

April 10, 2024 1:00 – 4:00 PM

### Advisory Group Members in attendance:

Ann Kinkor, Ann Kuhns, Anthony Magit, Beth Malinowski, Carol Miller, Jennifer Mockus, Katie Layton (for Erin Kelly), Francesca Peterson, Jolie Onodera, Dr. Jerry Cheng, Katherine Barresi, Katie Andrew (for Linnea Koopmans), Kelly Hardy, Kristen Dimou, Lael Lambert, Laurie Soman, Lianna Chen, Dr. Mary Giammona, Michael Harris, Michelle Gibbons, Dr. Miriam Parsa, Dr. Mona Patel, Sidney Jackson (for Amy Westling), Stephanie Dansker, Susan Skotzke.

### DHCS Staff in attendance:

Jill Abramson, Jennifer Allen, Sabrina Atoyebi, Amara Bahramioref, Sean Barber, Joseph Billingsley, Carolyn Smith, Jin Chong, Steven Cueto, Andrea Fillebrown, Erica Grant, Ariana Hader-Smith, Alyssa Hedrick, Sheela Jonnalagadda, Isabel Lacuesta, Annette Lee, Jannette Lepe, Cortney Maslyn, James Mason, Tina Mayes, Katie Ramsey, Paris Richardson, Sarah Brooks, Barbara Sasaki, Megan Sharpe, Tanya Stone, Olivia Thomas, Kirstie Yi, Lisa Risch.

**CCS Advisory Group Meeting Materials:** Agenda and Presentation Slide Deck available on [Advisory Group \(ca.gov\)](https://www.dhcs.ca.gov/AdvisoryGroup) webpage.

## AGENDA

### Welcome and Housekeeping

Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems

- » Welcomed participants, announced roll call will be taken from the meeting attendance log.

Sabrina Atoyebi, Branch Chief, Medical Operations Branch

- » Reviewed housekeeping and meeting logistics.

## Director Remarks and January 2024 Meeting Recap

Sarah Brooks, Chief Deputy Director, Health Care Programs

- » Meeting participants were welcomed and thanked their work as an Advisory Group member and for their advocacy for the children of California.
- » Effective January 2024, DHCS implemented Kaiser Permanente Health Plan as an alternate health care services plan in eight existing Whole Child Model (WCM) counties. The implementation was a collaborative effort between DHCS, the counties, Kaiser, and the existing WCM managed care plans (MCPs).
- » DHCS continues to conduct post-transitional monitoring. DHCS continues to work with Kaiser and two existing WCM MCPs (Partnership Health Plan and Central California Alliance for Health) to implement CCS WCM coverage in 12 new counties, in alignment with the 2024 Medi-Cal plan model changes, as required by Assembly Bill 118, by January 1, 2025. DHCS has released a deliverables list to the MCPs and counties and is currently working to review and provide feedback.
- » Access to high-quality, equitable care is one of DHCS' top priorities. California continues to be a leader in improving how health care is provided. One way equitable and high-quality care is being delivered is to hold Medi-Cal Managed Care Plans accountable to meet required performance levels. DHCS recently issued quality measure ratings for Measurement Year 2022 for all Medi-Cal managed care plans. DHCS seeks to empower plans and support providers in achieving better health outcomes for all Medi-Cal members and especially children and youth with special health care needs.
- » Today's meeting agenda includes Whole Child Model, policy initiative and CCS Program updates. Thank you again for all you do and appreciate your participation as an Advisory Group member.
- » Sarah fielded a question regarding a Sickle Cell and Gene Therapy purchasing plan to expand access, announced by the Centers of Medicare and Medicaid Services (CMS), with the option for States to opt into the cell and gene therapy access model. Joseph Billingsley confirmed later in the meeting, DHCS would be submitting a letter to the access model.

Sabrina Atoyebi, Branch Chief, Medical Operations Branch

- » An update on the agenda topics from the January 2024 meeting were provided.

## Whole Child Model (WCM) Expansion

Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems

Sean Barber, Branch Chief, Managed Care Quality Management Division

- » 2024 WCM Transitional Monitoring updates were given. Bi-weekly post-transitional monitoring ended in February. Monthly post-transitional monitoring will end June 30, 2024, and regular quarterly monitoring will begin July 1, 2024. DHCS is utilizing a multi-pronged monitoring approach to enable oversight and ensure compliance with WCM transition policies. The main pillar of the approach is the 2024 MCP survey responses which tracks continuity of care for all members, primary care physician (PCP) retention, care coordination and member issues identified through appeals or grievances. As part of enhanced protections, DHCS enhanced continuity of care for services requiring all prior authorizations or active courses of treatment continue for six (6) months and until reassessment. Other pillars of transition monitoring include stakeholder feedback and provider network monitoring for Kaiser.
- » Kaiser completed outreach to network providers and assigned care coordinators to all transitioning members prior to the January 1, 2024, implementation. Kaiser and CCS counties have reported good faith efforts in the WCM Memoranda of Understanding (MOU) negotiations. DHCS assessed Kaiser's network capacity and determined they have an adequate provider network to serve the WCM population.

Dr. Jerry Cheng, Kaiser Permanente, SoCal

- » Since the implementation, Kaiser has been able to organize and execute the Clinical Advisory Committee and Family Advisory Committee. The Clinical Advisory Committee is statewide with representation from Northern and Southern California, Permanente Medical Group, physicians, high level stakeholders and operational leaders collaborating and engaging with the necessary stakeholders. The Family Advisory Committees are regional, so there is one in the North and one in the South and have generally been well attended.
- » Kaiser is trying to certify more Specialty Care Centers (SCC) with a cranial facial SCC recently becoming certified in Los Angeles. Kaiser has been proactive in their efforts centered around member communication and has developed dashboard to track progress. Many of Kaiser's providers came from children's hospitals and are communicating and connected with the community being served. Since the last CCS Advisory Group meeting, an offline meeting with advocates about hemophilia care has taken place and work is being done on the productive next steps that were discussed. Kaiser's participation on the Quality Performance

Metrics Subcommittee has been enlightening and align with Kaiser's internal metrics for high quality care.

## **Policy Initiatives**

### **CCS County Compliance, Monitoring and Oversight Program**

Katie Ramsey, Unit Chief, Quality and Monitoring Branch

- » CCS Monitoring and Oversight Workgroup convened 11 times since January 31, 2022 and the final meeting was held June 26, 2023. The workgroup is comprised of CCS county staff, county associations, health plans, family advocates and other stakeholders. CCS Numbered Letters (NLs) and MOUs developed during the workgroup term were reviewed with members. DHCS deferred implementation of CCS compliance, monitoring and oversight to July 1, 2025. DHCS continues to analyze county administrative allocation funding, finalize policy guidance referenced in the MOU and provide counties time to prepare for implementation. The delayed implementation aligns with CCS WCM expansion and implementation of quality metrics and offers additional time for training county and DHCS staff. A review of the CCS Monitoring and Oversight milestones was reviewed for 2024/2025. In January 2025, sunset CMIP levels I & II and in June 2025, sunset CMIP level III. For FY2025/2026 counties will be required to submit annual/quarterly reports to DHCS for review and to report results. For FY2027, counties will submit annual/quarterly reports to DHCS who will review, report results, survey counties and require corrective action as needed. For FY2029, DHCS will determine if new/revised compliance activities should be implemented in year four (4) of the program. For FY2031, DHCS will review compliance activities every two (2) years thereafter. More information can be found on the CCS Compliance, Monitoring, and Oversight Program webpage.
- » DHCS encourages counties to implement the CCS grievance process by July 1, 2024, which includes counties accepting and processing grievances so any issues can be worked out before counties are required to report grievances to DHCS as of July 1, 2025.

### **Child Health Disability Prevention (CHDP) Program Transition**

Sabrina Atoyebi, Branch Chief, Medical Operations Branch

- » DHCS released a draft of the transition plan from September 27, 2023, to October 11, 2023. Many comments were received and compiled into the final CHDP transition plan which was released and is available online.
- » DHCS conducted ad hoc meetings with county CHDP programs for in-depth discussions and support leading up to the transition.

DHCS will continue to engage with stakeholders, release additional communications and track relevant data leading up to and following July 1, 2024, to ensure a successful transition. More information can be found on the [Child Health and Disability Prevention Program \(ca.gov\)](#) webpage.

## **CCS Redesign Performance Measure Quality Subcommittee**

Sabrina Atoyebi, Branch Chief, Medical Operations Branch

- » Per authorizing statute, WIC, section 14094.7 (b) requires DHCS to conduct the following activities by January 1, 2025: post on the DHCS website annually an analysis of CCS enrollment for Whole Child Model (WCM) counties and non-WCM counties that enables a comparison of trends between the two categories of CCS counties, develop utilization and quality measures annually in a form and manner specified by DHCS that relate specifically to CCS specialty care and report such measures for both WCM and non-WCM counties, require WCM plan (as applicable) with a finding in the most recent annual medical audit to implement quality improvement strategies specifically targeted to the CCS population (as determined by the department) and establish a stakeholder process per Section 14094.17. The department shall consider the following when developing measures: recommendations by the subcommittee established by the department as part of the CCS Advisory Group per subdivision (c) of Section 14097.17, and available data regarding the percentage of children with CCS eligible conditions who receive an annual special care center visit.
- » The goal of the CCS Redesign Performance Measure Quality Subcommittee is to advise on the identification and implementation of quality and outcome measures for the CCS and WCM dashboard to drive improvements in health outcomes for children and youth. The Subcommittee will collaborate with external stakeholders including WCM Medi-Cal Managed Care Plans (MCP) and CCS classic counties to create a dashboard that tracks program performance 3-5 clinical and non-clinical measures should be identified and compared among both programs so external stakeholders, MCPs and the public may access the information through the dashboard. At the November 29, 2023, meeting the Subcommittee established the following: a baseline and common understanding of quality measurement terminology and methodologies, domains and principles for measure selection, and timeline expectations and process for measure selection. The next meeting will be held February 29, 2024.
- » For more information about the Performance Measure Quality Subcommittee, please visit the [CCS Redesign Performance Measure Quality Subcommittee \(ca.gov\)](#) webpage.

## CCS Program Update

Barbara Sasaki, Section Chief, Special Population Section

- » Numbered Letters (NL) recently released were reviewed and are available for viewing on the [CCS Numbered Letters \(ca.gov\)](#) and [CCS Information Notices \(ca.gov\)](#) webpages.
- » The Hearing and Appeals NL is currently in revision and will then be sent out for a 2<sup>nd</sup> round of public comment. The Transplants NL is in revision following external stakeholder review; once completed it will be submitted for posting approval. The Cystic Fibrosis and Pulmonary Standards and Medical Therapy Program Duplication of Services are with leadership for posting approval.
- » The end of the Medi-Cal continuous coverage requirements necessitates a coordinated, phased communication campaign to reach members with messages across multiple channels using [DHCS Coverage Ambassadors](#). As California resumes normal Medi-Cal eligibility operations, members will need to know what to expect and what they need to do to keep their health coverage. Most members will either remain eligible for Medi-Cal or qualify for tax subsidies that allow them to buy affordable Covered California coverage.
- » DHCS will engage community partners to serve as DHCS Coverage Ambassadors to deliver important messages to Medi-Cal members about maintaining Medi-Cal coverage after the Continuous Coverage Requirement ends. DHCS Coverage Ambassadors will connect Medi-Cal members at the local level with targeted communications.
- » Ambassadors may include, but are not limited to:
  - Local County Offices
  - Health Navigators
  - Managed Care Plans
  - Community Organizations
  - Advocates
  - Stakeholders
  - Providers
  - Clinics/Healthcare Facilities
  - Legislative Offices/Other State Agencies
- » DHCS launched the [Keep Your Community Covered Resources Hub](#) to support the continuous coverage unwinding. Resources are provided in 19 threshold languages. The [Medi-Cal Continuous Coverage Unwinding Dashboard](#) allows you to gain demographic and geographic insights into enrollment and renewal data. Data will be published until July 2024. [KeepMediCalCoverage.org](#) (English)

or [MantengaSuMedical.org](https://www.MantengaSuMedical.org) (Spanish) webpages include resources for members to update their information, find local county offices and sign up to receive email or text updates from DHCS.

## **Public Comment and Wrap Up**

Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems

- » The next meeting is scheduled for Wednesday, July 10, 2024.