



### **SB 586 CCS Redesign/Whole Child Model Key Points:**

- Maintains CCS standards and provider credentialing
- Continues the CCS "carve out" in areas of the state not included in the CCS "carve in" until 2022
- Allows families to remain with their specialists for at least one year while providers get looped into the new County Organized Health System (COHS) networks, etc.
- Includes an added appeals process to the DHCS director for continuity of care with current providers beyond the standard 12 months
- Ensures that children and youth and their families have appropriate access to transportation and other support services necessary to receive treatment
- 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
- Care management and care coordination for the CCS-eligible child or youth across the health care system, including transitions among levels of care and interdisciplinary care teams.
- Establishes a mechanism to provide information for families on how to access local family resource centers or family empowerment centers
- Ensure families have access to ongoing information, education, and support so that they understand the care plan for their child and their role in the individual care process, the benefits of mental health services, what self-determination means, and what services might be available.
- Provide information for families about managed care processes and how to navigate a health plan, including their rights to appeal any service denials, and how to request continuity of care for pharmacy, specialized durable medical equipment and health care providers
- Includes provisions for meaningful family engagement, both at the state and plan levels
- Contains provisions for continued access to medications already prescribed for CCS children even if not on the plan formulary
- Each Medi-Cal managed care plan participating in the Whole Child Model program shall establish a family advisory group for CCS families. Family representatives who serve on this advisory group may receive a reasonable per diem payment to enable in-person participation in the advisory group
- Requires plans to use CCS providers as defined in the bill, including Special Care Centers and approved pediatric tertiary hospitals