CCS Advisory Group Meeting Highlights
April 12, 2017

The meeting agenda included a number of presentations by state staff. Major news about redesign/SB 586 implementation includes:

Advisory Group Membership
There have been some changes to the Advisory Group membership: a couple non-COHS county representatives were dropped, while several COHS county representatives were added. In addition, several new family members were appointed to the group, and the COHS plans now have official representation.

Performance Measures Technical Work Group
DHCS reported on the ad hoc Performance Measures Technical Work Group, whose mission was to “align and standardize performance measures for the CCS Whole Child Model (independent evaluation per SB 586), CCS pilots (Health Plan of San Mateo and Rady Children’s Hospital), the Title V action plan, and the statewide CCS plan and fiscal guidelines”. I represented CRISS on this TWG, which held two webinars and whose work is now complete. State staff anticipate needing 6-8 weeks to complete the performance measure document and address the many comments from TWG members (including a recommendation for a measure specific to coordination between the Whole Child Model and the MTP). DHCS staff said a draft document will be released to the Advisory Group for review with a two-week timeline for comments.

In response to a question about collection of baseline data for evaluation, DHCS Director Kent said that is not yet on the Department’s to do list; she also said that there are no plans as of yet to evaluate the whole CCS program.

Durable Medical Equipment
In January-February of this year, DHCS surveyed families (via Family Voices of CA), county MTP staff, pediatric subspecialists (via the Children’s Specialty Care Coalition), and two vendors regarding how to ensure continuity of care for DME, best practices for access to DME, and program transition concerns. Survey results were not surprising (barriers cited included limited vendors, lack of familiarity with pediatric needs, lengthy waits for equipment). Both vendors also cited concerns about the transition to health plans which may not be familiar with the CCS population and their DME needs, as well as inadequate rates. DHCS staff said that guidelines for DME continuity of care will be provided to the Advisory Group in draft form for review and comment before finalization.

In response to a question about the relationship between the MTP and plans regarding DME authorization (i.e. MTP has the experience while authorizations/payment will rest with the plans), DHCS said that these details will be handled in the county-plan MOU. A state template for the MOU will include a specific item regarding the relationship around DME.

NICU Authorizations and Payment
At the last meeting the Department presented new information about how NICU authorizations and payment would be handled in the COHS counties. DHCS staff said that there will be a new
work group established specifically for NICU to look at eligibility, authorizations and payment, including situations such as children moving between counties and newborns on their mothers’ Medi-Cal. DHCS staff said they are not necessarily interested in a single statewide process and will be looking at various scenarios. Staff clarified that the work group charge does not include looking at NICU acuity criteria.

**HPSM Presentation**

The HPSM CCS Pilot Project Director provided an in-depth look at the pilot administration, including the contract back relationship with San Mateo County CCS. The pilot director clarified that after the pilot period San Mateo will transition to being part of the Whole Child Model, but that the plan doesn’t envision major changes to its current model, including its current financial structure. DHCS Director Kent noted that COHS plans will not be eligible for the enhanced federal Medi-Cal match for nurses. In response to a question about the relationship between the MTP and HPSM for provision of DME, the pilot director said that MTP staff handle DME authorizations for all MTP children while the plan handles authorizations for non-MTP children. There were a number of questions from Advisory Group members about plan/pilot care coordination, including a request for a more formal statement of how HPSM defines and implements care coordination for CCS children.

**County Allocation Methodology**

There was a complicated discussion about the staffing ratios and allocations proposed by DHCS which counties believe may be inadequate; DHCS indicated it will respond to these concerns. DHCS staff restated what was reported at the last meeting, that plans will get the full allocation for case management. If a family/youth elects the option to retain the current CCS nurse case manager, the plan and county will have to work that out locally; this raised some as yet unanswered questions about how counties will plan for staffing.

**DHCS reported that it will release the county-plan MOU template for review with a 30-day period for comments; no timeline on when that will happen.**

**Other Issues**

- DHCS Director Kent indicated an “intention to fill” Dr. Dimand’s open Chief Medical Officer position. She noted that it may take some time before the position is filled.
- Director Kent reported that DHCS is reorganizing the Long Term Care and Systems of Care Divisions and combining administrative functions. She said this is purely an administrative move and that there will be no changes to individual programs in the Divisions, such as CCS or GHPP. The reorganization is supposed to be completed this summer.
- In response to a question about DHCS plans to update existing Numbered Letters or draft new ones, Director Kent said this is not a priority at this time. She suggested that if there are specific problems with existing letters, people with concerns should alert the Department.

**Next Meeting**

The next Advisory Group meeting will be Tuesday, July 11, 2017 in Sacramento.

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4/22/17