FAMILY VOICES of California

The Whole Child Model Breakout Session D will begin soon.

Feel free to introduce yourself in the Chat section.
Use the Q&A section to ask speakers questions.

All sessions are recorded and will be shared.

Live captions are available. Click the 'CC' icon to show captions.

FAMILY VOICES of California

Esta sesión comenzará pronto.

Siéntase con la libertad de presentarse en la sección de Chat.
Use la sección de preguntas y respuestas para hacer preguntas a los presentadores.

Todas las sesiones son grabadas y serán compartidas.

Los subtítulos en vivo están disponibles. Haga clic en el ícono 'CC' para mostrar los subtítulos.

Welcome to the

FAMILY VOICES of California

2024 Virtual HEALTH SUMMIT

Wednesday, April 24 & Thursday, April 25

9:00 am - 2:00 pm

Se proporcionará interpretación en español

Bienvenidos a

2024

LA CUMBRE DE SALUD VIRTUAL DE

FAMILY VOICES of California

miércoles 24 de abril y jueves 25 de abril
9:00 am - 2:00 pm

Se proporcionará interpretación en español

FAMILY VOICES of California

2024 *Virtual* HEALTH SUMMIT

THANK YOU TO OUR SPONSORS!

PDHCC
Pediatric Day Health Care Coalition

CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION

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Children's Health

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Disability Rights California

CHILDREN'S Specialty Care Coalition
Putting California's Children First

Tri-Counties Regional Center

2024 CUMBRE DE SALUD VIRTUAL DE

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Gracias a nuestros patrocinadores

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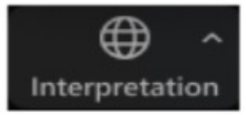
To Access Interpretation via Your Computer

Para acceder a la interpretación a través de su computadora

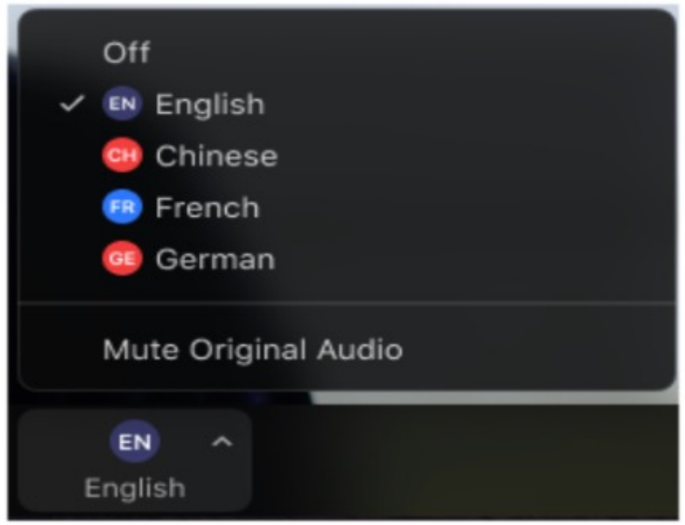
Windows | macOS

1. In your meeting/webinar controls, click **Interpretation**.



1. En el control de seminarios web, haga clic en interpretación

2. Click the language that you would like to hear.



2. Haga clic en el idioma que desea escuchar, español

3. (Opcional) si solo desea escuchar el lenguaje interpretado, haga clic en silenciar el audio original.

3. (Optional) To only hear the interpreted language, click **Mute Original Audio**.

To Access Interpretation via Your Mobile Phone

Para acceder a la interpretación a través de teléfono móvil.

Android | iOS

1. In your meeting controls, tap ... **More**.

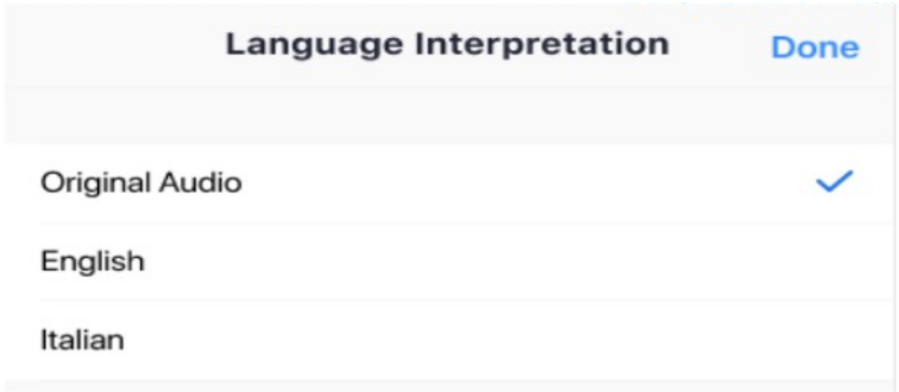
1. En el control de seminarios web, haga clic en mas (3 puntos)

2. Tap **Language Interpretation**.

2. Haga clic en interpretación

3. Tap the language you would like to hear.

3. Haga clic en el idioma que desea escuchar, español



4. (Optional) Tap the toggle to **Mute Original Audio**.

4. (Opcional) si solo desea escuchar el lenguaje interpretado, haga clic en silenciar el audio original.

5. Click **Done**.

5. Haga clic hecho/Done

Partnering to Make Whole Child Model Work for CCS Children and Families

Moderator:
Laurie Soman
Director, Children's Regional Integrated Service System (CRISS)
Senior Policy Analyst, Lucile Packard Children's Hospital Stanford

County Perspective

How Whole Child Model Differs from Classic CCS

Lael Lambert, Marin County CCS

Meredith Wolfe, Humboldt County CCS

Francesca Peterson, San Luis Obispo County CCS

Division of Responsibilities

CCS in Classic County

Activity	Who is responsible
Determine Initial and Ongoing Eligibility	County CCS
Provide Medical Case Management	County CCS
Authorize Provider Requests For Service	County CCS
Pay Claims	State System with County Share of Cost

CCS in WCM

Activity	Who is responsible
Determine Initial and Ongoing Eligibility	County CCS
Provide Medical Case Management	Managed Care Plan
Authorize Provider Requests for Service	Managed Care Plan
Pay Claims	Managed Care Plan

Case Management

CCS in Classic County	CCS in WCM
Customized for Children with Complex Health Care Needs	Standardized for Entire Medi-Cal Population
Assigned Public Health Nurse Case Manager Provides Proactive Medical Case Management	Currently Parent/Family Calls Managed Care Plan Call Center/Member Services to Access Case Management
	Responsibility to Request Help Falls to Family
	Episodic Care Coordination

Case Management

CCS in Classic County	CCS in WCM
Any CCS-Paneled Medi-Cal Provider Can Be Authorized (Similar to “In-Network”)	Access Limited to Who Is “In-Network” with Managed Care Plan or to Providers Who Sign Letter Of Agreement with Plan
Access to Appropriate Providers Across Entire State and Beyond, Depending on Child’s Condition	No Mechanism to Ensure Child’s Providers Are CCS-Paneled

Case Finding

CCS in Classic County	CCS in WCM
Anyone (Parent, Provider, Community Agency) Can Refer Child to CCS	Anyone Can Refer But Over Time Fewer Providers/Community Members Aware of CCS Because No Longer Is Relationship with CCS Office
Children and Youth Who Need Specialized Medical Therapy Services Made Eligible For Medical Therapy Program (MTP)	Referral Rates to CCS Have Dropped
CCS Reviews NICU and High-Risk Infant Follow-up Reports to Find Infants/Children Who Need MTP Referral or Other Specialty Referral	No Direct Pipeline from MCP to Medical Therapy Program So Fewer Referrals to MTP

Case Finding

CCS in Classic County	CCS in WCM
CCS Has Policies to Ensure Newborn with Failed Metabolic or Hearing Screening Receives Intervention As Quickly As Possible	Delays Can Occur Because of Delays in Newborn Enrollment in MCP
CCS Serves Newborns Without Medi-Cal	Delays Can Occur Because CCS Nurse Is Not Reviewing NICU Records to Find Newborn Screening Results
	WCM Only Serves Newborns Enrolled in MCP

Annual Medical Review (AMR)

CCS in Classic County	CCS in WCM
Medical Documentation Easily Available	Medical Documentation Not Easily Available
▪Counties Have Computer Access to Most Special Care Center Medical Records and Processes for Requesting Appropriate Records from Other Providers ▪Counties Have Staff to Collect Records ▪Some Medical Reports Already on File ▪AMR Includes Plan for Case Management ▪More Efficient AMR Because Nurse Case Manager Is Familiar With Child	▪ Managed Care Plans Responsible for Requesting Records from Providers and Sending to CCS for AMR

Advocate Perspective

Lessons Learned from the Whole Child Model

Mira Morton, California Children's Hospital Association

Lessons Learned from the Whole Child Model

Mira Morton, Vice President of Government Affairs

CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION

CCS Whole Child Model Advocates

CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION

SB 586 Advocacy

Goal - Preserve as many of the strengths and protections in the CCS program as possible in move to managed care.

- Ensure relationships with providers and case managers are maintained when possible.
- Require adherence to CCS standards and referrals to CCS-paneled providers, including annual SCC visit.
- Require case management by individuals with experience working with the CCS population.
- Ensure evaluation compares outcomes in WCM to Classic counties.
- Extend carve-out in non-WCM counties until evaluation complete.
- Ensure children are identified and referred to CCS.

Take-Aways From the CCS WCM Evaluation

Goal - Identify where and for whom the WCM did not meet or exceed performance of Classic CCS.

- Enrollment in the CCS program decreased by ~10% in WCM counties as compared to Classic CCS over time for all WCM phases except Phase I, and *new* enrollment decreased for all WCM phases.

- Other results were inconsistent across plans.
  - In some cases, WCM CCS provided fewer primary care and well-child visits, fewer specialist and CCS provider visits, and fewer annual SCC visits than Classic CCS.
  - WCM CSS less likely to ensure specialty visits were with CCS paneled providers.
  - PHP was not able to provide any referral data.
  - Most families indicated they did not know they could ask for continuity of care, but also reported this hadn't been a big problem.

Take-Aways From the CCS WCM Evaluation Con.'t

- Parents and Key Informants noted consistently that case management was very different than it had been in Classic CCS.
    - Not centralized or coordinated by one person within the plans.
    - Case managers often not familiar with CCS children's medical conditions.
- Families who described their children's health as poor were much more likely to report quality of care was worse in WCM.
- Evaluators noted that evaluation was not designed to stratify and focus on specific subpopulations, including children with severe disabilities or those with significant subspecialty needs.

WCM Expansion – AB 118 Advocacy

Goal - Require reforms and data to help DHCS and stakeholders track and improve outcomes in WCM as indicated by evaluation.

- Limit expansion to new COHS counties.
- Extend WCM advisory group through December 2026.
- Require DHCS to create CCS-specific utilization and quality metrics and analyze enrollment trends.
- Require a single point of contact at each MCP to coordinate care for CCS families.

Status of WCM Reforms

- Updated CCS WCM All Plan Letter published December 27, 2023.
  - Primary point of contact for CCS families, instead of phone trees.
  - Referrals to CCS
- CCS Performance Measures Quality Subcommittee is finalizing CCS-specific utilization and quality metrics.
- Advocates are monitoring enrollment trends with the end of continuous enrollment during pandemic, and as new counties come online.
- DHCS must hold WCM plans accountable for meeting the requirements of SB 586, AB 118, and APL.

Family Perspective

Changes Families Would Like to See by 2025

Emilee Watson, Santa Barbara County

Lori Sato, Orange County

Health Plan Perspective

Implementing AB 118 Changes and Preparing for Expansion

Nicole Hartigan, MSN, RN, Partnership Health Plan
Gina Anixter, MPH, Kaiser Permanente
Jerry Cheng, MD, Kaiser Permanente

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

ACCREDITED NCQA HEALTH PLAN

Family Voices 2024

Partnering to make the Whole Child Model work for CCS Children and Families

Nicole Hartigan, MSN, RN

Associate Director of Care Coordination

April 24, 2024

About Us

Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

Goal: Easing Transitions

- From CCS → WCM
- Across Locations
- Across Providers
- Through Ages and to Adulthood

Contact Us

Primary point of contact for all children

- Care Coordination Department
  - Team approach – NCM, HCG, SW
  - Patient Centered Care to encompass all conditions
  - Families contact one entity rather than two providing efficient continuity of care
- Contact – (800) 809-1350
  - Phone – requests Case Manager by name or extension
  - Urgent needs
  - Member Portal

Benefits

- Inpatient
- Outpatient
- Complex Case Management
- DME
- Rx
- Therapies
- Specialists
- Labs & Tests
- Imaging
- Transportation

Monitoring and Reporting

- CCS Enrollment
  - CMS 22 report provided by the counties
  - Source of Truth – CMSNet
  - UM department monitors TARs for potential CCS Diagnoses
  - Concurrent review for HRIF
  - 834 file safety net
  - MCBI report from the state
- Access to Special Care Center Visits
  - Annual Medical Review
  - Claims data & reports

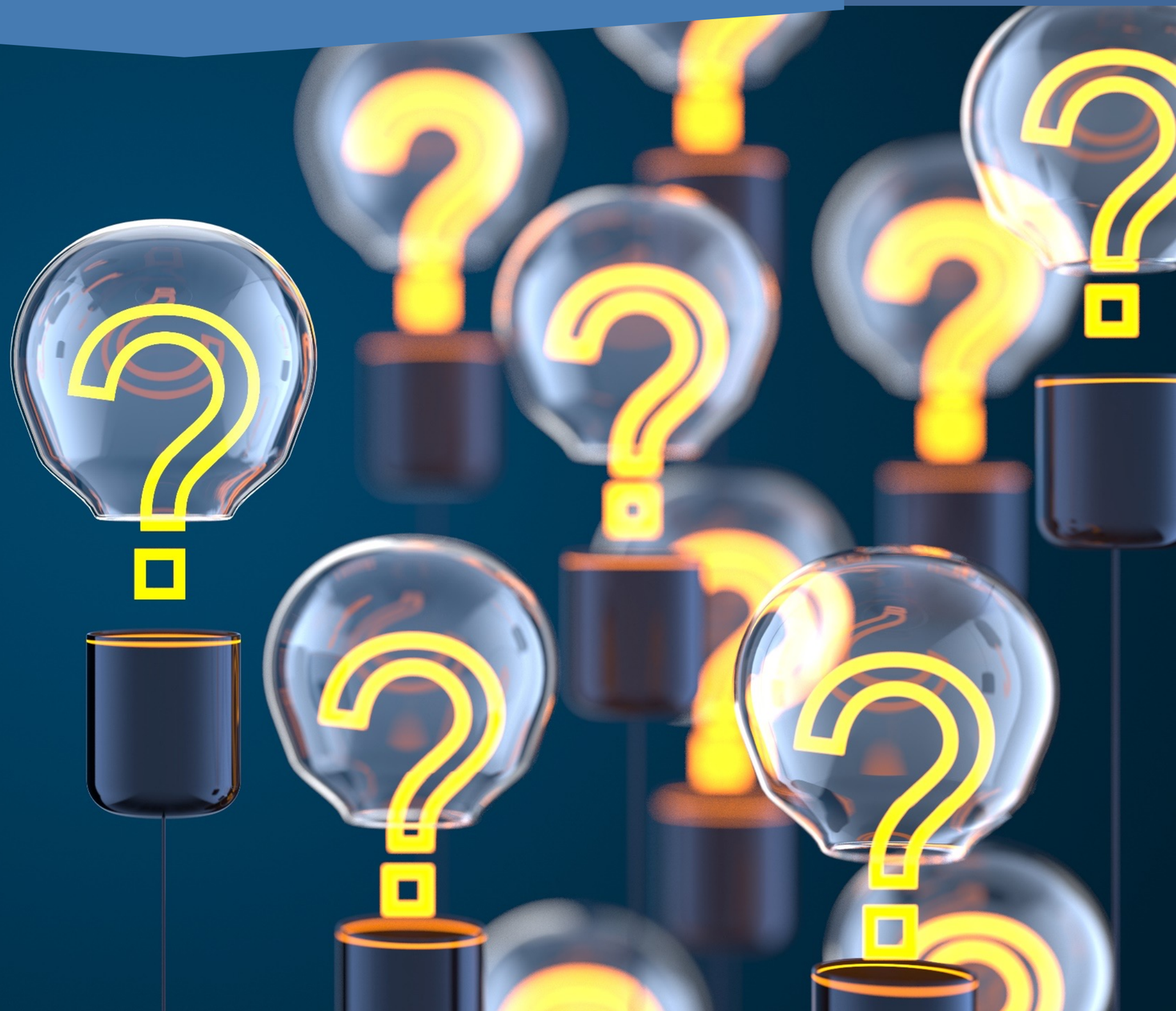
Family Advisory Committee

Creation and Support

Opportunity to share information, advocate, and connect

- Members include: parents, caregivers, foster parents, community groups, and consumer advocates.
- Quarterly meetings
- Partner with counties for referrals
- Case Managers discuss during calls
- Monitor recruitment & provide monthly updates to DHCS
- Historically – Visits to MTUs

Questions



Questions?

FAMILY VOICES of California

Thank you for joining us!

When this session ends, you'll see the Event Lobby webpage.
Join us for the 1:30 pm Closing Session.

FAMILY VOICES of California

Gracias por unirte a nosotros!

Cuando finalice esta sesión, verá la página web del lobby del evento y podrá hacer clic para unirse a nosotros en la sesión de clausura de la 1:30 pm