Medical Home Group

1. Increase # of family centered medical homes
    a. Define criteria for a medical home in action plan
2. Change the financial model for MediCal and CCS to include appropriate reimbursement
3. Reassess CCS eligibility
4. Increase the use of technology

Organization of Services

5. Have CCS cover whole child (instead of just CCS condition)
    a. Development of care plan
    b. Care coordination across systems/partnerships with other services like RCs, Special Ed, Mental Health
    c. Regionalization of services and administration
6. Work with MediCal @ state to resolve admin problems with CCS
    d. Eg. To eliminate auto referrals of kids to CCS, waits for CCS denials, and arguments about who pays that may result in delayed care
7. Develop/implement IT solutions to facilitate care for CCS children and increase efficiency and quality of care and yield data for fiscal and outcomes analysis

Insurance Coverage

8. Implement/maintain system of standards of service for all kids with CCS medical eligible conditions regardless of insurance coverage
9. Increase access to CCS services by increasing financial eligibility limit to 250% of FPL
10. Create whole childe coverage for children w/o documentation

Transition

11. Mandatory parent education/communication with checklists
    a. Include developmental transitions as well as transition out of the program
12. Identify who needs transition help
    b. Use LA model to identify those with most need
13. Extend age limits
14. Increase capacity for adult care

Family Centered Care & Cultural Competency

15. Increase family partnership in decision making AT ALL LEVELS including a state-funded diverse CCS parent advisory committee at the state level to ensure improved satisfaction of CCS services
16. Increase family access to general educational information which includes eligibility criteria, services provided, accessing services, and case management, and ensure families understand the information
17. Establish an Individualized CCS Plan (ICCSP) for each eligible child. Plan will include:

a. Case management: accessing services, navigating services, coordinating services, goal setting
b. Referral to services and resources offered by health plans, Family Resource Centers, Support Groups, etc.
c. All aspects of ICCSP include cultural competency i.e. translation, interpretation, ADA compliance

18. Establish dedicated funding to employ a parent health liaison at the county level to help CCS families navigate the system, with a particular focus on non-English speaking families