



California Children's Services County Monitoring Workgroup Meeting

January 31, 2022

Housekeeping

1. Presentation recorded
2. All meeting attendees will be on mute. Workgroup members can raise their hands to ask questions or provide comments.
3. Workgroup members will be able to provide feedback and recommendations, which the Department of Health Care Services (DHCS) will take into consideration.
4. Chat box will only be available to DHCS staff.
 - a. Members of the public may provide feedback and comments to their represented workgroup member, directly to the County Compliance Unit at CountyOversightAndMonitoring@dhcs.ca.gov, or to DHCS via the chat box.

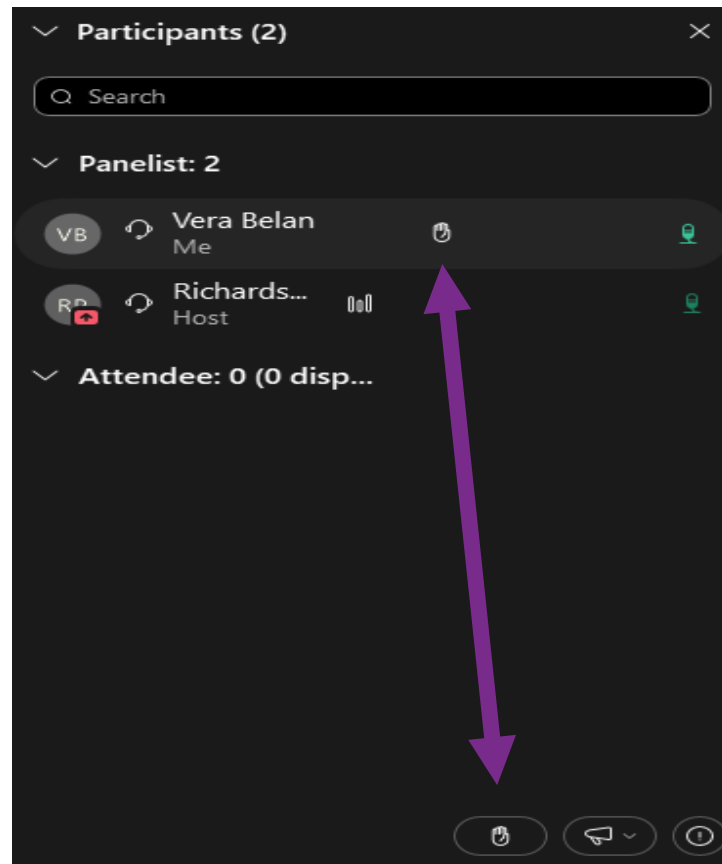
Housekeeping

» How to navigate to Webex raise hand 

Step 1: Select Participants



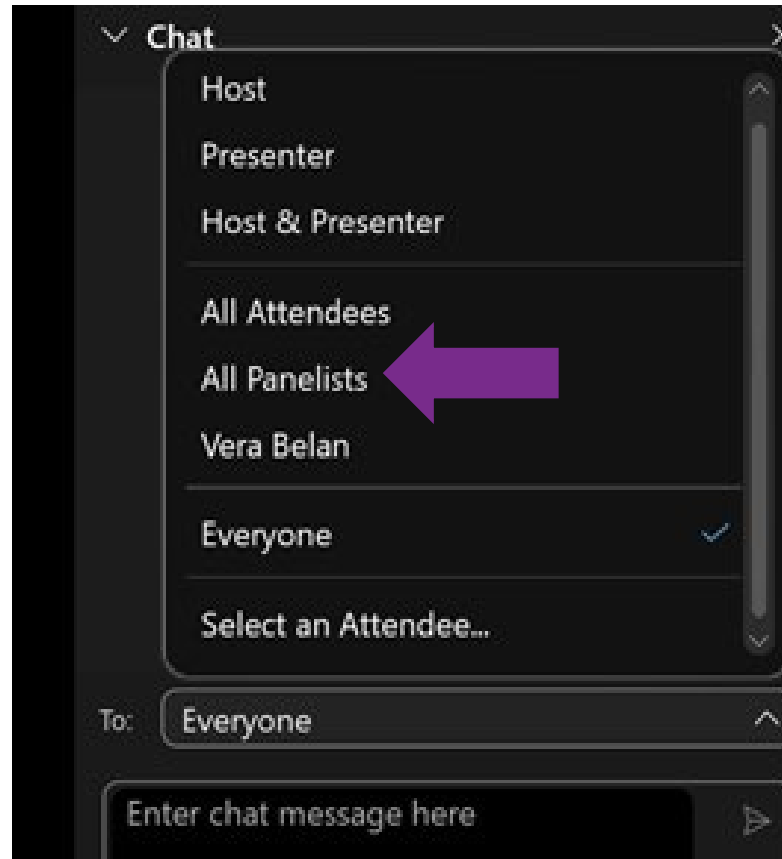
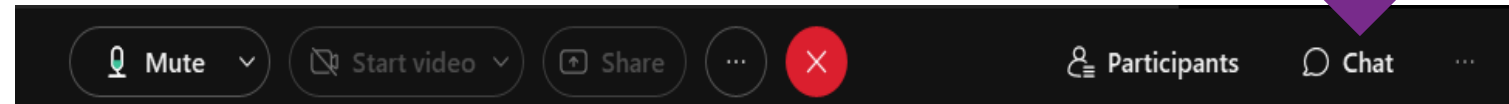
Step 2: Select Raise Hand



Housekeeping (continued)

» How to navigate to Webex Chat

Step 1: Select Chat

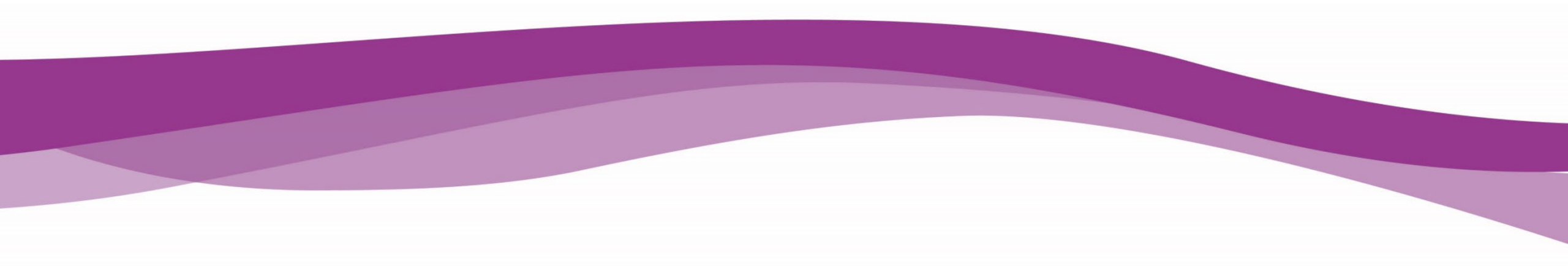


Step 2: Select All Panelists

Agenda

1. Welcome and Introductions	12-12:30
2. Meeting Goals	12:30-12:32
3. Equity and Quality	12:32-1:02
4. Charter	1:02-1:10
5. Break	1:10-1:25
6. Overview of the CCS Program	1:25-1:45
7. Initiatives for County Oversight and Monitoring	1:45-1:55
8. Timeline, Memoranda of Understanding (MOU) and Meeting Topics	1:55-2:40
9. Public Comment	2:40-2:50
10. Next Steps	2:50-3

Introductions



Introductions

- » Name
- » Title
- » Organization

Meeting Goals

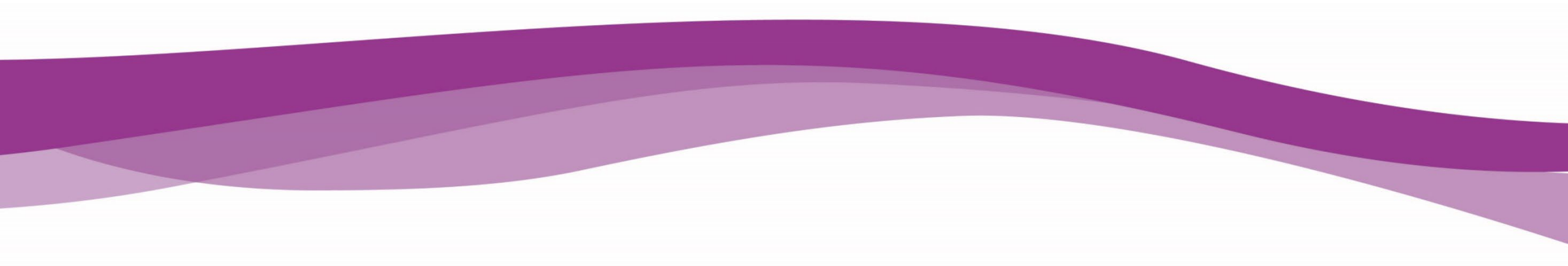
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Meeting Goals

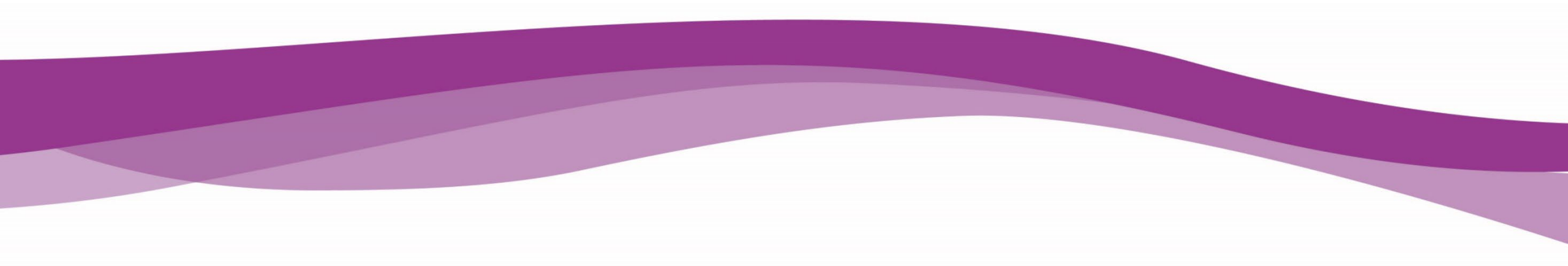
- » Review workgroup expectations, scope, and goals.
- » Define the CCS program and oversight.
- » Obtain feedback and recommendations for the MOU outline.

Equity and Quality

Dr. Palav Babaria



CCS County Monitoring Workgroup Charter



Goals

CaAIM Goals

- Identify and manage comprehensive needs
- Improve quality outcomes, reduce health disparities, and transform the health care delivery system
- Make Medi-Cal a more consistent and seamless system

CCS County Monitoring Goals

- Enhance monitoring of county CCS programs
- Execute a Memorandum of Understanding (MOU) with each county
- Establish statewide performance, quality, and reporting standards for county administration

Mission

- » To develop, implement, and evaluate consistent standards for quality and access to care for beneficiaries enrolled in the CCS program throughout the state of California.

Authorizing Statute

Assembly Bill 133, Article 5.51 established California Advancing and Innovating Medi-Cal (CalAIM) subsection (b), requiring DHCS to consult with counties and other affected stakeholders to develop and implement all of the following initiatives to enhance oversight and monitoring of county administration of the CCS program:

- » Establish statewide performance, reporting, and budgetary standards, and accompanying audit tools used to assess county compliance with federal and state requirements applicable to the CCS program.
- » Conduct periodic CCS quality assurance reviews and audits to assess compliance with the established standards.
- » Assess each CCS program to ensure appropriate allocation of resources necessary for compliance with standards, policies, guidelines, performance, and compliance requirements.
- » Determine and implement a process to inform each CCS program of, and make available on its internet website, the latest standards, policies, guidelines, and new performance and compliance requirements imposed.
- » Establish a statewide tiered enforcement framework to ensure prompt corrective action for counties that do not meet established standards.
- » Require each county to enter into a MOU with DHCS to document each county's obligations in administering the CCS program.

Governance

Entity	Governance Role
Counties	Administer the CCS program
CCS County Monitoring Workgroup	Advise DHCS regarding the development of a MOU and associated monitoring protocols to ensure appropriate oversight of the county CCS program
DHCS	Develop and implement the initiatives to enhance county oversight and monitoring of the CCS program*, and make decisions based on workgroup feedback

*Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code

Charge

- » Provide support and expert guidance to DHCS regarding the following:
 - » MOU for each county
 - » Monitoring protocols and reporting standards
 - » Statewide tiered enforcement to provide corrective action for counties that do not meet standards
 - » The severity of enforcement response increasing for each tier
 - » Create quality improvement processes prior to fiscal penalties

Time Commitment

- » Meet 12 times (once monthly), over the course of 12 months for 2 to 4 hours per meeting
- » Thereafter, the CCS County Monitoring Workgroup and DHCS will establish and agree on yearly involvement, as needed

Meeting Rules

- » Review materials and recommendations in advance, and be prepared to provide feedback and recommendations.
- » Members will be collegial, and the meetings will be an open environment fostering diverse perspectives.
- » Discussion will focus on agenda topics, and members will be encouraged to stay on point to ensure all agenda items are addressed during the meeting period.

Attendance

- » DHCS encourages attendance of the appointed workgroup members whenever possible.
 - » Members can attend meetings via teleconference or over the phone.
 - » Meeting format options will be posted on the DHCS website.
- » If members are unable to attend meetings:
 - » DHCS requests members to assign a substitute, delegate, or proxy to participate in meetings.
 - » Members who three meetings in a row may be dismissed.

Membership

County CCS Program Representatives: Dependent, Independent, Whole Child Model (WCM), Medical Therapy Program

County Associations

Stakeholder Advocates

Families of Present or Past CCS Beneficiaries

Clinical Providers: Pediatric Specialist and Primary Care

Clinical Sites

WCM Managed Care Plans (MCP)

Departing Members

- » Inform DHCS via email at CountyOversightAndMonitoring@dhcs.ca.gov when/if you are no longer able to participate in the workgroup.
- » Recommendations to backfill a seat vacated will be sought from the broader group and not only from the departing incumbent, except under the following circumstances:
 1. If the seat belongs to a CCS county, DHCS will seek a replacement county with similar geographic size, demographic composition, etc.
 2. If the seat belongs to a member from a MCP, DHCS will seek a replacement MCP representing a similar demographic as the prior incumbent*

*Note: This applies if the MCP declines continued participation; however, if the MCP's member must step down, but the MCP chooses to continue participation, a replacement recommendation may be suggested from within the plan,

Assistive Services

- » For individuals with disabilities, DHCS will provide free assistive services, including:
 - » Language and sign-language interpretation
 - » Real-time captioning
 - » Note takers
 - » Reading or writing assistance
 - » Conversion of training or meeting materials into braille, large print, audio, or electronic format

- » To request alternate format or language services, please email:

County Compliance Unit

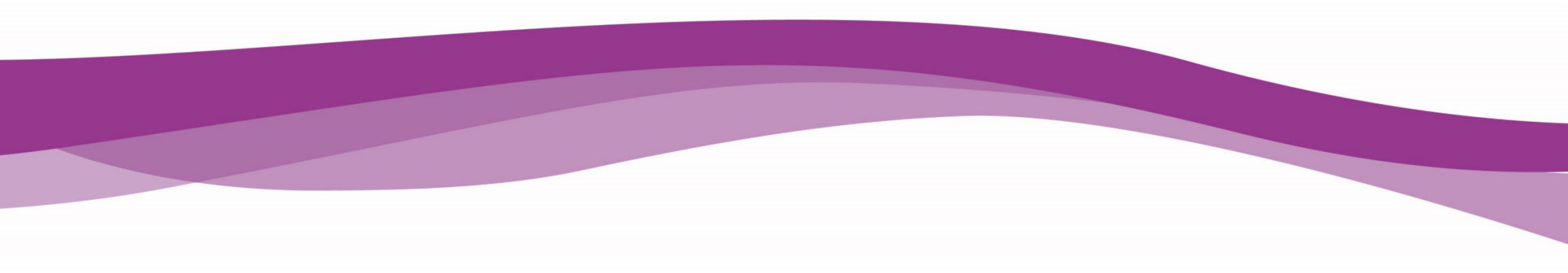
Monitoring and Oversight Section

CountyComplianceAndMonitoring@dhcs.ca.gov

Break

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Overview of the CCS Program



Legislative Authority

1

- Title 22, Division 2, Subdivision 7, Section 41401 - 42720

2

- Health & Safety Code, Sections 123800 – 123995

3

- W & I Code, Section 14094.3 (CCS Carve-Out)

4

- W & I Code, Section 14105.18 (Medi-Cal Reimbursement Rates)

CCS Program

The CCS program is administered as a partnership between county health departments and DHCS

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.

Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions, such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae.

CCS also provides medical therapy services that are delivered at public schools.

Program Eligibility

Medical

- CCR, Title 22, Article 2, 41515.1
- Generally chronic and physically handicapping

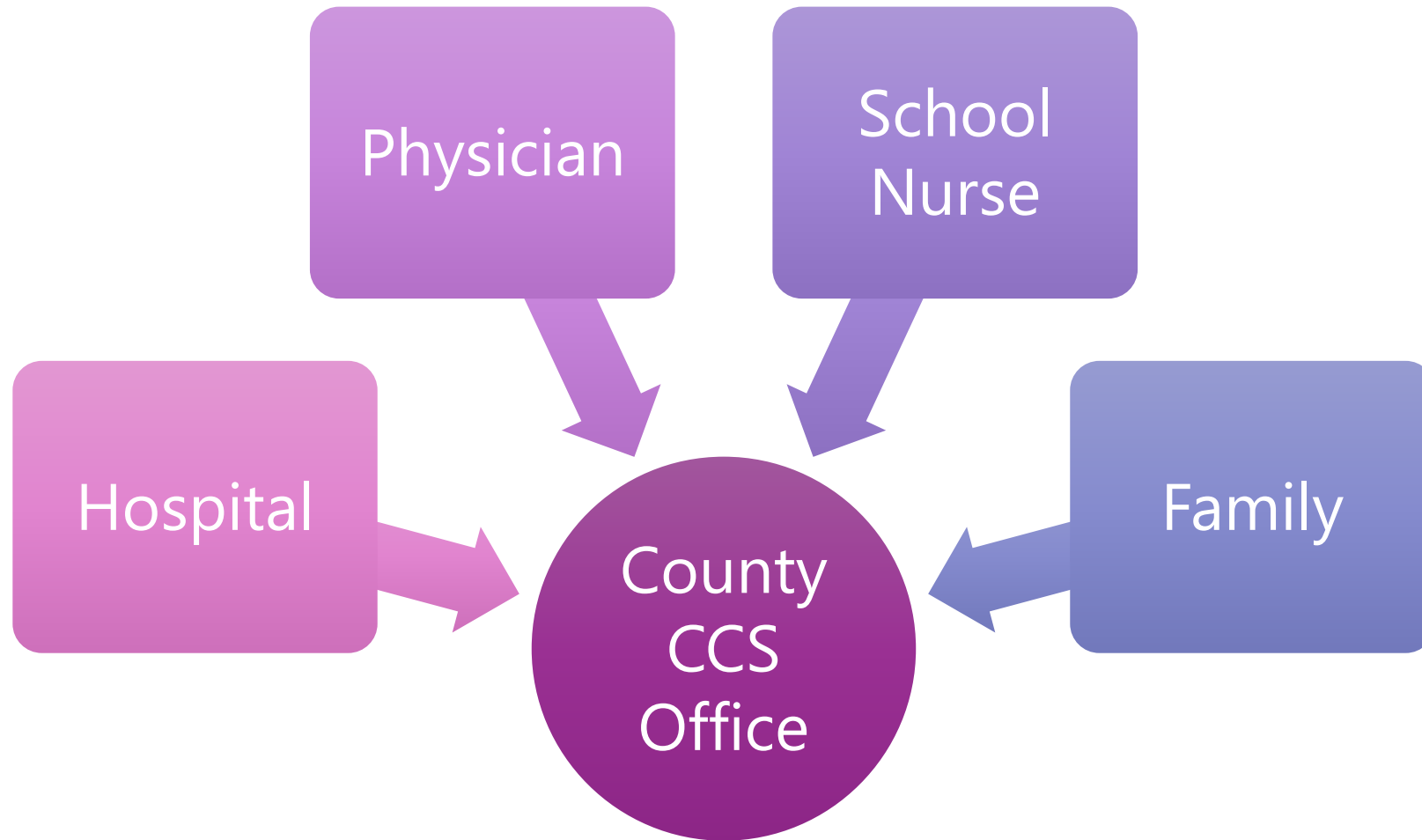
Financial

- \$40,000 or less; or out of pocket medical expenses expected to be more than 20 percent of adjusted gross income (AGI)
- Eligible for Medi-Cal

Residential

- Resident of California
- Proof of residence in county of service

CCS Referrals



County Partnership

Dependent County

Counties with total population under 200,000 persons may administer the county program independently or jointly with DHCS

Independent County

Counties with a total population in excess of 200,000 persons shall administer the county program independently

County Partnership (continued)

Dependent County

Financial

Residential

Independent County

Medical

Financial

Residential

Medical Therapy Program (MTP)

Established 1945

- Children with orthopedic defects associated with cerebral palsy
- Services at public school sites

Budget Act of 1961

- Expanded eligibility to include children with other neuromuscular and musculoskeletal conditions

Crown Act of 1968

- Established county responsibility for administering in public school settings

Referrals

- » Anyone may refer a client to the MTP.
- » Referrals are reviewed for medical, residential, and financial eligibility.

Occupational Therapy (OT) and Physical Therapy (PT) Services

- » Evaluation
- » Treatment
- » Consultation
- » Monitoring
- » Durable Medical Equipment (DME)
- » Orthotics and Prosthetics (O&P)

Funding Source

State and county share in cost of program

- » Title XIX (50 percent Federal Financial Participation (FFP))
- » Title XXI (65 percent FFP)*
- » CCS-Only (State/County)

- » No charge to families**

- » MTU facility and supply costs are shared between State, County, and local school district

* https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/SD_II_Master_DMH_AD_P_12-02-11-doc.pdf
<https://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/Aid-Code-Master-Chart.pdf>

**Health & Safety Code Section 123870 (b)

MTP/Education Teamwork

The MTP and Education teams work toward a common goal:

- » To help the client achieve the highest level of independence and success at home, school, and in the community.
- » The MTP provides medically necessary OT and PT services, while education provides necessary, school-based OT and PT when a student requires these services to benefit from their special education program or to access the general education curriculum. The focus of educationally necessary OT and PT is on functional skills and adaptations that promote the attainment of individualized educational plan (IEP) objectives and goals.

Whole Child Model (WCM) Overview

Before

Bifurcated delivery system results in lack of coordination and integration when accessing care from both systems

Specialty care is received from the CCS fee-for-service (FFS) system for the CCS condition

Primary care and behavioral health services are received from the managed care health plan

SB 586

WCM

Integrates Medi-Cal managed care and CCS FFS delivery systems, resulting in:

Improved care coordination for primary, specialty, and behavioral health services for CCS and non-CCS conditions

Care that is consistent with CCS program standards by CCS paneled providers, specialty care centers, and pediatric acute care hospitals

Increased consumer protections, such as continuity of care, oversight of network adequacy standards, and quality performance

WCM County and Managed Care Responsibilities

County Responsibility

- CCS program eligibility
- MTP
- CCS-Only

Managed Care Responsibility

- Medical case management
- Adjudication of services

Case Management

Assuring children see an appropriate provider for the delivery of health care services at the right time/place

Assuring provider standards

- Approving providers for participation
- Choosing the provider for authorization

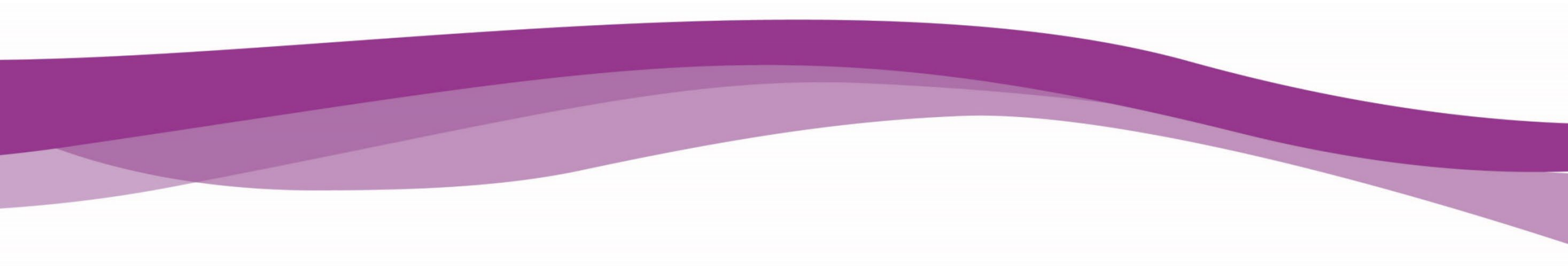
Case Management (continued)

Authorizing care

Authorizing services only related to the CCS eligible medical condition

Referrals made as early as possible

Initiatives for County Oversight and Monitoring



Enhancing County Oversight and Monitoring

DHCS, in consultation with counties and other affected stakeholders, shall develop and implement all of the following initiatives to enhance oversight and monitoring of county administration of the CCS program, pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code.

Enhancing County Oversight and Monitoring (continued)

There are six CalAIM initiatives for county oversight and monitoring:

1. Establish statewide performance, reporting and budgetary standards, and accompanying audit tools used to assess county compliance with federal and state requirements applicable to the CCS program.
2. Conduct periodic CCS quality assurance reviews and audits to assess compliance with the standards established in paragraph (1).
3. Assess each CCS program to ensure appropriate allocation of resources necessary for compliance with standards, policies, guidelines, performance, and compliance requirements.

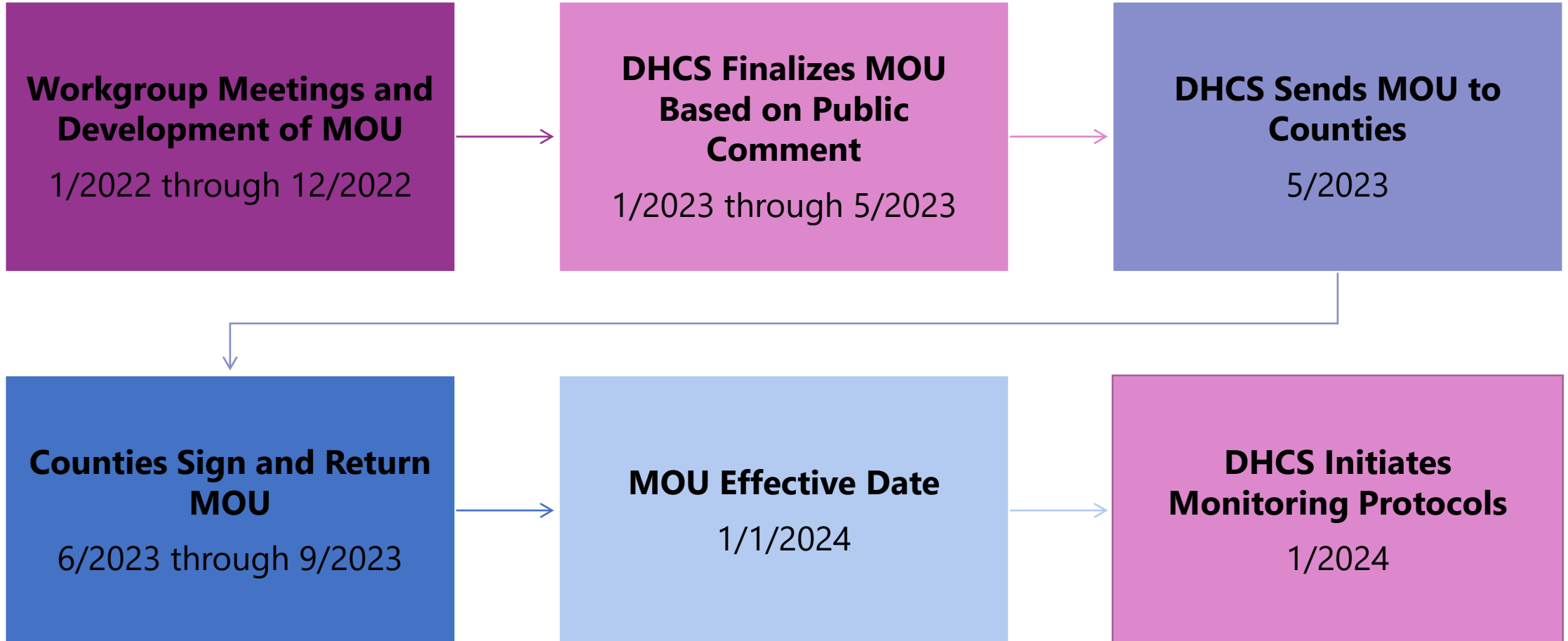
Enhancing County Oversight and Monitoring (cont.)

4. 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.
5. Establish a statewide, tiered enforcement framework to ensure prompt corrective action for counties that do not meet standards established in paragraph (1), including providing technical assistance to counties on measures where performance is consistently below expectations and on any issues that may be identified to create a continuous quality improvement process prior to the imposition of fiscal penalties.
6. Require each county to enter into a memorandum of understanding with DHCS to document each county's obligations in administering the CCS program.

Timeline, Memorandum of Understanding (MOU), and Meeting Topics

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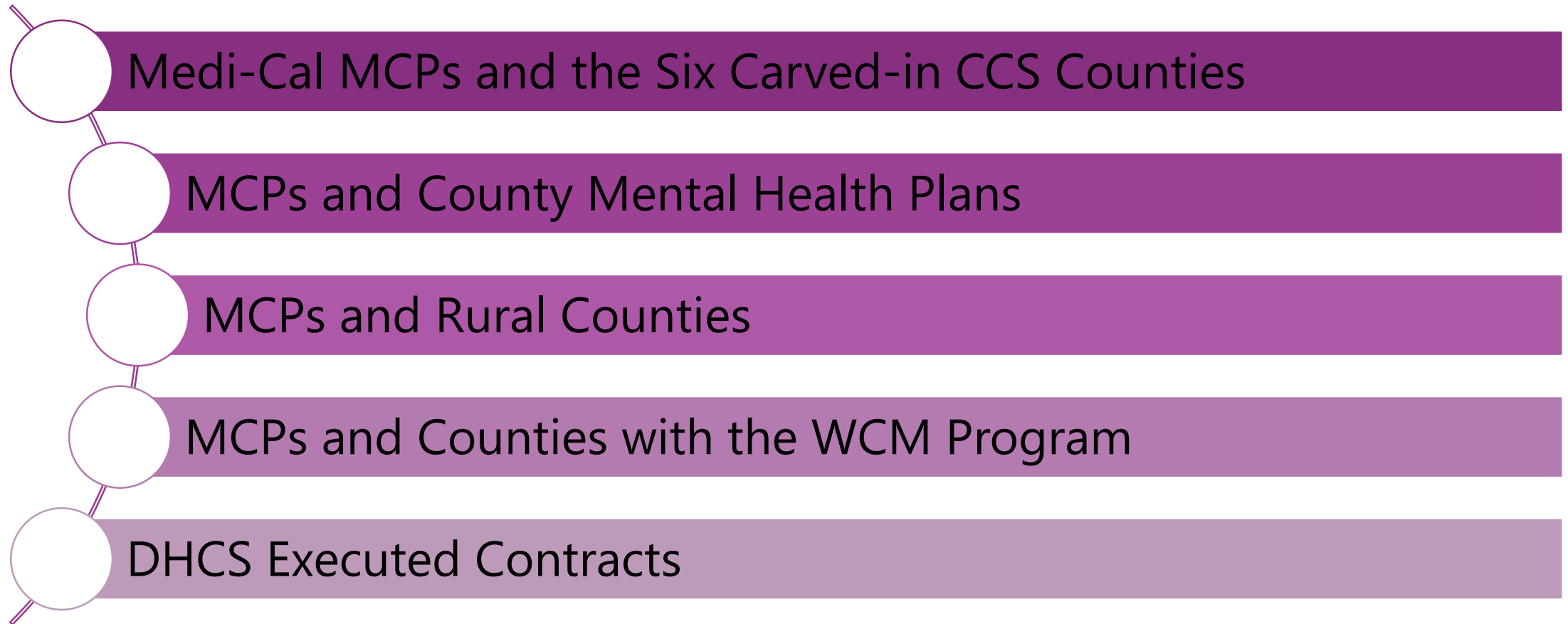
Timeline



Goals of the MOU

Develop MOUs that enable DHCS and counties to establish and meet expectations for quality and access to care for beneficiaries enrolled in CCS. Performance standards, reporting requirements, and methods used to assess county compliance with federal and state requirements applicable to the CCS program will be made transparent through the MOUs.

Process and Approach to the MOU Outline



Proposed MOU Outline

- I. Background
- II. Purpose
- III. Scope of Work
- IV. Organizational Structure
- V. County and State Responsibilities
- VI. Term
- VII. Data and Information Sharing
- VIII. Audits and Inspections
- IX. Confidentiality
- X. Liability and Indemnity
- XI. Corrective Action Process
- XII. Amendments
- XIII. Liaisons
- XIV. Business Associate Agreement

Details of Each MOU Section

Background

- Includes background information on the CCS program and the authorizing statute.

Purpose

- Includes the purpose and goal of the MOU.

Scope of Work

- Lists and describes the relationship between the state and counties, as well as the scope of the MOU.

Organizational Structure

- Outlines the organizational structure of the county specific to each MOU, and possibly includes an organizational chart

Details of Each MOU Section (continued)

County and State Responsibilities

- The most substantial section that includes the following sub-sections: program eligibility and authorizations, case management, referrals, service definitions, and hearings and appeals.

Term

- Outlines the effective date and acknowledgement both parties enter into and accept their roles, responsibilities, and obligations.

Data and Information Sharing

- Lists and describes the data, records, and information sharing needed between the counties and state during the term of the agreement.

Audits and Inspections

- Outlines the frequency, scope, notification, and manner of state audits and inspections for each county.

Details of Each MOU Section (continued)

Technical Components

- Includes the following sub-sections: confidentiality, liability and indemnity, and Business Associate Agreement (BAA). These technical components outline a specific relationship between the state and counties.

Corrective Action Process

- Outlines the corrective action process should any county be found out of compliance with this agreement, with the severity of enforcement response increasing for each tier, and creates quality improvement processes prior to fiscal penalties.

Amendments and Liaisons

- The amendments section identifies when and how any amendments would be added to this agreement.
- Liaisons identifies who would be the primary point of contact for the agreement, what information to share regarding these contacts, and how and who to update.

Proposed Meeting Topics

1/31/22

- Project Kick-off; Workgroup Charter; CCS Program Overview and Authorities

2/28/22

- Recap prior meeting
- Numbered Letters, CCS Standards, and Other CCS Program Documents

3/28/22

- Recap prior meeting
- MOU Sections: Background and Purpose; Scope of Work; Organizational Structure; State and County Responsibilities - General

4/25/22

- Recap prior meeting
- MOU Sections: State and County Responsibilities - Program Eligibility and Authorizations

Proposed Meeting Topics (continued)

5/23/22

- Recap prior meeting
- MOU Sections: State and County Responsibilities – Case Management; Referrals; Service Definitions

6/27/22

- Recap prior meeting
- MOU Sections: Data and Information Sharing; Business Associates Agreement Requirements

7/25/22

- Recap prior meeting
- MOU Sections: Program Budgets/Plan and Fiscal Guidelines; Technical Components of the MOU (e.g., Record Retention, Confidentiality, and Liability and Indemnity)

8/22/22

- Recap prior meeting
- MOU Sections: Appeals and Hearings; Quality Assurance and Monitoring; Quality Improvement; Reporting

Proposed Meeting Topics (continued)

9/26/22

- Recap prior meeting
- MOU Sections: Monitoring and Corrective Action Procedures

10/24/22

- Recap prior meeting
- MOU Sections: Monitoring and Corrective Action Procedures (continued); Enforcement Framework/Financial Sanction Policy; Audit Timeline and Tools

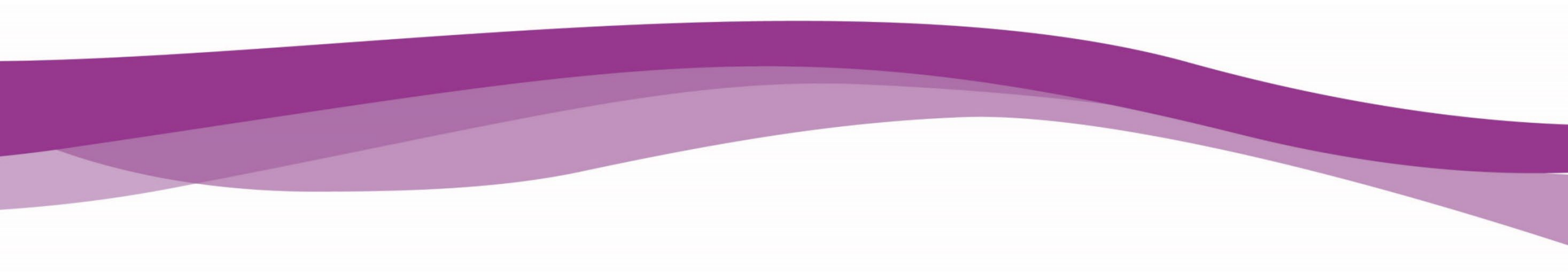
11/21/22

- Recap prior meeting
- Review Draft MOU Outline
- County Training and Technical Assistance

12/19/22

- Recap prior meeting
- Review Draft MOU

Public Comment



Next Steps

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Next Steps

» Meeting Summary

Workgroup Meeting Logistics

- All meetings will be held on Mondays from 12 p.m. – 4 p.m.
- Meeting notices and materials will be posted to the [DHCS website](#)

2022 Workgroup Meeting Dates

- | | | |
|---------------|-------------|----------------|
| » January 31 | » May 23 | » September 26 |
| » February 28 | » June 27 | » October 24 |
| » March 28 | » July 25 | » November 21 |
| » April 25 | » August 22 | » December 19 |

Please email DHCS at
CountyOversightAndMonitoring@dhcs.ca.gov
if you have any questions.



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Thank you!