



California Children's Services Monitoring and Oversight Workgroup Meeting

September 26, 2022



Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Program Policy Updates	12:10-12:25
July Meeting Summary	12:25-12:35
California Children's Services (CCS) Monitoring and Oversight Compliance Program Plan – Updated Draft	12:35-1:00
Memorandum of Understanding (MOU) Development/State Guidance	1:00-2:00
Break	2:00-2:10
Roles and Responsibilities	2:10-3:20
Grievance and Appeals	3:20-3:45
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 [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 (Chris) McSorley**, Lake County CCS
6. **Jolie Onodera**, 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 Smith**, Children's Hospital Los Angeles

Workgroup Members (continued)

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 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 Netherland**, Caregiver Representative/California Children's Trust - Caregiver Engagement
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/Family Advisory Committee, 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
- » **Pamela Riley, MD**, Assistant Deputy Director, Quality and Population Health Management and Chief Health Equity Officer
- » **Joseph Billingsley**, Assistant Deputy Director, Integrated Systems
- » **Bambi Cisneros**, Assistant Deputy Director, Managed Care
- » **Cortney Maslyn**, Division Chief, Integrated Systems of Care Division (ISCD)
- » **Dana Durham**, Division Chief, Managed Care Quality and Monitoring (MCQMD)
- » **Jill Abramson, MD**, Medical Consultant, ISCD
- » **Cheryl Walker, MD**, Medical Consultant, ISCD
- » **Megan Sharpe**, MTP 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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ISCD Introduction

- » Cortney Maslyn was appointed as Chief of ISCD
- » More than five (5) years of experience with DHCS
 - » Her most recent role was Branch Chief of Program Monitoring and Compliance with MCQMD

Update: CCS Case Management Definition

- » DHCS reviewed many sources for a case management definition
- » The objective is to align the case management definition across DHCS
 - » Per workgroup feedback, case management definition will be specific to CCS
- » An appendix is included at the end that details the definitions and sources

Next Steps

- » DHCS is soliciting feedback on the definition by encouraging the workgroup member's assessment of the definitions provided and informing us of preferred definitions or a proposed CCS case management definition
- » Receive stakeholder feedback on CCS case management definition for consideration
- » Update workgroup during October and/or November meeting(s)

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July Meeting Summary

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

- » Overview of monitoring and oversight functions for Medi-Cal managed care plans (MCP)
- » Draft *CCS Monitoring and Oversight Compliance Program Plan*
- » Introduction of criteria for metric selection and domains
- » Draft *Roles and Responsibilities Matrix* for the MOU
- » Draft *CCS Monitoring and Oversight MOU Definitions*

Workgroup feedback during the July meeting and subsequent homework items will be incorporated in today's presentation and discussion.

Homework from July Workgroup

Draft CCS Monitoring and Oversight Compliance Program Plan

- » Feedback requested from workgroup members on key activities, concerns, and comments on a grievance and enforcement process

Draft CCS Monitoring and Oversight Division of Responsibility Matrix

- » General feedback to verify the roles and responsibilities align with current expectations of counties, DHCS, and MCPs (as applicable)

Draft CCS Monitoring and Oversight MOU Definitions

- » General feedback to add any additional definitions for inclusion in the MOU appendix

Additional Details on Proposed Metrics

- » Workgroup members who previously proposed metrics were asked to provide technical specifications

Status of Metrics and Standards

- » During the October CCS Monitoring and Oversight Workgroup, there will be further discussion on metrics and standards based on workgroup member feedback, defined domains, and metric selection criteria

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

Planning

Implementation

Monitoring

Corrective Actions/
Enforcement

Stakeholder Input

Transparency

Draft *CCS Monitoring and Oversight Compliance Program Plan*

Compliance Program

- » Formalizes efforts to prevent, identify, and respond to county inconsistencies with DHCS and federal requirements, align programmatic and organizational values, and uphold program integrity by averting fraud, waste, and abuse

Purpose and Goals

- » The *CCS Monitoring and Oversight Compliance Program Plan* will act as a living document and will continue to evolve based on agreed upon activities
- » High quality and standardized program statewide that is member and family centered
- » Formalize expectations around ongoing support and training to establish consistent compliance requirements and goals statewide
- » Establish strong communication, outreach, and feedback pathways between DHCS, counties, MCPs, and stakeholders
- » **Overall, includes compliance prevention, detection, and corrective action**

CCS Monitoring and Oversight Compliance Program Plan Process

DHCS reviewed all workgroup member feedback



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graph LR; A[DHCS reviewed all workgroup member feedback] --> B[An updated CCS Monitoring and Oversight Compliance Program Plan will be shared for additional review and feedback after today's meeting. A grievance process will be included based on today's discussion and workgroup feedback.]; B --> C[This document will be updated and built into the MOU once county and DHCS responsibilities are finalized.];
```

An updated CCS *Monitoring and Oversight Compliance Program Plan* will be shared for additional review and feedback after today's meeting. A grievance process will be included based on today's discussion and workgroup feedback.

This document will be updated and built into the MOU once county and DHCS responsibilities are finalized

Major Updates: Draft *CCS Monitoring and Oversight Compliance Program Plan*

- » There is an ongoing effort to align the current program guidance with the compliance, monitoring, and oversight requirements developed through this process
- » **II. Authority**
 - » Updated DHCS email inbox to identified DHCS division contact
 - » DHCS division contact is expected to respond within two (2) business days to confirm receipt of request
- » **IV. Training**
 - » To be determined based on forthcoming survey
- » **V. Communication**
 - » Commitment to establish grievance report template for complaints/grievances made through hotline, online portal, or another system
 - » Ongoing research on how to monitor grievances outside of a county's control
 - » Discussion of grievance and appeals process will occur later in the presentation
 - » Removed requirements around regular member and family convening
- » **VI. Monitoring and Surveying**
 - » Entrance interview for DHCS to give county an overview of the survey, expectations, and timeline as well as to understand the unique position, status, and challenges of the county

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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
 - i. Grievance Process**
 - e) Monitoring and Surveying
 - i. Performance Metrics and Review Process
 - f) Corrective Action and Enforcement
- VIII. Confidentiality
- IX. Liability and Indemnity
- X. Amendments
- XI. Liaisons
- XII. Privacy and Information Security Provisions**
- XIII. Attachments (County Model Specific)
 - a) County, DHCS, and MCP (as applicable) Roles and Responsibilities
 - b) MOU and Inter/Intra-Agency Agreement (IA)**
 - c) Reporting Requirements
- XIV. Appendices
 - a) Definitions

Items in **bold** have been updated

CCS Document Integration into MOU

- » Establishment of the CCS DHCS/county MOU requires integration of CCS administrative and state guidance
- » Overall, the MOU will formally capture all program requirements, expectations, and operating relationships in one centralized and controlling agreement
- » Some existing policy and operational documents will need to be revised or updated to reflect integration directly into the MOU language while more detailed policy will be included by reference such as Numbered Letters (NL)
- » New NLs will need to be created for Monitoring and Oversight policy

Hierarchical Flow

Statute and Regulations:

Establish foundational requirements for CCS program (e.g., Title 22)

State/Federal Statute and Regulatory Requirements

MOU:

Formal agreement capturing *all* program requirements, expectations, and operating relationships in one centralized and controlling document

DHCS/County MOU

Policy and Operational Documents:

Provide information, interpretation, and direction to counties; included by reference in the MOU

NLs

Plan and Fiscal Guidelines (PFGs)

Administrative Case Management Manual

Administrative Procedures Due Process Manual

CCS Monitoring and Oversight Policy Document Development

» The **CCS DHCS/County MOU** will also establish the high-level basic structure and requirements of the *CCS Monitoring and Oversight Compliance Program Plan*

» With workgroup input, DHCS anticipates developing **monitoring and oversight program NLS that detail:**

1. Performance Measures
2. Training Program/Policy
3. Grievance Process
4. Surveying
5. Enforcement and Corrective Action

CCS Monitoring and Oversight Compliance Program Plan

Describes the key components of DHCS compliance program activities, expectations and steps DHCS has taken to build the program

Changes to Existing CCS Documents for Monitoring and Oversight

Recognizing some monitoring and oversight related requirements already exist in established CCS program policy and operational documents, DHCS anticipates updating and transitioning certain component parts to MOU language and/or NL format, for example:

» PFGs

- » Main focus of PFG will be budgetary going forward
 - » **Section 3: Statement of Work.** Transition to MOU language; update as needed
 - » **Section 3: Performance Measures.** Transition to new NL to include identification of specific metrics, specifications, performance expectations, and related reporting
 - » **Section 5: MOUs and IAs.** Transition to MOU language as an attachment; update as needed
- » DHCS is making updates to other policy and operational documents, such as the Administrative Case Management Manual, to more broadly reflect other program updates

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Workgroup Feedback: Draft Roles and Responsibilities

- » The Roles and Responsibilities Matrix has been updated based on workgroup feedback
- » Workgroup member feedback included:
 - » Additional roles and responsibilities related to administrative activities, authorizations, and case management
 - » Requests for additional details for intercounty eligibility transfers
 - » Feedback on the difference between independent and dependent county responsibilities

Summary of Roles and Responsibilities Documents

» **Roles and Responsibilities Matrix**

- » The Roles and Responsibilities Matrix is intended to be a high-level index and overview tool for DHCS and county CCS responsibilities to support the development of the MOU templates

» **MOU Roles and Responsibilities Table**

- » Counties will receive a standard MOU with a roles and responsibilities attachment based on the respective county's model status
- » The attachment will include more detailed activities of county and DHCS responsibilities

Roles and Responsibilities Matrix and Table

Roles and Responsibilities Matrix

Category	Activity	Details	Source(s)	Independent WCM	IN CCS Only	Dependent WCM	Dep CCS Only
Administrative	Performs enrollment and disenrollment into CCS program		<u>CCS Case Management Manual</u>	C		C	



Roles and Responsibilities Table

Department of Health Care Services – Integrated Systems of Care Division	County – California Children’s Services Administrator	Managed Care Plan
Administrative – Performs Enrollment and Disenrollment into California Children’s Services (CCS) Program [Source: CCS Case Management Manual – Chapter 2, Section V.A.1]		
	<p>The [County] CCS program shall send applicant letter with application within five (5) calendar days of receiving a CCS program referral.</p> <p>The [County] CCS program shall close cases in accordance with State guidelines.</p>	The WCM Managed Care Plan (MCP) shall provide notification to the [County] CCS program when they become aware the beneficiary has moved out of the county or when the beneficiary has lost Medi-Cal eligibility, in accordance with the WCM MCP MOU.

Summary of MOU Roles and Responsibilities Table

- » DHCS identified roles and responsibilities for DHCS, counties, and MCPs for the MOU
 - » Roles and responsibilities derived from Health and Safety Codes, Welfare and Institutions Code, California Code of Regulations, NLs, and CCS Program Administrative Case Management Manual
 - » Activities have been rolled up for purposes of streamlining the Roles and Responsibilities Table (e.g., authorizations)
 - » Some items were removed for relevancy
- » Case Management Improvement Project (CMIP) is not currently included and is under consideration. These will be added to the document in the future.
- » **Goal:** Workgroup consensus that the Roles and Responsibilities Table reflects what should be detailed in the MOU
 - » **Next Steps:** Workgroup to review and provide final feedback to the Roles and Responsibilities Table

MOU Roles and Responsibilities Table

- » The table is intended to inform the development of the MOU as an attachment specific to each county model type (Section XII)
- » For example, for a Whole Child Model Independent county:

DHCS - ISCD	County – CCS Administrator	Managed Care Plan
Medical Eligibility - Annual Medical Review (AMR) [Sources: NL XXX, WIC XXX, CCR]		
DHCS will conduct annual reviews of the CCS counties' AMR processes.	The [County] CSS program/state shall determine medical, financial, and residential eligibility, initially and on an annual basis, for a CCS-eligible condition based on evaluation of provided documentation.	[MCP] shall provide necessary documentation and medical records/case notes/reports to the county CCS program to assist with medical eligibility determination.



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Background

- » Instituting processes to identify, analyze, monitor, and resolve grievances are critical components of a successful compliance program
- » These efforts promote program integrity, act as early warning signs of potential program challenges, and create a process for beneficiaries to voice concerns
- » Proposal for a CCS grievance process was developed based on:
 - » Review of CCS grievance and appeals authorities, NLs, Information Notices, Due Process Manual, CCS Program Administrative Case Management Manual, and MCP All Plan Letters
 - » Medi-Cal managed care grievance and appeal requirements
 - » Stakeholder feedback
 - » Alignment with CalAIM
 - » Alignment with managed care

CCS Summary of Findings

- » Beyond requirements to informally address expressions of dissatisfaction outside of appealable actions at the county level, the CCS program does not have a formal grievance process nor are counties required to document, monitor, or report resolution of CCS program grievances internally or to DHCS
- » Neither CCS program authorities nor supporting guidance and related documentation include definitions for grievance, appeals, or State Fair Hearings (SFH), though the CCS Program Administrative Case Management Manual defines notice of action (NOA)
- » The starting point for appeals and SFH begins with the NOA. Events that trigger a NOA are documented in Chapter 13 of Title 22, and in the Due Process and CCS Program Administrative Case Management Manuals. Only decisions contained in a NOA may be appealed.
- » Counties are responsible for maintaining “a system to record, monitor, and report (upon request) the status of first level appeals”
- » Counties are directed to resolve “expressions of dissatisfaction” outside of those included in a NOA employing an informal process
- » First level appeal and SFH requests must be filed in writing

Managed Care Summary of Findings

- » Managed care requirements and guidance include definitions for grievance, NOA, and appeal
- » Like the CCS program, the starting point for managed care appeals and SFHs begin with the NOA, and only decisions contained in a NOA may be appealed
- » Unlike the CCS program, managed care has robust grievance process requirements. MCPs must:
 - » Provide written acknowledgement of receipt of the grievance
 - » Resolve standard grievances within 30 days and expedited grievances within 72 hours
 - » Provide written and/or oral resolution of the grievance
 - » Maintain auditable records of all grievances and appeals, including a system to track aging and pending grievances and appeals that take more than 30 days to resolve
 - » Submit quarterly grievance and appeal reports to DHCS
- » Grievances, appeals, and SFHs may be filed orally or in writing

Proposed Grievance Definition and Process

- 1. Definitions:** Adding and modifying definitions for grievance, appeal, NOA, and SFH
 - 2. Grievance Process:** Implementing a formal grievance process, including documentation of grievances and submission of grievance report to DHCS
- » DHCS is not proposing any foundational changes to the current CCS appeal and SFH process but will actively enforce current requirements for counties to maintain “a system to record, monitor, and report (upon request by DHCS) the status of first level appeals” (NL: 03-0195)

New Proposed Definitions

- » **Grievance:** A grievance is an expression of dissatisfaction about any matter except events identified in § 42132 of Title 22 and included in a CCS NOA. Grievances may include, but are not limited to, the quality of care or services provided or aspects of interpersonal relationships, such as rudeness of a provider or employee.
 - » **Standard:** A review of grievances for cases not involving an imminent and serious threat to the health of the patient, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function
 - » **Expedited:** A review of grievances for cases involving an imminent and serious threat to the health of the patient, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function
- » **Complaint:** A complaint is the same as a grievance
- » **Inquiry:** An inquiry is a request for information that does not include an expression of dissatisfaction. Inquiries may include but are not limited to questions regarding eligibility, services, or other CCS program processes.
- » **Exception:** Exceptions are allowed for grievances that cannot be resolved, as determined by DHCS

New Proposed Definitions (continued)

- » **Notice of Action:** Revising the current definition¹ found in the CCS Program Administrative Case Management Manual to:
 - » A formal letter from a CCS Program agency to inform a client about events identified in accordance with § 42132 of Title 22, including the 1) denial of financial, residential, or medical eligibility or discontinuation of CCS program eligibility; 2) the denial, reduction, or modification of a medical service or authorization, or denial of non-covered or new benefit; or 3) increases in amount to be repaid to the CCS program for treatment services when a client is in disagreement

¹“A NOA is a written notice of the action taken by a CCS Program agency to deny, reduce, or alter the medical service or benefit requested. This is the first step in the applicant/client appeal process”

New Proposed Definitions (continued)

- » **Appeal:** A review of a decision made by designated CCS agency when the CCS applicant, beneficiary, legal guardian, or authorized representative disagrees with the decision. Actions involving the following and in accordance with § 42132 of Title 22 may be appealed:
 1. the denial, reduction, or modification of authorizations or services
 2. a determination that the requested service is not covered
 3. a denial of financial, residential or medical eligibility
 4. discontinuation of CCS eligibility; or
 5. increases in amount to be repaid to the CCS program for treatment services, when a client is in disagreement.

- » **State Fair Hearing:** An inquiry conducted by the Department of Social Services to resolve a CCS applicant's or client's denied appeal submitted in accordance with § 42160 of Title 22

Proposed Formal Grievance Process

Process will require DHCS and counties to:

1. Maintain auditable records of grievances, including a system to track aging and pending grievances that take more than 30 days to resolve
 - » Grievances, including all related communication and exception requests, must be documented within one (1) business day and included in the grievance report
 - » Must submit quarterly grievance report to DHCS (DHCS to provide template)
 - » Grievance resolution timeliness will be reported in a format to be determined by DHCS and shared on the DHCS website
2. Allow grievances to be filed orally or in writing
 - » Shall establish hotline, online portal, or other submission system to receive grievances and other notifications from internal and external sources, including the public, providers, and other relevant entities

Proposed Formal Grievance Process (continued)

Process will require DHCS and counties to:

3. Resolve **standard grievances** within 30 calendar days and **expedited grievances** within three (3) business days
 - » Grievances must be expedited when adhering to the 30 calendar day timeline may “seriously jeopardize the member’s life or health or ability to attain, maintain, or regain maximum function”
 - » In cases where a grievance cannot be resolved, documented efforts to address the grievance with a brief explanation as to why the matter cannot be resolved, and submit this exception in the grievance report for DHCS review and approval
 - » At any time, if a grievance cannot be rectified within the standard or expedited timeframes or it is not possible to resolve a grievance, DHCS’ assistance may be requested

Proposed Formal Grievance Process (continued)

Process will require DHCS and counties to:

4. Provide **written acknowledgement** of receipt of the grievance
 - » Postmark acknowledgement of standard grievance within five (5) business days of the date of receipt
 - » Reasonable effort to provide oral notice of an expedited grievance and provide written confirmation following the oral conversation
5. Provide **written resolution** of the grievance to the client/applicant
 - » If a standard grievance is resolved within 30 calendar days of the date of receipt, the client must be notified in writing regarding the status
 - » If cannot be resolved within 30 calendar days of the date of receipt, the client must be notified in writing regarding the status of the grievance, including estimated completion date
 - » If an expedited grievance is resolved within three (3) business days of the date of receipt, the client must be notified orally regarding the status, and follow up in writing.
 - » If cannot be resolved within three (3) business days of the date of receipt, the client must be notified orally regarding the status of the grievance, including estimated completion date, and follow up in writing

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Next Steps

- » **Meeting summary**
- » **Homework.** Follow-up on:
 - » Proposed grievance process
 - » Roles and responsibilities MOU template

Timeline

- **October**
 - Finalize grievance process and definitions
 - Propose metrics and standards and process for updating
 - Propose training concepts
- **November**
 - Continue review of metrics and standards and process for updating
 - Finalize training proposal
 - Finalize NL for grievances
 - Introduce survey process and tools
 - Introduce DHCS | County Workplan
- **December**
 - Introduce enforcement process
 - Finalize metrics and standards and process for updating
 - Finalize survey process and tools
 - Finalize DHCS | County Workplan
 - Finalize NL for training
- **January**
 - Finalize enforcement process
 - Review proposed final MOU template
- **February**
 - Finalize NLS related to metrics and standards, survey process and tools, enforcement



Workgroup Meeting Logistics

Meeting notices and materials to be posted on the [DHCS website](#).

2022-2023 Workgroup Meeting Dates

- » 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@sellersdorsesey.com or Alex Kanemaru at AKanemaru@sellersdorsesey.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.

The background features a purple-tinted image of a stethoscope on the right and a line graph on the left. The graph has a vertical axis with numerical markers at 3, 6, 9, 12, and 15. The text "Thank you!" is centered in a large, white, sans-serif font.

Thank you!

Appendix: Case Management Definitions

- » [DHCS Population Health Management Strategy and Roadmap, July 2022](#)
 - » *"An approach to care that ensures that needed programs and services are made available to each beneficiary, regardless of beneficiary's Risk Tier, at the right setting."*
- » [Title 42 Code of Federal Regulations Section 440.169](#)
 - » *"Services furnished to assist individuals, eligible under State Plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, educational, and other services in accordance with [Section 441.18](#)."*
- » [New York Codes, Rules, and Regulations, Section 505.16 – Case Management](#)
 - » *"Those services which will assist persons eligible for medical assistance to obtain needed medical, social, psychosocial, educational, financial, and other services; and are meant to assist persons identified as high users of services, or as having problems accessing medical services, or as belonging to certain age, diagnostic or specialized program groups, on a statewide basis or limited to persons residing in definable geographic areas."*

Appendix: Case Management Definitions (continued)

» [CalAIM Enhanced Care Management \(ECM\) Policy Guide](#), Page 27

- » *"Basic Case Management Services are provided by the Primary Care Provider, in collaboration with the MCP, and include:*
 - » *Initial Health Assessment (IHA);*
 - » *Individual Health Education Behavioral Assessment (IHEBA);*
 - » *Identification of appropriate Providers and facilities (such as medical, rehabilitation and support services) to meet Member care needs;*
 - » *Direct communication between the Provider and Member/family;*
 - » *Member and family education, including healthy lifestyle changes when warranted; and*
 - » *Coordination of carved-out and linked services, and referral to appropriate community resources and other agencies"*

» [ECM Policy Guide](#), Page 27-28

- » *"Complex Case Management Services are provided by the MCP, in collaboration with the Primary Care Provider, and include, at a minimum:*
 - » *The same services as covered by Basic Case Management;*
 - » *Management of acute or chronic illness, including emotional and social support issues, by a multidisciplinary case management team;*
 - » *Intense coordination of resources to ensure the Member regains optimal health or improved functionality;*
 - » *With Member and Primary Care Provider (PCP) input, development of care plans specific to individual needs, and updating of these plans at least annually"*

Appendix: Case Management Definitions (continued)

» [Centers for Medicare & Medicaid Services](#)

» *"Case management consists of services which help beneficiaries gain access to needed medical, social, educational, and other services. "Targeted" case management services are those aimed specifically at special groups of enrollees such as those with developmental disabilities or chronic mental illness."*

» [Stanford Children's Health](#)

» *"Provides support to patients and families while in the hospital. Our Case Managers collaborate with other services to plan and coordinate your child's inpatient and post-hospital care. Registered Nurse (RN) case managers function as a liaison between the treatment team and physician, patient & family, and payer. The RN case manager is responsible for discharge planning, coordination of care, referral to appropriate resources, and utilization management. Members of the case management team may include: A Medi-Cal coordinator who initiates and submits Medi-Cal Treatment Authorization Request's for all inpatient services. A CCS coordinator who submits medical documentation for all CCS inpatient referrals and service extensions. Case management liaisons who support RN case manager functions. Others who secure funding and/or coordinate resources for underfunded patients as necessary."*

» [Population Health Management \(PHM\) Strategy and Roadmap, July 2022](#), Page 29

» *"An approach to care that ensures that needed programs and services, including primary care, are made available to each member, regardless of the member's risk tier, at the right time and in the right setting."*

Appendix: Case Management Definitions (continued)

Children's Regional Integrated Service System (CRISS)

Case Finding

- » *Engage in active case finding, to identify children and adolescents who may benefit from CCS services*
- » *Receive referrals from any source, including families, health care providers, schools or community members*
- » *Determine medical eligibility for CCS diagnostic, treatment, HRIF, and MTP services*
- » *Determine residential eligibility*
- » *Determine financial eligibility*
- » *Identify and review all relevant clinical reports, as well as requests from specialists, primary care providers, pharmacies, durable medical equipment (DME) vendors, the family, and other providers. This includes contacting providers and researching electronic medical records to identify clinical information to support eligibility determination and to inform a case management plan*
- » *In the event the case does not qualify, or a specific service is not authorizable or related to the CCS eligible condition, consult with the family about other resources available to them to meet their needs*

Appendix: Case Management Definitions (continued)

CRISS

Assessments, interventions, and coordination of care

- » *Link patients to appropriate CCS-paneled physicians, CCS Special Care Centers, and CCS approved hospitals, according to program guidelines and standards*
- » *Authorize services related to the CCS eligible condition*
- » *Review medical necessity for all requests for benefits requiring separate authorization □Review plan of care established by CCS-authorized specialists and Special Care Centers; assist the family in identifying and utilizing the most appropriate resources to accomplish the recommended care plan*
- » *Adjudicate requests for second opinions and out-of-state services*
- » *Adjudicate requests for inpatient and outpatient rehabilitation for physical disabilities*
- » *Arrange and authorize Private Duty Nursing services, as medically necessary, and engage in agency nursing resource finding as needed*
- » *Arrange home-based therapies, as medically necessary, and assist in identifying appropriate agencies.*
- » *Facilitate referrals for mental health services as needed*
- » *Facilitate referrals for pediatric palliative care services, and oversee the provision of those services*
- » *Facilitate referrals for pediatric palliative care services, and oversee the provision of those services*
- » *Ensure coordination of the child's care plan between Special Care Centers, community physicians, and the Medical Therapy Program (MTP)*

Appendix: Case Management Definitions (continued)

CRISS

Assessments, interventions, and coordination of care

- » *Maintain overview of utilization of services across the healthcare system, in order to limit duplication and ensure access to the most appropriate services*
- » *Link patients to appropriate pharmacies for their medication needs and assist providers in determining same. For example, this would include requests by providers to assist in determining which pharmacy may offer compounding services for a specific medication*
- » *Link and/or refer patients to appropriate medical home as determined by patient's needs and preferences*
- » *Link and/or refer patients to programs that coordinate appropriate dental care as determined by patient's needs and preferences*
- » *Coordinate appointments with durable medical equipment (DME) vendors and collaborate to identify DME that is appropriate and medically necessary for client*
- » *Assess patient/family understanding of and responsiveness to overall care plan*
- » *Conduct multidisciplinary case management team conferences, including CCS professional staff as well as community providers and families as needed, in order to address complex needs and challenges to care coordination*
- » *Provide professional support to ensure that families remain engaged and children are not lost to follow-up; at minimum, conduct an Annual Medical Review to know when professional support is needed to ensure that families remain engaged and children are not lost to follow-up*

Appendix: Case Management Definitions (continued)

[CRISS](#)

Support for family navigation

- » *Explain resources available to families and help them to navigate systems in order to obtain the services their children need. This includes services provided by CCS, Medi-Cal, County mental health, Regional Centers, public health nursing and schools*
- » *Educate families and health care providers about the CCS regionalized system of care*
- » *Provide consultation and support to the patient's educational team in the school setting when requested by patients and/or their families. Educate families on available transportation resources and provide maintenance and transportation services when they are needed*
- » *Link families to helpful community resources, such as peer and family support organizations*
- » *Support patient participation in the community by providing information on community-based activities, such as resources for exercise and socialization for children with physical disabilities*
- » *Reach out to families who are having difficulty maintaining their Medi-Cal enrollment and troubleshoot challenges to maintaining Medi-Cal eligibility*

Management of transitions

- » *Identify medical records needed to facilitate transfers between jurisdictions, and provide those records to the appropriate parties*
- » *Work with selected clients, families, hospital discharge planners, and community partners to ensure safe and successful transitions from the hospital to the home and community*
- » *Work directly with families to accomplish a smooth transition from the pediatric to the adult healthcare system.*
- » *Provide transition assessment and intervention at appropriate age for client and, for selected clients, conduct internal analyses of patients' transition needs and develop a transition plan*

Appendix: Case Management Definitions (continued)

CRISS

Provider support and assurance of standards

- » *Recruit interested providers to the CCS program*
- » *Highlight gaps in available services – as identified by providers, families, and CCS program staff – for our state counterparts in the Integrated Systems of Care Division (ISCD)*
- » *Facilitate the provider paneling application process as needed*
- » *Educate health care providers about the CCS regionalized system of care*
- » *Foster close relationships with providers and special care centers in the community and surrounding regions to ensure best practices at all times*
- » *Review services provided in order to ensure that they meet CCS program standards*
- » *Concurrently review inpatient stays to ensure appropriate level of service and to negotiate and arrange inter-facility transfers when necessary*
- » *Assist healthcare providers in identifying resources for needed ancillary clinical services, such as DME, specialized laboratory services, etc.*
- » *Assist healthcare providers and families in identifying resources for needed medical supplies, such as incontinence products, diabetic supplies or enteral nutrition products*
- » *Troubleshoot provider billing and reimbursement challenges*