

CCS Title V Needs Assessment – Key Informant Interview

(For Interviewers)

Program Strengths

1. Reports on the CCS program prepared by Health Management Associates and the California Health Care Foundation, as well as comments from CCS Needs Assessment Stakeholder group indicate that there are many positive attributes of the CCS program, that we have grouped into 3 areas, including:

ACCESS

- the regionalization of the programs increases access to quality specialty care
- providing CCS children with access to the same centers of excellence that privately insured children have
- good coverage for medical equipment when compare to other states
- access to newborn genetic or hearing screening and automatic referrals
- providing children with comprehensive services for their CCS conditions
- Maintaining access to services by keeping reimbursement outside of managed care

LOCAL PROGRAMS/PROVIDERS

- local nurse case managers
- partnerships with county programs and providers; openness to parent inputs
- partnerships between schools, regional centers and CCS Programs with the Medical Therapy Program
- setting standards of care for providers and hospitals

FAMILIES/CONTINUITY

- Support for family advisory groups in CCS Programs

Do you generally agree that these are program strengths?

Are there any other particular strengths of the program that we should know about?

2. Many of our stakeholders have stated that CCS's role as a certifier and in setting standards in one of the strengths of the CCS program. Do you agree with assessment?

(If "Yes") How can the CCS program maintain its role setting standards?

(If "No") How could the CCS program improve its role setting standards?

3. How do the CCS standards function and what do they accomplish?

Access to Care

4. CCS has been having increasingly more trouble recruiting medical specialists to care for California's growing CCS population. From your perspective, what are the major barriers to medical providers participating in CCS program?

(follow-ups: Is having to get a Medi-Cal Number a big problem?
(if "Yes") Why is this a problem?

Are there delays in enrolling providers for participation in CCS?
(if "Yes") How could these delays be reduced? How do provider rates impact this issue?

5. What could be done to help overcome ... (*specify each of these barriers interviewee identified*)?
6. Administrative inefficiencies often act as barriers to recruiting and maintaining providers in the CCS Network. Are there challenges in getting authorizations or payment for specialty services through the CCS program?

(If "Yes") What kinds of challenges? What could be done to improve this situation?

(If "Yes") What are the effects of inefficiencies on families?
7. In many areas of California, CCS families rely on local primary care physicians (pediatricians and family practitioners) for routine medical care when their specialty care is provided in children's hospitals or other special regional hospitals far from their homes. We've heard that some families and many specialists hold the view these primary care providers aren't qualified to care for CSHCN. It has also been noted that training programs for PC physicians don't include skills needs for caring for this population. What are your thoughts on this subject? And do you think that training these PCPs should be a focus of State CCS in the future?
8. We've heard that most trained providers who care for adults don't have the training to care for those that have aged out of the CCS program. Do you agree with this assessment?

Do you have any ideas about what could be done to increase the number of providers for transitioning kids?

(Probe: Is this because of not knowing how to bill or complete claims?)

9. What are barriers to adequate transition planning?

10. Are there problems accessing services or gaps in coverage as a result of a client moving from one payer to another?

(If “Yes”) What could be done to address these gaps?

Access to Durable Medical Equipment (DME)

11. A survey done in 14 counties in 2007 found that CCS clients have trouble accessing durable medical equipment. Are you still hearing about CCS clients having this problem?

(If “Yes”) Do you have any ideas about the cause of this problem and potential solutions?

Case management/Care Coordination:

Both counties and some tertiary medical center providers have told us that they provide case management for CCS clients.

12. From your perspective, who is providing medical case management for CCS clients?

Who is providing social support and related case management for CCS clients?

13. What are the elements of case management within local CCS programs?

(If talking to parents) What case management has your child received from CCS?

14. What could the CSS program do to improve case management and make it more effective?

15. What could be done to improve case management and make it more effective in other settings?

Would providing medical case management through the tertiary medical centers/special care centers be more efficient and effective?

16. Have you observed or experienced variability in the amount and quality of case management in different counties?

(If “Yes”), do you have an idea about why there are county to county differences?

17. From your perspective, how does the carving out of a child’s CCS medical condition impact the continuity of and coordination of care and services for the child?

Are there any strategies you can suggest for improving the continuity of and coordination of care and services where there is a carved out system?

CCS Administration

18. Do you think that there is a lack of consistency in the application of CCS rules and regulations across counties?

(If “Yes”) What impact, if any, does this have on access to CCS services?

19. Do you think that there should be any changes in the medical eligibility guidelines for CCS? If so, what changes should be made?

20. Do you think that there should be any changes in the financial eligibility guidelines for CCS? If so, what changes should be made?

Funding

21. We acknowledge that due to the recessions counties are experiencing a tremendous drop in revenue, from both federal and state allocations, as well as local property taxes. With this decline in revenue coupled with an increase in demand, some counties are questioning their ability to continue to fund 50% of CCS-only diagnostic and treatment services at the current level, which is now at about twice the amount of the Maintenance of Effort level from 1991 Realignment Legislation. What are your thoughts on this issue and how it might be addressed?

22. Are Medi-Cal reimbursement rates (the rates that used to reimburse for CCS authorized services) for clinical care, diagnostic tests and durable medical equipment appropriately structured to support optimal care?

(Probe – For example, do the rates encourage more use of inpatient instead of outpatient care?)

Are there unintended and possibly negative consequences as to the way the reimbursement rates are structured? *(If yes)* Please describe such unintended consequences.

23. We are told that the MTUs have increasing number of children eligible for services but capped funding from the state. Do you have any ideas on how to address this issue?

Satisfaction with services

24. How could services be more family centered?

(Probes): Are there ways to help doctors make parents feel like partners in the child's care decisions?

In what ways could services be better organized to meet the emotional, social and developmental needs of children?

How could the CCS program better integrate the strengths and priorities of CCS families into all aspects of the service system?

Other Issues

25. We've discussed a lot issues regarding the CCS program. Are there any particular challenges that the program is facing that we haven't discussed?

(If "Yes") Please tell me a bit about more about these challenges and if you have any suggested solutions that should be implemented.

26. Are there any particular challenges that CCS clients and families are facing that the CCS program isn't currently addressing but should address?