



**Department of Health Care Services  
CalAIM California Children's Services (CCS)  
Monitoring and Oversight Workgroup Charter**

**March 2022**

**Purpose**

California Advancing and Innovating Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. CalAIM has three main goals:

1. Identify and manage comprehensive needs through whole person care approaches and social drivers of health.
2. Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform.
3. Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

The purpose of the CalAIM California Children's Services (CCS) Monitoring and Oversight Workgroup is to advise DHCS regarding the development of the Memoranda of Understanding (MOU) regarding county administration of the CCS program, associated monitoring protocols, and reporting standards to ensure appropriate oversight of county CCS programs and adherence to agreed-upon quality and performance measures. The goal is to establish a statewide compliance program for the CCS program.

**Mission**

To develop, implement, and evaluate consistent standards for quality and access to care for beneficiaries enrolled in the CCS program throughout the state of California.

**Background/Authorizing Statute**

Assembly Bill 133, [Article 5.51 established the California Advancing and Innovating Medi-Cal \(CalAIM\) Act](#) 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:

1. 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.
2. Conduct periodic CCS quality assurance reviews and audits to assess compliance with established standards.
3. Assess each county CCS program to ensure appropriate allocation of resources necessary for compliance with standards, policies, guidelines, performance, and compliance requirements.
4. 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.
5. Establish a statewide tiered enforcement framework to ensure prompt corrective action for counties that do not meet established standards.
6. Require each county to enter into a MOU with DHCS to document each county's obligations in administering the CCS program.

### Governance Structure

Entity	Governance Role
Counties	Administer the CCS program
CCS Monitoring and Oversight Workgroup	Advise DHCS on the development of a MOU and associated monitoring protocols to ensure appropriate oversight of the county CCS program
DHCS	Develop and implement initiatives to enhance county oversight and monitoring of the CCS program <sup>1</sup>

### Charge and Time Commitment

The charge of the workgroup is to:

1. Provide support and expert guidance to DHCS in the design, development, implementation, and evaluation of CalAIM initiatives to enhance oversight and monitoring to improve quality and coordination of care for children and youth in the CCS program.
2. Provide recommendations and feedback in developing and implementing:

---

<sup>1</sup> Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code

- a. Statewide performance measures regarding reporting and budgetary standards, with auditing tools, for the CCS program.
  - b. The processes for performing CCS quality assurance reviews and audits to measure compliance with the above standards.
  - c. Statewide tiered enforcement to provide corrective action for counties that do not meet standards, as well as create quality improvement processes prior to fiscal penalties.
  - d. MOU for each county outlining their obligation in administering the CCS program.
3. When developing and implementing the initiatives, workgroup members will meet once monthly, over the course of one year for three to four hours per meeting.
    - a. This is subject to change as needed, and DHCS may add, remove, or modify meetings and create and modify sub-committees.
    - b. The CCS Monitoring and Oversight Workgroup and DHCS will establish and agree on yearly involvement.

### **Meeting Ground Rules**

1. Review materials and recommendations that will be sent to the workgroup 10 business days in advance of the workgroup meeting, and be prepared to provide feedback and recommendations.
2. Members will be collegial, and the meetings will be an open environment respecting diverse perspectives.
  - a. Discussion will focus on agenda topics.

### **Attendance**

1. DHCS encourages attendance of the appointed workgroup members whenever possible. Regular, consistent attendance at the meetings and active participation of members is key to the successful completion of various tasks.
  - a. Members may attend meetings in person, via teleconference, or over the phone, and meeting format options will be posted on the DHCS website.
2. If members are unable to attend meetings, DHCS requests that they assign a substitute, delegate, or proxy to participate in meetings, and provide DHCS with advanced notice.
  - a. Members who have missed three meetings in a row may be dismissed from the workgroup.

### **Membership**

Membership will be comprised of individuals from various organizations and backgrounds with expertise in both the CCS program and care for children and youth with special health care needs.

DHCS selected individuals based on the categories below and his/her expertise in both the CCS program and care for children and youth with special health care needs:

- County CCS program representatives: dependent, independent, Whole-Child Model (WCM), Medical Therapy Program
- County associations
- Stakeholder advocates
- Families of present or past CCS beneficiaries
- Clinical providers: specialist and primary care
- Clinical sites
- WCM managed care plans (MCP)

Departing member(s) and/or organization(s) will inform DHCS via email to [CCSMonitoring@dhcs.ca.gov](mailto:CCSMonitoring@dhcs.ca.gov) when/if the member is no longer able to participate in the workgroup.

The recommendation to backfill a seat vacated by a current member is sought from the broader group and not only the departing incumbent, except under the following circumstances:

1. If the seat belongs to a CCS county, DHCS will seek a replacement county with similar geographic size, demographic composition, etc.
2. If the seat belongs to a member from a MCP, DHCS will seek a replacement MCP representing a similar demographic as the incumbent.

Note: This applies if the MCP declines continued participation; however, if the MCP's member must step down, but the MCP chooses to continue participation, a replacement recommendation may be suggested from within the plan.

### **Assistive Services**

For individuals with disabilities, DHCS will provide free assistive services, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format.

To request alternate format or language services, please write:

County Compliance Unit  
Monitoring and Oversight Section  
Email: [CCSMonitoring@dhcs.ca.gov](mailto:CCSMonitoring@dhcs.ca.gov)

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.