

Department of Health Care Services (DHCS) has decided to roll California Children Services (CCS) into the managed Medi-Cal system of care beginning in 2017. Supposedly managed Medi-Cal will just be the fiscal agent but all CCS standards will be upheld. Can this really happen? These children are the most fragile of all; can the managed Medi-Cal groups really handle all of their needs? Supposedly the existing CCS offices will still be in charge of eligibility reviews and the counties will be in charge of the Medical Therapy Units (MTU). Sounds like a pretty fractured system to me.

The Managed Medi-Cal groups say that the pilot counties for CCS carved in models are working well. Are they? I have not seen any reports of surveys from parents in how well it works for them when trying to get something approved for their child. I hear state agencies saying how well it works for them and a few quotes from parents they share.

When the state of California was rolled into the managed Medi-Cal system we lost a lot of doctors. They did not want to hassle with a new system to navigate to get paid the little they do. We also lost the ability to cross over county/state lines to see doctors because they were under a different plan. So are we now going to lose specialists that our children see? It's not as if we have an abundance of specialist where we can afford to lose any!

As a parent whose child has been on CCS his whole life I have concerns. There are features in CCS that do not exist in Medi-Cal. CCS pays for medications and equipment that gets denied from Medi-Cal, will we still have the option to go to CCS for coverage? CCS can reimburse us for travel to see our child's specialist, sometimes even hotels. Will Medi-Cal do this? It is not a covered benefit in my understanding. The state says that the plans have to cover transportation to ensure care, not reimburse. So when they line up transportation for the child and one parent they forget about other family members. So now we have to find childcare for the siblings because they won't allow them to come. How is this helpful to a family?

As a parent advocate who works with families who have these unique children I have even broader concerns!

1. Income qualifications differ from Medi-Cal to CCS. Whose will we be using now?
2. The formularies for what is covered are different. Which one will be used? If one denies us can we still go to the other for coverage?
3. There is equipment and medical supplies that CCS pays for that is denied by Medi-Cal. How is this going to work now?
4. How are referrals to new specialists going to be handled now? When our existing referrals expire how will this be handled?

I would like to see policies and regulations written to assure parents that these concerns are going to be addressed in this new whole child system of care. I would

like to see parent groups formed to find out how it is really working for these families! Most families do not file complaints or grievances, for one reason or another!

The Managed Medi-Cal providers still have not increased the primary physician numbers to the level we need and the average wait to see your primary doctor is 6 weeks. This is not acceptable for a child who has a CCS condition. Until we have more doctors/specialists willing to take Medi-Cal why are we taking chances with the health of our CCS children? So if we have to change doctors, how does that help with continuity of care? Will these doctors know how to care for our children's unique health issues? Will we have to travel even further to get to the doctors who are willing to use this new system?

I knew change was coming! I am worried that the state in its hurry to be done with this, has moved forward without talking to enough parents of children with unique health care needs so that the key elements of the CCS program can be preserved, while improving on others. Instead we are rushing forward and it will be our children who suffer and the parents who try to figure out how to get approval for the care their child needs in this new system!

Should we not know the answers to these questions and more before we switch our most vulnerable children to a new whole child system of care?