

# Fact Sheet

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## Redesigning CCS: Some Key Components

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### ELIGIBILITY

- Based on outpatient health status.
- Initial eligibility determined by standardized screening process.
- Final eligibility determination based on assessment of health care needs; value added by inclusion in program; and capacity of family to access, obtain and benefit from standard service package.
- Create a statewide registry of children with special health care needs.

### CARE PLANNING

- All eligible children receive a structured, standardized comprehensive assessment of health and family-risk.
- All eligible children receive an individualized shared-care plan, initial referrals, and guarantee of a medical home.

### MEDICAL HOMES

- Certified complex care clinics, special care centers, and community primary care practices that qualify may serve as medical homes.
- Medical home designation is accompanied by financial incentives tied to capacity to provide organizations essential services and quality of care.
- Medical homes responsible for annual reassessment and updating shared-care plan.

### CARE COORDINATION

- All individual practices and clinics serving eligible children have a designated staff to assist with referral and follow-up.
- Tiered care coordination services should be available and reimbursed appropriately.
  - Level I: Assistance with referral and follow-up.
  - Level II: Medical care management and occasional help with navigation and care coordination.
  - Level III: Intensive care coordination within the health care system and with other services.

## QUALITY ASSURANCE

- The state’s program for children with special health care needs certifies and monitors special care centers for quality of care. Medi-Cal is responsible for assuring the quality of care in other practices.
- Centers, clinics, and practices should receive technical assistance to continuously improve the quality of care.
- Payment should be aligned with quality.
- Data on quality—including data on patient/family experience, utilization, care process and outcomes, and cost—are regularly collected, analyzed, and made public.

## FAMILY-CENTERED CARE

- Families should be enabled to regularly and effectively participate in advising on programs and policies that affect their children’s health care.
- All providers serving children with special health care needs should have ready access to a reliable source of information on community services that can assist and support families.
- State health care and developmental disability programs should fund family-to-family support services.
- Payment policies should include coverage of support services and the use of technology that facilitate access to health care advice and services.

## POPULATION HEALTH

- State health care financing programs are jointly responsible for improving the health of the enrolled population by:
  - Using registries to monitor utilization and receipt of preventive care.
  - Adopting standard protocols for preventive care.
  - Regularly assessing patient experience.
  - Screening for social factors affecting health and receipt of health care.
  - Collaborating with other state and community departments and agencies.

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**ABOUT THE FOUNDATION:** The Lucile Packard Foundation for Children’s Health is a public charity, founded in 1997. Its mission is to elevate the priority of children’s health, and to increase the quality and accessibility of children’s health care through leadership and direct investment. The Foundation works in alignment with Lucile Packard Children’s Hospital Stanford and the child health programs of Stanford University School of Medicine.

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