California Children’s Services & The Whole Child Model

Family Voices of California Health Summit
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What is the Whole Child Model?

The Whole Child Model (WCM) is a new way of coordinating care for children who have CCS and full scope Medi-Cal in 21 California Counties. In these counties, CCS services will now be covered by your Medi-Cal managed care plan.
Goals of the CCS Redesign
from the Department of Healthcare Services

- Implement Patient and Family Centered Approach
- Improve Care Coordination through an Organized Delivery System
- Maintain Quality
- Streamline Care Delivery
- Build on Lessons Learned
- Cost Effective
Phase I Implementation, July 2018:
Merced, Monterey, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz

Phase II Implementation, January 2019:
Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo

Phase III Implementation, No sooner than July 2019:
Orange
In the 21 Whole Child Model Counties, Medi-Cal is administered by County Organized Health Systems (COHS):

- COHS are managed care health insurance plans.
- COHS in the Whole Child Model are: CalOptima, CenCal, Central California Alliance for Health, Partnership HealthPlan, and Health Plan of San Mateo.
- This means that COHSs authorize and pay for care that is covered by Medi-Cal.
- If a child has Medi-Cal in one of these counties, they are a member of the COHS.
California Children’s Services (CCS)

• Established in 1927 to provide support to families of children and youth with special health care needs

Requirements
• Under 21 years old
• Qualifying condition
• Household income of $40,000/year
• OR 20% or more of AGI goes toward medical services

Coverage
• Nurse case management
• Medical care and medications
• Physical and occupational therapy
• Durable medical equipment
• Maintenance and transportation for care that requires travel
CCS is Not Going Away!

**County CCS programs** will still:
- Determine eligibility and process referrals and applications to the CCS program
- Coordinate the Medical Therapy Program
  - Physical Therapy
  - Occupational Therapy
  - Medical Therapy Conference

**County Organized Health Systems** will now:
- Authorize services and treatment related CCS eligible conditions as well as primary care services
- Provide care coordination and case management
Case Management
Who authorizes and pays for care related to the CCS condition?

**Before the Whole Child Model:**
- CCS oversees and authorizes specialty care relating to a child’s CCS-eligible condition,
  and the County Organized Health Systems administer primary care.

**After the Whole Child Model:**
- County Organized Health Systems are responsible for overseeing and authorizes both types of care, becoming responsible for the “whole child.”
Care Coordination

CCS benefits include care coordination. Care coordinators are a CCS member's point of contact for questions about CCS-related healthcare.

Before the Whole Child Model:

- Care coordination was often done by a CCS Nurse Case Manager, appointed by your county CCS Program.

After the Whole Child Model:

- Care coordination is still a benefit of CCS, but will be provided by the County Organized Health System.
Maintenance and Transportation

CCS Benefits include lodging, food, and transportation assistance.

Before the Whole Child Model:

• The County CCS Program approves maintenance (food and lodging) and transportation services when the costs to the client or family present a barrier to the CCS client’s access to CCS authorized care.

After the Whole Child Model:

• The COHS approves maintenance (food and lodging) and transportation services when the costs to the client or family present a barrier to the CCS client’s access to CCS authorized care.
Senate Bill 586

- **Senate Bill 586 (SB 586)** was authored by Senator Hernandez and signed into law by Governor Jerry Brown in September 2016.

- The bill authorized the Whole Child Model to begin, and it also laid out protections that addressed a lot of the concerns that families and advocates had leading up to its authorization.
Continuity of Care

- If a CCS member’s medical provider, pharmacy, or durable medical equipment (DME) provider is not contracted with their COHS (sometimes referred to as “in network”), the child has a right to keep that provider for up to 12 months.

- If a CCS member’s prescribed medication is not included in a plan’s formulary, they have the right to continue use of the medication until it is no longer medically necessary.

- Keeping a CCS member’s current providers and prescriptions is referred to as “continuity of care.”
Continuity of Care Requests

• CCS members right to an approved continuity of care request for their providers as long as:

1. The provider has seen them at least once in 2018
2. The provider accepts the COHS rate for payment.
3. The provider is CCS-paneled
4. The provider shares information with the COHS about the child’s treatment.

• CCS members have the right to extend a continuity of care request past the original 12 months. If the request is denied, they have the right to appeal directly to the Director of the Department of Healthcare Services.
Grievance and Appeal Process

• If you are having issues receiving the care your child needs, it is important to file a grievance.

• This process ensures that any problems with the Whole Child Model are noted and addressed by both the COHS and the Department of Healthcare Services.

• Refer to the 6 Goals of the CCS Redesign to frame your grievance.

• To file a grievance, contact your COHS Member Services or Customer Care Department.

• Family Voices is also here to help! Call or email for assistance in filing a grievance.
  • Archived Webinar: Family Protections & Continuity of Care
  • Breakout: Overcoming Barriers to Care and Treatment
Family Advisory Committee (FAC)

FAC members include CCS family representatives or members, community groups, and/or consumer advocates.

FAC members can offer their views on:
• Topics that affect CCS members
• Member newsletters, flyers, surveys, etc.
• COHS Services (including any possible gaps in care)

Would you like to be part of your COHS’ FAC?
Contact Member Services of Customer Relations
Whole Child Model Project
Family Voices of California

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Parent
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Whole Child Model Challenges

• We had to transition out of CCS to Partnership HealthPlan before they were ready due to him aging out. But this showed me what needed to be changed before everyone had to transition.

• Finding doctors who take Partnership.

• Hard to access doctors in other counties.
Whole Child Model Successes

- Committee meetings on the transition that included parents and advocates
- Was assigned a case manager
- Help with pharmacies, etc when we have issues
- Check in calls every month
Implementation Preparation Guidance for COHS

- Continue parent committee meetings.

- Make sure all CCS consumers have a case manager assigned!

- Continue to increase access in other counties.

- Continue to increase access to PCP and specialists!

- Create an easy method for parents report problems.
Q&A

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1. What do you think is the single most important change for CCS children and families that you've made (for CalOptima, are planning to make) under WCM?

2. What is the biggest challenge you've experienced in launching (for CalOptima, getting ready to launch) the WCM?