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GOVERNOR

**DEPARTMENT OF HEALTH CARE SERVICES (DHCS)
California Children's Services (CCS)
Monitoring and Oversight Workgroup
May 23, 2022
12 p.m. – 4 p.m.**

MEETING SUMMARY

CCS Monitoring and Oversight Workgroup Members Attended:

Alicia Emanuel; Anna Leach-Proffer; Beverly Eldridge; Dawn Pacheco; Francis Chan, MD; Guillermina (Mina) Andres; Hannah Awai, MD; Heidi Merchen; Holly Henry; Janet Peck; Jody Martin; Katherine Barresi; Kathryn Smith; Katie Schlageter; Kristen Dimou; Lori Gardner; Lorri McKey; Mary Doyle, MD; Meredith Wolfe; Michelle Laba, MD; Mike Odeh; Norma Williams; Pip Marks; Richard Chinnock, MD; Susan Skotzke; Tanesha Castaneda

CCS Monitoring and Oversight Workgroup Members that Did Not Attend:

Eileen (Chris) McSorley; Farrah McDaid-Ting; Michelle Gibbons; Nancy Netherland; Teresa Jurado

DHCS Staff Attended: Ami Lovato; Annette Lee; Barbara Sasaki; Cheryl Walker, MD; Joseph Billingsley; Katie Ramsey; Michael Luu; Oksana Meyer; Pamela Riley, MD; Susan Philip

DHCS Consultants, Sellers Dorsey Attended: Alex Kanemaru, Meredith Wurden, Sarah Brooks

Public Attended: 69

CCS Monitoring and Oversight Workgroup Materials: Agenda and Slide Deck

I. Welcome and Meeting Information
Sarah Brooks, DHCS Consultant with Sellers Dorsey

Welcomed members and shared meeting information

Alex Kanemaru, DHCS Consultant with Sellers Dorsey

Reviewed housekeeping items

II. Roll Call
Sarah Brooks

Conducted roll call of CCS Monitoring and Oversight Workgroup members, DHCS staff, and the Sellers Dorsey team

III. April Meeting Summary
Sarah Brooks

Overview of California Advancing and Innovating Medi-Cal (CalAIM) statute and provided meeting summary from the April meeting

IV. Policy Updates
Susan Philip, Deputy Director
Health Care Delivery Systems

Introduced Dr. Pamela Riley

Pamela Riley, MD, Assistant Deputy Director and Chief Health Equity Officer
Quality and Population Health Management

Dr. Pamela Riley provided an overview of her professional background and discussed future collaboration with the workgroup

Susan Philip

Discussed the Governor's 2022-2023 May Revision, including Kaiser Permanente implementing the CCS Whole Child Model (WCM) in applicable counties

Summary of Discussion:

- Members asked for clarification on whether Kaiser operates in all 21 WCM counties
 - **Action Item:** DHCS confirmed Kaiser does not operate in all 21 WCM counties and will provide a crosswalk of Kaiser and WCM counties

V. Assumptions and Parking Lot
Meredith Wurden, DHCS Consultant with Sellers Dorsey

Reviewed the updated assumptions and parking lot items based on the April CCS Monitoring and Oversight Workgroup meeting and opened the conversation for workgroup member review and discussion

VI. Whole Child Model Reform Efforts
Sarah Brooks

Discussed WCM reform efforts and asked for workgroup member input on lessons learned and challenges experienced during the implementation process

Summary of Discussion:

- Members asked if the CCS Advisory Group, WCM Subcommittee, or Family Advisory Group will be asked to discuss WCM lessons learned
 - **Action Item:** DHCS to discuss and follow-up with the CCS Monitoring and Oversight Workgroup
- Members commented when terminology is created, no assumptions should be made on the definition or the relevance of terms. In addition, cross walking definitions between county and DHCS/interdepartmental definitions would be beneficial for this process. Also, a crosswalk between the developed Memorandum of Understanding (MOU) and the WCM MOU would be beneficial.
 - **Action Item:** Throughout this process, DHCS will develop a crosswalk of DHCS, county, and Medi-Cal managed care plan (MCP) (as applicable) responsibilities with clear definitions
- Members asked if the University of California, San Francisco (UCSF) WCM evaluation report could be shared with the workgroup prior to it being finalized
 - **Response:** The WCM report will be reviewed by the CCS Advisory Group
 - **Action Item:** DHCS to follow-up with UCSF on the timing of when this report will be completed
- Workgroup members encouraged early stakeholder engagement, including with CCS family members, to create safeguards before large reform efforts take place
 - **Response:** DHCS will take this into consideration
- Members requested all guidance documents be updated and to obtain baseline data from the counties
 - **Response:** Sellers Dorsey will take this into consideration
- Members suggested there should be a different MOU template for each different county model types
 - **Response:** DHCS will continue to discuss this with the workgroup and is an assumption for this process

- Members asked for clear communications across all affected groups
 - **Response:** DHCS will take this into consideration
- Members commented there are compliance activities outside of the counties' control, and clarification on who is responsible for compliance in WCM counties would be beneficial
 - **Response:** This will be clarified throughout this process

VII. CalAIM Enhanced Care Management Overview

Oksana Meyer, Section Chief

Corrective Action Plan and Facility Site Review Oversight

Review of CalAIM Enhanced Care Management (ECM) relationship with CCS and identified other venues where ECM implementation is being discussed. ECM specific workgroups will explicitly address service definitions for the children and youth enrolled in CCS and WCM integration

Summary of Discussion:

- Members asked, out of the 80,000 MCP members automatically transitioned to ECM from the Health Homes Program and Whole Person Care pilot program, how many were CCS beneficiaries and children?
 - **Action Item:** DHCS will analyze and provide the data in a later workgroup meeting

VIII. Landscape Review

Sarah Brooks

Reviewed CCS documents and relevant materials, landscape review, and reporting requirements tool

Summary of Discussion:

- Members asked how the landscape review will be utilized
 - **Response:** The landscape review will synthesize the CCS documents and other relevant materials
- Members asked when will the final landscape review be shared with workgroup members
 - **Response:** This will be an iterative process, but a version of the landscape review will be available during a future CCS Monitoring and Oversight Workgroup meeting

Barbara Sasaki, Section Chief

Special Populations

Discussed update on Numbered Letters and advised members to contact CCS policy team at CCSprogram@dhcs.ca.gov with any input, updates, or corrections

IX. Memorandum of Understanding Structure, Compliance Framework, and Prioritization Process
Meredith Wurden

Discussed MOU structure, elements of compliance program, and prioritization process

Summary of Discussion:

- Members asked if case management/care coordination includes provider standards, and if the Medical Therapy Unit (MTU) is included in this list
 - **Response:** Provider standards and MTU inclusion will be considered as a recommendation for the case management/care coordination prioritization process
- Members recommended engaging with family advocacy groups, parent support groups, and families in the prioritization process
 - **Response:** DHCS will take this into consideration
- Members requested access to care be infused in each bullet within the core programmatic functions and not be a standalone item
 - **Response:** DHCS will take this into consideration
- Members suggested consideration of how data will be captured in CMS Net
 - **Response:** This will be considered and discussed throughout this process
- Members commented the “other” category be removed under the eligibility bullet as there is no other, but only medical, financial, and residential eligibility, Timely Access should be changed to Access to Care, and Administrative Coordination falls under Eligibility.
 - **Action Item:** Sellers Dorsey will remove the “other” category from eligibility requirements, change Timely Access to Access to Care, and include Administrative Coordination in Eligibility, as applicable.
- Members provided input on the prioritization process and order of items on the core programmatic functions list: eligibility, care coordination/case management, benefits/services, authorization, administrative coordination, timely access, and grievance/appeals/fair hearings. Some members advocated care coordination/case management was the top priority ahead of eligibility determinations
 - **Response:** DHCS will take this into consideration

X. Public Comment
Sarah Brooks

No public comments received

XI. Next Steps
Sarah Brooks

Provided information on next steps and relayed contact information regarding questions or feedback

Summary of Discussion:

- Members asked DHCS to coordinate with other stakeholder meetings of similar topics to avoid scheduling conflicts
 - **Action Item:** DHCS will review future meeting dates and coordinate with others

Meeting adjourned at 2 p.m.