



# California Children's Services Program Redesign

## Whole-Child Model

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# CCS Redesign Goals

- 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

# DHCS CCS Redesign Proposal

- Whole-Child Model
- Ongoing Program Improvement
- Ongoing Stakeholder Engagement

# Whole-Child Delivery Model

- Five County-Organized Health Systems (COHS), and up to four Two-Plan Model Counties
- Health plans will contract with children's specialty care providers and hospitals, develop MOUs with county CCS
- Health plans will be at full financial risk.

# Whole-Child Model Counties

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**Counties with current  
CCS carve-in (6)**

Marin, Napa, San Mateo, Solano,  
Santa Barbara, Yolo

**Proposed additional  
CCS Whole-child  
Counties (19)**

Del Norte, Humboldt, Lake, Lassen,  
Mendocino, Merced, Modoc,  
Monterey, Orange, Santa Cruz, San  
Luis Obispo, Shasta, Siskiyou,  
Sonoma, Trinity, and up to four 2-  
plan model counties



# Key Features of the Whole-Child Model

- Consumer Protections:
  - Continuity of care requirements
  - Network adequacy requirements
  - Readiness reviews and ongoing quality and access monitoring
- Maintain CCS core program infrastructure (e.g. the provider paneling process)
- Include CCS Medi-Cal, former Healthy Families, and CCS State-only populations
- Develop comprehensive CCS quality measures and data reporting system

# Plan Readiness

- Evidence of adequate network of CCS-paneled providers
- Policies & procedures for access to out-of-network specialty care
- Inclusion of CCS provider standards
- CCS family advisory committee
- Enhanced care coordination protocol

# Plan Readiness (cont.)

- Enhanced care coordination protocol examples:
  - Health Homes (medical homes)
  - Interdisciplinary care teams / child care plans
  - Transition planning and support
  - Referrals/coordination with mental health, behavioral health, IHSS, Regional Centers, Medical Therapy Program, community services.

# County Roles

- CCS eligibility determination
- Medical Therapy Program
- MOU development with plans
- Monitoring to MOUs

# Stakeholder Feedback

## Key Areas

- Provider network adequacy / monitoring
- Case management / care coordination
- Implementation evaluation
- MTP, how will integration with MCO work
- Future role of local county CCS programs
- Consider adopting a risk stratification methodology to drive enhanced care coordination.

# Program Improvement and Continued Stakeholder Engagement

- CCS Advisory Group
  - Whole-Child Model readiness standards, implementation
  - Program Improvement in all counties
- Three technical workgroups
  - Care Coordination, Medical Homes, and Provider Access
  - Data and Performance Measures
  - Eligible Conditions

# Implementation Timeline

## Phase 1: June 2015 – December 2016

- Stakeholder discussions and development of detailed health plan requirements, quality measures, contracts, and readiness criteria.
- County-Health Plan MOUs developed.
- Evaluation of applications of interest in Two-Plan model counties.
- Program Improvement efforts continue.

## Phase 2: January – July 2017

- Initial phased-in implementation begins in COHS counties, pending readiness review.
- Ongoing quality monitoring and reporting.
- Assess initial implementation and feedback from families and stakeholders.

# Implementation Timeline (cont.)

## Phase 3: July 2017 – December 2018

- Incorporate feedback from assessment of initial implementation.
- Initial phased-in implementation begins in Two-Plan Model counties, pending federal approval and readiness review.
- Ongoing quality monitoring and reporting.
- Stakeholder discussions around Whole-Child Model effectiveness, and potential changes for implementation in additional counties.

## Phase 4: January 2019 - Ongoing

- CCS carve-out sunsets in remaining counties.
- Consider potential implementation of the Whole-Child Model in additional counties.

# Whole-Child Model

Questions?