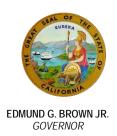


State of California—Health and Human Services Agency Department of Health Care Services



DATE: June 2016

TO: COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)

FROM: PATRICIA McCLELLAND

CHIEF, SYSTEMS OF CARE DIVISION

DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

SUBJECT: COUNTY GUIDANCE FOR CCS WHOLE-CHILD MODEL

IMPLEMENTATION

I. PURPOSE

The purpose of this document is to provide direction and guidance to county CCS programs to implement the Whole-Child Model.

II. COUNTY IMPLEMENTATION

No sooner than July 1, 2017, the Whole-Child Model program will be implemented in certain California counties including Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity and Yolo.

The Whole-Child Model is a delivery system that will provide comprehensive, coordinated services for children and youth with special health care needs through enhanced partnerships with Medi-Cal managed care health plans (health plans).

This County Information Notice (CIN) provides direction to the aforementioned county CCS programs (counties) to work in partnership with the health plan operating in their county to implement the Whole-Child Model effective immediately. The Department of Health Care Services (DHCS) will issue guidance to counties and health plans in upcoming months prior to implementation which will include additional detail pertaining to the requirements of Whole-Child Model. This guidance will be issued in the form of assumptions documents to counties in the interim but will later be formalized in a CIN.

Counties will be required to come into compliance with county readiness requirements which will be issued in the form of a checklist to counties and which

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will include the update of the existing Memorandum of Understanding (MOU) and policies and procedures prior to implementation.

Under the Whole-Child Model, health plans will assume full financial responsibility for authorization and payment of CCS eligible medical services, including service authorization activities claims and case management. Counties will maintain responsibility for CCS Program eligibility determinations for potential beneficiaries, including responding to and tracking appeals relating to eligibility determinations. Counties will develop processes to provide health plans with financial and residential eligibility information.

Counties will continue to provide care coordination services for CCS children not included in the Whole-Child Model. This includes children who do not have full scope Medi-Cal, children with other health coverage, and children who receive Medical Therapy Program (MTP) services. Counties will be responsible for coordinating care with health plans for beneficiaries accessing care through both the County and health plan delivery systems.

Counties should refer to the Whole-Child Model timeline and readiness assumptions documents to identify information to initiate conversations with health plans about implementation.

For additional information, counties should submit questions to CCSRedesign@dhcs.ca.gov.