Agenda

Welcome and Housekeeping	**1:00 – 1:05**
Department Updates and April Meeting Recap	1:05 – 1:15
Policy Initiatives	1:15 – 1:25
Hearing Aid Coverage for Children Program	1:25 – 1:45
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Title V Needs Assessment	3:10 – 3:45
Public Comment	3:45 – 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 the public comment period

» Live Closed Captioning will be available during the meeting

Note: DHCS is recording the meeting for note-taking purposes

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Department Updates

April Meeting Recap

» Whole Child Model Implementation Update

» Transition into Adulthood (Transition of Care)

» CalAIM Enhanced Care Management Child & Youth Update

» Whole Child Model Evaluation

Advisory Group Members

Whitney Clark | *Sutter Health*
Lianna Chen | *Health Plan of San Mateo*
Michael Harris | *CenCal Health*
Michael Hunn | *Interim CEO CalOptima*
Beth Malinowski | *SEIU California*
Linnea Koopmans | *Local Health Plans of CA*
Carol A. Miller, MD | *CCS Medical Advisory Committee*
Francesca Peterson | *San Luis Obispo County*
Ann Kuhns | *California Children's Hospital Assoc.*
Amy Westling | *Assoc. of Regional Center Agencies*
Mary Giammona, MD | *Molina Healthcare CA*
Jolie Onodera | *CA State Assoc. of Counties*

Kelly Hardy | *Children Now*
Jerry Cheng, MD | *Kaiser Permanente SCAL*
Dena Davis | *CenCal Health*
Kristen Rogers | *CalOptima*
Lael Lambert | *Marin County CCS Program*
Ann Kinkor | *Epilepsy California*
Erin Kelly | *Children's Specialty Care Coalition*
Susan Skotzke | *Central CA Alliance for Health*
Jennifer Mockus | *Central CA Alliance for Health*
Tamica Foots-Rachal | *Family Voices*
Miriam Parsa, MD | *Cottage Children's Medical Ctr.*
Michelle Gibbons | *County Health Executives Assoc. of CA*

Lara Khouri | *Children's Hospital Los Angeles Medical Group*
Kristen Dimou | *County of San Diego Health and Human Services Agency*
Allison Gray | *Lucille Packard Foundation for Children's Health*
Stephanie Dansker | *Board Member/Patient, Hemophilia Council of CA*
Dominque Hensler | *Rady Children's Hospital and Health Center*
Laurie Soman | *Children's Regional Integrated Service System*
Anthony Magit, MD | *Children's Specialty Care Coalition*

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Policy Initiatives

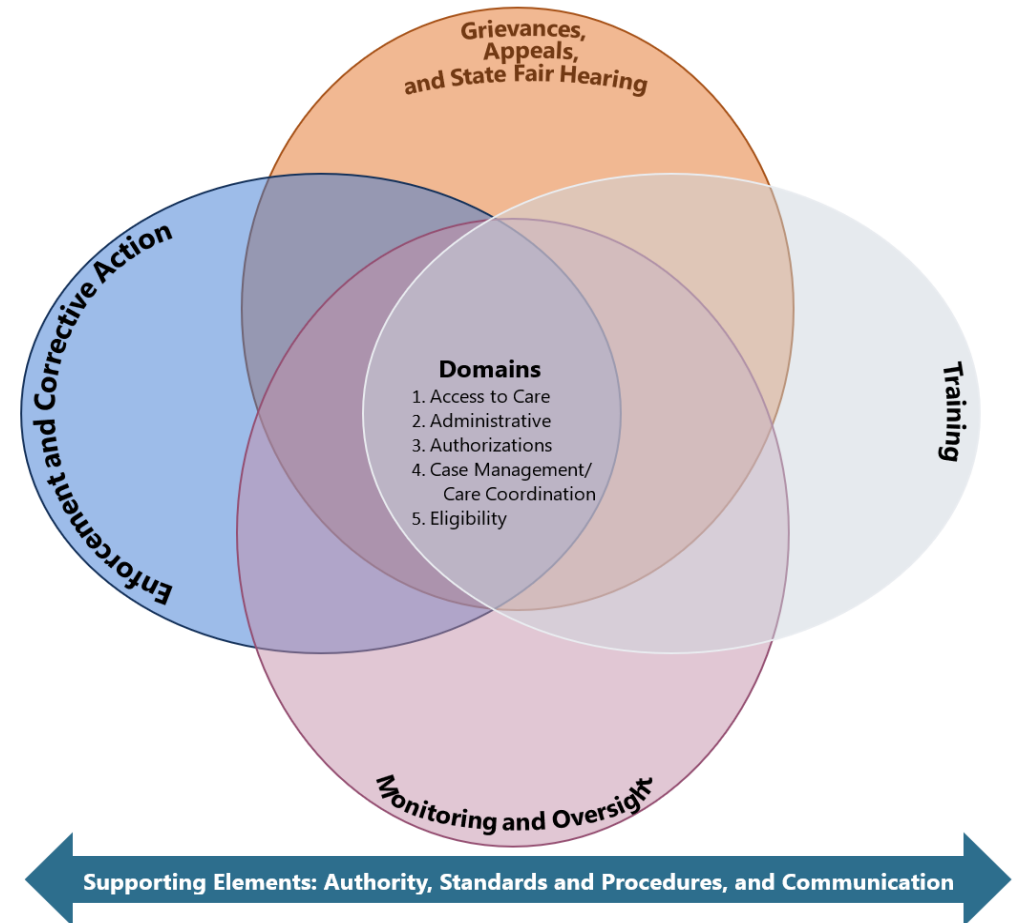# California Children's Services (CCS) Monitoring and Oversight Program

CCS Monitoring and Oversight Workgroup Goals

» DHCS has leveraged a comprehensive workgroup comprised of CCS stakeholders utilizing their experience, knowledge, and best practices to build a collaborative process that results in a finalized *CCS Compliance, Monitoring, and Oversight Program Plan* and metrics and standards

» The goal of the CCS Compliance, Monitoring, and Oversight Program, taking into consideration variations based on CCS county model type, is to promote accessibility, transparency, monitoring, and oversight for the CCS program statewide

» CCS Monitoring and Oversight Workgroup meeting discussions and associated numbered letters (NL) were used to create a Memorandum of Understanding (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

» Workgroup meetings began January 2022 and concludes with this capstone meeting. County-state MOUs will be executed in advance of DHCS's monitoring and oversight on July 1, 2024

CCS Monitoring and Oversight Compliance Program Plan

» After review of state and national best practices and as reflected by the NLs developed through this process, the following components of a comprehensive compliance program include:

- Grievances, Appeals, and State Fair Hearing
- Training
- Monitoring and Oversight
  - Including Compliance Activities and Survey Process
- Enforcement and Corrective Action

Grievances, Appeals, and State Fair Hearing

Enforcement and Corrective Action

Training

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

Monitoring and Oversight

Supporting Elements: Authority, Standards and Procedures, and Communication

CCS Monitoring and Oversight Workgroup at a Glance

» To date, the workgroup, in partnership with DHCS, has developed and iterated on the following policies to establish the MOU and related documents:

- *CCS Monitoring and Oversight Compliance Program Plan*
- MOU outline and *MOU Roles and Responsibilities Table* and *Definitions* document
- Grievance NL
- Training NL
- CCS Program Reporting and Survey NL
- Compliance Activities
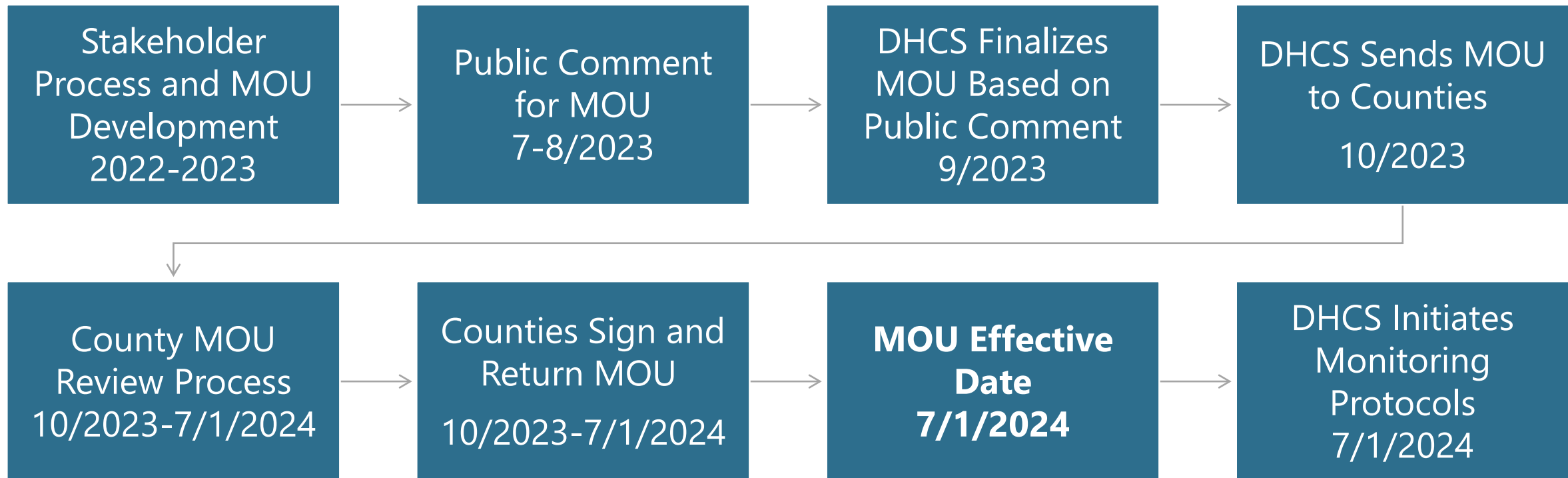- Forthcoming Enforcement and Corrective Action NL

Related NLs

Policy Document	Discussion Item: CCS Monitoring and Oversight Workgroup	Status	Next Steps
Grievance Numbered Letter (NL) • Grievance Flowchart • Grievance Form	• 2022: September, November, December • 2023: January, March	• Released for public comment on December 23, 2022 • Shared with CHEAC for review and feedback; due on June 21, 2023	• Final release in third quarter 2023
Appeals and State Fair Hearing NL	• 2022: September • 2023: January, March	• Released for public comment on July 7, 2023 • Feedback due July 28. 2023	• Final release in third quarter 2023
CCS Program Reporting and Survey NL	• 2022: June, July, August, November, December • 2023: January, March	• Released for public comment on January 24, 2023	• Anticipated for another round of public comment in July • Final release in third quarter 2023

Related NLs (continued)

Policy Document	Discussion Item: CCS Monitoring and Oversight Workgroup	Status	Next Steps
Training NL	• 2022: November • 2023: January	• Released for public comment on January 27, 2023	• Final release in third quarter 2023
Electronic Visit Verification (EVV) NL	• 2023: January, March	• Released for public comment on December 14, 2022	• Distributed on June 26th
MOU • Roles and Responsibilities Table • Definitions	• 2022: January, May, June, July, August, September, November, December • 2023: January, March	• Anticipated release date for public comment, July-August 2023	• Final release in October 2023

MOU Development

Stakeholder Process and MOU Development 2022-2023	Public Comment for MOU 7-8/2023	DHCS Finalizes MOU Based on Public Comment 9/2023	DHCS Sends MOU to Counties 10/2023
County MOU Review Process 10/2023-7/1/2024	Counties Sign and Return MOU 10/2023-7/1/2024	**MOU Effective Date 7/1/2024**	DHCS Initiates Monitoring Protocols 7/1/2024

Budget Proposal

» Counties expressed budgetary resources concerns to complete compliance activities. To address some of these concerns, DHCS is conducting the following activities:

- Intaking all grievances for Dependent counties
- Pulling reports available through CMS Net
- Conducting an internal landscape of the county budget allocation

» County CCS programs are responsible for the following activities:

- Intaking grievances for Independent counties
- Submitting items not found in CMS Net such as:
  - o County policies and procedures
  - o Grievances and appeals
  - o Transition planning

» DHCS will continue to meet with key stakeholders to discuss the CCS budget

Next Steps

» The capstone meeting for the CCS Monitoring and Oversight Workgroup was held on June 26, 2023. Following this meeting, DHCS will:

- Update and/or retire outdated policy guidance documents

- Develop beneficiary Grievance, Appeal, and State Fair Hearing flyer

- Create Technical Assistance Guides to post online

- Draft Quarterly and Annual Report Templates for counties

- Develop Findings Report templates to post findings online

- Update the DHCS webpages for training and compliance

Discussion

Child Health and Disability Prevention (CHDP) Program Transition

CHDP Transition Overview

» To reduce administrative complexities, 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. The CHDP Transition Plan will include:

- A post-transition oversight and monitoring plan

- Childhood Lead Poisoning Prevention (CLPP) program activities through existing Medi-Cal delivery systems

- A plan to fund administrative and service costs for the Health Care Program for Children in Foster Care (HCPCFC)

- An analysis and plan to retain existing local CHDP positions

- Opportunities for alignment with Quality and Population Health Management

CHDP Transition Workgroup Purpose

» The purpose of the CHDP Transition Workgroup is to inform stakeholders about the development and implementation of a CHDP Transition Plan

» The CHDP Transition Workgroup will:

- Provide feedback about CHDP Transition Plan as available and by defined deadlines

- Participate in, contribute to, and review materials prior to workgroup meetings

- Provide suggestions, knowledge, and experience on Children's Presumptive Eligibility (CPE)

- Provide recommendations for the future of the Childhood Lead Prevention Program (CLPP) after CHDP's transition

- Provide recommendations and feedback regarding HCPCFC as a standalone program to ensure the success of HCPCFC outside of CHDP

Previous Workgroup Meeting Summaries

» During previous workgroup meetings, the CHDP Transition Workgroup convened to discuss the following:

- January 2023:
  - CHDP transition purpose and timeline
  - CHDP Gateway Transition to CPE
- February 2023:
  - Medi-Cal for Kids & Teens formerly known as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) processes and activities
  - Managed Care monitoring and oversight

Previous Workgroup Meeting Summaries (Continued)

» March 2023:

- Current budget overviews for the CHDP, HCPCFC, CLPP, and CCS programs
- Future budget allocation discussion and transition of CHDP staff planning

» May 2023:

- CHDP-CLPP
- Newborn Hearing Screening Program (NHSP)
- Oral Health

» June 2023:

- HCPCFC as a Standalone Program

CHDP Transition Plan

» To draft a comprehensive CHDP Transition Plan, DHCS is:

- Soliciting feedback from workgroup members on various topics related to the transition

- Working collaboratively across DHCS divisions to identify potential gaps, generate solutions, and incorporate workgroup feedback into the CHDP Transition Plan

- Partnering with other California State Departments, including the Department of Public Health and the Department of Social Services, to ensure alignment on existing cross-departmental programs, such as CHDP-CLPP and HCPCFC

Next Steps

» Following the June 14, 2023, meeting, DHCS plans to:

- Schedule a capstone meeting to discuss outstanding topics and feedback related to the CHDP Transition

- Release the CHDP Transition Plan and the HCPCFC MOU for public comment

- Finalize and post the final CHDP Transition Plan to the DHCS website by December 2023

Discussion

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Hearing Aid Coverage for Children Program (HACCP)

HACCP Overview

» State-funded program launched July 1, 2021, and expanded January 1, 2023

» Covered benefits:

- Hearing aids, including assistive listening devices (ALDs) and surface-worn bone conduction hearing devices (BCHDs)

- Supplies, including ear molds and hearing aid batteries

- Medically necessary hearing aid accessories

- Hearing aid-related audiology and post-evaluation services

HACCP Overview (Continued)

» Based on Fee-For-Service (FFS) Medi-Cal coverage of hearing aid-related benefits for the same age group (under age 21)

» Enrolled Medi-Cal providers submit claims for covered benefits provided to HACCP-enrolled patients through the same process they already use for FFS Medi-Cal and CCS patients

HACCP Eligibility

» Children 0-20 years of age

» Must reside in California

» Not eligible for Medi-Cal

» Not currently enrolled in CCS for a hearing-related condition

» Enrollment requires a valid hearing aid prescription or a referral from a medical provider or hearing professional

- Includes referrals from newborn or school-based hearing screenings, well child exams, etc.
- Resource: Provider Referral for Patient Enrollment (DHCS 8482)

HACCP Eligibility (Continued)

» Household income under 600% of federal poverty level (FPL)

Household / Family Size (including parents)	600% FPL (household combined gross income)
1	$87,480 per year ($7,290 per month)
2	$118,320 per year ($9,860 per month)
3	$149,160 per year ($12,430 per month)
4	$180,000 per year ($15,000 per month)
Each Additional	Add $30,840 per year ($2,570 per month)

HACCP Eligibility (Continued)

» Does not have other health coverage for hearing aids and related services

OR

» Has other health coverage that limits annual benefit for hearing aids to $1,500 or less

» Documentation options:

- Denial of coverage notice from other health insurance/coverage
- Explanation of coverage from other health insurance/coverage
- Attestation of no other health insurance/coverage (see application)

HACCP Resources

» HACCP webpage:

www.dhcs.ca.gov/haccp

- Apply Online
- Find A Provider
- Webinars
- Resources for Community Partners
- FAQs

HACCP Resources (Continued)

» Webinar for Medical Providers
Thursday, September 14, 2023, at 12:00-1:00 p.m.

» Additional event details, including webinars for families and community partners, are available at www.dhcs.ca.gov/haccp

HACCP Resources (Continued)

» **HACCP Help Center**
- **Call 1 (833) 774-2227**
  - Translators available
  - Video relay, TTY/TTD
- Chat with us online at www.dhcs.ca.gov/haccp
  - English and Spanish
  - Can upload documents
  - Email HACCP@maximus.com
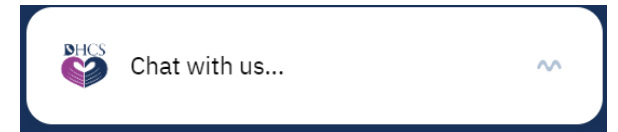
» **DHCS Benefits Division**
- Email HACCP@dhcs.ca.gov

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Whole Child Model (WCM) Expansion

Final Approved WCM Trailer Bill

» Delays implementation in all new County Organized Health System (COHS) expansion counties to January 1, 2025

- Authorizes Kaiser to implement as a WCM plan in the four COHS expansion counties in which it will be operating

- In alignment with proposed Trailer Bill Language (TBL) released in May Revise, final TBL does not include expansion of WCM into the three new Single Plan model counties

» Adds new requirements for DHCS, MCPs and Counties

New WCM Implementation effective January 1, 2025

Central California Alliance for Health (CCAH)
Mariposa
San Benito

Partnership
Butte
Colusa
Glenn
Nevada
Placer
Plumas
Sierra
Sutter
Tehama
Yuba

Kaiser
Placer
Sutter
Yuba
Mariposa

New Requirements and Protections included in SB/AB 118

Data Transparency [WIC 14094.7]

» Annually provide an analysis on its website regarding trends on CCS enrollment for 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.

» DHCS must implement by January 1, 2025.

New Requirements and Protections included in SB/AB 118

Monitoring and Oversight [WIC 14094.7]

» As part of its monitoring and oversight responsibilities, any WCM 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. [This requirement will implement effective January 1, 2025]

Case Management [WIC 14094.11]

» In addition, the plan shall ensure that a CCS-eligible child has a primary point of contact who shall be responsible for the child's care coordination.

New Requirements and Protections included in SB/AB 118

Enrollments [WIC 14094.12]

» Support the established referral pathways in the non-WCM counties including but not limited to identifying children who may be eligible for the CCS program through internal reports, provider directed referrals, or direct referrals from the Medi-Cal managed care plan.

WCM Advisory Group [WIC 14094.17]

» Extends the statewide WCM program advisory group requirement to operate through December 31, 2023, to December 31, 2026.

Continual WCM Program Policy and Process Improvement

» DHCS has worked with the counties, MCPs, and CCS stakeholders since implementing the WCM to identify program issues

» DHCS also commissioned an independent evaluation of the WCM as directed in SB 586

» Stakeholder input as well as the final evaluation report have identified many positives but also areas where improvement is necessary

» DHCS has and is committed to continuing to work with the MCPs, counties and stakeholders to research and address issues and issue new or revised policy direction as determined necessary to address

» Examples of issues addressed or in process of addressing include transportation, Annual Medical Reviews, Case Management, enrollments and referrals, data transparency and quality measures

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Kaiser Whole Child Model Readiness

Kaiser Permanente
Whole Child Model Readiness

Jerry C. Cheng, MD
Kinisha Mills Campbell, MPH
Richard Rabens, MD

July 12, 2023

KAISER PERMANENTE®

Agenda

- **Kaiser Permanente's current and future state CCS Landscape**

- **Department Structure**

- **Kaiser Permanente's CCS infrastructure and Integrated System**

- **Kaiser Permanente's WCM Expansion Strategy**

Our Mission

Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Our Vision

We are trusted partners in total health, collaborating with people to help them thrive and creating communities that are among the healthiest in the nation.

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Whole Child Model & The Kaiser Permanente Integrated System

Combines CCS and non-CCS eligible care under one Managed Care Plan

Strengthens overall care coordination for children and their families

Whole Child Model

KP's Integrated System
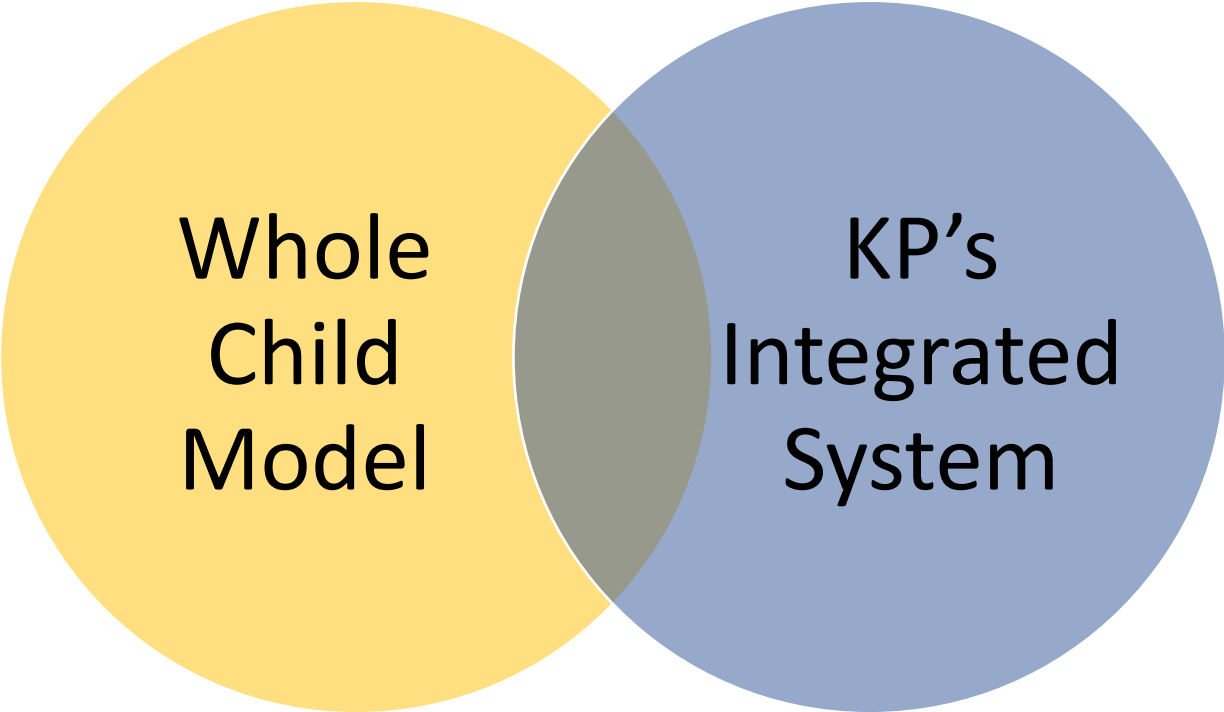
Statewide fully integrated Health Plan, Hospital, and Physician Group

Shared EMR

Aligned Quality Oversight

Integrated Continuum of Care

Robust Data & Informatics

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KP's CCS Current and Future Landscape

- AB 2724 requires Kaiser Permanente (KP) to administer Whole Child Model (WCM) in alignment with where the state has designated each WCM county. KP will continue to coordinate with County CCS departments to determine eligibility. KP will provide WCM care coordination.

- KP's participation in Medi-Cal requires KP to ensure case management and access for CCS eligible care. KP will continue to identify potentially eligible members and refer to County CCS departments for determination. KP CCS departments support care coordination within KP.

- As of May 31, 2023, there are 14,170 children assigned to KP who are open to CCS, some of whom will transition to WCM.

★ KP CCS Certified Medical Centers

⬛ Existing KP WCM Counties (1)

⬛ New KP CCS Counties (9)

⬛ New KP WCM Counties (7)

⬛ Existing KP CCS Counties

▲ TBL Proposed WCM Counties

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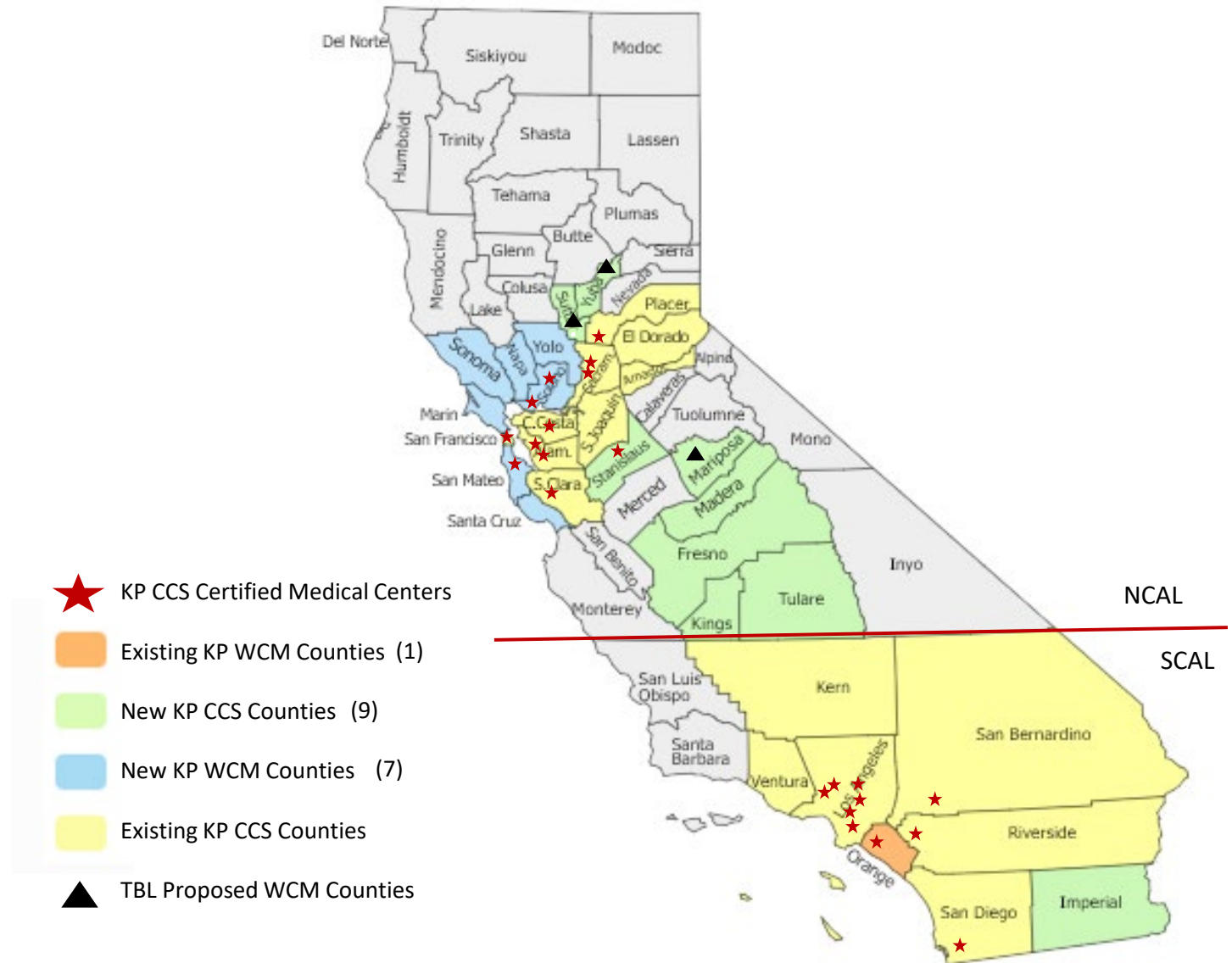
KP CCS Member Volume

Volumes noted below are based on the current number of KP assigned members, currently open to CCS.

County	Volume
Los Angeles	2968
Sacramento	2179
San Bernardino	1084
Contra Costa	973
Riverside	971
Alameda	943
Orange	844
Santa Clara	706
San Diego	692
Solano	602
Sonoma	517
San Joaquin	396
San Mateo	243
Placer	235
Kern	224
San Francisco	178
Marin	169
Napa	152
Yolo	90
Ventura	89
El Dorado	59
Fresno	49
Stanislaus	33
Santa Cruz	15
Tulare	6
Amador	4
Sutter	2
Imperial	1
Yuba	0
Kings	0
Madera	0
Mariposa	0

Total 14,170
NCAL 7,551
SCAL 6,619
Totals as of 5/31/2023

WCM Counties
CCS Counties

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KP's CCS Departments

KP CCS teams include RN's, MSW's, and Operations Specialist who support administrative functions and service coordination.
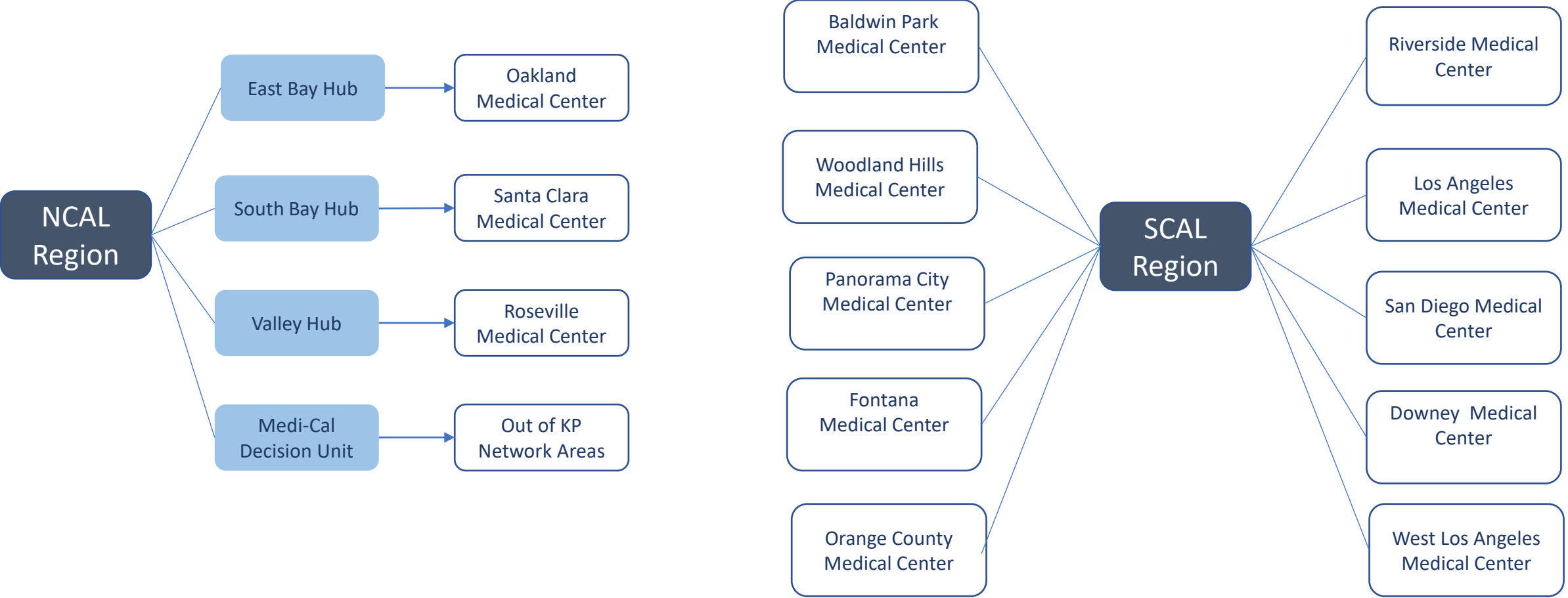
KP's CCS Model and Department Scope

Regional Oversight

- Strategic & operational oversight of the regulatory & contractual requirements for CCS potentially eligible Medi-Cal members

- CCS revenue capture systems and oversight

- Regional Cooperative Agreements

- CCS Certifications

- Oversight of the regulatory & contractual requirements for Medi-Cal programs

KP CCS Departments

- CCS identification & referral
- Daily review of census
- Outside utilization review
- DME coordination
- County liaison
- Service Area CCS standards oversight
- Multidisciplinary case conferences
- SAR submission/ CCS revenue capture
- Specialty Care Center referrals
- Physician paneling

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22 CCS Approved Medical Centers, NICUs & PICUs Statewide

| KP Region	Tertiary Hospital/Regional NICU/PICU	Pediatric Community Hospital/Community NICU	General Community Hospital/Community NICU	Special or Standard Hospital	Rehabilitation Hospital (Ages 14-21)
NCAL Region	Oakland Medical Center Roseville Medical Center Santa Clara Medical Center	San Francisco Medical Center (Community NICU) Walnut Creek Medical Center (Community NICU)	Modesto Medical Center (General Community/ Community NICU) Redwood City Medical Center (No NICU) Sacramento Medical Center (No NICU) San Leandro Medical Center (General Community/Community NICU) South Sacramento Medical Center (No NICU)	Vallejo Medical Center (No NICU)	Vallejo Rehabilitation Center
SCAL Region	Los Angeles Medical Center	Downey Medical Center (Community NICU) Fontana Medical Center (Community NICU, plus PICU) Orange County Medical Center (Anaheim) (Community NICU) San Diego Medical Center- (Community NICU) West L.A. Medical Center (Community NICU)	Riverside Medical Center (Community NICU) Baldwin Park Medical Center (Pediatric Community/ Community NICU)	Panorama City Medical Center (Community NICU) Woodland Hills Medical Center (Community NICU)	

Permanente Medical Group CCS Paneled Specialties

The Permanente Medical Group includes over 10,000 CCS paneled Physicians, covering the following Specialties:

Adolescent Medicine	Infectious Disease	Ortho-Oncology
Adolescent Gynecology	Inpatient Rehabilitation (> 14)	Palliative Care
Allergy	Intensive Care	Pathology
Anesthesia	Interventional Radiology	Pediatric Intensive Care
Cardiology	Maxillofacial and Cleft Palate	Pediatric Surgery
Communication Disorders	Metabolic	Physical Medicine & Rehabilitation
Cystic Fibrosis	Neonatology	Psychiatry
Dermatology	Neonatal Surgery	Plastic Surgery
Developmental & Behavioral	Nephrology	Podiatry
Diabetes	Neuromuscular	Pulmonology
Endocrinology	Neuro-Oncology	Radiology
Emergency Medicine	Neurology	Rheumatology
Gastroenterology	Neurosurgery	Sickle Cell and Thalasemia
General Surgery	Nuclear Medicine	Sleep Medicine
Genetics	Oncology	Sports Medicine
Head and Neck	Ophthalmology	Spina Bifida
Hematology	Optometry	Urology
Immunology	Orthopedics	Stroke Center

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KP CCS Certified Special Care Centers

- **All children seen by pediatric specialists are assessed for special care center need and referred for services.**

- **Outside referrals are initiated for access to specialty services not provided by KP, or when members prefer not to cross county lines to remain within the KP network to receive their specialty care.**
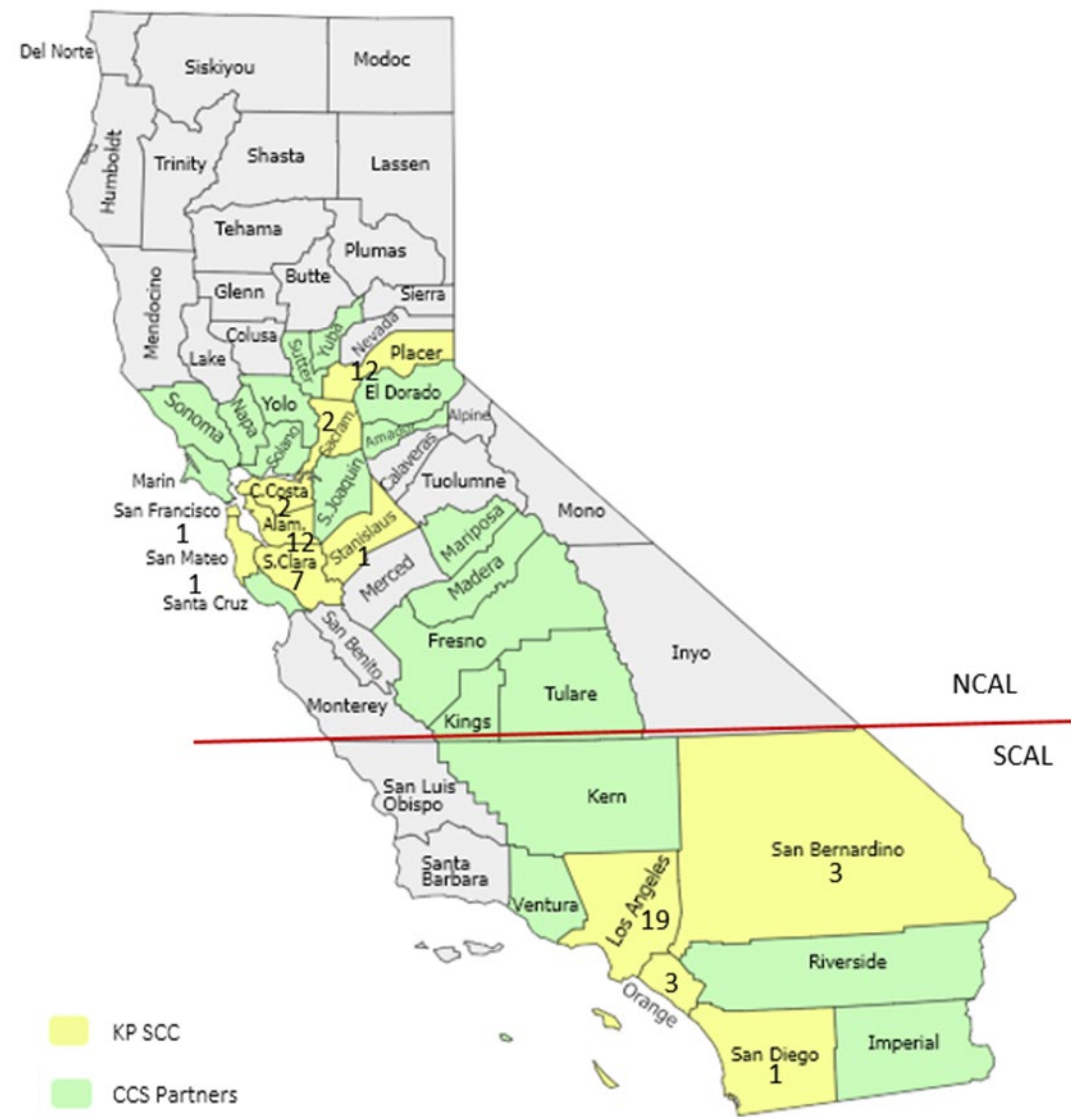
KP SPECIAL CARE CENTERS, NICUs, PICUs	NCAL	SCAL
Cardiac	1	1 pending
Communication Disorders	9	9
Craniofacial	2 (+1 pending)	1 pending
Cystic Fibrosis/Pulmonary Disease	3	1
Endocrine	5	1 pending
Gastrointestinal	3	-
Hematology/Oncology	3	1
High Risk Infant Follow-Up (HRIF)	6 (+1 Pending)	7
Hypertonicity	1	-
Infectious Disease & Immunology	1 pending	-
Metabolic	1 (+1 pending)	1
Neuromuscular	1 (+1 pending)	-
Rehabilitation	1	-
Rheumatology	1	1
Sickle Cell	2	1
Spina Bifida	1	1 pending

Map legend:
- KP SCC (yellow)
- CCS Partners (green)

 KAISER PERMANENTE®

Model of Care and Oversight

KP's Integrated System and Technology

- Population based care approach
- Specialty care anytime, anywhere
- Systems that foster continuity
  - KP CCS Departments aligned to medical centers to support transfer to CCS certified facilities as needed
- Proactive care features in EMR that fire and normalize primary care
- Smart Sets, risk stratified approaches to care

Quality Improvement

- Pediatric Critical Care, Virtual Pediatric Systems Participant
- Statewide KP Annual Regional Cooperative Agreement Conference
- Statewide KP Clinical Advisory Committee- Under Development

WCM Expansion Preparation

Done or Ongoing

- County and Plan Partner engagement to discuss transitions from current WCM Care Coordinator to KP CCS Coordinator

- Established our structure for our Family Advisory Committee and Clinical Advisory Committee

- Implemented new WCM dashboard in our EMR

Upcoming Implementation Milestones

- Memorandum of Understandings to be established in each Whole Child Model County

- Regional (NCAL & SCAL) KP WCM Family Advisory Committee invites to be sent Q4 2023

- Statewide Clinical Advisory Committee to be launched by January 2024

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Questions

Break

Agenda

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Transition of Care

Transition of Care FAQ

» Stakeholder Feedback Themes

- Readability

- Difference Between Pediatric and Adult Health Care

- Additional Clarification:

  o Medi-Cal Eligible Programs vs Non Medi-Cal Eligible Programs

  o Durable Medical Equipment (DME)

- Add more resources to the Additional Resources

» Next Steps

Discussion

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CCS Program Updates

CCS Guidance Documents

Policy Document	Status	Next Steps
Inter-County Transfer (ICT) NL	• Reviewing feedback from ICT workgroup	• External stakeholder review
Whole Child Model NL	• Revisions under management review	• Posting
Telehealth NL 03-0723	• Released July 7, 2023	• N/A
Emergency Services NL	• Under internal review to prepare for management review	• Management review • External stakeholder review
Rheumatology Standards	• Under external stakeholder review	• Management review • Posting
CCS Core Standards	• Under sister division review	• External stakeholder review

Updated Unwinding Guidance and Information

» Continuous Coverage Unwinding Period

» CCS Mailer

» Updated CCS Program Public Health Emergency (PHE) Unwinding Plan

Dashboard and Workgroup Update

» To Identify and improve health outcomes and quality of care for children and youth

» CCS Quality Metrics Workgroup
  • First meeting August 17, 2023, from 1:00 – 3:00 p.m.

» Topics for discussion:
  • Scope of the workgroup
  • Review metrics from the 2018 Technical Workgroup and identify new ones
  • Proposal of clinical and non-clinical metrics
  • Integrated CCS/WCM Dashboard
  • CCS/WCM Quality Dashboard

» Please email the CCSProgram@dhcs.ca.gov if you would like to join the workgroup effort

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Title V Needs Assessment

Training Agenda

‣ Welcome

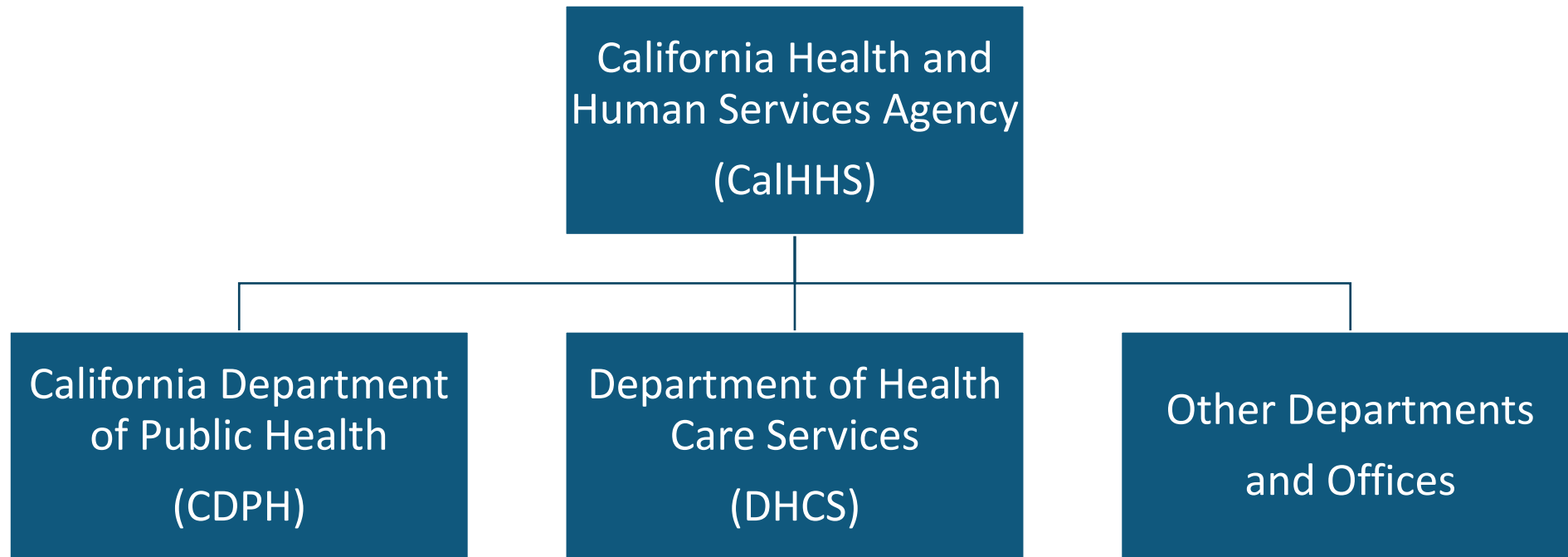‣ Partnership between Maternal, Child and Adolescent Health (MCAH) and Integrated Systems of Care Division (ISCD)

‣ Title V 101

‣ Needs assessment background

- Why we are focusing on public health systems capacity to serve CYSHCN

‣ Overview of the assessment process

- Timeline
- Data Collection
- Next Steps

‣ Time for questions

Partnership between MCAH and ISCD

How MCAH and ISCD fit into CalHHS

California Health and Human Services Agency (CalHHS)

California Department of Public Health (CDPH)

Department of Health Care Services (DHCS)

Other Departments and Offices

MCAH, which administers the CA Title V Program, is located within the Center for Family Health in CDPH. There are also many other Centers and Offices within CDPH.

CDPH is led by Dr. Tomás Aragón.

The CA Children's Services (CCS) program is in DHCS, in the Integrated Systems of Care Division. DHCS oversees many programs and initiatives including Medi-Cal programs.

DHCS is led by Michelle Baass.

CalHHS includes 12 Departments (including CDPH and DHCS) and 5 Offices.

Each Department and Office has its own employees and organizational structure.

MCAH Mission

‣ The Maternal, Child and Adolescent Health (MCAH) Division supports the vision of the California Department of Public Health's Center for Family Health by implementing strategies to improve health, support the development of children and adolescents, and foster health, well-being and equity across the reproductive life course.

ISCD Mission

‣ The Integrated Systems of Care Division (ISCD) supports the Department of Health Care Services' mission to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

Partnership

‣ ISCD and MCAH partner on:

- Title V CYSHCN domain action planning
- Title V Federal reporting and information requests
- Support for administrative functions of CCS County Programs and CCS quality improvement efforts
- Meeting emerging needs (e.g., contracting with Family Voices of CA for education and outreach during the Whole Child Model implementation in 2018-2020)
- Information-sharing

Title V

The Maternal and Child Health Services Block Grant

Title V and CYSHCN

▸ Title V is charged with providing family-centered, community-based coordinated care to women, children, and youth in each U.S. state and territory

▸ Authorized in 1935 as part of the Social Security Act

▸ State Title V CYSHCN programs started with a focus on direct services for children with physical disabilities, in response to the polio epidemic, and have evolved

▸ In 1981, Title V and other programs were consolidated into a block grant to the states

▸ 30% of Title V funding must support CYSHCN

California Title V Priorities

‣ Ensure women in California are healthy before, during, and after pregnancy

‣ Ensure all infants are born healthy and thrive in their first year of life

‣ Reduce infant mortality with a focus on eliminating disparities

‣ Optimize the healthy development of all children so they can flourish and reach their full potential

‣ **Make systems of care easier to navigate for CYSHCN and their families**

‣ **Increase engagement and build resilience among CYSHCN and their families**

‣ Enhance strengths, skills, and supports to promote positive development and ensure youth are healthy and thrive

How Title V defines special health care needs

▸ *Children and youth are considered to have special health care needs if they have chronic physical, developmental, behavioral or emotional conditions and require additional health and related services[1]*

▸ We use the term 'special health care needs' for consistency with the field at large and our federal funding source

1) McPherson M, A.P., Fox H, Lauver C, McManus M, Newacheck PW, Perrin JM, Shonkoff JP, Strickland B., *A New Definition of Children With Special Health Care Needs.* Pediatrics Official Journal of the American Academy of Pediatrics 1998: p. 137-139.

CYSHCN in California

‣ The Title V definition for special health care needs is inclusive and focuses on public health services and systems

‣ CCS is based on medical eligibility and provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with eligible chronic medical conditions

CCS Clients (~200,000)

Other CYSHCN (Over 1 million)

All CYSHCN in California
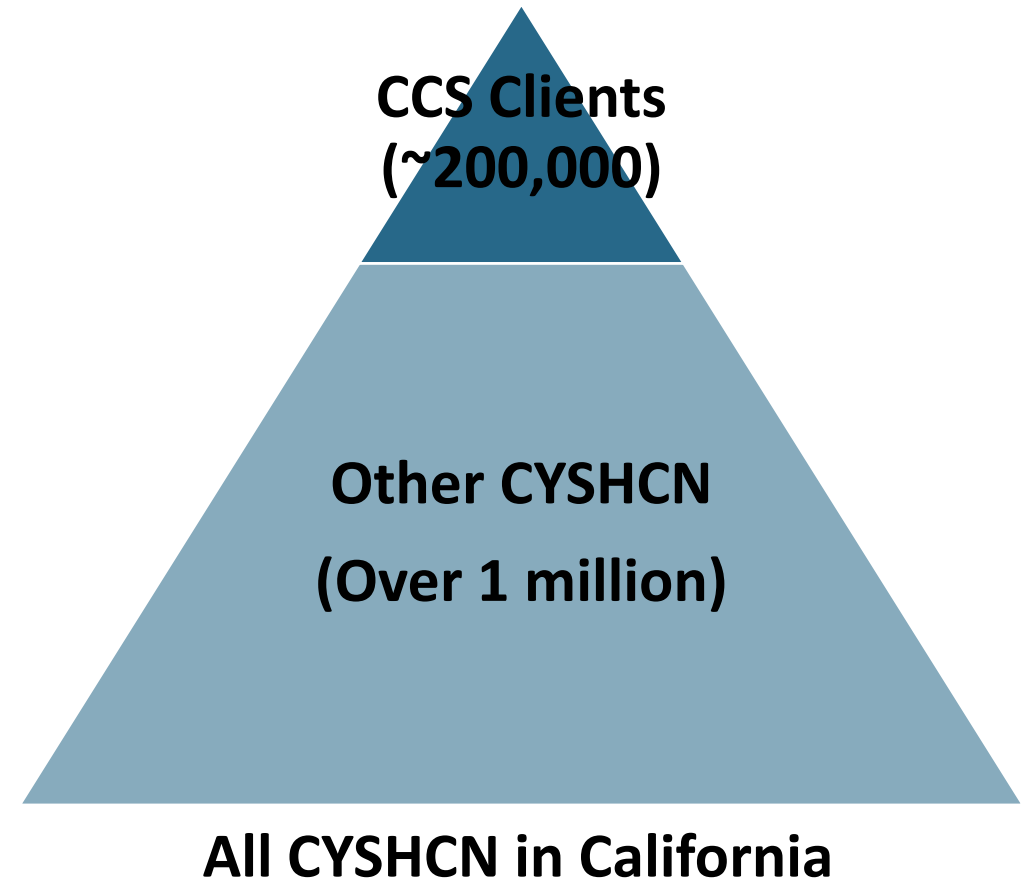
Title V and CCS

‣ MCAH administers the California Title V program and provides a small portion of Title V funding to support the CCS program

California Title V

Funding agreement between MCAH and ISCD

California Children's Services Program
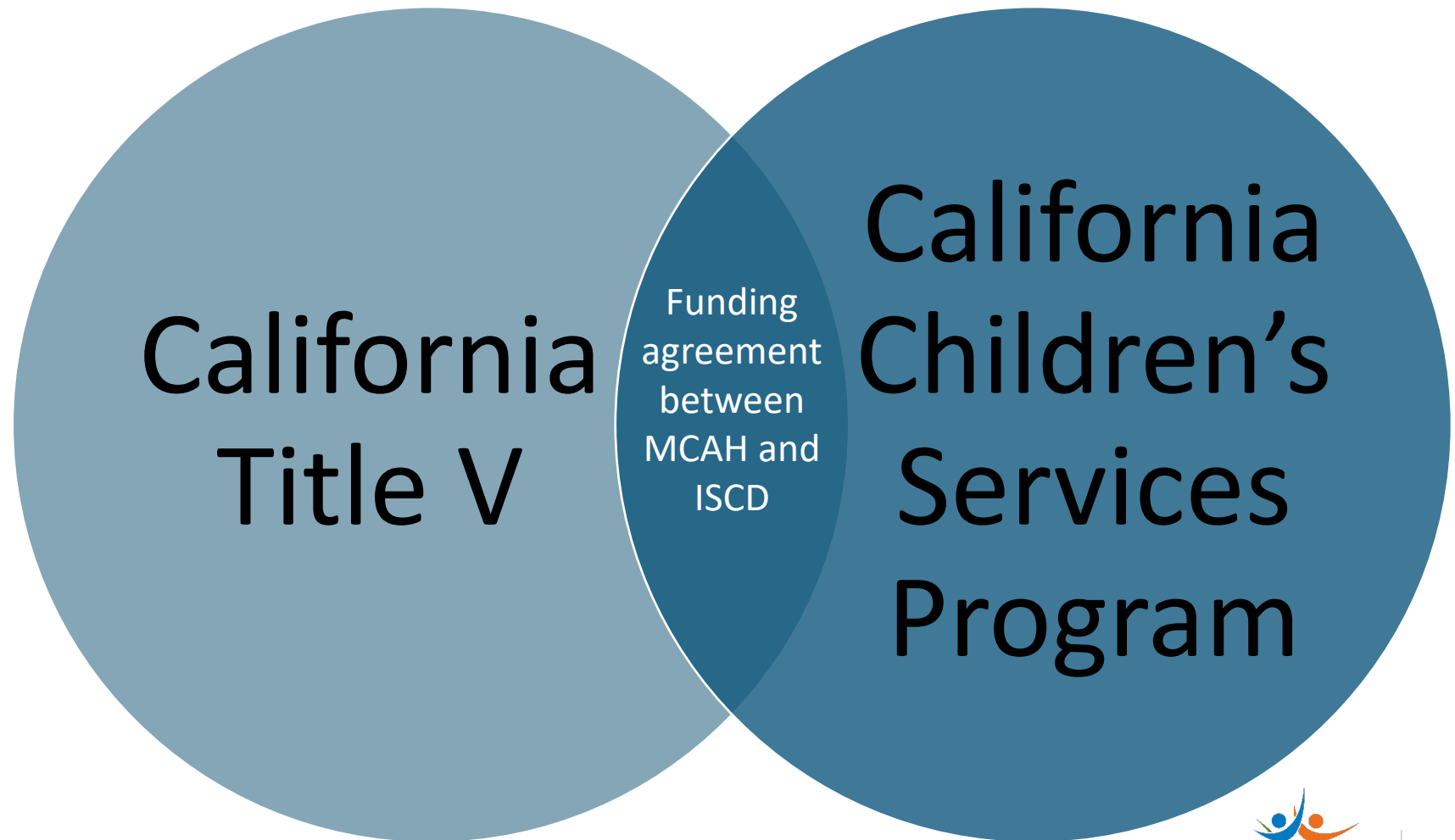
MCAH-ISCD Title V Interagency Agreement

‣ Provision of administrative and support services associated with administering CCS County Programs

‣ Provision of multispecialty medical expertise for CCS facility reviews and policy updates

‣ Support for quality improvement efforts such as the High Risk Infant Follow-up Quality Care Initiative and NICU data systems

‣ Support for CCS evaluation projects

Needs Assessment Background

Title V Needs Assessment

‣ California Title V conducts an MCAH needs assessment every five years

‣ Beginning in 2023, the 61 Local Health Jurisdictions in California will conduct local needs assessments which will feed into the State's overall needs assessment

‣ During the needs assessment process, stakeholders have various opportunities to provide feedback such as meetings, surveys, and public input periods

Title V Action Plan and Reporting

- MCAH uses findings from the needs assessment to develop a Five-Year State Action Plan, which outlines priority needs, strategies, and measures

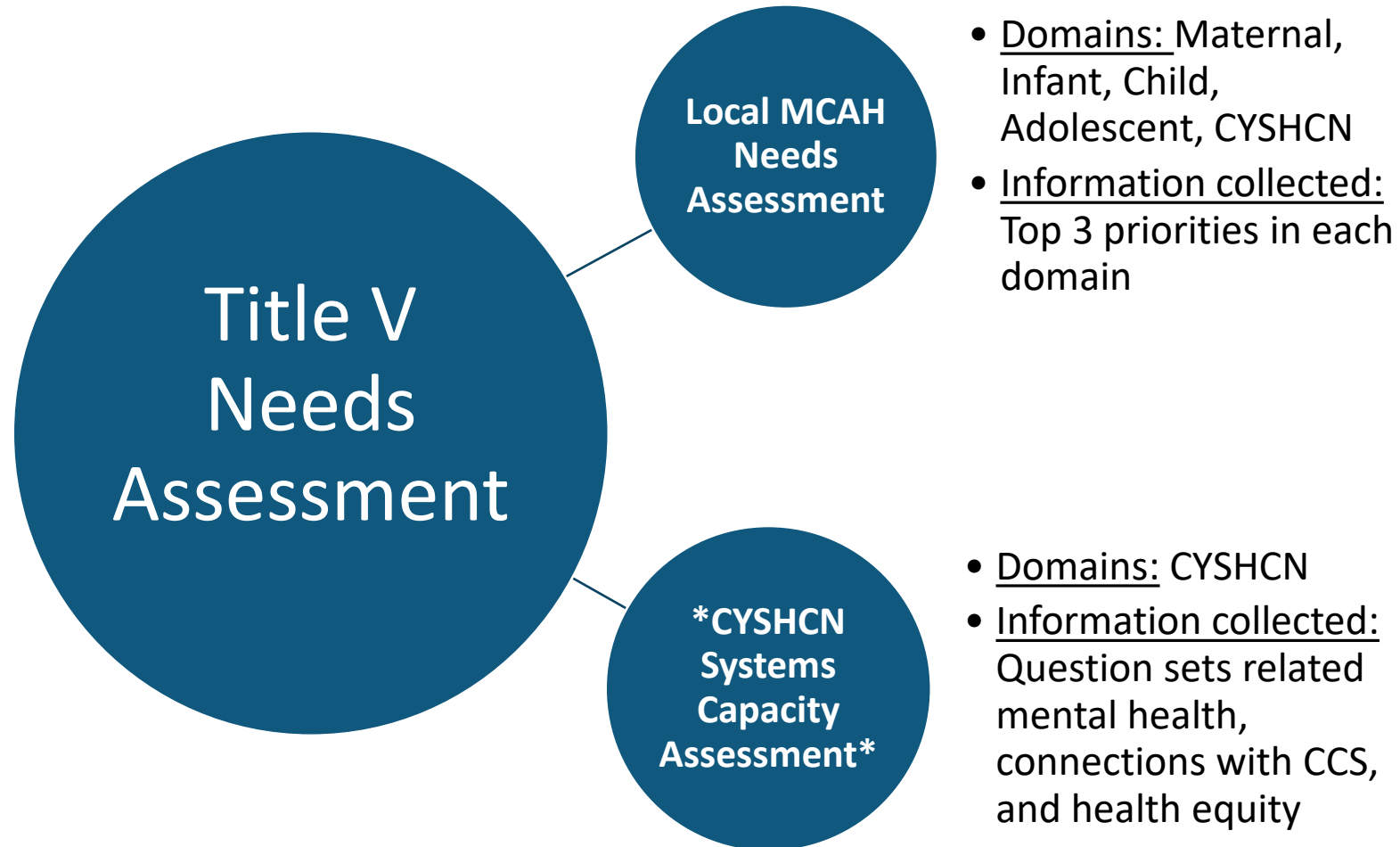- Each year, states submit a Title V Report/Application on the status of the Five-Year Action Plan

Focus on CYSHCN

‣ Title V priority population

‣ A relatively new area for California Title V/Local MCAH

‣ Need to develop and increase focus on serving CYSHCN through public health strategies

‣ In the past, the Department of Health Care Services conducted a separate but aligned Title V-funded needs assessment focused on the California Children's Services program

  • This cycle, MCAH and DHCS will be conducting one combined assessment
  • This will be accomplished through collaboration between Local MCAH and County CCS programs

Title V Needs Assessment Visual

Title V Needs Assessment

Local MCAH Needs Assessment

- <u>Domains:</u> Maternal, Infant, Child, Adolescent, CYSHCN
- <u>Information collected:</u> Top 3 priorities in each domain

CYSHCN Systems Capacity Assessment

- <u>Domains:</u> CYSHCN
- <u>Information collected:</u> Question sets related mental health, connections with CCS, and health equity

Overview of the Process

Context: CYSHCN Systems Capacity Assessment

▸ This section of the Title V Needs Assessment will focus specifically on Children and Youth with Special Health Care Needs (CYSHCN)

▸ Focus on Local Systems Capacity rather than need
  • We have comprehensively assessed need over the past 5 years and want to focus on action and opportunities

▸ Topics:
  • Mental Health
  • Connections between Local MCAH and CCS
  • Health Equity

What this information will be used for

‣ MCAH wants to collect <u>only</u> essential information that will be used for:

- Creating the state's 5-year Title V Action Plan
- Federal reporting
- Creating the Local MCAH Scope of Work
- Developing plans for technical assistance and training

Data Collection Goals

‣ Topic 1: Mental Health

- Assess the Local MCAH Program's ability to address the mental health needs of CYSHCN and their families, evaluate staff confidence in meeting these needs, and identify existing resources and additional support required for improved mental health support.

‣ Topic 2: Connections between Local MCAH and CCS

- Evaluate the Local Health Jurisdiction's ability to partner and make referrals between Local MCAH and the County CCS program, assess current partnership services/programs, and identify areas for improvement and support needed to strengthen the partnership.

‣ Topic 3: Health Equity

- Assess the organization's readiness to address social determinants of health for CYSHCN and their families, determine the level of exploration, momentum, or commitment, and identify additional support and resources needed to promote health equity in this population.

Timeline
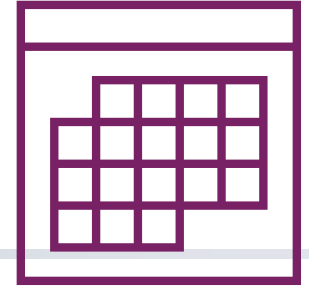
‣ **August 2023:** Instructions and forms will be released

‣ **August 2023-June 2024:**
- Develop a plan and approach
- Review available information
- Collect information (for example: via community meetings, focus groups, surveys)
- Develop responses to CYSHCN Systems Capacity Assessment questions

‣ **June 30, 2024:** Submit responses to MCAH

‣ **July-December 2024:** MCAH will work with ISCD and other partners to analyze and review local and state-level information and develop priority needs

‣ **January-June 2025:** MCAH will develop the Title V Action Plan, gather partner input, finalize and prepare the action plan and Title V report for submission to HRSA in July

Q & A

Question and Answer

Thank You!

CYSHCN@cdph.ca.gov

CDPH | mcah

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Public Comment

Thank you
Next Meeting: October 11, 2023