

Central California Alliance for Health Whole Child Model Durable Medical Equipment Fact Sheet

Senate Bill (SB) 586 authorizes the Department of Health Care Services to establish the Whole Child Model. Your Medi-Cal managed care plan will now authorize and pay for services covered by Medi-Cal and those related to your child's California Children's Services (CCS)-qualifying condition, including durable medical equipment (DME).

DURABLE MEDICAL EQUIPMENT

Your child has the right to keep their providers, **including a durable medical equipment provider**, for 12 months or longer as long as the providers:

- Accept the rate of payment from your health plan; and
- Agree to share information about your child's care with the health plan.

Specialized or Customized DME

SB 586 includes continuity of care provisions expanded to specialized or customized DME. If your child has an established relationship with a specialized or customized DME provider, the health plan must provide access to that provider for up to 12 months after the county has transitioned to the Whole Child Model. Specialized or customized equipment includes power wheelchairs, repairs, and replacement parts; prosthetic limbs; customized orthotic devices; and individualized assistive technology. This does not include generally available or non-customized DME.

A health plan may extend the continuity of care period beyond 12 months for a specialized or customized DME still under warranty and deemed medically necessary by the treating provider.

Specialized or customized DME must meet all of the following criteria:

- It is uniquely constructed or substantially modified solely for the use of the beneficiary.
- It is made to order or adapted to meet the specific needs of the beneficiary.
- It is uniquely constructed, adapted, or modified in such a way that it precludes use of the DME by another individual, and it cannot be grouped with other items meant for the same use for pricing purposes.

You can find the complete SB 586 text at [Family Voices of California](#).

As the 12 months of "continuity of care" ends, you will be notified of your right to petition the plan for an extension of the continuity of care period, the criteria the plan will use to evaluate the petition, and the appeals process if the plan denies the petition. The Department of Health Care Services or the managed care plan, at its discretion, may extend the continuity of care duration period.

WHO TO CONTACT AT CENTRAL CALIFORNIA ALLIANCE FOR HEALTH FOR HELP

Member Services	TTY/TDD
(800) 700-3874	7-1-1

What should you do if you are unhappy with a provider or health plan services?

If you are unhappy with provider services, you should first ask the health plan to help you resolve the concern. Beneficiaries (your child) and their families can contact the health plan’s member services department to share any concerns. These member services departments are specifically designed to help beneficiaries with all kinds of issues, from answering questions to finding a provider. You may also file a complaint directly with the health plan, which is a more formal process to express your concern. Additional information about the grievance, appeal and fair hearing process is available at the [Department of Health Care Services](#).

FAMILY VOICES OF CA IS HERE TO HELP!

Need more information about the Whole Child Model?

- *Interpreting SB 586 and your child’s rights
- *Help with filing a complaint or appeal
- *Help with communicating with your managed care plan or CCS office

EMAIL: CCSProgram@dhcs.ca.gov

<https://www.dhcs.ca.gov/services/ccs/pages/ccswholechildmodel.aspx>