California Children's Services Monitoring and Oversight Workgroup Meeting

November 7, 2022

Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
September Meeting Summary	12:10-12:15
Memorandum of Understanding Development	12:15-12:30
Roles and Responsibilities	12:30-1:00
Grievance Process	1:00-1:30
Training Proposal	1:30-2:20
Break	2:20-2:30
CCS Compliance Survey Proposal	2:30-3:20
Performance Metrics	3:20-3:35
Program Policy Updates	3:35-3:50
Public Comment	3:50-3:55
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 has been 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. **Jody Martin,** Mono County CCS
13. **Katherine Barresi,** Partnership HealthPlan of California
14. **Kathryn Smith,** Children's Hospital Los Angeles
15. **Katie Schlageter,** Alameda County CCS

Workgroup Members (continued)

16. **Kristen Dimou,** San Diego County CCS / Medical Therapy Program (MTP)
17. **Lori Gardner,** Madera County CCS
18. **Lorri McKey,** Colusa County CCS
19. **Mary Doyle, MD,** Los Angeles County CCS
20. **Meredith Wolfe,** Humboldt County CCS
21. **Michelle Gibbons,** County Health Executives Association of California
22. **Michelle Laba, MD,** Orange County CCS
23. **Mike Odeh,** Children Now
24. **Monica Soderstrom,** Butte County CCS*
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

- » **Cortney Maslyn,** Division Chief, Integrated Systems of Care Division (ISCD)

- » **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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September Meeting Summary

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

- » CCS state guidance integration into the Memorandum of Understanding (MOU) and hierarchical flow

- » Draft *Roles and Responsibilities Matrix* and *Table*

- » Proposed grievance definitions and process

Workgroup feedback during the September meeting and subsequent homework items are incorporated in today's presentation and discussion

Homework from September Workgroup

Grievance Definitions and Process

> » Feedback requested from workgroup members on grievance definitions and process

Draft Roles and Responsibilities Table and related Matrix for MOU

> » *Roles and Responsibilities Table* and *Matrix* were shared on October 14 to give workgroup members enough time to review prior to today's meeting

DHCS | County MOU Execution Process and Timeline Poll

> » A SurveyMonkey poll was sent out on October 25 to best understand each county's organizational processes, levels of review, and timeline to execute the MOU

Workgroup Discussion

Agenda

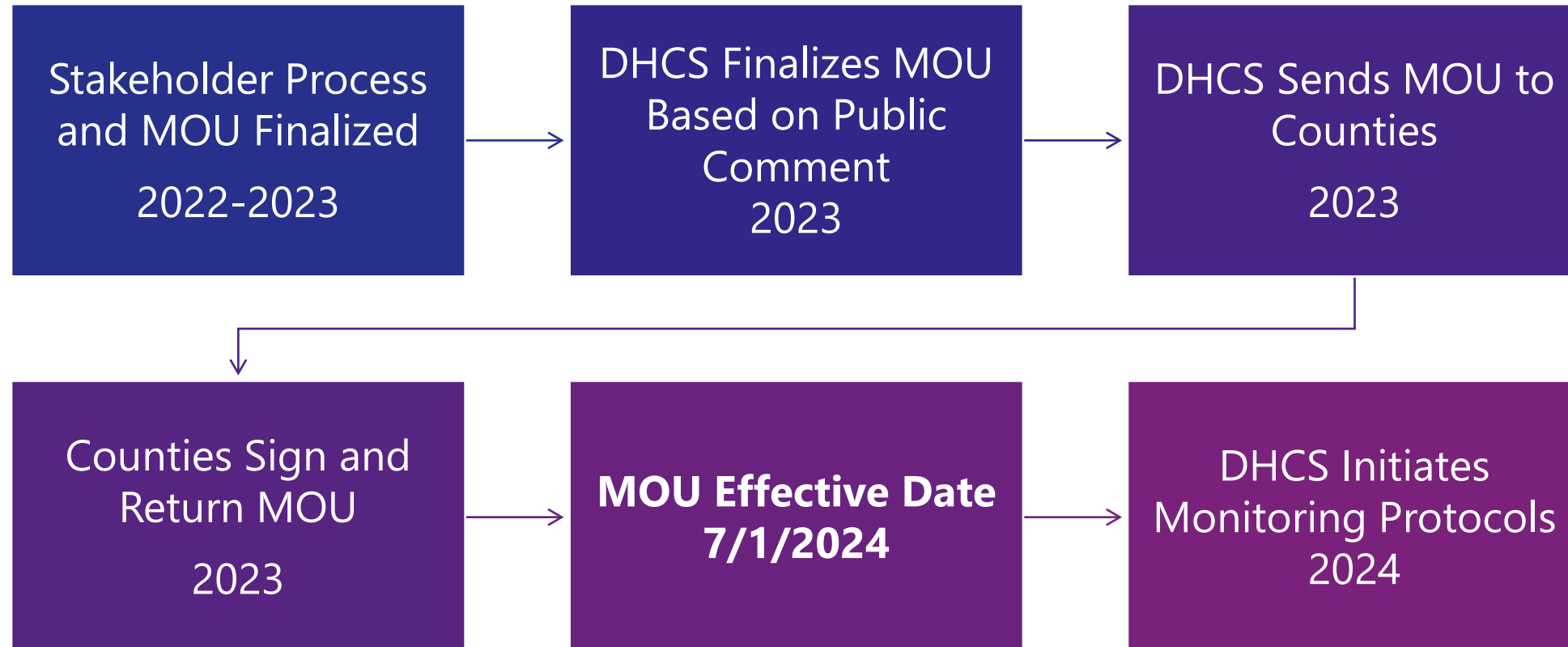|	
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DHCS | County MOU Execution Process and Timeline Poll

» On October 25, DHCS sent out a poll requesting additional information related to the DHCS | County MOU Execution Process and Timeline Survey

» The poll closed on October 31, 2022

» DHCS will share poll results, highlighting the timeline for MOU execution

Updated DHCS MOU Timeline

The MOU effective date has changed from January 1, 2024, to July 1, 2024, to align with:
» Child Health and Disability Prevention (CHDP) program sunsetting
» Fiscal Year 2024-2025

Stakeholder Process and MOU Finalized 2022-2023	DHCS Finalizes MOU Based on Public Comment 2023	DHCS Sends MOU to Counties 2023
Counties Sign and Return MOU 2023	**MOU Effective Date 7/1/2024**	DHCS Initiates Monitoring Protocols 2024

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Summary of Roles and Responsibilities Documents

The *Roles and Responsibilities Matrix* and *Table* were updated and shared with workgroup members based on the feedback received

» ***Roles and Responsibilities Matrix***

  » The *Roles and Responsibilities Matrix* is intended to be a high-level index and overview tool of 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

Example of Whole Child Model (WCM) County: *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		CCS Case Management Manual	C		C	

Example of WCM County: *Roles and Responsibilities Table*

Department of Health Care Services – Integrated Systems of Care Division	County – California Children's Services Administrator
Administrative – *Performs Enrollment and Disenrollment into California Children's Services (CCS) Program* [Source: CCS Case Management Manual – Chapter 2, Section V.A.1]	
	The [County] CCS program shall send applicant letter with application within five (5) calendar days of receiving a CCS program referral from a WCM managed care plan (MCP) or other referral source. The [County] CCS program shall close cases when the WCM MCP notifies the [County] CCS program the beneficiary has moved out of the county or for any applicable reasons, in accordance with State guidelines.

Please see *Roles and Responsibilities Matrix* and *Table* for full details.

Summary of MOU Roles and Responsibilities Table

» DHCS identified roles and responsibilities for DHCS and counties for the MOU

  » Roles and responsibilities were derived from the Health and Safety Code, Welfare and Institutions Code, California Code of Regulations, Numbered Letters (NL), and *CCS Program Administrative Case Management Manual*

  » Activities were 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

Summary of MOU Roles and Responsibilities Table (continued)

» There is an effort to align and integrate existing state guidance with the *Roles and Responsibilities Table* and *Matrix*

  » An example of this effort includes retiring the Due Process Manual (also known as the *Administrative Procedures Manual*) and including relevant pieces in forthcoming state guidance

» **Goal:** Workgroup consensus that the *Roles and Responsibilities Table* reflects what should be detailed in the MOU

Workgroup Discussion

1. Do you have any general feedback on the *Roles and Responsibilities Table*?
2. Are there any existing roles and responsibilities specific to the areas that are not included in the table that are missing?

Workgroup Discussion

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Overview of Grievance Process and Definitions

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 Notice of Action (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 <u>not </u>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

Overview of Grievance Process and Definitions (continued)

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) calendar 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 a 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

   » DHCS developed a grievance form that CCS beneficiaries can fill out and submit to county and/or DHCS

      » CCS staff shall support completing the grievance form as needed

Overview of Grievance Process and Definitions (continued)

3. Resolve **standard grievances** within 30-calendar days and **expedited grievances** within three (3) calendar 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 of 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

4. Provide **written acknowledgement** of receipt of the grievance

   » Postmark acknowledgement of a standard grievance within five (5) calendar days of the date of receipt

   » Reasonable effort must be made to provide oral notice of an expedited grievance and to provide written confirmation following the oral conversation

Overview of Grievance Process and Definitions (continued)

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 a grievance 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) calendar days of the date of receipt, the client must be notified orally regarding the status, and follow up will be done in writing

      » If a grievance cannot be resolved within three (3) calendar 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 will be done in writing

Summary of Feedback: Proposed Grievance Process and Definitions

» Received feedback from 13 workgroup members
» Feedback focused on the following topics:
  » Scope of grievance process
  » Distinction between provider and program grievances
  » **Distinction between grievance and appeals**
  » Grievance hotline, online portal, or other submission system
  » Staffing and cost considerations
  » Grievances being filed **orally** or in writing
  » Grievances, including all related communication and exception requests, must be documented within **one (1) calendar day** and included in the grievance report
  » Postmark acknowledgement of standard grievance within **five (5) calendar days** of the date of receipt

Grievance and Appeal Differences

» A **Grievance** is an expression of dissatisfaction about any matter except events identified in § 42132 of Title 22 and included in a CCS NOA. A complaint is the same as a Grievance.

» An **Appeal** is a review of a decision made by a designated CCS responsible party when the CCS beneficiary/applicant disagrees with a decision contained in a NOA, and includes actions to deny, reduce, or alter the medical service or benefit requested

» The CCS program currently requires counties to resolve "expressions of dissatisfaction" outside of those included in a NOA using an informal process

Grievance Examples

» Grievances, as defined for the CCS program, may include, but are not limited to, concerns regarding:

  » Quality of care or services provided (e.g., provider/provider staff is nonresponsive or does not listen; provider/provider staff does not understand the needs of individuals with disabilities; etc.)

  » Interpersonal relationships (e.g., providers, employees, etc.)

  » Inability to access care or services timely (e.g., authorizations not completed or taking too long to complete; lack of private duty nurses or other home health providers even though hours are authorized; lack of transportation; provider not accepting new patients; etc.)

  » Inability to get questions resolved to a beneficiary's/applicant's satisfaction (e.g., beneficiary/applicant has called several times and has not received a response)

» Grievances **do not** include general questions or inquiries

Grievance NL

» The NL will define relevant key terms like "grievance", "standard", "urgent", etc.

» Policy for how counties must accept grievances from CCS beneficiaries

» Provide defined timelines required for resolving grievances

» Policy on documenting and reporting grievances to DHCS

» DHCS is prioritizing this NL to be the first released for stakeholder comment

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Training Background

» Counties have had longstanding, general training requirements contained in the Plan and Fiscal Guidelines (PFG) Section 3 – Scope of Work

» Additionally, other guidance establishes clinical training guidelines for the MTP program

» Counties currently conduct training accordingly based on county needs and implementation varies

» Some counties worked together to support more standardized approaches to operating CCS, including training

» Additionally, DHCS has historically provided informal training and technical assistance (TA) to counties, but has not regularly provided or formally maintained those training and TA

  » E.g., Quarterly CMS Net training sessions

Purpose of Training

» Training is a key component of maintaining a consistent program run by knowledgeable staff and is essential for program understanding and compliance

» Best practices for robust training to support compliance include:
  » Regularly scheduled training opportunities
  » Training as a job requirement
  » Incorporating compliance training into new hire onboarding process
  » Requiring training annually thereafter
  » Identifying and incorporating survey results into training as patterns are identified
  » Staying abreast of current on compliance issues and trends
  » Conducting ongoing regular evaluation of the training program to ensure effectiveness, and adjusting as needed based on the evaluation

Source: Elements of an Effective Healthcare Compliance Program, Emptech, (2020).

Stakeholder Input on CCS Training

» DHCS proposed high level training requirements as part of the draft *CCS Monitoring and Oversight Compliance Program Plan* presented to workgroup members in July and sought initial feedback on the proposed training roles and responsibilities

» Workgroup member comments on this initial proposal included requests for additional specific training content areas, access to DHCS sponsored training, identification of specific staff for inclusion, and access to training materials

Stakeholder Input on CCS Training (continued)

» In October, DHCS solicited broad feedback (beyond workgroup members) through a CCS specific statewide survey that sought to identify specific topical training needs in order to develop a training plan

» Statewide survey results indicated that training was welcomed and most responded based on their position training needs
  » 137 responses received
  » Top three (3) requested trainings:
    1. CCS County Staff Onboarding
    2. Medical Therapy Program
    3. Program Plan and Budgets

Updated Proposed CCS Training Requirements

Overall, this refined proposal:

» Details specific training requirements for counties to ensure knowledgeable and competent staff to maintain CCS program compliance and high-quality services

» Outlines DHCS commitments for training support to counties using DHCS developed and sponsored training

» Describes specific training programming DHCS will develop and offer to counties

» Confirms similar training expectations for DHCS staff

» Identifies historical training directives to counties to update and include in a single training specific NL

» Incorporates feedback received from both CCS Monitoring and Oversight Workgroup members and statewide survey responses

DHCS Requirements | DHCS Developed Training

To support CCS program consistency and compliance, DHCS will develop and establish various one-time and ongoing regular trainings. DHCS developed/sponsored training will include:

» Baseline **onboarding training** and specific **topical technical training** in priority program areas

» **Consultation with stakeholders and experts** as needed to ensure accurate and complete material

» **Regular review and updates** to keep training current with new laws and program changes

DHCS Requirements

» DHCS will establish and maintain a **CCS training website** to post training materials, recordings, and a calendar for counties to check as trainings become available

» When training content is uploaded, updated, and/or new trainings are being offered, DHCS will **notify counties** through a news flash or other electronic communication

» DHCS will provide **ad hoc TA** and related training as needed including TA on any county monitoring and survey findings

» For DHCS led training, TA offerings and related convenings, DHCS will include **managed care representatives and other CCS operational partners**, as needed

» **DHCS staff will complete similar baseline and technical training** as county staff with supplemental content or sessions included specifically for DHCS needs

County Training Requirements

» Ensure sufficient adequately trained staff perform required CCS activities, as outlined in the MOU

» Complete DHCS provided trainings as designated and supplement training accordingly for local level operational needs

» Provide diversity, equity, and inclusion training

» Develop training policies and procedures and incorporate these requirements into local level training activities

» Ensure comprehensive program orientation is provided to appropriate staff and providers

County Training Requirements (continued)

» Regularly review and update, as needed, county trainings for program changes and other needs at least annually

» Document that required trainings were regularly reviewed, updated, and completed by appropriate staff

» Report on training to DHCS in Quarterly/Annual Reports (DHCS will review training during the survey process)

CCS Onboarding Training

» DHCS will develop training as a **baseline offering for all new county and DHCS staff** covering all county status types such as through a webinar and/or on-demand recording

» **Counties must supplement** this basic DHCS onboarding training for unique county needs, systems, and expectations for local staff

» **All current DHCS and county CCS staff** must take this initial onboarding training no later than the second quarter from the start of DHCS compliance program establishment in 2024

» **Content shall be a program overview**, but not be limited to CCS Roles and Responsibilities (DHCS, county, and managed care) across county status types, CMS Net and Microsoft Business Intelligence (MSBI) orientation, program eligibility, budget introduction, performance measures, monitoring and survey process, and "high risk" areas

» FAQs, TA guide, self survey tools, and/or other supplemental materials will be developed, as needed

CCS Topical Technical Training

» DHCS will develop and provide sponsored topical technical training to offer more in-depth content for specific programmatic staff (e.g., those conducting eligibility determinations or responsible for budget development)

» Topical trainings offered may include, at a minimum:
  » CMS Net, including for when upgrades are completed
  » MSBI reporting
  » Budgetary, fiscal and billing
  » Clinical, such as for Medical Directors and other clinical staff
  » Program Eligibility and Service Authorization Requests
  » Program documentation standards such as for case management
  » "High Risk" compliance areas identified through monitoring surveys and performance metrics outcomes

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Proposed CCS County Compliance Survey Definitions
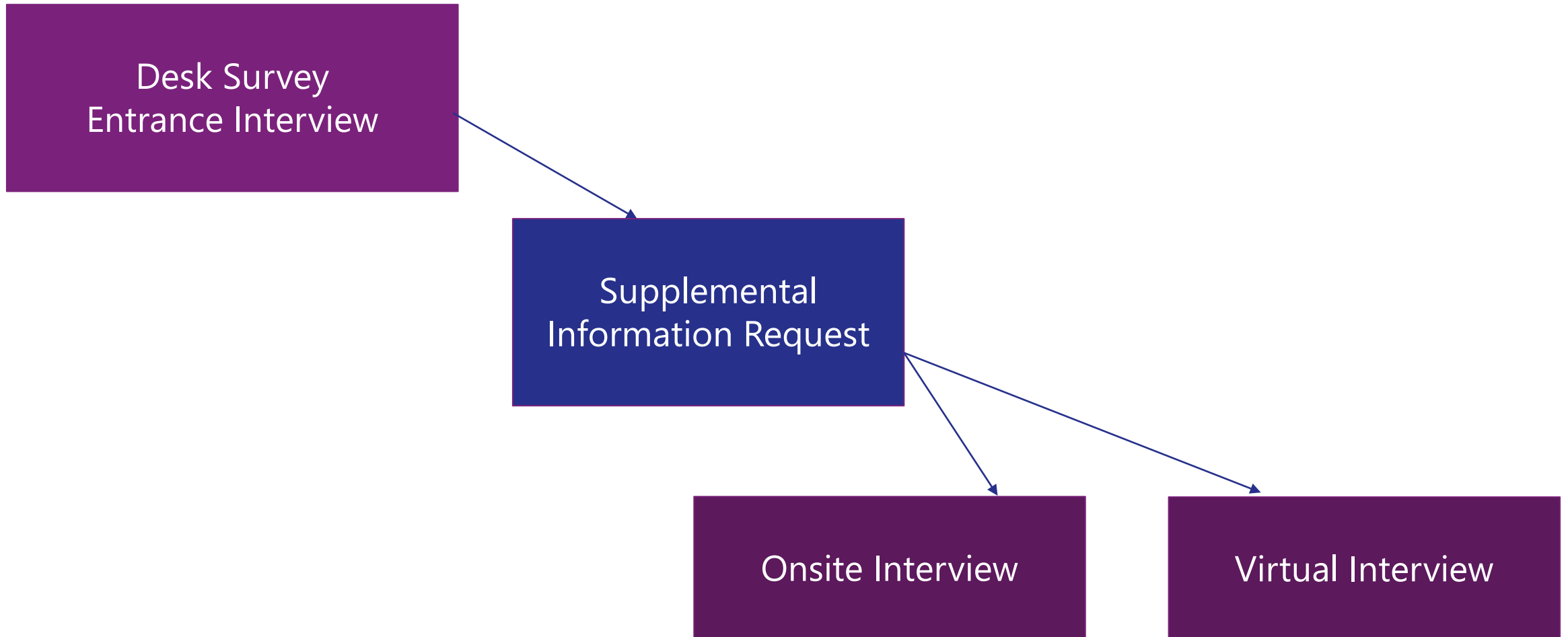
» **Entrance Interview:** A discussion during which relevant information is shared. An Entrance Interview provides an opportunity for a county to share their unique position, status, and challenges, and for DHCS to explain the survey process and share expectations and timelines.

» **Desk Survey:** An offsite review of relevant data provided by counties to evaluate program compliance. DHCS will send a digital survey to counties requesting data/information.

» **Supplemental Information Request:** An opportunity to provide additional information to clarify or address outstanding questions regarding program compliance. If additional details are needed based on a county's response to a Desk Survey, Virtual Survey, Onsite Survey, or Quarterly Report, DHCS may request Supplemental Information.

» **Technical Assistance Guide**: A document that identifies key elements that will be commonly evaluated to inform the Survey process and increase transparency
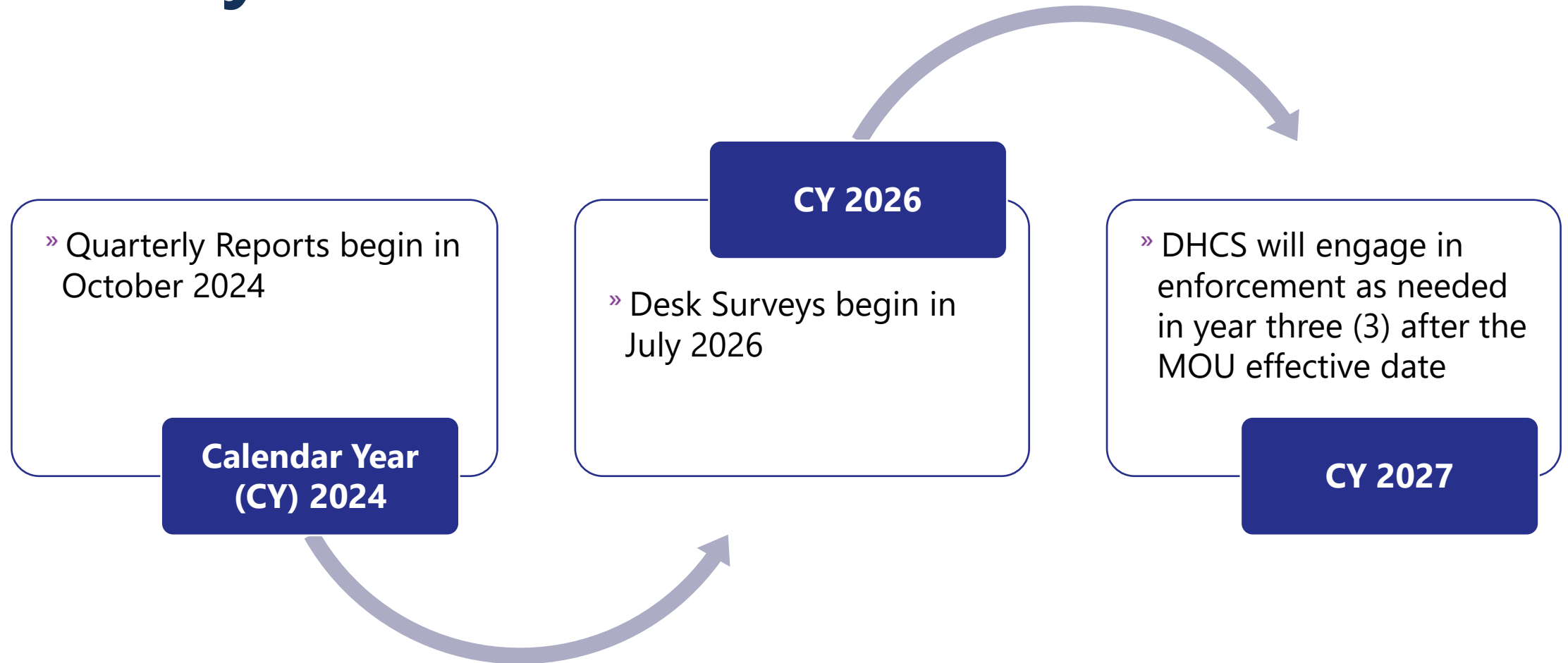
Proposed CCS County Compliance Survey Definitions (continued)

» **Onsite Survey:** An on-location review to evaluate program compliance. If concerns remain following a Desk Survey and Supplemental Information Request, or arise in response to a Quarterly Report, DHCS may conduct an Onsite Survey or Virtual Survey.

» **Virtual Survey:** A scheduled virtual review to evaluate program compliance. If concerns remain following a Desk Survey and Supplemental Information Request, or arise in response to a Quarterly Report, DHCS may conduct an Onsite Survey or Virtual Survey.

» **Annual/Quarterly Report:** A summary or collection of required program data used by DHCS to evaluate program compliance

» **Survey Results:** Findings based on Desk Surveys, Virtual Surveys, Supplemental Information Requests, Onsite Surveys, and Annual/Quarterly Reports. DHCS will share Survey Results following each Desk Survey, Virtual Survey, Supplemental Information Request, Onsite Survey, and Quarterly Report, including an exit interview for Onsite Surveys in which DHCS will provide high-level findings.

Proposed CCS County Compliance Survey Progression

Survey Timeline

> Quarterly Reports begin in October 2024

Calendar Year (CY) 2024

CY 2026

> Desk Surveys begin in July 2026

> DHCS will engage in enforcement as needed in year three (3) after the MOU effective date

CY 2027

Proposed CCS County Compliance Survey Process

The purpose of a county survey process is to determine CCS program compliance, and is comprised of multiple steps:

1. DHCS will monitor and assess required Annual/Quarterly Reports. Quarterly Reports will begin in October 2024.
   a) Findings may trigger TA, a Virtual Survey, or an Onsite Survey if issues are not resolved
   b) Annual/Quarterly Reports include:
      i. Additional details forthcoming (e.g., grievance and appeal reports and PFGs

2. Desk Survey. DHCS will conduct a Desk Survey triennially or as needed. Assumes first round of Desk Surveys will begin in July 2026.
   a) Prior to conducting a Desk, Virtual, or Onsite Survey, DHCS will conduct an Entrance Interview
   b) Desk Surveys may be conducted more frequently if an area of risk is identified
   c) DHCS may make a Supplemental Information Request based on Desk Survey results
   d) DHCS may conduct a Virtual or Onsite Survey if findings are not resolved following a Desk Survey or Supplemental Information Request
   e) DHCS may impose enforcement

Proposed CCS County Compliance Survey Process (continued)

3. DHCS will implement a triennial model based on CCS population size
   a) County Annual/Quarterly Reports will be monitored and assessed, but DHCS will not enforce findings in the first two (2) years of implementation
   b) DHCS will create a model based on county size and model type that will correlate with when the county will be first Desk Surveyed

4. DHCS will share Survey Results with the county once a Desk Survey, Virtual Survey and/or Onsite Survey is conducted, or following an Annual/Quarterly Report

5. Counties will have an opportunity to respond to DHCS Survey Results

6. DHCS will engage in enforcement as needed beginning in year three (3) after the effective date of the MOU

7. DHCS will post county specific and aggregated compliance findings to the DHCS website dating back to the effective date of the MOU and ongoing

Proposed CCS County Compliance Survey Reporting Process

» Counties are required to complete Annual/Quarterly Reports and Desk Surveys within required reporting timeframes

  » Counties must complete and submit Annual/Quarterly Reports within 45 calendar days after the end of the quarter

  » Counties must complete and submit the Desk Survey within 30 calendar days of request

  » Counties must complete and submit a response to Supplemental Information Requests within 30 calendar days of request

  » DHCS must acknowledge receipt of Desk Surveys and Supplemental Information Requests within two (2) calendar days of receipt

  » DHCS must review and provide Annual/Quarterly Report and Survey Results within 30 calendar days of receipt

  » Counties have an opportunity to provide a response and/or resolve the discrepancy within 14 calendar days

» County specific and aggregated Annual/Quarterly Report data and Survey summaries will be posted on the DHCS website

» DHCS will use Annual/Quarterly Report data and Survey Results to provide TA and training opportunities, and enforce corrective action

Proposed CCS County Compliance Survey Enforcement Process

» Counties will have an opportunity to respond to and/or resolve Quarterly Report data and Survey Results in advance of DHCS finalizing findings for the county

» If needed, DHCS will require a Corrective Action Plan (CAP)

» If needed, DHCS will provide TA to the county to ameliorate Survey Results and/or other findings identified

» If Survey Results or findings are not addressed by the county, DHCS will determine appropriate enforcement, including, but not limited to sanctions and/or penalties

» DHCS may implement an exception process including consideration of good faith effort

Proposed CCS Compliance Survey Tool

» DHCS is in the process of developing a survey tool for internal use to capture:

  » Key CCS compliance data based on survey metrics and additional compliance measurement areas including MTP

    » Surveyors will consider Entrance Interview (county uniqueness) as surveys are conducted and findings are developed

  » County model type

  » Reporting format and instructions that will be posted online

» DHCS will provide a TA guide to counties

Workgroup Discussion

Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
September Meeting Summary	12:10-12:15
Memorandum of Understanding Development	12:15-12:30
Roles and Responsibilities	12:30-1:00
Grievance Process	1:00-1:30
Training Proposal	1:30-2:20
Break	2:20-2:30
CCS Compliance Survey Proposal	2:30-3:20
Performance Metrics	3:20-3:35
Program Policy Updates	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

Progression of Performance Metric Discussion to Date

June
- CCS Monitoring and Oversight Workgroup began discussion on performance metrics
- Solicited workgroup feedback on PFG performance metrics
- Solicited workgroup member feedback on proposed performance metrics

July
- During the CCS Monitoring and Oversight Workgroup, introduced **domain** and **performance metric selection criteria**
- Followed up with workgroup members for technical specifications for proposed performance metrics
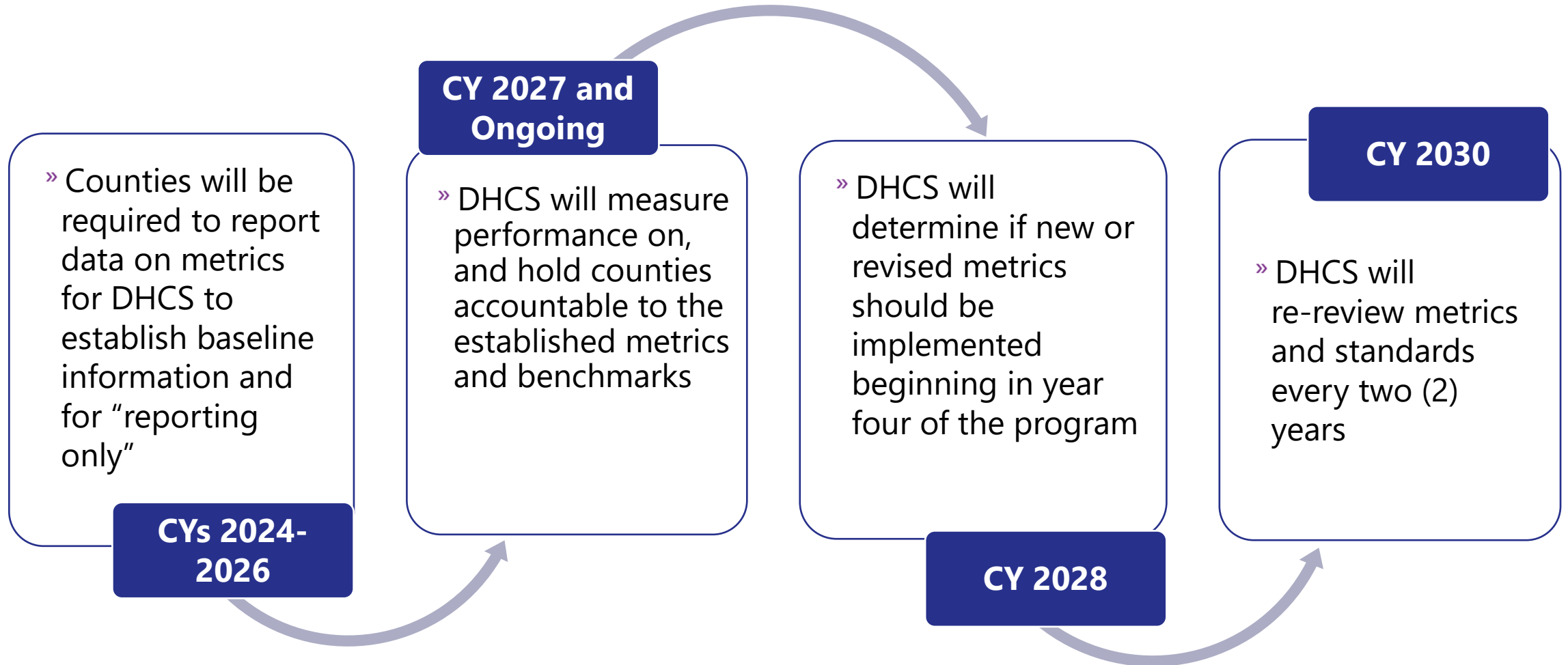
August-September
- Began meeting with Dr. Pamela Riley/Quality & Population Health Management for thought partnership for the performance metrics selection process and proposed performance metrics

October-December
- DHCS is evaluating feasibility of proposed performance metrics
- Propose performance metrics to workgroup on DHCS' assessment of overall feasibility

See slides 63-64 for domain and performance metric selection criteria.

Performance Metrics Timeline

CYs 2024-2026

» Counties will be required to report data on metrics for DHCS to establish baseline information and for "reporting only"

CY 2027 and Ongoing

» DHCS will measure performance on, and hold counties accountable to the established metrics and benchmarks

CY 2028

» DHCS will determine if new or revised metrics should be implemented beginning in year four of the program

CY 2030

» DHCS will re-review metrics and standards every two (2) years

Relationship Between Domains and Performance Metrics

» **Definitions**

  » **Domains:** May be considered as the overarching theme of a specific performance metric and a way to organize performance metrics

    » Performance metrics may be included in multiple domains

    » For example, a performance metric focused on Transition Planning may be included in the Administrative Coordination and Case Management/Care Coordination domains

  » **Performance Metrics:** The mechanism in which monitoring and oversight will be measured in the Annual/Quarterly Reports

Prioritization Process | Domains

Domains were established based on the core programmatic functions as identified by workgroup members:

1. Access to Care
2. Administrative
3. Administrative Coordination
4. Authorizations
5. Benefits/Services
6. Case Management/Care Coordination
7. Eligibility
8. Grievance, Appeals, and State Fair Hearings

Performance Metric Selection Criteria

The following performance metric selection criteria were considered in the process of narrowing the metrics and vetted by the workgroup:

1. **High Priority/Important**
   - » Does the performance metric reflect the goals of the program?
   - » Is the performance metric person-centered?
2. **Core Function**
   - » Is the activity being measured a core programmatic function?
3. **Feasibility and Administrative Ease**
   - » Is data available to capture for the performance metric?
   - » Can the performance metric be clearly defined and understood?
   - » Can the performance metric be reported on and analyzed?
4. **Within Control of County**
   - » Is the performance metric activity within the county's control?

Ultimately proposed performance metrics will be high priority and feasible

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CCS Public Health Emergency (PHE) Unwinding

» The PHE was renewed on October 13, 2022, and is anticipated to continue until January 2023. The U.S. Department of Health and Human Services has committed to providing at least a 60-day notice prior to the official end date.

» DHCS is finalizing guidance on the PHE unwinding activities for CCS counties
  » DHCS' goal is to minimize beneficiary burden and promote continuity of coverage for CCS beneficiaries. In order to do this, we will work with counties to ensure that we have up-to-date contact information.
  » DHCS will ensure that CCS county programs initiate and complete annual redeterminations

» DHCS is finalizing member notifications to request that they update their contact information and notify them that they may have the right to CCS if they no longer qualify for Medi-Cal when redeterminations begin

CHDP Program Updates

» September 22, 2022 - DHCS convened initial CHDP transition stakeholder engagement meeting per [Senate Bill 184](#)

  » DHCS will continue to engage stakeholders to seek input on the development and implementation of a transition plan

» DHCS will be focusing the subsequent stakeholder engagement meetings with a focus on specific topics and group of stakeholders to spur meaningful engagement and discussion

» CHDP Provider Information Notice 22-06 was distributed to local CHDP programs to inform CHDP providers about the discontinuance of the program, effective July 1, 2024

» Information related to CHDP Transition can be found on the DHCS website under [CHDP Transition](#)

  » Questions regarding the CHDP program transition process or Children's Presumptive Eligibility may be directed to: CHDPprogram@dhcs.ca.gov

Draft CCS Case Management Definition

» DHCS reviewed case management definitions and is proposing a CCS-specific case management definition

» Definitions considered were presented at the last CCS M&O workgroup

» At a future CCS M&O workgroup meeting, DHCS will outline the core activities tied to the CCS-specific case management definition, which takes into account the feedback from stakeholders (e.g. CRISS)

» The finalized core case management activities identified will be included in the MOU

Draft CCS Case Management Definition

"The California Children's Services (CCS) case management is a beneficiary- and family-centered approach to care that ensures needed clinical and non-clinical services are made available to each CCS beneficiary to address and assist with the CCS eligible condition(s) through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch and person-centered; ensuring beneficiaries have access to needed medical, social, educational, and other services deemed necessary."

Definition Color Legend
» Text from DHCS: Quality and Population Health Management
» Text from DHCS: Enhanced Care Management
» Text from Centers for Medicare & Medicaid Services

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Next Steps

» **Meeting summary**

» **Homework.** Follow-up on:

  » DHCS | County MOU Execution Process and Timeline Poll

  » Training proposal

  » Survey proposal

  » *Roles and Responsibilities Table/Matrix*

Timeline

CCS Monitoring and Oversight Workgroup Timeline*		
Year	**Date**	**Activity**
2022	November 7	Workgroup Meeting • Finalize grievance process and definitions • Introduce grievance NL • Propose training process • Propose survey process • Introduce DHCS | county MOU execution process and timeline
	December 19	Workgroup Meeting • Propose enforcement process • Propose performance metrics and process for updating • Finalize training proposal • Review training NL • Finalize survey proposal • Finalize DHCS | county MOU execution process and timeline
2023	January 30	Workgroup Meeting • Continue performance metrics and process for updating • Finalize enforcement process • Review surveying NL
	March 13	Workgroup Meeting • Finalize performance metrics and process for updating • Review NLs related to performance metrics and enforcement • Finalize MOU template

Ongoing workgroup feedback, review of MOU, and related state guidance throughout

*Dates and meeting content are subject to change.

Workgroup Meeting Logistics

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

2022-2023 Workgroup Meeting Dates

» November 7

» December 19

» January 30

» March 13

Contact Information

» For more information, questions, or feedback regarding the CCS Compliance, Monitoring, and Oversight Program, including the development and implementation of the California Advancing and Innovating Medi-Cal 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!