



## Questions and Answers from September 26, 2014 Webinar California Children's Services (CCS) Redesign Stakeholder Process

Updated 10/28/14

### STATE-ONLY CHILDREN

1. **Question:** Will the Redesign process focus only on the 90% of CCS children in Medi-Cal or will it also include discussion of the "State-only" children who do not have Medi-Cal coverage?

**Answer:** Consideration for the needs of *all* CCS enrollees will be given during the stakeholder Redesign process.

### 1115 WAIVER DEMONSTRATIONS

2. **Question:** Which Medicaid 1115 waiver demonstration models were matched with which applicants?

**Answer:** The five demonstration applicants and proposed models are:

1. San Mateo Health Plan, Managed Care Organization (MCO),
2. Alameda County, Enhanced Primary Care Case Management (EPCCM),
3. Children's Hospital Orange County, Provider Based Accountable Care Organization (ACO),
4. LA Care (with Childrens Hospital Los Angeles and UCLA Mattel Childrens Hospital), Specialty Health Care Plan (SHCP), and
5. Rady Children's Hospital in San Diego, Provider Based Accountable Care Organization (ACO).

3. **Question:** Where can I find specific information/updates about each of the demonstrations?

**Answer:** An overview of the approved demonstration projects can be found by contacting the Department of Health Care Services, Systems of Care Division; however, in the near future this information will be available on the Systems of Care webpage.

4. **Question:** Why didn't all of the demonstrations move forward?

**Answer:** There were a number of issues associated with each of the remaining demonstration applicants, including financial risk to be assumed by the applicants, issues around provider networks, and issues around payment to providers in a County Organized Health System. Given these issues and the fast-approaching 1115 Waiver renewal, the Department determined it would be best to pursue improvements in the CCS program through the waiver renewal process.

## **CCS REDESIGN STAKEHOLDER ADVISORY BOARD (RSAB), TECHNICAL WORKGROUP COMPOSITION AND MEETING LOCATION**

5. **Question:** Which counties will be invited to participate in the RSAB and how was this decided?

**Answer:** All counties are eligible to participate; however, priority will be given to those with the largest proportions of CCS-eligible children and representing diverse settings (urban/rural, northern/central/southern).

6. **Question:** Where will the RSAB meetings be held?

**Answer:** The RSAB meetings are currently planned to be held in Sacramento; however, once the RSAB is finalized, DHCS and UCLA will consider other locations if a significant number of members are coming from the same geographical area. We will make every attempt to provide telephone access and make meeting notes available online through the DHCS CCS Redesign and UCLA websites in addition to information about meeting dates and locations.

7. **Question:** Will travel expenses be paid for?

**Answer:** Under certain circumstances, travel expenses for some RSAB members might be covered based on need and available resources.

8. **Question:** Who will be invited to participate in the technical workgroup meetings and how was this decided?

**Answer:** The topics of focus for each workgroup will be decided after soliciting guidance from RSAB members at the first RSAB meeting. Experts in these topics will then be identified by UCLA, based on input from the RSAB and in consultation with DHCS and Harbage Consulting. There will be four to six members in each technical workgroup.

9. **Question:** Where will technical workgroup meetings be held?

**Answer:** The locations for technical workgroup meetings have not yet been established and will be determined at the convenience of the participants. It is likely that some technical workgroup meetings will be held via conference calls and in-person meetings as geography allows for it.

10. **Question:** Why are there no meetings in Southern California?

**Answer:** Due to UCLA and DHCS staff availability and the costs associated with multiple meeting locations, it was determined that most of the meetings would be located in the greater Sacramento area. However, this does not preclude the possibility that there may be meetings held in both the Los Angeles area and San Francisco Bay Area.

11. **Question:** When will the CCS counties be invited to join the stakeholder process?

**Answer:** CCS counties will be asked with other invitees based on DHCS considerations and feedback from stakeholders on potential participation.

12. **Question:** Will the CCS counties be included on the RSAB? If so, which counties and how will that be decided?

**Answer:** Yes, CCS counties be included on the RSAB. They will be selected based on size of population, location, setting, and type of Medi-Cal system.

13. **Question:** Will technical workgroups include all counties?

**Answer:** No, the technical workgroups will not include all counties. They will be small groups (4-6 persons) tasked with answering specific questions and doing background work to inform the RSAB. It is certainly possible non-RSAB members will be invited to participate in these workgroups, possibly more counties.

14. **Question:** Will the meeting notes from the RSAB meetings be posted?

**Answer:** Yes, they will be made available online through the DHCS CCS Redesign and UCLA websites.

15. **Question:** Will these meetings allow participants to call in if they cannot travel to Sacramento for meetings?

**Answer:** DHCS and UCLA will coordinate a conference line for RSAB members, although in-person attendance is encouraged and preferred. The meetings will be open to the public

and meeting notes will be made available online through the DHCS CCS Redesign and UCLA websites.

16. **Question:** Transition to adult care is also an issue - can some Genetically Handicapped Persons Program (GHPP) advocates be included as well?

**Answer:** This request will be considered.

17. **Question:** Will the technical workgroups be made up of representatives from throughout California?

**Answer:** The technical workgroups will focus on specific issues based on guidance from DHCS and the RSAB. They will consist of experts that are able to contribute to discussions regardless of distance. Technical workgroup meetings can occur via teleconference so that geographic barriers are not an issue.

18. **Question:** How are candidates identified for the RSAB?

**Answer:** Candidates will be identified based on existing stakeholder involvement and recommendations made by interested parties submitted through the CCS Redesign e-mail address ([chpr\\_ccs@em.ucla.edu](mailto:chpr_ccs@em.ucla.edu)). People who inquire or express interest will be added to the e-mail list so that they get announcements related to the advisory board selection and details on future meetings and updates.

19. **Question:** Will Managed Medi-Cal plans be a part of the Stakeholder process? Many of them are unaware of the issues with high needs kids, especially where Early Periodic Screening Diagnosis and Treatment Program (EPSDT) treatments are mostly carved out through CCS.

**Answer:** Yes, there will be managed care plan membership.

20. **Question:** Will the Medical Therapy Program (MTP) be included in the CCS Redesign process? And if not, why is the MTP not a part of the stakeholder process?

**Answer:** The MTP is not included in the CCS Redesign. Because the MTPs operate under a separate case management process administered in local school-based settings and the complexities associated with federal law the MTP program will not be included in the CCS Redesign.

21. **Question:** Will there be someone who can address Medical Therapy Program (MTP) finance issues or allow for county representation with a finance perspective?

**Answer:** MTP is technically outside of the scope of the Redesign, but we will invite County participants and consider MTP finance issues in the CCS Redesign discussions.

## DATA USAGE / BACKGROUND RESEARCH

22. **Question:** How will existing data be incorporated into the Redesign process and the consideration of Redesign options?

**Answer:** UCLA, DHCS, and the RSAB will leverage the findings of significant research and analysis that Stanford's Center for Policy, Outcomes, and Prevention (CPOP) has conducted using CCS claims data. This includes the demographics of CCS enrollees, the variation in use and cost of care by diagnosis and age, regional distribution of enrollees and care use, and quality of care. Researchers at CPOP have expertise in pediatric primary and subspecialty care, epidemiology, health services, biostatistics, and health economics, and have been conducting their research with the goal of identifying areas likely to provide the greatest potential opportunities for improved quality, improved service delivery and cost reduction for the CCS Program. Additional CCS claims data analysis may be conducted by UCLA to inform the stakeholder process as necessary.

23. **Question:** Is there evidence that the CCS carve-out has led to delays in care?

**Answer:** Preliminary research conducted by [Health Management Associates](#) and [Highsmith & Somers](#) suggests that care "carve-outs" make coordination more arduous, leading to administrative redundancies and delays in access to care. CCS [stakeholders have also expressed this concern](#). Some data analysis of claims information for CCS children indicates that a significant portion of CCS hospitalizations occur after 90 days without Rx refills, suggesting access barriers and avoidable hospitalizations. However, further analysis of the CCS program is needed to clarify the extent of such delays.

24. **Question:** Will there be a systematic effort to gather family, caregiver, and enrollee input?

**Answer:** The Title V needs assessment process that is required to be completed in 2015 includes a survey of CCS enrollees and their families. DHCS will also aim to have representation from Children and Youths with Special Healthcare Needs (CYSHCN) families and/or caregivers on the RSAB. We will align both processes to the extent possible.

## ELIGIBILITY/QUALIFYING CONDITIONS AND STANDARDIZATION

25. **Question:** Is the Redesign process considering inclusion of children with autism and other developmental and behavioral conditions?

**Answer:** Autism and behavioral conditions are not currently CCS-eligible medical conditions. The CCS Redesign process is not designed to specifically address such conditions. The Department acknowledges the need to expand access to care for these conditions and is currently completing the implementation of applied behavior analysis or ABA therapy as a Medi-Cal benefit for persons less than 21 years of age. Also, please see the answers provided below.

26. **Question:** Some CYSHCN do not qualify for CCS. Will they be considered in this process?

**Answer:** The CCS stakeholder process is focused specifically on the CCS program and its enrollees. However, to the extent that CCS sets pediatric standards for all children in California, the stakeholder process could have an impact on CYSHCN who are not enrolled in CCS.

27. **Question:** Are there efforts to standardize CCS across counties, for example in terms of diagnosis eligibility?

**Answer:** There already are significant efforts to achieve standardization of medical eligibility. Any efforts to approach standardizing eligibility through the Redesign process will build on those current efforts.

28. **Question:** Are there efforts to standardize other aspects of CCS beyond diagnosis eligibility?

**Answer:** Please see the answer provided above.

29. **Question:** Will there be a review of the list of qualifying conditions as part of this process?

**Answer:** Many of the discussion issues and key components of the CCS Redesign will come from the RSAB and input received from interested parties. The issue of qualifying conditions could be put forward as may other topic areas.

## ROLE OF FAMILIES IN REDESIGN

30. **Question:** Will families and caregivers of CCS enrollees be included in the stakeholder process?

**Answer:** The Title V needs assessment process that is required to be completed in 2015 includes a survey of CCS enrollees and their families. DHCS will also aim to have representation from CYSHCN families and/or caregivers on the RSAB.

## **ADDITIONAL QUESTIONS**

31. **Question:** Does CCS currently respond to appeals and organize fair hearings in the Fee-for-Service (FFS) system?

**Answer:** Yes, the current FFS system provides for state fair hearings.

32. **Question:** Will there be coordination with Regional Centers for developmental needs?

**Answer:** This could be an element of the Redesign process.

33. **Question:** Are Physician Assistants eligible to be paneled providers in CCS?

**Answer:** Existing provider paneling standards do not include Physician Assistants.

34. **Question:** Assuming the new redesigned CCS model is not operational by January 1 2016, will the carve-out be extended?

**Answer:** Legislation is not required to continue the carve-out. The work of the stakeholder process will serve to inform and recommend how the CCS program can be improved, including any changes to the existing health care delivery system.

35. **Question:** Are hearing devices for children included?

**Answer:** Hearing devices are available through Medi-Cal.