

**Department of Health Care Services
California Children's Services (CCS) Program Improvement
CCS Advisory Group
June 11, 2015**

The Department of Health Care Services (DHCS), in its efforts to improve health care and to emphasize quality and coordination of care for children and youth with special health care needs (CYSHCN), initiated a comprehensive stakeholder process in late 2014 to investigate redesign of the California Children's Services (CCS) Program, by establishing the Redesign Stakeholder Advisory Board (RSAB) and technical workgroups. The CCS RSAB process will be completed in July 2015. After July, DHCS will continue stakeholder discussions on CCS program improvements and the Department's Whole-Child Initiative by transitioning the RSAB group to an ongoing "CCS Advisory Group" that will meet quarterly in Sacramento. DHCS also proposes that the six topical workgroups established through the RSAB process be consolidated to three workgroups that would meet in Sacramento or via webinar approximately every other month. This structure will provide an ongoing, sustainable process for DHCS to have meaningful dialogue with stakeholders and work together on significant, although incremental, improvements to CCS.

The CCS Advisory Group will continue to be guided by the CCS Redesign goals listed below, and will discuss implementation issues around the Department's Whole-Child Initiative. DHCS is committed to current program improvement issues, and will suggest the Advisory Group address near-term strategies on issues such as transitions for youth aging-out of CCS, improving access for Durable Medical Equipment, and care coordination protocols.

For reference, the Department's CCS Redesign goals are listed below.

1. **Implement Patient and Family Centered Approach:** Provide comprehensive treatment, and focus on the whole-child rather than only their CCS eligible conditions.
2. **Improve Care Coordination through an Organized Delivery System:** Provide enhanced care coordination among primary, specialty, inpatient, outpatient, mental health, and behavioral health services through an organized delivery system that improves the care experience of the patient and family.
3. **Maintain Quality:** Ensure providers and organized delivery systems meet quality standards and outcome measures specific to the CCS population.
4. **Streamline Care Delivery:** Improve the efficiency and effectiveness of the CCS health care delivery system.

5. **Build on Lessons Learned:** Consider lessons learned from current pilots and prior reform efforts, as well as delivery system changes for other Medi-Cal populations.
6. **Cost-Effective:** Ensure costs are no more than the projected cost that would otherwise occur for CCS children, including all state-funded delivery systems. Consider simplification of the funding structure and value-based payments, to support a coordinated service delivery approach.

CCS Advisory Group Tentative Schedule:

- October 7, 2015 in Sacramento, CA
- January 6, 2016 in Sacramento, CA
- Ongoing quarterly meetings to be scheduled

CCS Advisory Group Topical Workgroups:

The CCS Advisory Group will have three workgroups:

1. **Workgroup 1. Care Coordination, Medical Homes, and Provider Access (meets every other month or as needed):** This group will address Care Coordination, Medical Homes, Transitions, County Roles, Provider Access and Network Standards.
2. **Workgroup 2. Data and Performance Measures (meets every other month or as needed):** This group will address CCS data questions, public data reporting, and performance measures for CCS.
3. **Workgroup 3. Eligible Conditions (meets quarterly):** This group will consider criteria for review process of CCS eligible conditions; will review the existing criteria and validated assessment tools, and provide recommendations for any changes to the Legislature by the end of 2016.