

# California Children's Services Advisory Group Meeting

**July 13, 2022**



# Agenda

Welcome, Introductions and House Keeping Reminders	1:00 – 1:10
Statewide Medi-Cal Child Core Set Measures	1:10 – 1:50
CalAIM: County Monitoring and Oversight Workgroup Update	1:50 – 2:20
Break	2:20 – 2:35
CalAIM Enhanced Care Management (ECM): Children/Youth Populations of Focus Update	2:35 – 3:15
CRISS Issue Papers Update	3:15 – 3:30
Electronic Visit Verification Update	3:30 – 3:40
CCS Program Updates	3:40 – 3:55
Public Comment	3:55 – 4:00
Wrap-up, Next Steps and Thank You	4:00

# Housekeeping & WebEx Logistics

## Do's & Don'ts of WebEx

- » Participants are joining by computer and phone (link/meeting info on [California Children's Services \(CCS\) Advisory Group website](#))
- » Everyone will be automatically muted upon entry
- » CCS Advisory Group members: 'Raise Your Hand' or use the Q&A box to submit Questions
- » Other participants: Use the Q&A box to submit comments/questions or 'Raise Your Hand' during public comment period
- » Live Closed Captioning will be available during the meeting
- » Note: DHCS is recording the meeting for note-taking purposes

# 2022 Priorities Update

Priorities are the key areas that the Advisory Group would like to focus on to drive improvements in the CCS program over the 2022 time period.

## Domains

- » Access to Care
- » Equity and Quality of Care
- » Beneficiary (and Caregiver) Experience and Satisfaction
- » Program Administration

## Advisory Group Charter

To advise DHCS on the improvement of the CCS Program in serving the most vulnerable children and youth to ensure that children and youth who are in the program receive appropriate and timely access to quality care.

# Agenda

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CalAIM: County Monitoring and Oversight Workgroup Update 1:50 – 2:20

Break 2:20 – 2:35

CalAIM Enhanced Care Management (ECM):  
Children/Youth Populations of Focus Update 2:35 – 3:15

CRISS Issue Papers Update 3:15 – 3:30

Electronic Visit Verification Update 3:30 – 3:40

CCS Program Updates 3:40 – 3:55

Public Comment 3:55 – 4:00

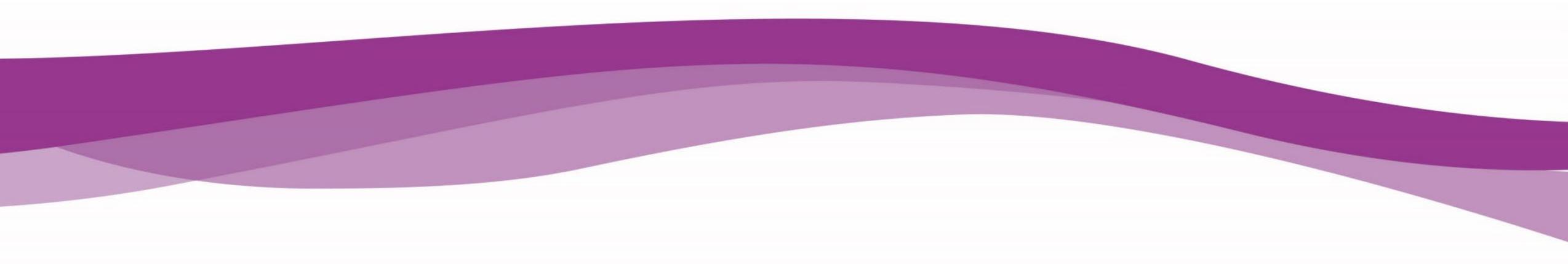
Wrap-up, Next Steps and Thank You 4:00



# California Children's Services (CCS) Quality Performance Snapshot

Enterprise Data and Information Management (EDIM)  
Data Management and Analytics Division (DMAD)  
Data Science Branch (DSB)

# CHILDHOOD IMMUNIZATION STATUS (CIS-CH)

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. The bands flow across the width of the slide, creating a sense of movement and depth.

# Percentage Up-to-Date on Recommended Immunizations by their Second Birthday (MY2020)

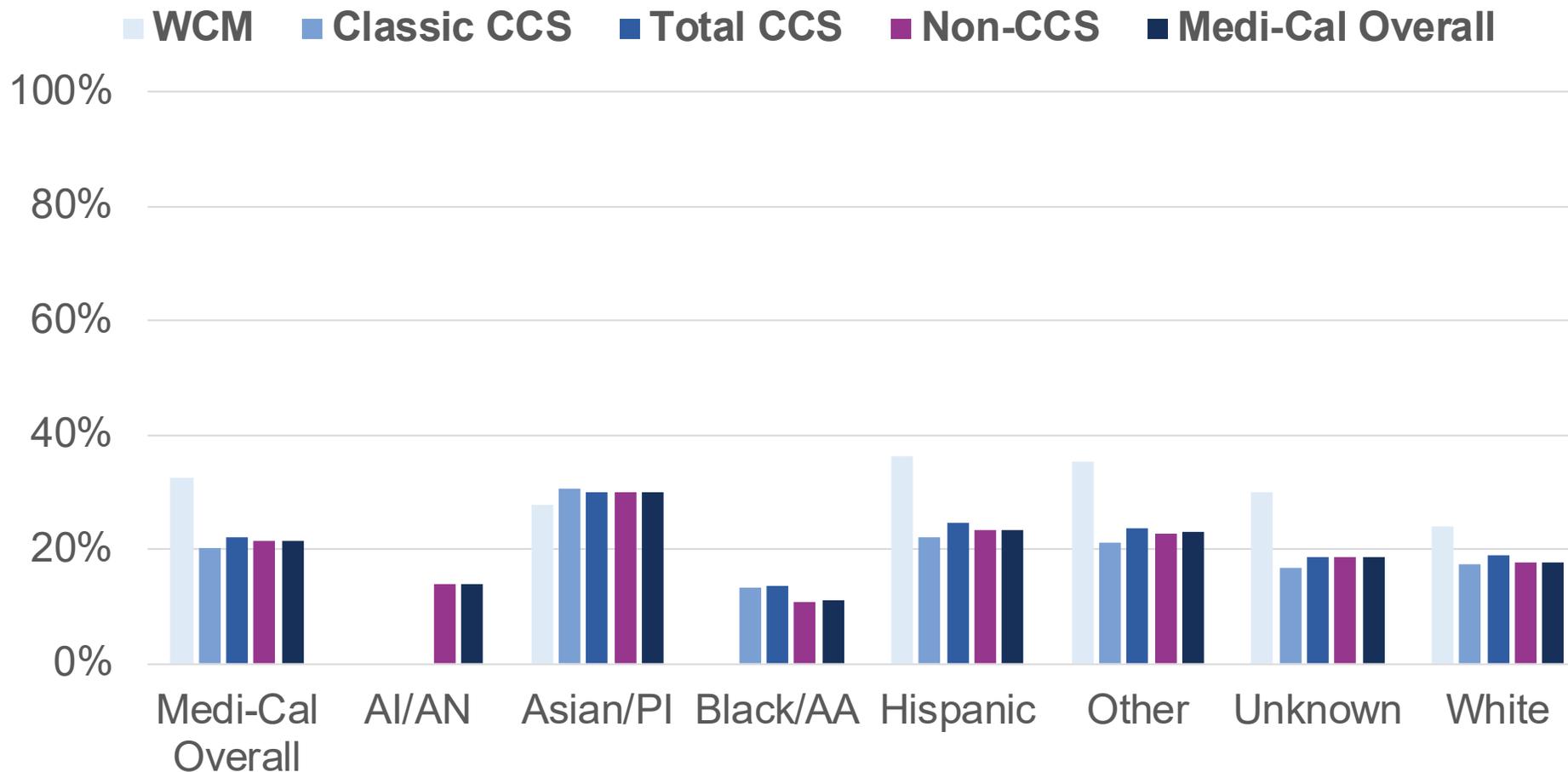
Measur	WCM	Classic CCS	Total CCS	Non-CCS	2020 Medi-Cal Rate	2019 Medi-Cal Rate
(CIS-CH) - DTa	65.8	54.9	56.7	55.8	55.9	74.1
(CIS-CH) - IPV	78.6	69.4	70.9	70.3	70.4	85.1
(CIS-CH) - MMR	85.8	80.9	81.7	79.9	80.7	87.1
(CIS-CH) - HiB	79.8	73.5	74.5	73	73.1	84.8
(CIS-CH) - HepB	68.3	56.9	58.7	58.6	58.6	84.2
(CIS-CH) - VZV	83.3	77.8	78.7	76.8	76.9	86.5
(CIS-CH) - PCV	67.7	55.7	57.6	56.6	56.7	73.7
(CIS-CH) - HepA	83.6	81.1	81.5	79.4	79.5	85.2
(CIS-CH) - Rotvirus	59.5	50.3	51.7	54.7	54.5	66.9
(CIS-CH) - Inflnza	58.6	47.8	49.5	41.9	42.4	46.4
(CIS-CH) - Com	32.5	20.2	22.2	21.4	35.5	35.6

 green shading = rate is higher in comparison set  
 orange shading = rate lower in comparison set

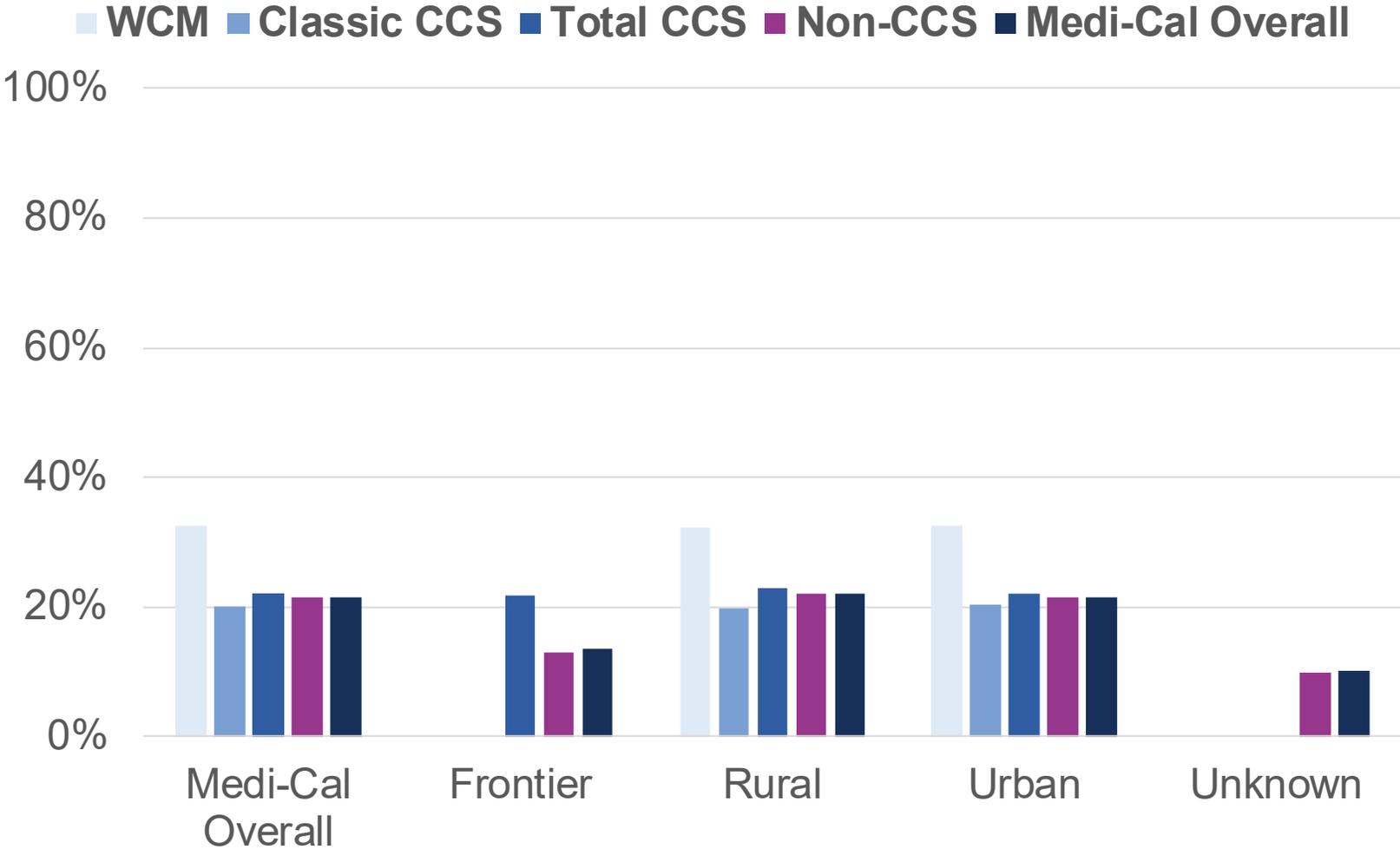
## Comparison Sets:

 = WCM compared to Classic CCS  
 = Total CCS compared to Non-CCS  
 = 2020 CA Medi-Cal compared to 2019 CA Medi-Cal

# Percentage Up-to-Date on Combination 10 Immunizations by their Second Birthday by Race/Ethnicity (MY2020)

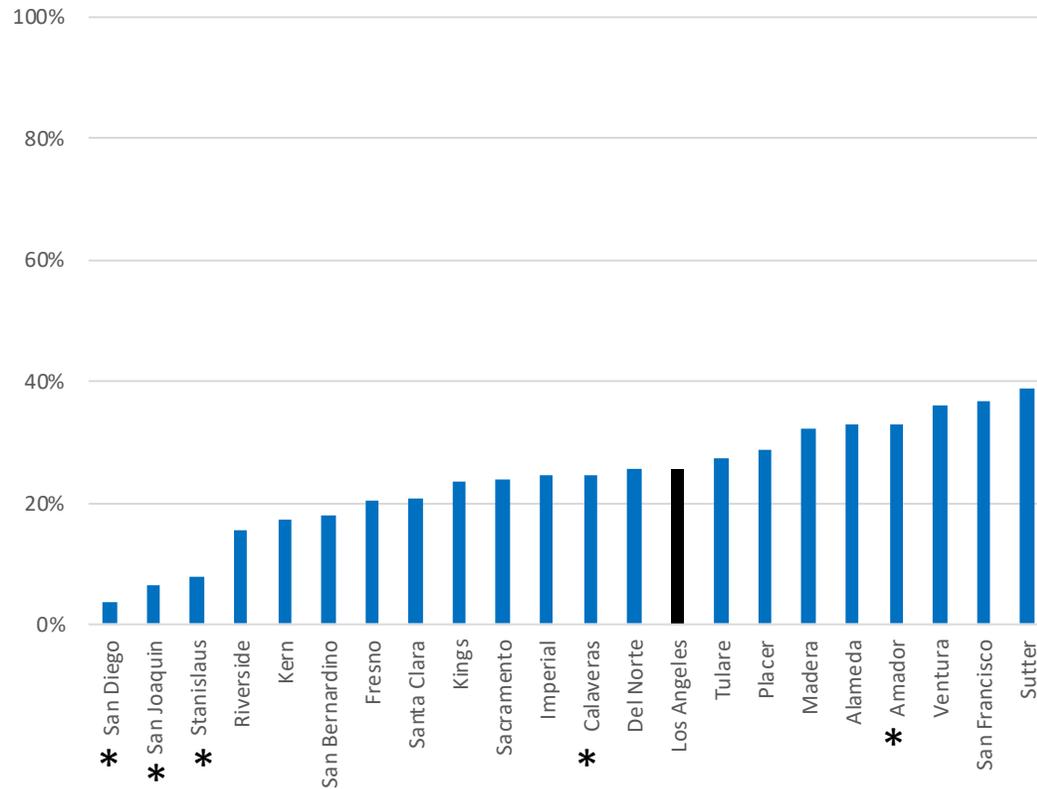


# Percentage Up-to-Date on Combination 10 Immunizations by their Second Birthday by Population Density (MY2020)

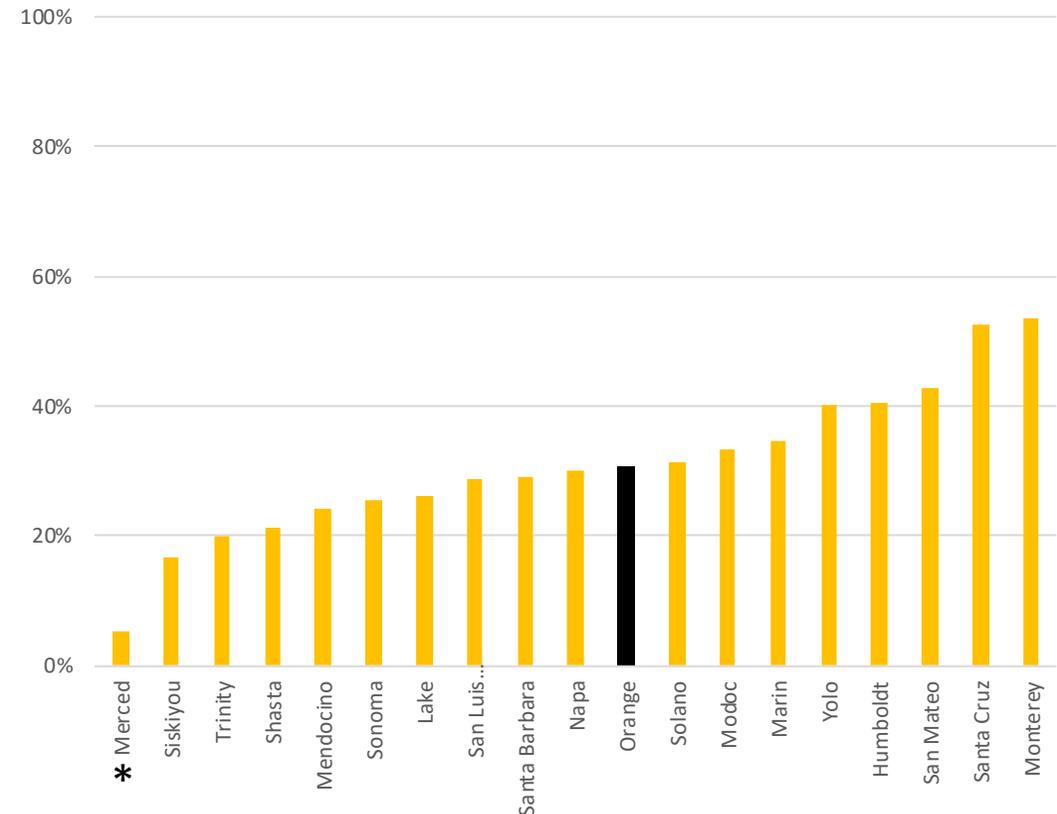


# Percentage Up-to-Date on Combination 10 Immunizations by their Second Birthday by Classic CCS or WCM County (MY2020)

Overall Classic CCS = 20%



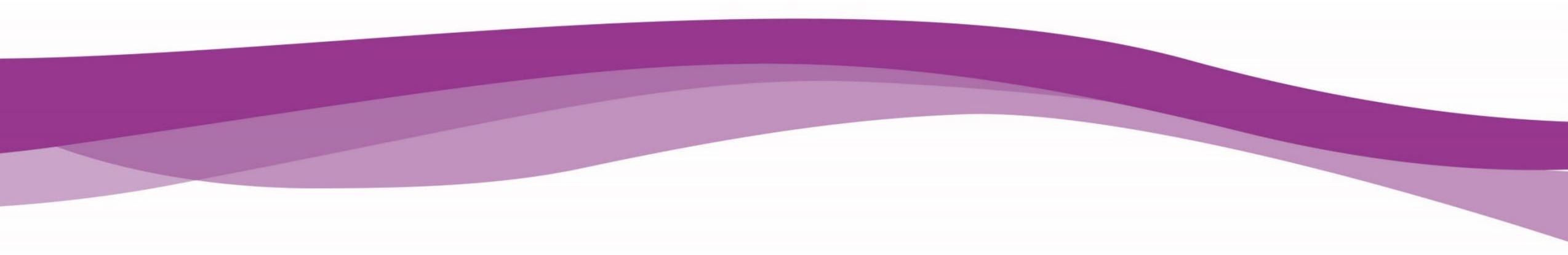
Overall WCM = 33%



█ = County with largest population

\* = County rate is based on incomplete data; DHCS will incorporate San Diego (SDIR) and San Joaquin (RIDE) CAIR data in the future.

# **AMBULATORY CARE: EMERGENCY DEPARTMENT VISITS (AMB-CH)**



**Per 1,000 Member Months**

# Emergency Department Visits Per 1,000 Member Months Ages 0-19 (MY2020)

(↓ lower rate is better)

Measure	WCM	Classic CCS	Total CCS	Non-CCS	2020 Medi-Cal Rate	2019 Medi-Cal Rate	2019 National Median
Ambulatory Care: Emergency Department (ED) Visits Per 1,000 Member Months (AMB-CH)							
(AMB-CH) Ages 0 - 19	44.0	42.0	42.3	20.4	21.4	37.4	43.20
(AMB-CH) Less than Age 1	86.6	70.3	72.4	43.4	45.5	80.0	NA
(AMB-CH) Ages 1 - 9	45.1	41.8	42.4	21.6	22.5	42.0	NA
(AMB-CH) Ages 10 - 19	38.3	37.6	37.7	17.3	18.2	29.0	NA

green shading = ED rate is better (lower) in comparison set  
 orange shading = ED rate is higher in comparison set

### Comparison Sets:

- = WCM compared to Classic CCS
- = Total CCS compared to Non-CCS
- = 2020 CA Medi-Cal compared to 2019 CA Medi-Cal

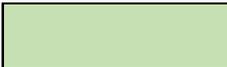
# **COVID-19 Vaccinations for Medi-Cal Beneficiaries: Ages 5-20 Years**

**Percentage of clients who received at  
least one dose as of May 31, 2022**

# COVID-19 Vaccinations: Ages 5-20 Years

## Percentage who Received at least One Dose (as of May 31, 2022)

Measure	WCM	Classic CCS	Total CCS	Non-CCS	Medi-Cal Rate
Age Group					
5 – 11 Years	35.2	32.3	32.8	26.6	26.7
12 – 17 Years	62.1	60.2	60.5	55.0	55.2
18 – 20 Years	69.0	66.9	67.3	62.0	62.2
Total (5 - 20 Years)	53.7	51.3	51.7	43.9	44.1

 green shading = rate is higher in comparison set  
 orange shading = rate is lower in comparison set

Comparison Sets:

 = WCM compared to Classic CCS  
 = Total CCS compared to Non-CCS

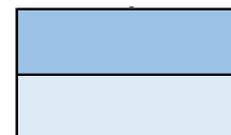
# Race/Ethnicity Frequency by Type of CCS

Count and percentage of children and youth who had a CCS eligible aid code for one or more months between January 2019 - December 2020 and were < 21 years old as of December 2020; Medi-Cal population are certified eligible youth (< 21 years) in December 2020.

Race/ ethnicity	WCM		Classic CCS		Total CCS		Medi-Cal	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
All	2,250	100	13,562	100	15,812	100	5,590,628	100
AI/AN	11	0.5	34	0.3	45	0.3	18,050	0.3
Asian/PI	153	6.8	796	5.9	949	6	364,345	6.5
Black/AA	46	2	905	6.7	951	6	380,838	6.8
Hispanic	697	31	5,063	37.3	5,760	36.4	3,303,135	59.1
Other	149	6.6	715	5.3	864	5.5	381,003	6.8
Unknown	653	29	3,921	28.9	4,574	28.9	399,521	7.1
White	541	24	2,128	15.7	2,669	16.9	743,736	13.3

 green shading= rate is higher in comparison set

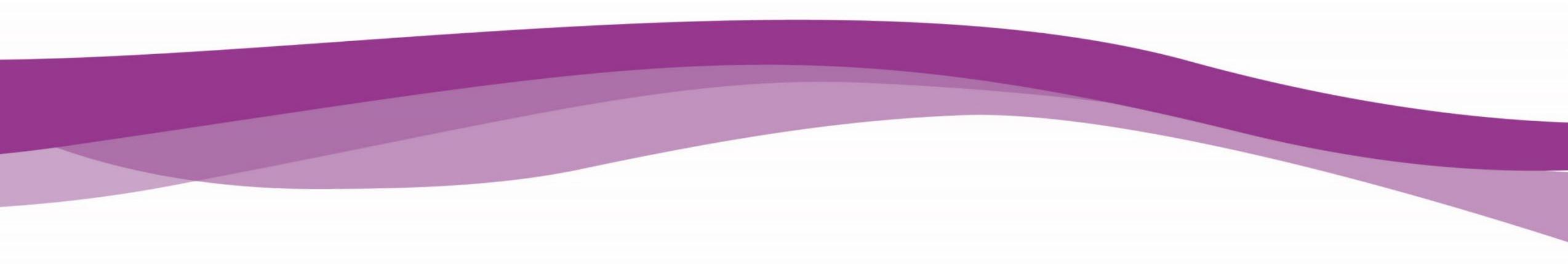
Comparison Sets:



= WCM compared to Classic CCS

= Total CCS compared to Medi-Cal Overall Rate

# Advisory Group Discussion



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Break 2:20 – 2:35

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CRISS Issue Papers Update 3:15 – 3:30

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Public Comment 3:55 – 4:00

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Wrap-up, Next Steps and Thank You 4:00



# CalAIM County Monitoring and Oversight Workgroup Update

# California Advancing and Innovating Medi-Cal (CalAIM)

The Department of Health Care Services (DHCS) intends to provide enhanced monitoring and oversight of all 58 counties to ensure continuous, and unwavering optimal care for children. To implement the enhanced monitoring and oversight of California Children's Services (CCS) in all counties, DHCS will develop a robust strategic compliance program. Effective compliance programs begin with ascertainable goals, performance measures, and metrics capturing all federal and State requirements.

[CalAIM Proposal](#)

# Authorizing Statute

Assembly Bill 133, Article 5.51 established CalAIM subsection (b), requiring DHCS to consult with counties and other affected stakeholders to develop and implement all of the following initiatives to enhance oversight and monitoring of county administration of the CCS program:

- » Establish statewide performance, reporting, and budgetary standards, and accompanying audit tools used to assess county compliance with federal and state requirements applicable to the CCS program.
- » Conduct periodic CCS quality assurance reviews and audits to assess compliance with the established standards.
- » Assess each CCS program to ensure appropriate allocation of resources necessary for compliance with standards, policies, guidelines, performance, and compliance requirements.
- » Determine and implement a process to inform each CCS program of, and make available on its internet website, the latest standards, policies, guidelines, and new performance and compliance requirements imposed.
- » Establish a statewide tiered enforcement framework to ensure prompt corrective action for counties that do not meet established standards.
- » Require each county to enter into a Memorandum of Understanding (MOU) with DHCS to document each county's obligations in administering the CCS program.

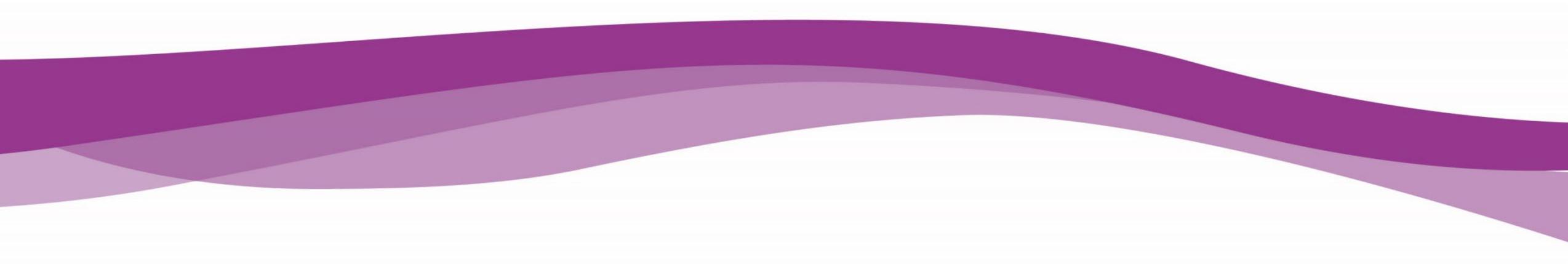
# CCS Monitoring and Oversight Workgroup Goals

- » Leverage workgroup experience, knowledge, and best practices to build a collaborative process that results in a finalized Compliance Program/Framework and metrics and standards
- » Finalized documents will be used to create a MOU template, supporting attachments for the different county model types, and related guidance documents that will standardize and enhance compliance, monitoring, and oversight efforts to benefit members, counties, providers, and DHCS

# April and May Meeting Summaries

- » During the April and May meetings, the workgroup reviewed and provided feedback on the following topics:
  - » Reset the process for program policy and inventory
  - » Defined the problem statement for and CCS Monitoring and Oversight Workgroup goals
  - » Discussed the approach, assumptions, and parking lot items associated with the workgroup's charge
  - » Reviewed and iterated on the initial Compliance Program/Framework elements and relevant CCS documents
  - » Previewed the updated workgroup timeline

# Advisory Group Discussion



# Agenda

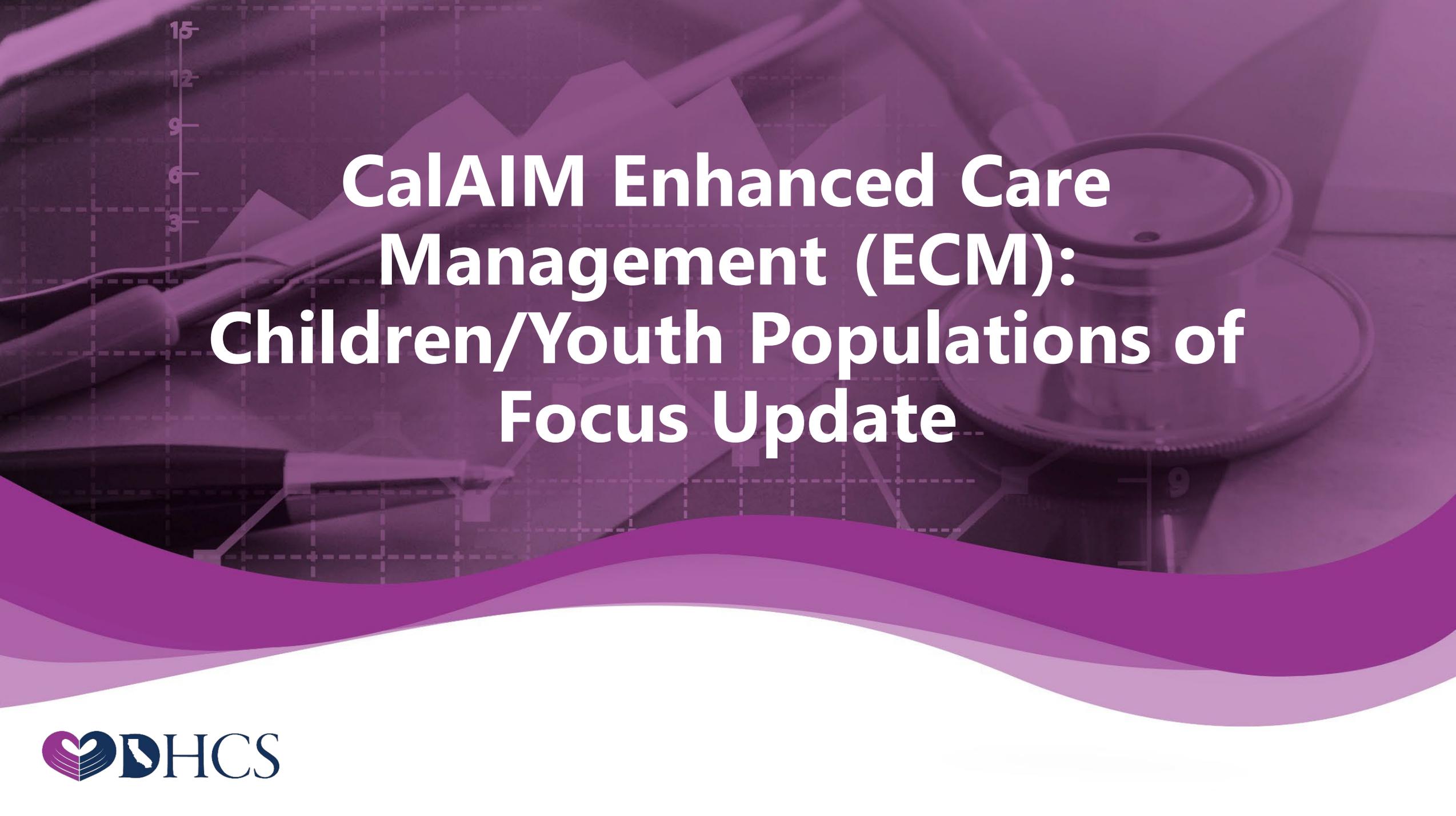
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The background features a purple-tinted image of a stethoscope on the right and a line graph on the left. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The word "Break" is centered in white text.

# Break

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# CalAIM Enhanced Care Management (ECM): Children/Youth Populations of Focus Update

# Overview of Enhanced Care Management (ECM)

- ECM is a whole-person approach to **comprehensive care management** that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal Managed Care Members.
- ECM is interdisciplinary, high-touch, person-centered and **provided primarily through in-person<sup>1</sup> interactions** with Members where they live, seek care, or prefer to access services.
- DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.
- Every Medi-Cal Managed Care Member enrolled in ECM will have **a dedicated care manager**.
- ECM is available **to Medi-Cal Managed Care Members who meet ECM "Population of Focus" definitions; Members may opt out at any time.**<sup>2</sup>

1. As of January 2022, due to the extended Public Health Emergency, ECM Providers may temporarily implement telephonic and video call ECM services to substitute for face-to-face ECM services
2. For more information on ECM Populations of Focus, see [ECM Policy Guide \(May 2022\)](#) on the [DHCS ECM & Community Supports Website](#)

# ECM Core Services



Comprehensive Assessment  
and Care Management Plan



Coordination of and Referral  
to Community and Social  
Support Services



Enhanced Coordination  
of Care



Member and  
Family Supports



Health Promotion



Comprehensive  
Transitional Care



Outreach and  
Engagement

1. For more information on ECM Populations of Focus, see [ECM Policy Guide \(May 2022\)](#) on the [DHCS ECM & Community Supports Website](#)

# ECM Implementation Timeline

ECM Go-Live is occurring in stages by Population of Focus (POF)

Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)	January 2022 (Whole Person Care Pilot / Home Health Program counties); July 2022 (all other counties)
4. At Risk for Institutionalization and Eligible for Long-Term Care 5. Nursing Facility Residents Transitioning to the Community	January 2023
<b>6. Children/Youth (Up To Age 21) Populations of Focus</b>	<b>July 2023</b>

## The **Incarcerated and Transitioning to the Community**

Population of Focus will go live statewide in alignment with pre-release Medi-Cal services.

DHCS will announce timing at a later date in alignment with the 1115 demonstration waiver request to provide pre-release services in the 90 days prior to release.

1. For more information on ECM Populations of Focus, see [ECM Policy Guide \(May 2022\)](#) on the [DHCS ECM & Community Supports Website](#)

# Proposed (Pre-Decisional) ECM Children & Youth Populations of Focus (POF)

## Children & Youth up to age 21:

1. Experiencing Homelessness
2. With Serious Behavioral Health or Substance Use Disorder Needs
3. **Enrolled in CCS / WCM with additional needs beyond their CCS condition**
4. Involved in Child Welfare (up to age 26)

The Incarcerated and Transitioning to the Community Population of Focus (for adults and children) will go live statewide in alignment with pre-release Medi-Cal services.

**NOTE:** ECM POFs are not mutually exclusive, and a child can qualify for ECM via more than one POF.

## #3 Children/Youth Enrolled in CCS / WCM with Additional Needs Beyond their CCS Condition

### **Proposed (Pre-Decisional) Definition**

#### **Children/youth who:**

- i. Are enrolled in California Children's Services (CCS) Program or the CCS Whole Child Model (WCM)

#### **AND**

- ii. Have additional serious behavioral health needs; AND/OR
- iii. Are actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, high measure (4 or more) of Adverse Childhood Experiences (ACEs) screening\*, history of recent contacts with law enforcement or other crisis intervention services related to mental health and/or substance use symptoms or associated behaviors)

# Children/Youth POF Implementation Timeline

Q3

Q4

Q1

Q2

Q3

2022

2023

- **Finalize design of ECM Children/Youth Populations of Focus and publish guidance in ECM Policy Guide**

- **MCPs submit Models of Care for ECM Children/Youth Populations of Focus**

- **ECM goes live for Children/ Youth Populations of Focus July 1, 2023**

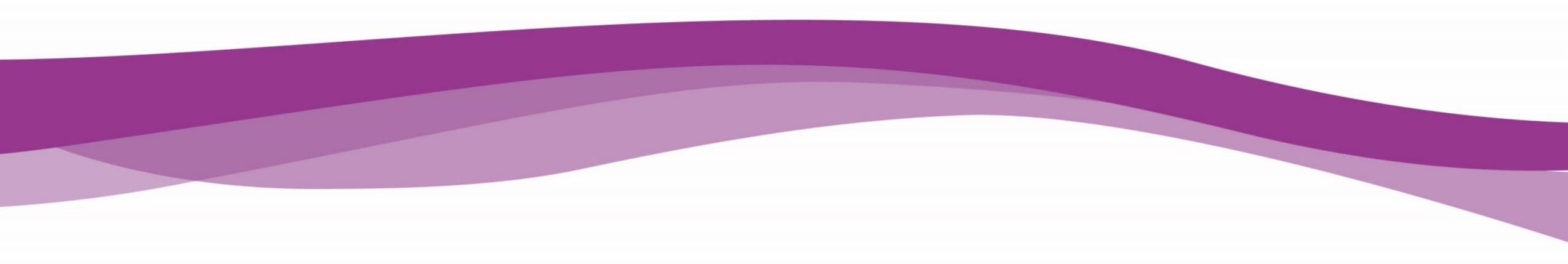
- Monthly CalAIM Children and Youth Advisory Group meetings started in December 2021
- CCS ECM Children/Youth POF Discussions with Stakeholders throughout the design process, including 1:1 interviews with county CCS Executive / Medical Directors

# Children/Youth POF To-Do List

## **In 2022, DHCS is working on:**

- ✓ Refining the ECM Children/Youth POF definitions and eligibility criteria;
- ✓ Identifying estimated numbers of children and youth eligible for ECM based on POFs; and
- ✓ Confirming potential overlap and inclusion/exclusion policies for how ECM will interact with other programs with care management functions that currently serve children and youth.

# Relationship Between ECM & CCS

The image features a decorative graphic consisting of several overlapping, wavy, horizontal bands of purple and magenta colors, positioned below the main title.

# Pre-Existing California Programs

California has existing programs with a care coordination/care management component that serve many of the same children and youth who will be served in ECM.

## Children & Youth Focused California Programs

- » **California Children's Services (CCS)**
- » **CCS Whole Child Model (WCM)**
- » SMHS Targeted Case Management (TCM)
- » SMHS Intensive Care Coordination (ICC)
- » California Wraparound

# Existing Program Compared with ECM Core Services: California Children’s Services (CCS) Program\* (1 of 2)

ECM Core Services	What does CCS already provide*?
Outreach and Engagement	<ul style="list-style-type: none"> <li>Established referral pathways: DHCS and county CCS are required to seek CCS–eligible children by cooperating with local public or private agencies and providers of medical care</li> </ul>
Comprehensive Assessment & Care Management Plan	<ul style="list-style-type: none"> <li>Case management assessment, appropriate to the level of need, based on review of existing clinical and psychosocial reports</li> <li>Care plan and social work plan (includes ongoing monitoring and evaluation)</li> </ul>
Enhanced Coordination of Care	<ul style="list-style-type: none"> <li>Coordination of medical services, referrals, and follow-ups (including home visits; between outpatient/inpatient department; with patient's pediatrician/PCP, dentist, and local agencies)</li> <li>Continuity of care and services between individual team members and across agencies</li> </ul>

*\*The services provided by the CCS Program may vary from county to county.*

# Existing Program Compared with ECM Core Services: California Children's Services (CCS) Program\* (2 of 2)

ECM Core Services	What does CCS already provide*?
Comprehensive Transitional Care	<ul style="list-style-type: none"> <li>• Works with hospital discharge planners and community partners to support transitions from hospital to the home/community</li> </ul>
Member and Family Supports	<ul style="list-style-type: none"> <li>• Patient and parent/caregiver participation in team conferences to coordinate decision making and delivery of health care services</li> <li>• Education to parents and family members about the system of care and services available to support the member</li> <li>• Links families to helpful community resources, such as peer and family support organizations</li> <li>• For high-risk infants – Education to parents and family about the infant's medical condition(s), care and treatment, special needs, and expected outcome</li> </ul>
Coordination of & Referral to Community/Social Support Services	<ul style="list-style-type: none"> <li>• Coordinates linkages to social services, social and developmental programs (e.g., regional centers)</li> </ul>

*\*The services provided by the CCS Program may vary from county to county.*

# Existing Program Compared with ECM Core Services: CCS WCM Program (1 of 2)

ECM Core Services	What does CCS WCM already provide?
Outreach and Engagement	<ul style="list-style-type: none"> <li>• MCPs must provide screening, diagnostic, and treatment services in accordance with APL 19-010 to identify potential CCS-eligible Members</li> <li>• MCPs must refer potential CCS-eligible members to the county CCS program for eligibility determination</li> </ul>
Comprehensive Assessment & Care Management Plan	<ul style="list-style-type: none"> <li>• MCPs are required to complete a risk stratification for all members, including newly enrolled CCS or CCS-eligible members</li> <li>• MCPs must reassess member's risk level and needs annually at the CCS eligibility determination or upon a significant change to a member's condition</li> <li>• Risk assessment must address general health status and recent health care utilization, health history, medical history, demographics and social history</li> <li>• Individual Care Plan (ICP) must include MH (including SMHS), EPSDT, SUD/DMC needs, in addition to medical, Home Health, and regional center needs</li> </ul>

# Existing Program Compared with ECM Core Services: CCS WCM Program (2 of 2)

ECM Core Services	What does CCS WCM already provide?
Enhanced Coordination of Care	<ul style="list-style-type: none"> <li>• MCPs must provide case management and coordination of services identified in the member's ICP</li> <li>• MCPs must make good faith efforts to confirm receipt of referred treatments and document any next steps</li> </ul>
Health Promotion	<ul style="list-style-type: none"> <li>• MCPs must continuously provide information, education, and support to CCS members and their families</li> </ul>
Comprehensive Transitional Care	<ul style="list-style-type: none"> <li>• Care coordination includes transitions among levels of care and interdisciplinary care teams</li> </ul>
Member and Family Supports	<ul style="list-style-type: none"> <li>• ICP must include instructions for families to access ongoing information, education, and support</li> <li>• MCPs must provide CCS Maintenance &amp; Transportation benefit to CCS-eligible members and their families</li> </ul>
Coordination of & Referral to Community/Social Support Services	<ul style="list-style-type: none"> <li>• ICP must include information about qualified professionals, community resources, or other agencies for services outside the scope of responsibility of the MCP (e.g., regional centers)</li> <li>• MCP must coordinate regional center services</li> </ul>

# Proposed (Pre-Decisional) High-Level Principles for How MCPs Should Navigate Interactions with Existing Programs with Care Coordination/Care Management that Serve Children/Youth

Child is enrolled in an existing program with care coordination / care management services and is eligible for ECM

★ **Preferred Option.** Child's existing care management program chooses to serve as ECM provider

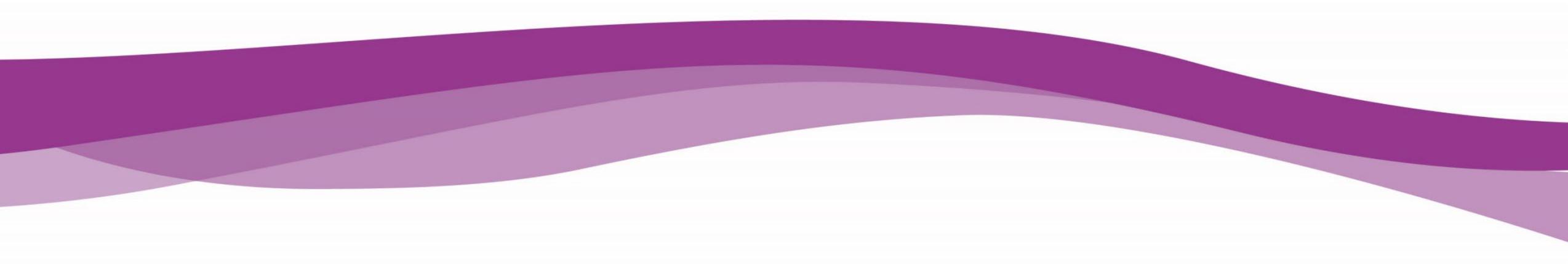
- MCP must assign the child to the existing care management program as the ECM provider unless the child or parent/caregiver indicates otherwise<sup>1</sup>
- The existing care management program must be a contracted ECM provider (or complete the MCP contracting process) and take on the additional responsibilities of ECM
- If there are multiple existing care management programs able/willing to take on the additional responsibilities of ECM (e.g., the child is in CCS and ICC), the MCP must assign the child to the existing care management program the child or parent/caregiver identifies as their preferred ECM provider

Child's existing care management program chooses not to serve as ECM provider

- MCP must assign the child to an ECM Provider
- MCP must ensure the child receives ECM services and does not receive duplicative care management services or be subject to processes that duplicate what the existing model is already doing (e.g., screening and assessment)
- MCPs must regularly check available data feeds and establish processes and requirements to identify and eliminate any duplication of services

1. The MCP may also identify a more appropriate ECM provider given the child's needs and health conditions.

# Advisory Group Discussion



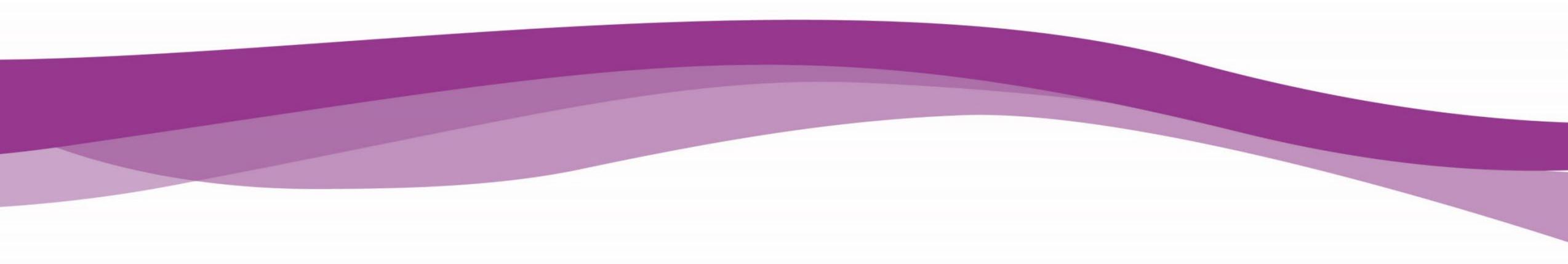
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# CRISS Issue Papers Update

CRISS Issue	Status/Update
Maintenance and Transportation	Numbered Letter (NL) and All Plan Letter (APL) Updated Dec. 2021
Neonatal Intensive Care Unit (NICU) Services	In progress (Follow-up meeting August 2022)
High Risk Infant Follow-up Program	In progress (Follow-up meeting August 2022)
Medical Documentation for CCS Initial and Annual Redetermination	In progress (Follow-up meeting August 2022)
Case Management/Authorizations	In progress

# Advisory Group Discussion



# Agenda

Welcome, Introductions and House Keeping Reminders	1:00 – 1:10
Statewide Medi-Cal Child Core Set Measures	1:10 – 1:50
CalAIM: County Monitoring and Oversight Workgroup Update	1:50 – 2:20
Break	2:20 – 2:35
CalAIM Enhanced Care Management (ECM): Children/Youth Populations of Focus Update	2:35 – 3:15
CRISS Issue Papers Update	3:15 – 3:30
Electronic Visit Verification Update	3:30 – 3:40
CCS Program Updates	3:40 – 3:55
Public Comment	3:55 – 4:00
Wrap-up, Next Steps and Thank You	4:00

The background features a purple-tinted image of a stethoscope and a line graph with a grid. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The line graph shows a fluctuating upward trend. The overall theme is medical and data-driven.

# Electronic Visit Verification (EVV)

California Children's Services (CCS)  
Implementation



# Purpose

- » Inform California Children Services (CCS) Counties of the implementation of Electronic Visit Verification (EVV) requirements.
- » Prepare counties for the upcoming implementation of EVV for Home Health Care Services (HHCS), effective January 1, 2023.
- » CCS Counties identified as a Jurisdictional Entity (JE) for California's EVV system, known as CalEVV.
- » **Definition of a JE:** is a business entity responsible for the delivery or coordination of care for one or more Medicaid programs, which includes CCS. For DHCS, examples of JEs include Waiver Agencies, Managed Care Plans, and the counties.



# What is EVV

- » The 21st Century Cures Act, requires each State to set-up an EVV system to help reduce fraud, waste and abuse.
  
- » EVV system will verify that all services subject to EVV for all Medi-Cal funded Personal Care Services (PCS) and HHCS that require an in-home visit capture the six data elements:
  - I. the type of service performed;
  - II. the individual receiving the service;
  - III. the date of the service;
  - IV. the location of service delivery;
  - V. the individual providing the service;
  - VI. the time the service begins and ends.



# Background

- » [Section 12006\(a\) of the 21st Century Cures Act](#), signed into law on December 13, 2016, added section 1903(l) to the Social Security Act (the Act), which mandates states to require the use of EVV for Medicaid-funded PCS and HHCS for in-home visits by a provider.
- » PCS and HHCS under all Medicaid authorities, including the State Plan and waivers issued under sections 1905(a)(24), 1915(b), 1915(c), 1915(i), 1915(j), 1915(k), 1905(a)(7) of the Act or under section 1115.



# EVV System – Provider Self-Registration and Training



- » CCS Providers/INPs must complete the CalEVV [Self-Registration](#).
  
- » **Full compliance**
  - » Registered in the online self-registration portal
  - » Trained on how to operate the solution
  - » Capturing the six data elements with each in-home visit.
  
- » Otherwise, will be considered out of compliance. As a result, DHCS may take disciplinary action(s) to address the non-compliant provider, per W & I [§14043.51](#).



# EVV System – Provider Self-Registration and Training



- » HHCS providers will receive further communications regarding registration, but the state is targeting **September 2022** for when HHCS providers are able to register for CalEVV.
- » Once registered, Network Providers will gain access to extensive training and technical assistance, including self-guided learning modules and EVV system demonstrations, provided by Sandata.
- » Information on the self-registration portal and the link can be found on the DHCS website at: <https://www.dhcs.ca.gov/provgovpart/Pages/EVV.aspx>.



# Assistance from Counties

- » Counties to assist the state in:
  - » Ensuring providers are linked to their JE's.
    - » Without the associated link, the JE cannot view their provider's visit data.
    - » INPs will associate with DHCS as the JE.
- » Reporting correct EVV data and billing appropriately.
- » Using an EVV system for logging their EVV visit data consistently and completely.
- » Reviewing and ensuring the accuracy of EVV data submitted.



# What's Coming Up

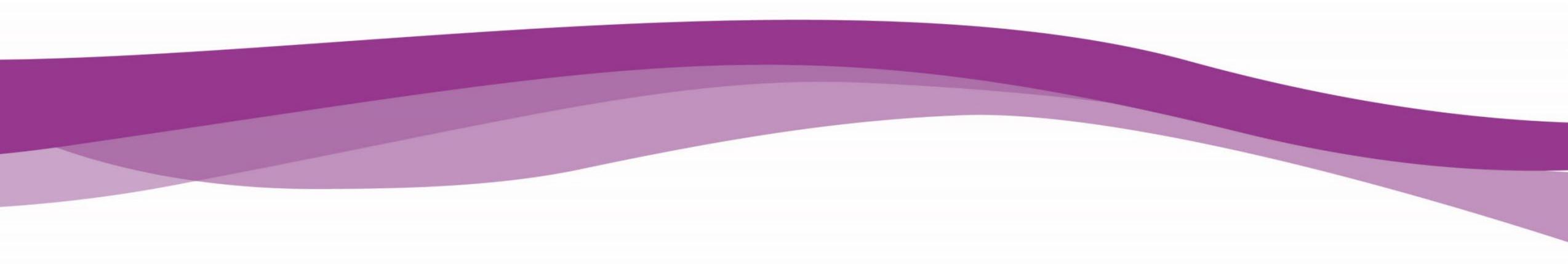
- » DHCS will be providing guidance, information, and training schedules to all identified CCS providers and INPs in the next couple months.
- » Counties may participate in EVV webinars and to forward all DHCS EVV communications to their CCS providers for awareness.
  - » Please email our EVV team to be added to distribution list – [EVV@dhcs.ca.gov](mailto:EVV@dhcs.ca.gov)
- » DHCS will be hosting information webinars to assist JEs and providers with how to register, what training needs to be completed, and how to capture all required data elements to be in full compliance.
- » Registration for HHCS and INPs targeted for September of 2022.
- » HHCS implementation targeted for January 1, 2023.

# Contacts / Resources

- » Please visit our DHCS EVV webpage [DHCS EVV webpage](#) for up to date guidance and information related to the implementation of EVV in California.
- » Please direct your comments, questions, or suggestions regarding EVV, or to be added to the EVV stakeholder process interested parties e-mail list, to [EVV@dhcs.ca.gov](mailto:EVV@dhcs.ca.gov).
- » For technical assistance with the CalEVV solution, please call or email your Customer Support team at 1-855-943-6070 or [CACustomerCare@sandata.com](mailto:CACustomerCare@sandata.com)
- » For Alternate EVV assistance please call or email your Customer Support team at 1-855-943-6069 or [CAAltEVV@sandata.com](mailto:CAAltEVV@sandata.com)

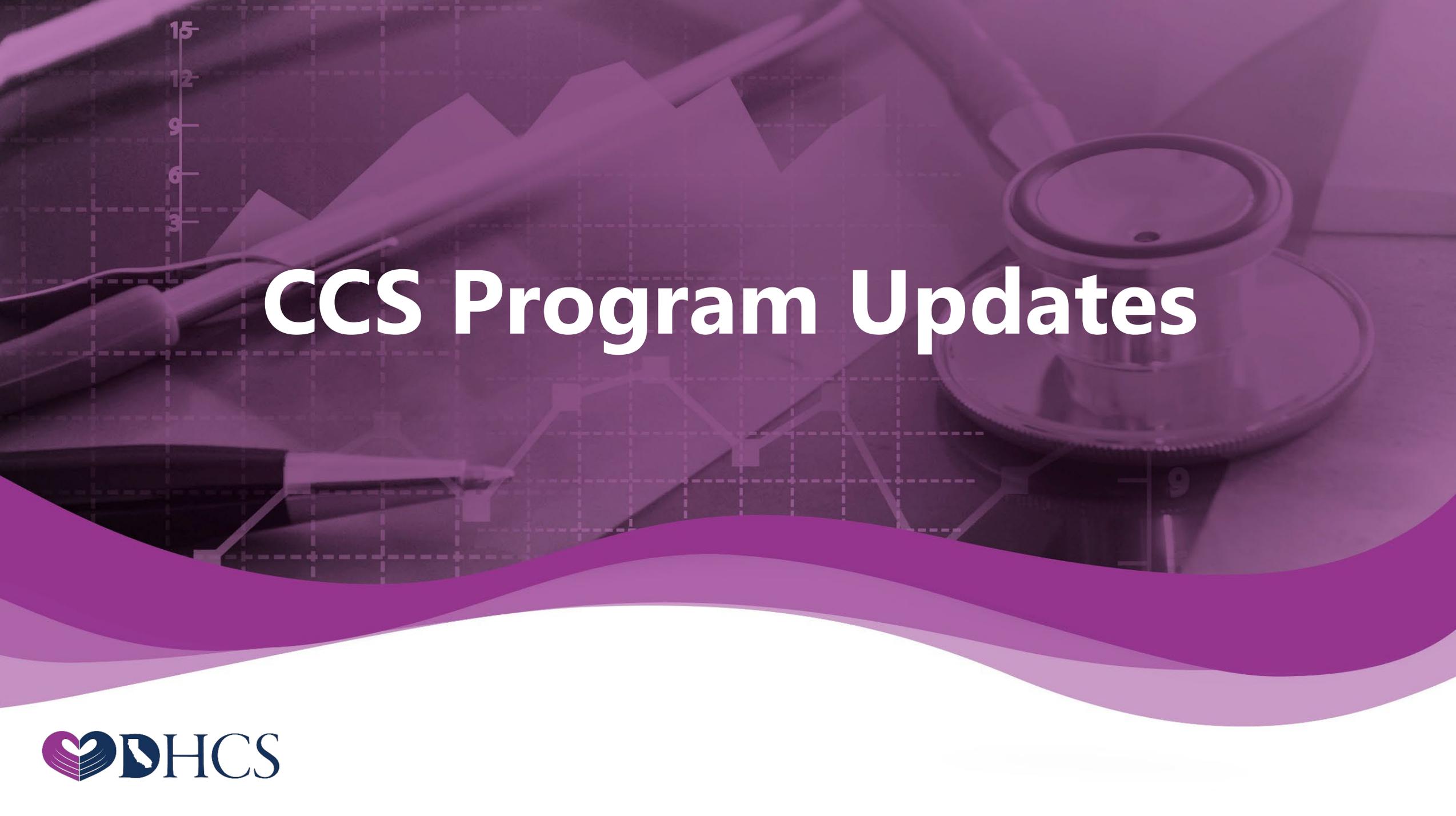


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# CCS Program Updates

# Status of Numbered Letters

Compliance with ADA

Intercounty Transfer  
Policy

Requirements  
for  
Nurse Practitioners

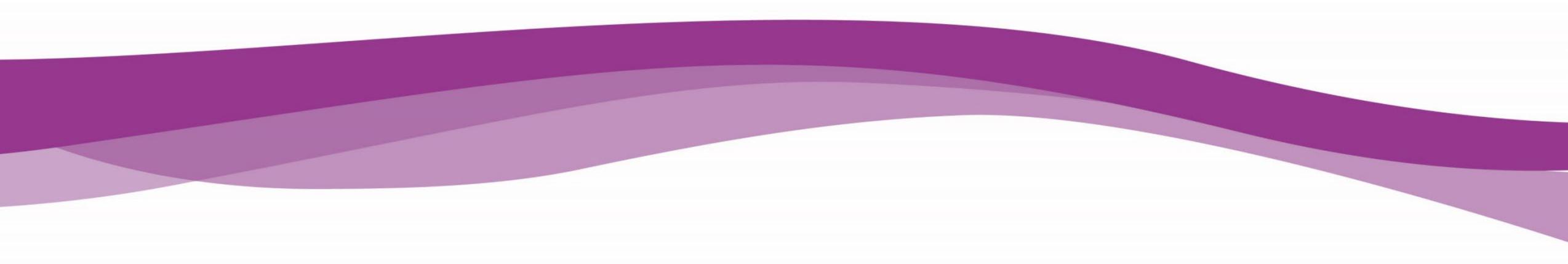
Authorization of  
Emergency Services

Continuous Glucose  
Monitoring Systems

# Numbered Letter Prioritization

- » Priority Designation
  - » Legislative
  - » Policy
  - » Medical Need
  - » Recommendations from Stakeholders
  - » Administrative

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# Public Comment

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# Wrap-up and Next Steps

» CCS Advisory Group Meetings in 2022:

✓ October 12, 2022 from 1 to 4 pm

» For CCS Advisory Group information, please visit:

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

» For WCM information, please visit:

<http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.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](mailto:CCSRedesign@dhcs.ca.gov).

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**Thank you!**