

Q6 CCS County Measure
2 Definition: Children referred to CCS have their initial medical and program (financial and residential) eligibility determined within the prescribed guidelines per California Codes of Regulations, Title 22, Chapter 3 Application Process, Article 1 General Provisions, and according to established CCS policy and procedures. Provide recommendation to CCS County Measure 2 and/or enter your comments.

Answered: 32 Skipped: 6

#	Responses	Date
1	It would be helpful to provide the actual data range prescribed (e.g., 5 working days).	11/24/2015 4:50 PM
2	Yes, I agree but L.A. County needs to have financial clearance before medical clearance because many times case managers get a delay when clients are medically eligible but get delayed by financial process.	11/24/2015 2:33 PM
3	Two things about this measure: (1) It's solely a process measure and says nothing about quality of care for CCS kids. (2) Length of time for medical eligibility determination is dependent upon timely receipt of medical records from others outside of CCS, so this measure may not even be an accurate process measure. I would ask a CCS person for specific re-write language that will measure CCS program performance rather than possible delays in provision of medical records.	11/24/2015 1:57 PM
4	We are a dependent County and do not determine medical eligibility, DCOS does. Who will measure their compliance re: our Counties clients?	11/24/2015 12:03 PM
5	Agreed	11/24/2015 9:39 AM
6	This is the current process.	11/24/2015 9:14 AM
7	Not sure what's different, so why is it necessary to (re-)spell out? Or is this about NOT shifting from medical necessity to the Whole Child model? Given the (apparent) inevitability of the Whole Child model's roll-out, and given that we all wish to see it done properly, I can see how the current regulations need to be adjusted to presage the shift.	11/23/2015 6:23 PM
8	agree	11/23/2015 4:32 PM
9	In the "Whole Child Care" proposal, eligibility determination would remain at the county. It would be difficult for the health plan to be responsible for County following these guidelines.	11/23/2015 4:25 PM
10	Agree but the eligibility determination should be by an disinterested party that would not be impacted financially by a influx of CCS eligible children.	11/23/2015 12:27 PM
11	When the data is pulled from CMS WEB it is imperative that all staff who complete that data entry know which fields are reviewed for program quality statistics and that each individual CCS program is following the prescribed guidelines within the system. In my county cases have been received when all fields have not been correctly filled, but the information was sent by fax, so if a report is run it appears not to have met timelines.	11/23/2015 11:35 AM
12	The reported data on current performance suggest that there are not adequate resources funded to establish eligibility. I am not clear what the problems or the solutions are but we should study this in order to improve performance.	11/23/2015 11:34 AM
13	What is the specific guideline in terms of completion for the eligibility (5 days)?	11/23/2015 11:17 AM
14	Regardless of what these guidelines say, CCS clients must be able to travel outside their county boundaries to obtain care for their CCS eligible condition from a CCS Special Care Center (SCC) per above. CCS clients are by definition medically vulnerable with complex disorders that are often unpredictable in their acute episodes, difficult to treat, often rare. Few clinicians in medically under served counties have sufficiently trained clinical workforce w/expertise to care for these children - so county boundaries are often an irrelevant criterion to base high quality care.	11/23/2015 10:57 AM
15	no comment	11/23/2015 10:43 AM

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16	This is a County eligibility standard(?). Our plan is not intimately familiar with Title 22, CCS policy and procedures in this specific area and the adherence of these standards by the local CCS office.	11/23/2015 10:41 AM
17	I agree	11/23/2015 8:28 AM
18	These comments reflect the consolidated feedback from all CCHA member hospitals: Current performance suggests that this function is not appropriately resourced. More study needed to determine drivers and possible solutions.	11/20/2015 4:48 PM
19	The issue of determining eligibility is already very challenging. There will need to be much more detail here as to how eligibility is determined and communicated. This is vague when getting into the established policies and procedures. For example, the NICU criteria has a pattern of changing. Plans need to have the opportunity provide comment and feedback on any proposed changes to the CCS policies and procedures prior to implementation.	11/20/2015 2:27 PM
20	Timely determination for residential/financial within 30 days are insufficient time. The turnaround time to reflect in MEDS/medical usually takes longer than 30 days	11/20/2015 2:11 PM
21	The current CCS requirements often overlook children with significant disabilities as their disease is "not eligible" Treating all disabled children the same would provide for a more comprehensive, and fair, system.	11/20/2015 3:26 AM
22	No suggested changes	11/19/2015 10:00 PM
23	Eligibility and distribution of services should reflect assessed need based on severity and acuity not only on diagnosis.	11/19/2015 11:31 AM
24	yes	11/17/2015 8:54 PM
25	It is imperative that the established CCS policy and procedures are adhered to.	11/17/2015 3:31 PM
26	Dependent counties rely on the Regional Office for medical determination. The Southern California Regional office is understaffed and therefore the nurse evaluators there have more clients and referrals than they are able to handle in the allotted time per California Code of regulations. There is no one to determine MTU/MTP eligibility; no one to determine cochlear implant eligibility in a timely manner.	11/16/2015 4:53 PM
27	Agree, by the County CCS program	11/16/2015 11:45 AM
28	Specify what particular guidelines will be measured. If counties choose, there may not be consistent or adequate numbers for data analysis.	11/16/2015 9:25 AM
29	I strongly suggest that this task remain a duty within the counties. Positions for this task should be in uniform and labeled the same throughout all counties including the same pay.	11/16/2015 9:17 AM
30	Agreed ... and should be strengthened: Clinical eligibility assessment should be guided by an objective set of guidelines (including specific diagnoses) and reconciled by a team of skilled, trained pediatric medical provider who is NOT employed by a health plan. Appeals regarding clinical eligibility should be heard by a separate, independent group of pediatric providers and family advocates -- DHCS appointed and independent of the health plans.	11/16/2015 8:42 AM
31	This measure is only relevant for 7.5% of the statewide CCS population (the CCS-Only cohort). For 92.5% of the CCS population (Medi-Cal), it is only necessary to check MEDS to verify eligibility and demographic information including residency. The more impactful measure of access to care is the turn-around time from referral to service authorization or denial. The key measure would be time (days) from receipt of adequate medical documentation to issuance of authorization/denial (this should be no more than 5 days for all except NICU acuity). The markers for QI purposed are date referral received; date entered in CMS Web; date adequate medical documentation received; date authorization/denial issued.	11/13/2015 5:31 PM
32	Bravo - 6 months is too long	11/13/2015 5:00 PM