

CCS County Measures Feedback Survey

Q7 CCS County Measure 3

Definition: Clients enrolled in CCS, in the identified ICD categories, will have a referral to a designated Special Care Center and an annual SCC Team Report. Provide recommendation to CCS County Measure 3 and/or enter your comments.

Answered: 32 Skipped: 6

#	Responses	Date
1	Yes, I agree	11/24/2015 2:33 PM
2	This measure is still a process rather than a quality measure. The implicit statement is that annual (at minimum) SCC visits for kids with complex conditions are a proxy for receipt of quality care. In that case I recommend inserting a timeframe for referral to ensure that children and youth are referred on a timely basis. I assume that could be compared to payment for the SCC visit to get a handle on how long it's taking for kids to get the SCC visit once they've been referred.	11/24/2015 1:57 PM
3	We would appreciate a list of identified ICD categories that require SCC referrals, it would make tracking them easier. Currently DCOS determines which of our clients require SCC SARS.	11/24/2015 12:03 PM
4	Language should be changed to: "Clients enrolled in CCS, in the identified ICD 10 categories, will have a referral to a designated Special Care Center and receive risk appropriate care including, at a minimum, an annual SCC Team Report."	11/24/2015 9:39 AM
5	Shewholeheartedly adheres to the Health Care Agency's Code of Conduct in the performance of her duties and, having completed the annual compliance training, she supports the ethical/professional standards of the Agency's Compliance Program. This being said, not every CCS eligible condition requires SCC intervention.	11/24/2015 9:14 AM
6	I recognize the need to use ICD categories - for billing/reimbursement - but, as a parent whose extremely medically fragile child was ineligible for an SCC Team (despite having ortho (including dysplasias and low muscle tone), cardio, GI (FTT, g-tube, slow emptying), vision, neurological and hearing issues). It would be nice to have had the benefit of a team able to cover some of the needs of future children with similar complexities.	11/23/2015 6:23 PM
7	Clients referred to SCCs often have only the primary specialist or NP reports as many SCCs do not have sufficient team members especially in rural northern ca.	11/23/2015 4:32 PM
8	referral to a designated Special Care Center, (add) followup or review of success of referral and an . . . Followup should be a call, review could be by record.	11/23/2015 3:02 PM
9	Lots of important words seem to be missing from this measure - such as an appropriate designated Specialty Care Center(s) (as it should be the correct one and many children have multiple needs). What is the purpose and impact of the report? How will it be used? A report, in and of itself, is not useful if it does not help to coordinate services, connect to community resources and help families get what they need. There is no measure of care coordination or family centered care or family satisfaction -- which should all be part of any data dashboard.	11/23/2015 12:27 PM
10	Currently the State has added a case note titled Annual Special Care and can run reports on case notes. For quality measures running a report that each ICD category had a SAR and at a minimum one completed Annual Special Care Center note listed. I would go as far to say that if you want to capture who was present to note it was a complete SCC visit with MD, RN, SW etc. the note could be modified to include a template for staff to complete. Right now we use the second entry line of case notes noting whether or not it is a complete SCC visit with the core team.	11/23/2015 11:35 AM
11	Referral timeliness is important but documentation of referral is not sufficient. We need to know how often referral actually occurred and we need quality measures to determine benefit of referral. The current performance appears to be under-resourced based on available data. Additionally, we need to reconcile reports and actual billing/reimbursement.	11/23/2015 11:34 AM
12	Looks good.	11/23/2015 11:17 AM

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13	A referral alone and annual SCC Team report are basic requirements. All Managed Medical Health plans must contract with SCCs, even outside their counties. All CCS clients must ALSO be designated to an existing CCS Special Care Center (SCC), and all SCC recommendations in the annual treatment plan AND recommendations that fall outside that annual plan must be fully implemented and reimbursed to the SCC. The SCC must retain authority for determining what is medically necessary (including prevention education) if the patient's care is co-managed by a Managed Medi-Cal Health Plan.	11/23/2015 10:57 AM
14	If this is going to be checked via a BO report I think this warrants a bit more research into when and why counties issue a SCC SAR. Also, as well how the ICDs are listed in CMSNet to ensure it can be captured for reporting.	11/23/2015 10:43 AM
15	Is this currently performed?	11/23/2015 10:41 AM
16	ICD 9 codes need to be updated to use ICD 10 codes. What is the rationale for limiting this performance measure to youth 18-20 years of age? Why not include all ages?	11/23/2015 10:27 AM
17	I agree	11/23/2015 8:28 AM
18	This measure should establish a timeframe for referral.	11/20/2015 4:48 PM
19	The current assigned PCPs may or may not be part of these designated Special Care Centers. Plans will need sufficient time to add the Special Care Center into the Plan processes. Plans request a more details on what will be required in the SCC Team Reports. Please clarify whether the report is based on the member's experience, or on information from the providers.	11/20/2015 2:27 PM
20	Special Care Centers are not submitting annual SCC team reports either because the child has not been seen due to high volume of children, lack of providers, missed appointments, or lost contacts.	11/20/2015 2:11 PM
21	This makes sense, but is an issue for families who have to travel long distances to a CCS center. Using Telemedicine would be helpful if it was reimbursed in this instance,	11/20/2015 3:26 AM
22	Clients enrolled in CCS, in the identified ICD categories, will have a referral AND APPROPRIATE ACCESS to a designated Special Care Center and an annual SCC Team Report	11/19/2015 10:00 PM
23	A list of paneled subspecialists and designated Special Care Centers should be available to families, and family choice needs to be incorporated into any and all referral process.	11/19/2015 11:31 AM
24	what will the procedure be when there is no local care center?	11/17/2015 8:54 PM
25	No change	11/16/2015 4:53 PM
26	It would be helpful for the CCS programs to have specifics listed of what is included in a team report- ie 3 providers seen or social worker and physician, in order to provide SCCs with specifics as well.	11/16/2015 2:34 PM
27	Agree	11/16/2015 11:45 AM
28	No comment.	11/16/2015 9:25 AM
29	The state and not the counties, should ensure SCC are meeting standards.	11/16/2015 9:17 AM
30	More specificity needed. What qualifies as a CCS Center? What is the minimum content of a Team Report? Subjective? Objective? What is the frequency of that report? How will benchmarking (by county, region, state) be used to improve quality?	11/16/2015 8:42 AM
31	This measure has been extremely difficult to count. With the exception of running a list of children with specific ICD codes, the rest of the count is manual. Each case has to be handled separately and most counties have to review 100 cases to achieve the sample size. If the first part can be automated, there could be verification of referral being made and improvements made with that information. The second part of the measure (SCC Team Rept.) is extremely time consuming to evaluate; the results are disappointing, and there is little or no opportunity at the program level to impact an improvement in the production or quality of the Team Report (since payment is no longer the "carrot/stick").	11/13/2015 5:31 PM
32	Please add to the end "dated within the last 12 months."	11/13/2015 5:00 PM