

# California Children's Services & The Whole Child Model

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# Today's Webinar

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- What is Family Voices of California?
- Brief History of CCS Redesign – why the change to the Whole Child Model?
- Goals of the Whole Child Model
- Eligibility & Benefits
- What changes does the Whole Child Model bring to the provision of CCS benefits?
- What is the same?
- What protections are in place for CCS members who have transitioned to the Whole Child Model?

# About Family Voices of California (FVCA)

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## **Mission Statement**

FVCA is a statewide collaborative of parent-run centers working to ensure quality health care for children and youth with special health care needs.

FVCA builds the capacity of parent centers throughout California to provide families with the information and support they need to make informed decisions about the health care of their children.

FVCA provides information and a forum for parent centers and families to advocate for improved public and private policies, builds partnerships between professionals and families, and serves as a vital resource on health care.

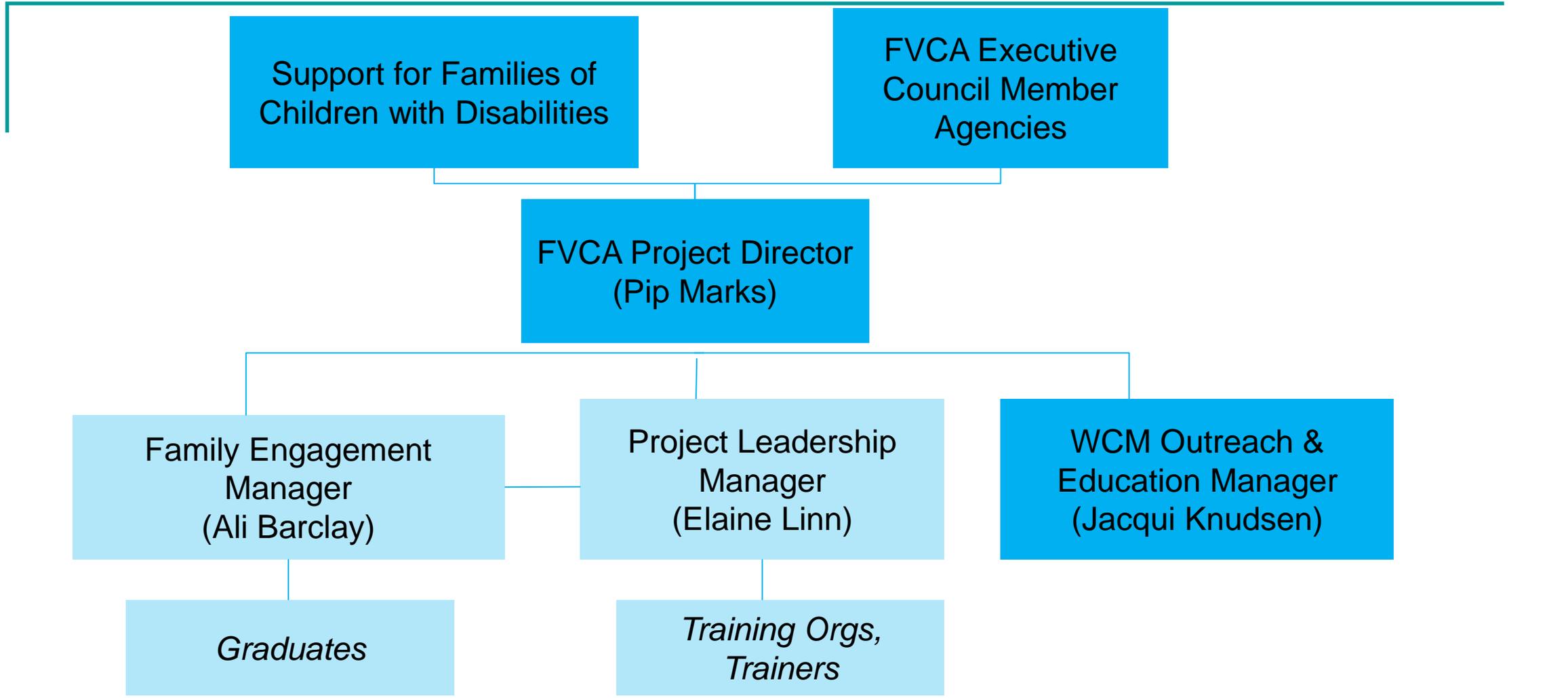
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## **A Child with Special Health Care Needs (CSHCN) is defined as having:**

One or more chronic physical, developmental, behavioral, or emotional condition(s) that require health and support services beyond those required by children generally.

*-Health Resources and Services Administration Maternal and Child Health-*

# Family Voices of California Organization and Structure



# What is the Whole Child Model?

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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 are now covered by the Medi-Cal managed care plan.

# Senate Bill 586 – WCM

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

# Goals of the CCS Redesign

from the Department of Health Care Services

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- 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

# Implementation

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## Phase I Implementation, July 2018:

- Merced, Monterey, and Santa Cruz: Central CA Alliance for Health
- San Luis Obispo and Santa Barbara: CenCalHealth
- San Mateo: Health Plan of San Mateo

## Phase II Implementation, January 2019:

- Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo: Partnership HealthPlan of CA

## Phase III Implementation, July 2019:

- Orange: CalOptima

# Medi-Cal and County Organized Health Systems

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In the 21 WCM Counties, Medi-Cal is administered by County Organized Health Systems (COHS)

- COHS are managed care health insurance plans.
- COHS in the WCM are: CalOptima, CenCal, Central California Alliance for Health, Partnership HealthPlan, and Health Plan of San Mateo.
- This means that COHS authorize and pay for care that is covered by Medi-Cal.
- If children have full-scope Medi-Cal in one of these counties, they are members of the COHS.

# CCS

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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 less

OR

- 20% or more of Adjusted Gross Income (AGI) goes toward CCS-related medical services
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# CCS (Continued)

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## 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 in WCM Counties!

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## County CCS programs still:

- Determine medical and other eligibility and process referrals and applications to the CCS program
- Coordinate the Medical Therapy Program
  - Physical Therapy
  - Occupational Therapy
  - Medical Therapy Conference

## COHS now:

- Authorize services and treatment related to CCS-eligible conditions *as well as* primary care services
  - Provide case management
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# Case Management/Care Coordination

## Who authorizes and coordinates care related to the CCS condition?

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Before the WCM:

- CCS Nurse Case Manager oversaw and authorized specialty care relating to a child's CCS-eligible condition, and assisted with coordinating care with medical specialists and other services as needed.
  - COHS plan oversaw primary care.
  - CCS services were paid by state Medi-Cal and primary care services were paid by the plan.
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# Case Management/Care Coordination (cont.)

## Who authorizes and coordinates care related to the CCS condition?

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After the Whole Child Model:

- COHS is responsible for overseeing and authorizing *both* types of care, becoming responsible for the “whole child.”
- COHS plan assigns a case manager to each child and children designated “high risk” receive intensive case management services.
- CCS and primary care services are paid by the plan.

# Maintenance and Transportation

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**CCS benefits include lodging, food, and transportation assistance**

**Before the WCM:**

The county CCS Program approved maintenance (food and lodging) and transportation services when the costs to the client or family presented a barrier to the CCS client's access to CCS authorized care. These services typically were managed by the child's nurse case manager, who was able to assist families with planning their maintenance and transportation needs.

# Maintenance and Transportation (cont.)

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**CCS benefits include lodging, food, and transportation assistance**

## **After the WCM:**

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. These services are typically managed by the plan's third-party contractor.

# Continuity of Care

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- Keeping a CCS member's current providers and prescriptions is referred to as "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. DME must be specialized for COC.
- 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.

# Continuity of Care Requests

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

1. The provider has seen them at least once for a non-emergency visit within 12 months prior to transition.
  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 Health Care Services (DHCS).
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# Grievance and Appeal Process

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- 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 WCM are noted and addressed by both the COHS and DHCS.
- 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 us for assistance in filing a grievance.

# Family Advisory Committee (FAC)

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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?**

**Family Voices can connect you or you may contact Member Services or Customer Relations at your health plan.**

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# **Whole Child Model Project Family Voices of California**

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Organize...

don't agonize!!