California Children's Services

Advisory Group Meeting
April 22, 2021

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Welcome and Introductions

Will Lightbourne
Director
Department of Health Care Services

Agenda

Welcome and Introductions

Whole Child Model (WCM) Evaluation

California Advancing and Innovating Medi-Cal (CalAIM)

Title V Needs Assessment

California Children's Services (CCS) Updates: CCS Program Letters, WCM and CCS Dashboards, CCS Advisory Group Membership Subcommittee, CCS Referrals

Open Discussion

Public Comments, Next Steps, and Upcoming Meetings

WCM Evaluation

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WCM Evaluation Agenda

- Introductions

- Recap of Evaluation and Methodology Overview

- Overview, Qualitative Themes, and Preliminary Findings

  - Key Informants

  - Parents/Guardians

  - Claims Analysis

- Next Steps

Project Team

- Megumi Okumura, MD, MAS: Co-Principal Investigator
- Carrie Graham, PhD, MGS: Co-Principal Investigator
- Beccah Rothschild, MPA: Project Director/Research Analyst
- Mel Neri: Research Analyst
- Leslie Wilson, PhD: Health Economist
- Denis Hulett, MS: Statistician/Programmer
- Leslie Ross, PhD: Research Specialist
- Naomi Bardach, MD, MAS: Pediatric Health Researcher
- Valerie Flaherman, MD, MPH: Pediatric Health Researcher

Evaluation Aims

- Measure the impact of the WCM on access to care, service use, quality of care, and coordination of care for patients and their families

- Assess the cost of the program

- Assess the impact on the health system

- Assess any additional lessons learned

Whole Child Model Evaluation Questions

1. What is the impact of the WCM on children's access to CCS services?

2. What is the impact of the WCM on the patient's and family's satisfaction?

3. What is the impact of the WCM on providers' satisfaction with the delivery of services and reimbursement?

4. What is the impact of the WCM on the quality of care received?

5. What is the impact of the WCM on care coordination?

6. What is the impact of the WCM on dollar amounts expended on health care services and total cost of care?

Methodology and Data Collection

- In-depth interviews with parents/guardians of children in the WCM

- Randomized telephone survey of parents/guardians of children in the WCM, with a comparison group of CCS parents/guardians in traditional (non-WCM) counties

- Interviews with key stakeholders

- Analysis of administrative/utilization data (2009-current):

  o Management Information System / Decision Support System (MIS/DSS), CMS NET, CAIR2

  o OSPHD Patient Discharge Database and Emergency Department

  o Grievance and appeals data

  o Clinical data from RCHSD and HPSM

- Analysis of cost effectiveness

Qualitative Themes and Findings

Key Informant Interviews

- Completed 58 interviews with 87 key informants (KIs)
- Conducted interviews in every WCM county except for two
- Key informants included:
  - Staff from CCS, including the Medical Therapy Program (MTP)
  - All WCM managed care plans (MCP)
  - Providers and staff from special care centers
  - Advocacy group representatives
  - 11 CCS Advisory Group members

Key Informant Interviews: Select Findings

- Perspectives on the transition to the WCM

- Impact on authorizations

- Change in transportation and reimbursement procedures

- Difficulties and disruptions with Medi-Cal re-enrollment

- Differences between CCS case management and MCP case management

- Impact of the WCM on quality of care, including providers and durable medical equipment (DME)

Key Informant Interviews: In-Depth Findings

- Impacts of WCM on Medical Therapy Units (MTU)

- Impacts of WCM on referrals to CCS program

Key Informant Interviews: Impact on MTU

- CCS nurses not at Medical Therapy Conferences (MTCs)

    o MTU staff (e.g., therapists) had to increasingly take on case management responsibilities

    o Authorizations and referrals were not done as quickly without a case manager

- One MCP developed a social work team to work directly with the MTP

Parent/Guardian Interviews

The goal of the parent/guardian interviews was to inform, refine, and finalize the creation of the telephone survey.

Plan/Care Delivery Model	Number of Interviews
Whole Child Model	CalOptima, N = 9 CenCal Health, N = 2 Central California Alliance for Health, N = 6 Partnership Health Plan, N = 6 *(Total, N = 23)*
FFS	N = 3

Themes from Parent/ Guardian Interviews

Overall Themes	
Access to Care	Medical Therapy Units
Aging Out	Notifications
Authorizations, including SARS & TARS	Prescription and Over-the-Counter Medications
Care Coordination & Case Management	Quality of Care
Costs	System Navigation
Data Sharing	Transportation
Durable Medical Equipment/Medical Supplies	

Telephone Survey Overview

- **Purpose:** To assess client satisfaction, experiences with care and perceived changes in access to care, quality of care, and coordination of care since transition into the WCM.

- **Analysis:** Descriptive statistics and comparisons between children who transitioned to the WCM with those in non-WCM CCS (traditional) comparison counties.

- **Sample size:** N= 2,567 randomly selected parents/guardians in WCM counties and select traditional CCS counties.

Telephone Survey: Final WCM/FFS Sample

CCS Group	Completed Survey
WCM: Phase I	791
WCM: Phase II	446
WCM: Phase III	321
Traditional CCS (FFS)	1,009
Total	2,567

Interviews could be completed online or by phone and were available in English and Spanish.

Demographics and Characteristics

Demographics and characteristics collected:

- Race*
- Relationship to CCS client (e.g., mother, father, aunt, uncle, sibling, grandparent, guardian, other)
- Live with CCS client or not
- Age
- Gender
- Marital status
- Educational attainment

*Racial identity was collected for the survey participant and the CCS client. All other information was collected for the survey participant only.

Retrospective Assessments

Survey respondents were asked to compare their current health services with health services prior the transitioning into the Whole Child Model.

Respondents rated services as "better after the transition," "about the same," "worse after the transition," or "don't know."

Categories of Assessment	
Authorizations	Primary Care Services
Behavioral/Mental Health Services	Quality of Services
Care Coordination	Specialist Services
Medical Equipment & Supplies	Therapy Services
Prescription/Pharmacy Services	Transportation

Retrospective Assessments *(cont.)*

When parents/guardians were asked to compare health services now to pre-WCM, preliminary analysis reveals:

- More respondents across the CCS groups reported that services had improved or stayed the same, including for primary care and specialty care services.
- More respondents reported that pharmacy services, behavioral and mental health services, medical equipment and supplies, and care coordination were better compared to those who thought they were worse.

Retrospective Assessments *(cont.)*

Transportation and care coordination were key themes in the analysis of the key informant interviews across CCS. However, preliminary analysis from the telephone survey reveals that respondents typically preferred these services following the transition to the WCM compared to before the transition, except in Phase 2 counties.

UCSF will conduct additional analyses to determine drivers of this difference, including the fact many counties in Phase 2 are rural.

Overall Satisfaction of Services

Survey respondents in all groups, including Traditional CCS, are overall "very satisfied" or "satisfied" with the services they are receiving.

Unmet Service Needs

Respondents reported unmet needs for various services in each of the CCS groups. Preliminary analysis reveals that the number of unmet needs was fairly stable across all groups.

The most frequently reported unmet need was for therapy services, though others included specialty services, medication, and medical equipment and supplies.

Transition Notification

Survey respondents were asked whether they received enough information about the transition into the WCM. Responses show that most respondents did receive enough information, though a significant minority did not.

Analysis to Date

Forthcoming:

- Health care utilization
  - Clinic (specialty care, primary care, and mental health), pharmacy, and DME data
- Outcomes:
  - Hospitalization and emergency department (ED) visits
- Quality Measures
  - *HbA1c, depression screening*
  - *Well child visits (claims)*
  - *Vaccination rates (from CAIR2)*
- Cost analysis
- Grievance and State Fair Hearings analysis

Analyses of any changes over time and comparisons between WCM and traditional CCS counties will be performed on data described.

Enrollment

- Measured the number of overall CCS clients.
- Measured the number of new CCS clients over time.
- Examined demographic characteristics of new CCS clients.

Age and Ethnicity:
WCM Phase 1 vs Traditional CCS

- The average age appears to remain stable in WCM Phase 1 and Traditional CCS for pre- and post- transition.
- There is a slightly higher percentage of infants in Traditional CCS than WCM Phase 1.
- There is a significantly higher percentage of Black children in Traditional CCS, both pre- and post-transition, than in WCM Phase I counties.
- There is a slightly higher percentage of Latino children in WCM Phase I counties (pre and post) than in Traditional CCS counties (pre and post).
- There is a significantly higher percentage of White children in WCM Phase I counties (pre and post) than in Traditional CCS counties (pre and post).
- All other demographic groups are fairly equal.

Next Steps

- Evaluate the survey data along with linked claims data to further analyze responses.
- Continue analyses of service use from claims data.
- Awaiting OSHPD data to validate hospitalization and emergency room visit data from claims; perform hospital and ED utilization analysis.
- Continue cost analysis.
- Continue analysis of grievance and appeals data.

Contact Information

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CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS)

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Department of Health Care Services

Overview of CalAIM, ECM & ILOS

CalAIM Overview

Overview

- CalAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of California residents by implementing broad delivery system, program, and payment reform across the Medi-Cal program.

- ECM and ILOS are foundational components of CalAIM.

ECM Overview

Summary

- ECM will be a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and non-clinical needs of high-cost, high-need managed care members through systematic coordination of services.

- Building on the current Health Homes Program (HHP) and Whole Person Care (WPC) pilots, ECM, with ILOS, will replace both models, scaling up the interventions to form a statewide care management approach.

- ECM will be offered to all high-need Medi-Cal members who meet ECM target populations criteria. For details, see Revised CalAIM Proposal, Appendix I.

ECM Overview *(cont.)*

- ECM contains **seven mandatory target populations,** several that directly impact children:

  o Children and youth with complex physical, behavioral, and/or developmental health needs.

  o Individuals at risk for institutionalization with Serious Mental Illness (SMI), children and youth with Serious Emotional Disturbance (SED) or Substance Use Disorder (SUD).

  o Individuals experiencing homelessness or chronic homelessness, or who are at risk of experiencing homelessness, with complex health and/or behavioral health needs.

  o Individuals transitioning from incarceration, including justice-involved juveniles who have significant complex physical or behavioral health needs.

ECM Core Services

1) Comprehensive Assessment and Care Management Plan

   • Assess member needs and develop a comprehensive, individualized, person-centered care plan.

2) Enhanced Coordination of Care

   • Integrated care among all service providers. Make and track referrals to all needed services. Provide support for treatment adherence, coordination for medication review, scheduling appointments, providing appointment reminders, coordinating transportation.

3) Health Promotion

   • Work with members to identify and build upon resiliencies. Provide services to encourage and support members to make lifestyle choices based on healthy behavior.

ECM Core Services *(cont.)*

5) Comprehensive Transitional Care
   - Track each member's admission or discharge to/from an ED, hospital, skilled nursing facility (SNF), residential/treatment facility, incarceration facility, or other treatment center.

6) Member and Family Supports
   - Activities that ensure the member and chosen family/support persons, including as guardians and caregivers, are knowledgeable about the member's condition(s) and care plan.

7) Coordination of and Referral to Community and Social Support Services
   - Determine appropriate services to meet the needs of members; coordinate and refer to all available community resources.

ILOS Overview

Summary

- ILOS are medically appropriate and cost-effective alternatives to services covered under the State Plan; they are optional for MCPs to provide and for managed care members to receive.

- The ILOS option within CalAIM builds upon the work done in WPC pilots; starting in January 2022, DHCS will authorize 14 pre-approved ILOS in its contracts with MCPs.

- DHCS strongly encourages MCPs to offer the full menu of pre-approved ILOS to comprehensively address the health needs, including social determinants of health, of members with the most complex health challenges.

- For detailed ILOS descriptions, see Revised CalAIM Proposal, Appendix J

ECM & ILOS Implementation Timelines

- **ECM**
  - MCPs will be required to implement ECM starting in January 2022, for counties with HHP and/or WPC pilots.
  - In July 2022, additional MCPs will implement ECM.
  - In January 2023, ECM will be implemented by all MCPs for all target populations.

- **ILOS**
  - In January 2022, MCPs may begin offering the pre-approved ILOS in all counties.

Stakeholder Feedback

- In February, DHCS released several documents on ECM and ILOS requirements, including draft contract templates, coding guidance and the Model of Care template.

- The public comment period for these draft ECM/ILOS documents closed on March 12.

Stakeholder Feedback *(cont.)*

- DHCS received a number of comments related to the interaction of ECM, CCS, and WCM.

- DHCS is finalizing policies between now and late May 2021.

- DHCS is developing an ECM/ILOS Frequently Asked Questions (FAQs) that will be updated periodically and published on the DHCS ECM/ILOS webpage.

ECM and CCS:
ECM is designed as care management for the highest need populations, including some children in CCS.

CCS "Classic" Program

Program Overview

- Longstanding program administered as a partnership between county health departments and DHCS.

- ~180,000 children and youth with serious physical health conditions are currently participating.

- The CCS program is aimed at reaching high-need children & primarily focuses on treating CCS conditions.

- While CCS program attributes and services vary by county and CCS condition, the program does not systematically address social, behavioral, or dental needs.

- CCS nurse case managers and CCS social workers are primarily responsible for care coordination.

- However, some conditions require a high level of involvement from the medical provider (i.e., specialists) who assume direct responsibility for care coordination.

CCS & WCM Program *(cont.)*

Program Overview

- The CCS WCM program is integrated into managed care in 21 counties (MCPs).

- The difference between WCM and CCS Classic is all CCS and non-CCS services are coordinated by the MCPs instead of the county CCS program.

- ~30,000 children and youth with serious physical health conditions are currently participating.

- WCM CCS program attributes and services vary by county.

- However, opportunity exists to enhance the WCM approach for CCS children.

CCS "Classic" and ECM

- DHCS engaged with key CCS program leads to help inform ECM policy.

  (CCS Administrator for Los Angeles County, Medical Director for San Francisco County, etc.)

- ECM will provide additional coordination of resources **beyond the medical case management**, such as:

  – Linking to behavioral health services, addressing social determinants of health (SDOH), and dental needs.

- ECM **will not replace CCS**.

CCS & WCM Program

- DHCS engaged with key WCM program leads to help inform ECM policy.

- (WCM Administrator for Humboldt County, Health Plan of San Mateo, etc.)

- ECM will **not replace WCM.**

Integrating ECM with CCS "Classic"

ECM Considerations:

- ECM can act as an enhancement to the existing medical case management provided in CCS.

- For a child enrolled in CCS, MCP ECM would provide high-touch, face-to-face interactions between the ECM provider and the child/family.

MCP ECM would:

- Engage children in CCS who are experiencing the most severe social and behavioral health needs beyond their CCS condition.

- Assign an ECM Lead Care Manager to an eligible WCM member.

- Partner w/counties to identify which children in CCS would be most likely to benefit from ECM.

Integrating ECM with CCS "Classic" *(cont.)*

MCP ECM would (continued):

- Offer an ECM provider to the child/family that may be the current CCS county staff member/contracted CCS provider or a separate ECM provider (e.g., pediatrician or Federally Qualified Health Center) – not "one size fits all".

- Allow the family a choice of ECM provider, to the greatest extent possible.

  - The child and family can decline ECM, and stay in CCS.

Integrating ECM with CCS WCM

In WCM, CCS is carved into managed care.

- **<u>MCP ECM would not replace the WCM.</u>**
  - WCM case management could be enhanced by ECM in a similar way to CCS Classic (i.e., children in WCM may benefit from an additional, ongoing level of care management with focus on SDOH, behavioral health coordination, and/or dental).
  - ECM emphasizes frequent, in-person interaction.

Integrating ECM with CCS WCM *(cont.)*

ECM Considerations:

- **MCP ECM Would:**
  - Similar to CCS Classic, engage children in WCM who are experiencing the most severe social and behavioral health needs beyond their CCS condition.
  - Assign an ECM Lead Care Manager to an eligible WCM member.
  - Provide ECM care coordination services either by contracting with local providers (e.g., FQHC, counties) as an ECM provider or delivering ECM services in an in-person manner, to the greatest extent feasible.

Upcoming Releases & Dates

Key Dates and Milestones

- **April**: Initial round of FAQs to be published

- **By May 31**:

    – Final ECM & ILOS requirements documents

    – ECM & ILOS coding guidance

    – ECM draft rates (to each individual MCP)

    – Incentive payment design document

- **July:** ILOS Pricing Guidance

Resources

ECM/ILOS Resources

- For the most up-to-date information about ECM and ILOS, please see the DHCS ECM/ILOS webpage.

ECM/ILOS Questions

- Questions about ECM or ILOS may be directed to CalAIMECMILOS@dhcs.ca.gov

Thank You

Title V CCS Needs Assessment: Priorities and Action Plan

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ISCD-MCAH* Collaboration on CYSHCN Issues

UCSF Family Health Outcomes Project (FHOP)

- Common contractor for both divisions
- Facilitator of the Needs Assessment process

Joint county meetings: MCAH and ISCD/CCS

- Discussions on program planning and data collection
- Stakeholder meetings
- Focus groups

* Maternal, Child and Adolescent Health Division, CDPH

CCS Needs Assessment Components

- Stakeholder Meetings and Webinars

- Key Informant Interviews

- Focus Groups with Families, Providers, CCS Administrators, and Health Plans

- Surveys of Families, Providers and CCS Administrators

- Analyses of Administrative Data and Review of Other Relevant Data

Key Findings

- Families are Partners

- Medical Home

- Adequate Insurance

- Early and Continuous Screening

- Community-Based Services

- Transition to Adult Care

Priority Issues

Prioritization Criteria

- Impact on CYSHCN's health

- Reduction of disparities

- Access to financial resources

- Capacity and will

- Evidence-based or best practice strategies

- Easing the burden on families

Priority Issues

1. Integrate services and expand financial eligibility thresholds*
2. Improve support for transitioning youth and close the loop on screening and referral services
3. Increase funding for addressing social needs
4. Expand network of adult providers for CYSHCN
5. Allow CCS specialists to see CYSHCN beyond 21 years old*
6. Increase information accessibility for families
7. Increase staff who assist families in navigating systems

*As these priorities are impacted by current state regulations, they are referred to DHCS leadership for possible future consideration by the California Legislature.

Title V Action Plan 2021-2025

Focus Areas

- Build capacity at state and local levels to improve systems that serve CYSHCN and their families

- Empower and support CYSHCN, families and family-serving organizations to participate in health program planning and implementation

CYSHCN Objective 2

By 2025, increase the percent of adolescents with SHCN, ages 12 through 17, who received services necessary to make transitions to adult health care from 12.6% to 13.9% (NSCH 2017-18)

Strategy

- Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CCS clients to facilitate timely and effective access to care and appropriate community resources

- Fund DHCS/ISCD to increase timely access to qualified providers for CCS clients to facilitate coordinated care

CYSHCN Objective 3

By 2025, x of 61 local MCAH programs will select a Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN

Strategy

- Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services

Other Strategies

- Partner to build data capacity to understand needs and health disparities in the CYSHCN population (under Objective 1, which increases the percentage of local MCAH programs with a SOW objective focused on public health systems and services)

- Support statewide and local efforts to increase resilience among CYSHCN and their families (under Objective 3)

Resources

- UCSF Family Health Outcomes Project

https://fhop.ucsf.edu/2018-2020-title-v-ccs-needs-assessment

- 2018-2020 Title V Needs Assessment

https://www.dhcs.ca.gov/services/ccs/Pages/TitleVCCSNeedsAssessDoc.aspx

- Title V Block Grant, CDPH/MCAH

https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Title-V-Block-Grant-Program.aspx

CCS Updates

CCS Program Letters

CCS Dashboards

WCM Dashboard

CCS AG Membership Subcommittee

CCS Referrals

CCS Program Letters

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Department of Health Care Services

Recently Posted

CCS Information Notices

21-01 Use of Durable Medical Equipment Request Forms 6181, 4600, 4601, and 4602

CCS Numbered Letters

02-0321 Antisense Oligonucleotide Treatment of Duchene Muscular Dystrophy

CCS Standards

CCS Neuromuscular Medicine Special Care Center

In Queue for Posting

CCS Numbered Letter

Inter-County Transfer Policy
Hearing Aides and Related Benefits

CCS Standards

Aerodigestive Special Care Centers
Endocrine Special Care Centers
Scope of Nurse Practitioners in the Special Care Center
Community NICU Standards
Intermediate NICU Standards
Regional NICU Standards

CCS Dashboard Update

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WCM Dashboard Update

Nathan Nau
Chief, Managed Care Quality and Monitoring Division
Philip Jimenez
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CCS AG Membership Subcommittee

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Assistant Deputy Director, Health Care Delivery Systems

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CCS Referrals Update

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Department of Health Care Services

Open Discussion

Will Lightbourne
Director
Department of Health Care Services

Public Comments, Next Steps, and Upcoming Meetings

Will Lightbourne
Director
Department of Health Care Services

CCS AG 2021 Meetings

Wednesday, July 14

Wednesday, October 27

Information and Questions

- For WCM information, please visit:
  - http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx

- For CCS AG information, please visit:
  - http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx

- If you would like to be added to the DHCS CCS interested parties email list, or if you have questions, please email CCSRedesign@dhcs.ca.gov.