



Continuity of Care for the California Children’s Services (CCS) “Whole Child Model”

Learn about what continuity of care is, how continuity of care will work for CCS children and families, and what DHCS will do to ensure quality of service

What is continuity of care?

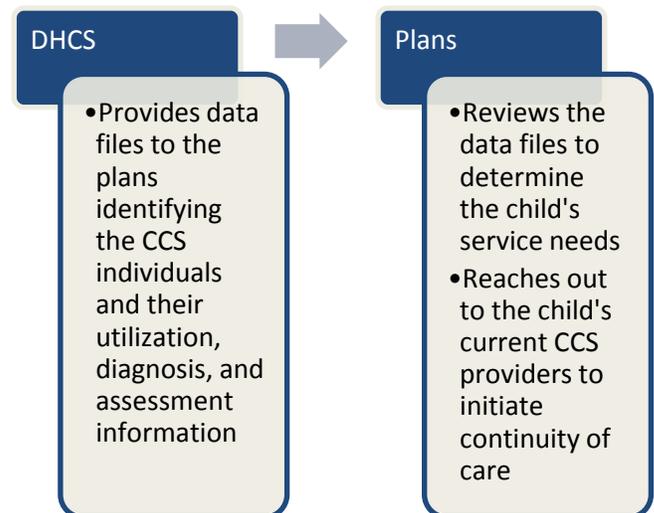
Children currently in the CCS program and that are transitioning to the Whole Child model in the Medi-Cal managed care health plans (“Plans”) will have continuity of care rights that would allow them to continue seeing their existing CCS providers. Continuity of care means that the Plan is required to provide continued access to the out-of-network CCS provider for up to 12 months as long as:

1. The child has a pre-existing relationship with the CCS provider;
2. The CCS provider and the Plan can agree to a rate;
3. The CCS provider does not have any documented quality of care issues;
4. The provider is a CCS-approved provider; and
5. The CCS provider provides all relevant treatment information to the Plan allowable under federal and State laws.

How does continuity of care work?

The Department of Health Care Services (DHCS) will provide the Plans with a list of CCS eligible children for whom the responsibility of CCS services will transition to the Plan from CCS where children will receive all of their health care. Most of these children will already be receiving the rest of their non-CCS medical services from the Plan. Plans are required to consider every child on this list as an automatic continuity of care request. This means that the Plan must initiate the attempt to enter into an agreement with the child’s existing

CCS provider. DHCS will also provide the Plans with specific utilization, diagnosis, and assessment data of each child prior to the transition. DHCS expects the Plans to use the data to determine each child’s service needs and make good faith efforts to enter into continuity of care agreements with the child’s existing CCS providers prior to the transition, and effect a smooth and seamless transition for the child and family.



What happens if the CCS provider and Plan are unable to reach a continuity of care agreement?

Should the Plan and the child’s existing CCS provider are unable to reach a continuity of care agreement, the Plan must reach out to the child and family and work with them to find an

appropriate provider in the Plan's network to ensure that no gaps in your services occur.

What will DHCS do to ensure that the Medi-Cal managed care plans provide quality of service?

Pre-Transition Plan Readiness

As with other populations and services that have transitioned to the Plans, DHCS will review and evaluate the Plan's readiness to begin offering health services. DHCS will work closely with the Department of Managed Health Care (DMHC) to review network filing requirements. DHCS will also require the plans to submit deliverables (these may be monthly, quarterly and annual monitoring documents) that demonstrate understanding and ability to comply with CCS program requirements, such as the Plan's continuity of care policies and the provider networks.

Plans will also be required to develop or amend their Memorandum of Understanding (MOU) with the local CCS counties to ensure coordination of services between the two entities. The MOU must address management of the child's care, including but not limited to, care coordination and exchange of medical information. DHCS intends the MOU to promote local flexibility and acknowledge the unique relationships and resources that exist at the county level.

Post-Transition Plan Monitoring

DHCS conducts monitoring and oversight of health plans and holds them accountable to the requirements set forth in the Medi-Cal managed care contract. This includes regularly reviewing plan quarterly grievances and appeals reports, Medi-Cal Office of the Ombudsman call statistics, State Fair Hearing data, DMHC health center data, encounter data, utilization and continuity of care reports, secret shopping survey responses, and other monitoring tools and reports. DHCS will also collect information which will indicate utilization and client and family satisfaction. The Department analyzes data on a statewide aggregate basis, plan model, and individual plan level to determine where structural adjustments and technical assistance to Plans are needed.

Who can CCS families contact if they have questions?

Plan members and their family can call their plan's member services department if they have any questions about the transition, or to ask about any medical appointments, approved treatments, or surgeries that are scheduled to take place after they transition to the Plan.

They 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.

CCS families can call for any of these reasons:

- To ask for help with their Plan or doctor or clinic. (Please call the Plan first.)
- To get advice about what to do if they do not agree with their treatment or services.
- To ask other questions about their Plan, doctor, or CCS.
- To get help to keep seeing their current doctor after they join a Plan.

Please visit the Department's Continuity of Care webpage at <http://www.dhcs.ca.gov/services/Pages/ContinuityOfCare.aspx> for more information on continuity of care and available resources.