



ATTACHMENT A: COMPLIANCE ACTIVITIES

Annual Report

#	Applies to:	Metric	Compliance Activity	Numerator	Denominator	Data Source	Reporting Entity(ies) ¹
1	Classic Independent, Classic Dependent, Whole Child Model (WCM) Independent, WCM Dependent	Medical Home	Required Activity: Percentage of California Children's Services (CCS) beneficiaries that have a medical home indicated in the Children's Medical Services (CMS) Net Medical Home field	Total number of non-duplicative CCS beneficiaries in CMS Net with a medical home entered	Total number of non-duplicative CCS beneficiaries in the county caseload	Required Reporting: DHCS to pull CMS Net <i>Patient List without Medical Home Report</i>	Department of Health Care Services (DHCS)

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

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2	Classic Independent Classic Dependent, WCM Independent, WCM Dependent	Annual Medical Review (AMR) and Family Participation Completion	<p>Required Activity: AMR completed for CCS beneficiaries prior to program eligibility end date and county CCS program offered at least one (1) of the following four (4) specific criteria that documents family participation in the CCS program:</p> <p>1. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program</p>	<p>b) Total number of AMRs completed before the program end date due in the reporting period -----</p> <p>c) Total number of non-duplicative CCS beneficiaries with at least one (1) of the four (4) criteria documented for family participation</p>	<p>a) Total number of AMRs due in the reporting period -----</p> <p>b) Total number of CCS beneficiaries in county caseload</p>	<p>Required Reporting: DHCS to pull CMS Net Medical Review Less than 91 Days Report and/or</p> <p>Optional Submission: Family Participation Survey Results</p>	County CCS Programs and DHCS

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			<p>by participation in such areas as surveys, group discussions, or individual consultation</p> <p>a) County CCS programs shall provide the results from this family participation selection</p> <p>2. Family members participate on advisory committees or task forces and are offered training, mentoring, and reimbursement when appropriate</p>				

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			<p>3. Family members are participants of the CCS Special Care Center (SCC) services provided to their child through family participation in SCC team meeting and/or transition planning</p> <p>4. Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special</p>				

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			<p>health care needs, are contracted or consultants to the CCS program for their expertise</p> <p>County CCS programs shall submit information on how family participation was completed and the county CCS program's results for family participation</p>				
3	Classic Independent, WCM Independent, DHCS	Medical Eligibility	Required Activity: CCS beneficiaries referred to CCS have their medical eligibility determined within five (5) business days upon receipt of all necessary documentation	Total number of non-duplicative CCS beneficiaries with new referrals who have medical eligibility determined within five (5) business	Total number of non-duplicative CCS new referrals to the CCS program in the reporting period	Required Reporting: DHCS to pull CMS Net CCS <i>Performance Measure Report</i>	DHCS

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				days of receipt of all medical documentation in the reporting period			
4	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent	Financial Eligibility	Required Activity: CCS beneficiaries referred to CCS have their financial eligibility determined within 30 calendar days upon receipt of all necessary documentation	Total number of non-duplicative CCS beneficiaries with financial eligibility determined within 30 calendar days of receipt of documentation to make the determination in the reporting period	Total number of non-duplicative CCS new referrals to the CCS program in the reporting period	Required Reporting: DHCS to pull CMS Net CCS <i>Performance Measure Report</i>	DHCS
5	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent	Residential Eligibility	Required Activity: CCS beneficiaries referred to CCS have their residential eligibility determined within 30 calendar days upon receipt of all necessary documentation	Total number of non-duplicative CCS beneficiaries with residential eligibility determined within 30 calendar days of receipt of documentation to make the	Total number of non-duplicative CCS new referrals to the CCS program in the reporting period	Required Reporting: DHCS to pull CMS Net CCS <i>Performance Measure Report</i>	DHCS

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				determination in the reporting period			
6	Classic Independent, WCM Independent - CCS – Only, DHCS	CCS beneficiaries who attended an annual SCC visit	Required Activity: Percentage of CCS beneficiaries who had an annual authorized SCC/Specialist visit	Total number of non-duplicative CCS beneficiaries with an annual SCC/specialist Service Authorization Request (SAR) authorized in CMS Net	Total number of non-duplicative CCS beneficiaries in the county caseload	Required Reporting: Microsoft Business Intelligence (MSBI) Report	DHCS
7	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, counties with an Medical Therapy Unit	Medical Therapy Unit (MTU) Locations	Required Activity: Verification if current MTU locations received DHCS approval	N/A	N/A	Optional Submission: Counties submit MTU Directory	County CCS Programs with an MTU

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8	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS	Medical Therapy Program (MTP) Chart Audit	<p>Required Activity: For Counties with an MTU: Verification county CCS programs have a policy and procedure in place defining the process for monthly MTP chart audits on randomly selected charts to be completed by the county MTP Utilization Review Team. The policy and procedure must define how the county MTP Utilization Review Team will audit at least 10% of the MTP caseload annually. For Independent Counties without an MTU:</p> <p>Verification county CCS programs have a</p>	N/A	N/A	Optional Submission: Counties submit applicable policies and procedures	County CCS Programs and DHCS

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			<p>policy and procedure in place defining the process for the review of all therapy plans at least every six (6) months.</p> <p>DHCS: Verification DHCS has a policy and procedure in place defining the process for the review of all therapy plans at least every six (6) months for Dependent counties without an MTU.²</p>				
9	WCM Independent, WCM Dependent	Communication Protocols Between the Managed Care Plans (MCP) and County CCS Programs	<p>Required Activity: WCM county CCS programs shall develop policies and procedures for regular communication with WCM (MCPs) to establish, and revise as necessary,</p>	N/A	N/A	<p>Optional Submission: Counties submit applicable policies and procedures</p>	County CCS Programs

² This requirement is outlined in [NL 43-1194](#)

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			communication protocols between MCP(s) and county CCS programs. These protocols are to cover all activities necessitating coordination of CCS beneficiary care and includes, but is not limited to, communications between the WCM MCP liaison and Utilization Management Director				
10	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS	Training	Optional Activity: County CCS programs shall complete mandatory training and 20 hours of training annually by all CCS program staff. ³	N/A	N/A	Optional Submission: <i>Training Log within the Annual Report</i>	County CCS Programs

³ The authority is the CCS Training [NL 04-0723](#)

Quarterly Report

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1	Classic Independent, WCM Independent: CCS Only, DHCS	SAR Authorization	Required Activity: SARs authorized for CCS beneficiaries within five (5) business days upon receipt of all necessary documentation. ⁴	Total number of SARs adjudicated within five (5) business days upon receipt of all necessary documentation	Total number of SARs received with all necessary documentation	Required Reporting: DHCS to pull CMS Net SAR <i>Adjudication Report</i>	DHCS
2	Classic Independent, Classic Dependent, WCM Independent: CCS Only, WCM Dependent: CCS Only	Transition Planning	Required Activity: At age 17, county CCS program begins to develop the transition plan for all high-risk CCS beneficiaries and shares the transition plan with the Primary Care Physician (PCP) and/or MCP to include: ⁵ a. The identified adult	The total number of high-risk CCS beneficiaries age 17 with a transition plan started with a and b included	The total number of high-risk CCS beneficiaries age 17	Required Reporting: MSBI CMS 04-Transition Planning_County_010404 and Optional Submission: <i>Transition Log Age 17</i> within <i>Quarterly Report</i>	County CCS programs

⁴ The authority for this requirement is [NL 20-0997](#)

⁵ High risk means CCS beneficiaries who are expected to have chronic health conditions that will extend past their twenty-first birthday as defined in the High Risk Assessment Tool (Attachment B from Reporting and Survey NL)

#	Applies to:	Metric	Compliance Activity	Numerator (if applicable)	Denominator (if applicable)	Data Source	Reporting Entity(ies)
			specialist, medical group, or medical home; and b. Authorized representative/legal guardian (if needed)				
3	Classic Independent, Classic Dependent, WCM Independent: CCS Only, WCM Dependent: CCS Only	Transition Planning	Required Activity: At age 20 years, the exit summary for the transition plan for all high-risk CCS beneficiaries is developed and shared with the CCS beneficiary, authorized representative/legal guardian (if necessary), PCP, and/or MCP to include: a. The identified adult specialist, medical group, or medical home; and b. Authorized	a) The total number of high-risk CCS beneficiaries age 20 with exit summary with a and b included The total number of high-risk CCS beneficiaries with exit summary shared with the CCS beneficiary, authorized representative/legal guardian (if necessary),	Both a) and b): The total number of high-risk CCS beneficiaries age 20	MSBI CMS 04-Transition Planning_County_010404 and Optional Submission: <i>Transition Log Age 20 within Quarterly Report</i>	County CCS programs

#	Applies to:	Metric	Compliance Activity	Numerator (if applicable)	Denominator (if applicable)	Data Source	Reporting Entity(ies)
			representative/legal guardian (if needed)	PCP, and/or MCP			
4	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS	Resolution of Grievances	Optional Activity: Acknowledge standard grievances within five (5) business days, address standard grievances within 30 business days, and expedited within three (3) business days. ⁶	N/A	N/A	Optional Submission: <i>Grievance Log</i> within <i>Quarterly Report</i>	County CCS programs
5	Classic Independent, WCM Independent, DHCS	Resolution of Appeals	Required Activity: CCS agencies shall review the appeal and mail the written response with the basis for the decision, including pertinent facts and supporting statutes or regulations to the CCS beneficiary, authorized representative, or legal	N/A	N/A	Optional Submission: <i>Appeal and State Hearing Log</i> within <i>Quarterly Report</i>	County CCS programs and DHCS

⁶ The authority for Grievances is [NL 06-1006](#)

#	Applies to:	Metric	Compliance Activity	Numerator (if applicable)	Denominator (if applicable)	Data Source	Reporting Entity(ies)
			guardian within 21 calendar days upon receipt of sufficient information.				