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

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

February 29, 2024

Agenda

Welcome and Meeting Information	9:00-9:10
Roll Call	9:10-9:15
Background and Authorizing Statute	9:15-9:20
November Meeting Summary and Department of Health Care Services (DHCS) Decision Points	9:20-9:30
Review of Key Concepts: Domains and Principles for Measure Recommendations	9:30-9:50
Tier 1 Approach and Measure Recommendation Process	9:50-10:05
Break	10:05-10:15
Tier 1 Measure Review and Subcommittee Vote	10:15-12:15
Policy Updates	12:15-12:25
Tier 2 Approach and Next Steps	12:25-12:40
Public Comment	12:40-12:50
Next Steps	12:50-1:00

Housekeeping & Webex Logistics

Do's & Don'ts of Webex

- Participants are joining by computer and phone
  - For assistance with the WebEx invite, email CCSProgram@dhcs.ca.gov with the Subject Line: "CCS Redesign Performance Measure Quality Subcommittee"
- Everyone has been automatically muted upon entry
- CCS Redesign Performance Measure Quality Subcommittee members: 'Raise Your Hand' or use the Q&A box to submit questions
- Other participants: Use the Q&A box to submit comments/questions or 'Raise Your Hand' during the public comment period
- To use the "Raise Your Hand" function click on participants in the lower right corner of your chat box and select the raise hand icon
- Live closed captioning will be available during the meeting

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

Workgroup Meeting Logistics

- The CCS Redesign Performance Measure Quality Subcommittee will meet on a quarterly basis
- Between meetings Subcommittee members will receive pre-work to inform the subsequent meeting's discussion

CCS Redesign Performance Measure Quality Subcommittee*	
Year	**Meeting Date**
2024	Thursday, February 29 at 9-1 PT
2024	Thursday, May 30 at 9-1 PT
2024	Thursday, July 25 at 9-1 PT
2024	Wednesday, November 20 at 9-1 PT

* Meeting days, times, and activities are subject to change

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Workgroup Members

1. **Dr. Anand Chabra,** Medical Director, CCS and Family Health Services, San Mateo County Health
2. **Ann-Louise Kuhns,** President and CEO, California Children's Hospital Association
3. **Dr. Carlos Lerner,** President, California Children's Specialty Care Coalition and Vice Chair for Clinical Affairs, UCLA Dept of Pediatrics
4. **Carrie McKiddie,** Assistant Manager, Alpha Family Resource Center of Santa Barbara and Family Representative
5. **Dr. Chris Esguerra,** Chief Medical Officer, Health Plan of San Mateo
6. **Christine Betts,** Supervising Therapist, Monterey County CCS Therapy Program
7. **Cindy Spiva-Evans,** Family Representative
8. **Dr. Hannah Awai,** Medical Director, Sacramento County Public Health
9. **Jack Anderson,** Senior Fiscal & Policy Analyst, County Health Executives Association of California
10. **Dr. Jerry Cheng,** Chief, Department of Pediatrics, Los Angeles Medical Center; Regional PIC, Pediatric Specialties for Southern California Permanente Medical Group; Associate Professor, Kaiser Permanente School of Medicine
11. **Dr. Joanna Chin**, Medical Director, Contra Costa Health
12. **Katherine Barresi,** Senior Director Health Services, Partnership HealthPlan

Workgroup Members

12. **Kelsey Riggs,** Manager, Pediatric Complex Case Management, Central California Alliance for Health
13. **Laurie Soman,** Director, Children's Regional Integrated Service System
14. **Dr. Louis Girling,** CCS Medical Director, Alameda County Public Health Department
15. **Dr. Mary Giammona,** Medical Director, Pediatrics and CCS Support Team, Molina Healthcare
16. **Dr. Michael Weiss,** VP of Population Health, Children's Hospital of Orange County
17. **Dr. Mona Patel,** Chief Integrated Delivery Systems Officer, Children's Hospital of Los Angeles
18. **Dr. Nwando Eze,** Regional Medical Director of Neonatology, Kaiser Permanente
19. **Dr. Ramiro Zúñiga,** Vice President, Medical Director, Health Net
20. **Sabina Keller,** CCS Public Health Nurse Supervisor, El Dorado County
21. **Shelby Stockdale,** Pediatric Health Services Manager, CenCal Health,
22. **Tamica Foots-Rachal,** Project Director, Family Voices
23. **Dr. Thanh-Tam Nguyen,** Medical Director, Whole Child Model/Behavioral Health, CalOptima
24. **Dr. Thomas Shimotake,** President, California Association of Neonatologists (CAN); Medical Director, Intensive Care Nursery, Benioff Children's Hospital

DHCS Staff

Integrated Systems of Care Division (ISCD)

- **Susan Philip,** Deputy Director, Health Care Delivery Systems
- **Joseph Billingsley,** Assistant Deputy Director, Integrated Systems
- **Cortney Maslyn,** Division Chief
- **Dr. Balaji Govindaswami,** Medical Director
- **Dr. Jill Abramson,** Associate Medical Director
- **Dr. Sabrina Atoyebi,** Branch Chief, Medical Operations
- **Barbara Sasaki,** Section Chief, Medical Operations
- **Erica Grant**, Unit Chief, Medical Operations
- **Olivia Thomas,** CCS Program and Policy Analyst

DHCS Staff

Enterprise Data and Information Management (EDIM) - Data Analytics Division (DAD) and Program Data Reporting Division (PDRD)

- **Dr. Linette Scott,** Deputy Director and Chief Data Officer
- **Anne Carvalho,** DAD Division Chief
- **Dr. Eugene Stevenson,** PDRD Division Chief
- **Dr. Muree Larson-Bright,** DAD Research Scientist Manager
- **Michael Whitehead,** PDRD Research Data Supervisor II
- **Dr. Maricel Miguelino,** DAD Research Scientist Supervisor
- **Minerva Reyes,** PDRD Research Data Manager

DHCS Staff

Managed Care Quality and Monitoring Division (MCQMD)

- **Dana Durham,** Division Chief, Managed Care Quality and Monitoring
- **Amara Bahramiaref,** Branch Chief, Managed Care Policy Branch
- **Ariana Hader-Smith,** Health Program Specialist II
- **Alyssa Hedrick,** Health Program Specialist I

Quality and Population Health Management (QPHM)

- **Dr. Palav Babaria,** Chief Quality and Medical Officer and Deputy Director of QPHM
- **Dr. Pamela Riley,** Chief Health Equity Officer and Assistant Deputy Director, QPHM
- **Dr. Sural Shah**, Chief, Quality and Health Equity Evaluation and Monitoring Branch
- **Dr. Drew Bedgood,** Medical Consultant II, Quality and Health Equity Evaluation and Monitoring Branch
- **Annie Ima,** Health Program Specialist II, Quality and Health Equity Evaluation and Monitoring Branch

Sellers Dorsey Staff

- **Meredith Wurden,** Senior Strategic Advisor/Subject Matter Expert
- **Alex Kanemaru,** Associate Director/Project Manager
- **Janel Myers,** Associate Director/Quality Subject Matter Expert
- **Olivia Brown,** Senior Consultant/Project Manager
- **Marisa Luera,** Director/Subject Matter Expert

Subcommittee Discussion

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Background

- In 2018, a CCS Performance Measures Quality Subcommittee was established and convened seven times to respond to the specific needs of the CCS population throughout the state
  - 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
- Recommendations made by the 2018 CCS Performance Measures Quality Subcommittee will be considered as part of this process
- DHCS is convening the CCS Redesign Performance Measure Quality Subcommittee to identify and recommend measures for DHCS' consideration for implementation

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 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.

Source: WIC Section 14094.7 (b)

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.

Source: WIC Section 14094.7 (b)

Goals of the CCS Redesign Performance Measure Quality Subcommittee

- The goal of the CCS Redesign Performance Measure Quality Subcommittee is to advise on the identification and implementation of quality and outcome measures for the CCS and 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 tracks program performance
- 3-5 total measures should be identified and compared among both programs so external stakeholders, MCPs, and the public may access this information through the dashboard
- When possible, there should be alignment between measures selected for WCM MCPs and Classic counties

Goals of the CCS Redesign Performance Measure Quality Subcommittee (continued)

- The goal of the CCS Redesign Performance Measure Quality Subcommittee is to recommend a succinct list of measures for data collection and reporting
- The dashboard created by this effort will be utilized to improve CCS beneficiary health outcomes
- The list of measures recommended to DHCS will ultimately be leveraged to inform processes and potential needs for future initiatives from DHCS, county CCS programs, and MCPs
- The measures recommended to DHCS by this Subcommittee are separate and distinct from the CCS Compliance, Monitoring, and Oversight program

Goal of February 29, 2024, Subcommittee Meeting

- The goal of today's meeting is to establish the following:
  - Review key Subcommittee concepts for recommending measures including Principles for Measure Recommendations, Domains, the measure recommendation process, and timelines
  - Review and vote on Tier 1 measures the Subcommittee recommends to DHCS for consideration for implementation

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November Meeting Summary

During the quarterly November meeting, the Subcommittee reviewed and discussed the following topics:

- Quality measure terminology and methodologies
- Principles for measure recommendations
- Domains
- Tiered approach for measure recommendations including the roadmap starting in 2025
- Measure recommendation process

December Pre-Work

- Workgroup feedback from the November Subcommittee meeting and subsequent pre-work are incorporated in today's presentation and discussion. The pre-work was sent out on December 1 and requested Subcommittee feedback on proposed Tier 1 and 2 measures for consideration by DHCS
- In addition, based on the responses to the pre-work received by Subcommittee members, DHCS and a subset Subcommittee members met to review the proposed measures for recommendation

DHCS Decision Points

Throughout the duration of this Subcommittee, we will log areas where there was consensus and DHCS confirmed decision points. This will be shared during each quarterly meeting in the table below.

Meeting	DHCS Decision Points
August 2023	Measures selected by the Subcommittee for DHCS' consideration will focus on the CCS population rather than the larger children and youth with special health care needs (CYSHCN) population

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Domains

- Domains are conceptual groupings or categories of measures. Measures are used to assess a structure, process, or outcome pertaining to a program
- Measures may overlap domains
- Measures that fall under each domain will be provided for the Subcommittee's consideration
  - New and validated measures brought forth by Subcommittee members will also be considered throughout this process when raised by a Subcommittee member

Domains

- The following domains have been identified for the Subcommittee's consideration and based on the 2018 CCS Performance Measure Quality Subcommittee; however, domains are not limited to the following list:

1. **Access to Care** refers to the ability of having timely use of personal health services to achieve the best health outcomes
2. **Care Coordination** refers to a "function that helps ensure that the beneficiaries' needs and preferences for health services and information sharing across people, functions, and sites are met over time"*
3. **Family Participation/Satisfaction** encompasses the range of interactions that beneficiaries have with the health care system, including their CCS and WCM county programs, Medi-Cal MCP, and from doctors, nurses, and staff in hospitals, physician practices, and other health care facilities
4. **Clinical Quality of Care** refers to the degree to which health care services for individuals and populations increase the likelihood of a desired health outcome and are consistent with current professional knowledge
5. **Utilization** refers to ensuring beneficiaries receive the proper care and requires services without over or under using resources
6. **Transition to Adulthood** refers to the process of preparing adolescents and families to move from a pediatric to an adult model of care

* Care Coordination Endorsement Maintenance, NQF

Principles for Measure Recommendations

- The Principles for Measure Recommendations developed for this Subcommittee:
  - Allow Subcommittee members to have necessary guardrails needed to prioritize and recommend measures that reflect the values and goals for this effort
  - Necessary to recommend a succinct set of 3-5 measures that can be implemented in a timely manner and will enable quality of care improvement for CCS Classic and WCM beneficiaries
  - Drawn from similar efforts conducted at the state and national levels and are in accordance with the goals of this specific initiative
  - Not meant to be absolute, but to provide guidance in thinking about each measure and the balance of the entire set as a whole
  - Have been shared amongst Subcommittee members for input and feedback

Principles for Measure Recommendations

- The Principles for Measure Recommendations have been identified for the Subcommittee's consideration; however, principles are not limited to this list
- Each principle should be applied to measures reviewed and discussed as part of this Subcommittee
- There may be instances when discussing measures specific to the CCS program functions that do not apply to all Principles for Measure Recommendations

Principles for Measure Recommendations (continued)

The Principles for Measure Recommendations include:

1. **Meaningful** to the beneficiaries, their families, the state, CCS Classic, and WCM programs, and the public
2. **Improves quality and equity of care** or services for CCS Classic and WCM beneficiaries
3. **High population impact** by affecting large numbers of CCS beneficiaries or having substantial impact on smaller, special populations
4. **Known impact of poor quality** linked with severe health outcomes (morbidity, mortality) or other consequences (high resource use)
5. **Performance improvement needed** based on available data demonstrating opportunities for achievable improvement in program performance that could improve quality of care or reduce inequities in care for CCS beneficiaries

Principles for Measure Recommendations (continued)

6. **Evidence based practices available** to demonstrate that the problem is amenable to intervention and there are pathways to improvement
7. **Availability of standardized measures (including measure specifications) and data** that can be collected
8. **Alignment** with other national and state priority areas
9. **Feasibility** data source are available to appropriately calculate the measures and there is capacity at the state, MCP, and/or CCS program levels to collect the required data

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Tier 1 Approach for Measure Recommendations

- **Tier 1: Assess core CCS program functions such as CCS specialty care and are presently feasible for implementation.** During today's meeting, Subcommittee members will:
  - Review and discuss proposed Tier 1 measures
  - Narrow and vote on candidate measures for Subcommittee recommendation to DHCS

The Subcommittee's main charge is to advise DHCS on Tier 1 measures for January 1, 2025, implementation.

Tier 1 measures should include those outlined in AB 118 (WIC, Section 14094.7b), specifically those related to CCS program functions including CCS specialty care that are feasible for implementation.

Tier 1: CCS Redesign Quality Roadmap

January 1, 2025

- Implementation begins January 1, 2025
- January 1 Dashboard will include existing *demographic data* based on Measurement Year (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

Presently available *demographic data* outlined on the next slide

Demographic Data

- For January 1, 2025, implementation, a subset of the following demographic data will be considered for the first iteration of the CCS dashboard:

Dimensions for discussion include:	
Delivery System	Aid Code
Age/Age (based on measure/clinical guidelines)	County
Ethnicity	Healthy Places Index
Race	Population Density
Sex	Plan
Primary Spoken Language	CCS
Foster Care	Year/Month

Voting Process

- **Candidate measures** are measures that will be considered in the voting process
- Voting will occur to establish a list of Tier 1 measures that will be recommended to DHCS for consideration
- Once a list of candidate measures is established the following will take place:
  - Subcommittee members or their designated delegate will vote “yes” or “no” for each measure
    - If a measure receives a “yes” vote from 60% or more of the Subcommittee, it will be considered as a recommendation to DHCS for Tier 1 measures
    - If a measure receives a 40-59% “yes” vote, see next slide
    - If a measure receives <39% “yes” vote, it will be removed from the list of measures being considered

Voting Process (continued)

- For measures that received a 40-59% “yes” vote further Subcommittee discussion is required. Once Subcommittee discussion for these measures ends another vote will occur.
  - If a measure receives a “yes” vote from 60% or more of the Subcommittee, it will be considered as a recommendation to DHCS for the final measure set
  - If a measure receives less than 60% of the “yes” vote in this round, it will be removed from the list of measures being considered

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Part 1: Process for Identifying Measures

Part 1: DHCS Input on Measures

1. DHCS compiled an initial list of measures for Subcommittee consideration using:
   - » Robert Wood Johnson Foundation's Buying Value Measure Selection Tool, developed to assist state agencies, private purchasers, and other stakeholders in creating aligned measure sets
   - » Medi-Cal Accountability Set or MCAS
   - » 2018 CCS Technical Workgroup recommendations
   - » Existing CCS/WCM dashboards
   - » Additional external resources including associations, national registries, and organization-based measure stewards
2. Organized measures by Tier, domain, and topical area
3. Based on measures identified, DHCS Departmental Areas including ISCD, QPHM, EDIM, and MCQMD reviewed measures based on area of expertise
4. A narrowed list of measures will be reviewed during today's discussion

DHCS Departmental Areas reviewed measures by:

- » Principles for measure recommendations
- » CCS priority alignment and ability to be operationalized
- » DHCS priority alignment including high population impact and child/youth focused
- » Technical feasibility and data availability
- » MCP alignment and ability to be operationalized

Part 2: Process for Identifying Measures

Part 2: Subcommittee Input on Measures

1. On December 1, 2023, a request was made to Subcommittee members to submit new and existing measures for consideration in this process. As part of this request, Subcommittee members were asked to provide the following information:
   - Measure Name
   - Source (new/existing)
   - Description
   - Alignment with Principles for Measure Recommendations
   - Additional Commentary
2. Once measures were received, the process utilized in Part 1 was leveraged to review the measures proposed by Subcommittee members
3. Ultimately, the Subcommittee is responsible for recommending a total of 3-5 measures to DHCS

Measure Inclusion Criteria

- DHCS is notifying the Subcommittee of the following reporting elements for inclusion in the dashboard:
  - CCS beneficiaries must be enrolled for a specific timeframe as set forth in the measure specifications
  - Data will be stratified by WCM and classic CCS programs, as DHCS deems applicable or set forth in measure specifications
  - At this time, the CCS only population will not be included in the dashboard. The rationale for exclusion includes:
    - Limited data and visibility of care delivered outside of the CCS program (WCM or classic CCS programs)

- More than 80% of CCS beneficiaries are enrolled in Medi-Cal (data as of July 2023)
- Beneficiaries that do not have Medi-Cal coverage are known as "CCS only" beneficiaries

Topical Areas

The following topical areas will be reviewed and discussed as part of today's meeting:

Tier 1
• Utilization • Admissions and Discharges • Specialty Care • Preventive Care
• Access to Durable Medical Equipment (DME)
• Condition Specific

Topical Area: Utilization

- **Topical Area:** Utilization
- **Domains Reflected:** Utilization, access to care

Tier 1				
Measure Name	**Proposed by Subcommittee Members**	**Measure Source**	**Presently Reported**	**Description**
CCS Paneled Provider Utilization	Yes	New Measure	No	Percentage of CCS beneficiaries with a documented visit with a CCS paneled provider including physicians, nurse practitioners, physician assistants, and SCCs in the past 12 months (numerator: children who visited paneled provider; denominator: eligible CCS member)
Ambulatory Care-Emergency Department (ED) Visits	Yes	NCQA HEDIS	Similar to the CCS and WCM (2022) Dashboard reported ED visits per 1,000 member months ages 0-19 years and Integrated CCS and WCM Dashboard (June 2023) and Managed Care WCM (October 2021) Dashboard reported WCM ED visits per 1,000 members stratified by gender, ethnicity, and month.	ED visits that did not result in an inpatient admission during a specified calendar year. Measured as ED visits per 1,000 member months

Discussion: At this time, should a measure from this topical area/domain be prioritized for further consideration by the Subcommittee?

Topical Area: Admissions and Discharge

- **Topical Area:** Admissions and Discharge
- **Domains Reflected:** Access to care, care coordination, clinical quality of care, utilization

Tier 1				
Measure Name	**Proposed by Subcommittee Members**	**Measure Source**	**Presently Reported**	**Description**
Inpatient (IP) Admissions	Yes	NCQA HEDIS	The and Integrated CCS and WCM Dashboard (June 2023) and Managed Care WCM (October 2021) Dashboard reports inpatient admissions per 1,000 members stratified by gender, ethnicity, and month.	The number of inpatient admissions per month. An admission consists of a unique combination between member and date of admission to a facility. This measure is displayed per 1,000 member months
Pediatric All-Condition Readmission	Yes	AHRQ 0129	No	The percentage of admissions followed by one or more readmissions within 30 days, for patients less than 18 years old. The measure focuses on patients discharged from general acute care hospitals, including children's hospitals

Discussion: At this time, should a measure from this topical area/domain be prioritized for further consideration by the Subcommittee?

Topical Area: Specialty Care

- **Topical Area:** Specialty Care
- **Domains Reflected:** Access to care, care coordination

Tier 1				
Measure Name	**Proposed by Subcommittee Members**	**Measure Source**	**Presently Reported**	**Description**
CCS beneficiaries* with select conditions who have a documented visit with a SCC within 90-days of referral	No	CCS Performance Measure Quality Subcommittee 2018	No	Percentage of CCS beneficiaries* with select conditions (cystic fibrosis, hemophilia, sickle cell, leukemia, diabetes) who have a documented visit with a SCC within 90-days of referral *Requires further input and discussion from Subcommittee including:* *1) Start for 90-day period* *2) Look-back period* *3) Diagnosis locations* *4) CCS program specific value sets*

Discussion: At this time, should a measure from this topical area/domain be prioritized for further consideration by the Subcommittee?

* This measure has been modified from the 2018 Technical Workgroup to focus on the CCS beneficiary, rather than the CYSHCN population

Topical Area: Access to DME

- **Topical Area:** Access to DME
- **Domains Reflected:** Access to care

Tier 1				
Measure Name	**Proposed by Subcommittee Members**	**Measure Source**	**Presently Reported**	**Description**
Total requests for DME authorizations and approval rate	No	Existing Measure	The and Integrated CCS and WCM Dashboard (June 2023) and Managed Care WCM (October 2021) Dashboard include total requests for DME authorizations and approval rate, by plan and by County.	Total requests for DME authorizations and approval rate, by plan and by County

Discussion: At this time, should a measure from this topical area/domain be prioritized for further consideration by the Subcommittee?

Topical Area: Condition Specific

- **Topical Area:** Sickle cell, audiological
- **Domains Reflected:** Access to care, clinical quality of care

Tier 1				
Measure Name	**Proposed by Subcommittee Members**	**Measure Source**	**Presently Reported**	**Description**
Transcranial Doppler Ultrasonography(TCD) Screening among Children with Sickle Cell Anemia	No, however a similar measure was proposed	QMETRIC - University of Michigan	No	Percentage of children ages 2 through 15 years old with sickle cell anemia (SCA; hemoglobin [Hb] SS or HbSβ0-thalassemia) who received at least one TCD screening within the measurement year. A higher proportion indicates better performance as reflected by appropriate testing.
CCS Beneficiaries with Hearing Related Condition	Developed based on Subcommittee input	New Measure	No	Percent of CCS beneficiaries with hard of hearing of deafness related condition that are receiving annual visits related to their condition (Denominator: Total count of CCS beneficiaries with deaf or hard of hearing condition, Numerator: Of those, the count of members with one or more hearing aid/services in the measurement year)

Discussion: At this time, should a measure from this topical area/domain be prioritized for further consideration by the Subcommittee?

Topical Area: Preventive Care

- **Topical Area:** Preventive Care
- **Domains Reflected:** Access to care, clinical quality of care

Tier 1				
Measure Name	**Proposed by Subcommittee Members**	**Measure Source**	**Presently Reported**	**Description**
Childhood Immunization Status (CIS)	Yes	NCQA HEDIS	Similar measure in the CCS and WCM (2022) Dashboard	Percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three separate combination rates.
Immunizations for Adolescents Combination 2 (IMA-2)	Yes	NCQA HEDIS	Reported in MCAS	Percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.

Discussion: At this time, should a measure from this topical area/domain be prioritized for further consideration by the Subcommittee?

Topical Area: Preventive Care (continued)

- **Topical Area:** Preventive Care
- **Domains Reflected:** Access to care, clinical quality of care

Tier 1				
Measure Name	**Proposed by Subcommittee Members**	**Measure Source**	**Presently Reported**	**Description**
Child and Adolescent Well-Care Visits (WCV-CH)	No	NCQA HEDIS	Similar reported in MCAS	Child and Adolescent Well-Care Visits (WCV-CH); for these age groups: ages 3 to 11, 12 to 17, adapted: 18 to 20, through 20, and total (ages 3 through 20). Measure adapted to be through 20, rather than 21.
Well Child Visits in the First 30 Months of Life (W30-CH)	No	NCQA HEDIS	Reported in MCAS	Well-Child Visits in the First 15 Months. Children who turned age 15 months during the measurement year: Six or more well-child visits. Well-Child Visits for Age 15 Months–30 Months. Children who turned age 30 months during the measurement year: Two or more well-child visits.

Discussion: At this time, should a measure from this topical area/domain be prioritized for further consideration by the Subcommittee?

Subcommittee Discussion and Vote*

* Vote indicates Tier 1 measures that the Subcommittee recommends to DHCS for consideration for implementation

Agenda

Welcome and Meeting Information	9:00-9:10
Roll Call	9:10-9:15
Background and Authorizing Statute	9:15-9:20
November Meeting Summary and Department of Health Care Services (DHCS) Decision Points	9:20-9:30
Review of Key Concepts: Domains and Principles for Measure Recommendations	9:30-9:50
Tier 1 Approach and Measure Recommendation Process	9:50-10:05
Break	10:05-10:15
Tier 1 Measure Review and Subcommittee Vote	10:15-12:15
Policy Updates	12:15-12:25
Tier 2 Approach and Next Steps	12:25-12:40
Public Comment	12:40-12:50
Next Steps	12:50-1:00

CCS Case Management Definition

CCS Case Management Definition

The California Children's Services (CCS) case management is[1] a beneficiary- and family-centered care approach to ensure needed clinical and non-clinical services for[2] the CCS eligible condition,[1] are made available to each CCS beneficiary through comprehensive, interdisciplinary, and person-centered care management and care coordination.[2] This includes providing[3] case finding, authorizations for services, and care coordination to ensure that[1] CCS[3] children and young adults have access to[1] CCS paneled providers,[3]* equipment, and services necessary for treatment of the CCS eligible condition[1] as well as care coordination to support referrals to preventive services, identified social and behavioral health needs, and whole person care.[4]

This definition will be included in a future iteration of the:

- Whole Child Model (WCM) Numbered Letter
- WCM All Plan Letter

Flagged for potential deletion

Definition Legend

- 1- Counties via the CCS Executive Committee
- 2 - WCM Medi-Cal Managed Care Plans (MCPs)
- 3 - DHCS
- 4 - DHCS (added as of 1/17/2024)

* - CCS Paneled Provider by Specialty/Subspecialty

See Appendices for CCS Case Management Core Activities

Subcommittee Discussion

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Tiered Approach for Measure Recommendations

» **Tier 2: Identify clinical health outcome and health equity measures for all CCS beneficiaries regardless of delivery system or CCS-qualifying condition**

- Potential Tier 2 measures are presently under review with DHCS to access feasibility, timing for implementation, and resourcing

Tier 1

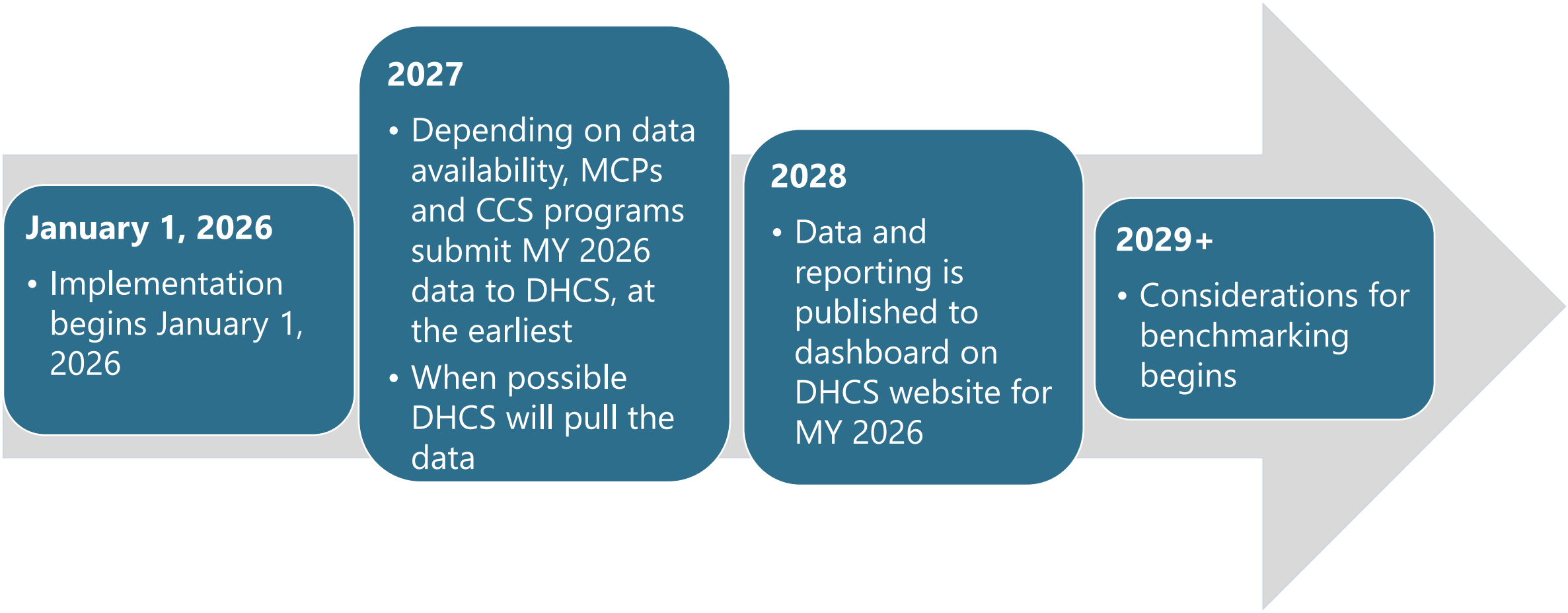
The Subcommittee's main charge is to advise DHCS on Tier 1 measures for January 1, 2025, implementation.

Tier 1 measures should include those outlined in AB 118 (WIC, Section 14094.7b), specifically those related to CCS program functions including CCS specialty care that are feasible for implementation.

Tier 2 measures are those that will be identified for implementation *after* January 1, 2025, and are included later in the roadmap and may be related to clinical health outcomes and health equity measures for all CCS beneficiaries.

Tier 2

Tier 2: CCS Redesign Quality Roadmap*



* Subject to additional review and discussion during subsequent Subcommittee meetings and resourcing

Subcommittee Discussion

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Next Steps

- Meeting Summary
- Pre-Work

Contact Information

- For more information, questions, or feedback regarding the CCS Redesign Performance Measure Quality Subcommittee please email Alex Kanemaru Alex.kanemaru@dhcs.ca.gov and Olivia Brown Olivia.Brown@dhcs.ca.gov
- For assistance in joining the CCS Redesign Performance Measure Quality Subcommittee meetings, including information about meeting details and obtaining assistive services, please email CCSProgram@dhcs.ca.gov with the Subject Line: "CCS Redesign Performance Measure Quality Subcommittee"

Thank you

Appendices

Types of Data

- **Administrative data:** Gathered from claims, encounter, enrollment, and providers systems
- **Medical records:** Patient's medical history and care
- **Hybrid:** Administrative data supplemented with medical record review
- **Electronic clinical data:** Patient-level information pushed in an interoperable electronic format
- **Surveys:** Capture self-reported information from patients on health care experiences

Data and Reporting Capabilities: MCPs

- To promote better health outcomes and preventive services, DHCS requires MCPs to report annually on a set of quality measures, known as the Medi-Cal Managed Care Accountability Set (MCAS) performance measures
- MCPs also participate in pay-for-reporting or pay-for-performance programs, for which data reporting is a requirement of participation or incentive payment
- **Data**
  - Demographic data through DHCS
  - Encounter data based on claims submitted by a provider to the MCP
  - Hybrid data consisting of encounter data and chart reviews. (This process is very time consuming and nationally the use of this data is trending downward)
  - Plan reported data for incentive programs or new benefits
- **Limitations**
  - Encounter data lag or the period between the date of service and the date the claim is submitted to the MCP. Medi-Cal data is considered complete after 12 months following the date of service.
  - Continuous enrollment in a MCP is required for an individual to be included in many nationally recognized measures

Data and Reporting Capabilities: County CCS Programs

- Children's Medical Services (CMS) Net is a full-scope case management system for the CCS program
- CMS Net is a web-based tool that enables approved counties, CCS providers and WCM MCPs to electronically access the status of Service Authorization Requests (SARs)
- **Data Types**
  - Demographic data through DHCS
  - Prior authorization data via SARs
  - Insurance coverage
  - Participant count, client eligibility summary, ICD-diagnosis, Medi-Cal eligibility, registration, case notes, other
- **Limitation**
  - Challenges include non-standardized data collection in CMS Net, variance in wording and interpretation of measures, and workload to report on measures
  - Available data sets vary by entity and frequency of data pulls vary by report types
  - Differences may exist in the data quality between county CCS programs and MCPs

Key Terms: Quality Measures

- **Effectuate:** To put the measures into operation
- **Quality measure**: Tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care
  - Goals include: effective, safe, efficient, patient-centered, equitable, and timely care*
- **Elements of a quality measure**:
  - Title and description of what the measure is
  - Numerator: the subset of the denominator population for which a clinical action or outcome of care occurs
  - Denominator: includes the population eligible for the services or outcomes assessed in the measure
    - Some measures include exceptions/exclusions
- "Quality measure" and "performance measure" are often used interchangeably

* Quality Measures Definition, Centers for Medicare and Medicaid (2023)

Key Terms: Types of Quality Measures

The following outlines the different types of quality measures that are commonly used:

1. **Structural:** Characteristics of the organization, such as facilities, staff, and equipment.
2. **Process:** Focuses on steps that should be followed to provide quality care. There should be evidence-based best practices for when the process is executed well, will increase the probability of achieving a desired outcome.*^
3. **Outcome:** Evaluate impact of service or intervention. Often multifactorial and can take time to improve.
4. **Patient Experience:** Reflect the beneficiary's perspective related to their experience (interactions with health system) and satisfaction (evaluation of the care provided, relative to their expectations)

* Types of Measures, Centers for Medicare and Medicaid (2023)
^ What are the Types of Quality Measures?, NCQA (2016)

2018 CCS Domains and Performance Measures

Access to Care
Percentage of children and youth with special health care needs (CYSHCN) 1 – 19 years of age who had a visit with a primary care provider/practitioner (PCP) during the calendar year*
Percentage of CCS-enrolled children 12 years of age and older who were screened within a calendar year for clinical depression using a standardized tool and, if screened positive, who received follow-up care Percentage of CCS-enrolled children 12 years of age and older who screened positive for depression within the calendar year and received follow-up care within 30 days
Utilization of out-patient (OP) visits for CYSHCN Utilization of prescriptions for CYSHCN Utilization of mental health services for CYSHCN

* Similarly, for CCS Monitoring and Oversight Program efforts the measure “Percentage of CCS beneficiaries who had an annual authorized Specialty Care Center (SCC)/Specialist visit” has been proposed as part of the Quarterly Reporting process.

2018 CCS Domains and Performance Measures

Care Coordination
Percentage of CYSHCN with select conditions (cystic fibrosis, hemophilia, sickle cell, leukemia, diabetes) who have a documented visit with a SCC within 90-days of referral
The number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30-days; and had a predicted probability of an acute readmission for CCS enrolled children <21 years of age
Utilization of emergency room (ER) visits for CYSHCN Utilization of ER visits with an IP admission for CYSHCN Utilization of IP admissions for CYSHCN
Percentage of CYSHCN discharged from a hospital who had at least 1 follow-up contact with a PCP or Specialist or visit (face-to-face or telemedicine) within 28 days post-discharge

2018 CCS Domains and Performance Measures

Family Participation (Family-Centered Care)
• Family satisfaction by annual survey • Family participation by annual survey
Quality of Care
Percentage of CYSHCN at 2 years of age who had appropriate childhood immunizations
Percentage of CYSHCN with type 1 or type 2 diabetes mellitus who had a most recent hemoglobin A1c (HbA1c) <8%
Transition Services
CYSHCN 14+ years of age who are expected to have chronic health conditions that will extend past their 21st birthday will have biannual review for long-term transition planning to adulthood

CCS Case Management Core Activities

Case Findings

- In the event the beneficiary does not qualify, or a specific service is not authorizable or related to the CCS eligible condition, consult and refer the family to other resources available to them to meet their needs

Support for Family Navigation

- Support beneficiary participation in the community by providing information on community-based activities, such as resources for exercise and socialization for children with physical disabilities
- Educate, explain, and link families to resources to help them obtain services their children need including but not limited to CCS, Medi-Cal, County mental health, Regional Centers, public health nursing and/or schools
- Educate families about the CCS regionalized system of care and community resources (i.e., peer and family support organizations)
- Reach out to families who are having difficulty maintaining their Medi-Cal enrollment and troubleshoot challenges in maintaining Medi-Cal
- Provide consultation and support to the patient's educational team in the school setting when requested by patients and/or their families eligibility
- Educate families on available transportation resources and provide maintenance and transportation services when they are needed

CCS Case Management Core Activities (continued)

Assessments, Interventions, and Coordination of Care

- Link and refer beneficiary to appropriate CCS-paneled physicians, CCS Special Care Centers (SCC), and CCS-approved hospitals, according to program guidelines and standards
- Review the care plan established by CCS-authorized specialists and SCC; assist the beneficiary and family in identifying and utilizing the most appropriate resources to accomplish the recommended care plan while assessing the understanding of and responsiveness to overall care plan. Ensure coordination of the child's care plan between SCC, community physicians, and the MTP
- Maintain overview of utilization of services across the healthcare system to limit duplication and ensure access to the most appropriate services
- Determine and coordinate referrals to appropriate social support services to meet the needs of beneficiary's , including services that address social determinants of health needs such as CalFresh and Women, Infants & Children (WIC) Program
- Link and/or refer beneficiary's to appropriate pharmacies and/or providers for their medication needs; appropriate medical home; and programs that coordinate appropriate dental care as determined by the beneficiary's needs and preferences
- Coordinate appointments with Durable Medical Equipment (DME) vendors and collaborate to identify DME that is appropriate
- Provide professional support to ensure that families remain engaged
- Arrange Private Duty Nursing (PDN) services are done for the CCS eligible condition, as medically necessary, and engage in agency nursing resource finding as needed

CCS Case Management Core Activities (continued)

Assessments, Interventions, and Coordination of Care

- Link and refer beneficiary to appropriate CCS-paneled physicians, CCS Special Care Centers (SCC), and CCS-approved hospitals, according to program guidelines and standards
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- Coordinate appointments with Durable Medical Equipment (DME) vendors and collaborate to identify DME that is appropriate

CCS Case Management Core Activities (continued)

Assessments, Interventions, and Coordination of Care

- Provide professional support to ensure that families remain engaged
- Arrange Private Duty Nursing (PDN) services are done for the CCS eligible condition, as medically necessary, and engage in agency nursing resource finding as needed
- Conduct multidisciplinary case management team conferences, including CCS professional staff, community providers and families as needed to address complex needs and challenges to care coordination
- Facilitate referrals for mental health services (MHS) and pediatric palliative care (PPC) services, in accordance with State guidance
- Conduct care coordination activities to support referrals to preventive services, identified social and behavioral health needs and whole person care

CCS Case Management Core Activities (continued)

Management of Transitions

- Assist beneficiaries, families, hospital discharge planners, and community partners to ensure safe and successful transitions from the hospital to the home and/or community, when applicable
- Partner with families to accomplish a smooth transition from the pediatric to the adult healthcare system
- Provide transition assessment and intervention at appropriate age for client and, for selected clients, conduct internal analyses of beneficiaries' transition needs and develop a transition plan