

## Attachment A: Compliance Activities

### Annual Report

#	Applies to:	Metric	Compliance Activity	Numerator	Denominator	Data Source	Reporting Entity(ies) <sup>1</sup>
1	Classic Independent, Classic Dependent, Whole Child Model (WCM) Independent, WCM Dependent	Medical Home	Percentage of California Children's Services (CCS) beneficiaries that have a medical home indicated in the Children's Medical Services (CMS) Net Medical Home field	Total number of non-duplicative CCS beneficiaries in CMS Net with a medical home entered	Total number of non-duplicative CCS beneficiaries in the county caseload	CMS Net	Department of Health Care Services (DHCS)
2	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent	Annual Medical Review (AMR) and Family Participation Completion	AMR completed for CCS beneficiaries prior to program eligibility end date and county CCS program offered at least one (1) of the following four (4) specific criteria that documents family participation in the CCS program:  1. Family members are offered an opportunity to	a) Total number of AMRs completed before the program end date due in the reporting period  ----- b) Total number of non-duplicative CCS beneficiaries with at least one (1) of the four (4)	a) Total number of AMRs due in the reporting period  ----- b) Total number of CCS beneficiaries	CMS Net and results from number one (1) if selected	County CCS programs and DHCS

<sup>1</sup> The reporting entity is responsible for compiling the information to make the compliance determination. If DHCS is the reporting entity, the county does not need to submit information on the compliance activity unless DHCS requests additional information.

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			<p>provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation</p> <p>a) County CCS programs shall provide the results from this family participation selection</p> <p>2. Family members participate on advisory committees or task forces and are offered training, mentoring, and reimbursement when appropriate</p> <p>3. Family members are participants of the CCS Special Care Center (SCC) services provided</p>	criteria documented for family participation	in county caseload		

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			to their child through family participation in SCC team meeting and/or transition planning 4. Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special health care needs, are contracted or consultants to the CCS program for their expertise				
3	Classic Independent, WCM Independent, DHCS	Medical Eligibility	CCS beneficiaries referred to CCS have their medical eligibility determined within five (5) business days upon receipt of all necessary documentation	Total number of non-duplicative CCS beneficiaries with new referrals who have medical eligibility determined within five (5) business days of receipt of all medical documentation in	Total number of non-duplicative CCS new referrals to the CCS program in the reporting period	CMS Net	DHCS

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#	Applies to:	Metric	Compliance Activity	Numerator	Denominator	Data Source	Reporting Entity(ies) <sup>1</sup>
				the reporting period			
4	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent	Financial Eligibility	CCS beneficiaries referred to CCS have their financial eligibility determined within 30 business days upon receipt of all necessary documentation	Total number of non-duplicative CCS beneficiaries with financial eligibility determined within 30 business days of receipt of documentation to make the determination in the reporting period	Total number of non-duplicative CCS new referrals to the CCS program in the reporting period	CMS Net	DHCS
5	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent	Residential Eligibility	CCS beneficiaries referred to CCS have their residential eligibility determined within 30 business days upon receipt of all necessary documentation	Total number of non-duplicative CCS beneficiaries with residential eligibility determined within 30 business days of receipt of documentation to make the determination in	Total number of non-duplicative CCS new referrals to the CCS program in the reporting period	CMS Net	DHCS

## Annual Report

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				the reporting period			
6	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, counties with a Medical Therapy Unit	Medical Therapy Unit (MTU) Locations	Verification if current MTU locations received DHCS approval	N/A	N/A	MTU Directory and counties submit MTU addresses	County CCS programs with a MTU
7	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS	Medical Therapy Program (MTP) Chart Audit	<b>For Counties with an MTU:</b> Verification county CCS programs have a policy and procedure in place defining the process for monthly MTP chart audits on randomly selected charts to be completed by the county MTP Utilization Review Team. The policy and procedure must define how the county MTP Utilization Review Team will	N/A	N/A	Policies and procedures	County CCS programs and DHCS

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#	Applies to:	Metric	Compliance Activity	Numerator	Denominator	Data Source	Reporting Entity(ies) <sup>1</sup>
			audit at least 10% of the MTP caseload annually. <b>For Independent Counties without an MTU:</b> Verification county CCS programs have a policy and procedure in place defining the process for the review of all therapy plans at least every six (6) months. <b>DHCS:</b> Verification DHCS has a policy and procedure in place defining the process for the review of all therapy plans at least every six (6) months for Dependent counties without an MTU. <sup>2</sup>				
8	WCM Independent, WCM Dependent	Case management and Coordination of Services	WCM county CCS programs shall develop policies and procedures for regular communication with WCM Managed Care Plans (MCPs) to facilitate the care	N/A	N/A	Policies and procedures	County CCS programs

<sup>2</sup> This requirement is outlined in [NL 43-1194](#)

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#	Applies to:	Metric	Compliance Activity	Numerator	Denominator	Data Source	Reporting Entity(ies) <sup>1</sup>
			of CCS beneficiaries which should include, but are not limited to, WCM MCP liaison and Utilization Management Director				
9	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS	Training	County CCS programs shall complete mandatory training and 20 hours of training annually by all CCS program staff. <sup>3</sup>	N/A	N/A	Submission of Training Log annually	County CCS programs
10	Classic Independent, WCM Independent: CCS Only, DHCS	CCS beneficiaries who attended an annual SCC visit	Percentage of CCS beneficiaries who had an annual authorized SCC/Specialist visit	Total number of non-duplicative CCS beneficiaries with an annual SCC/specialist Service Authorization Request (SAR) authorized in CMS Net	Total number of non-duplicative CCS beneficiaries in the county caseload	Microsoft Business Intelligence (MSBI) Claims	DHCS

<sup>3</sup> This requirement is outlined in [NL 04-0723](#)

**Quarterly Report**

#	Applies to:	Metric	Compliance Activity	Numerator (if applicable)	Denominator (if applicable)	Data Source	Reporting Entity(ies)
1	Classic Independent, WCM Independent: CCS Only, DHCS	SAR Authorization	SARs authorized for CCS beneficiaries within five (5) business days upon receipt of all necessary documentation. <sup>4</sup>	Total number of SARs adjudicated within five (5) business days upon receipt of all necessary documentation	Total number of SARs received with all necessary documentation	CMS Net	DHCS
2	Classic Independent, WCM Independent, DHCS	Resolution of Appeals	CCS agencies shall review the appeal and mail the written response with the basis for the decision, including pertinent facts and supporting statutes or regulations to the CCS beneficiary, authorized representative, or legal guardian within 21 calendar days upon receipt of sufficient information	N/A	N/A	Submission of Appeal Log quarterly	County CCS programs and DHCS
3	Classic Independent, Classic	Resolution of Grievances	Acknowledge standard grievances within five (5) business days, address	N/A	N/A	Submission of Grievance Log quarterly	County CCS programs

<sup>4</sup> This requirement is outlined in [NL 20-0997](#)



### Quarterly Report

#	Applies to:	Metric	Compliance Activity	Numerator (if applicable)	Denominator (if applicable)	Data Source	Reporting Entity(ies)
	Dependent, WCM Independent, WCM Dependent, DHCS		standard grievances within 30 calendar days, and expedited within three (3) business days. <sup>5</sup>				
4	Classic Independent, Classic Dependent, WCM Independent: CCS Only, WCM Dependent: CCS Only	Transition Planning	At age 17, county CCS program begins to develop the transition plan for all high risk CCS beneficiaries and shares the transition plan with the Primary Care Physician (PCP) and/or MCP to include: <sup>6</sup>  a. The identified adult specialist, medical group, or medical home and; b. Authorized representative/legal guardian (if needed)	The total number of high-risk CCS beneficiaries age 17 with a transition plan started with a and b included	The total number of high-risk CCS beneficiaries age 17	CMS Net and submission of Transition Log quarterly	County CCS programs

<sup>5</sup> This requirement is outlined in [NL 06-1006](#)

<sup>6</sup> High risk means CCS beneficiaries who are expected to have chronic health conditions that will extend past their twenty-first birthday as defined in the High Risk Assessment Tool

**Quarterly Report**

#	Applies to:	Metric	Compliance Activity	Numerator (if applicable)	Denominator (if applicable)	Data Source	Reporting Entity(ies)
5	Classic Independent, Classic Dependent, WCM Independent: CCS Only, WCM Dependent: CCS Only	Transition Planning	<p>At age 20 years, the exit summary for the transition plan for all high-risk CCS beneficiaries is developed and shared with the CCS beneficiary, authorized representative/legal guardian (if necessary), PCP, and/or MCP to include:</p> <p>a. The identified adult specialist, medical group, or medical home and;</p> <p>b. Authorized representative/legal guardian (if needed)</p>	<p>a) The total number of high-risk CCS beneficiaries age 20 with exit summary with a and b included</p> <p>b) The total number of high-risk CCS beneficiaries with exit summary shared with the CCS beneficiary, authorized representative/legal guardian (if necessary), PCP, and/or MCP</p>	Both a) and b): The total number of high-risk CCS beneficiaries age 20	CMS Net and submission of Transition Log quarterly	County CCS programs