California Children's Services (CCS) Monitoring and Oversight Workgroup Meeting

April 25, 2022

Agenda

1. Welcome and Meeting Information	12:00 – 12:05
2. Roll Call	12:05 – 12:10
3. Status Updates and Meeting Goals	12:10 – 12:20
4. Problem Statement and Workgroup Goals	12:20 – 12:35
5. Approach and Assumptions	12:35 – 1:25
6. Break	1:25 – 1:35
7. Compliance Program Elements	1:35 – 2:35
8. CCS Documents and Other Relevant Materials	2:35 – 3:35
9. Updated Timeline	3:35 – 3:45
10. Public Comment	3:45 – 3:50
11. Next Steps	3:50 – 3:55
12. Other DHCS Updates	3:55 – 4:00

Housekeeping & Webex Logistics

Do's & Don'ts of Webex

» Participants are joining by computer and phone (link/meeting info on CCS Compliance, Monitoring, and Oversight Program website)

» Everyone will be automatically muted upon entry

» CCS Monitoring and Oversight Workgroup Meeting 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 the public comment period

» Note: DHCS is recording the meeting for note-taking purposes

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Workgroup Members – Roll Call

1. **Alicia Emanuel,** National Health Law Program
2. **Anna Leach-Proffer,** Disability Rights California
3. **Beverly Eldridge,** Stanislaus County CCS
4. **Dawn Pacheco,** Glenn County CCS
5. **Eileen Christine McSorley,** Lake County CCS
6. **Farrah McDaid-Ting,** California State Association of Counties
7. **Francis Chan, MD,** Loma Linda University Health
8. **Guillermina (Mina) Andres,** Tulare County CCS
9. **Hannah Awai, MD,** Sacramento County CCS
10. **Heidi Merchen,** Napa County CCS
11. **Holly Henry,** Lucile Packard Foundation for Children's Health
12. **Janet Peck,** Butte County CCS
13. **Jody Martin,** Mono County CCS
14. **Katherine Barresi,** Partnership HealthPlan of California
15. **Kathryn A Smith,** Children's Hospital Los Angeles

Workgroup Members – Roll Call

16. **Katie Shlageter,** Alameda County CCS

17. **Kristen Dimou,** San Diego County CCS/MTP

18. **Lori Gardner,** Madera County CCS

19. **Lorri McKey,** Colusa County CCS

20. **Mary L. Doyle, MD,** Los Angeles County CCS

21. **Meredith Wolfe,** Humboldt County CCS

22. **Michelle Gibbons,** County Health Executives Association of California

23. **Michelle Laba, MD,** Orange County CCS

24. **Mike Odeh,** Children Now

25. **Nancy H Netherland,** Kids and Caregivers

26. **Norma Williams,** Del Norte County CCS

27. **Pip Marks,** Family Voices of California

28. **Richard Chinnock, MD,** Loma Linda University Children's Hospital

29. **Susan Skotzke,** Parent FAC, Central California Alliance for Health

30. **Tanesha Castaneda,** Santa Barbara County CCS

31. **Teresa Jurado,** Parent Mentor, Stanford Children's Health / Lucile Packard Children's Hospital

DHCS Staff

- » **Susan Philip,** Deputy Director, Health Care Delivery Systems
- » **Joseph Billingsley,** Assistant Deputy Director, Integrated Systems
- » **Bambi Cisneros,** Assistant Deputy Director, Managed Care
- » **Dana Durham,** Division Chief, Managed Care Quality and Monitoring
- » **Jill Abramson, MD,** Medical Consultant, ISCD
- » **Cheryl Walker, MD,** Medical Consultant, ISCD
- » **Megan Sharpe,** Medical Therapy Program Specialist, ISCD
- » **Annette Lee,** Branch Chief, Quality and Monitoring, ISCD
- » **Sabrina Atoyebi,** Branch Chief, Medical Operations, ISCD
- » **Michael Luu,** Section Chief, Monitoring and Oversight, ISCD
- » **Katie Ramsey,** Unit Chief, County Compliance, ISCD

Sellers Dorsey Staff

» **Mari Cantwell,** Director, California Services / Strategic Advisor

» **Sarah Brooks,** Director / Project Director

» **Meredith Wurden,** Associate Director / Subject Matter Expert

» **Marisa Luera,** Associate Director / Subject Matter Expert

» **Alex Kanemaru,** Senior Consultant / Project Manager

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California Advancing and Innovating Medi-Cal (CalAIM)

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 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, 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 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.

March Summary

» Information shared in the last meeting:

   » Initial discussion of Compliance and Oversight Framework
   » Review of initial Numbered Letters (NLs) and Information Notices (INs) inventory
   » Introduction of Sellers Dorsey team

Status Updates from Previous Meeting

» **Workgroup request:** Members asked if an updated timeline will be provided.

  » **Response:** An initial timeline for discussion will be presented during the April meeting.

» **Workgroup request**: Members requested clarification on the purpose of the Compliance Framework and MOU.

  » **Response:** "Enhancing monitoring and oversight will eliminate disparities in care to beneficiaries and reduce vulnerabilities to the state, thereby preserving and improving the overall health and well-being of California's vulnerable populations" (CalAIM Proposal pg.106).

Status Updates from Previous Meeting (continued)

» **Workgroup request:** Members requested that DHCS incorporate best practices into the Compliance Framework.

  » **Response:** DHCS agrees with this approach.

» **Workgroup request:** Members asked if the CalAIM policy document inventory will be shared, and asked to provide formal feedback with redline edits to DHCS.

  » **Response:** DHCS has shared the NLs and INs inventory with workgroup members as a reference document. Feedback and discussion will occur later in the revised workgroup approach and process.

April Meeting Goals

» Reset the process for program policy and inventory.

» Define the problem statement and CCS Monitoring and Oversight Workgroup goals.

» Discuss the approach and assumptions associated with the workgroup's charge.

» Review and provide feedback to the initial Compliance Framework.

» Preview the updated workgroup initial timeline.

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Problem Statement

While CCS continues to successfully serve many vulnerable children, it has not had a formal strategic compliance framework to implement ongoing monitoring, oversight, and accountability of the program. As a result, there are opportunities to standardize and address items, such as variability in program administration, including eligibility determinations, medical services authorizations, and other quality of care and access concerns. This standardization will occur through the implementation of an MOU, which consolidates critical information into an overarching framework.

Workgroup Goals

» Leverage workgroup experience, knowledge, and best practices to build a collaborative process that results in a finalized Compliance Framework and metrics and standards.

» Working together, finalized documents will be used to create an MOU template and related guidance documents that will standardize and enhance compliance, monitoring, and oversight efforts to benefit members, counties, providers, and DHCS.

Workgroup Discussion

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Approach

» Working within existing state and federal parameters, Sellers Dorsey will work with stakeholders on the:
- » Approach for developing and designing a final Compliance Framework
- » Feedback on inventory and gap analysis
- » Prioritization process for the order in which items should be addressed
- » Timeline
- » Criteria for reviewing compliance metrics and standards, and the development of final compliance metrics and standards
- » Model of final MOU template
- » Design of DHCS/county implementation workplan

» In between workgroup meetings, Sellers Dorsey may reach out with questions, request informational interviews, and send out surveys for feedback from workgroup members.

Assumptions

» The process will be transparent and cooperative.

» Sellers Dorsey will take into consideration workload impact to counties and the state:

    » Processes will be streamlined, using technology when available
    » Identified best practices will be incorporated

» Activities may result in operational changes, such as for some counties, resulting from standardization of the program.

Parking Lot

» Major CCS policy changes, such as:

   » Fee-for-service reimbursement

   » Eligibility requirements

   » Case management

» Other

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Compliance Framework

A Compliance Framework is a structured suite of guidelines and processes to aggregate, integrate, and monitor compliance requirements by:
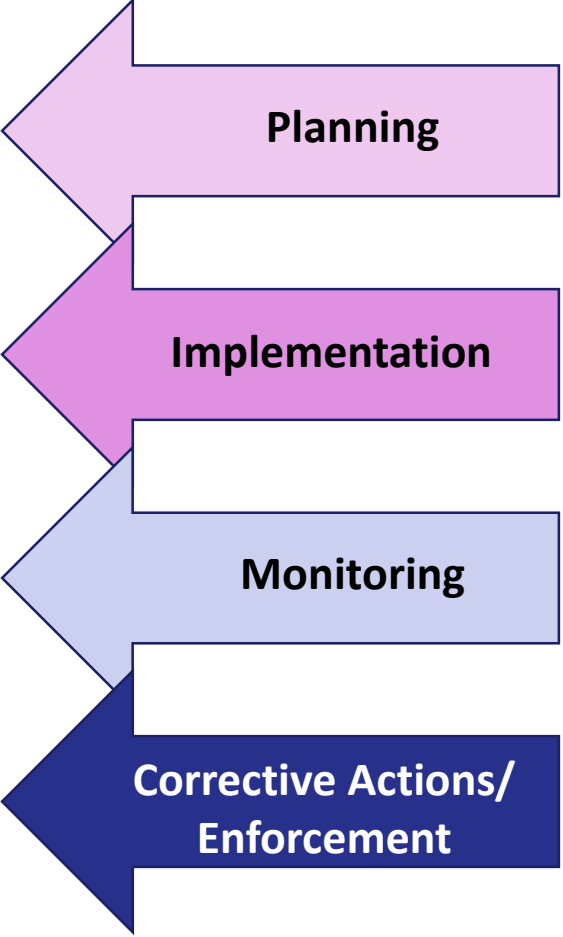
» Compiling documents, such as mission statements, policy manuals, or regulatory mandates.

» Combining the relevant components into a cohesive, methodical, and efficient structure to monitor and measure progress on compliance issues, while providing a mechanism to integrate new components and delete outdated pieces.

» Providing the means to assess a program's compliance internally and externally.

» Establishing a framework for conducting internal oversight and monitoring, along with the implementation of best practices as a dynamic and integral part of day-to-day operations.

» Fostering accountability and transparency and mitigating the risk of systemic vulnerabilities.

» Encompassing the roles, responsibilities, policies, and processes of oversight and compliance monitoring activities into an overarching document, such as the MOU.
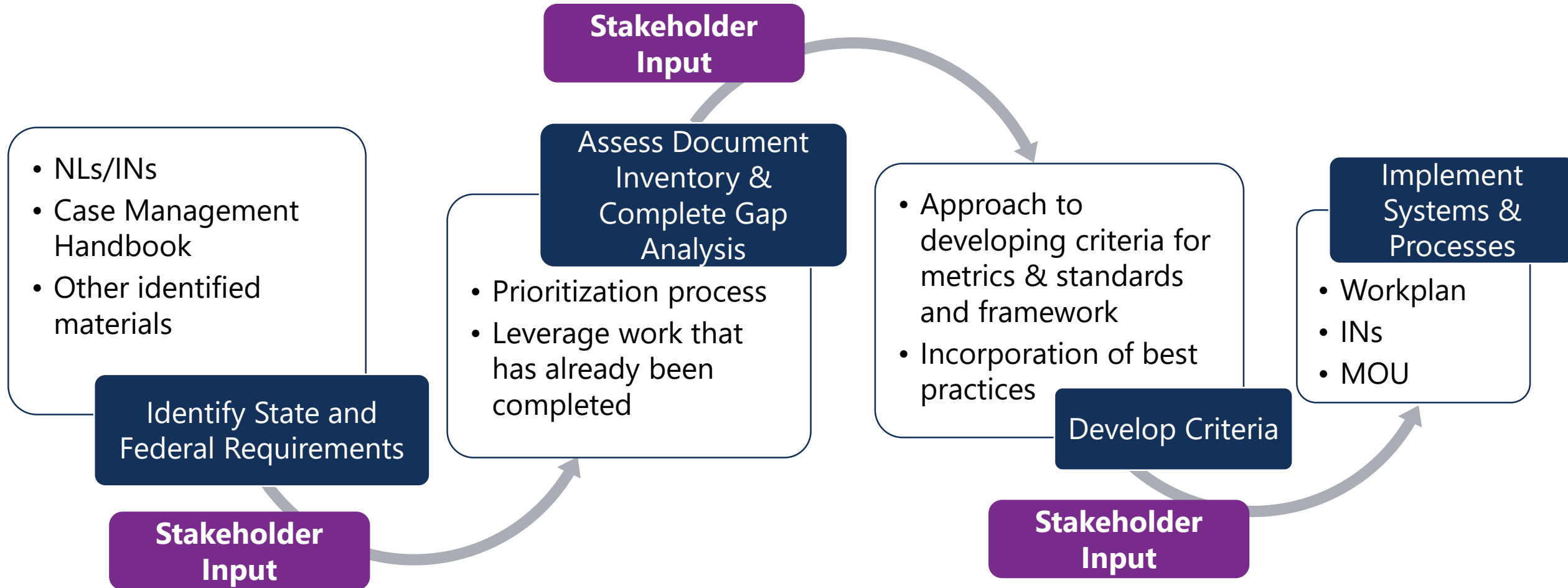
Compliance Program

Elements of Compliance Program

Authority
Clarify who is responsible for compliance, and roles and responsibilities.

Standards and Procedures
Written policies and procedures that articulate *commitment to compliance* and *how* compliance is met.

Training
Effective training and education for staff and leadership according to functional areas.

Communication
Effective lines of communications to assess risks, raise compliance concerns, and make adjustments.

Monitoring and Auditing
Reasonably designed monitoring and auditing systems, using analysis and reporting to assess compliance risks.

Corrective Actions and Enforcement
Reasonable steps to respond appropriately to findings and to develop corrective actions.

Compliance Framework

Planning

Implementation

Monitoring

Corrective Actions/ Enforcement

Stakeholder Input

Transparency

Compliance Program Approach

Stakeholder Input

- NLs/INs
- Case Management Handbook
- Other identified materials

Identify State and Federal Requirements

Stakeholder Input

Assess Document Inventory & Complete Gap Analysis

- Prioritization process
- Leverage work that has already been completed

- Approach to developing criteria for metrics & standards and framework
- Incorporation of best practices

Develop Criteria

Stakeholder Input

Implement Systems & Processes

- Workplan
- INs
- MOU

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DHCS Initial Criteria for NL Inventory (March Meeting)

Included NLs With:

» Identified roles and responsibilities

  » State and counties

  » Separated responsibilities of Whole Child Model, CCS Classic, Independent, Dependent counties

» Items that are measurable

Did Not Include NLs With:

» Specialty care center and provider responsibilities

» Outdated or superseded policies

» Duplicative policies

CCS Documents and Other Relevant Materials

» CCS Monitoring and Oversight Workgroup and CCS Advisory Group meeting notes and input

» NL/IN Inventory

» Plan and Fiscal Guidelines (PFGs)

» CCS Administrative Cases Management Manual

» CCS Manual of Procedures

» All Plan Letters (APLs)

» Medi-Cal Request for Procurement

» CCS Provider Standards

» Health and Safety Code, Chapter 3 of Part 2 (commencing with Section 123800)

» California Code and Regulations for the CCS Program, Title 22, Division 2, Subdivision 7

» Relevant state and federal requirements (e.g., Early and Periodic Screening, Diagnostic, and Treatment, Title V/Children with Special Health Care Needs)

» WCM dashboard and non-WCM dashboards

» Other significant guidance documents (e.g., Comprehensive Quality Strategy)

» Current MOUs between Medi-Cal Managed Care Plans and counties

Assessing the CCS Administrative Structure for Compliance Purposes

Questions for workgroup consideration:

» What approach and criteria should be used to review the scope of these materials to develop a compliance framework?

  » How should issues be prioritized?

  » Is the requirement established through statute, regulation, or other relevant guidance?

  » Is the requirement measurable? What does measurable mean?

  » What is the impact on counties and DHCS?

  » Is there an existing compliance element? What are the requirements?

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Updated Timeline

April – June 2022

ACTIVITIES

- Compliance Framework
- Define prioritization process
- Compliance metrics and standards

July-September 2022

ACTIVITIES

- Begin development of MOU templates
- Continue and finalize compliance metrics and standards
- Process for reviewing and updating metrics and standards

October – December 2022

ACTIVITIES

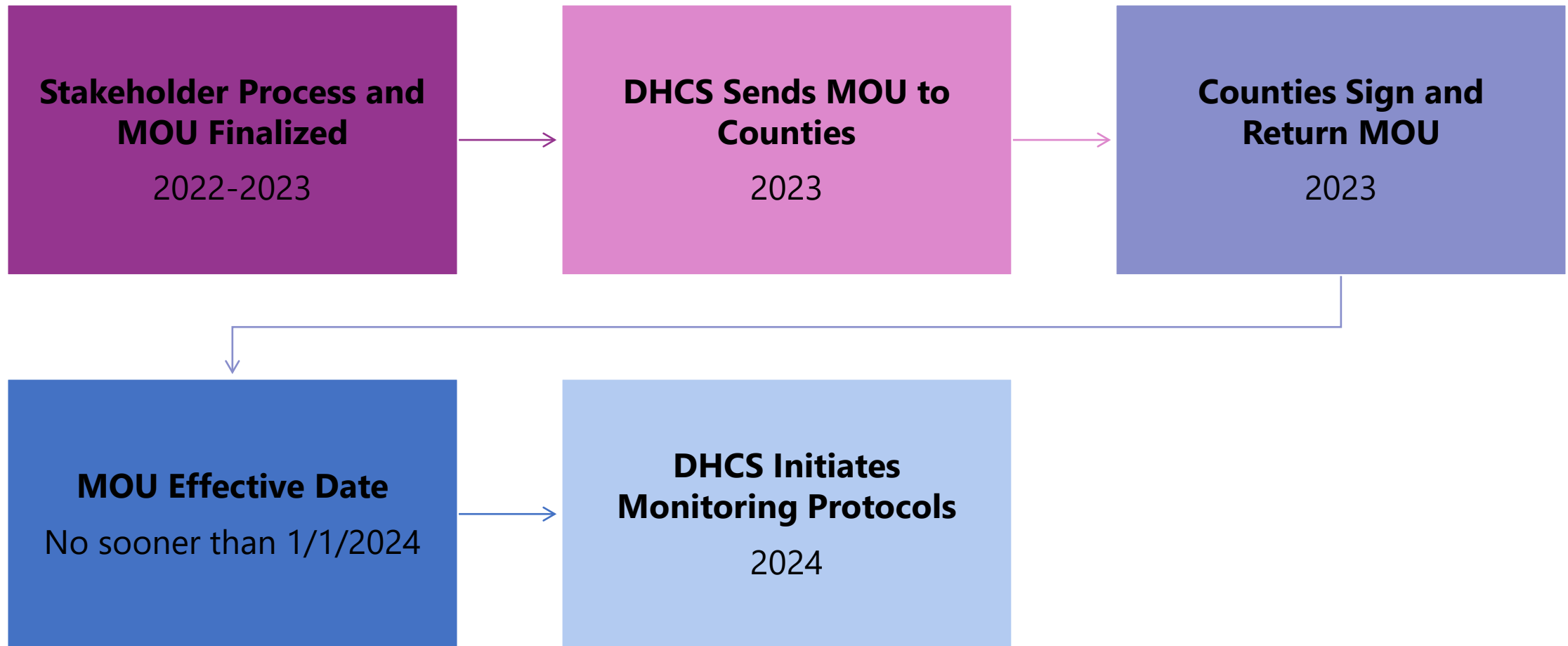- Continue development of MOU templates
- DHCS/county implementation work plan

January-April 2023

ACTIVITIES

- Finalize MOU templates
- Draft and finalize supporting INs

Stakeholder Input

Final DHCS MOU Timeline

Stakeholder Process and MOU Finalized

2022-2023

DHCS Sends MOU to Counties

2023

Counties Sign and Return MOU

2023

MOU Effective Date

No sooner than 1/1/2024

DHCS Initiates Monitoring Protocols

2024

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Next Steps

» Meeting summary

» By May 11, please provide feedback and recommendations on the approach, Compliance Framework, and assessment of the CCS administrative structure from a compliance lens.

» Sellers Dorsey may reach out to workgroup members with program questions.

Workgroup Meeting Logistics

- All meetings to be held on Mondays from 12 p.m. – 4 p.m. Meeting notices and materials to be posted on the DHCS website.

2022-2023 Workgroup Meeting Dates

» May 23	» June 27	» July 25
» August 22	» September 26	» October 24
» November 21	» December 19	» January 23

Contact Information

» For more information, questions, or feedback regarding the CCS Compliance, Monitoring, and Oversight Program, including the development and implementation of the CalAIM initiatives to enhance oversight and monitoring of the CCS program and workgroup activities, please email Sarah Brooks at SBrooks@sellersdorsey.com or Alex Kanemaru at AKanemaru@sellersdorsey.com.

» For assistance in joining the CCS Monitoring and Oversight Workgroup meetings, including information about meeting details and obtaining assistive services, please email CCSMonitoring@dhcs.ca.gov.

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Public Health Emergency (PHE) Unwinding

» **When the COVID-19 PHE ends, 2-3 million Medi-Cal beneficiaries could lose their coverage.**

» **DHCS' Top Goal:** Minimize beneficiary burden and promote continuity of coverage for beneficiaries.

» **How you can help:**
  - » Become a **DHCS Coverage Ambassador**.
  - » Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage.
  - » Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available.

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launched recently**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
  - » Flyers in provider/clinic offices, social media, call scripts, and website banners

- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information.**
  - **Launch 60 days prior to end of COVID-19 PHE.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with their local county office if they have not already done so.

Thank you!