



California Children’s Services Compliance, Monitoring, and Oversight Technical Assistance Guide

Annual Report

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Introduction

Welfare and Institutions (W&I) Code article 5.51, section 4184.600 (b) of the California Advancing and Innovating Medi-Cal (CalAIM) initiative authorized the Department of Health Care Services (DHCS) to enhance oversight and monitoring of the counties' administration of the California Children's Services (CCS) program including, "conducting periodic CCS quality assurance reviews and audits to assess compliance with established standards".¹ DHCS will conduct desk, virtual, and onsite Surveys, and request Annual and Quarterly Reports to determine county CCS program compliance. DHCS also has the authority to request supplemental documentation or conduct further surveys to ensure counties meet compliance. In cases where performance consistently falls below expectations, DHCS will offer technical assistance to the counties and work on continuous quality improvement before imposing financial penalties.

This TAG provides guidance for the Annual Reports. County CCS programs shall ensure county staff receive proper training and have policies and procedures on all responsibilities outlined in the Memorandum of Understanding (MOU), Roles and Responsibilities Table in the MOU, applicable CCS Numbered Letters (NL), and especially the compliance activities listed in this TAG. DHCS may request county CCS program's policies and procedures or training documentation if Findings are discovered.

Guidance On Using this TAG

DHCS created TAGs for each reporting requirement (Annual Report, Quarterly Report, and Survey). This TAG is designed to identify the compliance activities assessed, inform county CCS programs of the Annual Report process, support counties in maintaining compliance, and increase transparency. The provisions included in this TAG are intended to serve as guidance only and as a quick point of reference. Each TAG is broken down into, and includes, the following components, as applicable:

- » **Compliance Activity:** This section identifies compliance activities at the focus of the review. While references to specific compliance activities may assist county CCS programs with narrowing the scope of review in preparation for the report, it does not preclude DHCS from investigating a county's CCS program compliance with other MOU requirements not explicitly named. County CCS programs are ultimately responsible for ensuring compliance with all provisions of the MOU and other applicable federal and State Guidance.
- » **Authority:** The section lists the authority for the compliance activity.

¹ [W&I Code, article 5.51, § 14184.600 \(b\)](#)

- » **Annual Documentation Reviewed:** This section identifies the (1) county documentation to be submitted to DHCS and (2) the reports DHCS will pull on behalf of the county CCS programs. Subsequent follow-up may be requested by DHCS after the initial review. This follow up may include but is not limited to additional documentation and interviews with key county CCS program staff.
 - The initial documentation requests may include, but are not limited to, policies and procedures, organizational charts, meeting minutes, monitoring reports, data logs, etc.
 - The reports DHCS will pull on behalf of the county CCS programs may include, but are not limited to, Children’s Medical Services (CMS) Net and Microsoft Business Intelligence (MSBI) reports.

While the documentation reviewed provides DHCS with a general overview of the county operational structure regarding compliance with MOU requirements, it is not all encompassing. Therefore, to ease the burden of further document requests made, the county CCS program is advised to submit additional documentation for review (even if not explicitly requested) if they believe review of such information would assist DHCS with assessing compliance.

- » **Examples of Best Practices:** This section details examples of best practices. The examples listed include strategies to demonstrate compliance with a given activity or successfully remediate an identified Finding. Every county and each review are unique, therefore best practices do not always transfer seamlessly. While DHCS does not monitor to best practices, the burden is on the county CCS program to demonstrate meeting MOU requirements. The county CCS program should conduct quality assurance checks on existing processes, develop and/or update policies and procedures, improve process flows, and monitor other activities needed to meet MOU requirements. When monitoring efforts reveal patterns of non-compliance, the county CCS program should be able to produce documented evidence of barrier analysis and remedial actions enacted to substantiate efforts to bring the county CCS program into compliance.

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Administrative			
Compliance Activity	Authority	Documentation Reviewed	Examples of Best Practices
MTU Locations			
Verification if current MTU locations received DHCS approval (matching address of county submission to DHCS list)	<ul style="list-style-type: none"> » Cal. Code Regs., tit. 22, article 3, § 60330 » Chapter 4 State Interagency Agreement 	<ul style="list-style-type: none"> » Counties submit their MTU directory including MTU addresses 	<ul style="list-style-type: none"> » County CCS programs should have the current list of MTU location(s) readily available, including full name, National Provider Identifier (NPI) if applicable, and complete address of all site(s) » County CCS program’s policies and procedures should address how to request approval from DHCS for any new MTU locations and the timeframe to notify DHCS when there is a change to the MTU (relocation, name change, change of NPI, etc.) » County CCS program can verify appropriate evidence of notification (e.g., email correspondence, update MTU Directory and submittal to DHCS, etc.)
MTP Chart Audit			
For Counties with MTU(s): Verification if county CCS programs have a policy and procedure in place defining the process for monthly MTP chart	<ul style="list-style-type: none"> » Cal. Code Regs., tit. 22, article 3, § 51213 (2-5) » NL 43-1194 » NL 09-1123 	<ul style="list-style-type: none"> » Counties submit applicable policies and procedures 	For counties with MTU(s): <ul style="list-style-type: none"> » County CCS program’s policies and procedures define the processes for monthly MTP chart audits on randomly selected charts; how the

Administrative

Compliance Activity	Authority	Documentation Reviewed	Examples of Best Practices
<p>audits on randomly selected charts to be completed by the county MTP Utilization Review Team. The policy and procedure must define how the county MTP Utilization Review Team will audit at least 10% of the MTP caseload annually.</p> <p>For Independent Counties without a MTU: Verification county CCS programs have a policy and procedure in place defining the process for the review of all therapy plans at least every six (6) months.</p>			<p>county MTP Utilization Team will audit at least 10% of the MTP caseload; and identify who is part of the MTP Utilization Team, the title of the team members, and their role within the team</p> <ul style="list-style-type: none"> » Provide onboarding and periodic training to ensure staff have a clear understanding of the MTP chart audit process and timeframe » County CCS program conducts internal monitoring at a set frequency <p>For Independent Counties without a MTU:</p> <ul style="list-style-type: none"> » County CCS program’s policies and procedures include process for MTP Utilization Team performing MTP therapy plan audits every six (6) months and how MTP charts are selected; identify who is part of the MTP Utilization Team, the title of the team members, and their role within the team » Provide onboarding and periodic training to ensure staff have a clear

Administrative

Compliance Activity	Authority	Documentation Reviewed	Examples of Best Practices
			<p>understanding of the MTP chart audit process and timeframe</p> <ul style="list-style-type: none"> » County CCS program conducts internal monitoring at a set frequency

Training

<p>County CCS program shall complete mandatory training and 20 hours of training annually by all CCS program staff</p>	<ul style="list-style-type: none"> » NL 04-0723 	<ul style="list-style-type: none"> » Counties submit <i>Training Log</i> within <i>Annual Report</i> 	<ul style="list-style-type: none"> » County CCS program's policies and procedures should list mandatory training and additional training for CCS program staff, timeline of when trainings need to be completed after onboarding and annually, and clear goals and objectives for each training » County CCS program should have an effective feedback loop for trainings » County CCS program documents evidence of training (e.g., sign-in sheets, dates of training, training schedules, training materials) » County CCS program conducts internal monitoring at a set frequency to ensure effectiveness of trainings
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Case Management

Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
Annual SCC Visit			
<p>For Classic Independent, WCM Independent: CCS Only counties only- Percentage of CCS beneficiaries who had an annual authorized SCC/specialist visit</p>	<p>» NL 01-0108</p>	<p>» DHCS downloads report from MSBI</p>	<ul style="list-style-type: none"> » County CCS program maintains policies and procedures should include: process for addressing case management and care coordination, provision for basic and/or complex case management for all CCS beneficiaries, how to identify which CCS beneficiaries require at least an annual SCC visit, list eligible CCS conditions requiring an annual SCC visit, information on authorizing a SCC Service Authorization Request (SAR), information on CCS beneficiaries needing more than one SCC, information on extending a SAR to complete diagnostic evaluation » County CCS program offers initial and ongoing training regarding CCS including the referral process » County CCS program implements ongoing

Case Management			
Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
			monitoring efforts to support coordination of Services between primary care providers, CCS specialty providers, and county CCS program
Case Management and Coordination of Services			
<p>For Whole Child Model (WCM) Independent, WCM Dependent counties only- Develop policies and procedures for regular communication with WCM Medi-Cal managed care plans (MCP) to facilitate the care of CCS beneficiaries which should include but not limited to, WCM MCP liaison and Utilization Management (UM) Director</p>	<ul style="list-style-type: none"> » Cal. Code Regs., tit 22, § 41510.3 » Health & Saf. Code § 123850 » W&I Code article 2.985 	<ul style="list-style-type: none"> » Counties submit applicable policies and procedures 	<ul style="list-style-type: none"> » County CCS program maintains policies and procedures including case management and care coordination between county CCS program and MCPs, processes for the method and frequency of communication, and how collaboration between counties and WCM MCPs will occur including resolving issues as they arise » County CCS program implements ongoing monitoring efforts to support coordination of Services between primary care providers, CCS specialty providers, and the county CCS program » County CCS program maintains a signed and executed MOU

Case Management

Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
			<p>with WCM MCP, adheres to all provisions of the MOU, and readily produces documentation to support responsibilities of both the WCM MCP and county CCS program are carried out</p> <ul style="list-style-type: none"> » County CCS program shares current organizational charts and updates to appropriately qualified staff responsible for the UM, WCM MCP liaison, etc.

Medical Home

<p>Percentage of CCS beneficiaries that have a Medical Home indicated in the CMS Net Medical Home field</p>	<p>» NL 09-1123</p>	<p>» CMS Net <i>Patient List without Medical Home Report</i></p>	<ul style="list-style-type: none"> » County CCS program maintains policies and procedures including case management, care coordination, and processes for monitoring and ensuring beneficiaries have an identified Medical Home » County CCS program offers initial and ongoing training on how to assign a Medical Home, identify beneficiaries without a Medical Home, and enter the
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Case Management

Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
			<p>Medical Home information into CMS Net</p> <ul style="list-style-type: none"> » County CCS program provides CMS Net training on how to run Medical Home Report » County CCS program conducts internal monitoring at a set frequency

Eligibility

Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
Financial Eligibility			
CCS beneficiaries referred to CCS have their financial eligibility determined within 30 business days upon receipt of all necessary documentation	<ul style="list-style-type: none"> » Cal. Code Regs., tit. 22, § 41610 » Cal. Code Regs., tit. 22, § 42321 (a)(1)(2) » NL 09-1123 	<ul style="list-style-type: none"> » CMS Net <i>CCS Performance Measure Report</i> 	<ul style="list-style-type: none"> » County CCS program maintains policies and procedures including case management, care coordination, adhering to the financial eligibility process in State Guidance, and processes for identifying CCS beneficiaries who need financial eligibility determination

Eligibility

Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
			<ul style="list-style-type: none"> » County CCS program offers initial and ongoing training on the financial eligibility process » County CCS program provides CMS Net training on how to pull a report from CMS Net » County CCS program conducts internal monitoring at a set frequency
Residential Eligibility			
<p>CCS beneficiaries referred to CCS have their residential eligibility determined within 30 business days upon receipt of all necessary documentation</p>	<ul style="list-style-type: none"> » Cal. Code Regs., tit. 22, § 41610 » Cal. Code Regs., tit. 22, § 42321 (a)(1)(2) » NL 09-1123 	<ul style="list-style-type: none"> » CMS Net <i>CCS Performance Measure Report</i> 	<ul style="list-style-type: none"> » County CCS program maintains policies and procedures including case management, care coordination, determining residential eligibility per State Guidance, and identifying CCS beneficiaries who need residential eligibility determination » County CCS program offers initial and ongoing training on the residential eligibility process » County CCS program provides CMS Net training on how to pull a report from CMS Net

Eligibility

Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
			<ul style="list-style-type: none"> » County CCS program conducts internal monitoring at a set frequency
Medical Eligibility			
<p>For Classic Independent, WCM Independent counties only- CCS beneficiaries referred to CCS have their medical eligibility determined within five (5) business days upon receipt of all necessary documentation</p>	<ul style="list-style-type: none"> » NL 20-0997 	<ul style="list-style-type: none"> » CMS Net <i>CCS Performance Measure Report</i> 	<ul style="list-style-type: none"> » County CCS program maintains policies and procedures including case management, care coordination, determining medical eligibility per State Guidance, and identifying CCS beneficiaries who need medical eligibility determination » County CCS program offers initial and ongoing training on the residential eligibility process » County CCS program provides CMS Net training on how to pull a report from CMS Net » County CCS program conducts internal monitoring at a set frequency

Eligibility

Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
Annual Medical Review (AMR)			
<p>AMR completed for CCS beneficiaries prior to program eligibility end date and county CCS program offered at least one of the following four specific criteria that documents family participation in the program:</p> <ol style="list-style-type: none"> 1. Family members are offered an opportunity to provide feedback regarding their satisfaction with the services received through the CCS program by participation in such areas as surveys, group discussions, or individual consultation <ol style="list-style-type: none"> a) County CCS programs shall provide the results from this family participation selection 2. Family members participate on advisory committees or task forces and are offered training, mentoring, and 	<ul style="list-style-type: none"> » CCS Program Administrative Case Management Manual » Cal. Code Regs., tit. 22, § 41515.1 » Cal. Code Reg., tit. 22, § 41515.2 » Cal. Code Regs., tit. 22, § 41516 » Cal. Code Regs., tit. 22, § 41516.1 » Cal. Code Regs., tit. 22, § 41516.3 » Cal. Code Regs., tit. 22, § 41517 » Cal. Code Regs., tit. 22, § 41517.3 » Cal. Code Regs., tit. 22, § 41517.5 » Cal. Code Regs., tit. 22, § 41517.7 » Cal. Code Regs., tit. 22, § 41518 » Cal. Code Regs., tit. 22, § 41518.2 	<ul style="list-style-type: none"> » CMS Net <i>Medical Review Less than 91 Days Report</i> <ul style="list-style-type: none"> • If number one was completed for family participation, counties must provide the results from the family survey 	<ul style="list-style-type: none"> » County CCS program maintains policies and procedures including case management, care coordination, adhering to the AMR process in State Guidance, processes for identifying CCS beneficiaries who need an AMR within the timelines in State Guidance » County CCS program offers initial and ongoing training on the AMR process » County CCS program conducts internal monitoring at a set frequency

Eligibility

Compliance Activity	Authority	Documentation Reviewed	Examples Of Best Practices
<p>reimbursement when appropriate</p> <p>3. Family members are participants of the CCS Special Care Center (SCC) services provided to their child through family participation in SCC team meeting and/or transition planning</p> <p>4. Family advocates, either as private individuals or as part of an agency advocating family centered care, which have experience with children with special health care needs, are contracted or consultants to the CCS program for their expertise</p>	<ul style="list-style-type: none"> » Cal. Code Regs., tit. 22, § 41518.3 » Cal. Code Regs., tit. 22, § 41518.4 » Cal. Code Regs., tit. 22, § 41518.5 		

Definitions

1. **Annual Report** – Information on compliance activities county CCS programs submit to DHCS annually.
2. **Business Day(s)** – Monday through Friday within standard business hours. Business Days exclude weekends and public holidays.
3. **Finding** – Noncompliance identified as a result of the evaluation of relevant information reviewed through Quarterly or Annual Reports, or Surveys.
4. **Medical Home** – The primary location where the CCS eligible condition is treated.
5. **Services** – As used in Health and Safety Code section 123840 of article 5, means any or all the following:
 - » Expert diagnosis
 - » Medical treatment
 - » Surgical treatment
 - » Hospital care
 - » Physical therapy
 - » Occupational therapy
 - » Special treatment
 - » Materials
 - » Appliances and their upkeep, maintenance, care, and transportation
 - » Maintenance, transportation, or care incidental to any other form of “Services”
6. **State Guidance** – Current CCS program guidance outlining specific roles and responsibilities. This was established through statutes, regulations, NLS, the CCS Program Administrative Case Management Manual, and other relevant DHCS guidance.
7. **Survey** – An administrative and/or clinical inspection process to ensure compliance with statutes, regulations, and CCS guidelines
8. **Technical Assistance Guides (TAG)** – Guidelines that identify key elements that will be commonly evaluated to inform county CCS programs of the Survey process and increase transparency.
9. **Whole Child Model (WCM)** – Senate Bill 586 authorized DHCS to establish the WCM program in designated County Organized Health System or Regional Health Authority counties to incorporate CCS program covered Services for Medi-Cal eligible CCS children and youth into an MCP contract. The approach is consistent with the primary goals of providing comprehensive treatment and focusing on the whole child, including the child’s full range of needs rather than only the CCS health condition.