

January 10, 2024 1:00 – 4:00 PM

Advisory Group Members in attendance:

Allison Gray, Ann Kinkor, Ann Kuhns, Erin Kelly, Francesca Peterson, Dr. Jerry Cheng, Katherine Barresi, Kelly Hardy, Kristen Dimou, Laurie Soman, Lianna Chen, Dr. Mary Giammona, Michael Harris, Michael Hunn, Dr. Mona Patel, Stephanie Dansker, Susan Skotzke

Guests: Kinisha Campbell, Kaiser

DHCS Staff in attendance:

Alyssa Hedrick, Amara Bahramioref, Annette Lee, Ariana Hader-Smith, Barbara Sasaki, Carolyn Smith, Dr. Cheryl Walker, Cortney Maslyn, Dana Durham, Erica Grant, Isabel Lacuesta, Jennifer Allen, Dr. Jill Abramson, Jin Chong, Joseph Billingsley, Julie Cheung, Katie Ramsey, Dr. Kristie Yi, Laura Miller, Lisa Ghotbi, Megan Sharpe, Olivia Thomas, Dr. Palav Babaria, Paris Richardson, Sabrina Atoyebi, Sara Sager, Sarah Brooks, Sean Barber, Srilatha Jonnalagadda, Steven Cueto, and Tina Mayes

AGENDA

Welcome and Housekeeping

Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems

- » Welcomed participants, announced roll call will be taken from the meeting attendance log and introduced new member Dr. Mona Patel, Department of Pediatrics, Children's Hospital Los Angeles Medical Group.

Sabrina Atoyebi, Branch Chief, Medical Operations Branch

- » Reviewed housekeeping and meeting logistics.

Director Remarks and October 2023 Meeting Recap

Sarah Brooks, Chief Deputy Director, Health Care Programs

- » Meeting participants and the Advisory Group were welcomed; greetings for the new year were extended to those who joined the meeting in-person and those who joined the meeting on WebEx. Sarah shared the CCS program had a productive 2023 and is looking forward to the work ahead in 2024.
- » Since the last Advisory Group meeting, Kaiser has implemented as a Whole Child plan provider in eight counties. Readiness efforts continue for the expansion of Whole Child Model (WCM) to an additional twelve counties in 2025. The Department of Health Care Services (DHCS) released the Local Health Department Memorandum of Understanding (MOU) template, with CCS exhibit, as required by the 2024 Managed Care Plan contract. The Governor's administration and DHCS are committed to ensuring hearing impaired children have access to the services and supports they need, including hearing aids. Children can receive hearing aids and related services through the CCS program or through Medi-Cal. For children who do not qualify through CCS or Medi-Cal, the Hearing Aid Coverage for Children Program is available. For more information, refer to the Hearing Aid Coverage for Children Program website.
- » The meeting agenda for today includes updates on policy initiatives, Medi-Cal Rx, Whole Child Model expansion, Kaiser's recent implementation into Whole Child Model counties as a provider plan partner, and an update on Enhanced Care Management.

Sabrina Atoyebi, Branch Chief, Medical Operations Branch

- » Reviewed agenda topics presented at the October meeting. DHCS provided a WCM readiness update citing Assembly Bill 2724 authorizing Kaiser to implement as a Whole Child Model plan, as of January 1, 2024, in Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma and Yolo counties.
- » Kaiser presented their readiness to implement noting appropriate 60 and 30-day notices were sent to appropriate members who have a pre-established relationship with Kaiser. Those members will automatically transition to Kaiser on 1/1/2024.
- » San Mateo County and the Partnership Health Plan contingent of counties presented their perspective as WCM counties since 2018.

- » Enhanced Care Management (ECM) provided an update noting DHCS met with stakeholders and Managed Care Plans to get feedback on reducing administrative burden and improving referral pathways. A standardized referral form, and process, across the State will be rolling out for ECM in 2024.

2023 Accomplishments and 2024 Priorities

Cortney Maslyn, Division Chief, Integrated Systems of Care Division (ISCD)

- » New ISCD Medical Director Dr. Balaji Govindaswami was introduced; he will work on the Quality Metric effort.
- » The following 2023 accomplishment highlights were provided:
 - The WCM final evaluation report was released in June 2023, as required by Senate Bill 586, and was conducted by the University of California San Francisco - Institute for Health Policy Studies to assess Managed Care Plan performance and the outcomes and the experience of CCS-eligible children and youth participating in the WCM program. The report can be accessed at [WCM-Report-Master.pdf \(ca.gov\)](#).
 - The Consolidated Appropriations Act of 2023 ended the continuous coverage requirement. In December, DHCS sent notices to CCS beneficiaries to inform of the restart of program annual eligibility and requested updated contact information. The team has begun posting monthly enrollment numbers by:
 - CCS Medi-Cal enrollment total statewide
 - CCS Medi-Cal enrollment by county
 - CCS state only enrollment total statewide
 - CCS state only enrollment by county
 - For more information on the CCS Program Public Health Unwinding plan guidance, refer to the [CCS Numbered Letters \(ca.gov\)](#) webpage.
 - Done a lot more transparency and stakeholder engagement in 2023 working on WCM and CCS Quality Dashboard published last February and will next be updated in February 2024.
 - Began hosting a WCM Coordination meeting for the purpose of bringing together WCM plans and impacted counties.
 - New for 2023 is the CCS Program Bi-Monthly. The next meeting is in February 2024.
 - In 2023 the team published 11 Numbered Letters and 6 Information Notices. Refer to these notices at the [CCS Numbered Letters \(ca.gov\)](#) and [CCS Information Notices \(ca.gov\)](#) webpages.
- » The following 2024 Priorities were provided:

- Work on the CCS Redesign Performance Measure Quality Subcommittee resumed in 2023; the next meeting is scheduled in February 2024.
- Finalizing County Monitoring and Oversight priorities like the Numbered Letters and Memorandum of Understanding based on public feedback.
- Whole Child Model expansion was postponed to January 1, 2025; county engagement begins January 2024. Updates will provide during a presentation later in the meeting.
- ISCD is committed to updating Special Care Center Standards, the case management manual and supported training. Also continuing engagement on appeals and due processes.
- To increase engagement and foster open dialogue, the department will continue to hold county level meetings. Additionally, the dependent county specific meetings are another way we are increasing engagement.
- Thank you to our partners for their commitment to this program.

Policy Initiatives

CCS County Compliance, Monitoring and Oversight Program

Katie Ramsey, Unit Chief, Quality and Monitoring Branch

- » DHCS finalized resource documents and made updates to the CCS Compliance, Monitoring and Oversight webpage to focus on future CCS compliance activities, technical assistance guides and referral materials. CCS Monitoring and Oversight workgroup meeting materials has also been archived.
 - CCS Compliance, Monitoring and Oversight has published the following documents:
 - CCS Compliance, Monitoring and Oversight Program Plan
 - CCS Training Numbered Letter (NL)
 - CCS Program Reporting and Survey NL
 - CCS Grievance Process NL
 - County reporting templates for quarterly, annually and for the survey periods.
- » CCS NLs referenced in the CCS Monitoring and Oversight MOU:
 - Electronic Visit Verification (EVV) NL is now posted.
 - Training NL is now posted.
 - Grievance NL with flowchart and form is now posted.
 - Note: Grievance form is still being finalized and will be shared once finalized.
 - CCS Program Reporting and Survey NL is now posted.
 - Inter-County Transfer NL is now posted.

- » Currently pending:
 - Appeals Process NL was released for public comment on July 7, 2023, and a final release is expected the first quarter of 2024.
 - CCS Monitoring and Oversight Memorandum of Understanding (MOU) was released for public comment September 26, 2023, and a final release is expected first quarter January 2024.
- » In advance of the CCS Compliance, Monitoring and Oversight program implementation on July 1, 2024, DHCS will share the final MOU for county review and signature, publish an Information Notice (IN) to inform counties of the upcoming MOU and expectations related to new oversight functions, publish the Grievance, Appeal and State Hearing factsheet, publish technical assistance guides, update the DHCS webpage with training information and offer counties support and technical assistance on new reporting requirements.
- » For more information and details related to these NLs, please refer to the California Children's Services (CCS) Compliance, Monitoring, and Oversight Program and CCS Numbered Letters (ca.gov) webpages.
- » Question: Laurie Soman asked if additional updates are made to the documents, will they be sent out for public comment before they are made part of the final.
 - DHCS response: The MOU was updated based on public comments received. The next step is to share the final document.

Child Health Disability Prevention (CHDP) Program Transition

Sabrina Atoyebi, Branch Chief, Medical Operations Branch

- » DHCS will sunset and/or fully transition components of the CHDP program that already exist in other Medi-Cal delivery systems by July 1, 2024.
- » Senate Bill 184 requires DHCS to consult with stakeholders in the development of a transition plan to include a post-transition monitoring and oversight plan, Childhood Lead Poisoning (CLPP) program activities through existing Medi-Cal delivery systems, a plan to fund administrative and service costs for Health Care Program for Children in Foster Care (HCPCFC) and an analysis and plan to retain existing local CHDP program positions. DHCS worked with multiple divisions and the California Department of Social Services (CDSS) and the California Department of Public Health (CDPH) throughout 2023 to create a comprehensive CHDP transition plan.
- » A draft of the transition plan was released for public comment.
- » DHCS issued CHDP program activities for Fiscal Year (FYI) 2023-2024 and is available on the CHDP Program Letters and Information Notices webpage.

- » The transition plan will be released at the end of March 2024. At or around that time, DHCS will issue a declaration certifying the completion of the activities outlined in the transition plan.
- » DHCS will release additional guidance, training and communications, as appropriate, to ensure a successful July 1, 2024 transition.

CCS Redesign Performance Measure Quality Subcommittee

Sabrina Atoyebi, Branch Chief, Medical Operations Branch

- » Per authorizing statute, WIC, section 14094.7 (b) requires DHCS to conduct the following activities by January 1, 2025:
 - post on the DHCS website annually an analysis of CCS enrollment for Whole Child Model (WCM) counties and non-WCM counties that enables a comparison of trends between the two categories of CCS counties,
 - develop utilization and quality measures annually in a form and manner specified by DHCS that relate specifically to CCS specialty care and report such measures for both WCM and non-WCM counties,
 - require WCM plan (as applicable) with a finding in the most recent annual medical audit to implement quality improvement strategies specifically targeted to the CCS population (as determined by the department) and establish a stakeholder process per Section 14094.17.
- » The department shall consider the following when developing measures:
 - recommendations by the subcommittee established by the department as part of the CCS Advisory Group per subdivision (c) of Section 14097.17,
 - and available data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit.
- » The goal of the CCS Redesign Performance Measure Quality Subcommittee is to advise on the identification and implementation of quality 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 Plans (MCP) and CCS classic counties to create a dashboard that tracks program performance. 3-5 clinical and non-clinical measures should be identified and compared among both programs so external stakeholders, MCPs and the public may access the information through the dashboard. At the November 29, 2023 meeting, the Subcommittee established the following: a baseline and common understanding of quality measurement terminology and methodologies, domains and principles for measure selection, and timeline expectations and process for measure selection. The next meeting will be held February 29, 2024.

- » For more information about the Performance Measure Quality Subcommittee, please visit the [CCS Redesign Performance Measure Quality Subcommittee \(ca.gov\)](https://www.ccs.ca.gov/Performance-Measure-Quality-Subcommittee) webpage.

CCS Program Update

Barbara Sasaki, Section Chief, Special Population Section

- » Numbered Letters (NL) recently released were reviewed and are available for viewing on the [CCS Numbered Letters \(ca.gov\)](https://www.ccs.ca.gov/Numbered-Letters) and [CCS Information Notices \(ca.gov\)](https://www.ccs.ca.gov/Information-Notices) webpages.
- » The Hearing and Appeals NL is currently in revision and will then be sent out for a 2nd round of public comment. The Transplants NL is in revision following external stakeholder review; once completed it will be submitted for posting approval. The Cystic Fibrosis and Pulmonary Standards and Medical Therapy Program Duplication of Services are with leadership for posting approval.
- » The end of the Medi-Cal continuous coverage requirements necessitates a coordinated, phased communication campaign to reach members with messages across multiple channels using [DHCS Coverage Ambassadors](https://www.dhcs.ca.gov/Coverage-Ambassadors). As California resumes normal Medi-Cal eligibility operations, members will need to know what to expect and what they need to do to keep their health coverage. Most members will either remain eligible for Medi-Cal or qualify for tax subsidies that allow them to buy affordable Covered California coverage.
- » DHCS will engage community partners to serve as DHCS Coverage Ambassadors to deliver important messages to Medi-Cal members about maintaining Medi-Cal coverage after the Continuous Coverage Requirement ends. DHCS Coverage Ambassadors will connect Medi-Cal members at the local level with targeted communications.
- » Ambassadors may include, but are not limited to:
 - Local County Offices
 - Health Navigators
 - Managed Care Plans
 - Community Organizations
 - Advocates
 - Stakeholders
 - Providers
 - Clinics/Healthcare Facilities
 - Legislative Offices/Other State Agencies

- » DHCS launched the [Keep Your Community Covered Resources Hub](#) to support the continuous coverage unwinding. Resources are provided in 19 threshold languages. The [Medi-Cal Continuous Coverage Unwinding Dashboard](#) allows you to gain demographic and geographic insights into enrollment and renewal data. Data will be published until July 2024. [KeepMediCalCoverage.org](#) (English) or [MantengaSuMedical.org](#) (Spanish) webpages include resources for members to update their information, find local county offices and sign up to receive email or text updates from DHCS.

Advancing Medi-Cal RX Update

Cortney Maslyn, Division Chief, Integrated Systems of Care Division

Lisa Ghotbi, Division Chief, Pharmacy Benefits Division

- » Medi-Cal RX has four key objectives:
 - Standardize benefits through a single delivery system
 - Improving access through a statewide pharmacy network
 - Applying statewide utilization management protocols
 - Strengthening the State's ability to negotiate supplemental drug rebates.
- » Approached reinstatement efforts through an iterative approach, engaged in stakeholder discussions, sent 30-day notices prior to system enhancements, and 90-day notices prior to changes for the pediatric population. Noted: 90-day notices have not been implemented.
- » Medi-Cal RX Reinstatement phases for the adult population have been completed.
- » Shared successes included expanding the contract drug list (CDL), full re-evaluation of enteral nutrition criteria, revamped claims messaging with pharmacies, and exceeded adoption goals for CoverMyMeds (CMM) with 80% of PAs submitting via CMM.
- » Critical learnings included the importance of lead time to discuss steps with stakeholders in advance and reviewing end to end processes for improvement opportunities and efficiencies. The team expects to follow the same process and the same level of rigor when looking at the pediatric population taking into consideration the unique and specific needs of that population.
- » The strategic cornerstones remain transparency, advance stakeholder notice, system enhancements to improve efficiencies and leverage successful operational practices, and inclusive feedback in the planning and evaluation of implementation. The pediatric population (members 21 years and younger) is anticipated to be integrated in late 2024.

- » ISCD and Pharmacy Benefits Division have a great partnership. We are meeting bi-weekly to obtain real-time feedback from pediatric providers (i.e., Children's Hospital Association and children's hospitals). Will use the Advisory Group forum this year to discuss larger policy discussions regarding necessary system enhancements.
- » Medi-Cal RX Customer Service Center can be reached 24 hours/7 days/365 days per year at 1-800-977-2273.
- » Provider assistance and questions can be directed to MediCalRxEducationOutreach@magellanhealth.com.

Whole Child Model (WCM) Expansion

Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems
 Amara Bahramioref, Branch Chief, Managed Care Quality Monitoring Division (MCQMD)
 Sean Barber, Branch Chief, Managed Care Quality Monitoring Division (MCQMD)

- » The 2024 Whole Child Model (WCM) transition took place across eight counties and five managed care plans for approximately 2,600 members.
- » In June 2023, Kaiser was provided readiness deliverables for the 2024 transition. The deliverables reflected the requirements per Senate Bill (SB) 586 and were updated to account for requirements from Assembly Bill (AB 2724) and AB 118. Kaiser was required to complete twenty-nine (29) deliverables of which twenty-five (25) were due by January 1, 2024. Kaiser completed the 25 deliverables on deadline. The remaining four (4) are comprised of executing the Memorandum of Understanding, required policy and procedure updates to address the updated WCM All Plan Letter, continuing provider network readiness and verification submissions required for post-implementation. DHCS shared the complete list of deliverables with Advisory Group members following the October Advisory Group meeting. Kaiser's policy and procedures were shared with the participating counties.
- » MCQMD reviewed the Continuity of Care (CoC) policy for members who transitioned to Kaiser, which largely aligns with current CoC policies with some additional protections. All WCM members who transitioned to Kaiser are eligible for CoC protections.
- » DHCS is using a multi-pronged approach for the compliance and oversight of the WCM transition noting a specific WCM monitoring layer has been deployed for the 2024 transition. Timelines for monitoring include bi-weekly reviews in January and February 2024, monthly reviews from March to June 2024 and quarterly reviews July to December 2024.

Enhanced Care Management (ECM)

Dr. Palav Babaria, Chief Quality and Medical Officer and Deputy Director Quality Population Health Management

- » Dr. Babaria provided a brief overview of ECM for children and youth including ECM provider requirements and the role of the lead care manager. ECM is available to managed care plan members who meet Populations of Focus criteria. Dr. Babaria reviewed the intersection between ECM and key programs for children and youth (CCS and the Health Care Program for Children in Foster Care (HCPCFC)). ECM enhances and/or coordinates across the case management available in CCS and CCS Whole Child Case Management. CCS enrolled children, who are Medi-Cal eligible and enrolled in Medi-Cal managed case may be eligible for Community Supports depending on the county, health plan, and individual Community Supports eligibility criteria. 212 listed Providers serve CCS children. More information is available on the [ENHANCED CARE MANAGEMENT FOR CHILDREN AND YOUTH](#) webpage.

Kaiser Whole Child Model Implementation

Dr. Jerry Cheng, Kaiser and CCS Advisory Group Member
Kinisha Campbell, Kaiser Exec. Director, Medi-Cal Care Coordination

- » Kaiser Permanente (Kaiser) provided updates on their WCM expansion activities, WCM scope of service & Continuity of Care, external partnerships and outside referrals. Kaiser has 61 CCS certified Special Care Centers with another 9 pending application and site visits with DHCS. Members will be referred for specialty care outside the Kaiser network when service within Kaiser is not available or when the member wants to be seen in their county, but services are not offered in the county through Kaiser. Kaiser provided direct and WCM points of contact by their geographical hub locations for assistance with questions or processes. Please refer to the posted PowerPoint presentation ([Past Meeting Materials \(ca.gov\)](#)) for more information on Kaiser's update.

Public Comment and Wrap Up

Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems

- » The next meeting is scheduled for Wednesday, April 10, 2024.