

California Department of Health Care Services
California Children's Services
Stakeholder Process
August 08, 2014

Overview

The Department of Health Care Services (Department) proposes investigating the potential for improvements and potential design changes to the California Children's Services (CCS) program to improve access to health care for children and youth with special health care needs (CYSHCN) and to eliminate the fragmentation that exists in the current health care delivery system. The Department will utilize a stakeholder process in this effort that includes representatives of the CCS community including the California Children's Hospital Association, local county CCS programs, legislative staff, the Children's Specialty Care Coalition, Family Voices, independent CCS providers, state agencies, and children's advocates.

Background

The need to improve and potentially redesign the CCS program and more broadly health care delivery for CYSHCN has been acknowledged in various forums, including public meetings held by a consortium of Bay Area county CCS stakeholders, a stakeholder meeting convened by Assemblymember Pan, and a CCS stakeholder group assembled by the Lucile Packard Foundation. There have also been a number of publications citing the need to consider change in CCS service delivery including Health Management Associates' "Transitioning the CCS program to a New System of Care"; Lucile Packard Foundation issue brief on the impact of the Affordable Care Act; the Mathematica Policy Research report on health information sharing; and the California Health Care Foundation 2009 publication entitled "Assessing the California Children's Services Program." National publications have addressed the health care needs of CYSHCN including the Association of Maternal and Child Health Programs white paper regarding a framework for systems of care and the Center for Health Care Strategies report on developing health homes for CYSHCN populations.

This commentary collectively provides both an imperative and a foundation for the Department to move forward with a stakeholder process to look at potential options to improve the CCS health care delivery system.

Stakeholder Process

The Department proposes to utilize an external consultant to develop and implement a stakeholder process building upon the work described above. The stakeholder process will include:

- Conducting a series of meetings beginning in fall 2014;
- Stakeholder members selected from the CCS stakeholder community;
- Technical workgroups will be identified to address key programmatic issues such financing, county interface, health care delivery option development, quality of care measures etc.;

- The Department will provide clarification that without regard to sunset of the CCS managed care “carve-out,” the Department is not predisposed to mandatorily enroll CCS eligible children into Managed Care Organizations for treatment of their CCS health condition; and
- The stakeholder process is expected to result in recommendations to the Director on viable health care delivery system alternatives for the development of an organized system of care for CCS eligible children and that will influence health care delivery for all of California’s CYSHCN population.

Goal

The fundamental goals are to: 1) improve care and outcomes for CYSHCN by ensuring that they receive coordinated care and 2) identify indicators that will measure quality in order to improve care for these children and their families.

Guiding Principles

Throughout the stakeholder process, the Department will be focused on the following guiding principles and priorities:

1. Maintaining CCS provider standards will be a high priority; required use of CCS paneled providers will continue to be maintained and the existing CCS regionalized provider network will be maintained and required of contracting organized health care delivery systems;
2. The state must ensure the continued viability of the CCS program; the fundamental goals of improving health care delivery and improving health outcomes for children with special health care needs (CYSHCN) must be maintained;
3. Simplification of the existing funding structure will be considered as a component of the CCS Reform foundation;
4. CCS clients and families must be provided with enhanced consumer protections that are not available in the current fee-for-service environment;
5. The utilization of the existing county care coordination teams as a transitional approach to maintain continuity of care coordination to provide local CCS programs with sufficient time to transition care coordination if necessary;
6. The utilization of comprehensive patient centered medical care, behavioral health, and wrap around services; and
7. One size does not fit all - the Department will work with stakeholders to look for solutions that will work for different localities and/or populations.

Next Steps

- Identification of individual stakeholder participants from the CCS community;
- Procurement of external consultant contract;
- Develop an implementation plan including stakeholders and timeframes; and
- Develop a communication strategy.