrals for specialty services not provided by KP, or when members prefer not to cross county lines to remain within KP network to receive their specialty care.
- KP WCM Care Coordinators assess members for Enhanced Care Management and Community Support needs and make referrals to community-based partners as needed.

KP CCS Departments

KP CCS teams include RN's, MSW's, and Operations Specialist who support administrative functions and service coordination.



Member and Community Engagement | Work underway

We are pursuing a multi-pronged strategy to ensure readiness for January 1, 2024.



Work continues to organize the transition of members from their current WCM care manager to KP. KP will send member notifications at 60 and 30 days prior to go-live from KP informing them of the transition to KP and their rights to continuity of care. Automated out-bound calls will be made between 60 and 30 days prior to go-live to provide information contained in the notification letter.



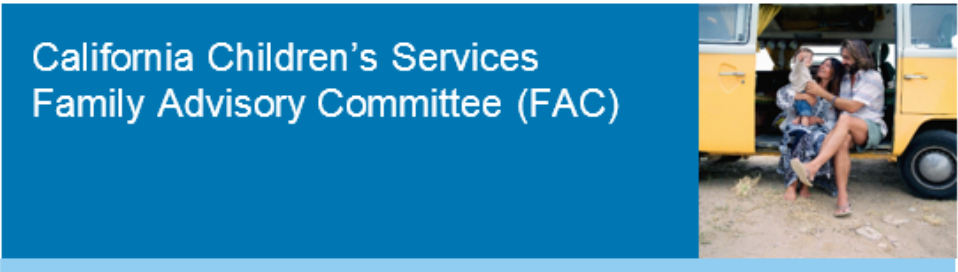
Engagement with each classic CCS and WCM county has been initiated and is ongoing. KP is engaging each WCM county to discuss and come to agreement on MOU terms.



Regional Family Advisory Committees will be launched Q1 of 2024. Recruitment efforts will begin Q4 2023.



A Clinical Advisory Committee will be established comprising KP CCS Medical Officers, County CCS Medical Directors and, paneled providers to discuss key clinical metrics beginning in Q1 2024.



Kaiser Permanente invites current or former CCS patients and family members to join the California Children's Services Family Advisory Committee starting in 2024!

The California Children's Services Family Advisory Committee (FAC) is a committee that connects CCS patients and their family members with doctors, staff, and family resource centers.

Our goal is to provide a safe space to share with us the things that are working well, the things that are not working so well, and the things we can do to improve the CCS-member healthcare experience!

- Are you a parent/guardian of a Kaiser CCS-eligible child?
- Do you have suggestions to improve families' experience with their healthcare?
- Do you want to make a difference in your community?
- Can you commit to 1 hour of your time every 3 months?
- Meetings held virtually and may be in person upon the group's interest.

If YES – We want to hear from you!



Please use your phone to scan the QR code below or go to (placeholder) to apply today! It takes only a minute to fill out and a staff member will call you soon with more information!

For additional information please call 866-842-2574 or e-mail medi-cal.authorizationteam@kp.org.



Questions



Whole Child Model Readiness: County Perspective

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Partnership Health Plan of California Counties

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Kaiser Implementation of WCM

Lael Lambert – Marin

Cheryl Losado – Napa

Hannah Crowl – Solano

Gina Pasquinelli – Sonoma

Jaime Ordonez – Yolo

WCM Counties With PHC

Jan 1, 2024 AB 2724 KP MCP WCM Implementation

7 Independent Counties

- Humboldt - Meredith Wolfe*
- Marin^C Lael Lambert*
- Mendocino Sharon Convery*
- Napa^C Cheryl Losado*
- Solano^C Hannah Crawl
- Sonoma Gina Pasquinelli*
- Yolo^C Jamie Ordonez*

7 Dependent Counties

- Del Norte Norma Williams*
- Lake Elizabeth Saldana
- Lassen Shonda Smith*
- Modoc Lorna Boland*
- Shasta Caryl Greenwood
- Siskiyou Jennifer Hathaway
- Trinity Carlene Bramlett

➤ C = Carve-in-County

➤ Blue Highlight – Counties implementing KP MCP WCM Jan 2024

➤ * = County representatives who have been meeting since 2018

Carved-In Counties Meeting Minutes

2/18/17 @ 12:30- 4 PM

» Meeting Purpose:

1. To support the smooth transition CCS case management with the implementation of SB 586.
2. Identify areas that may be problematic and suggest options to effectively implement the Whole Child implementation in COHS Counties

» Assumptions

- The Whole child is moving forward
- Timing may not be specific and may be different for CHOS counties
- Goal:
 - CCS Kids receive the right care at the right time from the right provider
 - CCS program standards are maintained
 - Treatment decisions should be based on CCS Guidelines, and if such guidelines do not exist, should be based on clinical practice guidelines or protocols of the relevant pediatric specialty society – evidence C
 - Kids identified as CCS are really sick and require comprehensive care coordination (case management).

Status of KP implementation in Marin, Napa, Solano, Sonoma and Yolo.

Current Status

- » Counties have a long relationship with KP
 - as a Provider of Services.
 - Medical Therapy Clinics with KP MDs.
- » DHCS, KP and Counties have met 3 times since July 2023
- » KP and Counties have met 3 times since Jan 2023
 - Identified that we know what we know.
 - We don't know what we don't know
 - Are developing a timeline to review MOU understandings
- » Have agreed to meet in 2 weeks for 2 hours.
- » Received draft WCM MOU Sept 7, 2023.

Status of KP implementation in Marin, Napa, Solano, Sonoma and Yolo.

What needs to be accomplished

- » Agreement on definitions, policies and roles/responsibilities
- » WCM MOU
 - Eligibility and enrollment
 - Case Management
 - Continuity of care
 - Data sharing - Confidential platform to share information
- » Establishing Advisory Meetings
 - Clinical Advisory Co
 - Parent Advisors Co
 - Individual Co with KP

Challenges and Opportunities

Challenges

- » Kaiser Implementation as MCP with Whole Child Model is Jan 1, 2024.
- » Limited common understanding and language.
- » The administrative workload for Counties as related to contracting with 2 WCM MCPs.

Opportunities

- » Counties have experience in WCM and have worked together on WCM Implementation
- » Lessons learned from WCM implementation in 2019 can be applied with Kaiser.
- » Kaiser has a long history and experience in health care and strong network of providers.

Summary

- » Kids remain the focus - CCS Clients have access to the right provider, for the right services at the right place
- » Communication is key
- » There is still a lot to do
- » We remain prudent stewards of public funds
- » Counties have limited staffing – Work double with implementation of WCM in 2 MCPs.

San Mateo County

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CCS Advisory Committee Meeting

October 11, 2023

Anand Chabra, MD, MPH
Family Health/CCS Medical Director



**SAN MATEO
COUNTY HEALTH**
All together better.



ESTABLISHED RELATIONSHIP

- ▶ Prior to 2013
 - ▶ Occasional Kaiser referrals - usually for MTU services, DME (e.g., hearing aids for a low-income child with commercial Kaiser coverage), Orthodontia, Special Care Center services (outside the Kaiser system)
 - ▶ Medical Therapy Conference with Kaiser physiatrist at MTU site for Kaiser members

ESTABLISHED RELATIONSHIP

- ▶ 2013-2018 (CCS Pilot) and 2018-Present (WCM)
 - ▶ Medical Therapy Conference with Kaiser physiatrist at MTU site for Kaiser members
 - ▶ Kaiser pediatric specialist on the CCS Clinical Advisory Committee (CCS Pilot and WCM)
 - ▶ Kaiser non-clinical representative on CCS Clinical Advisory Committee (WCM)
 - ▶ Access to the Kaiser EPIC portal for Kaiser members with Medi-Cal or a signed Release of Information

ESTABLISHED RELATIONSHIP

- ▶ 2018-Present (WCM)
 - ▶ Health Plan of San Mateo contracted with Kaiser (Primary Care Provider is with Kaiser)
 - ▶ WCM/CCS staff authorize services related to CCS condition only for these members - Kaiser is responsible for other medical conditions
 - ▶ WCM/CCS nurse supervisor reviews all authorizations to ensure they are related to CCS condition

CURRENT STATUS (2023)

- ▶ About 200 Kaiser members in CCS (between 10 and 13% of total CCS population in San Mateo County)
- ▶ Access to the Kaiser EPIC portal for Kaiser members with Medi-Cal or a signed Release of Information
- ▶ Quarterly meeting between CCS staff and Kaiser representatives
- ▶ Reiteration of CCS criteria for medical eligibility
 - Child needs to see a CCS paneled provider
 - CCS paneled provider must evaluate the child in-person, not only supervise the PA/NP who sees the child
 - Child must see a pediatric specialist, not only a CCS paneled primary care provider

MOVING FORWARD (2024 -)

- ▶ For most Kaiser Medi-Cal members, case management and authorizations will become Kaiser's responsibility
- ▶ Kaiser will be responsible for both CCS-eligible and non-CCS-eligible conditions - county will conduct medical eligibility determinations
- ▶ Access to the Kaiser EPIC portal for Kaiser members with Medi-Cal or a signed Release of Information
- ▶ Continue quarterly check-ins to address problems and ensure good communication
- ▶ Medical Therapy Conference with Kaiser physiatrist at MTU site for Kaiser members

QUESTIONS

- ▶ How will Kaiser organize case management for its CCS members?
- ▶ Will all Kaiser members with primary Medi-Cal coverage be automatically enrolled in the Kaiser WCM?
- ▶ Where do children with primary Kaiser commercial coverage and secondary Medi-Cal coverage fit in this framework?

THANK YOU!

QUESTIONS?

Discussion

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Agenda

Welcome and Housekeeping	1:00 – 1:05
Director Remarks and July Meeting Recap	1:05 – 1:15
Policy Initiatives	1:15 – 1:45
Whole Child Model (WCM) Readiness: DHCS Updates	1:45 – 2:15
Break	2:15 – 2:30
Enhanced Care Management	2:30 – 3:00
WCM Readiness: Kaiser Update and County Perspective	3:00 – 3:50
Public Comment	3:50 – 3:55
Wrap-up and Next Meeting	3:55 – 4:00

Public Comment

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Thank you
Next Meeting: January 10, 2024

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