California Children’s Services (CCS) Program

Advisory Group Meeting

January 11, 2017
Welcome, Introductions, and Purpose of Today’s Meeting

Jennifer Kent
Director
Department of Health Care Services
Agenda

- Welcome and Introductions
- General Updates
- Whole-Child Model Infrastructure and Administrative Updates
- Beneficiary Notices
- Division of Responsibility
- Medicaid Managed Care Final Rule
- Continuity of Care
- Open Discussion
- Public Comments, Next Steps, and Upcoming Meetings
General Updates

Jennifer Kent
Director
Department of Health Care Services
Whole-Child Model Infrastructure and Administrative Updates

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

Patricia McClelland
Systems of Care Division Chief
Department of Health Care Services

Javier Portela
Managed Care Operations Division Chief
Department of Health Care Services
Communication Channels

- Monthly Plan Calls
- Monthly County Calls
- Quarterly Advisory Group Meetings

CCS Redesign Inbox and WCM Webpage
Whole-Child Model Webpage

Get up-to-date documents on implementing the Whole-Child Model on this DHCS webpage:

URL: http://www.dhcs.ca.gov/services/ccs/pages/CCSWholeChildModel.aspx

Whole-Child Model Documents

- Beneficiary Flyer
- County Information Notice
- County Readiness
- FAQ
- Grievance, Appeal and Fair Hearing Processes
- Health Plan Readiness
- Implementation Timelines
- Phase-In Methodology
- Presentations
Purpose: To align and standardize performance measures across the CCS Program and for Children with Special Health Care Needs

- Performance Measures for:
  - Title V Action Plan
  - CCS Demonstration Pilot Evaluation Design for 1115 Waiver
  - Independent Evaluation of WCM (SB 586)
  - CCS Statewide Plan and Fiscal Guidelines (PFGs)

- DHCS Role
  - Identify performance measure categories, resources and gaps / overlaps
  - Facilitate TWG meetings

- TWG Role
  - Provide input and assist DHCS to define performance measures and baselines

- Timeline
  - Mid-January 2017 – Establish TWG
  - February/March 2017 – 1 to 2 workgroup meetings

- Facilitators:
  - Dr. Dimand and Dr. Jocson

- Email CCSRedesign@dhcs.ca.gov with your name and organization if interested in participating
Best Practices Workshop (Spring 2017)

Complex Care
This workshop is intended to help health plans enrolling CCS children understand the potential value of complex-care clinics as part of their provider panel and identify approaches to working with those clinics.

Family Engagement
This workshop is intended to help health plans maximize the benefit of their required engagement with families as part of the CCS Whole-Child initiative.
Medical Therapy Program (MTP) and the Whole-Child Model (Summer/Fall)

This webinar is intended to help health plans understand the function and role of the MTP and how it relates to the Whole-Child Model.

- Overview of MTP
- Medical Eligibility Criteria for the MTP
- MTP Program Services
- Role of the MTP team
- MTP Recommendations
- MTP and the Whole-Child Model
- Care coordination between counties and health plans
- Continuity of Care for durable medical equipment (DME)
- Authorization and payment under the WCM
Whole-Child Model Implementation Timeline

- **2016**
  - DHCS Begins Implementation Planning and Meetings with Health Plans and Counties

- **2017**
  - DHCS works with Counties to finalize WCM Allocation Methodology
  - DHCS issues MOU Guidance to Health Plans and Counties

- **Jan - Apr**
  - Health Plans and Counties work to Execute MOUs
  - Begin Drafting and Circulating APLs and County Numbered Letters for Comment

- **May - Sept**
  - Provide Health Plans with Provider and Utilization data to Build Networks
  - Drafting Beneficiary and Provider notices

- **Sept - Dec**
  - Issue Formal Guidance on Provider Network Adequacy Requirements and Complete Certification Process
  - Finalize Beneficiary and Provider notices
  - Health Plan and County Readiness and Deliverables Submission
  - Rate Development
  - Health Plan Contract Amendments

- **2018**
  - CMS Review and Approval
  - Mail beneficiary and provider notifications

- **Jan - Mar**
  - Phase 1 Implementation

- **Apr - Jun**

- **July**

Beneficiary Notices

Javier Portela
Managed Care Operations Division Chief
Department of Health Care Services
Beneficiary Notices

- **90 Day Notice**
  - Informative notice about the transition along with FAQs
  - Mailed 90 days prior to implementation

- **60 Day Notice**
  - Reminder notice about the transition and a potentially revised FAQ containing any necessary updates
  - Information on how to continue working with one’s public health nurse
  - Mailed 60 days prior to implementation

- **30 Day Notice**
  - Reminder notice about the transition
  - Information on how to continue working with one’s public health nurse
  - Mailed 30 days prior to implementation
Division of Responsibility

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

Patricia McClelland
Systems of Care Division Chief
Department of Health Care Services

Javier Portela
Managed Care Operations Division Chief
Department of Health Care Services
DOR and County Allocation

- Changes in the DOR are linked to the proposed WCM county allocation.
- Administrative functions and activities include:
  - Ancillary Support; Clerical & Claims Support; Medical Case Management; Other Health Care Professional, and Program Administration
- Under the WCM some CCS administrative functions that are currently the responsibility of the county move to the WCM health plans.
- There will be no change to the benefits and administrative activities associated with the Medical Therapy Program (MTP) and Pediatric Palliative Care Waiver (PPCW); participating counties will continue to receive a separate allocation for these programs.
- State and/or Local CCS County Programs retain the responsibility of all administrative activities for CCS State-Only children not transitioning to WCM.
- DHCS is committed to meet with individual counties.
Division of Responsibility - Pre WCM

**County**

**Independent Counties**
- **Carved-In**
  - **Ancillary Support**
    - Program eligibility
    - Inter-county transfer
  - **Medical Case Management**
    - Authorizations
    - Case management & care coordination
  - **Program Administration**
    - MOUs/IAAs
    - First Level Appeals
    - Program improvement & quality assurance

**Identify**

**Medical Case Management**
- Authorizations
- Case management & care coordination

**Program Administration**
- MOUs/IAAs
- First Level Appeals
- Program improvement & quality assurance

**Clerical & Claims Support**
- Reimburse providers

**Dependent Counties**
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**Health Plan**

**State**

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**State**

**Health Plan**

**County**
Medicaid Managed Care Final Rule

Javier Portela
Managed Care Operations Division Chief
Department of Health Care Services

Aaron Toyama
Managed Care Quality Monitoring Branch Chief
Department of Health Care Services
Final Rule Overview

**Background**
First major overhaul of the managed care regulations since 2002
- Response to the major shift to the managed care delivery system nationwide
- Directed at states to ensure compliance with Medicaid managed care plans (MCPs) and downstream effects to beneficiaries

**Aligns the Medicaid managed care program with other health insurance coverage programs (i.e., Marketplace, Medicare Advantage)**

**Recurring Themes**
- Adds many consumer protections to improve the quality of care and beneficiary experience
- Improves State accountability and transparency
- Inclusion of Long Term Services and Supports (LTSS) needs

**Implementation Dates**
- Effective July 5, 2016
- IMD and in-lieu-of-services provisions effective July 5, 2016
- Phased implementation over three years, starting with the July 1, 2017 contract rating period
Major Provisions at a Glance

- **Beneficiary Information Requirements**: July 1, 2017
- **Grievances and Appeals**: July 1, 2018
- **Cultural Competency Care Coordination**: No later than July 1, 2018
- **Quality Performance Improvement**: July 1, 2018
- **Prescription Drugs Utilization Review**: July 1, 2018
- **Program Integrity**: July 1, 2018
- **State Monitoring & Oversight Requirements**: 2019 and beyond
- **Managed Care Quality Strategy**: No later than July 1, 2018
- **Network Adequacy Provider Screening and Enrollment Annual Network Certification Beneficiary Support System EQRO Validation of Network Adequacy Quality Rating System**: 2019 and beyond
Key Provisions: 2017

**Beneficiary Information Requirements**
- Beneficiary communication via email and text
- State operated website with plan specific information (e.g. Provider Directories, drug formularies)
- Model handbook and template notices
- Non English taglines in beneficiary materials

**Grievances and Appeals**
- Timeframes for resolution of appeals shortened to 72 hours
- Requires that appeals are exhausted at the plan level before proceeding to a State Fair Hearing

**Access and Cultural Competency**
- Requires gender identity be included as a component of culturally appropriate care

**Care Coordination**
- Apply to all appropriate settings including behavioral health settings and LTSS

**Quality Assessment and Performance Improvement**
- MCP Performance Improvement Projects (PIPs) must include mechanisms to assess beneficiaries using LTSS and/or with special health care needs
Key Provisions: 2017 (cont’d)

Drug Utilization Review (DUR)
- Drug Utilization Review requirements as defined in 42 CFR 456, Subpart K and annual reporting requirement

Program Integrity
- Data certification
- Overpayments policy for plan recoveries due to fraud, waste, and abuse
- Ownership and control disclosures
- 10 year records retention period and right to audit
- Increased sanctions limit

State Monitoring & Oversight
- Public posting of MCP compliance and performance

Health Information Systems
- MCP encounter data submissions to the State must be per CMS specifications

MCP Accreditation Status
- Public posting of each MCP’s accreditation status
### Key Provisions: 2018

<table>
<thead>
<tr>
<th>Quality Strategy</th>
<th>Network Adequacy</th>
<th>Encounter Data</th>
<th>Provider Enrollment and Screening</th>
<th>Beneficiary Support System</th>
<th>Annual MCP Report</th>
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<tr>
<td>New elements include plan to identify and reduce health disparities, transition of care policy, and a plan to identify individuals needing LTSS or with special health care needs</td>
<td>Time and distance standards for specialized provider types</td>
<td>Federal Financial Participation (FFP) is contingent on encounter data submission per CMS specifications</td>
<td>All Medi-Cal providers must be screened and enrolled by the State</td>
<td>Choice counseling and assistance to beneficiaries post-enrollment, including LTSS</td>
<td>Annual Program Assessment Report due to CMS</td>
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Key Provisions: 2019 and Beyond

Network Adequacy

New mandatory EQRO activity to validate network adequacy

Quality Rating System

Plan rating system based on a common set of performance measures
Implementation Components

- Deliverables Review and Approval
- Workgroups
- Statutes and Regulations
- All Plan Letters
- Contract Amendments
Implementation Strategy

**Internal research**
- Conducted gap analysis of Final Rule provisions in contrast with current requirements to identify impact
- Consulted with areas across the Department for input on policy and operational considerations

**External Stakeholder Input**
- Engage the Medi-Cal managed care health plans (MCPs) and stakeholder groups including the DHCS Stakeholder Advisory Committee, Managed Care Advisory Group, topic-specific workgroups, and external partners such as the Department of Managed Health Care (DMHC)
- Collaborate on development of materials, deliverables, and/or processes prior to implementation

**Plan Guidance**
- Provide guidance to assist MCPs with implementation on each of the activities via All Plan Letters and contract amendments
- Provide deliverables requirements to the MCPs on a flow basis throughout the implementation phases
- Roll out contract amendments per implementation year
Continuity of Care

Andrew Kilgust
Contract Compliance Section Chief
Department of Health Care Services
Plan Responsibilities at Implementation

Continuity of Care

- Provide up to 12 months of continuity of care with the current provider under certain conditions, with the ability to extend beyond the 12 months
- Provide up to 12 months of access to current specialized/customized DME under certain conditions, with the ability to extend beyond the 12 months
- Provide continuation of currently prescribed prescription drugs until a new assessment and treatment plan is in place
- Continuity of care appeal rights to the DHCS Director
Deep Dive into Care Coordination and Continuity of Care Topics

- Medical Therapy Program
- Durable Medical Equipment
- NICU
- Public Health Nurses
Medical Therapy Program (MTP)

MTP services will continue to be administered by the counties and reimbursed through fee-for-service (FFS). Counties will continue to:

- Receive and process referrals to the MTP
- Provide physical therapy (PT) and occupational therapy (OT) services at Medical Therapy Units (MTUs)
- Provide Medical Therapy Conference (MTC) services

Durable medical equipment (DME) and related supplies authorizations will be submitted through the managed care health plan.
Durable Medical Equipment (DME)

Continuity of care provisions have been expanded to include specialized or customized DME. Specialized or customized DME must meet all of the following criteria:

A. Is uniquely constructed from raw materials or substantially modified from the base material solely for the full-time use of the specific beneficiary according to a physician’s description and orders.

B. Is made to order or adapted to meet the specific needs of the beneficiary.

C. Is uniquely constructed, adapted, or modified to permanently preclude the use of the equipment by another individual, and is so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes.
MTP and DME
Outreach and Collaboration

- DHCS has been seeking guidance/perspectives from:
  - County MTP therapists
  - Health Plan Medical Directors
  - CCS DME Vendors
  - Physicians from Children’s Specialty Care Coalition

- Feedback/guidance related to:
  - Authorization concerns and transition monitoring efforts
  - Preferred and trusted providers in the State
  - Identify specialized/customized DME to include in COC
  - Identify best practices
# Neonatal Intensive Care Unit (NICU)

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Public Health Nurse

- SB 586 allows the child or youth to continue to receive case management and care coordination from his or her public health nurse.
- Election made within 90 days of the transition of CCS services into the health plan.
- Beneficiaries will receive notices 60 and 30 days prior to implementation of WCM that will explain these rights.
Open Discussion

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

Jennifer Kent
Director
Department of Health Care Services
Upcoming CCS AG Meetings

- Future Meetings: 1700 K Street
- 2017 Schedule
  - April 12, 2017 (Wednesday)
  - July 11, 2017 (Tuesday)
  - October 4, 2017 (Wednesday)
Information and Questions

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

- For CCS Redesign information, please visit:
  - [http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx)

- Please contact the CCS Redesign Team with questions and/or suggestions:
  - [CCSRedesign@dhcs.ca.gov](mailto:CCSRedesign@dhcs.ca.gov)

- If you would like to be added to the DHCS CCS Interested Parties email list, please send your request to:
  - [CCSRedesign@dhcs.ca.gov](mailto:CCSRedesign@dhcs.ca.gov)