California Children's Services Monitoring and Oversight Workgroup Meeting

May 23, 2022

Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
April Meeting Summary	12:10-12:20
Policy Updates	12:20-12:30
Assumptions and Parking Lot	12:30-12:55
Whole Child Model Reform Efforts	12:55-1:20
CalAIM Enhanced Care Management Overview	1:20-1:50
Landscape Review	1:50-2:25
Break	2:25-2:35
Memorandum of Understanding Structure, Compliance Framework, and Prioritization Process	2:35-3:40
Public Comment	3:40-3:50
Next Steps	3:50-4:00

Housekeeping & Webex Logistics

Do's & Don'ts of Webex

» Participants are joining by computer and phone (link/meeting info on [California Children's Services (CCS) 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

» To use the "Raise Your Hand" function click on participants in the lower right corner of your chat box and select the raise hand icon

» Note: Department of Health Care Services (DHCS) is recording the meeting for note-taking purposes

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Workgroup Members

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

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,** Humbolt 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, Integrated Systems of Care Division (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 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:

» 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.

April Meeting Summary

» During the April meeting, the workgroup reviewed and provided feedback on the following topics:

» Problem statement and workgroup goals

» Assumptions and parking lot

» Compliance program elements

» CCS documents and other relevant materials

» Workgroup feedback will be incorporated in today's presentation and discussion

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Whole Child Model (WCM) and Kaiser

» The Governor's 2022-2023 May Revision includes Kaiser implementing the CCS WCM in applicable counties.

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Assumptions

» The process will be transparent and cooperative

» DHCS will consider the 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 for some counties, resulting from standardization of the program

Assumptions (Continued)

Based on the April workgroup meeting, the following assumptions have been added:

» This process will be member centric

» 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 is required

» There will be separate MOU templates based on distinct county model types

» e.g., classic, independent, dependent (small and large), WCM

» Measures identified through this process will include actions within county control

» The DHCS/county workplan timeline will take into account county review processes (e.g., Board of Supervisors, County Counsel, County Director's Office)

Parking Lot

Issue Description	Raised On	Venue to Address
Enhanced Care Management (ECM) and CCS case/care management intersection	4/25/2022	CalAIM ECM and Population of Focus discussions and workgroups. Independent DHCS discussions with workgroup members.
Budget/financing	4/25/2022	Independent DHCS discussions with workgroup members.
Respite rates for registered nurses	4/25/2022	TBD
WCM dashboard data accuracy	4/25/2022	Next Quarter's CCS Advisory Group Meeting

Workgroup Discussion

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WCM Reform Efforts

» The establishment of the WCM program in certain County Organized Health System (COHS) or Regional Health Authority counties allowed for CCS program covered services for Medi-Cal eligible CCS children/youth to be included in a Medi-Cal managed care plan (MCP) contract.

» Throughout this process, we will leverage existing resources from previous CCS reform efforts to inform the workgroup's efforts.

   » WCM Division of Responsibilities

Workgroup Discussion

1. As we continue our work to develop a compliance program for CCS, what are the lessons learned from the WCM transition, relevant to our efforts?

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Overview of Enhanced Care Management (ECM)

MCP Population Health Program for all kids

ECM
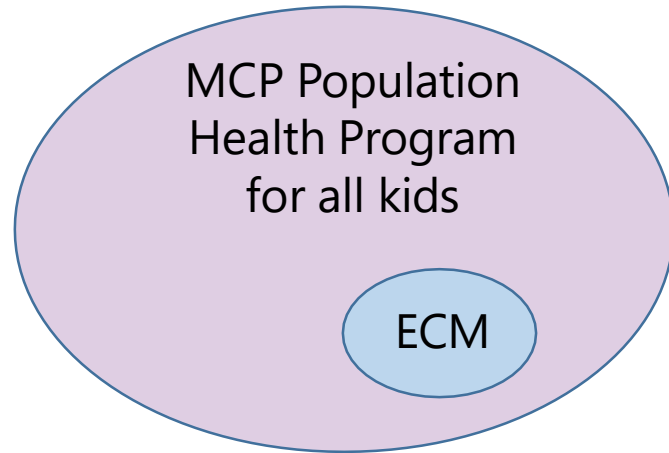
Important note: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) remains the foundation of ensuring that children and youth under 21 years of age receive all medically necessary preventive, dental, mental health, developmental, and specialty services; **ECM does not supplant it.**

- ECM is a whole-person approach to **comprehensive care management** that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal managed care members.

- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person[1] interactions** with members where they live, seek care, or prefer to access services.

- DHCS' vision for ECM is to **coordinate all care for eligible members**, including **physical, behavioral, long-term services and supports, and dental health needs**.

- Every Medi-Cal managed care member enrolled in ECM will have **a dedicated care manager**.

- ECM is available **to members who meet ECM Population of Focus (POF) definitions; members may opt out at any time.**[2]

1. As of January 2022, due to the extended public health emergency, ECM providers may temporarily implement telephonic and video call ECM services to substitute for face-to-face ECM services
2. For more information about ECM POF, see Key ECM Design Implementation Decisions on the DHCS ECM & Community Supports website

ECM Implementation Timeline

ECM go–live is occurring in stages, by POF

Population of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD) 4. Incarcerated and Transitioning to the Community *(some Whole Person Care (WPC) counties)*	January 2022 (WPC pilots / Health Homes Program (HHP) counties); July 2022 (all other counties)
5. Incarcerated and Transitioning to the Community *(all other counties)* 6. At Risk for Institutionalization and Eligible for Long-Term Care (LTC) 7. Nursing Facility Residents Transitioning to the Community	January 2023
8. Children / Youth POF	**July 2023**

On 1/1/2022, approximately 80,000 MCP Members automatically transitioned to ECM from the Health Home Program (HHP) and Whole Person Care (WPC) Pilot Program

Note: Timeline also available at: https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Key-Design-Implementation-Decisions.pdf

Refining Program Interplay

» Both ECM and the CCS program provide case management services, and the interplay between these program benefits isn't straightforward.

» Implementation of ECM is discussed in a variety of workgroups and advisories to provide updates, gain feedback, and ensure shared understanding, including, but not limited to:
  » Stakeholder Advisory Committee (SAC)
  » Behavioral Health – Stakeholder Advisory Committee (BH-SAC)
  » Medi-Cal Children's Health Advisory Panel (MCHAP)
  » CCS Advisory Group
  » Managed Care Advisory Group (MCAG)

» ECM-specific workgroups will more explicitly address service definitions and program overlaps for the children/youth enrolled in CCS/WCM for ECM implementation by July 1, 2023.

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CCS Documents and Other Relevant Materials

1. **Title 22, Division 2, Subdivision 7**
2. **Health and Safety Code, Chapter 3 of Part 2 (commencing with Section 123800)**
3. **CCS Administrative Case Management Manual**
4. Numbered Letter (NL)/Information Notice (IN) Inventory
5. Plan and Fiscal Guidelines (PFGs)
6. CCS Manual of Procedures
7. All Plan Letters (APLs)
8. Medi-Cal Request for Procurement
9. CCS Provider Standards
10. CMS Net
11. Relevant State and federal requirements (e.g., EPSDT, Title V/children with special health care needs (CSHCN))
12. WCM dashboard and non-WCM dashboards
13. Other significant guidance documents (e.g., Comprehensive Quality Strategy)
14. Current MOUs between MCPs and counties
15. CCS Monitoring and Oversight Workgroup and CCS Advisory Group meeting notes and input
16. WCM Division of Responsibility Chart

Bolded items were identified as foundational CCS documents during the last workgroup meeting and in subsequent discussions

Landscape Review

» DHCS has begun a landscape review based on the CCS foundational documents and other related resources identified by the workgroup.

» Crosswalk of programmatic requirements from foundational documents, such as the Health and Safety Code, Title 22, CCS Administrative Cases Management Manual, etc.

Purpose of Landscape Review

» The landscape review activities will inform the CCS program prioritization process and provide tools to conduct gap analyses as well as identify roles and responsibilities.

» In the future, DHCS will ask workgroup members to review the components of the landscape review for feedback.

Reference Information for Landscape Review

Shared with Workgroup

- NL/IN Inventory
- Inventory of Reporting Requirements
  - Preliminary overview of initial findings

Forthcoming

- Gap Analysis (e.g., CMS Net timeline)
- Prioritization Survey
- Other?

Inventory of Reporting Requirements

Purpose: To gain a better understanding of reporting and oversight functions providing a baseline to develop a compliance framework and program.

This tool is intended to capture all reporting requirements, including:

» Current submissions to DHCS
» Previous submissions to DHCS that are no longer collected

Inventory of Reporting Requirements

Document or Report Title	Reporting Requirement	Purpose or Intent of Document/Report	Currently Reporting (Y/N)	Frequency	Source	Comment
Title of document or report being referenced. For example, PFGs, CCS Administrative Case Management Manual, etc.	County CCS program reporting requirements. For example, what the county reports to DHCS.	Purpose of reporting requirement. For example, to establish budget allocations.	Is the county you represent currently reporting on the requirement listed in Column B?	Frequency at which your county submits this information to DHCS.	Source for reporting requirement. For example, Health and Safety Code, Title 22, or NL.	Additional workgroup member comments.

NL Update

» During the review of the NLs, it was identified that additional NLs exist beyond those maintained by DHCS.

» For purposes of this project, NLs from 1992 forward will be considered.

» Should workgroup members identify any other NLs that should be considered for purposes of inclusion in this process, email to CCSProgram@dhcs.ca.gov.

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MOU Structure

» Base MOU for all counties
  » Basic core functions
» Specific attachment for each model type, including:
  » WCM counties
    » Independent counties
    » Dependent counties (small and large)
  » Classic
    » Independent counites
    » Dependent counties (small and large)
» Utilization of Health and Safety Code and Title 22 to inform MOU
» The MOU will:
  » Reference authorities or key policies
  » Minimize duplication when possible
» Compliance program and framework

Elements of Compliance Program

Compliance Framework

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.

Planning

Implementation

Monitoring

Corrective Actions/ Enforcement

Stakeholder Input

Transparency

Prioritization Process

» Core programmatic functions as identified by workgroup members:

   » Eligibility (Financial, Residential, Medical, Other)

   » Case Management/Care Coordination

   » Administrative Coordination

   » Authorization

   » Benefits/Services

   » Grievance, Appeals, and Fair Hearings

   » Timely Access Requirements

» This process is focused on program performance measurement versus quality measurement.

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Next Steps

» Meeting summary

» **Homework:** Provide feedback and recommendations on the prioritization process and on the reporting requirement inventory by June 6

» DHCS may reach out to workgroup members with program questions

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 workplan

January-April 2023

ACTIVITIES

» Finalize MOU templates

» Draft and finalize supporting INs

Stakeholder Input

Workgroup Meeting Logistics

Meeting notices and materials to be posted on the DHCS website.

2022-2023 Workgroup Meeting Dates

- » June 30*
- » August 22
- » October 24
- » December 19

- » July 25
- » September 26
- » November 21
- » January 23

* Indicates date change

Contact Information

» For more information, questions, or feedback regarding the CCS 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.

Thank you!