

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	July 2024 Meeting recap
1:20 – 2:25	Whole Child Model (WCM) Updates
2:25 – 2:35	Break
2:35 – 2:55	WCM Updates (continued)
2:55 – 3:25	Policy Initiatives
3:25 – 3:35	Program
3:35 – 3:55	Public Comment
3:55 – 4:00	Wrap-up, next steps and thank you

Housekeeping & Webex Logistics:

Dos & Don'ts of Webex

- » Participants joining by computer and phone - link/meeting info available on the **California Children's Services (CCS) Advisory Group website**.
- » All meeting participants are automatically muted upon entry.
- » CCS Advisory Group members: 'Raise Your Hand' or use the Chat box to submit questions.
- » Online attendees: Use the Chat box to submit comments/questions or 'Raise Your Hand' during the public comment period.
- » Call-In attendees: During the public comment you will be able to 'Raise Your Hand' and unmute your phone line for questions.
- » Live Closed Captioning will be available during the meeting.

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

Advisory Group Members

Whitney Clark | *Sutter Health*
Lianna Chen | *Health Plan of San Mateo*
Michael Harris | *CenCal Health*
Michael Hunn | *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 CA*
Mona Patel | *Children's Hospital LA 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*
Kristen Rogers | *CalOptima*
Lael Lambert | *Marin County CCS*
Ann Kinkor | *Epilepsy California*
Erin Kelly | *Children's Specialty Care Coalition*
Susan Skotzke | *Central CA Alliance for Health (parent)*
Janis Connallon | *Family Voices*
Miriam Parsa, MD | *Cottage Children's Medical Center*
Michelle Gibbons | *County Health Executives Assoc. of CA*
Michelle Schenck-Soto | *Imperial County CCS*
Katrina Whitaker | *Sutter County CCS*
Dr. Dianna Myers | *Central CA Alliance for Health*

Director Remarks

Director Remarks

- » Whole Child Model Expansion
- » Childhood Lead Poisoning presentation from Blue Shield
- » Cortney Maslyn leaving DHCS
- » Agenda Overview

July Meeting Recap

- » Whole Child Model (WCM) Expansion
- » Enhanced Care Management
- » Policy Initiatives

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Whole Child Model (WCM)

2024 Kaiser Transition Monitoring

2024 Kaiser WCM Monitoring Overview

Kaiser demonstrated operational readiness for the 2024 WCM Transition through submission of 29 deliverables for DHCS's review and approval

- » Kaiser has completed outreach to 100% of Out of Network (OON) providers.
- » Kaiser's continuity of care (CoC) agreement percentage is in line with the statewide percentage for the 2024 Medi-Cal Managed Care Plan (MCP) Transition.
 - » 64% of CoC agreements have been secured with OON providers.
 - » 36% of providers were non-responsive or declined to enter into an agreement.
 - » DHCS validated this reporting by calling providers directly
- » The WCM Dashboard details the criteria that all WCM MCPs are evaluated on in Long-Term Monitoring.
 - » Kaiser has begun providing Long-Term Monitoring data and will be evaluated using the same criteria
- » Kaiser has demonstrated that they are referring Members to County CCS Programs, assigning case managers to all Members, and completing assessments and care plans.

Kaiser WCM Provider Network

DHCS assessed Kaiser's complete network capacity and determined Kaiser had an adequate paneled provider network to serve the WCM population. This included an assessment of their existing network.

- » Kaiser has a robust network including all required facility types, specialties, and sub-specialties
- » Kaiser has strong overlap with CCS-WCM providers providing services to WCM Members pre-transition
 - » 100% for paneled providers
 - » 92% for Special Care Centers (SCCs)
 - » 79% for professional, allied, and medical support providers
 - » 63% for Licensed Acute Hospitals
- » Kaiser completed contracting activities through the end of June 2024 with the goal of increasing overlap.
- » Kaiser provided monthly updates to DHCS and promptly addressed any inquiries

Discussion

2025 WCM Expansion

2025 WCM Managed Care Plan and County update

Welcome Presenters

- » Central California Alliance for Health
- » Kaiser Foundation Health Plan
- » Partnership Health Plan of California
- » Placer County



Discussion

BREAK

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2025 WCM Expansion (cont'd)

WCM Program Changes Since Implementation

- » Since the launch of the WCM Program in 2018/2019, DHCS has undertaken various initiatives to enhance and clarify the policy and monitoring capabilities of the WCM Program. These initiatives encompass policies such as case management, care coordination, referrals, medical documentation, and continuity of care.
- » These policies include:
 - Updating the All Plan Letter (APL)
 - Revising the Numbered Letter (NL)
 - Modifying the Medi-Cal Managed Care Plan (MCP) Contract
 - Amending the WCM Memorandum of Understanding (MOU)
 - Implemented CalAIM and Enhanced Care Management
 - Implemented the CCS Quality Metrics Workgroup
- » Stakeholder feedback was sought on all initiatives.

2025 WCM Expansion Plans and Counties

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

2025 Operational Readiness

In addition to monitoring MCP reported data, DHCS will utilize Operational Readiness (OR) deliverables to evaluate health plan readiness and to determine health plan contractual compliance.

- » DHCS proactively met with all transitioning MCPs to discuss expectations for the 2025 WCM Expansion.
- » OR deliverables evaluate numerous important components for the WCM population such as:
 - » CoC;
 - » Network Readiness; and
 - » Transition Planning.
- » All key deliverables have been approved.
- » The only outstanding deliverables are the Memoranda of Understanding (MOU) and those dependent on the All-Plan Letter (APL) publication.

WCM Managed Care Plan Readiness

- » MCP plan readiness deliverables were released to the counties in March and the MCP readiness review process launched in the 2nd quarter of 2024.
- » Deliverable due dates are staggered based upon timebound components and prioritization:
 - May 1 – Six deliverables
 - June 3 – Six deliverables
 - June 17 – One deliverable
 - July 15 – Six deliverables
 - August 2 – Four deliverables
 - September 30 – One deliverable
 - November 29 – One deliverable
 - TBD – Two deliverables

WCM Managed Care Plan Readiness Deliverables List

Deliverable Title	Due Date
WCM.0001 Transition Plan	06/03/24
WCM.0002 Executed WCM MOU w/Counties	11/29/24
WCM.0004A CCS Updated Readiness Provider Network	06/17/24
WCM.0004B WCM Provider Network Updated Template	09/30/24
WCM.0006 Continuity of Care P&P (Non-Transition)	06/03/24
WCM.0007 Provider Network Analysis	05/01/24
WCM.0009 Provider Network Contract Attestation	05/01/24
WCM.0010 Updated Subcontractor and Downstream Subcontractor Compliance P&P	05/01/24
WCM.0011 Updated Credentialing P&P	05/01/24
WCM.0012 Delegated Entity Assignment Attestation	05/01/24

WCM Managed Care Plan Readiness Deliverables List

Deliverable Title	Due Date
WCM.0014 ICP Development P&P	06/03/24
WCM.0015 Member Noticing	07/15/24
WCM.0016 Submit Call Scripts	08/02/24
WCM.0017 CCS Stakeholder Engagement	07/15/24
WCM.0018 Arrangement for Treatment Updated P&P	08/02/24
WCM.0019 Health Risk Assessment	08/02/24
WCM.0020 CCS Health Risk Assessment	08/02/24
WCM.0021 Maintenance and Transportation Benefits	06/03/24
WCM.0022 Individual Care Plans P&P	06/03/24
WCM.0023 Person-Centered Planning/Age-Out Plans Updated P&P	06/03/24

WCM Managed Care Plan Readiness Deliverables List (end)

Deliverable Title	Due Date
WCM.0024 Specialist/Clinic to serve as PCP	07/15/24
WCM.0025 CCS Advisory Committees	07/15/24
WCM.0026 P&P for identifying CCS-eligible Conditions	05/01/24
WCM.0027 Access to WCM Member Resources	07/15/24
WCM.0028 Major Organ Transplant	07/15/24
WCM.0029 WCM APL P&P Submission	TBD
WCM.0030 Enhanced Continuity of Care P&P (Transition)	TBD

WCM Managed Care Plan Readiness

- » Six deliverables were due on July 15th:
 - WCM.0015, WCM.0017, WCM.0024, WCM.0025, WCM.0027 and WCM.0028.
 - All six deliverables have been approved for all three plans.
 - In general, all plans were able to receive approvals for these deliverables with their initial submission or after a resubmission once guidance was provided.

WCM Managed Care Plan Readiness

- » Four deliverables were due on August 2nd:
 - WCM.0016, WCM.0018, WCM.0019, and WCM.0020.
 - All four deliverables have been approved for all three plans.
 - In general, all plans were able to receive approvals for these deliverables with their initial submission or after a resubmission once guidance was provided.

WCM Managed Care Plan Readiness

- » One deliverable will be due on September 30th:
 - WCM.0004B
- » Two deliverables will be due 60-day after the All Plan Letter is published:
 - WCM.0029 and WCM.0030

WCM Managed Care Plan Readiness

- » Across all plans, as of September 1st:
 - 81 total deliverables
 - 69 deliverables submitted
 - 69 deliverables have been approved
 - 12 deliverables pending submission
- » Overall health of Managed Care Plan Readiness is on-track

2025 WCM Network Overview

Expansion MCPs are required to submit their Provider Network to DHCS for review and approval

- » DHCS received an initial network submission from the MCPs in June 2024
 - » DHCS has approved the initial MCP Network Template submissions
- » MCPs submitted their final network template submissions on 09/30/24
 - » DHCS is currently reviewing these submissions
- » DHCS is assessing network readiness for Licensed Acute Hospitals, SCCs, paneled providers, specialties/sub-specialties, and durable medical equipment
 - » This submission required MCPs to outreach and execute contracts to demonstrate a 90% overlap across providers and facilities.

2025 WCM Monitoring Approach

DHCS is utilizing a multi-pronged approach to enable oversight and ensure compliance with WCM Transition policies.

Domain	Activities	Status
MCP Responses	<p>Kaiser is required to submit monitoring data via an Excel spreadsheet across three domains:</p> <ul style="list-style-type: none">• CoC for all transitioning WCM Members• Care Coordination• Member Issues	Upcoming and Ongoing <i>Pre and Post Transition monitoring begins November 2024</i>
Stakeholder Feedback	<ul style="list-style-type: none">• DHCS is monitoring existing DHCS inboxes and discussions at DHCS forums (e.g. WCM Coordination meeting)	Upcoming and Ongoing <i>Pre and Post Transition monitoring</i>
Provider Network	<ul style="list-style-type: none">• DHCS continues to monitor MCPs' progress maximizing overlap with providers that are already serving the WCM population today	Ongoing <i>Pre and Post Transition monitoring</i>

MCP PTM Responses Timeline

The goal of MCP PTM Responses is to ensure MCPs are taking appropriate actions to carry out their transition obligations and identify disruptions to Member care for potential oversight actions.

- MCPs will begin reporting on Pre-Transition Monitoring in November 2024
- MCPs will begin reporting on Post-Transition Monitoring in January 2025
- MCPs will transition into standard Long Term Monitoring beginning in July 2025

Dates	Frequency
<i>Pre-Transition Monitoring (2024)</i>	
November 1 – December 31	Bi-Weekly
<i>Post-Transition Monitoring (2025)</i>	
January 1 – February 28	Bi-Weekly
March 1 – June 30	Monthly
<i>Long Term Monitoring (2025)</i>	
July 1 – December 31	Quarterly

**DHCS reserves the right to modify the frequency based on the ongoing status of the implementation.*

WCM APL Update

- » The WCM APL was released for stakeholder feedback on September 3rd.
- » Feedback was due by close of business on September 17th.
- » DHCS received 90 comments and is currently reviewing feedback.
- » DHCS included a crosswalk to reference what changes were made in the APL to aid in review. Changes to the APL included:
 - » Case Management and core activities;
 - » CoC; and
 - » Additional changes aimed to enhance clarity and monitoring capabilities for the WCM Program.
- » DHCS anticipates publishing the WCM APL by the end of the year.

Family Advisory Committee Update



Advisory Committee Recruitment

- » DHCS issued a survey on August 2, 2024, in an effort to gather creative ideas related to improving the recruitment process of Family/Clinical Advisory Committee.
- » DHCS plans to raise some of the feedback gathered from the survey at a future DHCS-hosted WCM/MCP County Meeting

Scope of Survey



Who we've outreached:

- CCS Advisory Group Members
- Local Health Departments
- County Health Executives Association of California



What we've captured:

- What has been successful?
- What has been unsuccessful?
- Any recommendations for improvement?

Summary of Findings

Successful Recruitment Aspects

- » MCP websites generally seem to contain helpful public resources/information pointing to the Advisory Committee
- » Direct recruitment via word of mouth and verbally asking members that may have a potential interest in serving on an Advisory Committee
- » Medical Therapy Units have Advisory Committee information on posters in their waiting rooms

Unsuccessful Recruitment Aspects

- » Email blasts/newsletter recruitment do not appear to be effective
- » **Need more** variations of incentives for families to commit to attending/participating
- » Difficulty with achieving high representation/participation from parents on the Family Advisory Committee

Summary of Findings (cont.)

Recruitment Recommendations

- » Utilizing the plans, collaborate with case managers, community outreach specialists, etc., to target representatives from all areas of the state (i.e. rural, urban, northern California, southern California, **etc.**)
- » Participate in community events at schools, universities, hospitals, etc.
- » Spread awareness/recruitment through MCP outreach, SCC's, regional centers, Family Voices, utilizing online organizational webpages. Improve follow-up efforts with individuals that express interest in joining

Participation Recommendations

- » Hold meetings at times when families can attend (outside of work hours, i.e. evenings/weekends) and including virtual options
- » Provide participation incentive during meetings
- » Meetings need to be structured in a way that is attractive and purposeful to families. This can be done by gauging what families would want in an Advisory Committee

Next Steps

- » DHCS released Medi-Cal Member Advisory Committee (MMAC) [resource](#) to MCPs. Contains the following:
 - Landscape assessment/stakeholder interview findings
 - Lessons/recommendations to successfully build an advisory committee
 - MMAC resource will be included as a footnote to the WCM APL
- » Plan to have MCPs/Counties collectively share best practices for recruitment at the next WCM Coordination meeting

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Policy Initiatives

Blue Shield of California Promise Health Plan Child Health & Disability Prevention (CHDP) Program Transition

Jesse Brennan-Cooke, Director Clinical Access Programs

Ysobel Owen, Director, Population Health Management Children's Services



September 2024

Agenda

1. CHDP Transition
2. CHDP Medi-Cal Managed Care Health Plans (MCP) Responsibilities
3. MCP Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) / Medi-Cal Kids & Teens program
4. MCP Oversight, Monitoring and Training of Primary Care Providers (PCP)
5. Childhood Lead Poisoning Prevention (CLPP) program

CHDP Transition

- » The CHDP Transition simplifies and streamlines the delivery of services to children and youth under the age of 21, in alignment with the goals of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. CalAIM increases standardization of care across Medi-Cal by consolidating care responsibilities for children and youth under Medi-Cal Managed Care Health Plans (MCPs).

CHDP Transition (continued)

» **Effective 7/1/2024 the following responsibilities transitioned to MCPs :**

- Delivery of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) / Medi-Cal Kids & Teens services to Medi-Cal members under the age of 21 that formerly received services from CHDP providers.
- Training, monitoring and oversight of all Medi-Cal PCP offices in the following:
 - Audiometric screening - hearing screening tests to detect hearing loss
 - Vision screening – vision screening tests to detect vision problems
 - Anthropometric measurements – gathering patient information including age, height, weight, calculating Body Mass Index (BMI) percentile, etc.
 - Dental screening and fluoride varnish application - dental check-up and fluoride varnish application
- Childhood Lead Poisoning Prevention (CLPP) program – Tracking lead results and identifying patients with lead levels > 3.5 ug/dL and following up with patients with high lead levels to follow up on proper treatment management

Opportunities

- Discovered opportunities to improve content, distribution, and completion of Primary Care Provider (PCP) provider trainings regarding the required CHDP anthropometric measurements, including obtaining Body Mass Index (BMI) percentile; audiometric screening; vision screening; and dental screening and fluoride varnish application.
- Counties had a wide variety of provider training materials with no consistent review/revision process
- No oversight or tracking of all CHDP providers compliance with completion of provider training
- BSCPHP opportunity with California Statewide FSR Collaborative to improve content, delivery, oversight and tracking of the training of all PCPs

Improvements

- » Designing new training materials based on accepted guidelines
- » Suggest annual review of training materials to make updates if there are any changes to guidelines
- » Made all provider training available via free online learning courses
- » Developing centralized MCP tracking of all provider trainings to prevent provider abrasion and need to repeat similar trainings for different MCPs

Childhood Lead Poisoning Prevention Program

- **Blood lead screening tests may be conducted using either the capillary (finger stick) or venous blood sampling methods. Lead filter paper tests should not be used.**
 - All confirmatory and follow-up blood lead level testing must be performed using blood samples taken through the venous blood sampling method.
- **Network providers are required to provide oral or written anticipatory guidance to the parent/guardian(s) of a child member that, at minimum, includes information that children can be harmed by exposure to lead.**
 - The anticipatory guidance must be provided to the parent/guardian(s) of a child member at each PHA, starting at 6 months of age and continuing until 72 months of age.
- **Blue Shield Promise will ensure network providers order and/or perform blood lead screening tests on all child members in accordance with the following:**
 - At 12 months and at 24 months of age.
 - When the network provider performing a PHA becomes aware that a child member who is 12 to 24 months of age has no documented evidence of a blood lead screening test taken at 12 months of age or thereafter.
 - When the network provider performing a PHA becomes aware that a child member who is 24 to 72 months of age has no documented evidence of a blood lead screening test taken.
 - At any time, a change in circumstances has, in the professional judgment of the network provider, put the child member at risk.
 - If requested by the parent or guardian.

Schedule for Follow-Up Blood Lead Testing

Venous blood lead levels (µg/dL)	Early follow up testing (2–4 tests after initial test above specific venous BLLs)	Later follow up testing after BLL declining
≥3.5–9	3 months*	6–9 months
10–19	1–3 months*	3–6 months
20–44	2 weeks–1 month	1–3 months
≥45	As soon as possible	As soon as possible

Recommended Actions Based on Blood Lead Levels | Lead | CDC

Childhood Lead Poisoning Prevention Program Referral Program

- For members under 21 years old (Medi-Cal for Kids and Teens), Children with Special Healthcare Needs and/or enrolled to CCS, EIES-DDS Programs, Blue Shield Promise provides the following support:
- Ensures members eligible for a program listed above, are included and fully addressed in our population health management strategy and basic population health management services.
- Collaborates with program providers to help determine medically necessary diagnostic, preventive services, treatment, and treatment plans for Blue Shield Promise members. Provides case management and care coordination accordingly.
- Identifies individuals who may need or who are receiving services from out-of-plan providers and/or programs to ensure coordinated service delivery and efficient and effective joint case management for services.
- Refers members with CCS-eligible conditions to the County CCS and developmental disabilities to a Regional Center for evaluation and for access to non-medical services provided through the County CCS and Regional Centers such as but not limited to, respite, out-of-home placement, and supportive living.
- Assures that contracted providers continue to provide all medically necessary covered services to a Blue Shield Promise member until CCS or Early Start/DDS-eligibility is confirmed.

Population Health Management Referral Form

- To refer a member, complete the [Population Health Management Referral Form](#).
 - See fax number on the form for where to submit.
 - This form is available from the Blue Shield Promise provider website > Our programs > [Population health management programs](#)
- Questions?
Contact Blue Shield Promise Children's Services Team at MCSPHMChildrensLeaders@blueshieldca.com



Promise Health Plan



Population Health Management Referral Form

Member Information	
Date of referral:	Member ID:
Member first name:	Member last name:
Date of birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	City: ZIP code:
Member phone number:	Preferred spoken language:
Type of Case Management services needed (check <u>one</u>)	
<input type="checkbox"/> Disease management	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Congestive Heart Failure (CHF)
<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Depression
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Complex Case Management	
<input type="checkbox"/> Maternity Case Management	
<input type="checkbox"/> Children with Special Health Care Needs (CSHCN)	
<input type="checkbox"/> California Children's Services (CCS)	
<input type="checkbox"/> Early Start-Early Intervention, Developmental Disability Services (EIES-DDS)	
<input type="checkbox"/> Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)	
Reason for case management services (check <u>all</u> that apply)	
<input type="checkbox"/> Difficulty controlling symptoms	<input type="checkbox"/> Medication or treatment non-compliance
<input type="checkbox"/> Assistance with self-management	<input type="checkbox"/> Poly-pharmacy
<input type="checkbox"/> Assistance with care coordination	<input type="checkbox"/> Poorly controlled chronic conditions
<input type="checkbox"/> Multiple hospital admissions and ER visits	<input type="checkbox"/> Caregiver or social issues
Diagnosis:	
Additional information:	
Referral source information	
Physician name:	<input type="checkbox"/> Primary care provider <input type="checkbox"/> Specialist
Phone number:	IPA:

Fax form with pertinent medical records and information to:

Los Angeles County: (323) 889-6575

San Diego County: (619) 219-3302

Questions?

Thank you!



Policy Initiatives (cont'd)

CCS Compliance, Monitoring, and Oversight Program Overview

CCS Compliance, Monitoring, and Oversight Program

- » CCS Compliance, Monitoring, and Oversight program promotes, accessibility, transparency, monitoring, and statewide oversight of the CCS program statewide and includes:
1. Grievances, Appeals, and State Hearing (SH)
 2. Training
 3. Monitoring and Oversight
 - a) Including compliance activities monitored through Quarterly and Annual Reports and Surveys
 4. Enforcement and Corrective Action

W&I Code, article 5.51, section 14184.600 (b)



CCS Grievance Process

- » CCS grievance process was implemented on July 1, 2024
- » To date, DHCS has not received any grievances
- » DHCS is in the process of reviewing county CCS program's grievance policies and procedures, and providing technical assistance and/or approval
- » The CCS Grievance, Appeal, and State Hearing Factsheets were revised and reposted on the CCS Compliance, Monitoring and Oversight Program webpage on July 29, 2024
 - Dependent and Independent county factsheets, English and Spanish
 - All counties must include their contact information within the factsheets
 - County CCS programs must post the factsheets with county contact information on their respective county CCS webpage and in your county CCS office.
 - DHCS recommends county CCS programs provide a copy of the factsheet to CCS beneficiaries when their program eligibility is determined and when sending out Notice of Actions

County Responsibilities for Grievances

Independent Counties

- » Intakes grievances
- » Acknowledges grievances
- » Resolves grievances
- » DHCS will support counties during the transition period of July 1, 2024, to July 1, 2025, if needed

Dependent Counties

- » DHCS intakes and acknowledges grievances
 - DHCS will send grievances to responsible county for issues under their purview
- » Responsible entity resolves grievances
- » County intake and acknowledge grievances

Timeline

CCS Monitoring and Oversight Milestones Completed

2022-2023

- » DHCS facilitated 12 CCS Monitoring and Oversight Workgroup meetings:
 - Framework, program plan, and compliance activities
 - Developed the CCS grievance process, training guidelines, reporting requirements, and templates
 - *CCS Monitoring and Oversight MOU* and DHCS and county roles and responsibilities
- » Developed the CCS Training and the CCS Compliance, Monitoring and Oversight webpages

2024 Q1 – Q2

- » Counties submitted grievance policy and procedures
 - DHCS provided technical assistance and/or approval
- » DHCS released to counties:
 - CCS onboarding training
 - CMIP sunseting notices
 - *CCS Monitoring and Oversight MOU*
 - *DHCS/County Implementation Workplan*

2024 Q3

- » Implementation of CCS grievance process
- » County CCS monitoring and oversight funding available

CCS Compliance, Monitoring, and Oversight Program MOU Progress



- » Stakeholder Process and MOU Development – 2022/2023
- » Public Comment for MOU - 9/2023
- » DHCS Finalizes MOU Based on Public Comment - 6/2024
- » DHCS Sends MOU to Counties – 6/2024
- » County MOU Approval Process 6/2024-6/30/2025
- » Counties Sign and Return MOU 6/2024-6/30/2025
- » **MOU Effective Date - 7/1/2025**
- » DHCS Initiates Monitoring Protocols - 7/1/2025

Next Steps

- » In advance of the CCS Monitoring and Oversight Program implementation on July 1, 2025, DHCS will:
 - Continue to support counties in implementing their grievance process
 - Publish additional trainings on the CCS training webpage
 - Publish Technical Assistance Guides
 - Release the updated CCS Program Administrative Case Management Manual
 - Sunset CMIP
 - Offer counties support and technical assistance on new reporting requirements, including holding office hours

Discussion

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

Authorizing Statute

Assembly Bill 118 and 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 Whole Child Model (WCM) counties and non-WCM 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 non-WCM 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 Whole Child Model 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.

For WCM MCPs results from the measures identified in this process may inform quality improvement efforts.

Measure Development Progress

- » In alignment with the authorizing statute, and in collaboration with the CCS Redesign Performance Measure Quality Subcommittee ("Subcommittee"), DHCS is identifying, selecting, and developing CCS-appropriate performance measures to be included in a publicly available dashboard
- » The initial iteration of this dashboard will be published no later than January 1, 2025, and will contain presently available demographic data (detailed on the following slide)

Measure Development Progress: Demographic Data

- » For January 1, 2025, implementation the following demographic data dashboard will include the following demographic dimensions, which have been vetted by DHCS for data availability and discussed with the Subcommittee:

Selected Demographic Dimensions	
Delivery System	County
Age	Healthy Places Index
Race	Population Density
Ethnicity	Plan
Sex	CCS
Primary Spoken Language	Year/Month
Foster Care/Child Welfare	Independent/Dependent County (new)
Eligibility Group	

* Note: The CCS dashboard(s) created as a result of this Subcommittee effort are iterative. The name of the dashboard as well as included dimensions and subdimensions are at DHCS' discretion and are subject to change.

Measure Development Progress

- » DHCS is currently working to develop the technical specifications for the following measures to ensure data collection can begin in Measurement Year (MY) 2025 to allow for publication of the dashboard in 2027:
- CCS Paneled Provider Utilization
 - Ambulatory Care – Emergency Department (ED) Visits
 - Inpatient (IP) Admissions
 - Pediatric All-Condition Readmission
 - CCS beneficiaries with select conditions who have a documented visit with a SCC within 90-days of referral*
 - CCS Beneficiaries with Hearing Related Condition

*This measurement area aligns with the authorizing statute, which requires DHCS to collect data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit.

Summary of Measurement Development Timeline

» January 1, 2025

- Implementation begins January 1, 2025
- January 1 Dashboard will include existing *demographic data* based on MY 2024

» 2026

- Depending on data availability, MCPs and CCS programs submit MY 2025 data to DHCS
- When possible DHCS will pull the data

» 2027

- Data and reporting is published to dashboard on DHCS website for MY 2025

» 2028

- Considerations for benchmarking begins

Next Steps

- » The next Subcommittee meeting is scheduled for October 28, 2024, the following topics will be discussed:
 - Demographic Data Dashboard
 - Measure Approach and Specifications

Discussion

Agenda

1:00 – 1:10	Welcome and Housekeeping
1:10 – 1:15	Director Remarks
1:15 – 1:20	July 2024 Meeting recap
1:20 – 2:25	Whole Child Model (WCM) Updates
2:25 – 2:35	Break
2:35 – 2:55	WCM Updates (continued)
2:55 – 3:25	Policy Initiatives
3:25 – 3:35	Program
3:35 – 3:55	Public Comment
3:55 – 4:00	Wrap-up, next steps and thank you

Program Update

CCS Guidance Documents

Policy Document	Status	Next Steps
Kawasaki NL	Released August 2024	N/A
Fractures and Soft-Tissue Joint Injuries NL	Executive Review	Release policy
Medical Therapy Program Medical Eligibility NL	Executive Review	Release policy
Whole Child Model NL	Under revisions	Release policy
Intercounty Transfer NL	Under revisions	Public comment
Early Periodic Screening, Diagnostic and Treatment (EPSDT) Services for Private Duty Nursing (PDN) NL	Under revisions	Submit for DHCS internal review
EPSDT PDN - Case Management NL	Under DHCS internal review	Public comment

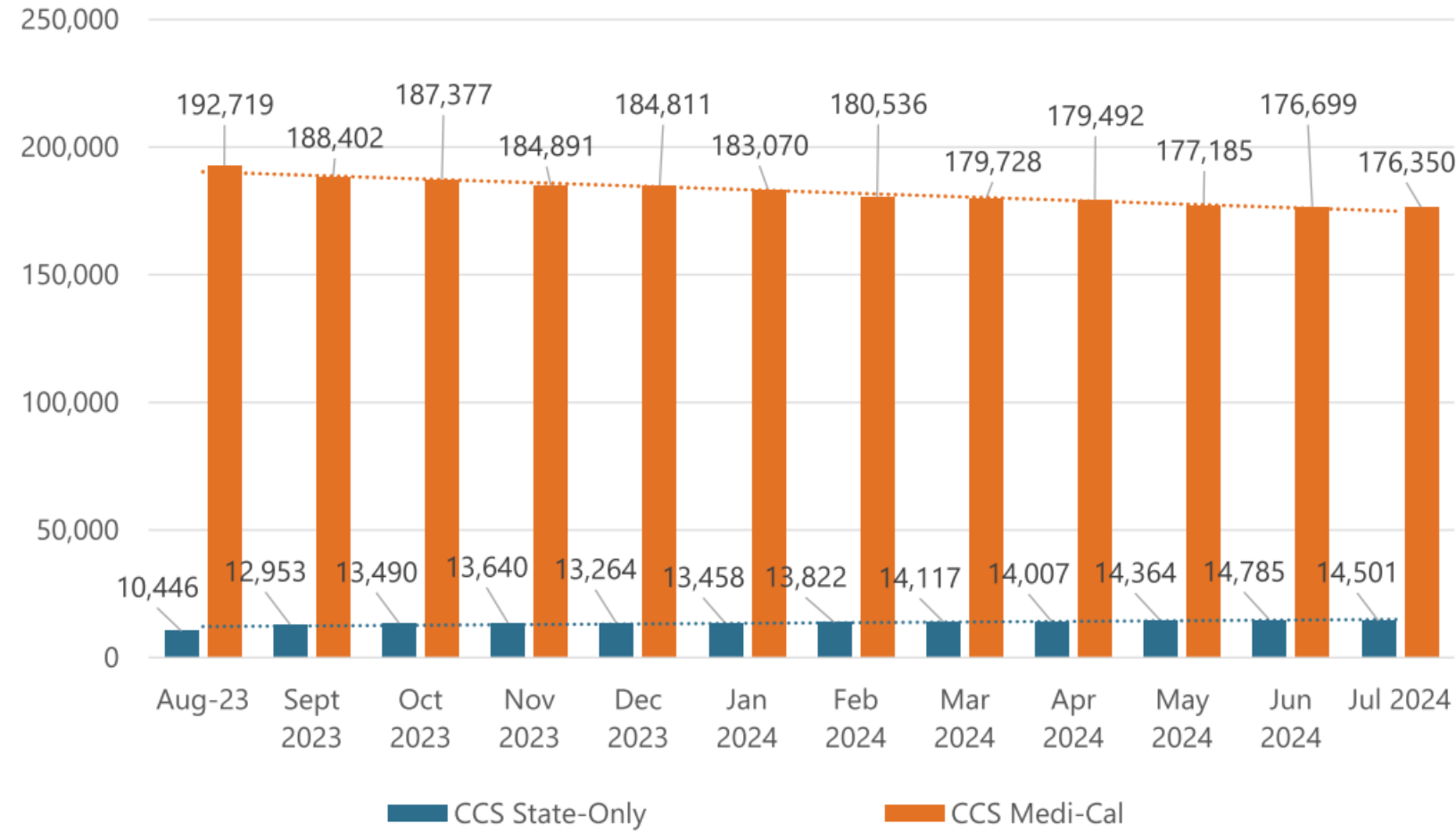
CCS Enrollment

- » CCS Enrollment Data, includes a break down of county enrollment by CCS state-only and CCS Medi-Cal/Optional Targeted Low Income Children's Program.
- » Enrollment data from August 2023 through March 2024 has been revised and posted to the CCS webpage as of August 2024.

CCS Monthly Enrollment Trend

California Children's Services (CCS) enrollment trends August 2023 to July 2024.

Totals include CCS classic and Whole Child Model counties.



Public Comment

Thank You
Next Meeting: January 8, 2025