



**California Children's Services Program (CCS)
Whole-Child Model
Frequently Asked Questions**

June 22, 2016

The below frequently asked questions (FAQs) provide information about the Department of Health Care Services' (DHCS) "Whole-Child Model." The Whole-Child Model is an organized 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). The Whole-Child Model will be implemented no sooner than July 2017. Please note that the Medical Therapy Program (MTP) will continue to be administered by the counties under the Whole-Child Model.

A. General Whole-Child Model Questions

1. What is the Whole-Child Model? Why is DHCS implementing it?

Answer: Children with CCS-eligible conditions today are enrolled in both the CCS fee-for-service (FFS) and managed care delivery systems. As such, they receive their services in two (or more) separate systems that do not always coordinate and communicate effectively. This can result in additional complexity for families to navigate access to care among other care coordination issues. Under the Whole-Child Model, DHCS intends to eliminate this bifurcated system, strengthening overall care coordination for the beneficiary and their family resulting in better overall health outcomes and better beneficiary access to care. Health plans will coordinate the beneficiary's full scope of health care needs, inclusive of primary preventative care, specialty health, mental health, education, and training rather than multiple entities coordinating these efforts separately. Beneficiaries and their families in a single integrated system of care will benefit from a single point of care coordination.

2. Which health plans and counties will be in the Whole-Child Model?

Answer: The Whole-Child Model is proposed to be implemented in the health plans /counties shown below.

Health Plan	Counties
<i>CalOptima</i>	Orange
<i>Central California Alliance for Health</i>	Merced, Monterey, Santa Cruz
<i>CenCal Health</i>	San Luis Obispo, Santa Barbara
<i>Health Plan of San Mateo</i>	San Mateo
<i>Partnership HealthPlan</i>	Del Norte, Humboldt, Lake, Lassen, Mendocino, Marin, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo

3. What will happen in counties where the Whole-Child Model is not implemented?

Answer: There are no further counties contemplated for the Whole-Child Model at this time. Thus, there will be no change to the services that a CCS-eligible child gets in counties that do not have the Whole-Child Model.

4. Who can get Whole-Child Model services?

Answer: CCS-eligible beneficiaries who are on full scope Medi-Cal and live in Whole-Child Model counties (See A.2 above) will get coordinated services. The services in these counties and health plans will be phased in over time.

5. Is the CCS Program going away? Who will be responsible for the CCS Program in Whole-Child Model counties?

Answer: No. The CCS Program is not going away. However, the way children and families get services and how their care is managed will change. As we put program improvements in place, CCS children and their families will not have to change their current services. Beneficiaries will become eligible in the same way as always, through the Local and State CCS Programs. Health plans will manage the care overall in the Whole-Child Model counties. They will also take care of approving the services.

6. Who will provide CCS services in the Whole-Child Model?

Answer: Health plans will coordinate and approve all care for beneficiaries. Beneficiaries will be able to get their health care through providers who are part of the plan’s network. These providers must be CCS providers with special skills (paneled

providers). If a child needs to see a specialist that is not in the plan's network or is located in a different part of the state, the plan will coordinate and approve those services as well.

7. Will beneficiaries in the Whole-Child Model keep the same benefits?

Answer: Yes. Children will have the same covered benefits, including primary, specialty, pharmacy, ancillary, and other services, as long as the services are still medically necessary and prescribed by the child's treating physician. The arrangement and coordination of the care will be strengthened under Whole-Child Model. Instead of arranging for care through multiple systems for authorization of services and appealing denials between systems, the model will now allow CCS children to get care through one system. This model will make it easier for CCS children to get the care they need and will result in better health outcomes.

8. Will the local county CCS Program (case manager) go away if my child is part of the CCS Whole-Child Model?

Answer: No, local county CCS Programs will not go away under the Whole-Child Model. They will still conduct eligibility services for beneficiaries. They will also continue to be responsible for Medical Therapy Program and a few other services. The main change will be that the health plans will make sure that care is arranged and services are approved so beneficiaries get the care they need.

9. Will beneficiaries get a notice about the transition to the Whole-Child Model?

Answer: Yes. Each child will receive at least two notices before the change to the Whole-Child Model takes place. Health plans will also be required to call each beneficiary up to five times or until they are reached. All notices and call scripts will be reviewed and will be shared for public comment.

10. Can beneficiaries still see their primary care and specialist providers?

Answer: Yes. DHCS will require that each child's primary care and specialist providers be involved with his or her care (continuity of care) for up to 12 months following the transition to Whole Child Model. Continuity of care will be automatic, meaning that beneficiaries will not have to request it; health plans will automatically engage with beneficiary providers prior to the transition occurring to enter into agreements. DHCS will monitor health plans closely to ensure they are providing continuity of care. The Department will review continuity of care policies and procedures prior to the transition occurring and collect monthly data until no longer needed to determine health plan compliance. It is important to note that health plans can agree to extend continuity of care beyond the 12 month period, however, if this is not possible, a warm handoff to a new CCS provider will occur ensuring no gaps in care occur.

11. Will CCS providers still need to be paneled by the DHCS CCS Program?

Answer: Yes, providers still need to be paneled by the CCS Program. DHCS has no plans to change the way in which a pediatric provider becomes a CCS Program paneled provider.

12. Will the CCS Program standards for providers that are in place now be in the Whole-Child Model?

Answer: Yes. The CCS Program provider standards that are in place now will still be a requirement. CCS Program standards are available at <http://www.dhcs.ca.gov/services/ccs/Pages/ProviderStandards.aspx>.

13. How will the CCS State-only children (which include children with other health coverage or undocumented children) who are not Medi-Cal beneficiaries get CCS services under the CCS Whole-Child Model?

Answer: The CCS State-only children with other health coverage will continue to receive services the way they do today. The CCS services for children who do not have Medi-Cal will still be on a FFS basis.

Effective May 2016, children under 19 years of age without satisfactory immigration status became eligible for full-scope Medi-Cal benefits. To the extent that these undocumented children also have a CCS-eligible condition, they will be enrolled in the Whole-Child Model counties so that all their coverage will be coordinated as described above.

B. Managed Care Questions

1. What are the benefits of being in managed care?

Answer: There are many benefits of being in managed care. Here are a few examples:

Care is available:

- ✓ Primary Care Physician (PCP) assignment. Health plans need to make sure beneficiaries always have a PCP. Beneficiaries and their families may either choose a PCP or have one chosen for them by the health plan. Beneficiaries and their families can change their doctor to another in-network doctor at any time.
- ✓ Timely access to appointments. PCPs and specialists must offer appointments within certain time requirements.
- ✓ Time and distance standards. PCPs must be located within 30 minutes or 10 miles of where a beneficiary lives. But, a beneficiary or their family can have a different PCP that is farther away if they want.

- ✓ Out of network access. Health plans must make sure beneficiaries have access to all medically necessary services. This means that beneficiaries can get services out of the network if they cannot find them in the health plan's network.

Health plans must give beneficiaries and their families resources for their care. This includes:

- ✓ Provider lists. Health plans must have a list of providers in print and electronic forms. These lists will help beneficiaries and their families see the types of providers that are in the health plan's network and where their offices/clinics are.
- ✓ Member services. Health plans must have a Member Services Center. This will help beneficiaries and their families when they have questions including how to get find a doctor and access care.
- ✓ Interpreter services. Translators are available 24 hours a day, seven days a week.
- ✓ Care coordination. Health plans must have a care coordination team available to ensure access across an array of services and coordinate referrals and authorizations.

2. How will DHCS make sure that health plans provide access to CCS providers in their network?

Answer: DHCS will require health plans to contract with CCS paneled providers and make them available to beneficiaries in their networks ensuring timely access to care. DHCS reviews health plan networks prior to implementation to ensure they are adequate and continues to monitor network adequacy following implementation based upon population size and service needs.

3. How will DHCS make sure health plans are following the requirements of the Whole-Child Model?

Answer: DHCS utilizes multiple approaches when monitoring health plans. Initially DHCS monitors transitions during the implementation period and up to two years after a transition starts. DHCS collects and analyzes data for the transitioning population to ensure appropriate access to services is being provided in a timely manner. DHCS also utilized the below monitoring tools in addition to others:

- ✓ Encounter data
- ✓ Provider networks
 - Provider certification
 - Number of providers in a given area
 - Time and distance
 - Timely access
- ✓ Grievances and appeals and State Fair Hearings
- ✓ Annual audits
- ✓ Continuity of care
- ✓ Utilization data

- ✓ Health plan call center data
- ✓ DHCS Ombudsman call center data

DHCS has a formal process for monitoring and providing health plans with technical assistance, imposing corrective action plans, and applying penalties, as appropriate. DHCS will develop a specialized monitoring tool for the Whole-Child Model.

C. Beneficiary Protections

- 1. What happens if a beneficiary is not happy with a provider or does not like the services they get from the health plan?**

Answer: If a beneficiary is not happy with their services, they should first ask the health plan to help them resolve their concern. Beneficiaries and their families can contact the health plan's Member Services department. These Member services departments are specifically designed to help beneficiaries with all kinds of issues ranging from answering questions to finding a provider for assistance. Beneficiaries can also file a complaint directly with the health plan which is a more formal process to express a concern. They may also request a State Fair Hearing. A State Fair Hearing is a process where beneficiaries can complain directly to the State of California and an Administrative Law Judge will review the complaint.

D. Medical Therapy Program (MTP)

- 1. Will MTP change because of the CCS Whole-Child Model? If counties continue to run the MTP, how will health plans be involved?**

Answer: Counties will continue to administer MTP. Health plans and counties will be required to work together and coordinate services for beneficiaries receiving services from both MTP and the health plan.

E. Stakeholder Engagement

- 1. How will DHCS seek input from stakeholders on the Whole-Child Model?**

Answer: DHCS will send out various documents for comment throughout and following the Whole-Child Model implementation period. DHCS will carefully consider all input received as the Department works to finalize decisions regarding implementation. In addition, DHCS established the CCS Advisory Group as an entity that can provide input into CCS overall which includes the Whole-Child Model. The Advisory Group consists of a broad range of individuals ranging from beneficiaries and/or their family members, providers, government entities, health plans, and other. Advisory Group meetings are held quarterly and are open to the public.

F. Where to Find More Information

1. Where can CCS beneficiaries and their families go if they have questions about the Whole-Child Model?

Answer: Go to the DHCS CCS Advisory Group webpage at <http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>

For questions or comments, please send an email to CCSRedesign@dhcs.ca.gov

CCS beneficiaries and their families can also call the CCS Program at **1-800-970-8450**, Monday through Friday, from 8:00 a.m. to 5:00 p.m. The call is free.