



## **California Children's Services Whole Child Model Workshop Selected SB 586 Continuity of Care Protections**

Senate Bill 586: Children's Services  
Authored by Senator Ed Hernandez  
Signed into law September 25, 2016

**Protection: My child has a right to keep their current CCS providers for 12 months as long as they have seen my child at least once in 2018, they accept Partnership HealthPlan's rate for payment, they are CCS-paneled, and they provide information to Partnership HealthPlan about my child's treatment.**

**Bill Text: 14094.13.** (a) Each Medi-Cal managed care plan shall establish and maintain a process by which a CCS-eligible child or youth may maintain access to CCS providers that the child or youth has an existing relationship with for treatment of the child's or youth's CCS condition for up to 12 months, under the following conditions:

(1) The CCS-eligible child or youth has seen the out-of-network CCS provider for a nonemergency visit at least once during the 12 months immediately preceding the date the Medi-Cal managed care plan assumed responsibility for the child's or youth's CCS care under the Whole Child Model program.

(2) The CCS provider accepts the health plan's rate for the service offered or the applicable Medi-Cal or CCS fee-for-service rate, whichever is higher, unless the CCS provider enters into an agreement on an alternative payment methodology mutually agreed to by the CCS provider and the Medi-Cal managed care plan.

(3) The managed care plan confirms that the provider meets applicable CCS standards and has no disqualifying quality of care issues.

(4) The CCS provider provides treatment information to the Medi-Cal managed care plan, to the extent authorized by the state and federal patient privacy provisions.

**Protection: My child has a right to continue using their prescription medications as long as they are medically necessary.**

**Bill Text: 14094.13.** (d)(2) Each Medi-Cal managed care plan shall permit a CCS-eligible child or youth transitioned into the Whole Child Model program to continue use of any currently prescribed prescription drug that is part of a prescribed therapy for the enrollee's CCS-eligible condition or conditions immediately prior to the date of enrollment, whether or not the prescription drug is covered by the plan, until the Medi-Cal managed care plan and the child's or youth's prescribing CCS provider has completed an assessment of the child or youth, created a treatment plan, and agrees with the Medi-Cal managed care plan that the particular prescription drug is no longer medically necessary, or the prescription drug is no longer prescribed by the enrollee's CCS provider.

**Protection: My child has a right to keep their public health nurse case manager, if they are still available.\* I must tell Partnership HealthPlan by April 1, 2018 that I would like to keep my child's nurse case manager.**

**\*In many cases, CCS Nurse Case Managers are no longer available to case manage for Whole Child Model children covered by Partnership HealthPlan due to cutbacks. Check with your county CCS program first to determine if your nurse case manager will still be available.**

**Bill Text: 14094.13.** (e) Each Medi-Cal managed care plan participating in the Whole Child Model program shall ensure that children and youth are provided expert case management, care coordination, service authorization, and provider referral services. Each plan shall meet this requirement by, at the request of the child, youth, or his or her parent or guardian, allowing the child or youth to continue to receive case management and care coordination from his or her public health nurse. This election shall be made within 90 days of the transition of CCS services into the Medi-Cal managed care plan. A plan shall meet this requirement by either or both of the following:

(1) By entering into a memorandum of understanding with the county for case management and care coordination services to the child.

(2) By entering into a memorandum of understanding with the county for case management, care coordination, provider referral, and service authorization to all or some Whole Child Model program participants.

(g) In the event the county public health nurse leaves the CCS program or is no longer available to provide the services requested under this section, the Medi-Cal managed care plan shall transition the care coordination and case management of a child or youth to an employee or contractor of the plan who has received adequate training

on the CCS program and who has clinical experience with the CCS population or pediatric patients with complex medical conditions.

**Protection: My child has a right to keep their durable medical equipment (DME) provider for at least 12 months as long as my child has an ongoing relationship with the provider, the provider accepts Partnership's rate for payment, and the provider shares information with Partnership HealthPlan about my child's equipment.**

**Bill Text: 14094.13** (b) Each Medi-Cal managed care plan shall establish and maintain a process by which a CCS-eligible child or youth may maintain access to specialized or customized durable medical equipment providers for up to 12 months under the conditions in paragraph 2:

(2) (A) The CCS-eligible child or youth has an ongoing relationship with a durable medical equipment provider who has previously provided specialized or customized equipment, such as power wheelchairs, repairs, and replacement parts; prosthetic limbs; customized orthotic devices; and individualized assistive technology. This does not include generally available or noncustomized durable medical equipment.

(B) The durable medical equipment provider shall accept the health plan's rate for the service offered or the applicable Medi-Cal or CCS fee-for-service rate, whichever is higher, unless the durable medical equipment provider enters into an agreement on an alternative payment methodology mutually agreed upon by the durable medical equipment provider and the Medi-Cal managed care plan.

(C) The durable medical equipment provider provides information to the Medi-Cal managed care plan as requested by the plan, to the extent authorized by state and federal patient privacy provisions.

(3) The department may extend the continuity of care duration period described in this subdivision for specialized or customized durable medical equipment that is under warranty as specified by the department.