

California Children's Services Program Redesign

Redesign Stakeholder Advisory Board
Meeting #4

Focus: “Whole-Child Model”

June 22, 2015

Agenda

- 9:30-9:55** Registration, Gather and Networking
- 10:00-10:15** Welcome, Introductions, and Purpose of Today's Meeting
- 10:15-11:30** "Whole-child Model" Presentation and Discussion
- 11:30-12:15** Identification of Key Issues and Questions
- 12:15-12:45** Lunch
- 12:45-1:45** Small Group Session on Specific Topics
- 1:45-2:00** Break
- 2:00-3:15** Report Out from Small Group Discussions
- 3:15-3:55** Public Comment Period for Audience Members
- 3:55-4:00** Wrap-up and Next Steps

California Children's Services Redesign

Purpose for Today Introductions

Bobbie Wunsch, Pacific Health Consulting Group



California Children's Services Redesign

“Whole-Child Model”

DHCS Leadership



CCS Redesign Goals

- Implement patient and family-centered approach
- Improve care coordination through an organized delivery system
- Maintain quality
- Streamline care delivery
- Build on lessons learned
- Cost effective

DHCS CCS Redesign Proposal

- Whole-Child Model
 - Proposal Description
 - Feedback Process
- Ongoing Program Improvement
- Ongoing Stakeholder Engagement
 - Transition of RSAB to CCS Advisory Group, with ongoing quarterly meetings
 - Three Technical Workgroups

Whole-Child Delivery Model

- Organized delivery system with initial implementation in the five County-Organized Health Systems (COHS), and up to four Two-Plan Model Counties
 - Health plans will contract with children's specialty care providers and hospitals, develop an MOU with county CCS, and coordinate all primary and specialty care.
 - Health plans will be at full financial risk.
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Whole-Child Model Counties

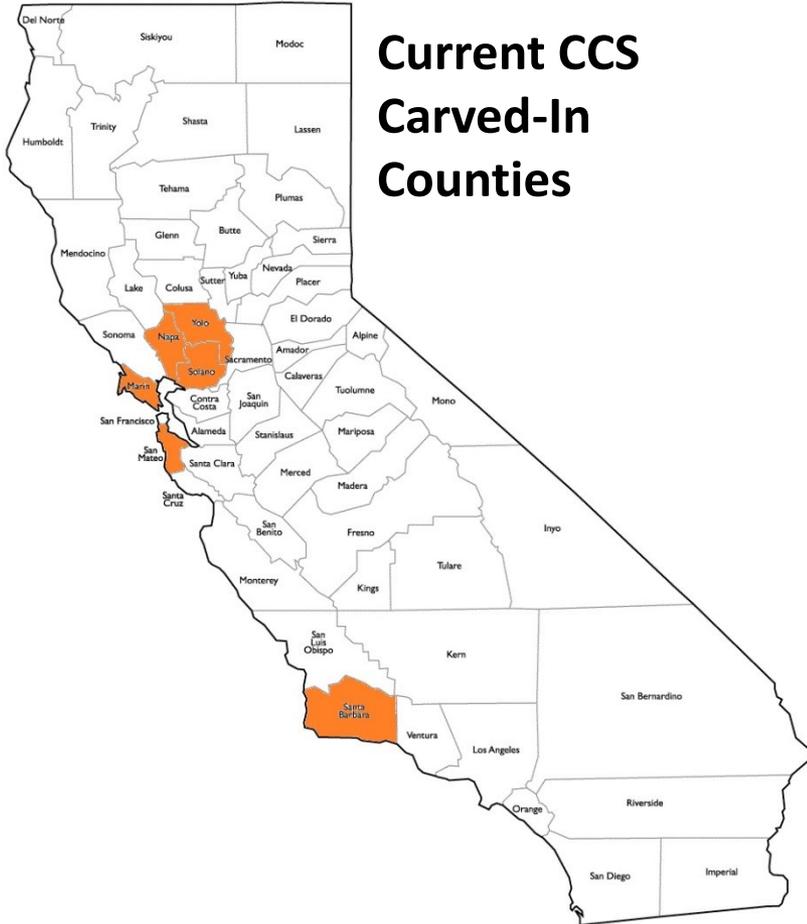
**Counties with current CCS
carve-in (6)**

Marin, Napa, San Mateo, Solano, Santa Barbara,
Yolo

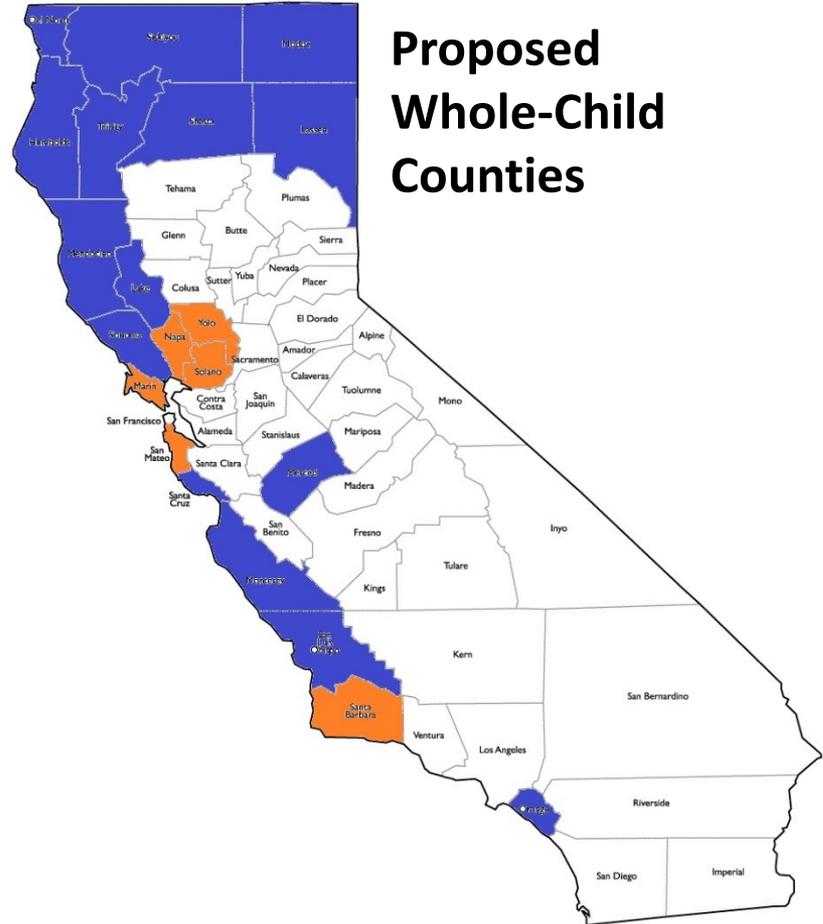
**Proposed additional CCS
Whole-child Counties (19)**

Del Norte, Humboldt, Lake, Lassen, Mendocino,
Merced, Modoc, Monterey, Orange, Santa Cruz,
San Luis Obispo, Shasta, Siskiyou, Sonoma,
Trinity, and up to four 2-plan model counties

Whole-Child Counties



**Current CCS
Carved-In
Counties**



**Proposed
Whole-Child
Counties**



Key Features of the Whole-Child Model

- Consumer Protections:
 - Continuity of care requirements
 - Network adequacy requirements
 - Readiness reviews and ongoing quality and access monitoring
- Maintain CCS core program infrastructure (e.g. the provider paneling process)
- Continue fully integrated models
- Include CCS Medi-Cal, former Healthy Families, and CCS State-only populations
- Develop comprehensive CCS quality measures and data reporting system

Readiness Requirements and Consumer Protections

- Evidence of adequate network of CCS-paneled providers
- Policies & procedures regarding access to out-of-network specialty care
- Inclusion of CCS provider standards
- CCS family advisory committees for each county
- Enhanced care coordination protocol

Key Readiness Requirements (cont.)

- **Enhanced care coordination protocols:**
 - Primary, specialty, inpatient, outpatient, mental health, and behavioral health services.
 - Health Homes (medical homes); partnerships with providers
 - Initial health assessment and annual reassessment
 - Care plan for each child
 - Interdisciplinary care teams
 - Transition planning and support
 - Referrals/coordination with mental health, behavioral health, IHSS, Regional Centers, Medical Therapy Program, community services.

Key Readiness Requirements (cont.)

- Evidence of culturally and linguistically appropriate resources and readiness
- Policies around transitions, for both initial enrollment and aging out
- Integrated electronic health records
- Policies & procedures regarding access to grievance and appeal process

County Roles & Medical Therapy Program

- Responsibility for care coordination and service authorization would shift from counties to health plans in Whole-Child Model counties.
 - County-specific structure developed via MOU with health plan.
 - DHCS will work collaboratively with counties on accounting process for Whole-Child Model.
 - MOU would support local partnerships around Medical Therapy Program.
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Whole-Child Model Feedback Process

- DHCS website has link to online feedback form
 - Feedback form has open-ended text box for comments/proposed revisions on each Section of Whole-Child Model document.
 - Comments due July 3, 2015
 - Comments will be compiled and posted on DHCS website, and discussed at July 17, 2015 CCS Redesign stakeholder meeting.

Program Improvement and Continued Stakeholder Engagement

- **CCS Advisory Group**
 - Whole-Child Model readiness standards, implementation
 - Program Improvement in all counties
- **Technical Workgroups**
 - Care Coordination, Medical Homes, and Provider Access
 - Data and Performance Measures
 - Eligible Conditions

Implementation Timeline

Phase 1: June 2015 – December 2016

- Stakeholder discussions and development of detailed health plan requirements, quality measures, contracts, and readiness criteria.
- County-Health Plan MOUs developed.
- Evaluation of applications of interest in Two-Plan model counties.
- Program Improvement efforts continue.

Phase 2: January – July 2017

- Initial phased-in implementation begins in COHS counties, pending readiness review.
- Ongoing quality monitoring and reporting.
- Assess initial implementation and feedback from families and stakeholders.

Implementation Timeline (cont.)

Phase 3: July 2017 – December 2018

- Incorporate feedback from assessment of initial implementation.
- Initial phased-in implementation begins in Two-Plan Model counties, pending federal approval and readiness review.
- Ongoing quality monitoring and reporting.
- Stakeholder discussions around Whole-Child Model effectiveness, and potential changes for implementation in additional counties.

Phase 4: January 2019 - Ongoing

- CCS carve-out sunsets in remaining counties.
- Consider potential implementation of the Whole-Child Model in additional counties.

Whole-Child Model

Questions?

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Identification of Key Issues and Questions

Bobbie Wunsch, PHCG



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Lunch

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Small Group Discussion

Bobbie Wunsch, PHCG

Breakout Group Questions

1. What do you recommend as components of readiness assessment for health plans with the new CCS Whole-Child Model?
2. How can health plans most effectively incorporate whole-child values into their plan? How can partnerships with providers, county CCS, county mental health, regional centers, and other organizations be enhanced?
3. What roles can the CCS family advisory committee in each county play? What key issues could the family advisory committee address: feedback on health plan access and continuity of care requirements; feedback on requirements around culturally and linguistically appropriate resources and readiness, including physical access; any other issues?
4. What components should be included in the county-health plan MOUs, around CCS care coordination and service authorization, given that the transition approaches may vary by county? Any other issues?
5. What do you recommend as key health plan requirements around care coordination, such as medical homes, initial assessment and reassessment, care plans, interdisciplinary care teams?
6. What topics should be addressed for ongoing CCS Program Improvement efforts in the next six months, particularly in counties that will not be part of the initial transition to managed care? For example, care transitions, DME access, behavioral health collaboration, regional centers, etc. Which of the topics identified are of the highest priority?

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Break

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Report Out from Small Group Discussions

Bobbie Wunsch, PHCG



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Public Comment Period for
Audience Members

Bobbie Wunsch, PHCG



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Wrap-Up and Next Steps

DHCS Leadership



Information and Questions

- For CCS Redesign information, please visit:
 - <http://www.dhcs.ca.gov/services/ccs/Pages/CCSStakeholderProcess.aspx>
- Please contact the CCS Redesign Team with questions and/or suggestions:
 - CCSRedesign@dhcs.ca.gov
- If you would like to be added to the DHCS CCS Interested Parties email list, please send your request to:
 - CCSRedesign@dhcs.ca.gov