

# California Children's Services Monitoring and Oversight Workgroup Meeting

**January 30, 2023**



# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	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 [\(CCS\) 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

# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# 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. **Heidi Merchen**, Napa County CCS
10. **Holly Henry**, Lucile Packard Foundation for Children's Health
11. **Inez Leonard**, Sacramento County CCS\*
12. **Janet Peck**, Butte County CCS
13. **Jody Martin**, Mono County CCS
14. **Katherine Barresi**, Partnership HealthPlan of California
16. **Kathryn Smith**, Children's Hospital Los Angeles

\* Indicates delegate

# Workgroup Members (continued)

17. **Katie Schlageter**, Alameda County CCS
18. **Kristen Dimou**, San Diego County CCS / Medical Therapy Program (MTP)
19. **Lori Gardner**, Madera County CCS
20. **Lorri McKey**, Colusa County CCS
21. **Mary Doyle, MD**, Los Angeles County CCS
22. **Meredith Wolfe**, Humboldt County CCS
23. **Michelle Gibbons**, County Health Executives Association of California
24. **Michelle Laba, MD**, Orange County CCS
25. **Mike Odeh**, Children Now
26. **Nancy Netherland**, Caregiver Representative/California Children's Trust - Caregiver Engagement
27. **Norma Williams**, Del Norte County CCS
28. **Pip Marks**, Family Voices of California
29. **Richard Chinnock, MD**, Loma Linda University Children's Hospital
30. **Susan Skotzke**, Parent/Family Advisory Committee, Central California Alliance for Health
31. **Tanesha Castaneda**, Santa Barbara County CCS

# 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**, Managing Director, California Services/Strategic Advisor
- » **Sarah Brooks**, Director/Project Director
- » **Meredith Wurden**, Senior Strategic Advisor/Subject Matter Expert
- » **Marisa Luera**, Director/Subject Matter Expert
- » **Alex Kanemaru**, Senior Consultant/Project Manager



# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Public Health Emergency (PHE) Unwinding Update

DHCS' goal is to minimize beneficiary burden and promote the continuity of coverage for CCS beneficiaries by doing the following:

- » CCS Client Notification
- » CCS PHE Unwinding Guidance
- » Telehealth Numbered Letter
- » DHCS Ambassador Campaign
- » Whole Child Model (WCM) and CCS County Coordination
- » Annual Determinations

# PHE Unwinding Update (continued)

## Consolidated Appropriations Act of 2023

- » Referred to as the Omnibus Spending Bill
- » The continuous coverage requirement will end on March 31, 2023
- » Beginning in February, DHCS will host weekly statewide support calls with county offices
- » DHCS will implement a broad and targeted education and outreach communications campaign
- » DHCS will work closely with Coverage Ambassadors
- » Member notices and the CCS unwinding plan are being updated to reflect the start of Medi-Cal's redeterminations

# Case Management Definition and Core Activities

- » During the December CCS Monitoring and Oversight Workgroup meeting, core CCS case management activities based on the Children's Regional Integrated Service System (CRISS) definition were reviewed, specifically related to:
  - » Case Findings
  - » Support to Family Navigation
  - » Assessments, Interventions, and Coordination of Care
  - » Management of Transitions
- » DHCS received feedback from:
  - » WCM Medi-Cal Managed Care Plans' (MCP)
  - » Counties via the CCS Executive Committee

# Case Management Definition and Feedback Received

## DHCS Proposed Definition

The California Children's Services (CCS) case management is a beneficiary- and family-centered approach to care that ensures needed<sup>1</sup> clinical and non-clinical services are made available to each<sup>1</sup> 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<sup>2</sup>; ensuring beneficiaries have access to needed medical, social, educational, and other services deemed necessary<sup>3</sup>.

### Definition Color Legend

- » 1 - DHCS: Quality and Population Health Management
- » 2 - DHCS: Enhanced Care Management
- » 3 - Centers for Medicare & Medicaid Services
- » 4 - Plan and Fiscal Guidelines
- » 5 - Title 22 & Health and Safety code
- » 6 - CCS Provider Paneling requirements
- » 7 - Title XIX

## WCM MCPs' Proposed Definition

The California Children's Services (CCS) case management is a beneficiary- and family-centered care approach to ensure needed<sup>1</sup> clinical and non-clinical services are made available to each CCS beneficiary<sup>1</sup> through comprehensive, interdisciplinary, and person-centered care management and care coordination<sup>2</sup>.

## Counties' Proposed Definition

The California Children's Services (CCS) case management is directed<sup>4</sup> by licensed medical professionals<sup>5</sup> using a collaborative team approach including the client and family, to provide case finding, program eligibility determinations, authorizations for services and care coordination<sup>7</sup> to ensure that children and young adults have access to qualified pediatric specialists<sup>6</sup>, equipment, and services necessary for treatment of the CCS eligible condition<sup>5</sup>.

# Case Management Definition and Feedback Received (continued)

## Both County and WCM MCP Feedback

- » Remove “community-based” from definition
- » Revise definition as WCM MCPs and counties cannot “ensure” CCS beneficiaries receive services since they can decline services

## County Feedback

- » Reference to guidance documents currently used in the program to include but not limited to Title 22, Division 2, Subdivision 7, articles 1 thru 5; Health and Safety Code; and CCS Administrative Case Management Manual
- » Include reference to licensed medical professionals as directed by the PFC staffing standards and Title 22
- » Include reference to client and family-centered approach

# Next Steps

- » DHCS is in the process of:
  - » Reviewing counties and WCM MCP's feedback on the proposed CCS case management definition and core activities
  - » Conducting an informational survey to better understand which core activities counties are currently carrying out
- » Due to the timing of these efforts, an updated CCS case management definition and core activities will be presented at the March workgroup meeting

# **Workgroup Discussion**



# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# December Meeting Summary

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

- » CCS case management definition and core activities
- » MOU execution process and timeline
- » Grievance process
- » CCS compliance activities
- » Enforcement proposal

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

# Homework from December Workgroup

## ***CCS enforcement process***

- » Feedback requested from workgroup members on enforcement definitions and process

## ***CCS compliance activities***

- » Feedback requested from workgroup members on CCS compliance activities definitions, quarterly report, annual report, performance measures, and survey metrics

## ***CCS case management core activities***

- » Feedback requested from workgroup members on core activities

# **Workgroup Discussion**

# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Draft Grievance NL

- » On December 23, DHCS publicly shared the draft Grievance NL XX-XXXX, which provides guidance to CCS programs on the county grievance process
  - » The Grievance Log and Grievance Form were also included for public comment
- » Public comment closed on Friday, January 13

# Draft Grievance NL (continued)

- » The draft Grievance NL included the following:
  - I. Purpose
  - II. Background
  - III. Policy
    - A. Definitions
    - B. Grievance Process
  - IV. Grievance Procedures
    - A. Method of Filing
    - B. Standard Grievances
    - C. Expedited Grievances
    - D. Grievance Form
    - E. Grievance Log
  - V. Managed Care Plans and Other Delivery Systems

# Feedback Received on Draft Grievance NL

## Questions Received

- » What is the grievance process when a Specialty Care Center (SCC) is involved?
- » How long does DHCS have to respond to the CCS beneficiary notifying them of the resolution?
- » Do grievances resolved in real-time need the Grievance Form and Grievance Log completed?

## General Feedback Received

- » Request for the implementation date of grievance process
- » Establish a centralized platform for grievances

## I. Purpose

- » Purpose is not within the activities CCS counties perform today

## III. Policy, A. Definitions

- » Include definition for “CCS Representative” (e.g., client, legal guardian, authorized representative)
- » Considerations and request to remove “expedited grievance” from NL
- » Clarification regarding the CCS Grievance, Appeal, and Fair Hearing Processes for Classic Independent Counties



# Feedback Received on Draft Grievance NL (continued)

## III. Policy, B. Grievance Process

- » Request for clarification on process to submit grievance
- » Request to utilize business days instead of calendar days throughout

## IV. Grievance Procedures, A. Method of Filing

- » Considerations for additional county staffing needed to conduct grievance procedures
- » Removal of timeliness of authorization, timeliness of CCS eligibility determinations, and timeliness of referral from the list of grievance categories

## IV. Grievance Procedures, B. Standard Grievance

- » Clarification on county process related to grievances
- » Define “unresolvable” and clarify who decides if a grievance is “unresolvable”

## IV. Grievance Procedures, C. Expedited Grievance

- » Removal of “expedited grievance”

## IV. Grievance Procedures, D. Grievance Form

- » Clarification on what an exception may include
- » Additional CCS program staff is needed to comply

# Scope of the Grievance Process

Any expression of dissatisfaction between the CCS applicant and beneficiary, legal guardian, or authorized representative (CCS representatives) and county CCS programs administration of the CCS program except the following...

## **Examples where grievances can be filed:\***

- Timeliness of application/enrollment
- Timeliness of Service Authorization Request (SAR) adjudication
- Behavior of county CCS staff
- Difficulty getting an appointment

\* Counties are only responsible for resolving grievances within their purview. Other grievances should be referred with a warm hand-off to the responsible entity. The county can then close the grievance.

## **Examples where filing a grievance is NOT applicable:**

- The denial, reduction, or modification of authorizations or services
- A determination that the requested service is not covered
- A denial of financial, residential or medical eligibility
- Discontinuation of CCS eligibility
- Increases in amount to be repaid to the CCS program for treatment, when a client is in disagreement

# Goals of the Grievance Process

1

Ensure CCS beneficiaries are getting consistent support and resolution on issues/concerns across the state

2

Data to trend which counties may need technical assistance/training or if additional DHCS clarification/guidance is required

# Appeal, State Fair Hearing (SFH), and Grievance

## Appeal

- CCS beneficiaries can request a review of CCS agency decisions when there is a disagreement of [Title 22, Section 42132](#) actions, such as program eligibility determination

## SFH

- An inquiry conducted by the Department of Social Services to resolve a CCS beneficiary's denied appeal

## Grievance

- Allows CCS beneficiaries to express dissatisfaction with issues not appealable

# Next Steps for Grievance NL

- » Compiling and reviewing the feedback for consideration
- » NL will be revised, finalized, shared, and posted by the end of second quarter 2023

# Workgroup Discussion

---

What type of grievances do counties receive?

---

Do counties identify trends of the grievances received? If so, how?

---

Do counties use grievances as a data point to see where county administration of CCS could improve?

---

How do counties currently track grievances through resolution?

---

How often do counties receive grievances related to county responsibilities?

---

What do counties do with grievances that are not within their purview?

---

# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Overview

- » During the November CCS Monitoring and Oversight Workgroup meeting, a training proposal was presented that included:
  - » Purpose of training
  - » Stakeholder input, including requests for training related to CCS county staff onboarding, MTP, and program plan and budgets
  - » DHCS requirements, developed trainings, onboarding trainings, and topical technical trainings
  - » County training requirements



# Workgroup Feedback on Training Proposal

Workgroup member feedback on the training proposal included requests for:

- » Clarification on some language, including “adequately trained staff”
- » Specific county personnel conducting training requirements (e.g., CCS administrator or Senior Nurse)
- » Trainings specific to county model types
- » Clarification on how DHCS will communicate when new training courses are available
- » Program overview should include state and county responsibilities including CCS county model types and general program eligibility

# Training NL

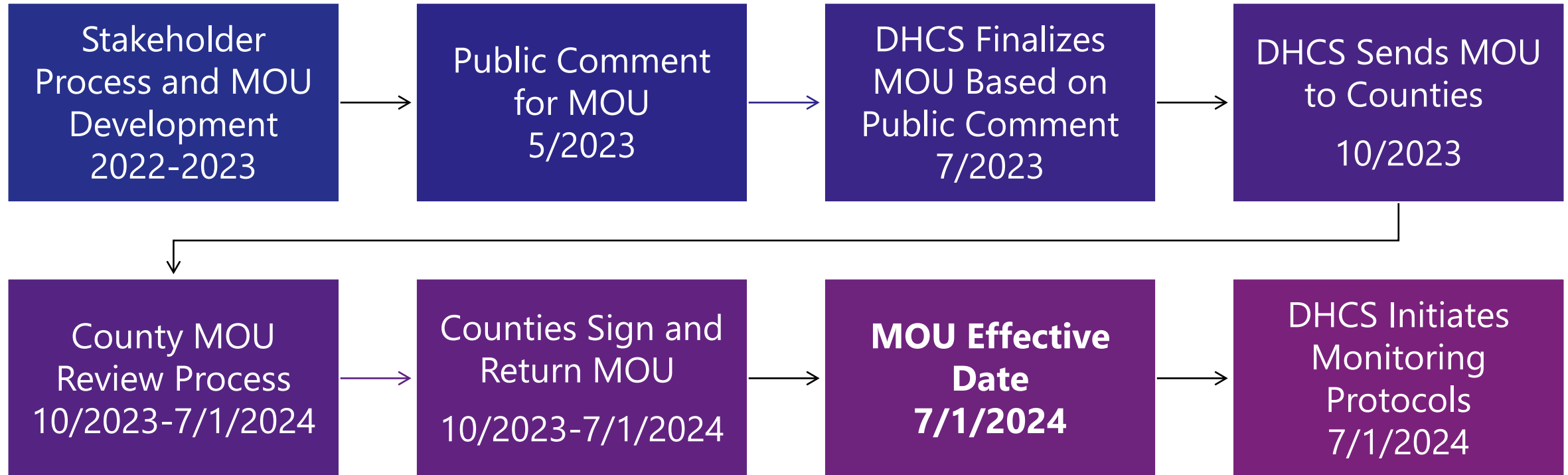
- » Key elements the Training NL will include:
  - » Frequency
  - » County Type
  - » Position Type
  - » Continual Training Requirement
  - » Proof of Completion

# **Workgroup Discussion**

# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# MOU Development



# Summary of Roles and Responsibilities Documents

The *Roles and Responsibilities Table* was updated based on workgroup member feedback

## » ***MOU Roles and Responsibilities Table***

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

# Summary of Roles and Responsibilities Documents (continued)

- » DHCS identified roles and responsibilities for counties and DHCS for the MOU
  - » Roles and responsibilities were derived from Health and Safety Codes, Welfare and Institutions Codes, California Code of Regulations, NLS, and *CCS Program Administrative Case Management Manual*
  - » Activities were rolled up for purposes of streamlining the *Roles and Responsibilities Table* (e.g., authorizations)
- » *Roles and Responsibilities Table* was shared on October 14 with workgroup members for feedback

# General/Common Feedback Received

- Counties requested additional resources
- How will the state be held accountable for their responsibilities
- The transition planning checklist should be updated



# Minor Revisions Made

Category	Suggested Feedback	Revision
<b>Administrative</b>	Assessment fee was not included	Added "assessment fee" to counties' responsibility to determine across model types
<b>Eligibility</b>	Assessment fee was not included	Added "assessment fee" for counties' responsibility to determine across model types
	Include active cases in Annual Medical Review (AMR)	Modified language so an AMR is conducted on "any active case, including active cases that may have had no activity or authorization" for state and county responsibility where applicable per county model type
	Counties facilitate this process for all CCS beneficiaries, not just CCS-Only Beneficiaries	Removed "CCS-Only Beneficiaries" in WCM counties' responsibility
	The state determines Neonatal Intensive Care Unit (NICU) and High Risk Infant Follow-up (HRIF) eligibility for CCS-Only Beneficiaries	Revised to "CCS-Only Beneficiaries: the state shall determine HRIF and NICU eligibility..."

# Minor Revisions Made (continued)

Category	Suggested Feedback	Revision
<b>Grievances</b>	Counties request additional resources to process all grievances	Added "formal" in "shall intake, process and resolve <b><u>formal</u></b> grievances" for county responsibilities across all model types
<b>Electronic Visit Verification (EVV)</b>	WCM responsibilities are different from Classic county responsibilities	Removed EVV section in both WCM county model types as WCM MCPs are responsible for EVV in WCM counties

# Roles and Responsibilities Table Proposed Major Revision

## Appeals – Program Eligibility (Related to Financial, Residential, and Medical Eligibility)

Original Language	Feedback	Proposed Revision
<p>If the appeal concerns continuing financial or residential eligibility, the [County] CCS program shall abide by the prescribing physician’s decision for continuation of previously authorized medical services.</p>	<p>The original language is confusing and workgroup members requested clarification.</p>	<p>If the appeal for continuing financial or residential eligibility <b><u>includes a request for continuation of services previously authorized by the CCS agency,</u></b> the [County] CCS program shall abide by the prescribing physician’s decision for continuation of previously authorized medical services <b><u>until a final determination is rendered on the appeal.</u></b></p> <p><b><u>If the appeal concerns medical eligibility or the need for the continuation of previously authorized medical services, the [County] CCS program director shall authorize the client be evaluated by an expert physician whose specialty encompasses the client’s medical condition and/or service at issue and who is not a CCS employee or under consultant contract with CCS.</u></b></p>

# Roles and Responsibilities Table Proposed Major Revision (continued)

## Eligibility – MTP Eligibility

Original Language	Feedback	Proposed Revision
<p>The [County] CCS program shall determine MTP eligibility prior to the beneficiary being referred to a Medical Therapy Unit or an authorization for vendorized therapy services.</p>	<p>The [County] CCS program shall determine MTP <b>program or medical</b> eligibility prior to the beneficiary being referred to a Medical Therapy Unit or an authorization for vendorized therapy services.</p>	<p><u>The [County] CCS program shall determine MTP <b>medical</b> eligibility prior to the beneficiary being referred to a Medical Therapy Unit or an authorization for vendorized therapy services.</u></p> <p><u><b>The [County] CCS program shall determine MTP medical eligibility within five (5) business days of the receipt of all medical documentation necessary to determine eligibility.</b></u></p> <p><u><b>The [County] CCS program shall determine MTP residential eligibility within 30 calendar days of the receipt of all documentation necessary to determine eligibility.</b></u></p>

# Next Steps

## » DHCS is working on:

- » Revising transition planning responsibilities according to the newly proposed performance measures
- » Clarifying budget responsibilities

# **Workgroup Discussion**

# Agenda

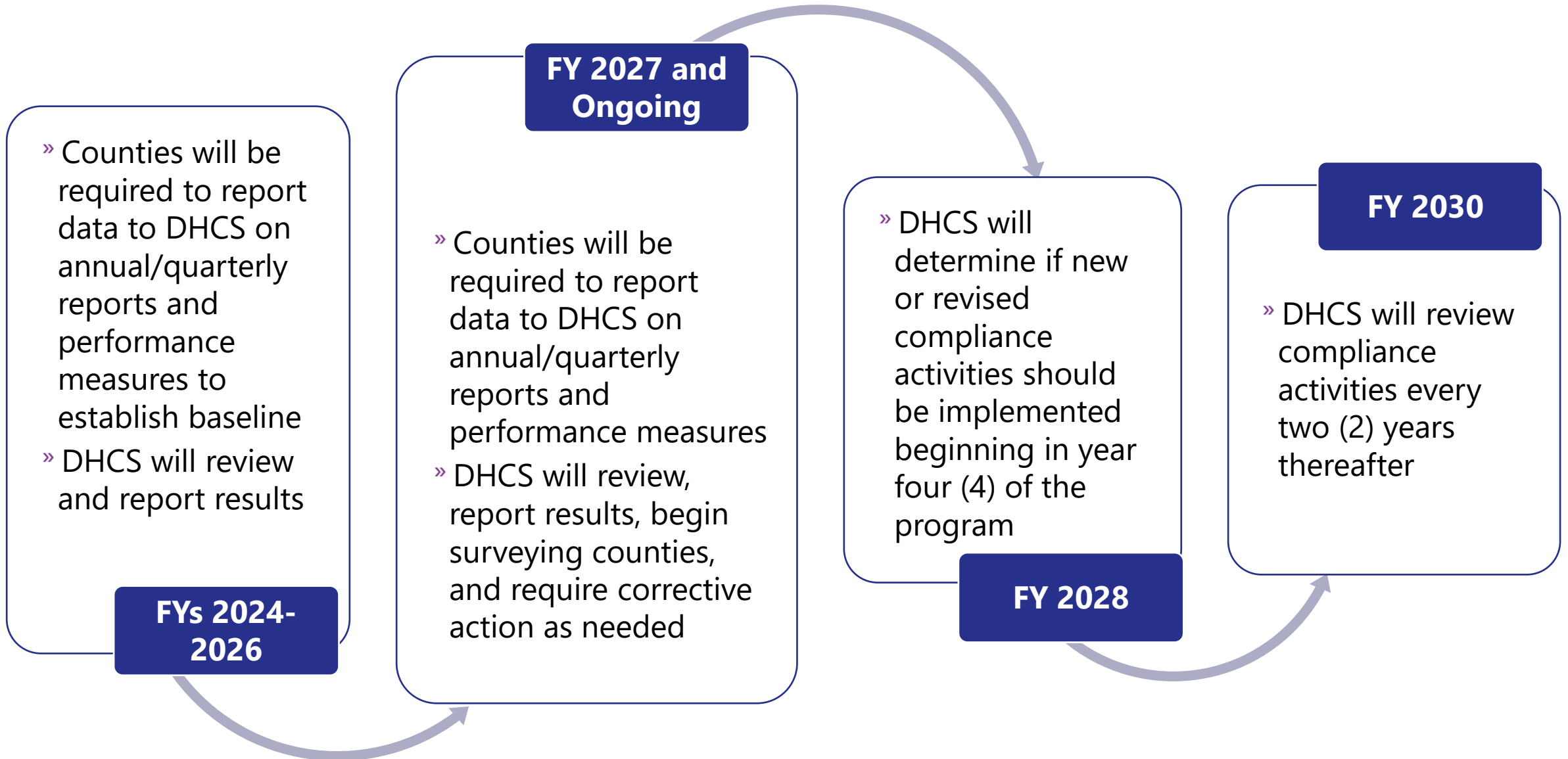
Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00



# Compliance Activities Timeline



# Workgroup Feedback on CCS Compliance Activities

- » Workgroup member feedback on the CCS compliance activities included:
  - » Explanation for how ISCD will be evaluated if criteria are not met
    - » **Response:** The state will be accountable for activities identified in the MOU Roles and Responsibilities Table
  - » Utilization of business days instead of calendar days
    - » **Response:** The roles and responsibilities are business days and calendar days just like in Title 22 and other state guidance
  - » Details on how a compliance activity will be handled if it does not apply to a county's CCS program
    - » **Response:** County would not be surveyed or required to report on those compliance activities if they do not apply
  - » Questions on how to handle compliance activities where the county CCS program cannot control if a CCS beneficiary attends appointments (e.g., Primary Care Practitioner, SCC, Medical Home)
    - » **Response:** These are proposed performance measures and there will be a compliance threshold to account for these instances
  - » Requests for additional details related to technical specifications, reporting format, and benchmarks
    - » **Response:** More information will be released at a later time

# Workgroup Feedback on CCS Compliance Activities (continued)

- » Requests for feedback from DHCS on CCS compliance activities once submitted
  - » **Response:** DHCS will provide feedback on compliance activities submitted
- » Clarification on what “high risk” means for the Transition Planning Performance Measure
  - » **Response:** DHCS will provide more information on this at a later time
- » Requests for additional staffing to carry out compliance activities
- » Comments that for WCM counties compliance activities will provide data on CCS-only clients, which is a small subset of clients
  - » **Response:** DHCS is proposing to publish a qualitative report on its website for performance measure results across the state
- » Request to remove EVV Survey Metric
  - » **Response:** EVV is a federal and state statute and applies to all Medicaid-funded personal care and home health care services. A NL pertaining to EVV will be released detailing the responsibilities of the state and county.

# Compliance Activities

Applies to	Total # of Activities	Quarterly Report		
		SARs Authorized within Five (5) Business Days	Review and Mail Written Response for Appeal within 21 Calendar Days	Acknowledge Standard Grievances within Five (5) Business Days, Resolve Standard Grievances within 30 Business Days, and Expedited within Three (3) Business Days
Classic Dependent	2	N/A	X	X
Classic Independent	3	X	X	X
WCM Dependent	2	N/A	X	X
WCM Independent	2 (3)	<b>CCS Only</b>	X	X
DHCS	3	X	X	X

# Compliance Activities (continued)

County Model Type	Total # of Activities	Annual Report				
		CCS Beneficiaries Authorized for a SCC Attended Annual Visit	AMR Completed Prior to Program Eligibility End Date	Current MTU Locations Received DHCS Approval	Policy and Procedure for Monthly Chart Audits	Prepare and Submit FFP Time Studies
Classic Dependent	5	X	X	X	X	X
Classic Independent	5	X	X	X	X	X
WCM Dependent	5	X	X	X	X	X
WCM Independent	5	X	X	X	X	X
DHCS	1	N/A	X	N/A	N/A	N/A

# Compliance Activities (continued)

County Model Type	Total # of Activities	Performance Measures					
		CCS Beneficiaries had a Medical Home in CMS Net	CCS Beneficiaries had a Visit with a Primary Care Physician (PCP) or Specialist	CCS Beneficiaries with Select Conditions had SCC Visit within 90 Days of Referral	Transition Plan Development Started at 17 and includes Three (3) Items	Transition Plan Development Completed at 20, includes Three (3) Items, and Shared	CCS MTP Medi-Cal Beneficiaries had First Therapy Session
Classic Dependent	6	X	X	X	X	X	X
Classic Independent	6	X	X	X	X	X	X
WCM Dependent	0 (6)	<b>CCS Only</b>	<b>CCS Only</b>	<b>CCS Only</b>	<b>CCS Only</b>	<b>CCS Only</b>	<b>CCS Only</b>
WCM Independent	0 (6)	<b>CCS Only</b>	<b>CCS Only</b>	<b>CCS Only</b>	<b>CCS Only</b>	<b>CCS Only</b>	<b>CCS Only</b>
DHCS	0	N/A	N/A	N/A	N/A	N/A	N/A

# Compliance Activities (continued)

County Model Type	Total # of Activities	Survey				
		Continuity of Services (TBD)	Medical Eligibility Determined within Five (5) Business Days	Financial Eligibility Determined within 30 Business Days	Residential Eligibility Determined within 30 Business Days	CCS Beneficiaries with Select Conditions Referred to MTP
Classic Dependent	6	X	N/A	X	X	X
Classic Independent	9	X	X	X	X	X
WCM Dependent	6 (7)	X	N/A	X	X	X
WCM Independent	7 (8)	X	X	X	X	X
DHCS	4	X	X	N/A	N/A	N/A

# Compliance Activities (continued)

County Model Type	Total # of Activities	Survey				
		Policy and Procedure for Coordination Activities, Necessary After-care Services, and Communication Requirements	Policy and Procedure for Regular Communication with WCM MCPs	NICU and HRIF Eligibility Determined within Five (5) Business Days	NICU and HRIF Eligibility Determination Entered into CMS Net within 10 Business Days	EVV (TBD)
Classic Dependent	6	X	N/A	N/A	X	TBD
Classic Independent	9	X	N/A	X	X	TBD
WCM Dependent	6 (7)	<b>CCS Only</b>	X	N/A	X	TBD
WCM Independent	7 (8)	<b>CCS Only</b>	X	N/A	X	TBD
DHCS	4	N/A	N/A	X	N/A	TBD



# Quarterly Reports

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data submission method to DHCS
All counties, DHCS	Review the appeal and mail the written response within 21 calendar days	Total # of appeal responses mailed within 21 calendar days	Total # of appeal responses mailed	Title 22 and NL TBD	Submission of Appeal Log quarterly
All counties, DHCS	Acknowledge standard grievances within five (5) business days, resolve standard grievances within 30 business days, and expedited within three (3) business days	N/A	N/A	NL TBD	Submission of Grievance Log quarterly
Classic Independent, WCM Independent, DHCS	SARs authorized within five (5) business days for CCS beneficiaries	Total # of completed SARs received that were adjudicated within five (5) business days	Total # of completed SARs received	CCS Case Management Manual, NL 20-0997, SB	CMS Net

# Annual Reports

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data submission method to DHCS
All counties	Ensuring CCS beneficiaries who are authorized for a SCC attended an annual SCC visit	Total # of unique CCS beneficiaries who had an annual SCC visit documented in CMS Net	Total # of unique CCS beneficiaries who had an annual SCC SAR authorized in CMS Net	PFG, NL 01-0108	CMS Net – Case notes
All counties	Verification counties have a policy and procedure to ensure counties are performing monthly chart audits	N/A	N/A	NL 43-1194	Policies and procedures

# Annual Reports

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data submission method to DHCS
All counties	County CCS programs prepare and submit FFP time studies	N/A	N/A	PFG and HSC §123940	PFG
All counties	Verification if current MTU locations received DHCS approval (matching address of county submission to DHCS list)	N/A	N/A	Cal. Code Regs. Tit. 2, § 60310	MTU Directory and request MTU addresses
All counties, DHCS	AMR completed for CCS beneficiaries prior to program eligibility end date	Total # of AMRs completed before the annual financial review date due in the reporting period	Total number of AMRs due in the reporting period	Title 22, N.L. 20-0997, CCS Case Management Manual	CMS Net

# Performance Measures

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties	Ensuring each CCS beneficiary has a medical home indicated in CMS Net Medical Home field	Total # of unique CCS beneficiaries in CMS Net with medical home entered	Total # of unique CCS beneficiaries in the county caseload	PFG	CMS Net
All counties	Ensuring CCS beneficiaries had a visit with a PCP or specialist during the reporting period	Total # of unique CCS beneficiaries with a visit to PCP or specialist during reporting period	Total # of CCS beneficiaries in the county caseload	Modified PFG to include PCP	MSBI Claims - Data request pull

# Performance Measures (continued)

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties	<p>Counties completed one (1) of the following four (4) specific criteria documenting family participation in the CCS program:</p> <ol style="list-style-type: none"> <li>1. Family members offered an opportunity to provide feedback regarding their satisfaction with CCS services</li> <li>2. Family members participate on advisory committees/task forces and offered training, mentoring and reimbursement</li> <li>3. Family members are participants of the CCS SCC services provided to their child</li> <li>4. Family advocates are contracted or consultants to the CCS program for their expertise</li> </ol>	N/A	N/A	Modified PFG	Counties submit explanations of what they offered, how family participation was completed, the results, and policies and procedures

# Performance Measures (continued)

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties	Percentage of CCS beneficiaries with select conditions (cystic fibrosis, hemophilia, sickle cell, leukemia, diabetes) who have a documented visit with a SCC within 90-days of referral	Total # of unique CCS beneficiaries with select conditions who have an initial visit with a SCC within 90 days of a referral	Total # of unique CCS beneficiaries with select conditions with a referral	Modified PFG to include number of days	CMS Net

# Performance Measures (continued)

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties	<p>At age 17, county CCS program begins to develop the transition plan for all high-risk CCS beneficiaries and shares the transition plan with the PCP and MCP to include:</p> <ul style="list-style-type: none"> <li>a. The adult medical home</li> <li>b. The identified adult specialist</li> <li>c. Authorized representative/legal guardian (if needed)</li> </ul>	<ul style="list-style-type: none"> <li>a. The total # of high-risk CCS beneficiaries aged 17 with a transition plan with a, b, and c included</li> <li>b. The total # of high-risk CCS beneficiaries whose plan has been shared with PCP and MCP</li> </ul>	The total # of high-risk CCS beneficiaries aged 17	Modified PFG	Chart audit and policies and procedures

# Performance Measures (continued)

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties	<p>At age 20 years, the exit summary for the transition plan for all high-risk CCS beneficiaries is developed and shared with the CCS beneficiary, authorized representative/legal guardian (if necessary), PCP, and MCP to include:</p> <ul style="list-style-type: none"> <li>a. The adult medical home</li> <li>b. The identified adult specialist</li> <li>c. Authorized representative / legal guardian (if needed)</li> </ul>	<ul style="list-style-type: none"> <li>a. The total # of high-risk CCS beneficiaries aged 20 with exit summary with a, b, and c included</li> <li>b. The total # of high-risk CCS beneficiaries with exit summary shared with CCS beneficiary, authorized representative/legal guardian (if necessary), PCP, and MCP</li> </ul>	The total # of high-risk CCS beneficiaries aged 20	Modified PFG	Chart audit and policies and procedures



# Performance Measures (continued)

Applies to	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties	Ensuring CCS MTP Medi-Cal beneficiaries are provided an initial therapy evaluation/session	Total # of new CCS MTP Medi-Cal clients who had first session/evaluation within six (6) months of opening date	Total # of new CCS MTP Medi-Cal case openings in the previous calendar year (January – December)	Reference Guide for the Medical Therapy Conference (MTC)	First session date data- a. CMS Net PTRs (for those counties that bill through CMS Net=30 counties currently) b. Fiscal Intermediary documents/data (for those counties who bill through other means=15 counties)

# Survey

Applies To	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties	CCS beneficiaries referred to CCS have their financial eligibility determined within 30 business days	Total # of unique CCS beneficiaries with financial eligibility determined within 30 business days of receipt of documentation to make the determination in the reporting period	Total # of unique CCS new referrals to the CCS program in the reporting period	Title 22 / PFG	CMS Net
All counties	CCS beneficiaries referred to CCS have their residential eligibility determined within 30 business days	Total # of unique CCS beneficiaries with residential eligibility determined within 30 business days of receipt of documentation to make the determination in the reporting period	Total # of unique CCS new referrals to the CCS program in the reporting period	Title 22 / PFG	CMS Net

# Survey (continued)

Applies To	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties	Counties shall develop policies and procedures that specify coordination activities, necessary after-care services, and communication requirements among the following parties, including but not limited to, PCPs, specialty providers, hospitals, public health nurses, and CCS program case managers	N/A	N/A	HSC §123850	Policies and procedures
All counties, DHCS	Measure on continuity of services (awaiting state guidance), TBD	TBD	TBD	NL TBD	TBD

# Survey (continued)

Applies To	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Method to DHCS
All counties, DHCS	Consider what non-clinical markers/identifiers DHCS could look at (like Dx codes on a CCS face sheet) to identify files to check for documentation that a child was referred to MTP	TBD	TBD	Reference Guide for the MTC	CMS Net and Chart Audit
Classic Independent, Classic Dependent, DHCS	TBD based on final EVV NL	TBD	TBD	NL TBD	TBD

# Survey (continued)

Applies To	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Methods to DHCS
Classic Independent, DHCS	County CCS programs shall determine NICU and HRIF eligibility within five (5) business days	Total # of CCS beneficiaries referred to CCS based on NICU and HRIF eligibility within five (5) business days from receipt of required documentation	Total # of CCS beneficiaries referred to CCS based on NICU and HRIF eligibility	CCS NL 05-1016 and CCS NL 02-0413	Sample chart audit, and county policies and procedures

# Survey (continued)

Applies To	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Methods to DHCS
Classic Independent, WCM Independent, DHCS	CCS beneficiaries referred to CCS have their medical eligibility determined within five (5) business days	Total # of unique CCS beneficiaries with medical eligibility determined within five (5) business days of receipt of all medical documentation in the reporting period	Total # of unique CCS new referrals to the CCS program in the reporting period	Title 22 / PFG	CMS Net

# Survey (continued)

Applies To	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Methods to DHCS
WCM Independent, WCM Dependent, Classic Independent, DHCS	County CCS programs shall enter into CMS Net the NICU and HRIF program eligibility determinations within 10 business days and corresponding policies and procedures	Total # of NICU and HRIF determinations documented in CMSNet within 10 business days from receipt of required documentation	Total # of NICU and HRIF determinations received	CCS WCM N.L. 03-0421	Chart audit and policies and procedures

# Survey (continued)

Applies To	Activity Description	Numerator	Denominator	Current Program Requirement	Data Submission Methods to DHCS
WCM Independent, WCM Dependent	Counties shall develop policies and procedures for regular communication with WCM MCPs to facilitate the care of CCS beneficiaries which include, but not limited to, WCM MCP liaison and Utilization Management Director	N/A	N/A	HSC §123850	Policies and procedures



# **Workgroup Discussion**

# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Overview

- » During the November CCS Monitoring and Oversight Workgroup meeting a CCS compliance survey proposal was presented that included:
  - » Definitions
  - » Timeline
  - » Process and survey tool

# Workgroup Feedback on Survey Proposal

- » Workgroup member feedback on the CCS compliance survey proposal included requests for:
  - » Additional details on timelines in the Survey NL
  - » Changing the verbiage from “survey” to “audit”
  - » Additional details regarding annual/quarterly reports in the Survey NL
  - » More information on the enforcement process
  - » Changing county reporting requirements from calendar to business days
  - » Counties to have the opportunity to review and respond to deficiencies prior to DHCS publishing results on the annual/quarterly reports and surveys

# Survey NL Table of Contents

- » The draft Survey NL is composed of the following:
  - I. Purpose
  - II. Background
  - III. Policy
    - A. Definitions
  - IV. Oversight and Monitoring
    - A. Program Core Administrative Domains
    - B. Compliance Activities Overview
    - C. Annual and Quarterly Reports
    - D. Desk, Virtual, and Onsite Surveys

# Survey NL

- » Establishes a policy to survey the state and county CCS programs on their administration of the CCS program, including the MTP
  - » NL is currently in the two-week public comment period
  - » Feedback will be compiled and reviewed for consideration
  - » NL will be revised, finalized, shared, and posted by the end of second quarter 2023

# Workgroup Discussion

# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00



# Promoting Transparency for the CCS Program

Assembly Bill (AB) 133, Article 5.51 of the California Advancing and Innovating Medi-Cal (CalAIM) Act  
**Specifically: Welfare and Institutions Code 14184.600, Subsection (b)(4)**

Requires DHCS to 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 pursuant to this section

# Promoting Transparency for the CCS Program (continued)

Create a webpage that will serve as a central location for resources, documents, and information for the CCS program

Annual, Quarterly, and Survey Reports

Authority for Compliance, Monitoring, and Oversight

Compliance, Monitoring, and Oversight Guidance

Training and Technical Assistance Guides

Other Relevant Program Links/Information

# **Workgroup Discussion**

# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Overview

- » The enforcement process is intended to support and hold counties accountable to the compliance, monitoring, and oversight of CCS program, including the MTP
- » The proposal contains a tiered enforcement approach with multiple touchpoints to support counties throughout the process
- » DHCS will take stakeholder input into consideration when identifying enforcement actions and/or sanction amounts
- » In cases where a county may not be able to comply with applicable state laws and regulations, or meet MOU obligations due to extenuating circumstances, DHCS may apply the exception process based on the county's Good Faith Efforts and other factors
- » The proposed enforcement process aligns with other DHCS programs and ensures compliance to deliver care in a standardized, consistent manner across the state and in partnership with county CCS programs

# Workgroup Feedback on Enforcement Proposal

- » Workgroup member feedback on the enforcement proposal included requests for:
  - » Removal of calendar days and replace with business days
  - » Specific criteria on how sanction amounts will be determined, the range for financial sanctions, and where funds for sanctions will come from
  - » Clarify when sanctions and/or Corrective Action Plans (CAP) are imposed
  - » Adding staffing and resources to the approved exemptions
  - » Changes to the proposed definitions

# Enforcement NL

- » Key elements the Enforcement NL will include:
  - » Define relevant key terms such as “corrective action”, “finding”, “remediation”, etc.
  - » Policy for tiered enforcement framework
  - » Timeline for remediating deficiencies and CAP
  - » Policy for the sanction process
- » Next Steps
  - » NL will be shared in March for a two-week public comment period
  - » Feedback will be compiled and reviewed for consideration
  - » NL will be revised, finalized, shared, and posted by the end of second quarter 2023

# **Workgroup Discussion**



# Agenda

Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Agenda

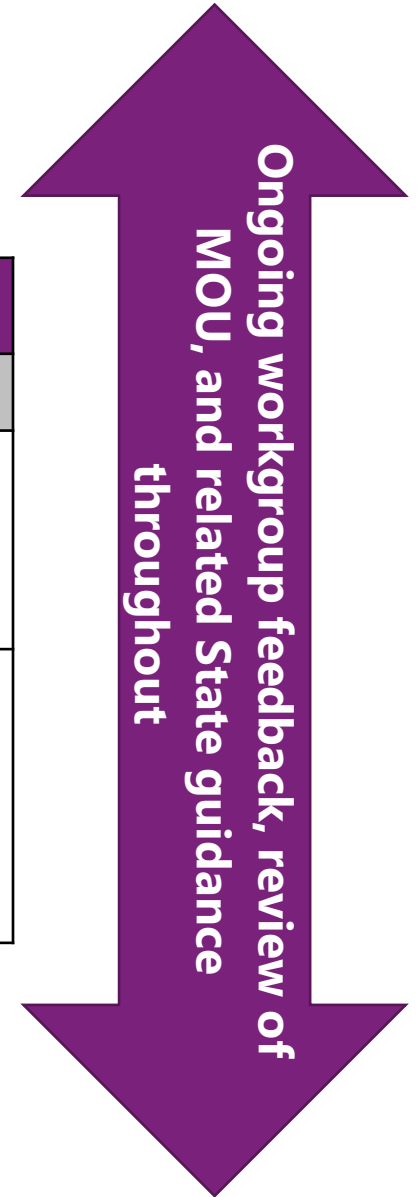
Welcome and Meeting Information	12:00-12:05
Roll Call	12:05-12:10
Policy Updates	12:10-12:20
December Meeting Summary and Workgroup Feedback	12:20-12:30
Grievance Numbered Letter (NL)	12:30-12:55
Training NL	12:55-1:15
Memorandum of Understanding (MOU) Development	1:15-2:00
Break	2:00-2:15
Compliance Activities	2:15-3:05
Survey NL	3:05-3:20
Promoting Transparency for the California Children's Services (CCS) Program	3:20-3:35
Enforcement Proposal	3:35-3:50
Public Comment	3:50-3:55
Next Steps	3:55-4:00

# Next Steps

- » **Meeting summary**
- » **Homework following meeting:**
  - » CCS compliance activities

# Timeline

CCS Monitoring and Oversight Workgroup Timeline*		
Year	Meeting Date	Activity
2023	January 30	<ul style="list-style-type: none"><li>• Continue performance measures and process for updating</li><li>• Finalize enforcement process</li><li>• Review NLS related to training and survey</li></ul>
	March 13	<ul style="list-style-type: none"><li>• Finalize performance measures and process for updating</li><li>• Review NLS related to performance measures and enforcement</li><li>• Prepare MOU template for public comment</li></ul>



\*Dates and meeting content are subject to change.

# Workgroup Meeting Logistics

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

## 2023 Workgroup Meeting Dates

» 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 CalAIM initiatives to enhance oversight and monitoring of the CCS program and workgroup activities, please email Sarah Brooks at [SBrooks@sellersdorseys.com](mailto:SBrooks@sellersdorseys.com) or Alex Kanemaru at [AKanemaru@sellersdorseys.com](mailto:AKanemaru@sellersdorseys.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](mailto: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 white.

**Thank you!**