



**California Children's Services (CCS) Program Redesign
Issues for Consideration
December 2014**

The California Association of Health Plans (CAHP) and our member plans participating in the Medi-Cal Managed Care program support comprehensive and coordinated systems of care that treat the whole person. The expiration of the California Children's Services (CCS) carve out from Medi-Cal managed care at the end of 2015 requires thoughtful consideration as an opportunity to improve the care for many vulnerable children and meet the goals of the Triple Aim. Change to the CCS programs must be done with an emphasis on readiness in advance of any transition to protect the health of this fragile population. This document lays out the basic principles that should be considered in the decision making process.

Overall Principles:

- Care should be comprehensive, coordinated and in the setting most conducive to the provision of quality care for the child.
- Any approach should look at the child as a whole rather than a silo of conditions.
- Risk should be mitigated in a manner that encourages quality, coordination and appropriate access to care.

Issues for Consideration:

1. **The level of medical need within the CCS population should be reviewed to determine if a multipronged approach to changes to the CCS program would be warranted.** Condition severity within the CCS population varies widely from time-limited episodic care and/or single conditions such as fractures and hearing loss to long term, complex chronic conditions and comorbidities. Not all conditions merit separation from the general Medi-Cal population.
2. **The current CCS provider panel and standards of provider participation as of December 2014 should be maintained when appropriate for those children that require specialized treatment.** The current network of CCS providers holds a level of expertise that is not widely available across the state. These providers are often considered centers of excellence and deliver care that cannot be found elsewhere. Not all care for CCS children requires the same level of specialization; however, for many, their continued care is important to maintain the child's health. Unfortunately, CCS providers often expect extremely high payment rates well above Medi-Cal and many do not contract or coordinate with managed care. As a result, provider participation and continuity of care take into consideration the condition of the child.



3. **Standardized access to medically necessary services across the CCS population, to the extent possible given geographic considerations, is necessary to ensure children do not lose access to appropriate treatment.** The severity of conditions, length of required treatments and service costs for the CCS population vary widely across the program. The current standards for eligibility and medical necessity for services are not uniformly applied across the CCS program. As a result, eligibility and access to CCS varies by county potentially making a move across county lines detrimental to the child's health. Standards should be simplified and standardized to the extent possible.
4. **Improved communication and connections among the systems should be a top priority in order to ensure all children with special health care needs are treated as a whole person within a coordinated system of care.** Optimal care can only be provided to high risk children to the extent that the care is coordinated across all medically necessary services. Coordination in the current CCS system varies a great deal which can lead to duplication or inappropriate use of services. State facilitated communication in the program as well as appropriate referral criteria and bi-directional information sharing protocols can help minimize confusion and improve care coordination across healthcare systems. Adoption of models of care such as in the Cal MediConnect program may enhance care coordination for these children with complex medical needs. Overall, a multidisciplinary approach with a single lead entity is necessity to serve the CCS population holistically.
5. **Care delivery for the CCS population should emphasize providing the right care at the right time with a focus on prevention.** Due to CCS's historical connection to specific medical conditions, the emphasis of treatment protocols has been related to the eligible conditions rather than the overall health of the child. Maintaining a holistic view of the child's care with a medical home emphasis may prevent the rise of medical complications unrelated to the eligible condition. In addition, as CCS children age out of the system, transitions to appropriate adult specialists should be done in a collaborative manner in order to protect the individual and ensure age appropriate care is provided.
6. **Payment for services for children with CCS eligible conditions should reflect both the severity of the condition as well as necessary level access to services.** Many of the conditions under the CCS program will not improve over time but rather continue to require intensive medical treatment for the lifetime of the individual. However, thoughtful management of the condition coupled with preventive care can result in a more stable distribution of costs over time. Payment related to the CCS population should recognize the case mix differences, administrative management costs and provider network requirements while incenting achievable quality outcomes given the severity of the conditions under the program. Use of risk corridors, risk pools and



population specific kick payments are examples of potential opportunities to ensure responsible management of the population without undue financial liability.

- 7. Transitions of care for CCS children must be done in a thoughtful and deliberate manner.** Due to the complex nature of the CCS population, changes in care delivery models must be done in a manner that ensures continued access to services. A shift of services in any direction must be seamless and transparent including a transition plan that allows time for the development of all necessary system requirements. The ultimate goals should be to ensure CCS children continue to receive the services they need regardless of the system of care.