California Children's Services (CCS) Program

Advisory Group Meeting
January 9, 2019

Agenda

- Welcome, Introductions, Purpose of Today's Meeting, and Federal and State Update

- CCS Annual Legislative Report

- Whole Child Model (WCM) Implementation Update

- Phase 2 WCM County/Plan to Share Lessons Learned and Best Practices

Agenda *(cont.)*

- Rady Demonstration Pilot

- Family Voices of California Services

- Transition to Adulthood Workgroup

- Neonatal Intensive Care Unit (NICU) Medical Eligibility Workgroup

- Open Discussion

- Public Comments, Next Steps, and Upcoming Meetings

Introduction of Integrated Systems of Care Division (ISCD) New Staff and Federal and State Update

Jennifer Kent
Director
Department of Health Care Services

Introduction of ISCD Staff

ISCD Medical Director

- Dr. Roy Schutzengel

ISCD Division Chief

- Evelyn Schaeffer

CCS Annual Legislative Report

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

CCS Legislative Report

Appeals and Fair Hearings

- ☐ Medical Eligibility

- ☐ Service Authorizations

Whole Child Model (WCM) Implementation Update

Michelle Retke
Branch Chief, Managed Care Operations Division, DHCS

Nathan Nau
Managed Care Quality and Monitoring Division Chief, DHCS

Joseph Billingsley
Branch Chief, Program Policy and Operations, DHCS

Phase 2

- Effective January 1, 2019, Partnership Health Plan is fully implemented.

- Weekly calls to monitor and receive updates from the plan on any issues or concerns.

- DHCS will include Partnership Health Plan in the January 2019 Assurance of Compliance Network Certification submission to Centers for Medicare & Medicaid Services (CMS).

Phase 2 *(cont.)*

1 County Readiness and Calls with Dependent Phase 2 Counties

2 WCM 101 Webinar

3 Provider Notice/Provider Bulletin/ Medi-Cal Newsflash

Phase 3

- Cal Optima's implementation was postponed to Phase 3, which will occur no sooner than July 1, 2019.
- Beneficiary Notice
    - 90-Day Notice
    - 60-Day Notice
    - 30-Day Outbound Call
- Continue to work through readiness deliverables and ensure network adequacy.
- DHCS working with Orange County to continue to provide CCS administrative services until July 1, 2019.

Phase 3 *(cont.)*

Network Certification

- Implementation delay will allow CalOptima and their Delegated Entities (DEs) to ensure the readiness of their CCS-paneled provider network.

- CCS-eligible members in Orange County will continue to receive services through the County CCS Program.

- DHCS will continue to provide assistance to CalOptima throughout the process and provide ongoing updates to stakeholders.

Phase 3 *(cont.)*
Network Certification Timeline

January 2019
- CalOptima's updated Provider Network Report due to DHCS on January 2, 2019.

Mid-January 2019
- DHCS assesses CalOptima's and its DE's WCM provider network.
- DHCS will provide preliminary approval of DEs that can participate in WCM.

March 2019
- On March 15, DHCS will provide formal notification of DEs approved to participate in WCM.

July 2019
- Go-live of approved DEs.
- Corrective Action Plan (CAP) imposed for DEs that are not meeting network certification requirements.

Delegated Entities Not Approved For WCM Participation

- Only DEs that meet network certification requirements will be included to participate in WCM.
- Members currently assigned to DEs that are excluded from WCM participation will have the choice to select a new DE.
  - If no selection is made, they will be re-assigned to an approved DE.
- Members reassigned to a new DE are permitted through continuity of care to continue to receive services from providers in their previous DE.
- CalOptima can request to add a DE to their WCM network 105 days prior to the start of each contract year.
  - If CalOptima requests to add a DE for a January 1, 2020 implementation, the request must be submitted to DHCS no sooner than September 18, 2019.

Phase 2 WCM County/Plan to Share Lessons Learned and Best Practices
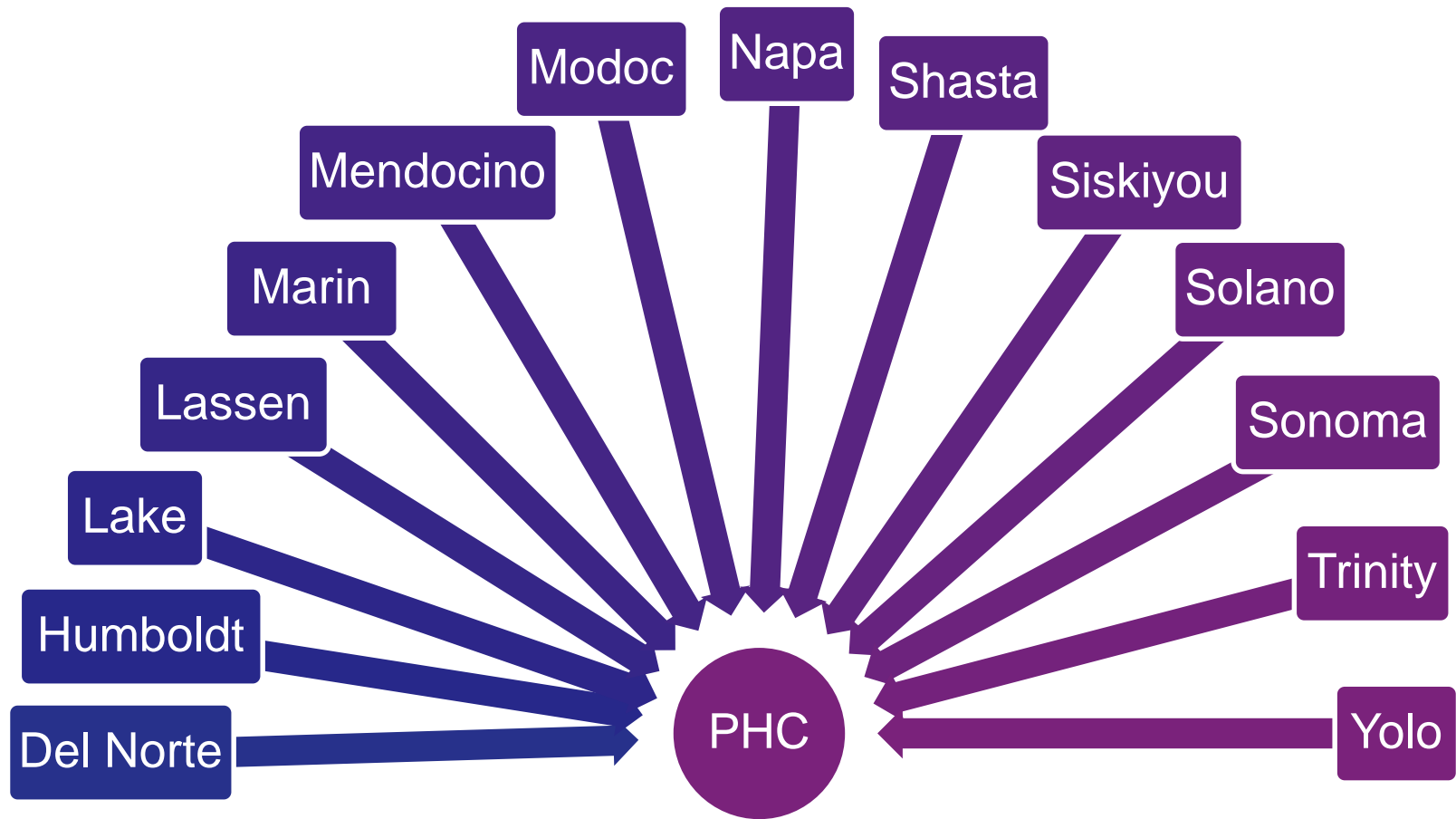
Rebecca Boyd-Anderson
Director of Care Coordination, Partnership HealthPlan

Michelle Gibbons
Executive Director, County Health Executives Association of California

Counties and Plan

Rady Children's Hospital Managed Care Plan Status Update and Member Voices
CCS Advisory Group meeting
January 9, 2019

Rady Children's Hospital Managed Care Plan Presenters

- **Josefina Del Campo, Parent and Care Advocate;**

- **Melissa Castro, Parent Voice;**

- **Cynthia Ballesteros, Parent Voice;**

- **Domonique J. Hensler, Director, Care Redesign and Population Health; and**

- **Keri L. Carstairs, MD, MBA, FACEP Division Chief and Medical Director Emergency Department, UCSD School of Medicine Clinical Professor of Pediatrics and Emergency Medicine, and Senior Medical Director of Population Health.**

Rady Children's Hospital – San Diego
Whole Child Model (WCM) Managed Care Plan (MCP) Overview

❑ **Plan name:**

  ▪ Rady Children's Hospital, dba California Kids Care ("CKC")

❑ **Five CCS eligible conditions participate:**

  ▪ Acute Lymphoid Leukemia;

  ▪ Cystic Fibrosis;

  ▪ Diabetes;

  ▪ Hemophilia; and

  ▪ Sickle Cell.

❑ **Operational effective date of July 1, 2018**

  ▪ Covered lives effective August 1, 2018

❑ **Evidence-based, coordinated care**

  ▪ Continuum of services and providers

❑ **Evaluation**

  ▪ Quality – Cost – Satisfaction

Rady Children's WCM MCP Status Updates

❑ **Provider Network Certified**

- 2018 Annual Network Certification

- Whole Child Model Network Certification

❑ **Continuity of Care**

❑ **Scope of Service, Case Management and Coordination of Care**

- 85% of Members have a completed Health Risk Assessment (HRA) and Initial Health Assessment (IHA); remaining 15% have received multiple touch points

- Rady Children's Risk Assessment Tool utilized for risk assessment and developing individualized care plans

- Care Plans established and communicated to Member's Primary Care Physician (PCP)

- Care Coordination and Care Navigation

- Complex Case Management

❑ **Utilization Management (UM)**

Updates continued

❑ **Member communication and services**

- ▪ Upon DHCS approval to proceed, notifications regarding availability of Plan

- ▪ Member Welcome packet and Member Services Guide

- ▪ Customer Service, and translation and transportation services

- ▪ No grievances and appeals to date

❑ **Enrollment**

- ▪ CCS Beneficiaries are not auto-assigned to Plan

- ▪ Eligibility process

- ▪ Data sharing ongoing as CCS Beneficiaries enroll

  - ▪ CCS utilization data, authorization data and provider data

- ▪ Enrollment status

Rady Children's Hospital Plan 705
Members

Enrollment into the WCM Plan at Rady Children's Hospital – San Diego has been steadily increasing since Plan operational date of August 1, 2018:

Josefina Del Campo, Parent & Care Advocate
"Through CKC, we are redesigning the health care system for future generations of patients with chronic medical conditions."

Provider-based MCP at Rady Children's:
Whole Child Model Care Approach

❑ Unique Line of Sight

❑ Shared Electronic Medical Record, Epic

- ▪ Whole Child Care Plan and Dashboards accessible for stakeholders
- ▪ Direct communication with Care Teams
- ▪ Facilitate more efficient work flows and authorizations for routine regimens for chronic medical conditions to avoid delays in services

❑ Care model features also includes:

- ▪ Ability to create therapeutic relationships with families
- ▪ Re-establish Medical Homes/PCPs for Members
- ▪ MCP Nurse Care Navigators with background in each CKC Condition – ability to also reinforce education and provide support
- ▪ MCP Care Navigators attend Comprehensive Clinic visits and CCS Care Conferences
- ▪ Patient Care Coordinator (PCC) at the PCP office or Specialty Clinic
- ▪ Strong relationships to provide improved customer service, decreased gaps in care, handoffs, delays in authorizations or delivery of items

Provider-based MCP: Whole Child Model
Care Approach continued

- MCP Care Navigation Team Telemedicine visits to assess Member's needs, review home care supplies and equipment, conduct medication reconciliation, and answer questions and conduct teach backs

- Coordinating services, including closing care gaps via HEDIS and other metric reporting with PCPs

- Avoiding unnecessary ED visits by triaging calls and directing Members to PCP, Specialist or Urgent Care, if indicated

- Work with providers to select alternatives to high cost medications

- Enhanced discharge planning, with authorizations, equipment and appointments established

- Work closely with Financial Counselors and families to proactively ensure no lapse in Medi-Cal

- Proactive management of Care Needs and Gaps, including:
  - Flu vaccinations and Depression Screening – System wide Initiative
  - Pneumococcal vaccination
  - Well Child Checks and other metrics

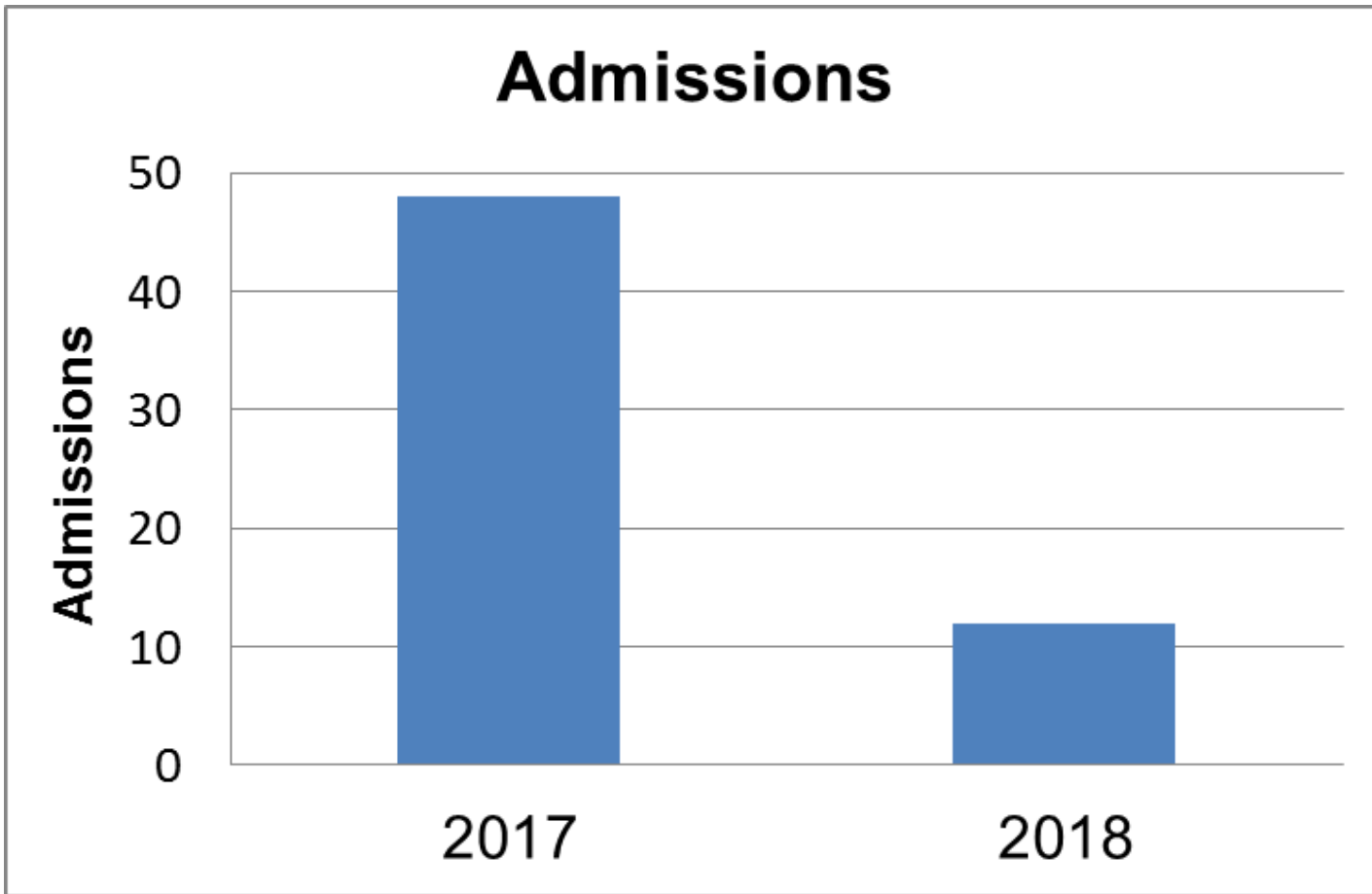**Without solely relying on retrospective claims data**

Preliminary utilization data
Three months ended October 31, 2017 and 2018

Rady Children's MCP Admissions and Average Length of Stay
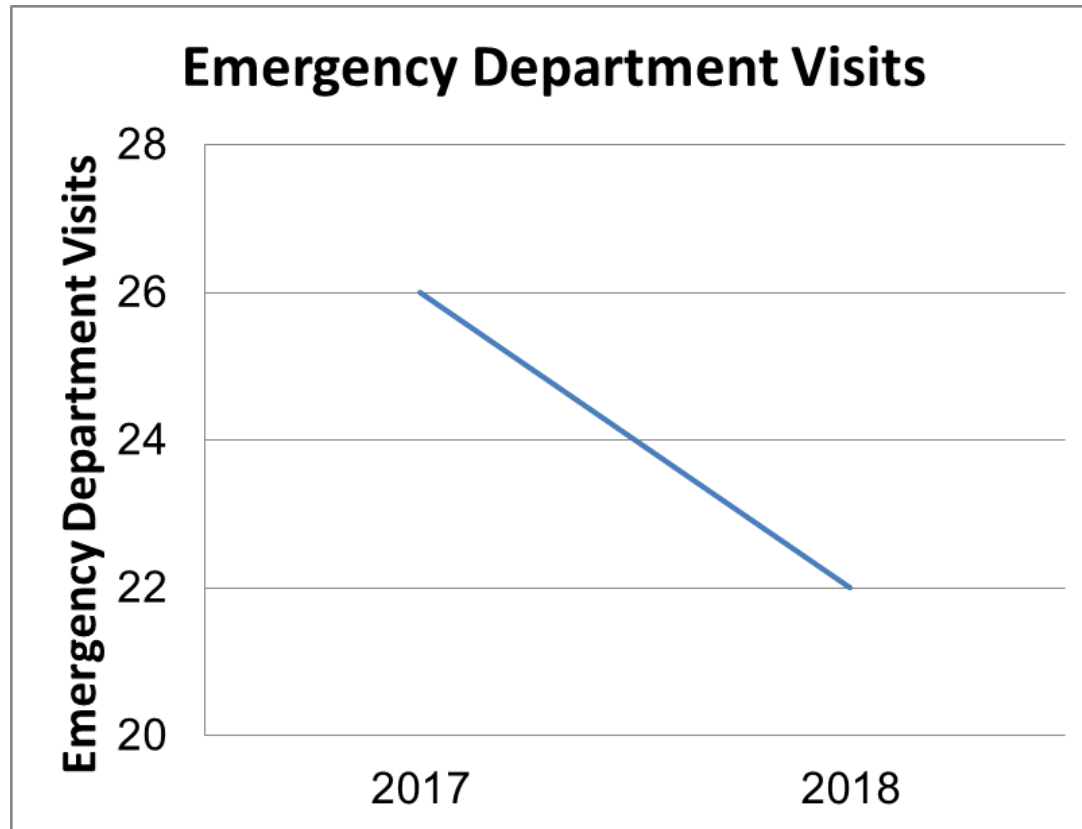## Three months ended October 31, 2017 and 2018, respectively

- 75% reduction in admissions and 21% reduction in Average Length of Stay (ALOS) from 7.3 to 5.8 for CKC Members during the first quarter as compared to the prior year period.

Reduction in Emergency Department Utilization
Three months ended October 31, 2017 and 2018, respectively

Emergency Department Visits

- 15% reduction in Emergency Department visits. Strategies have included:
  - Extended PCP office hours, including Saturday and Sunday access;
  - Nurse and Respiratory Therapist next day call and teach back;
  - Appointment making and patient education; and
  - Nurse advice telephone line.

Rady Children's Hospital San Diego

Family Member Voices

❏ Melissa Castro

❏ Cynthia Ballesteros

Member and Primary Care Provider Voices

"We are not alone trying to figure things out."

"CKC quickly solved a problem in getting my child's supplies. For the first time in years, it went smoothly and with less hassle!"

"The Care Navigators have helped our family with our child's needs."

"I appreciate the support. CKC was able to get us transportation with less than 2 hours notice."

Also, PCPs and Federally Qualified Health Centers (FQHCs) referring their patients to enroll in the Rady Children's MCP, California Kids Care.

Rady Children's Hospital San Diego

Member A
Care Coordination example

❑ **Background/Issue prior to Rady Children's Whole Child Model MCP:**

- Multiple delays in obtaining needed supplies, including an extended delay. It has been an extremely stressful time for the Family waiting, and not knowing who to contact for help.

❑ **Rady Children's MCP Care Navigation Team Intervention with Results:**

- Mom and Member started working closely with a CKC Patient Care Coordinator.

- PCC coordinated needs, including working with supply Vendor so that the Member could receive 3 months of supplies, rather than monthly.

- Education and support provided to the family.

- Mom stated "This has relieved my stress."

Member B
Care Coordination example

❑ **Background/Issue prior to Rady Children's Whole Child Model MCP:**

- Communication challenges across multiple healthcare providers.
- Fragmented care.
- Supply delays and Member running out of supplies.

❑ **Rady Children's MCP Care Navigation Team Intervention with Results:**

- CKC Nurse Care Navigator and CKC PCC provided extensive care coordination, including:
    - Care Navigator and/or PCC on-site at Specialty Clinic; and
    - Facilitated rapid and ongoing communication between the Specialist, Specialty Clinic Team, supply Vendor and UM Team.
- Authorization provided to Vendor, and Nurse Care Navigator coordinated with Vendor to quickly provide needed items.
- Education and support provided to the family.
- Mom stated that "I am very happy with the extra support and follow-up check-in calls."

Rady Children's Integrated Delivery System

- Care coordination across the continuum
- Integrated EMR and communication
- Coordinated Performance Improvement and Analytics
- Clinical Guidelines, including compliance across the PCPs and Specialists
  - Evidence-based; EMR decision-support
  - Manage utilization and reduce variation in care
- Network-wide Clinical Interventions, including
  - Influenza vaccination
  - Depression Screening

FAMILY VOICES of California

Ali Barclay
Outreach Education Manager
Whole Child Model Project
Family Voices of California

Whole Child Model Workshops

November/December Workshops in Marin, Napa, Shasta, Humboldt, Del Norte, and Sonoma Counties

Topics Covered
CCS, Medi-Cal Managed Care
What is the Whole Child Model
Expected Changes
Care Coordination
Continuity of Care
Maintenance and Transportation
Family Advisory Committees

Successes

FVCA Project Successes

- Representation from Partnership HealthPlan at all workshops
  - Great for questions and scenarios specific to family members
- Engaged participation from CCS family members and professionals who work with them
  - Stipend, travel reimbursement, and food for family attendees
  - Opportunity for reeducation of families about CCS services and eligibility requirements

Whole Child Model Successes

- Family Advisory Committees are up and running and for the most part have seen great family participation.
- Some families already enrolled in Medi-Cal in these counties are familiar with MCPs and have existing relationships with MCP staff.

Challenges

Outreach and Education

Outreach and education on procedures for transitioning to the Whole Child Model have been inconsistent with individual experience in some cases.

Language Access

Whole Child Model information is limited in most cases to English, and in some cases to English and Spanish. DHCS is currently translating the WCM FAQ to Spanish, but there are several threshold languages in the WCM counties, and dozens of documents currently only in English.

Care Coordination

Concerns expressed about families losing County CCS staff expertise and institutional knowledge when transitioning to new case management procedures and relationships.

Challenges

Information Sharing

Managed Care Plans don't yet have access to CMS Net
- MCPs have been relying on DHCS and County CCS programs to send downloaded, static lists of CCS-eligible children and their providers that are outdated soon after they are created.
- County CCS programs are relying on similarly static lists to inform their annual medical eligibility reviews.

Streamlined Care Delivery System

Families have reported having to address questions about transportation, pharmacy, and case management with separate MCP departments and phone calls.

Transition to Adulthood Workgroup

Joseph Billingsley
Program Policy and Operations Branch, Chief
Department of Health Care Services

Workgroup Objectives

> To discuss CCS transition best practices and provide recommendations to DHCS on transition to adulthood regarding:

- What age should transition activities begin?

- What transition activities should be required?

- For what population?

Workgroup Members

Composed of:

- Advocates
- County CCS Programs
- Families
- Health Plans
- Providers

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

Meeting Details

Kick-off Meeting/Webinar in late January 2019

Review current guidelines, needs, and past findings

Review the preliminary proposals and discuss main three policy questions

Review and discuss draft policy proposal

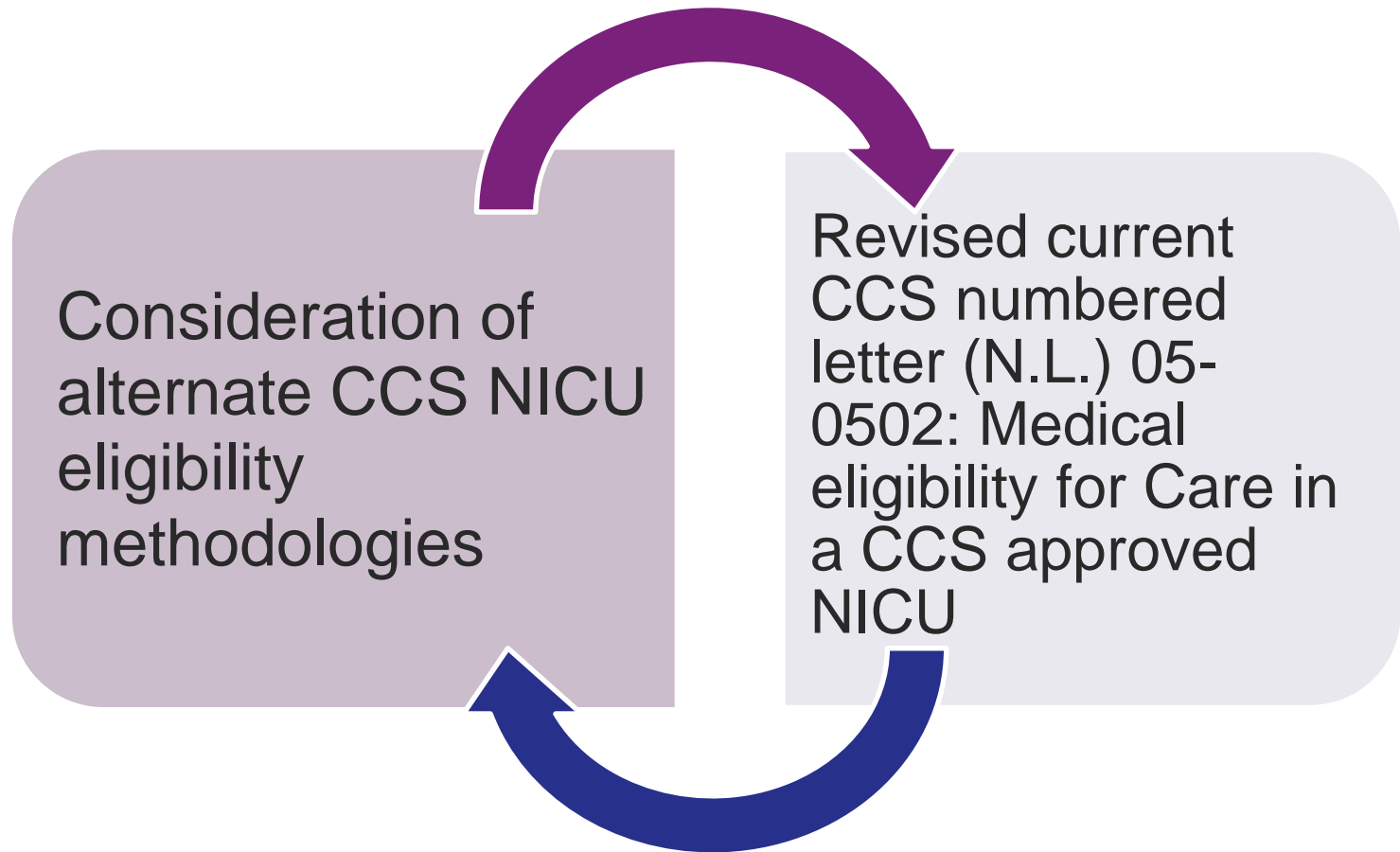Issue final workgroup recommendation to DHCS for consideration

NICU Medical Eligibility Workgroup

Annette Lee

Special Populations Section Chief, DHCS
Department of Health Care Services

Proposal and Objective

Consideration of alternate CCS NICU eligibility methodologies

Revised current CCS numbered letter (N.L.) 05-0502: Medical eligibility for Care in a CCS approved NICU

Workgroup Members

Advocates

Clinical Experts

Associations

Health Plans

County CCS Program Administrators

Families

CCS Providers

Meeting Details

Meeting in February 2019

Consider alternate CCS NICU eligibility methodologies

Revise CCS N.L. 05-0502

Draft regulation for CCS NICU eligibility

Share draft letter with Stakeholders for public comment period

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

CCS AG Meeting
1700 K Street

2019

April 10 (Wednesday)

July 24 (Wednesday)

October 9 (Wednesday)

Information and Questions

- For Whole Child Model information, please visit:
  - 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

- 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