Agenda

1:00 – 1:10	Welcome and Housekeeping
1:10 – 1:15	Director Remarks
1:15 – 1:20	January Meeting Recap
1:20 – 1:30	2025 CCS Priorities
1:30 – 2:35	2025 Whole Child Model Expansion, CCS Member Experience, Partnership Health Plan Updates
2:35 – 2:45	Break
2:45 – 3:05	County Compliance, Monitoring & Oversight
3:05 – 3:35	Medi-Cal Rx
3:35 – 3:45	Program Update
3:45 – 4:00	Public Comment and Next Meeting

Housekeeping and Meeting Logistics

» Meeting information is available on the [CCS Advisory Group](#) webpage.

» All meeting participants are muted upon entry.

» CCS Advisory Group members: please "Raise Your Hand" or use the chat feature to submit questions.

» All other Attendees: the raise hand feature will be available during the public comment period.

» Live Closed Captioning will be available during the meeting.

» DHCS is recording the meeting for internal note-taking purposes only.

DIRECTOR REMARKS

Director Remarks

» Agenda Review

» Medi-Cal Rx Pediatric Integration

» CCS Information Notice (IN) 25-01

» New CCS Advisory Group Member

CCS Advisory Group Members

» **Katherine Barresi,** Chief Health Services Officer, Partnership Health Plan of California

» **Lianna Chen,** Family Advisory Committee Members, Health Plan of San Mateo

» **Jerry Cheng, MD.,** Chief of Pediatrics LA & Pediatrics Specialties Lead, Kaiser Permanente SCAL

» **Whitney Clark,** Service Line Director – Women's and Children's Services, Sutter Health

» **Janis Connallon,** Project Director, Family Voices

» **Stephanie Dansker,** Board Member/Patient, Hemophilia Council of California

» **Kristen Dimou,** California Children's Branch Chief, San Diego County HHS

» **Mary Giammona, MD.,** Medical Director, Molina Healthcare California

» **Michelle Gibbons,** Executive Director, County Health Executives Association of California

» **Allison Gray,** Program Officer, Lucille Packard Foundation for Children's Health

» **Kelly Hardy,** Senior Managing Director, Children Now

» **Dominique Hensler,** Director, Rady Children's Hospital and Health Center

CCS Advisory Group Members

» **Michael Hunn,** CEO, CalOptima

» **Erin Kelly,** Executive Director, Children's Specialty Care Coalition

» **Ann Kinkor,** Coordinator State Legislative Agency, Epilepsy California

» **Linnea Koopmans,** CEO, Local Health Plans of California

» **Ann Kuhns,** President and CEO, California Children's Hospital Association

» **Beth Malinowski,** Governmental Affairs Advocate, SEIU California

» **Carol A. Miller, MD.,** Medical Consultant, CCS Medical Advisory Committee

» **Dianna Myers, MD.,** Medical Director, Central California Alliance for Health

» **Jolie Onodera,** Senior Legislative Analyst, California State Association of Counties

» **Miriam Parsa,** Chief Pediatric Medical Officer, Cottage Children's Medical Center

» **Mona Patel, MD.,** Department of Pediatrics, Children's Hospital Los Angeles Medical Group

» **Janet Peck,** CCS Program Administrator, Butte County CCS Program

CCS Advisory Group Members

- **Francesca Peterson ,** CCS Program Administrator, San Luis Obispo County CCS Program
- **Kristen Rogers,** Family Advisory Committee Member, CalOptima
- **Susan Skotzke,** Family Advisory Committee Member, Central California Alliance for Health
- **Michelle Schenck-Soto,** Program Supervisor – PH Nursing, Imperial County CCS Program
- **Laurie Soman,** Director, Children's Regional Integrated Service System (CRISS)
- **Gina Stabile,** Family Advisory Committee Member, CenCal Health
- **Jim Stein, MD.,** Board President, Children's Specialty Care Coalition
- **Shelby Stockdale,** Whole Child Model Program Manager, CenCal Health
- **Amy Westling,** Director of Policy, Association of Regional Care Centers
- **Katrina Whitaker,** Director of Public Health Nursing, Sutter County CCS Program

January Meeting Recap

January 2025 Meeting Recap

» New Advisory Group members

» 2024 Highlights and 2025 CCS Priorities

» 2025 WCM Expansion

» Medi-Cal Rx

» Enhanced Care Management

2025 CCS Program Priorities

Recap 2024 Priorities

» CCS Redesign Performance Measure Quality Subcommittee

» CCS Compliance, Monitoring, and Oversight

» WCM Implementations

» Program Administrative Statewide Operations

2025 Priorities Criteria

» Feasibility

» Level of Effort

» Aligns With Existing DHCS Efforts

» Medical Necessity

» Level of Interest/Reoccurring Topic

2025 Priorities

» Transition to Adulthood

» CCS Paneled Provider Expansion

» CCS Quality Metrics Performance Measures

» 2025 CCS WCM Expansion Monitoring

» CCS Compliance, Monitoring and Oversight

» Enhanced Care Management (ECM)

» Referral and Enrollment Analysis

Discussion

2025 Whole Child Model (WCM) Expansion Update

WCM Transition Monitoring –CoC for Member Requests

» Medi-Cal Managed Care Plans (MCPs) must honor all current authorizations while working towards agreements with Out-of-Network (OON) providers

» Enhanced CoC protections required MCPs to accept CoC requests prior to the transition

» The data referenced in this update is from the February 15-28 reporting period

» 403 CoC Requests were reported- 95% of the requests were approved

- 1% were denied due to providers declining to provide CoC

- 2% pending

- 2% cancelled by requestor.

» CoC for Public Health Nurse (PHN) - 16 requests were received and all were denied

- Denied for PHN no longer being available at the County

WCM Transition Monitoring – OON Provider Outreach

» MCPs completed most OON provider and facility contracting efforts during network readiness activities prior to the transition

- These efforts resulted in all MCPs achieving agreements with at least 90% of OON providers across all required provider and facility types prior to the transition.

» Enhanced CoC transition policy requires MCPs to conduct proactive outreach to any remaining or newly identified OON providers

» A total of 66 eligible OON providers have been identified

- MCPs completed outreach to 100% of these OON providers
- MCPs have achieved agreements with 24% of these providers thus far

WCM Transition Monitoring- Member Experience

DHCS monitors the member experience through review of grievances and appeals filed by or on behalf of transitioning members.

» DHCS calculates a baseline rate of grievances and appeals using averages over a period of time and compares the rate to actual grievances and appeals filed by transitioning members.

» Since January 1, 2025, a total of 2 grievances and 4 appeals have been reported.

» DHCS reviews the nature of the grievances and appeals and works with plans as necessary to monitor resolution and appropriateness.

WCM Transition Monitoring- Care Coordination

» MCP must complete the Pediatric Risk Stratification (PRSP) within 45 calendar days of transition to determine each Member's risk level.

- All PRSP's were completed within the required time frame.

» MCPs must designate a CCS Case Manager as an individual identified as a primary point-of-contact responsible for the provision of case management services and facilitation of Care Coordination for each Member.

- All transitioning Members have been assigned a CCS Case Manager.

WCM Transition Monitoring- Referrals

» MCPs must refer a Member to the county for a CCS Program eligibility determination if the Member demonstrates a potential CCS-Eligible Condition(s) as outlined in the CCS Medical Eligibility Guide.

- MCPs are actively referring Members to CCS Programs (e.g. HRIF, NICU, etc.) for eligibility determinations.

WCM Regulations Update

» Senate Bill (SB) 586 established the WCM Program and requires DHCS to report semiannually to the Legislature the status of pending WCM regulations.

» At this time, DHCS has determined that formal regulations for the WCM Program are not feasible due to the Program's evolving nature and related requirements.

» DHCS maintains the authority to establish regulations, when necessary, under state law.

» To provide guidance and ensure compliance, DHCS will continue to clarify program requirements through APLs, NLs, Memorandums of Understanding (MOUs), and the MCP contract.

» DHCS has the authority to enforce compliance when MCPs do not meet program requirements.

» Stakeholder engagement remains a priority. DHCS will continue to regularly collaborate with stakeholders through quarterly meetings, policy reviews, and ad hoc discussions to address concerns and ensure transparency.

Discussion

CCS Advisory Group Meeting Partnership HealthPlan of California

Katherine Barresi, Chief Health Services Officer

Brigid Gast, Senior Director of Care Management

Jennifer Garcia, Nurse Case Manager II

April 2025

Partnership Member Story

A Partnership member and Whole Child Model Family joins Jennifer Garcia, Partnership Nurse Case Manager

Partnership HealthPlan & Whole Child Model

» Partnership's Mission: *To help our members, and the community we serve, be healthy*

» Whole Child Model (WCM) at Partnership HealthPlan: A comprehensive program for the whole child to improve care coordination in the areas of primary, specialty, and behavioral health for members under the age of 21 across CCS and non-CCS conditions.
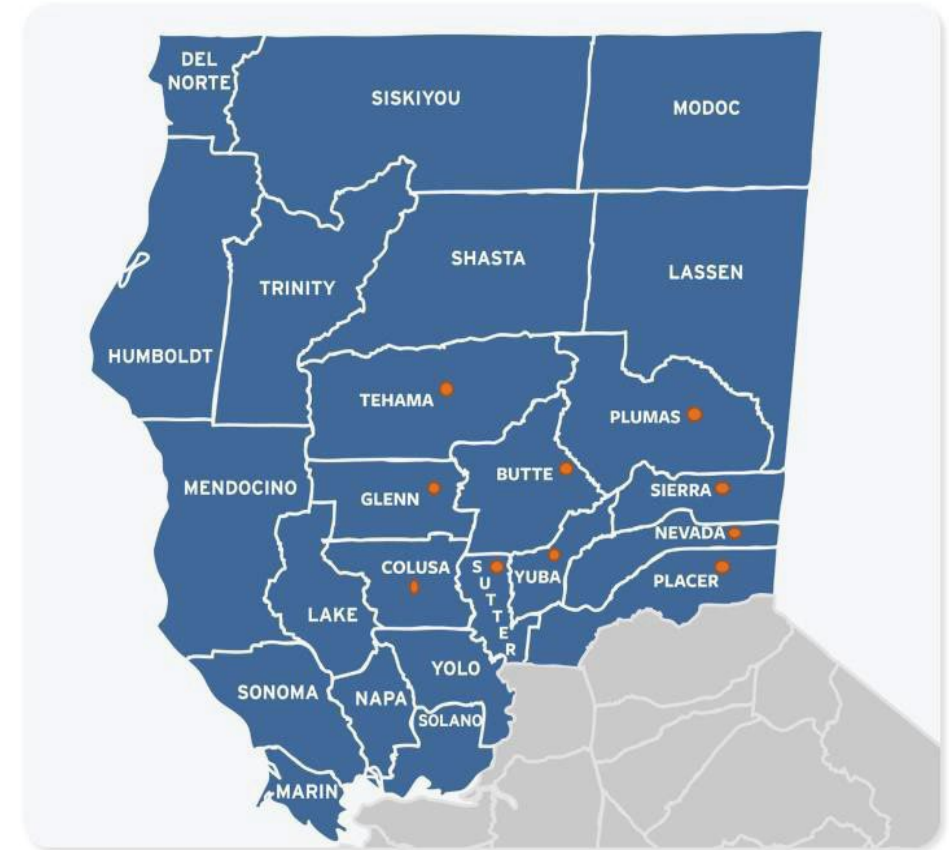
● Indicates newest expansion counties.

WCM Case Management

» Partnership case manages for the whole child's needs

» WCM at Partnership allows for integrating services across the health plan

» Clinical and non-clinical case management activities and interventions; inclusive of:

- Active connection & coordination of services: Appointments, referrals, DME, transportation, medical supplies, etc.

- Accessing services & benefits, including diagnostics and treatment through Treatment Authorization and community resources

- Disease specific management support and education

Primary Point of Contact: Case Manager

» **The Primary Point of Contact WCM/CCS Case Manager is:**

- Assigned to every WCM member
- Each CCS Case Manager has knowledge of or adequate training on the CCS Program and clinical experience with either the CCS population or pediatric patients with complex medical conditions
- Leading member & family-centered care planning as part of a multidisciplinary team of RN's, Social Workers, Behavioral Health Specialists, & Health Care Guides

- Members or authorized representatives are informed of their case manager and contact information
- Partnership systems reflect the Primary Case Manager to preserve continuity of the relationship across the continuum of care needs
- Case Manager recruitment and retention is focused on sourcing the best talent to serve our members
- Many staff hold advanced certifications including Public Health Nursing (PHN) and many are Nationally Certified Case Managers (CCM)

WCM Case Management

Development of an Individualized Care Plan (ICP) for Member Needs

- Risk Stratification
- Member Participation in an assessment to identify high risk health needs
- Age specific assessments in partnership with member and family
- Member and family prioritized goals and interventions in collaboration with care manager
- Ongoing evaluation of targeted interventions to meet members' needs and goals
- Case research

Case Manager works the care plan with the member and asynchronously in the management of the case

Coordinates access to Benefits across departments, Providers, and Goals -- from access to care to delivery of DME

WCM Case Management

» Case management through individualized care planning is an evolving, interactive process

» WCM at Partnership allows continuation of support to members and families long after their CCS program eligibility ends at age 21

» Inclusive of family support:

- Information about managed care processes

- Access to ongoing information, education, and support regarding their child's care plan

- Caregiver support and resource connection

» Partnership case managers and systems monitor for changes in condition and need

» Member connection occurs as planned based on member needs and goals/interventions, proactive in response to changing need or condition, and as needed to support needs that arise

» Support for continuing program enrollment

» Ongoing evaluation or coordination in Complex Care Management (CCM) for clinically complex

Complex Care Management

» As a managed care plan with National Committee for Quality Assurance (NCQA) accreditation, our case management care plans meet robust national quality accreditation standards

» Assistance and support in accessing programs such as LTSS, IHSS, WIC, or other social supports

» Comprehensive assessment evaluating the member's medical, psychosocial, mental, emotional, and behavioral needs in development of ICP, member collaborative interventions for needs, & ongoing need and goal evaluation

» Collaboration with the multi-disciplinary care team to ensure the member's care needs are expedited

Enhanced Care Management (ECM)

» ECM is a Medi-Cal benefit, administered at Partnership, offered primarily in-person to qualifying members who meet DHCS Population of Focus criteria

» Goal is to provide a lead, community-based case manager to coordinate: medical, oral, behavioral health, long-term supports and community referral needs

» ECM enrollment is visible to the Partnership case manager and Partnership ensures non- duplication of services

Children/Youth ECM Population(s) of Focus (POF):

» Individuals Experiencing Homelessness

» At Risk for Avoidable Hospital or ED Utilization

» Individuals with Serious Mental Health (SMH) and/or Substance Use Disorder (SUD) Needs

» Individuals Transitioning from Incarceration

» Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole (WCM) with Additional Needs Beyond the CCS Condition

» Children and Youth Involved in Child Welfare

» Birth Equity

Enhanced Care Management (ECM) & WCM

» An ECM case lead is assigned if and when the child is eligible and enrolled in ECM

» The medical case management components of WCM are never transferred to the ECM case lead and never subject to duplication.

» The ECM case lead targets needs beyond the CCS condition, such as actively experiencing at least one complex social factor influencing their health; i.e. food instability; housing needs, substance use, etc.

ECM's lead case manager Roles & Responsibilities:

» Meet members where they are – on the street, in a shelter, in their doctor's office, or at home – to meet their needs.

» Help connect the member to sources of housing supports

» Help take the navigational burden

» Ensuring that the Member has an assigned PCP/medical home and that they are engaging with that provider for appropriate care

» Help arrange transportation on behalf of the member to appointments

33

Discussion

Break

County Compliance, Monitoring and Oversight Update

CCS Compliance, Monitoring, and Oversight Program

» CCS Compliance, Monitoring, and Oversight program promotes, accessibility, consistency, transparency, monitoring, and statewide oversight of the CCS program statewide and includes:

- Grievances, Appeals, and State Hearing (SH)
- Training
- Monitoring and Oversight
  - o Including compliance activities monitored through Quarterly and Annual Reports and Surveys
- Enforcement and Corrective Action

W&I Code, article 5.51, section 14184.600 (b)

Grievances, Appeals, and State Hearing

Enforcement and Corrective Action

Training

Monitoring and Oversight

Domains

1. Access to Care
2. Administrative
3. Authorizations
4. Case Management/ Care Coordination
5. Eligibility

Supporting Elements: Authority, Standards and Procedures, and Communication
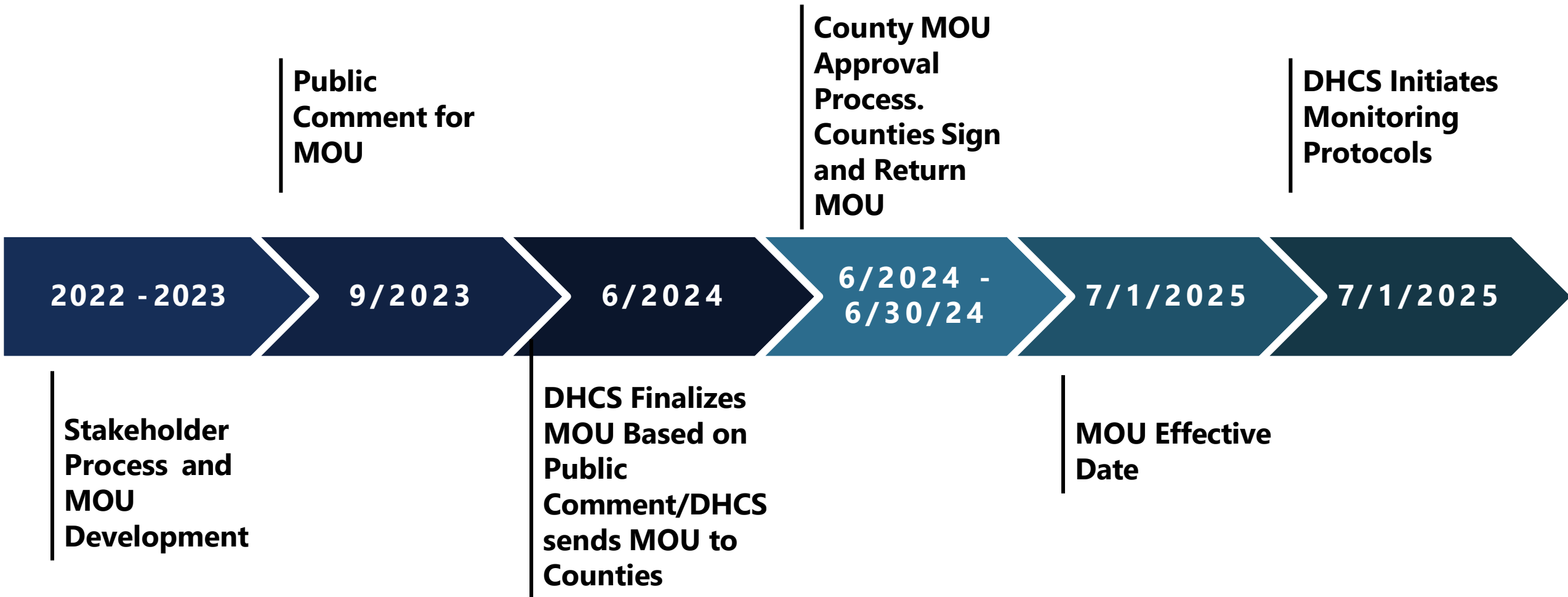
CCS Monitoring and Oversight Milestones Completed

2024 (Q4)

» DHCS released to counties:
- CCS onboarding training and training logs
  - DHCS and counties must complete onboarding training as a baseline offering for all new county and DHCS staff
- CMIP sunsetting notices

2025 (Q1)

» DHCS developing additional training for county staff to gain a better understanding of CCS M&O reporting requirements, and methods DHCS will use to determine program compliance
» DHCS released to counties:
- Technical Assistance Guides (TAGs)
  - Include compliance activities, authority, documentation reviewed, and examples of best practices
- Technical assistance office hours
  - Include reporting requirements, how to submit information to DHCS, best practices, review of reports utilized, and live Q&A session

CCS Compliance, Monitoring and Oversight Program MOU Progress

Public Comment for MOU

County MOU Approval Process. Counties Sign and Return MOU

DHCS Initiates Monitoring Protocols

| 2022 -2023 | 9/2023 | 6/2024 | 6/2024 - 6/30/24 | 7/1/2025 | 7/1/2025 |

Stakeholder Process and MOU Development

DHCS Finalizes MOU Based on Public Comment/DHCS sends MOU to Counties

MOU Effective Date

MOU Updates

» The MOU was developed through an extensive stakeholder process and was released for public feedback from September 2023 to October 2023 before it was finalized in June 2024

- After the MOU was finalized, no further edits are being made to the current MOU
- Future edits/revisions/comments will be considered for the FY 2028 MOU
- County signed MOUs are due to DHCS no later than June 30, 2025

» DHCS will continue to:

- Work with counties in good faith on contract execution
- Work with CHEAC and counties to address concerns, and identify options as appropriate and available, regarding CCS county case management and program administration budget allocation

» Monitoring and oversight implementation will begin on July 1, 2025

CCS Grievance Process

» CCS grievance process was implemented on July 1, 2024

» DHCS is continuing to review county CCS program's grievance policies and procedures, and providing technical assistance and/or approval

- Counties that transitioned to WCM in January 2025 should revisit their grievance policies and procedures to ensure it has a process for updating the grievance process with MCPs

» The CCS Grievance, Appeal, and State Hearing Factsheets were revised and reposted on the CCS Compliance, Monitoring and Oversight Program webpage on July 29, 2024

- County CCS programs were sent the factsheets based on county model type

- Dependent and Independent county factsheets, English and Spanish

- All counties must include their contact information within the factsheets

    - County CCS programs must post the factsheets with county contact information on their respective county CCS webpage and in your county CCS office.

    - DHCS continues to review county CCS webpages to monitor factsheet posting

Grievances DHCS has Received to Date: Grievances by County Model Type

Responsible Party	Number
Independent County	3
Dependent County	1
Total	**4**

Grievances DHCS has Received to Date: Types of Grievances by County Model Type

Type of Grievance	Independent County	Dependent County
Case Management	1	0
Timeliness of SAR adjudication	1	1
Other	1	0
Total	**3**	**1**

Next Steps for DHCS

» In advance of the CCS Monitoring and Oversight Program implementation on July 1, 2025, DHCS will:

- Continue to support counties in implementing their grievance process and ensure Grievance, Appeals, and State Hearing Factsheets are properly posted
- Publish additional trainings on the CCS training webpage
- Release the updated CCS Program Administrative Case Management Manual
- Sunset CMIP
- Offer counties support and technical assistance on new reporting requirements, including holding office hours

Next Steps for Counties

» In advance of the CCS Monitoring and Oversight program implementation on July 1, 2025, CCS programs should:

- Submit a copy of current CCS program organizational structure including all staff who have a CCS workload, and executive staff who make decisions regarding the CC S program

» DHCS recommends county CCS programs:

- Attend at least one Quarterly and one Annual Office Hours to gain technical assistance by DHCS or ask questions (starting in early April through June)

- Complete the initial onboarding training no later than the second quarter from the start of DHCS compliance, monitoring, and oversight program

- Develop policies and procedures and train county staff on compliance activity requirements

Discussion

Advancing Medi-Cal Rx:
Pediatric Utilization Management (UM) Integration

DHCS

PEDIATRIC IMPLEMENTATION TIMELINE - Initial Approach

» September 2024

- Seek Stakeholder Input

» October 2024

- Refine Plan & Release Advance Notice

» January 31, 2025

- Implementation

» Ongoing

- Initiate Quarterly Monitoring

PEDIATRIC IMPLEMENTATION TIMELINE – Revised Approach

» January 31, 2025
» CCS Panel Authority in effect
» All pediatric claims subject to UM edits
» New start therapies subject to PA requirements

» April 25, 2025
» Continuing therapies will be subject to PA requirements (and continued UM edits)

» Ongoing
» Routine Quarterly Monitoring

January 31 Implementation Outcomes

» No systemic issues with:

- Claims or prior authorization submissions
- Claims processing
- Prior authorization review turnaround times
- Customer Call Center response times.

» Stakeholder feedback reflects:

- Appreciation for collaboration, resources, and technical support
- Concern with prior authorization requirements and impact to provider workload

Preparation for April 25 Implementation

» Development of new instructional resources:

- [Pediatric Integration: Most Common Claim Reject Codes](#) – how to resolve claim rejections

- [Identifying Pediatric Claims for Proactive Prior Authorization](#) – how to identify claims requiring prior authorization on/after April 25, 2025

» Targeted outreach to providers and specialty pharmacies with high volume claims requiring prior authorization on/after April 25, 2025

» Reports for Managed Care Plans – to identify prescribers with high volume claims requiring prior authorization on/after April 25, 2025.

On-Going Activities

» Analysis of issues identified by stakeholders

» Routine monitoring to assess impact of pediatric policies and Medi-Cal Rx operations

» Continued system enhancements to achieve greater efficiencies and reduce unnecessary administrative burden

Follow-Up Questions and Answers from January

» Is progress being made to allow kids older than 12 years to receive liquid medications when the child is unable to swallow pills?

- The CDL has been reviewed, and age restrictions for liquid medications on the CDL have been removed.

» What is the escalation process for off-label drugs for CCS members and those who transition from CCS to a new physician?

- Drugs that require a Prior Authorization are reviewed for medical necessity. If denied, the escalation process follows the current Appeal process. Additionally, providers may contact the Customer Service Center (CSC) to determine if an escalation is needed. Pharmacies may submit for a 14-day emergency fill override if there is an emergent need to dispense the medication and they are unable to obtain a paid claim. For members that transition out of CCS and are seen by a new physician, the provider can reference the CDL for information on covered drugs/products.

Discussion

CCS Program Updates

CCS Guidance Documents

Policy Document	Status	Next Steps
Medical Therapy Program Vendored Therapy NL	Posted on March 19, 2025	N/A
Intercounty Transfer NL	Under revision after public comment	Executive review
Early Periodic Screening, Diagnostic and Treatment (EPSDT) Services for Private Duty Nursing (PDN) NL	Under internal DHCS review	Public Comment
EPSDT PDN - Case Management NL	Under internal DHCS review	Public comment
Community Health Worker IN	Executive review	Remediate and post to website
Medical Therapy Program Family Centered Services NL	Executive review	Remediate and post to website

Public Comment

DHCS

Thank You

Next Meeting: Wednesday, July 16, 2025