

California Children's Services Monitoring and Oversight Workgroup Meeting

March 13, 2023



Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
January Meeting Summary and Workgroup Feedback	12:10-12:20
Grievance Numbered Letter (NL)	12:20-12:40
Training NL	12:40-1:10
Memorandum of Understanding (MOU) Development	1:10-1:30
Compliance Activities and Performance Measures NL	1:30-2:00
Break	2:00-2:10
Survey NL	2:10-2:40
Enforcement and Corrective Action NL	2:40-3:10
Department of Health Care Services (DHCS) Accountability Proposal	3:10-3:30
Policy Updates	3:30-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

Housekeeping & Webex Logistics

Do's & Don'ts of Webex

- » Participants are joining by computer and phone (link/meeting info on [\(CCS\) Monitoring and Oversight Program website](#))
- » Everyone has been automatically muted upon entry
- » CCS Monitoring and Oversight Workgroup Meeting 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
- » To use the "Raise Your Hand" function click on participants in the lower right corner of your chat box and select the raise hand icon
- » Live closed captioning will be available during the meeting

Note: Department of Health Care Services (DHCS) is recording the meeting for note-taking purposes

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Workgroup Members

1. **Alicia Emanuel**, National Health Law Program
2. **Anna Leach-Proffer**, Disability Rights California
3. **Beverly Eldridge**, Stanislaus County CCS
4. **Dawn Pacheco**, Glenn County CCS
5. **Eileen (Chris) McSorley**, Lake County CCS
6. **Francis Chan, MD**, Loma Linda University Health
7. **Guillermina (Mina) Andres**, Tulare County CCS
8. **Hanna Awai, MD**, Sacramento County CCS
9. **Heidi Merchen**, Napa County CCS
10. **Holly Henry**, Lucile Packard Foundation for Children's Health
11. **Janet Peck**, Butte County CCS
12. **Jody Martin**, Mono County CCS
13. **Jolie Onodera**, California State Association of Counties
14. **Katherine Barresi**, Partnership HealthPlan of California
16. **Kathryn Smith**, Children's Hospital Los Angeles

Workgroup Members (continued)

17. **Katie Schlageter**, Alameda County CCS
18. **Kristen Dimou**, San Diego County CCS / Medical Therapy Program (MTP)
19. **Lori Gardner**, Madera County CCS
20. **Lorri McKey**, Colusa County CCS
21. **Mary Doyle, MD**, Los Angeles County CCS
22. **Meredith Wolfe**, Humboldt County CCS
23. **Michelle Gibbons**, County Health Executives Association of California
24. **Michelle Laba, MD**, Orange County CCS
25. **Mike Odeh**, Children Now
26. **Nancy Netherland**, Caregiver Representative/California Children's Trust - Caregiver Engagement
27. **Norma Williams**, Del Norte County CCS
28. **Pip Marks**, Family Voices of California
29. **Richard Chinnock, MD**, Loma Linda University Children's Hospital
30. **Susan Skotzke**, Parent/Family Advisory Committee, Central California Alliance for Health
31. **Tanesha Castaneda**, Santa Barbara County CCS

DHCS Staff

- » **Susan Philip**, Deputy Director, Health Care Delivery Systems
- » **Pamela Riley, MD**, Assistant Deputy Director, Quality and Population Health Management and Chief Health Equity Officer
- » **Joseph Billingsley**, Assistant Deputy Director, Integrated Systems
- » **Cortney Maslyn**, Division Chief, Integrated Systems of Care Division (ISCD)
- » **Jill Abramson, MD**, Medical Consultant, ISCD
- » **Cheryl Walker, MD**, Medical Consultant, ISCD
- » **Megan Sharpe**, MTP Specialist, ISCD
- » **Annette Lee**, Branch Chief, Quality and Monitoring, ISCD
- » **Sabrina Atoyebi**, Branch Chief, Medical Operations, ISCD
- » **Michael Luu**, Section Chief, Monitoring and Oversight, ISCD
- » **Katie Ramsey**, Unit Chief, County Compliance, ISCD

Sellers Dorsey Staff

- » **Mari Cantwell**, Managing Director, California Services/Strategic Advisor
- » **Sarah Brooks**, Director/Project Director
- » **Meredith Wurden**, Senior Strategic Advisor/Subject Matter Expert
- » **Marisa Luera**, Director/Subject Matter Expert
- » **Alex Kanemaru**, Senior Consultant/Project Manager

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January Meeting Summary

During the January meeting, the workgroup reviewed and provided feedback on the following topics:

- » CCS case management definition and process
- » Grievance, Training, and Survey NLS
- » MOU development
- » CCS compliance activities
- » Promoting transparency for the CCS program
- » Enforcement proposal

Workgroup feedback during the January meeting and subsequent homework items are incorporated in today's presentation and discussion

Homework from January Workgroup

MOU Roles and Responsibilities Table

- » Feedback requested from workgroup members on the updated *MOU Roles and Responsibilities Table*

CCS compliance activities

- » Feedback requested from workgroup members on CCS compliance activities

Workgroup Discussion

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Draft Grievance NL* and Next Steps

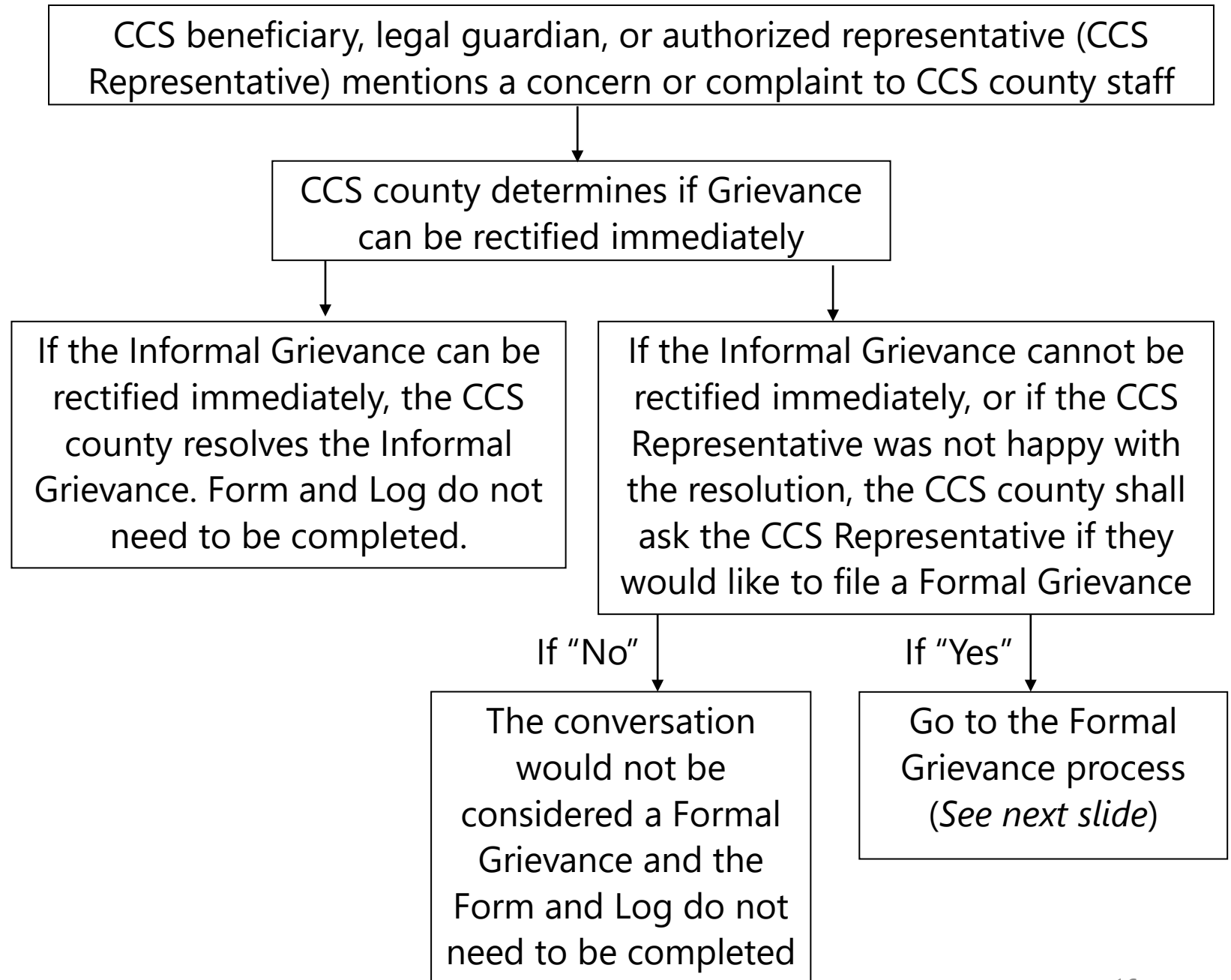
- » On December 23, DHCS publicly shared the draft Grievance NL XX-XXXX, which provides guidance to CCS programs on the county grievance process
 - » The Grievance Log and Grievance Form were also included for public comment
 - » Public comment closed on Friday, January 13th
- » Next Steps
 - » Compiling and reviewing the feedback for consideration
 - » NL will be revised, finalized, shared, and posted by the end of second quarter 2023

* See Appendix for Grievance NL outline

Grievance Definitions

- » **CCS Representative:** the CCS applicant, beneficiary, authorized representative, or legal guardian
- » **Informal Grievance:** A concern or complaint mentioned in passing or that can be rectified immediately by the employee or their immediate supervisor that then results in satisfaction of the CCS representative, as evidenced by no formal Grievance filed, shall NOT be considered a Formal Grievance. Since this is not considered a Formal Grievance, the Grievance Form and Log do not need to be completed
- » **Formal Grievance:** A Grievance in which the CCS representative goes through the formal Grievance process of filing a Grievance to establish the Grievance as a formal expression of dissatisfaction. The Grievance Form and Log need to be completed.
- » **Standard Grievance:** Grievance cases that do not involve an imminent and serious threat to the health of the CCS beneficiary. Imminent and serious threat mean those that include, but are not limited to severe pain, potential loss of life, limb, or major bodily function.
- » **Expedited Grievance:** Grievance cases that involve an imminent and serious threat to the health of the CCS beneficiary as defined above

Grievance NL Flowcharts- Informal Grievances



Grievance NL Flowcharts- Formal Grievances

When a CCS Representative requests a Formal Grievance, the CCS county will assist with completing the Grievance Form and enter the Grievance into the Log (if needed)

CCS staff determines if the Formal Grievance is Standard or Expedited

STANDARD GRIEVANCES

EXPEDITED GRIEVANCES

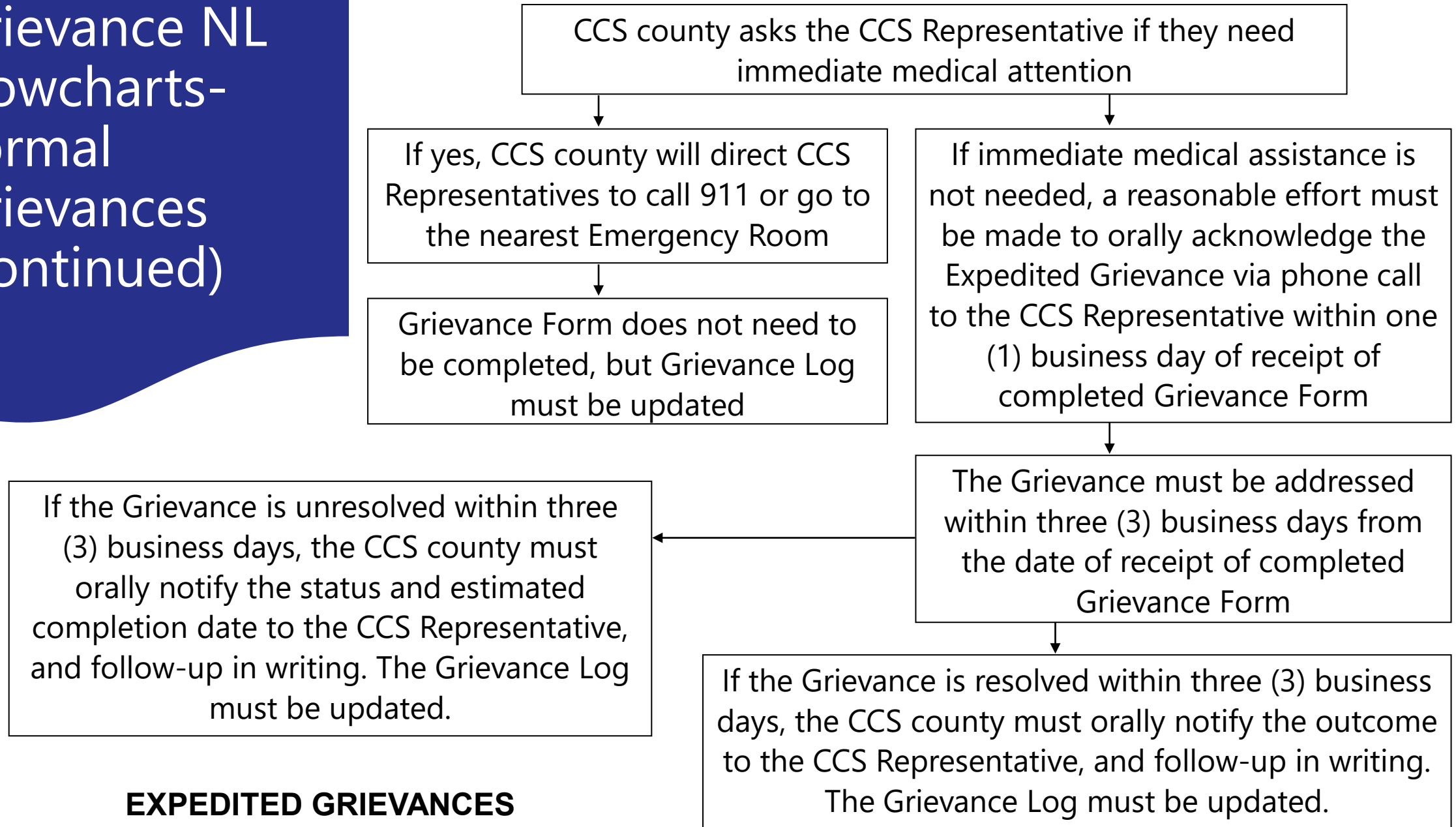
Once the completed Grievance Form is received, the CCS county will acknowledge receipt within 5 business days and address within 30 calendar days

Go to the Expedited Grievances process (*see next slide*)

If the Grievance is resolved within 30 calendar days, the CCS county must notify the outcome and status in writing within five (5) business days from the date of resolution. The Grievance Log must be updated.

If the Grievance is unresolved within 30 calendar days, the CCS county must provide a detailed explanation in the Grievance Log as to the reason(s) it could not be resolved. Unresolvable grievances, not within the county's scope of duties, are exempt from the CCS county's responsibility to resolve the Grievance.

Grievance NL Flowcharts- Formal Grievances (continued)



EXPEDITED GRIEVANCES

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Overview

- » During the November CCS Monitoring and Oversight Workgroup meeting, a training proposal was presented that included:
 - » Purpose of training
 - » Stakeholder input, including requests for training related to CCS county staff onboarding, Medical Therapy Program (MTP), and program plan and budgets
 - » DHCS requirements, developed trainings, onboarding trainings, and topical technical trainings
 - » County training requirements

Draft Training NL and Next Steps

- » On January 27, DHCS publicly shared the draft Training NL XX-XXXX, which provides guidance to CCS programs on the county training process
 - » Public comment closed on Friday, January 13th
- » Next Steps
 - » Compiling and reviewing the feedback for consideration
 - » NL will be revised, finalized, shared, and posted by the end of third quarter 2023

Feedback Received on Draft Training NL

» Questions Received

- » Do these training requirements also apply to Medi-Cal managed care plans (MCP)?
- » Is the comprehensive program orientation being developed by DHCS or each county is to develop their own?
- » Will counties be required to create their own diversity, equity, and inclusion training?

» General Feedback Received

- » Expand language to include clarity for specific terminology used.
- » Consider expanding training to courses beyond those listed in the NL

Training Implementation Timeline

Over the next year and in alignment with the draft Training NL, DHCS will conduct the following activities to ensure training materials are available to CCS program staff prior to July 1, 2024:

Activity	Timeframe
Identification, Compilation, and Review of Existing Training Materials and Resources	
» Compile and review prior training materials	By June 2023
» Develop a questionnaire and survey counties on any training materials, modules, and other resources that DHCS could use to support training development	By June 2023
» Complete gap analysis of program informational needs	By June 2023

Training Implementation Timeline (continued)

Activity	Timeframe
Content Development: Onboarding and selected high-priority topical training	
» Identify DHCS priorities for onboarding training	July 2023
» Identify DHCS priorities for specific high-priority topical trainings to be offered by June 2024	July 2023
» Develop questionnaire and survey counties on detailed content needs for initial onboarding training	August 2023
» Develop questionnaire and survey counties on high-priority topical trainings	September 2023
» Develop content outlines for onboarding and high-priority topical trainings	September 2023
» Identify experts to support training materials development and review	November 2023

Training Implementation Timeline (continued)

Activity	Timeframe
Production	
» Complete production of onboarding trainings	By December 2023
» Establish CCS training website to post training materials, recordings, and a calendar for counties to utilize for training needs	By January 2023
» Establish DHCS training email to communicate training updates and receive training related questions	By January 2023
» Post completed onboarding trainings	By March 2023
» Complete production of identified high-priority topical trainings	By June 2024

Training Implementation Timeline (continued)

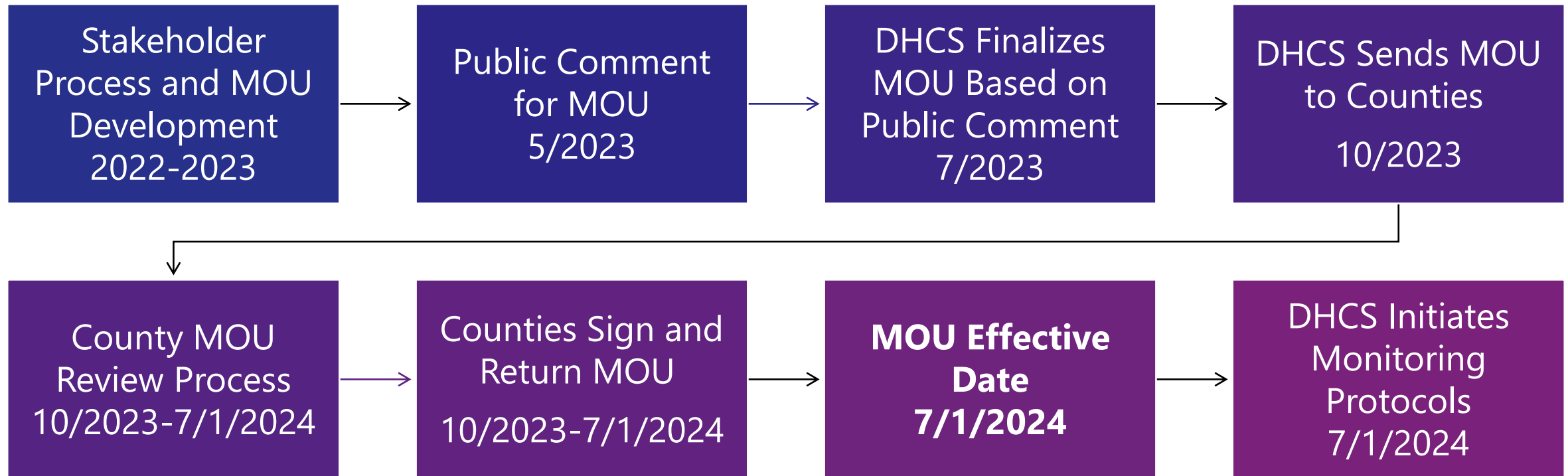
Activity	Timeframe
Ongoing Program Development and Maintenance	
» Establish policy and procedure for development and periodic review and updating of training materials	May 2024
» Establish timeline for other topical trainings development and production	May 2024
» Post training calendar	May 2024

Workgroup Discussion

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MOU Development



Updated Proposed MOU Outline

- I. Background
- II. Purpose
- III. Scope of Work
- IV. Organizational Structure
- V. Term
- VI. Data and Information Sharing
- VII. Oversight and Monitoring
 - a) ~~Authorities~~
 - b) ~~Standards and Procedures~~
 - c) Training
 - d) ~~Communication~~
 - e) Grievances ~~Process~~
 - f) ~~Monitoring and~~ Surveying
 - g) Performance ~~Measures Metrics and Review Process~~
 - h) Enforcement and Corrective Action
- VIII. Confidentiality
- VIII. Liability and Indemnity
- IX. Amendments
- X. Liaisons
- XI. Privacy and Information Security Provisions
- XII. Attachments (County Model Specific)
 - a) Data and Information Systems
 - b) Privacy and Information Security Provisions
 - 1. Attachment B-1
 - 2. Attachment B-2
 - 3. Attachment B-3
 - c) ~~County, DHCS, and MCP (as applicable)~~ MOU Roles and Responsibilities Table
 - d) MOU and Inter/Intra-Agency Agreement (IA)
 - e) ~~Reporting Requirements~~
- XIII. Appendices
 - a) Definitions

Items in purple have been removed/added/updated

MOU Standard Language

- I. Background
- II. Purpose
- III. Scope of Work
- IV. Organizational Structure
- V. Term
- VI. Data and Information Sharing
- VII. Oversight and Monitoring
 - a) Training
 - b) Grievance Process
 - c) Surveying
 - d) Performance Measures
 - e) Enforcement and Corrective Action
- VIII. Confidentiality
- IX. Liability and Indemnity
- X. Amendments
- XI. Liaisons
- XII. Privacy and Information Security Provisions
- XIII. Attachments
 - a) Data and Information Systems
 - b) Privacy and Information Security Provisions
 - 1. Attachment B-1
 - 2. Attachment B-2
 - 3. Attachment B-3
 - c) MOU Roles and Responsibilities Table (County Model Specific)
 - d) MOU and Inter/Intra-Agency Agreement (IA)
- XIV. Appendices
 - a) Definitions

Items in black are standard MOU sections

Summary of the MOU Roles and Responsibilities Table

The *Roles and Responsibilities Table* was updated based on the second round of workgroup member feedback

» ***MOU Roles and Responsibilities Table***

- » Counties will receive a standard MOU with a "*MOU Roles and Responsibilities Table*" attachment based on the respective county's model type
- » The attachment includes detailed activities of county and DHCS responsibilities

Summary of the MOU Roles and Responsibilities Table (continued)

- » DHCS identified roles and responsibilities for counties and DHCS for the MOU
 - » Roles and responsibilities were derived from Health and Safety Codes, Welfare and Institutions Codes, California Code of Regulations, NLs, and *CCS Program Administrative Case Management Manual*
 - » Activities were rolled up for purposes of streamlining the *Roles and Responsibilities Table* (e.g., authorizations)
- » *MOU Roles and Responsibilities Table* was shared on October 14, 2022, and February 3, 2023, with workgroup members for feedback

Workgroup Feedback

- » General Feedback
 - » For all authorization related responsibilities, additional language requested, “upon receipt of all necessary documentation”
- » Whole Child Model (WCM), Dependent and Independent County Feedback
 - » Define “collaborate with the WCM MCP...” respective roles and responsibilities
- » Classic Independent County Feedback
 - » For MTP eligibility, add CCS Only responsibilities
- » Classic Dependent County Feedback
 - » Combine High Risk Infant Follow-up (HRIF) and Neonatal Intensive Care Unit (NICU) eligibility determinations

Workgroup Feedback (continued)

General Feedback for All County Model Types

DHCS-ISCD	County – CCS Administrator	Workgroup Member Feedback
Administrative – Budget [Source: HSC § 123955 (e)(2), (e)(3)]		
The State shall reimburse [County] CCS program for 50 percent of the nonfederal share of the amount required to meet state administrative standards for that portion of the county caseload under Article 5 that is enrolled in the Medi-Cal program.	On or before September 15 of each year, the [County] CCS program shall submit an application for the subsequent fiscal year that provides information as required by the state to determine if the county administrative staff and budget meet state standards.	Considering new monitoring and oversight activities, clarification on who is responsible for submitting content related to the CCS budget
Appeals – Program Eligibility (Related to Financial, Residential, and Medical Eligibility) [Source: Cal. Code Regs., tit. 22, § 42321 (a)(1)(2), NL XX-XXXX]		
	<p><u>CCS Only Beneficiaries:</u> If the appeal for continuing financial or residential eligibility <u>includes a request for continuation of services previously authorized by the CCS agency...</u></p>	Adjust “CCS agency” to “CCS program” throughout

Workgroup Feedback (continued)

General Feedback for All County Model Types

DHCS-ISCD

County – CCS Administrator

Workgroup Member Feedback

Administrative Coordination – Develops and Renews MOU/Inter Agency Agreement (IAA) with Related Agencies/Organizations [Source: [AB 133, Article 5.51, Subsection \(b\), Cal. Code Reg., tit. 2, § 60310,](#)]

The State shall develop a process for interagency decision making that results in a local IAA.

The [County] CCS program shall appoint a liaison for the county agency of CCS to facilitate the provision of **MTP** services described in subdivisions (a), (b), (c), and (d) of Section 7572 of the Government Code and subdivisions (a), (b), and (d) of Section 7575 of the Government Code.

The [County] CCS program shall ensure the development and implementation of a local interagency agreement in order to facilitate the provision of medically necessary occupational therapy (OT) and physical therapy (PT).

IAAs between school and county CCS programs cannot be guaranteed

Workgroup Feedback (continued)

General Feedback for All County Model Types		
DHCS-ISCD	County – CCS Administrator	Workgroup Member Feedback
Administrative – Annual Enrollment and Assessment Fee Determination [Source: Cal. Code Regs., tit. 22, § 41674, CCS Program Administrative Case Management Manual, Chapter 1, Section IV.A., HSC § 123870, HSC § 123900]		
	<p>CCS Only Beneficiaries: The [County] CCS program shall determine, apply, and collect the applicant/client's annual enrollment and/or assessment fee under provisions of HSC §§123870, 123900, and any other current state guidance.</p>	<p>Requests for guidance to be linked</p> <p>Guidance is linked when applicable</p>
Grievances – [CCS-NL XX-XXXX]		
<p>The State shall intake, process, and resolve formal grievances for beneficiaries about any matter other than an adverse benefit determination, in accordance with State guidelines.</p>	<p>The [County] CCS program shall intake, process, and resolve formal grievances for beneficiaries about any matter other than an adverse benefit determination, in accordance with State guidelines.</p>	<p>Recommendation for DHCS to establish a state-level platform/system to collect and route grievances to appropriate entities based on county CCS type</p>

Workgroup Feedback (continued)

General Feedback for All County Model Types

DHCS-ISCD

County – CCS Administrator

Workgroup Member Feedback

Electronic Visit Verification (EVV) – *[Source: [WIC § 14043.51](#)] (as applicable)*

In partnership with the [County] CCS program, the State shall implement corrective actions (such as denying SARs and/or pursuing overpayment recovery) when providers are not complying with EVV requirements...

The State shall provide specific guidance to counties and other partners, by means of provider bulletins, plan letters, or other similar instructions, regarding corrective actions that are to be taken against providers that are not complying with EVV.

~~In partnership with the [County] CCS program, the State shall implement corrective actions (such as denying SARs and/or pursuing overpayment recovery) when providers are not complying with EVV requirements.~~

...
The [County] CCS program shall utilize data tools provided by state to monitor CCS provider network to ensure compliance with EVV requirements.

Requests for the removal of EVV requirements on local CCS programs. Recommendation to have this function completed by DHCS as part of the provider paneling process.

Next Steps

- » DHCS is working on:
 - » Revising transition planning responsibilities according to the newly proposed performance measures
 - » Clarifying budget responsibilities
 - » Forthcoming MOU for public comment

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Compliance Activities Timeline

- Counties will be required to report data to DHCS on annual/quarterly reports and performance measures to establish baseline
- DHCS will review and report results

FYs 2024-2026

FY 2027

- Counties will continue to report data to DHCS on annual/quarterly reports and performance measures
- DHCS will review, report results, begin surveying counties, and require corrective action as needed
- **DHCS will determine benchmarks**

- DHCS will determine if new or revised compliance activities should be implemented beginning in year four (4) of the program

FY 2028

FY 2030

- DHCS will review compliance activities every two (2) years thereafter

Items in **bold** are new updates

Workgroup Feedback

» General Questions

- » How will Compliance Activities be measured when transfer of data relies on MCPs or DHCS (e.g., AMR for WCM counties)?
 - » **Response:** This is a current requirement to obtain information from MCPs in WCM counties and DHCS will be held accountable for compliance activities impacting dependent counties
- » What are DHCS' plans to update CMS Net when determining compliance thresholds?
 - » **Response:** DHCS will continue to analyze ways to incorporate CMS Net into the reporting process including using the data to determine compliance thresholds
- » What are "unique" CCS beneficiaries?
 - » **Response:** DHCS will change "Unique" to "non-duplicative" CCS beneficiaries

» General Feedback

- » Define "high-risk" or identify ICD 10 diagnostic codes
- » For all authorization related Compliance Activities, additional language requested, "upon receipt of all necessary documentation"

Workgroup Feedback: Annual Reports

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties	Ensuring Percentage of CCS beneficiaries who received, who are authorized for a SCC visit attended or have documented efforts to receive, an annual authorized SCC visit	<ul style="list-style-type: none"> Local CCS programs are not able to force children/youth to attend an annual visit. Adjust attended to "authorized" 	Counties can encourage, recommend, and document efforts made; recommended changes in bold/underline and strikethrough
All counties with an MTU	Verification if current MTU locations received DHCS approval	<ul style="list-style-type: none"> Should only apply to counties with an MTU 	Recommended changes in bold/underline and strikethrough
All counties	Verification counties have a policy and procedure to ensure counties are performing monthly MTP chart audits	<ul style="list-style-type: none"> This should only apply to counties with a MTU 	This applies to all counties because all counties have a MTP and should be performing monthly chart audits per NL

Workgroup Feedback: Annual Reports (continued)

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties	<p>Counties completed one (1) of the following four (4) specific criteria documenting family participation in the CCS program:</p> <ol style="list-style-type: none"> 1. Family members offered an opportunity to provide feedback regarding their satisfaction with CCS services 2. Family members participate on advisory committees/task forces and offered training, mentoring and reimbursement 3. Family members are participants of the CCS SCC services provided to their child 4. Family advocates are contracted or consultants to the CCS program for their expertise 	<ul style="list-style-type: none"> • Modify to address whether the local CCS program <i>offered</i> participation through these venues. Local CCS programs are unable to mandate family participation, but they can offer it 	<p>The workgroup feedback is addressed in option one (1). If the family declines to participate, the county should document the decline.</p>

Workgroup Discussion

Workgroup Feedback: Performance Measures

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties	Ensuring <u>Percentage of</u> each CCS beneficiaries <u>that have</u> a medical home indicated in <u>the</u> CMS Net Medical Home field	<ul style="list-style-type: none"> This metric is not specific to the CCS condition; recommend modifying to limit to CCS condition 	Medical home is defined as, "the primary location where the CCS eligible condition is treated"; recommended changes in bold/underline and strikethrough
All counties	Ensuring <u>Percentage of</u> CCS beneficiaries <u>who received, had or have documented efforts to receive,</u> a visit with a PCP or specialist during the reporting period	<ul style="list-style-type: none"> Local CCS programs are unable to force children to attend visits; recommend modifying to "authorizations" 	Counties can encourage, recommend, and document efforts made; recommended changes in bold/underline and strikethrough
All counties	Percentage of CCS beneficiaries with select conditions (cystic fibrosis, hemophilia, sickle cell, leukemia, diabetes) who <u>received, or have documented efforts to receive,</u> have a documented visit with a SCC <u>visit</u> within 90-days of referral	<ul style="list-style-type: none"> Local CCS programs are unable to force children to go to a visit. This should be modified to "authorization" 	Counties can encourage, recommend, and document efforts made; recommended changes in bold/underline and strikethrough

Workgroup Feedback: Performance Measures (continued)

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties	<p>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 PCP and MCP to include:</p> <ul style="list-style-type: none"> a. The adult medical home b. The identified adult specialist, <u>medical group, or medical home and;</u> c. Authorized representative/legal guardian (if needed) 	<ul style="list-style-type: none"> • Identified difficulty with identifying an adult specialist (b) 	<p>Recommended changes in bold/underline and strikethrough</p>
All counties	<p>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 MCP to include:</p> <ul style="list-style-type: none"> a. The adult medical home b. The identified adult specialist, <u>medical group, or medical home and;</u> c. Authorized representative/ legal guardian (if needed) 	<ul style="list-style-type: none"> • For WCM counties this is difficult due to MCP involvement 	<p>In WCM counties, counties will be responsible for reporting on CCS only beneficiaries</p>

Workgroup Feedback: Performance Measures (continued)

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties	<p>Ensuring <u>Percentage of</u> CCS MTP Medi-Cal beneficiaries are <u>who received, or have documented efforts to receive,</u> provided an initial therapy evaluation/session</p>	<ul style="list-style-type: none"> Reframe to “ensuring a documented attempt to schedule the initial therapy evaluation within X days...” 	<p>Counties can encourage, recommend, and document efforts made; recommended changes in bold/underline and strikethrough</p>

Workgroup Discussion

Workgroup Feedback: Quarterly Reports

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties, DHCS	Acknowledge standard grievances within five (5) business days, resolve addressing standard grievances within 30 business days, and expedited within three (3) business days	<ul style="list-style-type: none"> Grievance process should be centralized with DHCS and be automated 	Counties will be responsible for addressing grievances within their responsibilities
Classic Independent, WCM Independent, DHCS	SARs authorized within five (5) business days for CCS beneficiaries <u>upon receipt of all necessary documentation</u>	<ul style="list-style-type: none"> Additional language requested, "upon receipt of all necessary documentation" 	Recommended changes in bold/underline and strikethrough

Workgroup Discussion

Workgroup Feedback: Survey

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties	CCS beneficiaries referred to CCS have their financial eligibility determined within 30 business days <u>upon receipt of all necessary documentation</u>	<ul style="list-style-type: none"> The number of days should match the max number of days that the parent has to respond if they were to wait until the final notice before responding 	Recommended changes in bold/underline and strikethrough
All counties	CCS beneficiaries referred to CCS have their residential eligibility determined within 30 business days <u>upon receipt of all necessary documentation</u>	<ul style="list-style-type: none"> The number of days should match the max number of days that the parent has to respond if they were to wait until the final notice before responding 	Recommended changes in bold/underline and strikethrough

Workgroup Feedback: Survey (continued)

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties	Counties shall establish and maintain develop policies and procedures that specify provide coordination activities, necessary after-care services, and communication requirements among the following parties, including but not limited to, PCPs, specialty providers, hospitals, public health nurses, and CCS program case managers	Please specify: <ul style="list-style-type: none"> • Coordination of what specific activities? • What specific after care services? • What specific communication requirements? • What is DHCS wanting counties to include in our policies and procedures so counties meet the survey requirements? 	The activity was amended to be a direct excerpt from Title 22 Section 41510.3, and counties should perform these activities based on the medically necessary needs of each CCS beneficiary and should communicate with appropriate entities/staff for required services

Workgroup Feedback: Survey (continued)

Applies to	Activity Description	Workgroup Feedback	DHCS Response
All counties, DHCS	<p><u>Selecting charts based on diagnostic codes to identify children referred to MTP</u> non-clinical markers/identifiers (like Dx codes on a CCS face sheet) to identify files to check for documentation that a child was referred to MTP</p>	<ul style="list-style-type: none"> A diagnosis in many instances does not indicate a child is eligible for the MTP 	<p>Yes, however there are some diagnosis codes making the beneficiary eligible for MTP, recommended changes in bold/underline and strikethrough</p>
Classic Independent, Classic Dependent, DHCS	TBD based on final EVV NL	<ul style="list-style-type: none"> Request that all EVV requirements are handled by DHCS as part of the state-level provider paneling process 	<p>Classic counties must comply with EVV requirements as outlined in the EVV NL</p>

Workgroup Discussion

CCS Performance Measures NL

The draft Performance Measures NL included the following:

- I. Purpose
- II. Background
- III. Policy
 - A. Definitions
 - B. Performance Measures
- IV. Policy Implementation
 - A. Calculating Performance Measure Outcomes
 - B. General Requirements

Draft Performance Measure NL

» Next Steps

- » NL will be shared in March for a two-week public comment period
- » Feedback will be compiled and reviewed for consideration
- » NL will be revised, finalized, and posted by the end of second quarter 2023

Workgroup Discussion

Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
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Break	2:00-2:10
Survey NL	2:10-2:40
Enforcement and Corrective Action NL	2:40-3:10
DHCS Accountability Proposal	3:10-3:30
Policy Updates	3:30-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

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Draft Survey NL and Next Steps

- » On January 25th, DHCS publicly shared the draft Survey NL XX-XXXX, which provides guidance to CCS programs on the county survey process
 - » Establishes a policy to survey counties on their administration of the CCS program, including the MTP
 - » Public comment closed on Wednesday, February 8th
- » Next Steps
 - » NL will be revised, finalized, and posted by the end of second quarter 2023

Survey NL Table of Contents

- » The draft Survey NL is composed of the following:
 - I. Purpose
 - II. Background
 - III. Policy
 - A. Definitions
 - IV. Oversight and Monitoring
 - A. Program Core Administrative Domains
 - B. Compliance Activities Overview
 - C. Annual and Quarterly Reports
 - D. Desk, Virtual, and Onsite Surveys

Feedback Received on Draft Survey NL

Questions Received

- » How will findings be shared with counties?
 - » **Response:** Findings will be shared with counties through a draft report prior to any CAP and final report published, and will be outlined in the MOU
- » Can counties request an extension for due dates to respond to DHCS on any submissions such as, finding responses, requests for additional information, CAP responses?
 - » **Response:** Counties may request an extension in advance, in writing, with an explanation as to why they are unable to meet the due date, the requested new date, and the steps they will take to meet the requested due date

General Feedback Received

- » Change all business days to calendar days
- » Request a new staffing standard table with funding to support an appropriate staffing allocation
- » Change "survey" to "audit"

Purpose

- » Consider expanding this policy to include oversight of Medi-Cal MCPs

Policy, A. Definitions

- » Request for compliance activities to be added to the NL
- » Add definitions from the Enforcement and Corrective Action NL such as good faith effort, CAP, etc.

Feedback Received on Draft Survey NL (continued)

Oversight and Monitoring, A. Program Core Administrative Domains

- » Compliance activity results be sent to counties to review and provide a response and corrective action before publishing to DHCS webpage
- » Remove access to care and quality domains

Oversight and Monitoring, B. Compliance Activities Overview

- » Incorporate the *MOU Roles and Responsibilities Table* in the Survey NL
- » Incorporate compliance activities for each type (annual report, quarterly report, performance measures, survey) in the Survey NL

Oversight and Monitoring, C. Annual and Quarterly Reports

- » Ongoing training by DHCS for the Secure File Transfer Protocol (SFTP) portal to submit documents to DHCS
- » DHCS to create an editable spreadsheet for the Annual Report template

Oversight and Monitoring, D. Desk, Virtual, and Onsite Surveys

- » CAP to be signed by the local health department director before submission to DHCS
- » Information on sanction amounts and process

Workgroup Discussion

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Overview

- » The enforcement process is intended to support and hold counties accountable to the compliance, monitoring, and oversight of CCS program, including the MTP
- » The proposal contains a tiered enforcement approach with multiple touchpoints to support counties throughout the process
- » DHCS will take stakeholder input into consideration when identifying enforcement actions and/or sanction amounts
- » In cases where a county may not be able to comply with applicable state laws and regulations, or meet MOU obligations due to extenuating circumstances, DHCS may apply the exception process based on the county's Good Faith Efforts and other factors
- » The proposed enforcement process aligns with other DHCS programs (e.g., Program of All-Inclusive Care for the Elderly or PACE, Home and Community Based or HCBS Waiver Programs, and MCPs) and ensures compliance to deliver care in a standardized, consistent manner across the state and in partnership with county CCS programs

Sanction Amounts

- » DHCS will take the county's Good Faith Efforts and the severity of the deficiency when determining sanction amounts
- » Sanctions will be imposed after technical assistance, training, and consistent non-compliance
- » DHCS will impose sanctions by taking the county's size and county model type into consideration
- » Sanction amounts may increase for continued non-compliance

Draft Enforcement and Corrective Action NL

Table of Contents

The draft Enforcement and Corrective Action NL includes the following:

- I. Purpose
- II. Background
- III. Policy
 - A. Definitions
 - B. Enforcement and Corrective Action
 - C. Approved Exemptions
 - D. Sanctions

Draft Enforcement and Corrective Action NL

» Next Steps

- » NL will be shared in March for a two-week public comment period
- » Feedback will be compiled and reviewed for consideration
- » NL will be revised, finalized, and posted by the end of second quarter 2023

Workgroup Discussion

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DHCS Accountability Proposal

A component of CCS administrative oversight and monitoring is to “establish, implement and evaluate statewide performance, quality, and reporting standards for county administration of the CCS program.”¹ To meet this goal under CalAIM, DHCS will establish an internal accountability survey process for DHCS responsibilities.

Objectives include:

- » Improving governance and risk management to be proactive and beneficiary-focused
- » Streamlining efficiencies through continuous quality evaluation and business process improvements
- » Publishing data and results to increase transparency with consumers and stakeholders

¹ [AB 133, Article 5.51, WIC 14184.600, Subsection \(b\)\(1\)](#)

DHCS Accountability Proposal (continued)

- » DHCS will evaluate and monitor state performance of responsibilities as outlined in the *MOU Roles and Responsibilities Table* and/or Compliance Activities
- » DHCS will post results on its website similar to the counties' compliance reports that will also be published
- » In the event DHCS does not meet compliance standards
 - » DHCS shall initiate technical assistance and training to the respective state personnel to remediate the deficiency
 - » DHCS will also review workflows to improve efficiencies

Workgroup Discussion

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Continuous Coverage Unwinding

- » **The continuous coverage requirement will end on March 31, 2023, and Medi-Cal members may lose their coverage**
- » **Medi-Cal redeterminations will begin on April 1, 2023, for individuals with a June 2023 renewal month**
- » **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available
 - » Check out the [Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan](#) (Updated January 13, 2023)

Continuous Coverage Unwinding Communications Strategy

- » On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ends on March 31, 2023. The campaign will complement the efforts of the [DHCS Coverage Ambassadors](#) that was launched in April 2022.
- » **Download** the [Phase 2 Toolkit](#) that focuses on Medi-Cal renewals and **customize for your use**
- » **Direct Medi-Cal members to the newly launched** [KeepMediCalCoverage.org](#), which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Case Management Definition and Core Activities

- » During the December CCS Monitoring and Oversight Workgroup meeting, and as requested by workgroup members, core CCS case management activities based on the Children's Regional Integrated Service System (CRISS) definition were reviewed, specifically related to:
 - » Case Findings
 - » Support to Family Navigation
 - » Assessments, Interventions, and Coordination of Care
 - » Management of Transitions
- » DHCS received feedback from:
 - » WCM MCPs
 - » Counties via the CCS Executive Committee
 - » Anonymous CCS Case Management Core Activities Survey responses

Case Management Definition and Feedback Received

DHCS Proposed Definition

The California Children's Services (CCS) case management is a beneficiary- and family-centered approach to care that ensures needed¹ clinical and non-clinical services are made available to each¹ CCS beneficiary to address and assist with the CCS eligible condition(s) through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch and person-centered,² ensuring beneficiaries have access to needed medical, social, educational, and other services deemed necessary.³

Definition Color Legend

- » 1 - DHCS: Quality and Population Health Management
- » 2 - DHCS: Enhanced Care Management
- » 3 - Centers for Medicare & Medicaid Services
- » 4 - Plan and Fiscal Guidelines
- » 5 - Title 22 & Health and Safety code
- » 6 - CCS Provider Paneling requirements
- » 7 - Title XIX

WCM Managed Care Plans' (MCP) Proposed Definition

The California Children's Services (CCS) case management is a beneficiary- and family-centered care approach to ensure needed¹ clinical and non-clinical services are made available to each CCS beneficiary¹ through comprehensive, interdisciplinary, and person-centered care management and care coordination.²

Counties' Proposed Definition

The California Children's Services (CCS) case management is directed⁴ by licensed medical professionals⁵ using a collaborative team approach including the client and family, to provide case finding, program eligibility determinations, authorizations for services and care coordination⁷ to ensure that children and young adults have access to qualified pediatric specialists,⁶ equipment, and services necessary for treatment of the CCS eligible condition.⁵

Updated Proposed CCS Case Management Definition

- » The California Children's Services (CCS) case management is¹ a beneficiary- and family-centered care approach to ensure needed clinical and non-clinical services for² the CCS eligible condition,¹ are made available to each CCS beneficiary through comprehensive, interdisciplinary, and person-centered care management and care coordination² to ensure that¹ CCS³ children and young adults have access to¹ CCS paneled providers,³ equipment, and services necessary for treatment of the CCS eligible condition.¹

Definition Color Legend

- » 1 – Counties via the CCS Executive Committee
- » 2 – WCM MCPs
- » 3 - DHCS

Informal Case Management Core Activities Survey Results

- » The purpose of this survey is to determine which of the proposed core activities counties were currently conducting
- » See Appendix for original list of CCS Case Management Core Activities
- » Survey Logistics
 - » Survey results are anonymous
 - » The survey was sent to the CCS Administrator in each county via Survey Monkey
 - » Total number of respondents: 24
 - » Request for response sent: Wednesday, 1/18
 - » Responses requested by: Wednesday, 2/8

Informal Case Management Core Activities Survey Results (continued)

- » Survey Legend
 - » "Yes" indicates county conducts this activity
 - » "No" indicates your county does **not** conduct this activity
 - » Respondents had an opportunity to provide comments to each activity
- » Survey considerations and due to the anonymity of each survey:
 - » DHCS is unable to see if more than one person from each county provided input
 - » DHCS is unable to differentiate respondents by county model type (however, comments indicated responses from both WCM and classic counties)

Core Activities Most Counties Report They Perform

» Case Findings

- » In the event the beneficiary does not qualify, or a specific service is not authorizable or related to the CCS eligible condition, consult with the family about other resources available to them to meet their needs

» Support for Family Navigation

- » Support patient participation in the community by providing information on community-based activities, such as resources for exercise and socialization for children with physical disabilities
- » Educate, explain, and link families to resources to help them obtain services their children need including but not limited to CCS, Medi-Cal, county mental health, regional centers, public health nursing and/or schools
- » Educate families about the CCS regionalized system of care and community resources (i.e., peer and family support organizations)
- » Reach out to families who are having difficulty maintaining their Medi-Cal enrollment and troubleshoot challenges in maintaining Medi-Cal

Core Activities Most Counties Report They Perform (continued)

» **Support for Family Navigation**

- » Provide consultation and support to the patient's educational team in the school setting when requested by patients and/or their families eligibility
- » Educate families on available transportation resources and provide maintenance and transportation services when they are needed

» **Assessments, Interventions, and Coordination of Care**

- » Link patients to appropriate CCS-paneled physicians, CCS Special Care Centers (SCC), and CCS-approved hospitals, according to program guidelines and standards
- » Review the care plan established by CCS-authorized specialists and SCC; assist the patient and family in identifying and utilizing the most appropriate resources to accomplish the recommended care plan while assessing the understanding of and responsiveness to overall care plan. Ensure coordination of the child's care plan between SCC, community physicians, and the MTP
- » Maintain overview of utilization of services across the healthcare system to limit duplication and ensure access to the most appropriate services
- » Determine and coordinate referrals to appropriate social support services to meet the needs of patients, including services that address social determinants of health needs such as CalFresh and Women, Infants & Children (WIC) Program

Core Activities Most Counties Report They Perform (continued)

» **Assessments, Interventions, and Coordination of Care**

- » Link and/or refer patients to appropriate pharmacies and/or providers for their medication needs; appropriate medical home; and programs that coordinate appropriate dental care as determined by the patient's needs and preferences
- » Coordinate appointments with Durable Medical Equipment (DME) vendors and collaborate to identify DME that is appropriate
- » Provide professional support to ensure that families remain engaged

» **Management of Transitions**

- » Assist patients, families, hospital discharge planners, and community partners to ensure safe and successful transitions from the hospital to the home and/or community, when applicable
- » Partner with families to accomplish a smooth transition from the pediatric to the adult healthcare system
- » Provide transition assessment and intervention at appropriate age for client and, for selected clients, conduct internal analyses of patients' transition needs and develop a transition plan

Core Activities Counties Report They Perform - Split Responses

- » **Assessments, Interventions, and Coordination of Care**
 - » Arrange Private Duty Nursing (PDN) services **for the CCS eligible condition**, as medically necessary, and engage in agency nursing resource finding as needed
 - » Conduct multidisciplinary case management team conferences, including CCS professional staff, community providers and families as needed to address complex needs and challenges to care coordination

Core Activities Most Counties Report They Do Not Perform

» **Assessments, Interventions, and Coordination of Care**

- » Arrange home-based therapies, as medically necessary, and assist in identifying appropriate agencies
- » Coordinate and ensure access to vaccines, well-child visits and screenings, and oral health care
- » Facilitate referrals for mental health services and pediatric palliative care services, in accordance with state guidance

Next Steps

- » DHCS is synthesizing the feedback received from counties, WCM MCPs, and survey results on the CCS case management definition and core activities, to ensure alignment with DHCS strategic goals

Workgroup Discussion

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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:
 1. MOU outline and *MOU Roles and Responsibilities Table*
 2. Grievance NL
 3. Training NL
 4. Survey NL
 5. Compliance activities and forthcoming Performance Measures NL
 6. Forthcoming Enforcement and Corrective Action NL
- » On an ongoing basis, please communicate the existing draft NLs and *MOU Roles and Responsibilities Table* with your county leadership

Next Steps and Timeline

- » Meeting summary
- » Timeline

CCS Monitoring and Oversight Workgroup Timeline		
Year	Meeting Date	Activity
2023	June 26 at 3-5 PM PT	Capstone Meeting <ul style="list-style-type: none">• MOU feedback review• Closing out outstanding topics

Meeting notices and materials to be posted on the [DHCS website](#).

Contact Information

- » For more information, questions, or feedback regarding the CCS Compliance, Monitoring, and Oversight Program, including the development and implementation of the CalAIM initiatives to enhance oversight and monitoring of the CCS program and workgroup activities, please email Sarah Brooks at SBrooks@sellersdorseys.com or Alex Kanemaru at AKanemaru@sellersdorseys.com.
- » For assistance in joining the CCS Monitoring and Oversight Workgroup meetings, including information about meeting details and obtaining assistive services, please email CCSMonitoring@dhcs.ca.gov.

The background of the slide is a purple-tinted image featuring a stethoscope on the right side and a line graph on the left. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The text "Thank you!" is centered in a large, white, sans-serif font.

Thank you!

Appendix

Numbered Letter Outlines

Draft Grievance NL

- » The draft Grievance NL included the following:
 - I. Purpose
 - II. Background
 - III. Policy
 - A. Definitions
 - B. Grievance Process
 - IV. Grievance Procedures
 - A. Method of Filing
 - B. Standard Grievances
 - C. Expedited Grievances
 - D. Grievance Form
 - E. Grievance Log
 - V. Managed Care Plans and Other Delivery Systems

Appendix

CCS Case Management Core Activities

CRISS Activities | CCS Case Management (continued)

Core Activity	Details
Case Finding	In the event the beneficiary does not qualify, or a specific service is not authorizable or related to the CCS eligible condition, consult with the family about other resources available to them to meet their needs
Support for Family Navigation	<p>Support patient participation in the community by providing information on community-based activities, such as resources for exercise and socialization for children with physical disabilities</p> <p>Educate, explain, and link families to resources to help them obtain services their children need including but not limited to CCS, Medi-Cal, County mental health, Regional Centers, public health nursing and/or schools</p> <p>Educate families about the CCS regionalized system of care and community resources (i.e., peer and family support organizations)</p> <p>Reach out to families who are having difficulty maintaining their Medi-Cal enrollment and troubleshoot challenges in maintaining Medi-Cal eligibility</p> <p>Provide consultation and support to the patient’s educational team in the school setting when requested by patients and/or their families</p> <p>Educate families on available transportation resources and provide maintenance and transportation services when they are needed</p>

CRISS Activities | CCS Case Management (continued)

Core Activity	Details
Assessments, Interventions, and Coordination of Care	Link patients to appropriate CCS-paneled physicians, CCS Special Care Centers (SCC), and CCS-approved hospitals, according to program guidelines and standards
	Arrange Private Duty Nursing services, as medically necessary, and engage in agency nursing resource finding as needed
	Review the care plan established by CCS-authorized specialists and SCC; assist the patient and family in identifying and utilizing the most appropriate resources to accomplish the recommended care plan while assessing the understanding of and responsiveness to overall care plan. Ensure coordination of the child's care plan between SCC, community physicians, and the MTP
	Arrange home-based therapies, as medically necessary, and assist in identifying appropriate agencies
	Facilitate referrals for mental health services and pediatric palliative care services, in accordance with State guidance
	Maintain overview of utilization of services across the healthcare system to limit duplication and ensure access to the most appropriate services

CRISS Activities | CCS Case Management (continued)

Core Activity	Details
Assessments, Interventions, and Coordination of Care (continued)	Coordinate and ensure access to vaccines, well-child visits and screenings, and oral health care
	Determine and coordinate referrals to appropriate social support services to meet the needs of patients, including services that address social determinants of health needs such as CalFresh and Women, Infants & Children (WIC) Program
	Link and/or refer patients to appropriate pharmacies and/or providers for their medication needs; appropriate medical home; and programs that coordinate appropriate dental care as determined by the patient's needs and preferences
	Coordinate appointments with Durable Medical Equipment (DME) vendors and collaborate to identify DME that is appropriate
	Conduct multidisciplinary case management team conferences, including CCS professional staff, community providers and families as needed to address complex needs and challenges to care coordination
	Provide professional support to ensure that families remain engaged

CRISS Activities | CCS Case Management (continued)

Core Activity	Details
Management of Transitions	Assist patients, families, hospital discharge planners, and community partners to ensure safe and successful transitions from the hospital to the home and/or community, when applicable
	Partner with families to accomplish a smooth transition from the pediatric to the adult healthcare system
	Provide transition assessment and intervention at appropriate age for client and, for selected clients, conduct internal analyses of patients' transition needs and develop a transition plan