



What is the Whole Child Model?

Wednesday, April 17th, 2019



Ali Barclay

Outreach Education Manager
Whole Child Model Project
Family Voices of California

Who Are We?



Mission

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.

Project Leadership

- Training program for families of children with special health care needs
- Prepares families to become advocates for health care laws and policy and improvements in services
- Teaches families the basics of advocacy and health care policy



Health Summit



- 3-day event every spring in Sacramento
- Brings together lawmakers, advocates, doctors, government employees, and organizations to talk about important issues affecting Children and Youth with Special Health Needs (CYSHCN)
- “Legislative Day” at the Capitol Building
 - Families meet with their congressional representatives to tell their stories and communicate policy concerns and recommendations

Today's Webinar

Overview of the CCS Program

- Eligibility & Benefits

Brief History of CCS Redesign – Why the change to the Whole Child Model?

- Goals of the Whole Child Model
- Transition Timeline
- Preparation for transition

What changes does the Whole Child Model bring to the provision of CCS benefits? What's staying the same?

What protections are in place for CCS members transitioning to the Whole Child Model?

California Children's Services (CCS)

Requirements

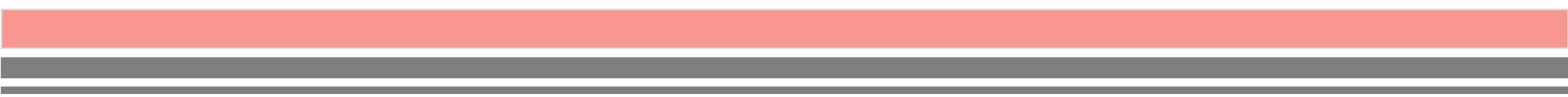
- Established in 1927 to provide support to families of children and youth with special health care needs

- 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, transportation, lodging for care that requires travel

CCS Benefits

- Doctor visits and care, hospital stays, surgery, physical therapy and occupational therapy, tests, X-rays, medical equipment, and medical supplies
 - Medical case management to help get special doctors and to refer you to other agencies, such as public health nursing and regional centers
 - Medical Therapy Program, which provides physical therapy and/or occupational therapy in public school
 - Maintenance and Transportation
- 

“**Case management** is often used interchangeably with care coordination, but conceptually may have a narrower focus. Case management has frequently been operationalized as management and treatment of a specific disease process or condition such as diabetes, cancer, or cerebral palsy, and it is often focused on allocation of limited resources for a specific patient.”

Care coordination:

“Care coordination addresses interrelated medical, social, developmental, behavioral, educational and financial needs to achieve optimal health and wellness outcomes.

Four defining characteristics of care coordination are provided: (1) family-centeredness; (2) planned, proactive, and comprehensive focus; (3) promotion of self-care skills and independence; and (4) emphasis on cross-organizational relationships.”

CCS Redesign

- In order to address the needs of the “whole child,” the Department of Health Care Services initiated a redesign of the CCS program in 21 counties.
- The Whole Child Model creates a system where one entity (the county’s Medi-Cal managed care plan) is responsible for the authorization of and payment for primary care services *and* services related to the CCS-qualifying condition.

The Whole Child Model rolls select CCS services into managed care.

The Whole Child Model applies only to children enrolled in both Medi-Cal and CCS.

Whole Child Model Pilot, 2013

Health Plan of San Mateo: San Mateo



Phase I Implementation, July 2018:

Central California Alliance for Health: Merced, Monterey, Santa Cruz



CenCal: San Luis Obispo, Santa Barbara



Phase II Implementation, January 2019:

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



Phase III Implementation, No sooner than July 1, 2019:

CalOptima: Orange



For children enrolled in Medi-Cal & CCS:

Classic CCS:

CCS county programs cover specialty care relating to a child's CCS-eligible condition, and Medi-Cal Managed Care Plans cover primary care.

Whole Child Model CCS:

Medi-Cal Managed Care Plan will cover **both** types of care, becoming responsible for the “whole child.”

****For children enrolled in private health insurance & CCS:***

CCS county programs will still cover specialty care relating to a child's CCS-eligible condition, and their private insurance will still cover their primary care.

Questions?

Goals of the CCS Redesign

from the Department of Health Care 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

CCS is Not Going Away!

County CCS programs will still:

- Be responsible for all CCS Services for “straight CCS” members
 - i.e. There will be no change for children NOT enrolled in Medi-Cal
- Determine eligibility and process referrals and applications to the CCS program
- Coordinate the Medical Therapy Program
 - Physical & Occupational Therapy
 - Medical Therapy Conference

Medi-Cal Managed Care Plan will now:

- Authorize services and treatment related CCS eligible conditions as well as primary care services
- Provide Maintenance and Transportation services
- Provide care coordination and case management

Preparation – State, Counties, Plans

- Plans & Counties must meet “Readiness Assessments” before implementation.
- Plans must meet “Network Certification” requirements and provide the following to DHCS:
 - Current provider network
 - Efforts to contract with additional paneled providers
 - Outcomes of those contracting efforts
 - Policies and procedures relating to continuity of care, out-of-network access (letters of agreement, etc.), language accessibility, and more
- Counties and Plans meet regularly during transition

Preparation – Families & Service Providers

- Family and Provider Notices – 90, 60, and 30 days
- Plan-hosted Whole Child Model Info Sessions
- DHCS-hosted webinars
- Needs Assessments conducted by plans
- FVCA-hosted Whole Child Model Info Sessions (webinar and in-person)

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.

Senate Bill 586, Section 1

(g) Accordingly, it is the intent of the Legislature to modernize the CCS program, through development of the Whole Child Model, focused on the unique needs of CCS-eligible children in counties served by county organized health systems to accomplish the following:

- (1) Improve coordination and integration of services to meet the needs of the whole child, not just address the CCS-eligible condition.
- (2) Retain CCS program standards to maintain access to high-quality specialty care for eligible children.

Senate Bill 586, Section 1

(3) Support active participation by parents and families, who are frequently the primary caregivers for CCS-eligible children.

(4) Establish specialized programs to manage and coordinate the care of CCS-enrolled children.

coh

(5) Ensure that children with CCS-eligible conditions receive care in the most appropriate, least restrictive setting.

(6) Maintain existing patient-provider relationships, whenever possible.

Continuity of Care

- If a CCS member's medical provider, pharmacy, or durable medical equipment (DME) provider is not contracted with their plan, (or if they are "out of 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 the 12 months prior to implementation.
 2. The provider accepts the plan's rate for payment.
 3. The provider is CCS-paneled
 4. The provider shares information with the plan about the child's treatment.

*CCS members have the right to extend a continuity of care request past the original 12 months

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 plan and the Department of Health Care Services.
 - To file a grievance, contact your plan's Member Services or Customer Care Department.
 - If you are unsatisfied with the final decision by your plan, your next step is to request a State Fair Hearing.
- 
- 

How to frame your grievance:

- If one or more of the “6 Goals of the CCS Redesign” are not being met
- If any protections in SB 586 are not being met
- If your child is denied any of the benefits of the CCS Program

Family Voices is here to help!

Call or email for assistance in filing a grievance

Ali Barclay

(888) 387-0393

abarclay@familyvoicesofca.org

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.
- Plan services (including any possible gaps in care)

Would you like to be part of the FAC?

Contact your plan's Member Services Department

Challenges

- Education and Outreach
- Care Coordination & Case Management
- What is a “complex case”?
- Travel Reimbursement Procedures

Agency	Contact Info
Department of Health Care Services	CCSRedesign@dhcs.ca.gov
CalOptima Member Services	(714) 246-8500
CenCal Health Member Services	(877) 814-1861
Central California Alliance for Health Member Services	(800) 700-3874
Health Plan of San Mateo Member Services	(650) 616-0050
Partnership HealthPlan Member Services	(800) 863-4155

Whole Child Model Project Family Voices of California

Ali Barclay, Outreach Education Manager

abarclay@familyvoicesofca.org | Toll Free: (888) 387-0393

www.familyvoicesofca.org/ccs-wcm

