

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

Agenda

Welcome and Meeting Information	1:00-1:10
Roll Call	1:10-1:20
Background and Authorizing Statute	1:20-1:40
CCS Redesign Performance Measure Quality Subcommittee Charter	1:40-2:00
Previous CCS Performance Measure Efforts	2:00-2:40
Public Comment	2:40-2:50
Next Steps	2:50-3:00

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: Department of Health Care Services (DHCS) is recording the meeting for note-taking purposes

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Workgroup Members

1. **Dr. Anand Chabra**, Medical Director, CCS and Family Health Services, San Mateo County Health
2. **Anne Carpinelli**, Medical Director, Quality and Care Management, Children's Hospital of Orange County*
3. **Ann-Louise Kuhns**, President and CEO, California Children's Hospital Association
4. **Dr. Carlos Lerner, President**, California Children's Specialty Care Coalition and Vice Chair for Clinical Affairs, UCLA Dept of Pediatrics
5. **Dr. Chris Esguerra**, Chief Medical Officer, Health Plan of San Mateo
6. **Christine Betts**, Supervising Therapist, Monterey County CCS Therapy Program
7. **Dr. Chynna (Concepcion) Bantug**, Chief of Pediatrics San Jose Medical Center and Pediatric Regional Quality Lead, Kaiser Permanente
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. Joanna Chin**, Medical Director, Contra Costa Health
11. **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. Mona Patel**, Chief Integrated Delivery Systems Officer, Children's Hospital of Los Angeles
17. **Nwando Eze**, Regional Medical Director of Neonatology, Kaiser Permanente
18. **Dr. Ramiro Zúñiga**, Vice President, Medical Director, Health Net
19. **Sabina Keller**, CCS Public Health Nurse Supervisor, El Dorado County
20. **Tamica Fouts-Rachal**, Project Director, Family Voices
21. **Dr. Thanh-Tam Nguyen**, Medical Director, Whole Child Model/Behavioral Health, CalOptima

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
- » **Sabrina Atoyebi**, Branch Chief, Medical Operations
- » **Barbara Sasaki**, Section Chief, Medical Operations
- » **Olivia Thomas**, CCS Program and Policy Analyst

Data Analytics Division (DAD)

- » **Linette Scott**, Deputy Director and Chief Data Officer
- » **Anne Carvalho**, Division Chief
- » **Muree Larson-Bright**, Research Scientist Manager
- » **Jing Feng**, Research Scientist Supervisor
- » **Maricel Miguelino**, Research Scientist Supervisor

DHCS Staff

Managed Care Quality and Monitoring Division (MCQMD)

- » **Amara Bahramiaref**, Branch Chief, Policy, Utilization & External Relations Branch
- » **Ariana Hader-Smith**, Health Program Specialist II
- » **Alyssa Hedrick**, Associate Government Program Analyst

Quality and Population Health Management (QPHM)

- » **Drew Bedgood**, Medical Consultant II

Sellers Dorsey Staff

- » **Sarah Brooks**, Director/Project Director
- » **Felicia Spivack**, Director/Compliance Subject Matter Expert
- » **Janel Myers**, Senior Consultant Specialist/Quality Subject Matter Expert
- » **Meredith Wurden**, Senior Strategic Advisor/Subject Matter Expert
- » **Marisa Luera**, Director/Subject Matter Expert
- » **Alex Kanemaru**, Senior Consultant/Project Manager

Workgroup 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
- » ISCD is reconvening this Subcommittee in the form of the CCS Redesign Performance Measure Quality Subcommittee to identify and create an actionable plan to implement metrics

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.

Authorizing Statute

- » 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.

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CCS Redesign Performance Measure Quality Subcommittee 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 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 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

CCS Redesign Performance Measure Quality Subcommittee Charter

CCS Redesign Performance Measure Quality Subcommittee Ground Rules

- » Only move forward measures that the department would be able to collect, report, and compare against CCS WCM and non-WCM (i.e., classic CCS) counties.
- » Meetings should provide a collegial and open environment to appreciate diverse perspectives.
- » Maintain regular, consistent attendance at the meetings and active participation of members is key to CCS Redesign Performance Measure Quality Subcommittee meeting objectives.
- » 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.

CCS Redesign Performance Measure Quality Subcommittee Charter

CCS Redesign Performance Measure Quality Subcommittee 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 (see next slide)

CCS Redesign Performance Measure Quality Subcommittee Charter

CCS Redesign Performance Measure Quality Subcommittee Membership

- » 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 an 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.

CCS Redesign Performance Measure Quality Subcommittee Charter

CCS Quality Metrics 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.

CCS Redesign Performance Measure Quality Subcommittee Charter

CCS Quality Metrics Voting Process

- » As part of the CCS Quality Workgroup, voting may be required
- » Voting 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

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Previous CCS Performance Measure Efforts

- » 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 Subcommittee was tasked with identifying performance metrics that could be applied to both classic CCS and Whole Child Model Programs to evaluate difference in performance between the two models. The workgroup established standardized technical specifications for five distinct categories or domains:
 1. Timely access to specialty services
 2. Follow-up care
 3. Caregiver satisfaction
 4. Clinical care quality and monitoring
 5. Long-term transition planning

Previous CCS Performance Measure Efforts

- » Within the five distinct categories or domains DHCS identified areas with challenges to measure/report:
 - Children and youth with special health care needs (CYSHCN)
 - Recommend saying CCS if that is the intention of the CYSHCN reference
 - CYSHCN in the literature has a broader definition than the CCS population
 - Examples of data availability challenges for measures
 - Definitions (Primary care providers, Mental health services)
 - Absence of surveys to collect data required
 - Absence of referral information and transition plan information or limited to delivery model

CCS and WCM Quality Performance Dashboard

- » Published February 2023 to demonstrate commitment to show transparency
- » Intended to illustrate the quality of care for the classic CCS and WCM population in the Medi-Cal program through selected Centers for Medicare and Medicaid Services (CMS) Child Core Set Measures
- » Contains data extracted from Medi-Cal administrative data for dates of service January 2020 to December 2020 (Measurement Year 2020)
- » Data are reported at the state, program, plan, and county levels for various service
- » <https://www.dhcs.ca.gov/services/ccs/Documents/CCS-Quality-Measures-Dashboard-2023-02-19.pdf>

Core Set Measures

- » Primary Care Access and Preventative Care - Access to regular primary care services can prevent infectious and chronic diseases, help people live longer, and improve population health.
- » Perinatal Health - Maternity care is an opportunity to promote services and behaviors to optimize the health of mothers and children.
- » Care of Acute and Chronic Conditions - The extent to which children receive safe, timely, and effective care for acute and chronic conditions is a key quality of care indicator, reduces the need for more costly care later, and is associated with leading more healthy, productive lives.

Measures from these domains are also available:

- » Experience of Care - The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey includes supplemental questions regarding the care experience of children with chronic conditions.
- » Behavioral Health Care - Treatment of mental health and other behavioral health conditions.
- » Dental and Oral Health Services - Coverage for dental and oral health services.

WCM Evaluation

- » In 2016, the California legislature approved California Senate Bill (SB) 586 (Hernandez, Chapter 625, Statutes of 2016) and authorized DHCS to establish the Whole Child Model (WCM) program in 21 designated counties.
- » SB 586 required DHCS to contract with an independent entity to conduct an evaluation of the WCM and required that the evaluation, at a minimum, evaluate the performance of the plans participating in the WCM program as compared to the performance of the CCS program prior to the implementation of the WCM program in the participating counties.

WCM Evaluation

- » The WCM Evaluation assessed the overall impact of the implementation of the WCM across California. Future research would be helpful to ensure that the WCM addresses the needs of children with significant medical complexity. With this caveat, in general, the evaluation found that the WCM was successful in meeting the overall goals set forth through maintaining access to primary and specialty care for the general CCS population and 55 through meeting CCS specialty needs, with stable health outcomes, while improving client satisfaction with and perceived quality of CCS-related care. The evaluation also highlighted areas for continued improvement which included:
 - » Ensuring adequate pediatric specialty–focused case management to meet the needs of CCS clients within the WCM,
 - » Investigating and addressing decreased enrollment into CCS observed in the WCM,
 - » Investigating health differences and health needs found among those with higher illness severity / medical complexity within the WCM,
 - » Investigating differences in outcomes and medical care utilization found by race and language within the WCM,
 - » Addressing mental health service needs statewide for WCM CCS clients.

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Next Steps

- » Meeting summary
- » Homework will be sent out following this meeting

Workgroup Meeting Logistics

- » Additional details on the meeting days and times is forthcoming
- » * Meeting will tentatively be scheduled during the months listed below; however, based on schedules these months are subject to change

Workgroup Meeting Dates*

» November 2023

» May 2024

» November 2024

» February 2024

» July 2024

Contact Information

- » For more information, questions, or feedback regarding the CCS Redesign Performance Measure Quality Subcommittee please email Sarah Brooks at Sbrooks@sellersdorseys.com or Alex Kanemaru at Akanemaru@sellersdorseys.com
- » 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

The image features the text "Thank you" in a bold, dark blue font, centered on a white background. Below the text are two thick, wavy lines in shades of blue and teal, creating a decorative border at the bottom of the page.

Appendices



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