

Department of Health Care Services California Children's Services Redesign Performance Measure Quality Subcommittee Charter August 2023

PURPOSE

The purpose of the California Children's Services (CCS) Redesign Performance Measure Quality Subcommittee is to select and compare clinical and non-clinical measures by which CCS Whole Child Model (WCM) and Classic counties will be evaluated.

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 Workgroup 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

1. Assembly Bill (AB) 118, Chapter 42, Section 14094.7 mandates that by January 1, 2025, DHCS must:
 - A. Annually provide a comparison analysis on its website regarding trends in CCS enrollment for WCM and Classic counties.
 - B. 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:
 - i. 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.

- ii. Available data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit.
 - C. 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.
2. Establish a stakeholder process pursuant to Section 14094.17.
 3. Consult with the statewide stakeholder advisory group established pursuant to Section 14094.17 to develop and implement robust monitoring processes to ensure that managed care plans are in compliance with all of the provisions of this section. The department shall monitor managed care plan compliance with the provisions of this section on at least an annual basis and post CCS-specific monitoring dashboards on its internet website on at least an annual basis.

CHARGE AND TIME COMMITMENT

1. Provide suggestions and knowledge on meaningful measures for WCM and Classic counties that will enable the department to draw comparisons between the two CCS models.
2. Provide recommendations or feedback in developing the quality metrics and dashboards, including both outcome and process measures.
3. 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 and Classic counties.
4. Review and discuss the recommendations of the CCS Redesign Performance Measure Quality Subcommittee.
5. Review, discuss, and implement quality improvement strategies for any WCM plan subject to one or more findings in its most recent annual medical audit pertaining to access or quality of care in the CCS program.
6. Meet on a quarterly basis. Review pre-read materials which will be sent to workgroup one week in advance of scheduled meetings.

CCS REDESIGN PERFORMANCE MEASURE QUALITY SUBCOMMITTEE GROUND RULES

1. Only move forward measures that the department would be able to collect, report, and compare against CCS WCM and Classic models.
2. Meetings should provide a collegial and open environment to appreciate diverse perspectives.
3. Maintain regular, consistent attendance at the meetings and active participation of members is key to CCS Redesign Performance Measure Quality Subcommittee meeting objectives.
4. CCS Redesign Performance Measure Quality Subcommittee members may assign a substitute, delegate, or proxy to participate during workgroup meetings, upon prior approval by DHCS. DHCS encourages attendance of the appointed workgroup member whenever possible. Members who have missed three meetings in a row may be dismissed.
5. DHCS will not pay a per diem or compensate members for expenses, including travel and related costs to attend meetings.

MEMBERSHIP

The Integrated Systems of Care Division is coordinating and facilitating the CCS Redesign Performance Measure Quality Subcommittee. Membership shall be composed of individuals from various organizations and backgrounds with expertise in CCS or WCM programs and/or care for children and youth with special health care needs.

1. Members must meet AB 118 requirements.
2. Members should be prepared to attend all regularly scheduled meetings.
3. Members will meet four times a year.
4. The recommendation to backfill a seat vacated by a current CCS Redesign Performance Measure Quality Subcommittee member is sought from the broader group and not only the departing incumbent, except under the following circumstances:
 - If the seat belongs to a CCS county, DHCS will seek a replacement county with similar geographic size, demographic composition, etc.
 - If the seat belongs to a member from a Medi-Cal managed care plan (MCP), DHCS will seek a replacement MCP representing a similar demographic as the prior incumbent. Note: This applies if the MCP

declines continued participation; however, if the MCP's member must step down but the MCP chooses to continue participation, a replacement recommendation may be suggested from within the plan.

- If the seat belongs to a designated organization, the replacement recommendation can be from within the organization.
5. Departing member(s) and/or the organization shall inform DHCS when/if the member is no longer able to participate in the CCS Redesign Performance Measure Quality Subcommittee.

ROLES AND RESPONSIBILITIES

1. Workgroup members are expected to review all materials in advance of the Workgroup meetings to actively participate in discussions and provide meaningful contributions.
2. Workgroup members may be tasked with presenting certain topics as subject matter experts.

VOTING

As part of the CCS Redesign Performance Measure Quality Subcommittee, voting may be required and is subject to a 60% majority to "pass". If an item meets the "pass" criteria, the item will be considered for further discussion and/or will be included as a recommendation to DHCS. If a Workgroup member opposes a recommendation, the Workgroup member will have an opportunity to submit dissenting comments during feedback and public comment periods.

ASSISTIVE SERVICES

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services
Special Populations Section Email:
CCSProgram@dhcs.ca.gov

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting or event.