



California Children's Services Advisory Group Meeting

January 11, 2023



01/11/2023

Agenda

Welcome, House Keeping and Introductions	1:00 – 1:10
Kaiser Whole Child Model Readiness	1:10 – 1:30
CalAIM Providing Access and Transforming Health (PATH) Initiative	1:30 – 2:20
Transition into Adulthood	2:20 – 2:40
CCS Program Updates	2:40 – 3:00
Break	3:00 – 3:10
UCSF Whole Child Model Evaluation	3:10 – 3:40
Public Comment	3:40 – 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 Q&A box to submit Questions
- » Other participants: Use the Q&A box to submit comments/questions or 'Raise Your Hand' during public comment period
- » Live Closed Captioning will be available during the meeting
- » Note: DHCS is recording the meeting for note-taking purposes

New CCS Advisory Group Members

- » Erin Kelly – Children's Specialty Care Coalition;
- » Stephanie Dansker – Hemophilia Council of California

2022-2023 Priorities

Priorities are the key areas the Advisory Group identified to drive improvements in the CCS program over the 2022- 2023 time period.

Domains

- » Access to Care
- » Equity and Quality of Care
- » Beneficiary (and Caregiver) Experience and Satisfaction
- » Program Administration

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Kaiser Whole Child Model Readiness

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CalAIM Providing Access and Transforming Health (PATH) Initiative

1:30 – 2:20

Transition into Adulthood Discussion

2:20 – 2:40

CCS Program Updates

2:40 – 3:00

Break

3:00 – 3:10

UCSF Whole Child Model Evaluation

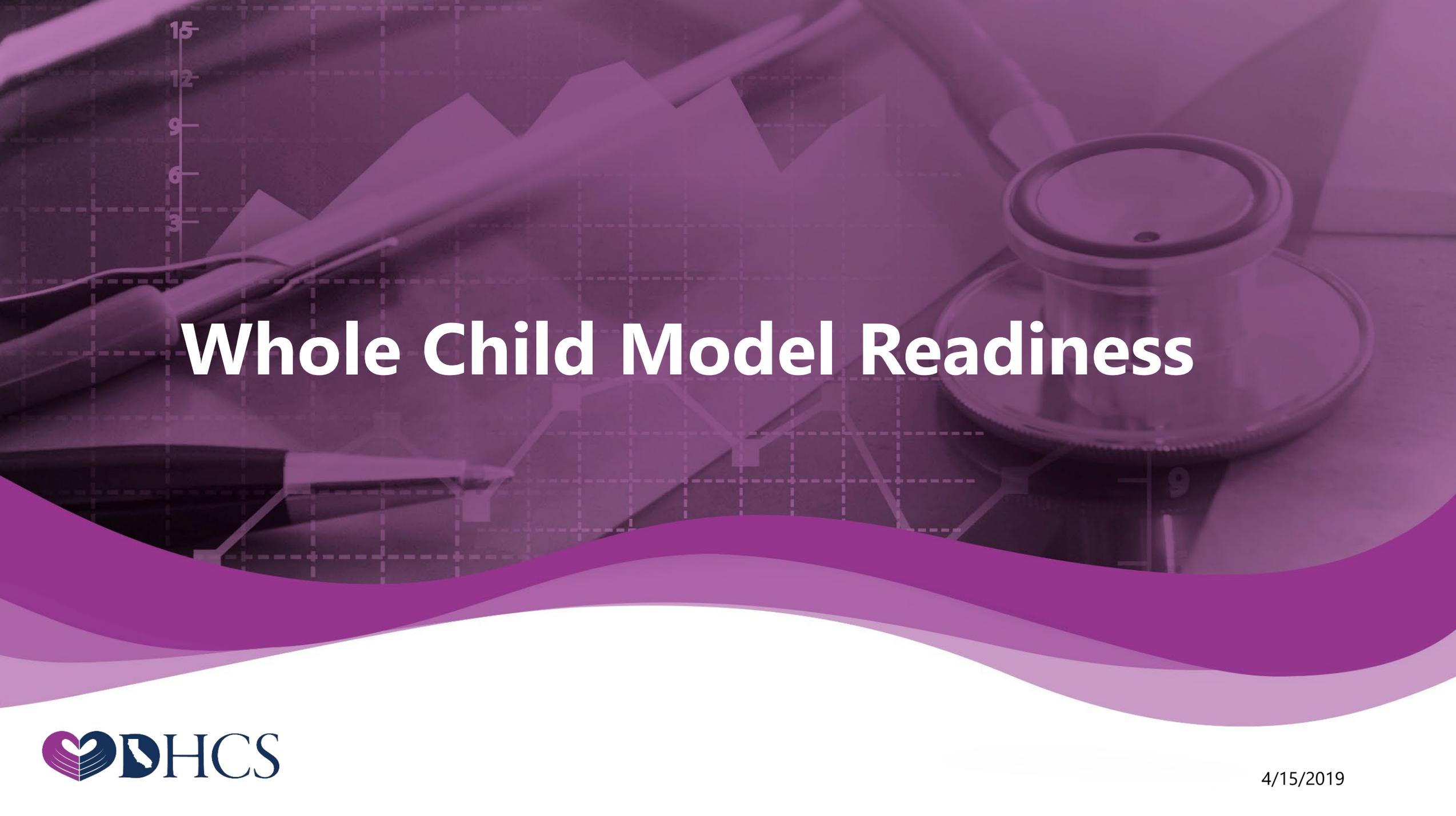
3:10 – 3:40

Public Comment

3:40 – 3:55

Wrap-up, Next Steps and Thank you

3:55 – 4:00



Whole Child Model Readiness

Whole Child Model Readiness

Current	In 2024
<p>Kaiser currently participates as a direct contract or delegated Medi-Cal managed care health plan (MCP) in 22 counties.</p> <p>Direct Contract</p> <ul style="list-style-type: none">• Amador, El Dorado, Placer, Sacramento, San Diego (5) <p>Delegation/Subcontracted plan</p> <ul style="list-style-type: none">• Alameda, Contra Costa, Kern, Los Angeles, Marin, Napa, Orange, Riverside, San Bernardino, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Sonoma, Ventura, Yolo (17)	<p>7 of the 22 counties that Kaiser currently operates in as a direct or delegated Medi-Cal managed care provider are existing WCM counties.</p> <p>The 7 WCM counties in which Kaiser operates and will participate as an Alternate Health Care Service Plan are:</p> <ul style="list-style-type: none">• Marin• Napa• Orange• San Mateo• Solano• Sonoma• Yolo

Whole Child Model Readiness

- » Kaiser will be held to the same Whole Child Model (WCM) requirements as other WCM Medi-Cal Managed Care Health Plans (MCP).
- » DHCS will conduct in 2023 a comprehensive review, analysis and evaluation of Kaiser's ability to implement services related to WCM readiness.
- » Kaiser readiness review process focuses on the following areas:
 - ❖ Provider network adequacy
 - ❖ Member communications
 - ❖ Contractual and regulatory compliance

Whole Child Model Readiness – Provider Network Adequacy

- » Provider Network – ensures Kaiser is adequate to provide timely and geographical access to care prior to implementation.
- » Provider Crosswalk Match – allows for continuity of care with current treating provider with least amount of disruption to member.

Whole Child Model Readiness – Member Communication

DHCS reviews and approves all applicable member materials to ensure impacted members are thoroughly informed and educated regarding the transition. These items include:

- » Member Notices
- » Evidence of Coverage/Member Handbook
- » Member Informing Materials
- » Website Resources

Whole Child Model Readiness – Compliance

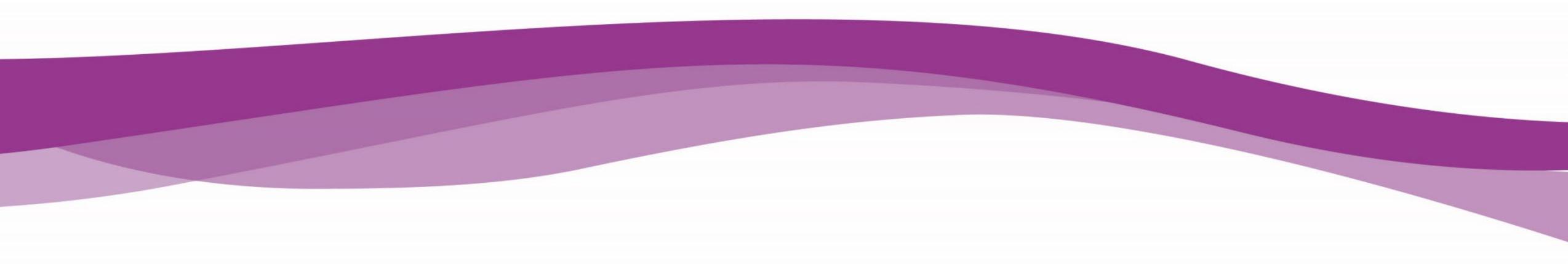
To ensure compliance with contractual requirements, DHCS reviews and approves:

- » Deliverables/Policies & Procedures
 - ❖ Access Standards, Credentialing Policy, Grievance and Appeals
- » Assessment Protocols
 - ❖ Risk Stratifications/Health Assessment Protocols

Whole Child Model Readiness – Compliance Continued

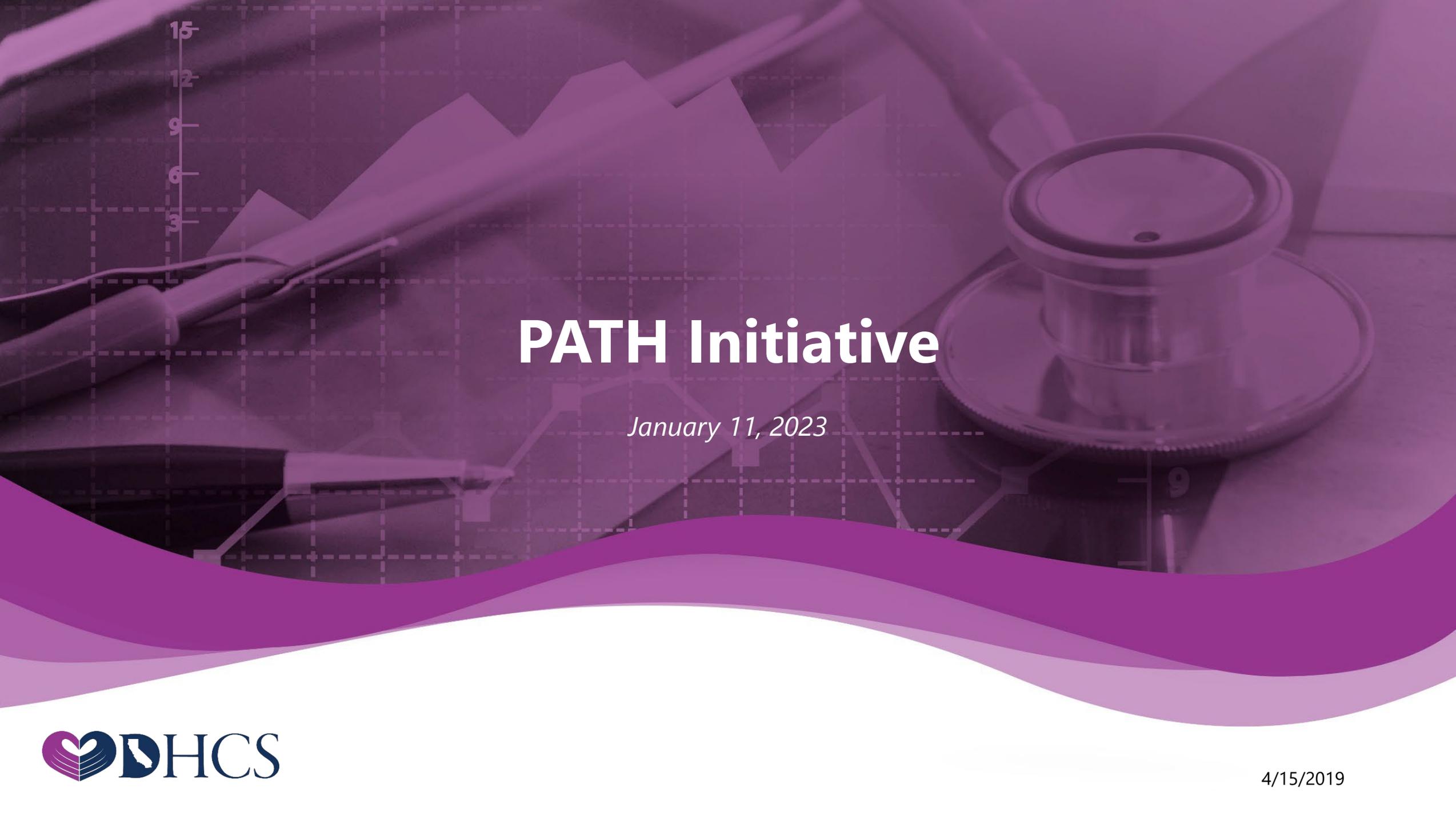
- » Memorandum of Understanding
 - » Local health department, local education agency and county mental health
 - » Continuity of Care Provisions

Advisory Group Discussion

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PATH Initiative

January 11, 2023

What is “Providing Access and Transforming Health” (PATH)?

California has received targeted expenditure authority as part of its section 1115 demonstration renewal for the “Providing Access and Transforming Health” (PATH) program to take the State’s system transformation to the next phase, refocusing its uses to achieve the CalAIM vision. DHCS has currently received authorization for \$1.44 billion total computable funding for PATH to maintain, build, and scale the infrastructure and capacity necessary to ensure successful implementation of Enhanced Care Management (ECM) and Community Supports under CalAIM.



PATH is intended to complement and enhance other CalAIM funding efforts and should not serve as a primary source of funding. PATH funding for all initiatives is time-limited and should not be viewed as a sustainable, ongoing source of funding.

Key PATH Program Initiatives

PATH Initiative Name	High-Level Description
Collaborative Planning and Implementation Initiative	Support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports. Application process is ongoing, and funding anticipated to begin in December 2022.
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	Grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports. Application process is ongoing, and funding anticipated to be distributed in first quarter 2023.
Technical Assistance Marketplace Initiative	Technical assistance to providers, community-based organizations, county agencies, public hospitals, tribal partners, and others. TA Vendor application process will be launched in 2023.
Justice Involved Capacity Building	Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved (JI) initiatives in 2023. Application process and funding is ongoing.

Collaborative Planning and Implementation Initiative

Background

- » Local collaborative planning groups are working together to identify, discuss, and resolve topical implementation issues and identify how PATH and other CalAIM funding initiatives – including IPP – may be used to address gaps identified in MCP Needs Assessments and Gap Filling Plans while avoiding duplication.
- » PATH TPA will work with stakeholders in the region to convene and facilitate county or regional collaborative planning efforts
 - » There will generally be a single PATH-funded collaborative planning group in each county/region

Collaborative Planning and Implementation Initiative Funding

- Initiative funding will be used to support a designated PATH collaborative planning facilitator in each county or region
- Individual collaborative planning participants will not receive funding via this initiative
- Entities will not be required to participate in collaborative planning efforts in order to apply for PATH CITED funding.

Collaborative Planning and Implementation Initiative (continued)

Critical Activities

- » **Collaborative Participant Registration** is currently open, and registrations are being reviewed on a rolling basis. Click [here](#) to register!
 - » Currently there are 378 participant organizations registered.
- » **Collaborative Facilitator Awards** were announced on December 14, 2022. [Click here](#) for a **comprehensive list of Collaborative Facilitators and collaborative county/regional assignments.**
- » **Collaborative Group Kick-off Timeline:**
 - » Collaborative Group Welcome Letters to Participants: Late December/early January 2023.
 - » Additional participant recruitment: December 2022-January 2023.
 - » Collaborative Participant Kickoff and Pre-Work Webinars: January 2023.
- » For **more information** visit <https://ca-path.com/collaborative> or submit questions directly to collaborative@ca-path.com.
- » **Participant Collaborative Website Launch** will happen in January 2023. Participant organizations assigned to each collaborative will be public facing.

CITED Initiative

Background

- » CITED funding will support the transition, expansion and development of ECM and Community Supports capacity and infrastructure.
- » Applicants who wish to receive CITED funding must submit an application with their funding request, describing how they intend to use CITED funding.
- » Funding will be made available in multiple application rounds from 2022-2025.

CITED Initiative Funding

- DHCS will review and score applicants based on specified criteria.
- Funding disbursed to applicants based on achievement of milestones.
- Each application window has a target allocation limit. Entities may apply for multiple rounds of funding.

CITED Initiative (continued)

Critical Activities

- » **Round 1 [Grant Application](#)** was open from August 1 to September 30, 2022.
- » **Round 1** Awardees will be announced in Quarter 1 2023
- » **Round 2** Grant Applications will be launched in Quarter 1 2023. To stay informed about upcoming dates, refer to the [CITED website](#).
- » Submit questions directly to cited@ca-path.com.

Technical Assistance (TA) Marketplace Initiative

Background

- » The TA Marketplace allows funding for the provision of technical assistance (TA) for entities that intend to provide ECM and/or Community Supports. Entities may register for hands-on technical assistance support from vendors and access off-the-shelf TA resources in pre-defined TA domains
- » TA resources will be provided through a virtual TA “Marketplace,” which will be designed, launched and managed by the PATH TPA
 - The TPA will contract with other vendors to provide TA services to eligible entities as part of the marketplace

Examples of TA Marketplace Initiative Resources:

- Hands-on trainings for ECM / Community Supports providers on billing and reporting requirements or contracting with health plans
- Guidance for data sharing processes between ECM/Community Supports providers and health plans
- Accelerated learning sessions or computer-based learning modules for CBOs
- Strategic planning consultations for entities implementing ECM/Community Supports
- Customized project-specific support provided by vendors registered with the TA Marketplace

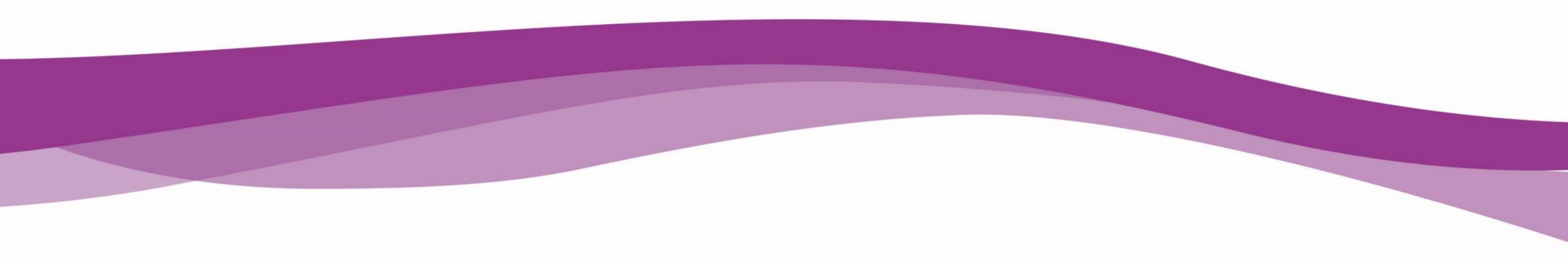
TA Marketplace Initiative (continued)

Background

» **TA Assistance will be initially available in the following Domains in early 2023**

- » Domain 1: Building Data Capacity: Data Collection, Management, Sharing, and Use
 - » Domain 2: Community Supports: Strengthening Services that Address the Social Drivers of Health
 - » Domain 3: Engaging in CalAIM Through Medi-Cal Managed Care
 - » Domain 4: Enhanced Care Management (ECM): Strengthening Care for ECM "Population of Focus"
 - » Domain 5: Promoting Health Equity
 - » Domain 6: Supporting Cross-Sector Partnerships
 - » Domain 7: Workforce
- » The **first round of TA Vendor Applications** was open October 4 – November 4, 2022.
- » More information on the PATH TA Marketplace initiative can be found here: <https://ca-path.com/ta-marketplace> or submit questions directly to ta-marketplace@ca-path.com.

Advisory Group Discussion

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The background features a purple-tinted image of medical equipment, including a stethoscope and a line graph with a grid. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The title 'Transition into Adulthood' is centered in white text over the image.

Transition into Adulthood

Transition to Adulthood: Goals

- » DHCS is committed to improving existing processes that **assist** CCS clients with transition to adulthood and into other delivery systems
- » DHCS hosted a workgroup in 2019-2020 to discuss options for improvement in the transition. DHCS appreciated the input during that workgroup and is looking to revisit the topic in 2023.

Transition to Adulthood Workgroup

- » Transition workgroup met from 2019-2020
- » The goal of the group was to increase effective transition for CCS clients from their CCS to appropriate adult primary and specialty providers.
- » The objective was to develop a transition performance measure for the CCS program.
- » The group focused on late-stage transition services because of the presence of managed care in the workgroup and the desire to improve the end goal.

Transition to Adulthood Workgroup: Recommendations

- » At the time the recommendations the workgroup presented to DHCS to explore included:
 - » Assign 'complex' case manager , who collaborates with the CCS case manager, when appropriate, or co-case manages when appropriate, starting while in CCS program and continuing through transition to adult program.
 - » Increasing PCP pediatric and adult provider capacity to accept complex youth around the time that, and after they transition out of CCS
 - » Developing a reliable mechanism to notify member when member's aid code or Med-Cal aid code is going to change, prior to and at their time of transition, so they are aware of their options and consequences.

Transition to Adult Workgroup: Recommendations Continued

- » Allowing/requiring any members with complex medical needs who are put into the plan's special intensive case management program to stay in their selected health plan for 6 months or a year at a time to ensure continuity of treatment plan.
- » Developing and implementing pilot special care centers (SCC) for young adults with medical complexity who were in CCS program.
- » Developing an electronic real-time mechanism whereby CCS and Medi-Cal managed care plans can communicate and coordinate transition activities including transition plans and/or exit summaries.

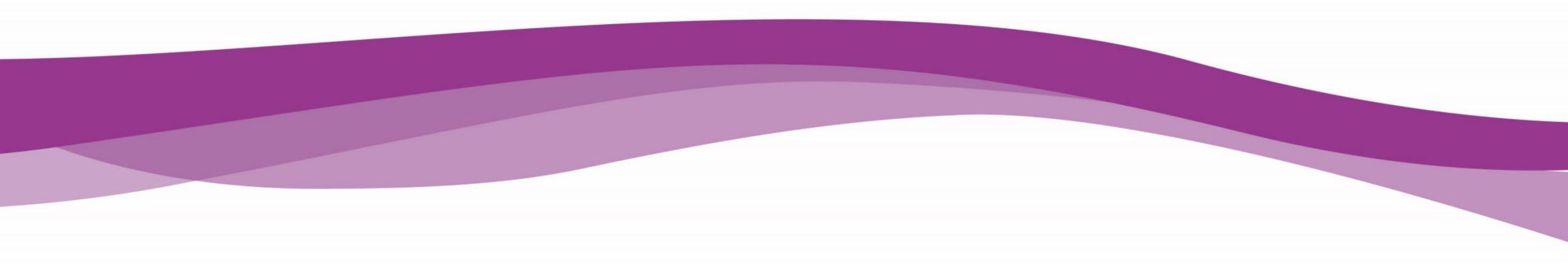
Transition to Adulthood: Provider Concerns

- » GHPP application process timeline and steps.
- » Provider network and access issues when switching from CCS to GHPP or managed care.
- » Managed care plans not contracting with the adult specialty care centers
- » Medical Exemption requests being required to be submitted

Transition to Adulthood: Next Steps

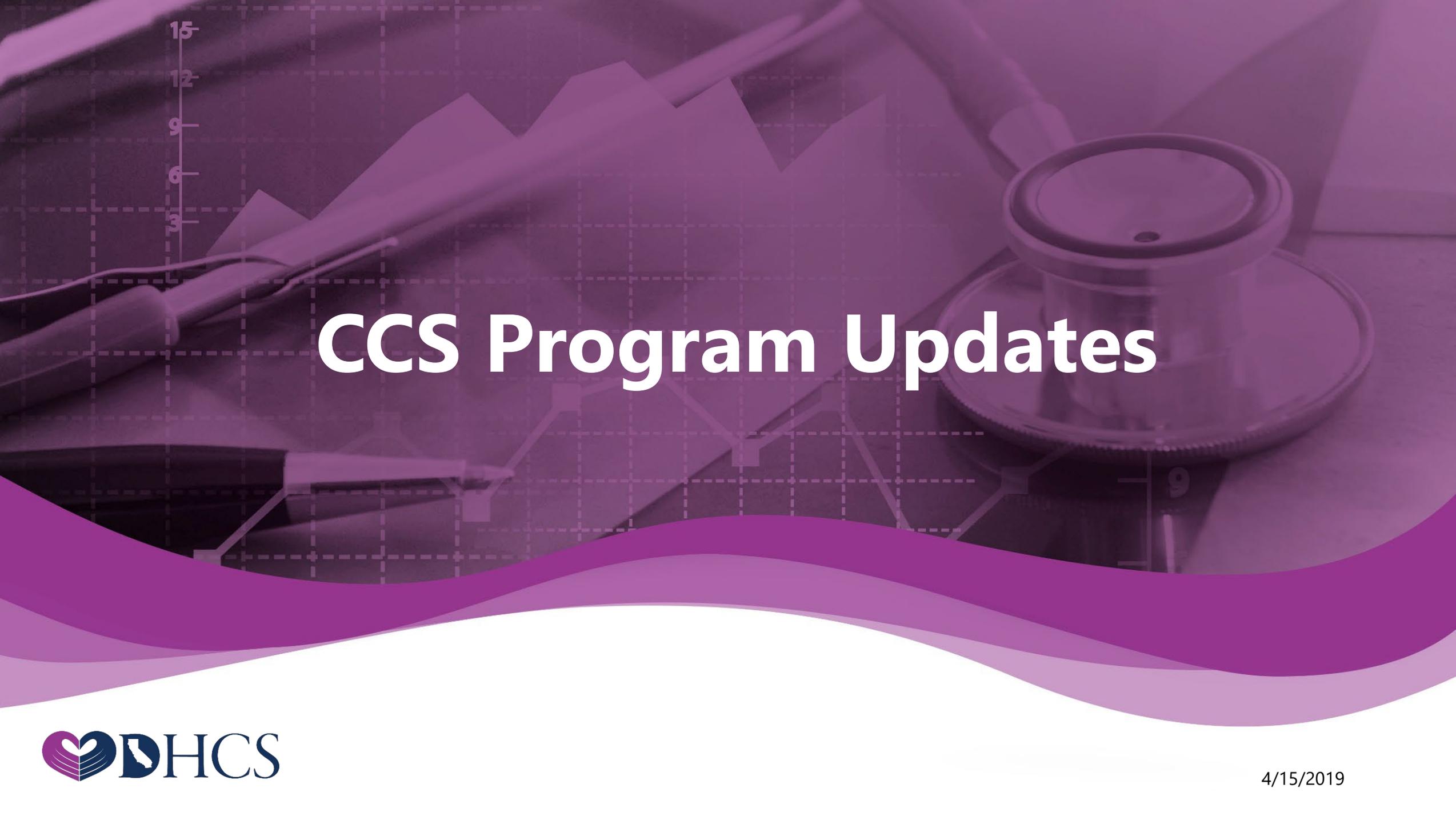
- » DHCS will continue to reach out and request concerns to understand what counties, providers and CCS clients are facing when transitioning from CCS to another delivery system.
- » DHCS will work to create best practices and/or frequently asked questions documents to provide guidance to counties, providers and clients in 2023.

Advisory Group Discussion

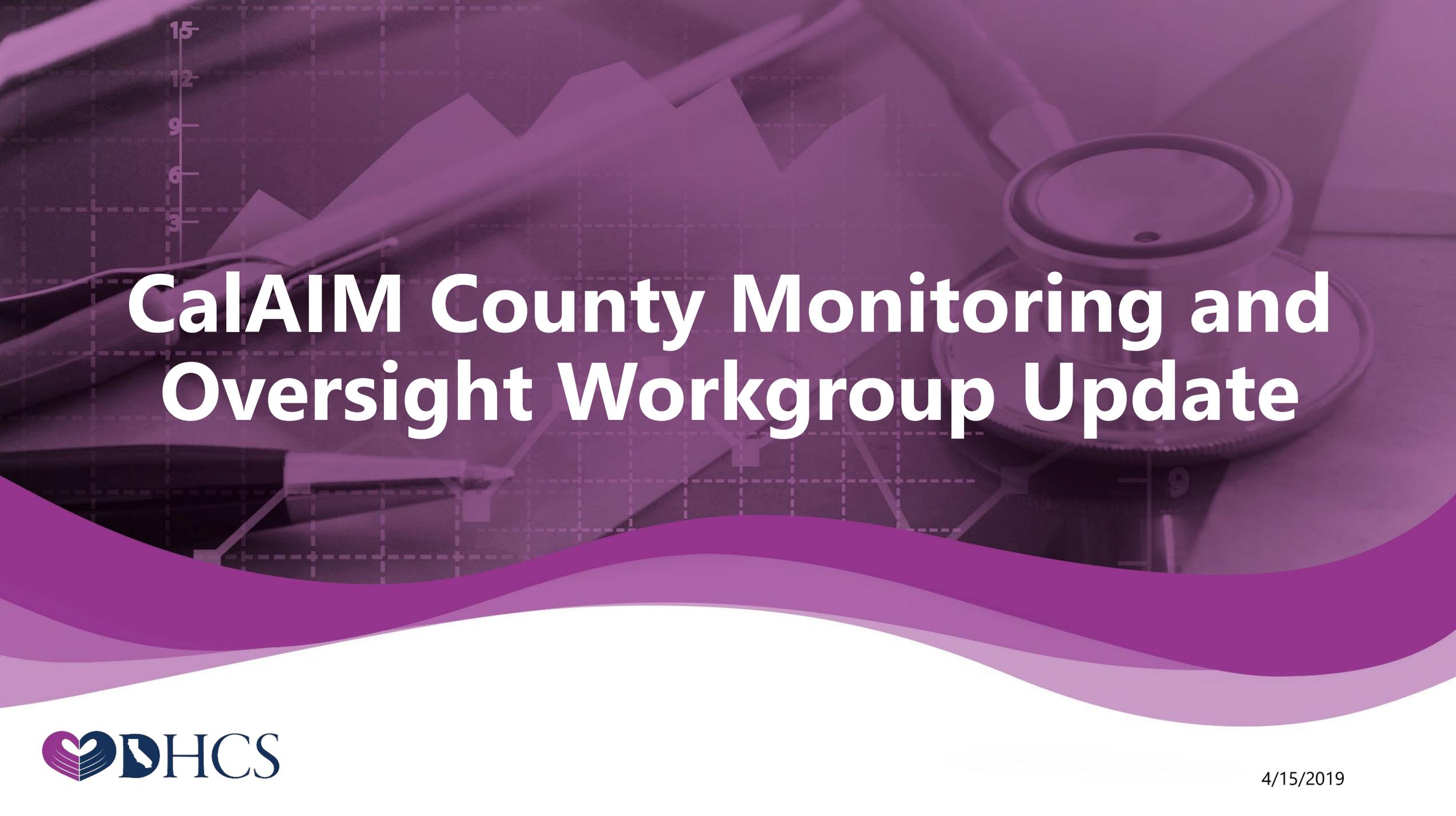
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CCS Program Updates



CalAIM County Monitoring and Oversight Workgroup Update

California Advancing and Innovating Medi-Cal (CalAIM)

The Department of Health Care Services (DHCS) intends to provide enhanced monitoring and oversight of all 58 counties to ensure continuous, and unwavering optimal care for children. To implement the enhanced monitoring and oversight of California Children's Services in all counties, DHCS will develop a robust strategic compliance program. Effective compliance programs begin with ascertainable goals, performance measures, and metrics capturing all federal and State requirements.

Authorizing Statute

Assembly Bill 133, Article 5.51 established CalAIM subsection (b), requiring DHCS to consult with counties and other affected stakeholders to develop and implement all of the following initiatives to enhance oversight and monitoring of county administration of the CCS program:

- » Establish statewide performance, reporting, and budgetary standards, and accompanying audit tools used to assess county compliance with federal and state requirements applicable to the CCS program.
- » Conduct periodic CCS quality assurance reviews and audits to assess compliance with the established standards.
- » Assess each CCS program to ensure appropriate allocation of resources necessary for compliance with standards, policies, guidelines, performance, and compliance requirements.
- » Determine and implement a process to inform each CCS program of, and make available on its internet website, the latest standards, policies, guidelines, and new performance and compliance requirements imposed.
- » Establish a statewide tiered enforcement framework to ensure prompt corrective action for counties that do not meet established standards.
- » Require each county to enter into a Memorandum of Understanding (MOU) with DHCS to document each county's obligations in administering the CCS program.

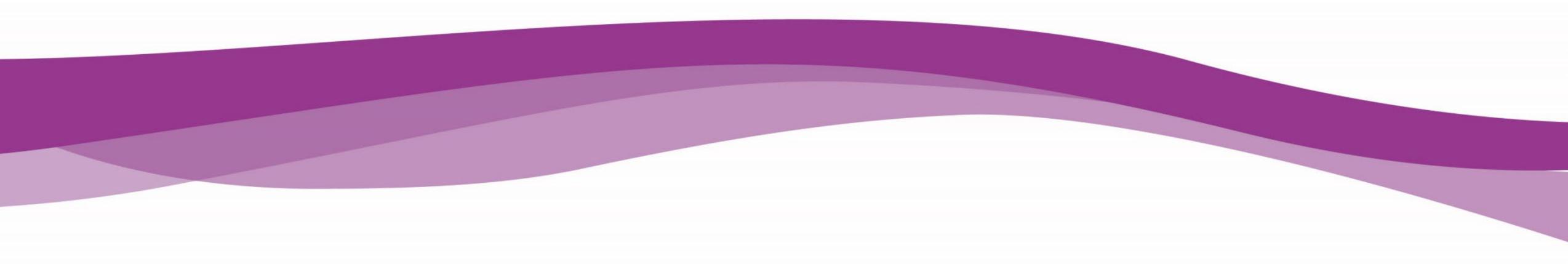
CCS Monitoring and Oversight Workgroup Goals

- » Leverage workgroup experience, knowledge, and best practices to build a collaborative process that results in a finalized CCS *Monitoring and Oversight Compliance Program Plan* and metrics and standards
- » Finalized documents will be used to create an MOU template, supporting attachments for the different county model types, and related guidance documents that will standardize and enhance compliance, monitoring, and oversight efforts to benefit beneficiaries, counties, providers, and DHCS

November and December Meeting Summaries

- » During the November and December meetings, the following was shared, and feedback was requested from Workgroup members on:
 - » MOU contents including attachments such as *MOU Roles and Responsibilities* by county model type
 - » Proposed grievance definitions and process
 - » Training proposal
 - » CCS compliance survey and enforcement proposals
 - » Proposed compliance activities including the quarterly report, annual report, performance measures, and triennial survey
 - » CCS case management definition and related activities

Advisory Group Discussion

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Children's Health and Disability Prevention Transition Update

Sellers Dorsey

- » Sellers Dorsey, a national health care consulting firm, has been obtained to assist DHCS with the CHDP sunset stakeholder engagement process. This includes supporting DHCS with the following:
 - » Landscape review
 - » Facilitation and support of the CHDP sunset stakeholder process
 - » Development of a process to solicit and collect stakeholder feedback on quality and outcomes measures

CHDP Transition Background

- » **Transitioning the CHDP Program aligns with the Department's goal under California Advancing and Innovating Medi-Cal (CalAIM).**
- » **DHCS will sunset the CHDP Program effective July 1, 2024.**
- » **The CHDP Transition preserves:**
 - » Presumptive eligibility enrollment activities currently offered through the CHDP Gateway,
 - » Activities under the CHDP-Childhood Lead Poisoning Prevention Program (CLPP); and,
 - » The Health Care Program for Children in Foster Care (HCPCFC)
- » **DHCS will launch the Children's Presumptive Eligibility (CPE) Program to replace the CHDP Gateway.**
 - » It will increase the number of children presumptive eligibility providers to include all Medi-Cal providers.

Overall CHDP Transition Project Objective:

To transition the CHDP program and establish the HCPCFC as a standalone program.

CHDP SUNSET: Transition Project Objectives		
Number	Program Responsible	Task to be Completed
1	CA-MMIS	Transition CHDP Gateway to CPE
2	HCBE	Expand Access to CPE
3	MCOD	Transition EPSDT and Follow-up Services
4	ISCD	Transition HCPCFC to a Stand-alone Program
5	MCQMD & CDPH/CLPPB	Transition CHDP-CLPP Responsibilities
6	CA-MMIS	CA-MMIS Systems Modifications
7	ISCD	Organizational Change Management
8	ISCD	Organizational & Procedural Change Documentation

CHDP Transition Requirements

Senate Bill 184 - Health and Safety Code (HSC) § 124024

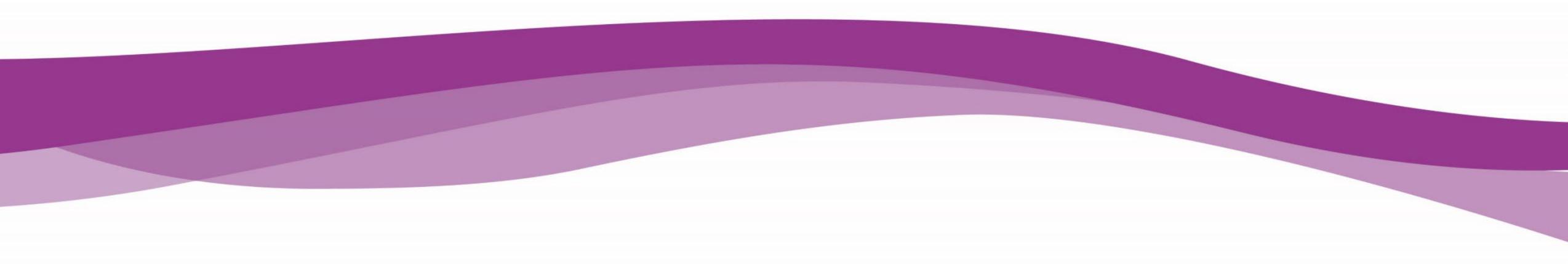
Before July 1, 2024, DHCS must take the following steps:

1. Conduct a stakeholder engagement process.
2. Develop a Transition Plan.
3. Provide an update to the Legislature during the 2023-24 budget hearings on the proposed transition plan.
4. Take actions necessary to continue Medi-Cal presumptive eligibility for children under 19 years of age, including expanding access within the CPE Program to include all eligible Medi-Cal providers.
5. Take actions necessary, in consultation with the State Department of Social Services, to continue the HCPCFC, including entering into contracts pursuant to subdivision (f) of § 16501.3 of the California Welfare and Institutions Code (WIC).
6. Take actions necessary, in consultation with the State Department of Public Health, to continue the CLPP Program activities.
7. Seek any federal approvals the department deems necessary to implement HSC § 124024.

CHDP Stakeholder Engagement Process

- » The first stakeholder engagement meeting was held on September 22, 2022
 - » Based on stakeholder feedback, the stakeholder process has been updated and the CHDP Transition Workgroup was developed
- » The second CHDP Transition Workgroup meeting took place on January 4, 2023. The focus of this Workgroup meeting included:
 - » Setting Workgroup expectations
 - » Children's Presumptive Eligibility
- » The next CHDP Transition Workgroup meeting will take place on February 8 at 1:00 to 4:00 PT

Advisory Group Discussion

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Public Health Emergency (PHE) Unwinding Update

DHCS' goal is to minimize beneficiary burden and promote continuity of coverage for our CCS beneficiaries by doing the following:

- » CCS Client Notification
- » CCS PHE Unwinding Guidance
- » Telehealth Numbered Letter
- » DHCS Ambassador Campaign
- » WCM and CCS County Coordination
- » Annual Determinations

Public Health Emergency (PHE) Unwinding Update

Consolidated Appropriations Act of 2023

- » Referred to as the Omnibus Spending Bill
- » The continuous coverage requirements will end on March 31, 2023
- » Beginning in February, DHCS will host weekly statewide support calls with local county offices
- » DHCS will implement a broad and targeted education and outreach communications campaign
- » DHCS will work closely with the Coverage Ambassadors.
- » Member notices and the CCS Unwinding Plan are currently being updated to reflect the start of Medi-Cal's redeterminations.

CCS Guidance Documents

- » Final Stages of Approval
 - ❖ Incontinence Medical Supplies
 - ❖ Medical Necessity Determination
 - ❖ Medi-Cal Rx Information Notice
 - ❖ Trikafta (CFTR Modulator Drug Therapies)
- » Updating
 - ❖ Telehealth
 - ❖ Serial Casting
 - ❖ Intercounty Transfer
 - ❖ Low Protein Therapeutic Food Information Notice
- » Out for Comment
 - ❖ Cardiac Standards
 - ❖ Botulinum Toxin
 - ❖ Pediatric Cystic Fibrosis and Pulmonary Standards
- » Posted
 - ❖ Continuous Glucose Monitoring Systems

CCS and WCM Quality Performance Dashboard

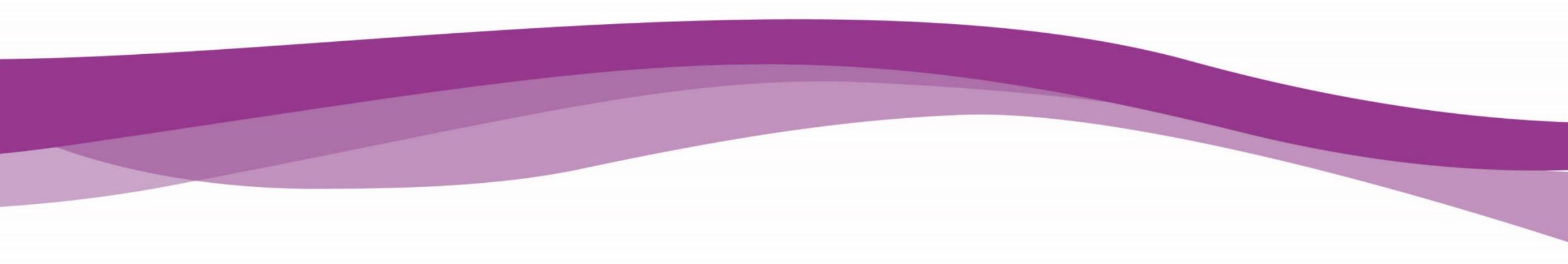
» Purpose:

- » Illustrate the quality of care for the CCS and WCM population in the Medi-Cal program through selected Center for Medicare and Medicaid (CMS) child core set metrics.

» Data Analysis:

- » Reports on quality measures calculated from administrative data with dates of service January 2020 to December 2020 (Measurement Year 2020).
 - » Childhood Immunization Status (CIS-CH)
 - » Ambulatory Care
 - » COVID-19 Vaccinations for Medi-Cal Beneficiaries

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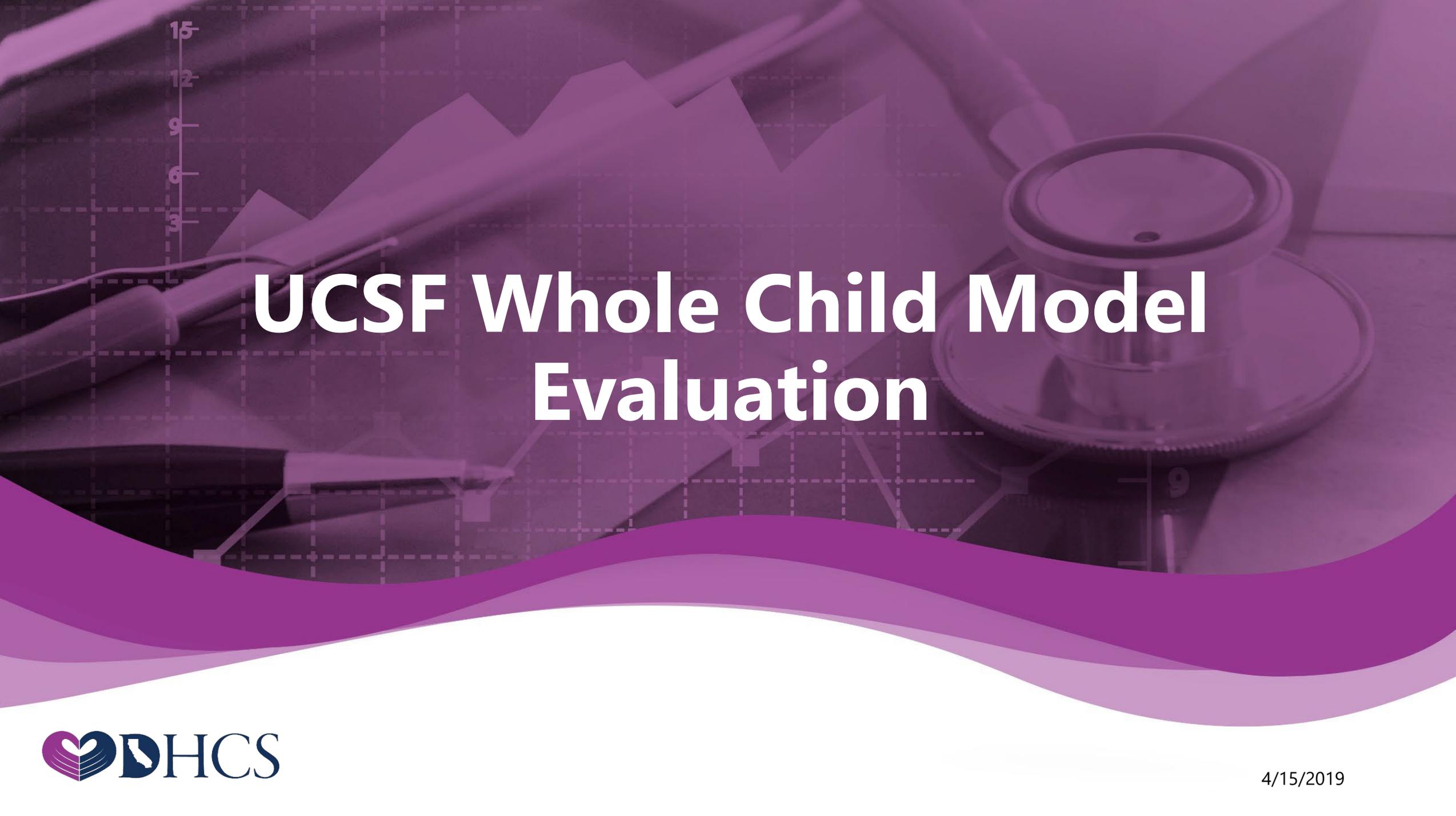
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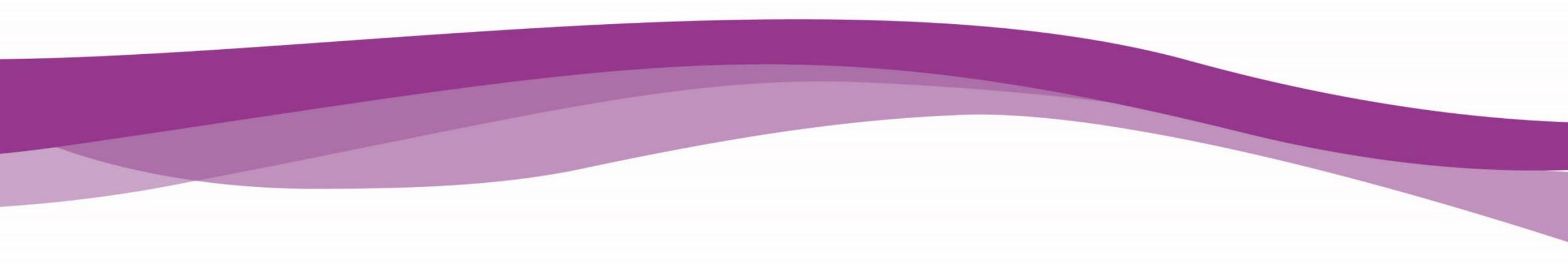
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UCSF Whole Child Model Evaluation

Advisory Group Discussion



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Public Comment

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Wrap-up and Next Steps

- » Next CCS Advisory Group Meeting:
 - April 12, 2023 from 1 to 4 pm
- » For CCS Advisory Group information, please visit:
<https://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>
- » For WCM information, please visit:
<http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>
- » If you would like to be added to the DHCS CCS interested parties email list, or if you have questions, please email CCSRedesign@dhcs.ca.gov.

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Thank you!