California Children's Services Monitoring and Oversight Workgroup Meeting

July 25, 2022

DHCS

Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
June Meeting Summary and Program Policy Updates	12:10-12:15
Landscape Review	12:15-12:20
Compliance Program Development	12:20-1:40
Break	1:40-1:50
Performance Metrics and Review Process	1:50-2:50
Memorandum of Understanding (MOU) Development	2:50-3:45
Public Comment	3:45-3:55
Next Steps	3:55-4:00

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
- Live closed captioning will be available during the meeting

Note: The 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. **Holly Henry,** Lucile Packard Foundation for Children's Health
11. **Janet Peck,** Butte County CCS
12. **Jennifer Macievich,** Napa County CCS*
13. **Jody Martin,** Mono County CCS
14. **Katherine Barresi,** Partnership HealthPlan of California
15. **Kathryn Smith,** Children's Hospital Los Angeles

Workgroup Members

16. **Katie Schlageter,** Alameda County CCS
17. **Kristen Dimou,** San Diego County CCS/Medical Therapy Program (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, 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,** Senior Strategic Advisor / Subject Matter Expert
- **Marisa Luera,** Associate Director / Subject Matter Expert
- **Alex Kanemaru,** Senior Consultant / Project Manager

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June Meeting Summary

- During the June meeting, the workgroup reviewed and provided feedback on the following topics:
  - Reporting Requirements Tool responses from workgroup members
  - Compliance program best practices and relationship with CCS program
  - Historical and existing DHCS oversight functions
  - Proposed MOU structure and roles and responsibilities
  - Existing performance measures and data sources

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

Homework from June Workgroup

Compliance Program Activities.

- What key elements and activities should be included, and what might they look like?
- For example, what training elements/requirements should be included considering both state and local levels?

Existing Performance Measures.

- Should the existing performance measures be continued? Which ones are a priority?
- What challenges and issues exist with these measures today?
- What new performance measures should be added? What details can you provide about how these could be operationalized, such as data source, etc.?

Data Sources.

- Please provide any other comments you may have about the value of Children's Medical Services (CMS) Net and Microsoft Business Intelligence (MSBI).
- What key challenges and issues exist with these?
- What other main data sources should be included? What challenges exist?

Program Policy Updates – Kaiser Direct Contract

Follow-up from prior workgroup meeting:

- Kaiser Direct Contract Memo
- Assembly Bill 2724, Arambula (Chapter 73, Statutes of 2022)
- Crosswalk of Whole Child Model Program Implementation and DHCS/Kaiser Direct Contract

Whole Child Model (WCM) and Kaiser Direct Contract Memo Counties

	Today	In 2024
Kaiser would have a contract in 22 counties where Kaiser currently participates as a Medi-Cal managed care plan (MCP) and the 10 counties where Kaiser has another line of business.	Direct Contract • Amador, El Dorado, Placer, Sacramento, San Diego (5) Delegation/Subcontracted plan • Alameda, Contra Costa, Kern, Los Angeles, Marin, Napa, Orange, Riverside, San Bernardino, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Sonoma, Ventura, Yolo (17)	Today's counties (22) as a direct contract Direct contract in counties where Kaiser has another line of business (10) • Fresno, Imperial, Kings, Madera, Mariposa, Santa Cruz, Stanislaus, Sutter, Tulare, Yuba

Crosswalk of WCM Implementation in County Organized Health Systems (COHS) and Kaiser Direct Contract Memo

County	COHS	Kaiser
Alameda		X
Alpine		
Amador		X
Butte		
Calaveras		
Colusa		
Contra Costa		X
Del Norte	X	
El Dorado		X
Fresno		
Glenn		
Humboldt	X	

County	COHS	Kaiser
Imperial		
Inyo		
Kern		X
Kings		
Lake	X	
Lassen	X	
Los Angeles		X
Madera		
Marin	X	X
Mariposa		
Mendocino	X	
Merced	X	

County	COHS	Kaiser
Modoc	X	
Mono		
Monterey	X	
Napa	X	X
Nevada		
Orange	X	X
Placer		X
Plumas		
Riverside		X
Sacramento		X
San Benito		
San Bernardino		X

Crosswalk of Whole Child Model Implementation in COHS and Kaiser Direct Contract Memo *(Continued)*

County	COHS	Kaiser
San Diego		X
San Francisco		X
San Joaquin		X
San Luis Obispo	X	
San Mateo	X	X
Santa Barbara	X	
Santa Clara		X
Santa Cruz	X	
Shasta	X	
Sierra		
Siskiyou	X	
Solano	X	X

County	COHS	Kaiser
Sonoma	X	X
Stanislaus		
Sutter		
Tehama		
Trinity	X	
Tulare		
Tuolumne		
Ventura		X
Yolo	X	X
Yuba		

Workgroup Discussion

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Landscape Review Updates

- Deliverables distributed:
  - CCS program roles and responsibilities matrix
  - Working draft list of program definitions

CCS Program Definitions

- Development of program definitions document to include in MOU
  - **Homework:** provide feedback on working definitions document
- Identification and tracking of definitions needing clarification:
  - Case management
  - Care management
  - Care coordination
  - Transition planning (*current performance metric*)
  - Family participation (*current performance metric*)

CCS Case Management Definition Development

- DHCS researched various definitions from these resources, but not limited to:
  - Children Regional Integrated Services Systems, California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) policy guide, WCM MOU, Quality and Population Health Management Framework, Centers for Medicare & Medicaid Services
- DHCS will share a proposed definition for feedback

Workgroup Discussion

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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.

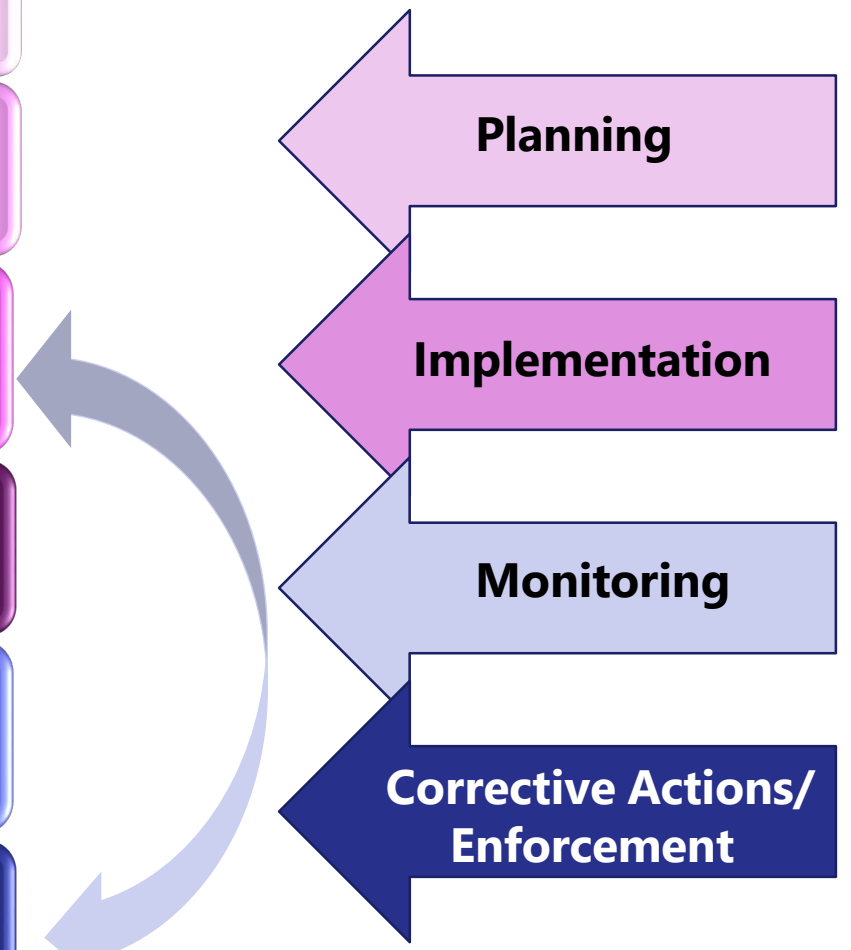
Training
Effective training and education for staff and leadership according to functional areas.

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

Monitoring and Surveying
Reasonably designed monitoring and surveying 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



Stakeholder Input **Transparency**

Oversight and Monitoring in Managed Care

- DHCS/MCP contracts require MCPs to maintain compliance with all applicable state and federal laws and regulations.
- DHCS provides technical assistance when MCPs do not meet requirements. If identified deficiencies are not corrected within appropriate timeframes, DHCS may administer a corrective action plan or sanctions, respectively, until the issue is resolved.

DHCS Monitoring Mechanisms:

- Annual and focused audits
- Annual network certifications
- Managed Care Accountability Set (MCAS) performance metrics
- Grievances and appeals/Independent Medical Reviews/State Fair Hearings
- Ombudsman
- Encounter data
- Provider data
- Quarterly data submissions (e.g., WCM)
- Ad-hoc data submissions
- Secret shopping
- Other

Medi-Cal Managed Care Monitoring

Initial Compliance Program Feedback

- ***Authority***
  - Clearly established roles and responsibilities based on county CCS status.

- ***Standards and Procedures***
  - County policies and procedures reflective of Title 22 and the Case Management Manual and submitted to DHCS.
  - Updated state policies and procedures for counties.
  - Establishment of clear standards and procedures between DHCS, county, and MCP (as applicable).

- ***Training Requirements***
  - DHCS lead training for CCS administrators covering CMS Net, MSBI, policies and procedures, Plan and Fiscal Guidelines (PFGs), eligibility, and performance measures.
  - Reinstatement of annual best practices conference (specific tracks based on expertise and tenure).
  - Documentation and tracking of internal county training on policies and procedures.

Initial Compliance Program Feedback

- ***Communication***
  - Clearly defined grievance and appeals process.
  - DHCS identified point of contact for each county or other open line of communication between DHCS and county.
  - Timely and readily available documentation for All Plan Letters and Numbered Letters (NLs) should be created and distributed to all parties.

- ***Monitoring and Surveying***
  - Collected from various data sources, including, but not limited to: CMS Net, MSBI, county tracking systems, MCP tracking systems, and WCM and CCS dashboards.

- ***Corrective Action and Enforcement***
  - Constructive actions; not punitive.
  - Progressive process, with financial penalties being the last course of action.

Proposed Compliance Program Plan - Draft

Best Practices

Program Outcomes

- Operate in accordance with applicable state and federal laws and regulations
- Prevent fraud, waste, and abuse or other compliance issues
- Identify compliance issues early
- Create culture of compliance
- Build program confidence
- Program improvement and standardization

Overall, includes aspects of compliance prevention, detection, and corrective action.

Proposed for CCS

- Achieve high-quality and standardized statewide operations and services that are member and family centered.
- Ensure effective, consistent, and continuous optimal care and service delivery.
- Create a culture of compliance and build confidence in the program.
- Formalize program compliance expectations and provide ongoing support and training to achieve statewide consistency in compliance requirements and goals.
- Establish strong communication, outreach, and feedback pathways between DHCS, counties, MCPs, and other stakeholders to support monitoring and oversight and ensure family voices are heard.

Proposed Compliance Program Plan - Draft

Best Practices

Authority

- Establish responsible person for compliance responsibilities

Proposed for CCS

- State to identify DHCS division and email contact information for oversight and monitoring, and publish to website.
- County to designate and maintain identified program contact responsible for compliance functions and liaison with state.
- County must identify local roles and responsibilities and submit to state, such as through an organizational chart.
- County to maintain and regularly update to new program requirements MOUs and Intergovernmental Agreements and regularly submit to state.

Proposed Compliance Program Plan - Draft

Best Practices

Standards and Procedure

- Clear state policy describing compliance program – outlined in MOU, NL, and related documents.
- Expectations and requirements for local written policies and procedures (P&Ps).
- Reporting procedures, such as for data.

Proposed for CCS

- As a living document, the state shall establish and update the ***CCS Oversight and Monitoring Compliance Program Plan*** that identifies objectives, requirements and expectations of DHCS' oversight and monitoring activities and describes DHCS action taken to build the compliance program.
- State shall regularly develop and publish compliance program related guidance.
- State shall create and make available technical operational guidance and user guides.
- State shall review county P&Ps annually as changes are made to ensure compliance and statewide consistency.
- County shall develop, implement, and maintain local level P&Ps and submit to DHCS annually, or as specified by DHCS, for review.
- County shall submit program planning and administrative plans outlined in PFGs.

Proposed Compliance Program Plan - Draft

Best Practices

Training

- Focus on key compliance issues and core functional areas.
- Regularly maintained and updated training materials.
- Incorporation as part of new staff onboarding.
- Ongoing training (state and local level).

Proposed for CCS

- State shall provide timely training and technical assistance (TA) support to help CCS program establish and maintain compliance.
- State shall establish various ongoing regular trainings and meetings with counties to support compliance including for onboarding, CMS Net/MSBI, performance measures, and “high-risk” areas.
- State shall provide ad-hoc TA as needed.
- County shall participate in state lead trainings.
- County shall develop and train to local level P&Ps on program requirements, including for compliance and onboarding.
- County shall meet training requirements established in the PGFs.

Proposed CCS Compliance Program - Draft

Best Practices

Communication

- Quick response by both the state and local program on identified issues.
- Complaints monitoring.
- Clearly identified communication avenues, such as through designated email, established liaison, and call number.
- Make key program documents and guidance transparent, such as available on website.

Proposed for CCS

State requirements

- Inform CCS programs through a regular news flash or similar program communication and email distribution list of the latest standards, policies guidelines, and new performance and compliance requirements.
- Maintain and regularly update a CCS specific program oversight and monitoring website that includes, but is not limited to: outcomes of performance surveys and performance metrics.
- Establish and maintain a CCS specific program oversight and monitoring inbox to receive program comments and complaints from internal or external sources and provide regular related public communications of these processes.
- Established grievance and appeals process.

Proposed Compliance Program Plan - Draft

Best Practices

Communication

- Quick response by both the state and local program on identified issues.
- Complaints monitoring.
- Clearly identified communication avenues, such as through designated email, established liaison, and call number.
- Make key program documents and guidance transparent, such as available on website.

Proposed for CCS

State requirements

- Utilize existing regular venues for sharing of program policy updates, best practices, and other critical program information.
- Regularly review new policy guidance through CCS Advisory Group or other similar venue and release for public comment providing at least two weeks for review, as appropriate.

Proposed CCS Compliance Program - Draft

Best Practices

Communication

- Quick response by both the state and local program on identified issues.
- Complaints monitoring.
- Clearly identified communication avenues, such as through designated email, established liaison, and call number.
- Make key program documents and guidance transparent, such as available on website.

Proposed for CCS

County requirements

- Establish hotline to receive complaints and other notifications from internal and external sources, including the public.
- Counties shall report complaints information monthly, including type of and time to resolve complaint, as specified, to DHCS.
- Established process for review of compliance findings with CCS leadership and public.
- Establish regular member and family convening to share policy updates and program experience, and provide opportunity to participate in program development, updates, and outcomes.

Proposed Compliance Program Plan - Draft

Best Practices

Monitoring and Surveying

- Set baseline to identify trends.
- Risk assessments based on past behaviors and regularly revisit them to identify areas of improvement.
- Regularly scheduled monitoring and reporting.

Proposed for CCS

- State shall publish ***CCS Oversight and Monitoring Annual Report*** beginning with first year of the program summarizing compliance program outcomes.
- State shall conduct regular onsite administrative and medical surveys on 1/3 of counties every year.
- State shall conduct regular county administrative desk reviews on non-survey years and perform ad-hoc county reviews as needed.
- County shall cooperate with DHCS' surveys and requests.
- County shall follow established performance monitoring and metrics requirements. ***(See Performance Metrics and Review Process section)***.

Discussion Questions

- Do the activities presented reflect priorities for oversight?
- Are there key activities that might be missing?
- Are there any concerns about what is presented in this draft proposal?
- **Homework for workgroup:**
  - Review Compliance Program Plan draft proposal
  - Identify what specific corrective actions and enforcement might look like

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Performance Metrics and Standards

- With stakeholder input, DHCS will establish a set of program metrics to support program oversight that will focus on core program performance (versus quality) of the CCS program.
- With workgroup input, a process for updating, reviewing, and refreshing the identified measure set will be developed.
- As oversight and monitoring functions mature, the state will begin to incorporate quality measures. DHCS anticipates discussion of quality measures occurring through a separate workgroup process.
- Additional standards and expectations will be included, such as for reporting and budgeting.

Performance Metrics and Review Process

State Requirements:

- Measures shall be standardized across counties and for Medi-Cal and CCS state only members where possible, but have consideration for unique county CCS status.
- Specific measures and related standards and reporting requirements will be published in NLs that counties must follow, accordingly.
- The first two years of the program are considered “reporting only” for DHCS to establish county baseline performance on established metrics and standards.
- DHCS shall measure performance on, and hold counties accountable to, established metric standards and benchmarks in the third year and ongoing.
- DHCS shall review county performance on selected measures and publicly publish performance outcomes on its website annually beginning with the first year of the program.
- DHCS shall engage with counties and stakeholders on the development and review of metrics beginning in year four of the program and re-review every two years thereafter.

Performance Metrics and Review Process

County Requirements

- Collect and report required data to review and analyze performance on metrics and provide performance measure reports annually to DHCS no later than November 30 of each fiscal year.
- Report on both CCS Medi-Cal and CCS state-only members.
- For the first two years of program, counties will be required to report data on metrics for DHCS to establish baseline information.
- Participate and collaborate in related DHCS processes for updating and reviewing metric set.
- Regularly monitor performance on established metrics and review with county CCS leadership, at least quarterly.

Prioritization Process – Establishing Metric Domains and Focus

- Core programmatic functions as identified by workgroup members:
  - Eligibility - Financial, residential, and medical
  - Case Management/Care Coordination
  - Administrative – budget/fiscal, reporting requirements
  - Administrative Coordination – engagement and coordination with delivery system partners; existence of MOUs with Regional Centers, MCPs, etc.
  - Authorizations
  - Benefits/Services
  - Grievance, Appeals, and Fair Hearings
  - Access to Care

Measure Selection Criteria

- **High Priority / Important**
  - Does the measure reflect the goals of the program?
  - Is the measure person centered?
- **Core Function**
  - Is the activity being measured a core programmatic function?
- **Feasibility and Administrative Ease**
  - Is data available to capture for the measure? (already reported, etc.)
  - Can the measure be clearly defined and understood?
  - Can the measure be reported on and analyzed?
- **Within Control of County**
  - Is the measure activity within the county's control?

Existing CCS Performance Measures

- **Measure 1. Medical Home** – Children in the CCS program will have a designated primary care physician and/or a physician who provides a medical home.
- **Measure 2. Determination of CCS Eligibility** – Children referred to CCS have their program eligibility determined within the prescribed guidelines.
- **Measure 3. Specialty Care Center (SCC)** – Presence of annual team conference report and referral of child to SCC.
- **Measure 4. Transition Planning** – Children, 14 years and older, who are expected to have chronic health conditions that will extend past the twenty-first birthday will have documentation of a biannual review for long-term transition planning to adulthood.
- **Measure 5. Family Participation** – Degree to which the CCS program demonstrates family participation.

*Details on measure definitions, specifications, and data sources are contained in Section 3 of PFG.

Initial Feedback on Existing Performance Measures

- While all measures were deemed to have some value, county responses varied in what measures are high-priority, should be removed, and/or modified. This often depended on county status (e.g., SCC)
- Modifications to measures should be made to reflect actual program practice, clearer definitions, and ensure activity is within county control (e.g., medical eligibility)
- Challenges include non-standardized data collection in CMS Net, variance in wording and interpretation of measures, and workload to report on measures.
- Other performance measures to consider for inclusion:
  - Family satisfaction
  - Case finding/response to diagnostic programs
  - Care coordination between counties
  - Appeals
  - Inter-county transfers
  - Newborn hearing screening referrals
  - Private duty nursing
  - MTP referrals
  - Care received in SCC or by a CCS paneled provider
  - Compliance with Annual Medical Review
  - Timely access to care

Discussion Questions

- What feedback do you have on the **overall metrics requirements and review process**?
- Do you agree with the **domains**? Should these domains be kept throughout the process?
- Are there **criteria for measure selection** that should be added or eliminated from the list presented?
- How should **county variability** be handled in approaching measures and performance?

Workgroup Discussion

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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
  - Classic
    - Independent counties
    - Dependent counties
- Utilization of Health and Safety Code (HSC) and Title 22 to inform MOU
- The MOU will:
  - Reference authorities or key policies
  - Minimize duplication when possible
- Compliance program

Proposed MOU Outline

I. Background
II. Purpose
III. Scope of Work
IV. Organizational Structure
V. Term
VI. Data and Information Sharing
VII. Oversight and Monitoring
    a) Authorities
    b) Standards and Procedures
    c) Training
    d) Communication
    e) Monitoring and Surveying
        a) Performance Measures and Review Process
    f) Corrective Action and Enforcement
VIII. Grievances and Appeals
IX. Confidentiality
X. Liability and Indemnity
XI. Amendments
XII. Liaisons
XIII. Business Associate Agreement
XIV. Attachments (County Model Specific)
    a) County, DHCS, and MCP (as applicable) Roles and Responsibilities
    b) Reporting Requirements
XV. Appendices
    a) Definitions

Items in **bold** have been updated.

Roles and Responsibilities – Draft

- The Division of Responsibility matrix details program activities and roles for counties, DHCS, and MCPs (as applicable)
- The matrix is intended to inform the development of the MOU

Discussion Questions

- As an initial first pass of outlining comprehensive roles and responsibilities, does the chart provided to the workgroup capture major activities?
- Are all the relevant authorities captured?
- What activities might be missing?
- How can the level of detail be further developed to inform the MOU?
- **Homework:** review and refine the roles and responsibilities chart

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Next Steps

- Meeting summary
- **Homework:** Follow up on:
  - Program Definitions
  - Compliance Program Plan
  - Performance Metrics and Review Process
  - Roles and Responsibilities
- DHCS may reach out to workgroup members with program questions.

Updated Timeline

ACTIVITIES

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

ACTIVITIES

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

ACTIVITIES

- Continue development of MOU templates
- DHCS/county implementation workplan

ACTIVITIES

- Finalize MOU templates
- Draft and finalize supporting Information Notices (Ins)

Stakeholder Input

Workgroup Meeting Logistics

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

2022-2023 Workgroup Meeting Dates

- August 22
- September 26
- October 24
- November 21
- December 19
- January 23

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!

DHCS

Appendix

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 MOU with DHCS to document each county's obligations in administering the CCS program.

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 (April Meeting)

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 work plan timeline will take into account county review processes (e.g., Board of Supervisors, county counsel, county Director's Office).

Assumptions (May Meeting)

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

- Throughout this process and especially through the MOUs, clear definitions and roles and responsibilities will be established.
- CCS Monitoring and Oversight program will be developed with consideration of managed care oversight and monitoring activities and will align where possible.
- Deliverables developed through this process will be done through the lens of the currently existing NLs, PFGs, and existing law.
- Process will take into consideration county's unique status (e.g., dependent, WCM, etc.).
- Ensuring family voices are heard; inclusion in the process.
- Metrics and standards identified through this process will inform existing programmatic requirements.

See Appendix for additional assumptions developed by the CCS Monitoring and Oversight workgroup.

Case Management Improvement Project (CMIP) Overview

Overview: CMIP is a voluntary program created for counties to partner with state regional offices to assist with determining medical eligibility and processing service authorizations. There are three CMIP levels and CMIP level three includes four sublevels A-D of increasing responsibilities for determining medical necessity and medical eligibility.

Responsible Party	Level 1	Level 2	Level 3A	Level 3B	Level 3C	Level 3D
State	Determine medical eligibility and service authorizations	Initial medical eligibility determination and initial service authorizations	Initial medical eligibility determination and initial service authorizations	Initial medical eligibility determination only		-
County	Determine residential and financial eligibility and coordination of services	Continued medical eligibility determination, residential and financial eligibility, continued authorization of services previously determined medically necessary by the state, and coordination of services	All other responsibilities	All other responsibilities		Only 3D counties can determine initial medical eligibility

CMIP Roles and Responsibilities for Dependent Counties

Responsibilities	Approvals	Level 1	Level 2	Level 3A	Level 3B	Level 3C	Level 3D
Medical Eligibility	Initial	DHCS	DHCS	DHCS	DHCS	DHCS	County
	Continued	DHCS	County	County	County	County	County
Residential/ Financial Eligibility	All	County	County	County	County	County	County
Authorizations	Initial	DHCS	DHCS	DHCS	County	County	County
	Continued	DHCS	County	County	County	County	County
Coordination of Services	All	County	County	County	County	County	County

Dependent Counties in each CMIP Level

	Level 1	Level 2	Level 3A	Level 3B	Level 3C	Level 3D
County	Calaveras, Glenn, Imperial, Inyo, Mariposa, Mono, Plumas, San Benito, Sierra, Tehama	Amador, Colusa, Nevada, Tuolumne		El Dorado, Kings, Madera, Sutter	Yuba	

CCS Documents and Other Relevant Materials

1. **Title 22, Division 2, Subdivision 7**
2. **HSC, Chapter 3 of Part 2 (commencing with Section 123800)**
3. **CCS Administrative Case Management Manual**
4. NL/IN Inventory
5. PFGs
6. CCS Manual of Procedures
7. All Plan Letters
8. Medi-Cal Request for Procurement
9. CCS Provider Standards
10. CMS Net/MSBI
11. Relevant state and federal requirements (e.g., Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), Title V/children with special health care needs)
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
17. Historical audit tools
18. Draft Population Health Management Strategy and Roadmap 2022
19. CMIP Roles and Responsibilities (appendix)

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

DHCS Historical and Existing Oversight

- **Historical Oversight Functions**
  - Local CCS program assessments based on written and statutory requirements (e.g., HSC, Welfare and Institutions Code [WIC], PFGs)
  - Neonatal Intensive Care Unit and hospital reviews
  - The state program conducted desk and onsite visits, plus other site visit survey requirements (e.g., infection control, emergency information materials, etc.) per CCS standards
  - Counties historically reported appeals log data to the state
  - Onsite CMS Net trainings
  - Evaluation of Outpatient Rehabilitation Centers (OPRC) every two years utilizing the OPRC Certification Survey checklist
- **Currently Existing Oversight Functions**
  - Some counties currently report on the five existing performance measures and plan and budget requirements in the PFGs
  - Annual program data requested every April for MTP