California Children’s Services (CCS) Program

Advisory Group Meeting
April 4, 2018
Agenda

- Welcome, Introductions, and Purpose of Today’s Meeting
- State Update
- Whole Child Model (WCM) Update
- WCM Network Certification
- Performance Measure Quality Subcommittee
- Public Health Nurse (PHN) Discussion
- Family Engagement
- Open Discussion
- Public Comments, Next Steps, and Upcoming Meetings
Welcome, Introductions, and Purpose of Today’s Meeting

Jennifer Kent
Director
Department of Health Care Services
State Update

Jennifer Kent
Director
Department of Health Care Services
Whole Child Model (WCM) Update

Javier Portela
Managed Care Operations Division Chief

Nathan Nau
Managed Care Quality and Monitoring Division Chief

Sarah Eberhardt-Rios
Integrated Systems of Care Division Chief
<table>
<thead>
<tr>
<th></th>
<th>Updates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>Contract Amendment</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Memorandum of Understanding (MOU)</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>90/60-Day Beneficiary Notice</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>County/Health Plan Readiness</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>Provider Notice</td>
</tr>
<tr>
<td><strong>6</strong></td>
<td>Statewide Stakeholder Call</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>WCM All Plan Letter (APL) and CCS Numbered Letter (N.L.)</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>WCM Transitional Data Template</td>
</tr>
</tbody>
</table>
WCM Network Certification

Nathan Nau
Managed Care Quality and Monitoring Division Chief
Department of Health Care Services
Phase 1 Network Certification Timeline

March 2018
- DHCS finalizes network certification methodology
- WCM MCP submits network certification template

March – May 2018
- DHCS reviews network certification submission

May – June 2018
- DHCS submits network certification package to CMS
MCPs are currently expanding their provider network to treat CCS eligible members to ensure access to treat CCS qualifying conditions.

Each WCM MCP must have an adequate network of CCS paneled providers for the following provider types and facilities:

- Physicians/Specialists
- Professional, Allied, and Medical Supportive Personnel
- Hospitals
- Special Care Centers
- Specialized Durable Medical Equipment (DME) Providers
- Home Health
Physicians/Specialists

- DHCS established a threshold for physician specialists and subspecialists that treat CCS eligible conditions to ensure adequate coverage exists.

- The core set of CCS paneled specialists and subspecialists was determined based on:
  - Specialties with pediatric focus
  - Ability to treat CCS eligible condition
  - Clinical and stakeholder recommendations
  - Service Authorization Request (SAR) and fee-for-service (FFS) claims data

- Separate from the WCM, DHCS will certify the MCPs network prior to July 1 to be compliant with the Final Rule.
# Core Specialists List

<table>
<thead>
<tr>
<th>Allergy and Immunology</th>
<th>ENT - Otorhinolaryngologist</th>
<th>Ophthalmology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneticist</td>
<td>Oral and Maxillofacial Surgery</td>
<td>Pediatrics Gastroenterology</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Orthopedics</td>
<td>Pediatric Psychiatry and Neurology</td>
</tr>
<tr>
<td>Hematology-Oncology</td>
<td>Pediatric Cardiology</td>
<td>Pediatric Pulmonology</td>
</tr>
<tr>
<td>Hepatology</td>
<td>Pediatric Critical Care Medicine – Pediatric Intensivist</td>
<td>Pediatric Rheumatology</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>Pediatric Dermatology</td>
<td>Pediatric Urology</td>
</tr>
<tr>
<td>Neonatal-Perinatal Medicine</td>
<td>Pediatric Developmental and Behavioral Medicine</td>
<td>Physical Medicine and Rehabilitation</td>
</tr>
<tr>
<td>Neurology</td>
<td>Pediatric Endocrinology</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Pediatric Nephrology</td>
<td></td>
</tr>
</tbody>
</table>
Certification Methodology: Provider Network Overlap

Overlap Considerations:

<table>
<thead>
<tr>
<th>In-County/In-Network</th>
<th>Percentage of active contracted CCS-paneled providers located in the MCP’s county.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-County/Out of Network</td>
<td>Percentage of active non-contracted CCS-paneled providers located within the MCP’s county.</td>
</tr>
<tr>
<td>Out of County/In-Network</td>
<td>Number of active contracted CCS-paneled providers located outside the MCP’s county.</td>
</tr>
<tr>
<td>Out of County/Out of Network</td>
<td>Number of active non-contracted CCS-paneled providers located outside the MCP’s county.</td>
</tr>
</tbody>
</table>
Certification Methodology: Provider Network Overlap

- DHCS identifies the CCS eligible enrolled beneficiary for each participating MCP.

- Claims data is extracted for each beneficiary identified in the previous bullet.

- CCS eligible enrolled beneficiary data is compared to claims data to determine which paneled providers are actively providing services to beneficiaries by MCP.

- List of active CCS paneled providers is compared to MCP monthly data and certification submissions to determine overlap.
DHCS established a threshold for allied health professionals that treat CCS eligible conditions to ensure adequate coverage exists:

- **Audiologist**
- **Prosthetist**
- **Orthotist**
- **Social Workers**
- **Speech Therapist**
- **Behavioral Health Treatment**
- **Occupational Therapist**
- **Physical Therapist**
- **Dietician**
Hospitals

Each MCP will be required to contract a tertiary or pediatric community hospital, but DHCS will evaluate the entire hospital network:

- **Tertiary**: Comprehensive, multidisciplinary, regionalized pediatric care for children from birth to 21 years of age. Tertiary hospitals have a full range of medical and surgical care for severely ill children.
- **Pediatric Community**: Community based hospital with licensed pediatric beds that provide services for children from birth to 21 years of age. The length of stay shall not exceed 21 days.
- **Special**: Provides services in a specialized area of medical care and acts as a regional center referral.
- **Limited**: Limited pediatric care that can provide care for acute short term conditions for which the expected length of stay shall not exceed 5 days.
- **General Community**: Community based hospital without licensed pediatric beds in which care may be provided only for adolescents ages 14 to 21. The length of stay shall not exceed 21 days.
Special Care Centers

• There are a total of 36 different types of Specialty Care Centers (SCCs) organized around treating different CCS qualifying conditions.

• The MCPs are required to contract with different SCCs both in and out of the county to treat CCS eligible members.

• DHCS established a threshold for SCCs that treat CCS eligible conditions to ensure adequate coverage exists.
## Special Care Center Types

<table>
<thead>
<tr>
<th>Amputee Center</th>
<th>Heart and Lung Transplant Center</th>
<th>Pediatric Intensive Care Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow</td>
<td>Burn Center</td>
<td>Prosthetics and Orthotics Facility</td>
</tr>
<tr>
<td>Cardiac Center</td>
<td>Hematology/Oncology</td>
<td>Rehabilitation Center</td>
</tr>
<tr>
<td>Cleft Palate Center</td>
<td>Hemophilia Center</td>
<td>Renal Center</td>
</tr>
<tr>
<td>Cochlear Implants</td>
<td>High Risk Infant Follow-up Center</td>
<td>Rheumatology Center</td>
</tr>
<tr>
<td>Communication Disorders (Types A, B, C)</td>
<td>Infectious Diseases and Immunologic Disorders</td>
<td>Selective Posterior Rhizotomy Center</td>
</tr>
<tr>
<td>Craniofacial Center</td>
<td>Liver Transplant Center</td>
<td>Sickle Cell Center</td>
</tr>
<tr>
<td>Cystic Fibrosis and Other Pulmonary Disease Center</td>
<td>Metabolic/Endocrine Center</td>
<td>Specified Inherited Neurologic Disease Center</td>
</tr>
<tr>
<td>Endocrine Center/Metabolic Center</td>
<td>Myelomeningocele (Spina Bifida) Center</td>
<td>Speech and Hearing Center</td>
</tr>
<tr>
<td>Gastroenterology and Nutrition Center</td>
<td>Neonatal Extra-Corporeal Membrane Oxygenation (ECMO)</td>
<td>Neonatal Intensive Care Unit</td>
</tr>
</tbody>
</table>
Specialized and Customized Durable Medical Equipment

- MCPs are continuing to build their DME provider network to ensure CCS eligible members have access to DME.
- MCPs will be required to contract with DME providers both in county and out of the county.
- MCPs are required to provide members access to their existing DME provider for up to 12 months and must extend the continuity of care period if the DME is still under warranty and deemed medically necessary.
Home Health

• Each MCP will be required to have an adequate network of home health agencies that offer pediatric home health services.

• The pediatric home health services offered through the MCP will include:
  • Private Duty Nursing
  • Speech Therapy
  • Physical and Occupational Therapy
  • Home Health Aides
  • Dietetics and Nutrition
  • Social Services
Other SB 586 MCP Requirements

Out-of-Network Access
• MCPs are required to allow members to see CCS paneled specialists/subspecialists outside of the provider network if the MCP does not have a contract/MOU/LOA with a provider in that specialty type.

Continuity of Care
• MCPs must allow the completion of covered services from a non-contracted, treating provider for specified conditions up to 12-months if the member has an existing relationship with the provider and has seen the out-of-network specialist at least once during the 12 months prior to the transition.
Public Reporting

• AB 205
  – Requires certain components of the annual network certifications to be posted online

• CMS Final Rule: 42 CFR 438.66
  – Requires a report to be submitted to CMS on each managed care program administered by the State
  – The report must be published on the website
  – Content of the report is pending CMS guidance
Questions?
Performance Measure
Quality Subcommittee

Sarah Eberhardt-Rios
Integrated Systems of Care Division Chief
Department of Health Care Services
Objectives and Goals

Goals

• To discuss the set of performance measures for the 1115 Waiver, Title V, WCM, and the CCS Statewide Plan Fiscal Guidelines
• To discuss consistent data pull for the established performance measures

Objectives

• To standardize data collections for the performance measures associated with the 1115 Waiver, Title V, WCM (in conformance with SB 586), and the CCS Statewide Plan and Fiscal Guidelines
Subcommittee Updates

<table>
<thead>
<tr>
<th>Month</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>• Access to Care</td>
</tr>
<tr>
<td>February</td>
<td>• Care Coordination</td>
</tr>
<tr>
<td>March</td>
<td>• Family Participation [Family-Centered Care]</td>
</tr>
<tr>
<td>April</td>
<td>• Quality of Care</td>
</tr>
<tr>
<td>May</td>
<td>• Transition Services</td>
</tr>
<tr>
<td>June/July</td>
<td>• Finalize Menu of Performance Measures</td>
</tr>
</tbody>
</table>
Public Health Nurse (PHN) Discussion

Jacey Cooper
Assistant Deputy Director
Health Care Delivery Systems
Department of Health Care Services
Family Engagement

Sarah Eberhardt-Rios
Integrated Systems of Care Division Chief
Department of Health Care Services

Michael Schrader
Chief Executive Officer
CalOptima

Ed Schor, MD
Senior Vice President
Lucile Packard Foundation for Children’s Health
DHCS Family Engagement Efforts

Current Activities

• Title V Measures: Family input on CCS medical homes and transition policies
• Advisory committee/task forces
• Surveys, group discussion or individual consultation
• Family engagement in transition planning
• Family advocacy
Future Efforts

- Title V: Family input on Needs Assessment and informational materials
- Performance Measure: Family Participation (Family-Centered Care) - Performance Measures Quality Subcommittee
- Pending Family Engagement contract: Outreach and education for WCM counties, including informational trainings for beneficiaries and families on health plan services
- Family input and perspective in committees as needed
Whole-Child Model (WCM) Stakeholder Engagement

April 4, 2018
California Children’s Services (CCS) Advisory Group

Michael Schrader
Chief Executive Officer
CCS Demographics

• About 13,000 Orange County children are receiving CCS services
  ➢ 90 percent are CalOptima members

Languages

• Spanish = 48 percent
• English = 44 percent
• Vietnamese = 4 percent
• Other/unknown = 4 percent

City of Residence (Top 5)

• Santa Ana = 23 percent
• Anaheim = 18 percent
• Garden Grove = 8 percent
• Orange = 6 percent
• Fullerton = 4 percent
Advisory Committees

• Clinical Advisory Committee
  ➢ County CCS Medical Director
  ➢ Minimum of four CCS-paneled providers
  ➢ CalOptima Chief Medical Officer

• Family Advisory Committee
  ➢ Candidates to be appointed by CalOptima Board of Directors
    ▪ Seven to nine seats for members or family
    ▪ Two to four seats for CCS community members
  ➢ Actively sought candidates to apply
    ▪ Promoted online, at CalOptima meetings, among community-based organizations and elsewhere
  ➢ Deadline to apply was March 30
  ➢ Board decision on committee members in June
General Stakeholder Event Planning

- Combined presentation with guest speaker from the state and three CalOptima’s leaders
  - Jacey Cooper, DHCS Assistant Deputy Director
  - Michael Schrader, Chief Executive Officer
  - Richard Helmer, M.D., Chief Medical Officer
  - Candice Gomez, Executive Director, Program Implementation

- Widely marketed to attract attendance from elected offices, provider offices, community-based organizations and other groups
General Stakeholder Event Outcomes

• Attendance
  ➢ 93 representatives

• Main areas of interest
  ➢ Regulatory basis of the transition
  ➢ State and local requirements
  ➢ CalOptima implementation model

• Evaluation results
  ➢ 93 percent rated the presentation as good or excellent
  ➢ 100 percent planned to share the information with a co-worker
Family Events Planning

- Mailed invitations directly to families of CCS children
- Received 75 RSVPs and asked about language preference

<table>
<thead>
<tr>
<th>February 26</th>
<th>February 27</th>
<th>February 28</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Location:</strong> Families Forward, Irvine</td>
<td><strong>Location:</strong> Access California Services, Anaheim</td>
<td><strong>Location:</strong> Regional Center of Orange County, Cypress</td>
</tr>
<tr>
<td><strong>Time:</strong> 1–2 p.m.</td>
<td><strong>Time:</strong> 1–2 p.m.</td>
<td><strong>Time:</strong> 10:30–11:30 a.m.</td>
</tr>
<tr>
<td><strong>Location:</strong> County Community Service Center, Westminster</td>
<td><strong>Location:</strong> Boys and Girls Club, Garden Grove</td>
<td><strong>Location:</strong> Regional Center of Orange County, Santa Ana</td>
</tr>
<tr>
<td><strong>Time:</strong> 6–7 p.m.</td>
<td><strong>Time:</strong> 6–7 p.m.</td>
<td><strong>Time:</strong> 6:30–7:30 p.m.</td>
</tr>
</tbody>
</table>
Family Events Outcomes

- **Attendance**
  - 87 family members or representatives across the six events

- **Main areas of interest**
  - Continuity of care
  - Durable medical equipment
  - CCS providers contracted with CalOptima
  - Aging-out process

- **Evaluation results**
  - 93 percent agreed that the information received was helpful
Future Engagement Plans

- General stakeholder event
  - Summer 2018

- Community Alliances Forum
  - September 2018

- Family-focused events
  - October 2018, after the 90-day notices are sent by the state
Q&A
Family Engagement by CCS Programs

Edward L. Schor, MD
Whole Child Model Advisory Group Meeting
April 4, 2018

When families are engaged in their children’s care, health care systems improve, the quality of care improves, and children and families are better served.
Counties Surveyed About Family Engagement

<table>
<thead>
<tr>
<th>Del Norte</th>
<th>San Luis Obispo</th>
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</thead>
<tbody>
<tr>
<td>Humboldt</td>
<td>San Mateo</td>
</tr>
<tr>
<td>Lake</td>
<td>Santa Barbara</td>
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<tr>
<td>Lassen</td>
<td>Santa Cruz</td>
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<tr>
<td>Marin</td>
<td>Shasta</td>
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<tr>
<td>Mendocino</td>
<td>Siskiyou</td>
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<tr>
<td>Merced</td>
<td>Solano</td>
</tr>
<tr>
<td>Modoc</td>
<td>Sonoma</td>
</tr>
<tr>
<td>Monterey</td>
<td>Trinity</td>
</tr>
<tr>
<td>Napa</td>
<td>Yolo</td>
</tr>
<tr>
<td>Orange</td>
<td></td>
</tr>
<tr>
<td>Mode for Obtaining Family Input</td>
<td>Frequency</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Families surveyed on satisfaction or other topics</td>
<td>57% (12)</td>
</tr>
<tr>
<td>Family representatives on advisory groups/task forces</td>
<td>14% (3)</td>
</tr>
<tr>
<td>Partnership with family organizations</td>
<td>14% (3)</td>
</tr>
<tr>
<td>Family representatives as Family Health Liaisons</td>
<td>10% (2)</td>
</tr>
<tr>
<td>Family representatives on CCS staff</td>
<td>5% (1)</td>
</tr>
<tr>
<td>Family representative on Family-Centered Care Committee</td>
<td>5% (1)</td>
</tr>
<tr>
<td>Family focus groups or structured interviews</td>
<td>5% (1)</td>
</tr>
<tr>
<td>Families provide input at public hearings</td>
<td>5% (1)</td>
</tr>
<tr>
<td>Families provide input through website</td>
<td>5% (1)</td>
</tr>
</tbody>
</table>
## Training Offered to Families to Facilitate Participation

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Number of Counties (21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation for a specific meeting</td>
<td>4</td>
</tr>
<tr>
<td>Mentoring</td>
<td>2</td>
</tr>
<tr>
<td>Program/project management skills training</td>
<td>1</td>
</tr>
<tr>
<td>Awareness and Education</td>
<td>1</td>
</tr>
<tr>
<td>None</td>
<td>14</td>
</tr>
</tbody>
</table>
## Reported Benefits of Family Engagement

<table>
<thead>
<tr>
<th>Outcomes of Family Engagement</th>
<th>Number of Counties Reporting Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased understanding of family issues and needs</td>
<td>8</td>
</tr>
<tr>
<td>Improved planning and policies for services more responsive to family needs</td>
<td>6</td>
</tr>
<tr>
<td>Increased family-professional partnerships &amp; communication</td>
<td>5</td>
</tr>
<tr>
<td>Assistance in evaluating program goals, objectives and performance</td>
<td>4</td>
</tr>
<tr>
<td>Barrier to Family Engagement</td>
<td>Number of Counties Reporting (N=21)</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Budget Limitations</td>
<td>11</td>
</tr>
<tr>
<td>Lack of methods to pay family for time/expenses</td>
<td>8</td>
</tr>
<tr>
<td>Lack of staff to train and/or supervise family participants</td>
<td>7</td>
</tr>
<tr>
<td>Family time constraints</td>
<td>6</td>
</tr>
<tr>
<td>Unable to use technology to connect families</td>
<td>5</td>
</tr>
<tr>
<td>Limited access to families because of limited direct services</td>
<td>3</td>
</tr>
</tbody>
</table>
Best Practices to Promote and Support Family Engagement

1. Include meaningful family participation in policy and program development
2. Regularly audit family participation in all state agency programs serving children
3. Include family representatives as advisors to all state agencies and programs serving children
4. Assure adequate funding to enable family participation
Open Discussion

Jennifer Kent
Director
Department of Health Care Services
Public Comments, Next Steps, and Upcoming Meetings

Jennifer Kent
Director
Department of Health Care Services

Jacey Cooper
Assistant Deputy Director
Health Care Delivery Systems
Department of Health Care Services
2018 CCS AG Meetings
1700 K Street

- July 11, 2018 (Wednesday)
- October 10, 2018 (Wednesday)
Information and Questions

- For Whole Child Model information, please visit:
  - [http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx)

- For CCS Advisory Group information, please visit:
  - [http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx](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 send them to [CCSRedesign@dhcs.ca.gov](mailto:CCSRedesign@dhcs.ca.gov)