The meeting agenda consisted primarily of presentations by state staff. Major news about redesign/SB 586 implementation includes:

- Phase 1 of implementation has been delayed till **July 1, 2018** and Phase 2 has been delayed till **January 1, 2019**.
  - CenCal (Santa Barbara and San Luis Obispo) and Central CA Alliance for Health (Monterey, Merced and Santa Cruz) are in Phase 1.
  - CalOptima (Orange) and Partnership Health (Modoc, Lassen, Trinity, Del Norte, Siskiyou, Shasta, Humboldt, Lake, Mendocino, Sonoma, Napa, Marin, Solano, and Yolo) are in Phase 2.
- DHCS is forming a Performance Measures Technical Work Group 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.” DHCS invited any Advisory Group members interested in participating to email their interest.
- With regard to the family/youth option to retain the CCS nurse case manager, DHCS clarified that all responsibility for case management and care coordination will pass to the COHS plans, so plans will have to contract back with the county for this nurse time. It wasn't clear how all that will be organized and how it will fit with the implementation timelines, including beneficiary notices (see below). DHCS said that the responsibilities of the counties and the plans will be laid out in the MOU between each county and the plan, so presumably that discussion will include some consideration of the contract back process.
- Notices will be sent to CCS families 90, 60 and 30 days ahead of implementation. We were assured that there will be opportunities for stakeholders to review and provide input on the notice before they’re finalized.
The Department presented new information about how NICU authorizations and payment will be handled in the COHS counties. At the last meeting the state said that NICU authorization and payment arrangements in the COHS counties would stay as they are now, with no changes resulting from Whole Child Model implementation. By today's meeting the plans had changed to the following:

- In the independent carved-in counties (San Mateo, Santa Barbara, Solano, Napa, Yolo, and Marin), the health plans will be responsible for authorizations and payment for NICU services.
- In the independent and dependent counties that are currently carved out of managed care (all the remaining COHS counties), the state will be responsible for authorizations and payment.
- DRG payments for hospitals remain in place.
- These changes apply only in the COHS counties that will implement the Whole Child Model.
- DHCS Director Kent expressed willingness to consider convening a small group to discuss potential strategies for approaching NICU services.

With regard to how the continuity of care provision for access to CCS providers will work, Director Kent clarified that the initial 12 months of continuity will be automatic; families do not have to do anything such as formally request continuity to retain access for 12 months to any CCS-paneled or approved health care providers (physicians, Special Care Centers) that the child has seen within the 12 months preceding implementation of the model. The only exceptions will be for any providers who have had some serious problem that in the Department’s view makes them unacceptable for participation in Medi-Cal (e.g. losing medical license, fraud allegations, etc.). Continuity of care for the initial 12 months is not contingent on a provider contracting with the plan. Families that want to extend the continuity beyond that initial 12 months will have to make a formal request; the state and/or plan will issue a notice to the family that the continuity period is ending and the notice will include the process for requesting an extension. If the plan issues a final denial of extended continuity to the family, that denial will include the process for the family to request an appeal of the denial to the DHCS director.
With regard to durable medical equipment, as the Department indicated at the last meeting, although the Medical Therapy Program will remain with county CCS, responsibility for DME authorizations will pass to the plans. Director Kent indicated that DHCS has been holding “informal conversations” with individuals (including vendors and health plan medical directors) about how to administer DME. Per CRISS direction, I requested that CRISS be included in this conversation and suggested that there be a formal group discussion about DME.

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1/11/17