



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

California Children's Services (CCS) Monitoring and Oversight Program Plan: DRAFT

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I. Background and Introduction

The California Children's Services (CCS) program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions, such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services that are delivered at public schools. The CCS program is administered as a partnership between county health departments and the California Department of Health Care Services (DHCS).

Enhancing oversight and monitoring of the CCS program is established through the California Advancing and Innovating Medi-Cal (CalAIM) initiative ([Welfare and Institutions Code 14184.600](#)). The intent is to create, implement, and evaluate statewide performance, quality, and reporting standards for county administration of the CCS program. Requirements of the *CCS Monitoring and Oversight Compliance Program Plan* will be based on a county's CCS status (dependent, independent, and classic/Whole Child Model) with consideration for and alignment with managed care, where possible and appropriate.

The intended goal of a compliance program is to foster accountability and transparency to mitigate risks and create a process in which systemic vulnerabilities may be detected.¹ A compliance program formalizes efforts to prevent, identify, and respond to inconsistencies with state and federal requirements, align programmatic and organizational values, and uphold program integrity by averting fraud, waste, and abuse. A well-structured compliance program consists of core components supported with written documentation, including details on how an organization will comply with specific regulations to implement, achieve, and maintain program integrity and compliance.²

This is a living document and will evolve into a formal *CCS Monitoring and Oversight Compliance Program Plan*. This document outlines key components of a compliance program, including Authority, Standards, and Procedures, Training, Communication, Monitoring and Surveying, and Corrective Action and Enforcement, and will be updated and shared online based on agreed upon activities. This plan includes, but is not limited to, the objectives, requirements, and expectations of DHCS' oversight and monitoring activities and describes the steps DHCS has taken to build the compliance program.

¹ [Oversight & Program Compliance](#), Connect for Health Colorado, (2015).

² [Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and PrePaid Health Plans](#), CMS, (2002).

Purpose and Goals

- Develop, implement, and evaluate consistent standards for quality and access to care for beneficiaries enrolled in the CCS program throughout the state of California.
- Achieve high-quality and standardized statewide CCS program operations and services that are member and family centered.
- Ensure effective, consistent, and continuous optimal care and service delivery for children and youth with special health care needs.
- Drive program improvement.
- Create a culture of compliance and build confidence within the CCS program.
- Formalize program compliance expectations and provide ongoing support and training to achieve statewide consistency in compliance requirements and goals.
- Establish strong communication, outreach, and feedback pathways between DHCS, counties, Medi-Cal managed care plans (MCPs), and other stakeholders to support monitoring and oversight and ensure family voices are heard.

II. Authority

DHCS

- Clearly identify DHCS division and email contact information for oversight and monitoring program and publish publicly to the DHCS website.
- Maintain and publish DHCS CCS program organization chart, including roles and responsibilities.
- Clearly identify county, DHCS, and MCP overall CCS program roles and responsibilities in Memorandum of Understanding (MOU), including for compliance activities.

County

- Designate and maintain an identified program contact responsible for compliance functions and liaison with DHCS. County must regularly update DHCS of any staffing changes.
- Clearly identify local program roles and responsibilities and submit to DHCS a local county CCS program organization chart and other agency information as outlined in Plan and Fiscal Guidelines (PFG) Section 2.
- Maintain and regularly update according to new program requirements, MOUs, and Inter/Intra-Agency Agreements (IAs) with key operating stakeholders and partners. Annually submit new, renewed, and revised MOUs and IAs to DHCS.

Best Practices

To have an effective compliance program, a dedicated individual within an organization should be appointed who is both responsible and accountable for program compliance. This person often times has the authority to enforce the identified and agreed upon compliance responsibilities. Within the organization, specific criteria should be

established that clearly outlines the responsibilities and authority of the identified compliance personnel.³ For example, the individual responsible for the organization's compliance should regularly report on program compliance to management ideally through a compliance committee. In addition, clear lines of authority, including roles and responsibilities, should be established within the organization and between involved parties, including external vendors and stakeholders.

III. Standards and Procedures

DHCS

- Establish, review, and update the *CCS Monitoring and Oversight Compliance Program Plan* and post to the public website based on a set schedule. As a living document, the plan will include, but not be limited to, the objectives, requirements, and expectations of DHCS' oversight and monitoring activities.
- Develop and publish compliance program related guidance.
- Review county policies and procedures annually as changes are made to ensure compliance and consistency statewide.
- Create and make available, as needed, operational guidance and instructional information, including for CMS Net, Microsoft Business Intelligence (MSBI), user guides, and other technical interfaces or process information.
- Regularly review, maintain, and publish Numbered Letters (NLs) and other related guidance on the DHCS website [[links to related documents forthcoming](#)].

County

- Develop, implement, maintain, and regularly update program policies and procedures for core program operations and compliance requirements, as specified by DHCS.
- Submit policies and procedures to DHCS annually for review, or as otherwise requested.
- Submit program planning and administrative plans as outlined in PFGs-Section 3.

Best Practices

To run an effective compliance program, an organization must have clear and easily accessible policies, procedures, and standards that state the organization's commitment to adhere to all applicable state and federal requirements and standards.⁴ Such policies, procedures, and standards should be documented and reviewed and updated on a regular basis according to identified areas of program risk and to advance the mission and objective of the organization.⁵ Policies, procedures, and standards must be relevant to day-to-day staff responsibility and may include, but not be limited to implementation

³ [Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and PrePaid Health Plans](#), CMS, (2002).

⁴ [Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and PrePaid Health Plans](#), CMS, (2002).

⁵ [OIG Supplemental Compliance Program Guidance for Hospitals](#), Office of Inspector General (OIG), (2005).

and operational details, guidance on governance, operational structure, a code of conduct, data reporting, and processes to act within the established compliance program.⁶

IV. Training

DHCS

- Provide training and technical assistance (TA) support to help CCS programs establish and maintain compliance.
- Establish various ongoing regular trainings and meetings with counties to support CCS operations and program compliance that may include, but are not limited to:
 - CCS onboarding training for administrators and other key county staff
 - CMS Net and MSBI Training, including for when upgrades are completed
 - Budgetary and fiscal trainings
 - Performance measures training
 - Clinical trainings, as needed, such as “nurses huddles”
 - Provide trainings on needed “high-risk” areas identified through monitoring surveys and outcomes on performance measures
 - [Links to trainings and related resources will be added to this document when established]
- DHCS CCS related county trainings and convenings will, include managed care representatives and other operational partners, as appropriate.
- Provide ad-hoc TA to counties as needed and requested through formally established mechanism such as inbox or web portal that is regularly monitored.
- Provide TA, as needed, on county corrective active findings as outlined in the compliance and enforcement framework.

County

- Personnel identified in PFGs, including program fiscal staff, shall participate in DHCS trainings and meetings, as appropriate.
- Provide diversity, equity, and inclusion training.
- Staff appropriate training on relevant policies and procedures, including compliance and program requirements independent from guidance trainings provided by DHCS.
- Develop and implement onboarding training for new staff.
- Meet requirements outlined in PFGs-Section 3 regarding training expectations.

Best Practices

Training is a key component of maintaining a standardized compliance program run by knowledgeable staff. Robust training includes regularly scheduled training opportunities; including training as a job requirement; incorporating compliance training in the new hire onboarding process and requiring training at least annually thereafter; identifying and

⁶ [In re Caremark Int'l](#), 698 A.2d 959, 1996 Del. Ch. LEXIS 125 (Del. Ch. Sept. 25, 1996).

incorporating audit or survey results into trainings as patterns are identified; and by staying abreast of current compliance issues and trends.⁷ When applicable, training should focus on state and federal updates and revisions to laws, regulations, and guidelines or best practices. These updates should also be reflected in an organization's policies and procedures. An organization must conduct ongoing regular evaluation of its training program to ensure its effectiveness and adjust as needed based on the evaluation.

V. Communication

DHCS

- Publish all program guidance and county updates regularly to DHCS website (e.g., Information Notices, NLs, training, and stakeholder updates).
- Inform CCS programs through a regular news flash or similar program communication and email distribution list of the latest standards, policies, guidelines, and new performance and compliance requirements.
- Regularly review new policy guidance through CCS Advisory Group or other similar venue and release for public comment providing at least two weeks for review, as appropriate.
- Establish and maintain a CCS specific program oversight and monitoring inbox to receive program comments and complaints from internal or external sources, and provide regular related public communications of these processes.
- Share results of outcomes and monitoring surveys initially with county compliance designee and CCS leadership prior to publication on DHCS website.
- Maintain and regularly update a CCS specific program oversight and monitoring website that includes, but is not limited to:
 - *CCS Monitoring and Oversight Compliance Program Plan*
 - *CCS Monitoring and Oversight Annual Report*
 - Identification of DHCS CCS County Compliance Unit contact information for those responsible for oversight and monitoring
 - Identification of county program staff responsible for compliance and contact information
 - Outcomes on performance metrics
 - Outcomes of monitoring and survey reviews and Corrective Action Plans (CAP)
 - Access to all CCS policy guidance including NLs, CCS Case Management Procedure Manual, PFGs, data reporting specifications, user guides, and other relevant documents
- Utilize existing regular venues for sharing of program policy updates, best practices, and other critical program information that may include:
 - CCS Executive Quarterly Meeting
 - CCS Medical Directors Quarterly Meeting
- [Placeholder – Establish a grievance and appeals process]

⁷ [Elements of an Effective Healthcare Compliance Program](#), Emptech, (2020).

County

- Establish hotline to receive complaints and other notifications from internal and external sources, including the public. Counties shall report complaints information monthly, including type of and time to resolve complaint, as specified, to DHCS.
- Established process for review of compliance findings with CCS leadership and public.
- Establish regular member and family convening to share policy updates and program experience, and provide opportunity to participate in program development, updates, and outcomes.

Best Practices

To manage an efficient and well-regulated compliance program, effective lines of communication must be established between an organization's compliance personnel, employees, vendors, and stakeholders, including state and federal partners. Open lines of communication are a product of an organization's culture, and internal and external (as needed) mechanisms for reporting must be established to report identified occurrences of fraud, waste, and abuse or other programmatic issues.⁸ Mechanisms to promote open communication may include comment boxes, anonymous hotlines, or even an open door policy through which compliance issues can be reported.⁹ To foster a culture of open communication, communication must be accessible to all relevant parties, be confidential, have clearly defined compliance messaging, encourage real-time feedback without the fear of retaliation, and have a publicized process and method for anonymous reporting.¹⁰ Results of internal audits should be regularly shared with an organization's governing body and other relevant departments and organizations as appropriate. In turn, the governing body and relevant departments should be actively engaged in ameliorating institutional or recurring problems.¹¹

VI. Monitoring and Surveying

DHCS

- Publish *CCS Oversight and Monitoring Annual Report* each year, beginning with the first year of the program, summarizing compliance program outcomes, and will include, but not be limited to, summary of compliance requirements and expectations, performance metrics and survey outcomes, identification of high-risk areas, trainings, and program and policy updates.
- Conduct regular, onsite administrative and medical surveys on one third of counties every year.
- Conduct regular administrative desk surveys during non-survey years.

⁸ [OIG Supplemental Compliance Program Guidance for Hospitals](#), OIG, (2005).

⁹ [Compliance Program Basics](#), OIG.

¹⁰ [Elements of an Effective Healthcare Compliance Program](#), Emptech, (2020).

¹¹ [OIG Supplemental Compliance Program Guidance for Hospitals](#), OIG (2005).

- Perform ad-hoc reviews, as needed.
- Establish a performance monitoring structure with a designated set of metrics, selected in collaboration with stakeholders, for ongoing oversight of the CCS program as described in this document in Performance Metrics and Review Process section.

County

- Cooperation with DHCS' surveys and requests. County must provide any other fiscal, reports, and other relevant information to support the evaluation and monitoring of county obligations.
- Follow performance monitoring and metrics requirements outlined in performance monitoring structure as described in this document in the Performance Metrics and Review Process section.

Performance Metrics and Review Process

DHCS

- Measures will be standardized across counties and for Medi-Cal and CCS State-only members where possible, but have consideration for unique county CCS status.
- Specific measures and related standards and reporting requirements will be published in NLs that counties must follow.
- The first two years of the program are considered "reporting only" for DHCS to establish county baseline performance on established metrics and standards.
- DHCS will measure performance on, and hold counties accountable to, established metric standards and benchmarks in the third year and ongoing.
- DHCS will review county performance on selected measures and publicly publish performance outcomes on its website annually beginning with the first year of the program.
- DHCS will periodically engage with counties and stakeholders to determine if new or revised metrics should be implemented beginning in year four of the program and re-review every two years thereafter.

County

- Collect and report required data to review and analyze performance on metrics and provide performance measure reports annually to DHCS no later than November 30 of each fiscal year.
- Report on both CCS Medi-Cal and CCS State-only members.
- For the first two years of program, counties will be required to report data on metrics for DHCS to establish baseline information.
- Participate and collaborate in related DHCS processes for updating and reviewing metric set.
- Regularly monitor performance on established metrics and review with county CCS leadership, at least quarterly.

Best Practices

An organization must take steps to achieve compliance standards and procedures by designing, implementing, and utilizing monitoring and surveying systems for internal and external purposes to address identified program areas.¹² Monitoring and surveying best practices include conducting internal audits annually or on a more frequent basis that address areas of concern, risk areas, or findings from a previous survey.¹³ In addition to audits and surveys, an organization should develop reports that measure performance against set standards. Examples of monitoring at an organizational level include, but are not limited to: reviewing periodic reporting and random samples to determine adherence to an organization's compliance program; surveying on a periodic schedule to analyze programmatic consistency; investigating complaints received; and analyzing compliance lapses to better understand root causes.¹⁴ A mechanism to collect, analyze, and report on compliance issues is also beneficial to the organization. In some instances, it is beneficial to prepare an annual compliance work plan outlining approvals from the governing body, outlining goals for the upcoming year, and including the rationale for selecting specific risk areas for targeted compliance reviews.¹⁵

VII. Corrective Action and Enforcement

DHCS/County responsibilities to be determined in a later workgroup meeting

Statutory Requirement

Establish a statewide, tiered enforcement framework to ensure prompt corrective action for counties that do not meet standards established in paragraph (1), including providing technical assistance to counties on measures where performance is consistently below expectations and on any issues that may be identified to create a continuous quality improvement process prior to the imposition of fiscal penalties.

Best Practice

A CAP may be necessary when a deficiency is identified through monitoring, auditing, or other means. It should identify the root cause of non-compliance, include steps and improvements to correct the deficiency and prevent future noncompliance, and define accountability. In order for corrective action and enforcement to take place, an organization must have organizational compliance information and the disciplinary guidelines readily available.¹⁶ If an organization is held to standards and guidelines established by an outside party, the external stakeholder enforcing compliance should also make compliance policies, procedures, and disciplinary standards available. Corrective action must be tailored to address the problem or deficiency identified and must include timeframes for specific actions. For example, addressing corrective action

¹² [Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and PrePaid Health Plans](#), CMS, (2002).

¹³ [OIG Supplemental Compliance Program Guidance for Hospitals](#), OIG, (2005).

¹⁴ [A Framework for Compliance](#), Professionals Standards Councils, (2014).

¹⁵ [Work Plan](#), OIG.

¹⁶ [Guidelines for Constructing a Compliance Program for Medicaid Managed Care Organizations and PrePaid Health Plans](#), CMS, (2002).

within 60 days.^{17,18} Continued monitoring is necessary to ensure that deficiencies have been improved through corrective action.

¹⁷ [OIG Supplemental Compliance Program Guidance for Hospitals](#), OIG, (2005).

¹⁸ [Medicare Managed Care Manual, Chapter 21 - Compliance Program Guidelines](#), CMS, (2013).