Section 1115 Comprehensive Waiver/Demonstration Project
Technical Workgroup (TWG) Charter
California Children's Services (CCS)

Purpose	Provide technical support to the Department of Health Care Services (DHCS) regarding the development of the Section 1115 Comprehensive Waiver/Demonstration Project implementation plan with respect of the elements related to children with special health care needs. Functions associated with this process will include active participation in meetings, serious consideration of input from all stakeholders, contributing to group discussions in the subject matter
Sponsor	DHCS, Systems of Care Division
Scope/ Boundaries	This workgroup will develop and define the technical and non-technical requirements for the CCS Redesign effort as a component of the Section 1115 Comprehensive Waiver/Demonstration Project. Policy related questions that would, in part, form the basis for discussions at CCS technical workgroup facilitation meetings, include: 1. How could the care of some of the CCS eligible medical conditions be delivered in the context of a managed care plan? 2. What new approaches in the delivery of care for children with CCS eligible medical conditions can be designed to effectively manage and coordinate all fo the child's health care needs: Accountable Care Organization, Patient Centered Medical Home, Enhanced Primary Care Case Management, Specialty Managed Care Organization, or some other form of organized system of care model? 3. How can these approaches be implemented and tested.
Goals and Outcomes	Conduct informative and working sessions to develop the details, needs and issues regarding CCS Redesign. The DHCS' goal through the Section 1115 Comprehensive Waiver/Demonstration Project l is to bring "organized systems of care" to all vulnerable populations including children with special health care needs. The goal of the stakeholder members, in turn, is to recommend to the state how an "organized system of care" will be designed and implemented for the target population: CCS eligible children.
Deliverables	The following are the deliverable from the CCS TWG by April 30, 2010: 1. List of the components of the current CCS program that must be preserved in a CCS redesign. 2. Recommendations as to whether the same care delivery model should be used for all children with CCS eligible medical conditions. 3. List of contract requirements needed to promote effective case management and care coordination in an organized system of care. 4. List of recommendations for measurable performance goals associated with a CCS redesign. 5. List of recommended activities to be undertaken to measure and monitor the performance of organized systems of care, including support of quality improvement activities. 6. List of component needed for a successful transition of CCS enrollees into an organized system of care. 7. Recommended approach(s) to test CCS design, including potential models; geographic variations. 8. List of recommended measures to use to evaluate the effectiveness of the models/approaches selected.
Authority	This workgroup will formulate and present the results of its work to DHCS regarding

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	CCS Redesign and other issues deemed relevant. The functions of the CCS Technical Workgroup support the mandates of Assembly Bill X4 6.
Membership	The membership shall include, but not be limited to, beneficiary advocacy organizations, organizations representing persons with disabilities, representatives of underserved populations (e.g., rural organizations and tribal nations),hospitals, clinics, medical providers, behavioral health, and children with special health care needs.
Reporting	The leads or designee of the workgroup will provide, as necessary, reports to the DHCS Director on an ongoing basis.
Timeframe	Initial drafts of the deliverables should be completed by April 30, 2010.

Background

The CCS program began in 1927 to serve children with orthopedically handicapping conditions that were amenable to surgical interventions. The CCS program has evolved into a joint State/county program that provides medical case management and authorization of services for children with special health care needs who meet program medical, residential and financial eligibility requirements. These services are provided to children enrolled in Medi-Cal, Healthy Families, and to children who are uninsured or who have private insurance (CCS-only clients). Over the course of several decades, the CCS program has become increasingly complicated and difficult for participating providers, clients and their families, and county CCS programs to navigate.

Many infants, children, and adolescents served by CCS have multiple medical conditions and require intensive levels of case management and coordination of care that is often beyond the resources available in county programs or the state program regional offices. The case management of these challenging cases, accompanied by the continuous innovations in the care of complex medical conditions, has made it increasingly difficult to determine which medical services do or do not treat a child's CCS eligible medical condition. The complicated process of determining which services treat a child's CCS eligible condition can be an obstacle to timely access to care and can result in dissension between CCS programs and families, providers, and health plans requesting services for CCS children. The "carve out" of CCS services provided to children enrolled in a Medi-Cal Managed Care Organization (MCO) leads to complex and often ineffective coordination of care and can challenge the ability of the MCO and the child's CCS specialty providers to provide continuity of care.

California's Section 1115 waiver for hospital financing and uninsured care expires on August 31, 2010. The need to submit a new waiver application presents the Department with an opportunity to transform the delivery of health care to children with significant health care needs enrolled in the CCS program and provide services in a more efficient manner that improves coordination and quality of care through integration of delivery systems, uses and supports medical homes and provides incentives for specialty and non-specialty care.

In preparation for the Redesign process, the California HealthCare Foundation, in the fall of 2009, engaged Health Management Associates (HMA) to provide technical assistance to the State of California and explore, in discussion with a large group of stakeholders, the issues that must be addressed in the process. The discussion was focused on exploring potential options to redesign the CCS program and see if a new service delivery model would improve the CCS program and meet both stakeholder and the state's needs. The HMA report provided a number of issues that have contributed to the complexity of the CCS program and has suggested that the Department of Health Care Services would be well served in adopting a stakeholder process to examine these issues which would serve as the starting point for Reform of the CCS Program. The issues identified below, under Scope of Work (SOW), will serve as a starting point for the CCS Technical Workgroup and the Facilitator. The SOW is considered a starting

point to identify issues that must be discussed and debated in the workgroup setting and may also generate additional issues that have not yet been identified.