

## Advisory Group (AG) Members:

Lianna Chen, Dr. Jerry Cheng, Janis Lambert Connallon, Stephanie Dansker, Kristen Dimou, Dr. Mary Giammona, Michelle Gibbons, Kelly Hardy, Michael Hunn, Erin Kelly, Ann Kinkor, Ann Kuhns, Dr. Dianna Myers, Jolie Onodera, Dr. Miriam Parsa, Janet Peck, Michelle Schenck-Soto, Susan Skotzke, Laurie Soman, Shelby Stockdale, and Katrina Whitaker.

## DHCS Staff:

Dr. Jill Abramson, Sabrina Atoyebi, Amara Bahramioref, Michelle Baass, Vera Belan, Joseph Billingsley, Julie Cheung, Erica Grant, Ariana Hader-Smith, Alyssa Hedrick, Gina Helm, Sheela Jonnalagadda, Dr. Bassant Khalil, Isabel Lacuesta, Annette Lee, Chana Lucero, Ana Ortega-Biedler, Annie Pham, Katie (Ramsey) Tanner, Barbara Sasaki, Carolyn Smith, Olivia Thomas, David Tian, MaryJo Tobola, Dr. Cheryl Walker, and Michael Whitehead.

## Meeting Summary

### Welcome and Housekeeping

- » Health Care Delivery Systems (HCDS) Assistant Deputy Director, Joseph Billingsley, welcomed participants. Roll was taken from call and sign-in sheets.
- » Integrated Systems of Care Division (ISCD) CCS Policy Unit Chief, Erica Grant, reviewed housekeeping and logistics for participants. Email [CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov) for meeting assistance.

### Director Remarks

- » DHCS Director, Michelle Baass, provided remarks.
- » Welcome. The meeting agenda includes updates for 2025 CCS priorities, Medi-Cal Rx Pediatric Integration and Pharmacy Benefits, Enhanced Care Management

(ECM), County Compliance Monitoring and Oversight (CCMO) and CCS policy guidance.

- » DHCS, counties, and the County Health Executives Association of California (CHEAC) together have decided that county participation in CalAIM Monitoring and Oversight (M&O) activities will be voluntary. Requirements for DHCS and counties to execute a memorandum of understanding (MOU) effective July 1, 2025, have been pushed to a future, to be determined, date.
- » On May 29<sup>th</sup>, DHCS provided counties and stakeholders with two matrices: one with existing activities and reports, which DHCS will use to analyze county compliance, and one with additional reporting elements counties can provide for additional CCS M&O funding eligibility.
- » As of July 1, 2025, DHCS is participating in the Cell and Gene Therapy (CGT) Access Model through the Centers for Medicare & Medicaid Services (CMS). More information about this multi-year initiative can be found [here](#).
- » DHCS is accepting applications to join the [Medi-Cal-Voices-and-Vision-Council](#). This new stakeholder group dedicates space for Medi-Cal members and stakeholders to discuss Medi-Cal and provide informed and meaningful feedback about the program. The Medi-Cal Member Advisory Committee that launched two years ago will now integrate with the Medi-Cal Voices and Vision Council.
- » The Governor signed the 2025/2026 State Budget at the end of June, effective July 1. For the CCS Program and Medical Therapy Program, the budget provides an increase in administrative funding of approximately \$3.4M and a total case management increase of approximately \$260K.

## **April 2025 Meeting Recap**

- » Erica Grant provided the April 2025 meeting recap.
- » CCS 2025 Priorities updates were provided; another update is planned for today.
- » Enhanced protections effective January 1, 2025, and pre- and post-transition monitoring updates were provided for 2025 Whole Child Model (WCM) Expansion. DHCS, in collaboration with Partnership Health Plan, Kaiser, and Central California Alliance for Health, identified a noticing issue for a subset of members who were not notified by DHCS of the WCM transition but who were notified by the Managed Care Plan (MCP). There was no negative impact to Continuity of Care for CCS beneficiaries.

- » A CCS beneficiary along with their parent and Partnership Health Plan (PHP) spoke about their positive experience receiving CCS services and treatment as a WCM member.
- » PHP provided updates on their case management, complex care management, enhanced care management, and primary point of contact structure activities.
- » DHCS County Compliance Monitoring and Oversight (CCMO) team provided an MOU status & deadline update, as well as a CCS Grievance, Appeals & State Fair Hearings update. Fact sheets will be posted along with additional training information on the CCS Training webpage.
- » Medi-Cal Rx team provided an update on Pediatric Utilization Management Integration, noting that Pediatric Integration implemented January 31, 2025.
- » Email [CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov) for a copy of the April presentation slide deck.

## 2025 Priorities Criteria

- » ISCD Medical Operations Branch Chief, Sabrina Atoyebi, provided 2025 CCS Priorities updates.
- » 2025 CCS Program priorities were created using feedback from public comment and AG members, in partnership, with DHCS. Priorities were established using the following criteria:
  - Feasibility
  - Level of Effort
  - Alignment With Existing DHCS Efforts
  - Medical Necessity
  - Level of Interest/Reoccurring Topic

## 2025 CCS Priorities Update

- » DHCS remains committed to CCS Program priorities.
- » Goal: Transition to Adulthood:
  - Update existing guidance and tools to improve transition to adulthood.
  - Publish a provider and CCS county partner frequently asked questions.
  - Create guidance to help kids transition while still in pre-/post-transplant periods.
    - Progress Update: DHCS interviewed two classic CCS counties on how they prepare beneficiaries for transition. The goal was to gain information about best practices and areas of transition that work well

or need improvement. Next steps include interviews with WCM MCPs and WCM counties.

Dr. Giammona inquired about the interview process and what questions will be asked. Laurie Soman noted the topic is time-sensitive, given new mandates for children aged 19-20 years of age.

DHCS reply: All AG members are invited to a meeting on August 19, 2025, to further discuss the questions and process.

- » Goal: 2025 CCS WCM Expansion Monitoring
  - Continue quarterly check-in meetings with WCM counties and MCPs.
  - Continuous monitoring through the post-transition monitoring phase.
    - Progress Update: DHCS continues to host check-in meetings with the counties, such as open office hours and WCM Coordination meetings. Next steps include updating appropriate WCM Numbered Letter (NL), All Plan Letter (APL), and MOU.
  
- » Goal: CCS CCMO
  - Strive to obtain executed MOUs
  - Initiate monitoring protocols
  - Progress Update: More will be provided on today's agenda.
  
- » Goal: Enhanced Care Management (ECM)
  - Progress update: More will be provided on today's agenda.
  
- » Goal: Referral and Enrollment
  - Review existing data to monitor and identify trends and areas of improvement.
    - Progress Update: DHCS is analyzing referral and enrollment data from 2017 to 2024.
    - Next steps: Complete the analysis, identify improvement trends, and present findings at a future meeting.

## **Pediatric Integration: Pharmacy Benefits**

- » Pharmacy Benefit Division Assistant Division Chief and Acting Policy Chief, Dr. Khalil provided updates.

- » Utilization management controls were reintroduced for the oversight of pediatric pharmacy benefits. The pharmacy benefits division and the ISCD worked with the pediatric community to develop a plan to support prior authorization (PA) and claim edits while minimizing administrative burden.
- » For 20 weeks, Medi-Cal Rx monitored claims, prior authorizations, and issues reported to the call center; no systemic issues were identified. DHCS analysis indicated approximately 78% of pediatric prescriptions were paid without prior authorization.
- » Providers are gaining familiarity with the procedure of reintroducing prior authorizations and the implementation of new procedures related to the CCS Panel Provider Authority.
- » Providers are more familiar navigating the Contact Drug List (CDL) and identifying alternative medications that do not require prior authorization.
- » Key successes for access to care and reducing administrative workload were made by:
  - Refining utilization management edits;
  - Removing quality limits for amoxicillin suspensions and removed diagnosis requirement for diabetic test strips/ lancets for hypoglycemia or other glucose monitoring needs.
  - PA system enhancements for claim adjudication were made;
  - PAs apply to all components of the continuous glucose monitoring (CGM) system requested by the provider.
  - PAs for medications for pediatric Medi-Cal Members was accomplished by:
    - Adding alternative formulations such as liquid vs. pill medications,
    - Adding medications for treatment of cystic fibrosis, and
    - Enhancing education and outreach resources for prescribers and pharmacy providers, such as creating visual aids to support claim submission.
- » DHCS continues to explore access improvements and streamline the PA process, such as eliminating the need for Providers to upload articles with a PA request by creating a clinical literature repository; holistic review of PA requests to enable the override of cost limit when approving exemptions for medically necessary quantity limits.

- » As of July 14, 2025, 16 of 171 eligible certified nurse practitioners (NP) have re-enrolled for panel authority. Please encourage the re-enrollment. DHCS is also not seeing an increase in eligible physician paneling despite the added incentive to apply.
- » A written question submitted by a CCS AG member was addressed:
  - Can youth who have aged out of CCS continue to have CCS paneled MDs prescribe meds; adult specialty CCS paneled MDs?

DHCS reply: DHCS will not change the age of coverage for CCS members but is actively looking to explore the feasibility of offering a one-time, 100-day administrative override on existing prescriptions written by providers with CCS panel authority.

## Enhanced Care Management (ECM)

- » Enhanced Care Management M&O Unit Chief, Ana Ortega-Beidler provided updates.
- » The purpose of the presentation is to share information, answer submitted questions and share an upcoming Technical Assistance (TA) resource for the following areas:
  - Engaging Children and Families in ECM
  - Service Delivery and Role of ECM
  - Preparing ECM Care Managers to Serve the CCS Population of Focus (POF)
- » The number of children receiving ECM through the CCS population has grown steadily. As of Q3 2024, 4,040 children were enrolled in ECM which represents 2% of children enrolled in CCS statewide and signals an opportunity to increase ECM enrollment.
- » In 2023 & 2024, DHCS received feedback on areas in need of guidance to implement ECM for CCS POF to improve benefits. In response, DHCS collaborated with key stakeholders and CCS AG members on opportunities for improvement.
- » In the summer of 2025, DHCS will release a TA resource to support MCPs, Providers and stakeholders with lessons learned for:
  - How to cultivate referrals for CCS POF;
  - How ECM can be delivered to add value in parallel to CCS; and
  - How to strengthen the competencies of ECM Providers for CCS POF
- » CCS ECM implementation challenges included:

- Uncertainty about eligibility criteria;
  - Lack of awareness of ECM or how to make a referral;
  - Concern from CCS POF specialists, primary care providers, schools, etc. of ECM value;
  - Confusion about whether ECM duplicates services already provided;
  - Clarification about ECM delivery in conjunction with the CCS model; and
  - Lack of expertise among ECM providers to meet the needs of CCS kids.
- » The ECM TA resource for CCS POF aims to support providers and stakeholders to better serve the CCS community. Focus groups were held with nine ECM providers and County CCS Programs. An overview of CCS POF TA resource sections and ideas for using the TA resource were presented.
  - » ECM and Community Supports resources are available [here](#).
  - » Contact the ECM and Community Supports team at [CalAIMECMILOS@dhcs.ca.gov](mailto:CalAIMECMILOS@dhcs.ca.gov).

## County CCMO

- » County Compliance Unit Chief, Katie (Ramsey) Tanner provided updates.
- » DHCS has deferred the requirement for county CCS Programs and DHCS to execute the CCS CCMO MOU from July 1, 2025, to a to-be-determined future date.
- » DHCS remains dedicated to the fundamental principles of M&O and will continue to exercise authority to oversee CCS Programs. DHCS continues to work with counties and stakeholders to address concerns and identify optional pathways as appropriate.
- » DHCS will monitor and oversee county activities outlined in state guidance and evaluate the best ways to enhance M&O of CCS Programs.
- » DHCS will accept the county's current existing CCS Program logs for functions such as resolutions or appeals in the quarterly or annual report.
- » County CCS Programs can complete the optional functions to invoice DHCS and receive additional funding. DHCS will report information received from counties and from DHCS reports. If DHCS does not receive information, DHCS will report N/A for compliance activities. Reports are not available to the public but are available to counties. DHCS may review information in case files to determine compliance with county activities, especially for counties that did not submit information for existing activities.

- » The CCS grievance process was implemented July 1, 2024. DHCS encourages counties to resolve grievances that are in the best interest of CCS members. DHCS will support members, if necessary, should counties not intake and resolve grievances. DHCS continues to review County CCS Program's grievance policy & procedures and is providing technical assistance and approval.
- » CCS Grievance Appeal and State Fair Hearing fact sheets are based on county model type and are available in English and Spanish. All counties are to include contact information within factsheets; DHCS monitors county websites to monitor factsheet postings.
- » To date five (5) grievances have been received — (four (4) from Independent Counties and one (1) from a Dependent County).
- » DHCS recommends counties attend at least one quarterly and one annual office hours meeting, complete onboarding training, develop/update policies & procedures and train county staff on compliance activities.
- » Next steps: DHCS will continue to support counties implementing the grievance process and will ensure Grievance, Appeals and State Hearings Factsheets are properly posted. DHCS will publish additional training on the CCS Training website, sunset Case Management Improvement Project and offer additional support as needed such as holding Office Hours meetings and live Q&A sessions.
- » AG member comment: Still have concern about the accuracy of CMS Net data. Recommend a meeting with Counties & CMS Net team; 58 counties are inputting data differently.

## **Program Update**

- » ISCD Special Populations Section Chief, Barbara Sasaki, provided updates.
- » Medical Therapy Program Family Services Centered Services Numbered Letter (NL) was posted June 4<sup>th</sup>.
- » The following are under final review for approval to distribute and post:
  - Special Care Centers Core Standards
  - Community Health Worker Information Notice
  - Low Protein Therapeutic Foods NL
- » InterCounty Transfer (ICT) NL is with the ICT Workgroup for review. A PowerPoint training document is being developed to be released concurrently with the NL.

- » Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Services for Private Duty Nursing (PDN) - Case Management NL and All Plan Letter (APL) are under internal review.
- » EPSDT PDN Authorization Process NL is under internal review for approval to send for public comment.
- » Guidelines for the Recommendation and Authorization of Rental or Purchase of Durable Medical Equipment - Rehabilitation (DME-R) are pending with the Office of Legal Services for review and then will be sent for sister division review.
- » Establishing Medical Necessity for Cochlear Implants and Related Services NL is under internal review.
- » Other Health Coverage NL is under internal review. Next step is to send to the Office of Legal Services.

## Public Comment

- » Question: Will grievance information be posted on the DHCS website?  
DHCS reply: Grievance data is not publicly available at this time.
- » CCS Administrator Butte County, Janet Peck, announced her retirement and shared perspective about the CCS Program and WCM.
- » Question: Once M&O allocations are taken as part of the MOU, can the county back out later?  
DHCS reply: If counties submit invoices and receive funding for the additional M&O activities and sign the MOU then the process does become mandatory.
- » A moment was taken to acknowledge the retirement of Janet Peck, CCS Advisory Group Member and Butte County CCS Administrator. The DHCS thanked her for her years of service and support of the CCS Program.
- » The next CCS Advisory Group meeting will be held on Wednesday, October 15, 2025. Details are available on the [CCS Advisory Group](#) webpage.