

California Children’s Services (CCS) Program Redesign Redesign Partners and Stakeholders Blueprint

Background

On October 31, 2015, the 2010 Medicaid Section 1115 waiver, which includes demonstration projects for California Children’s Services Program, will expire. The Department of Health Care Services (DHCS) intends to renew the waiver for new opportunities for innovation and improvement in the CCS Program. The DHCS proposes investigation of the potential for improvements and design changes to improve the CCS Program’s ability to provide access to health care for children and youth with special health care needs (CYSHCN), and to improve coordination and eliminate the fragmentation that exists in the current health care delivery system.

The need to improve and redesign the CCS Program, and more broadly health care delivery for CYSHCN, has been acknowledged in various forums in California, CCS-Program specific research and publications, and national publications addressing health care for CYSHCN.¹ Recognizing that the many health care providers, CCS Program-affiliated associations, local CCS Program administrators, family members, and caregivers for CYSHCN in California have a wealth of knowledge about both the CCS Program and the complex care required by CYSHCN, DHCS is launching a stakeholder-based process to inform the CCS Program redesign.

As part of this stakeholder-based redesign, DHCS has partnered with the UCLA Center for Health Policy Research, the UCLA Center for Healthier Children, Families and Communities, the Stanford Center for Policy, Outcomes, and Prevention, the Lucile Packard Foundation, and Harbage Consulting to help inform and facilitate the process. This partnership is committed to assembling a Redesign Stakeholder Advisory Board (RSAB) composed of approximately 30 individuals from various organizations and backgrounds with expertise in both the CCS Program and care for CYSHCN. As the lead organization, the University of California, Los Angeles (UCLA) Center for Health Policy Research will organize five to six topic-specific technical workgroups composed of experts in issues identified by the RSAB as being of greatest importance to CYSHCN and the CCS Program redesign process.

Throughout the meetings of the RSAB and the technical workgroups, and in the CCS Program redesign process generally, two key goals will be pursued:

¹ “Stakeholder Process for California Children’s Services.” Department of Health Care Services. August 2014. Available at: <http://www.dhcs.ca.gov/services/ccs/Documents/CCSStakeholderProcess.pdf>

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.

In pursuit of these goals, the parties will uphold the following guiding principles:

1. Maintaining CCS Program provider standards will be a high priority; required use of CCS-paneled providers will continue to be maintained and the existing CCS Program 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 CYSHCN must be maintained;
3. Simplification of the existing funding structure will be considered as a component of the CCS Program redesign foundation;
4. CCS Program 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 wraparound services; and
7. One size does not fit all – DHCS will work with stakeholders to look for solutions that will work for different localities and/or populations.

Redesign Stakeholder Advisory Board (RSAB) Involvement

To ensure that the CCS Program redesign is stakeholder-driven and achieves the aforementioned goals, DHCS has selected you to be a member of the RSAB. The first task of the RSAB will be to provide guidance to DHCS and the consultant parties as all participants work collaboratively to identify areas in need of improvement, best practices, lessons learned, ongoing concerns, and viable options for reforming or restructuring the CCS Program.

RSAB Members

As an RSAB member, each participant will commit to the following:

1. Attend as many of the RSAB meetings as possible (consistent participation is critical to the success of the stakeholder process);

2. Actively contribute his/her knowledge, expertise, and vision for the CCS Program to promote an environment of collaboration and knowledge exchange;
3. Recognize that each RSAB member has a different background that informs their opinions and logic, and therefore the goals of each member may vary;
4. In recognition of these differences, try to make values and goals explicit, and work to strike a balance among seemingly discordant interests; and
5. Recognize that any redesign efforts must be in keeping with the rapidly changing epidemiology of child health and the organization and financing of health services generally.

The DHCS and its CCS Program redesign partners

The DHCS and its CCS Program redesign partners will:

1. Work with stakeholders to develop a “roadmap” that identifies the current state of the CCS Program, the intended direction for the Program, and the specific proposed policies and actions needed from each stakeholder to achieve determined aims;
2. Identify and develop a plan for implementation of recommendations resulting from the CCS Program stakeholder process. A component of this plan will include engagement strategies that are specific to counties and regional CCS programs.
3. Ensure accountability to the needs and demands of CYSHCN, their caregivers and families, and stakeholders.
4. Weigh the technical research and evidence, goals and knowledge of the stakeholders, needs of CYSHCN, and identified State priorities prior to making any final decisions in choosing an implementation plan(s) for recommendation, and
5. Make such decisions in conversation with the RSAB and clearly communicate the decision-making rationale to the stakeholders and public.

Additional Support

The DHCS and its CCS Program redesign partners will call on the help of guest experts and the technical workgroups to provide the data and background research necessary for RSAB members and DHCS to make informed decisions on the direction of the CCS Program. The DHCS will also seek input from the RSAB regarding what data it considers necessary to inform the process, as well as suggestions for the technical workgroup topics and recommendations for their members.