

CCS Needs Assessment Survey for CCS Administrators, Hospitals, and

1. Introduction

The Family Health Outcomes Project at the University of California, San Francisco, is conducting a Needs Assessment of the California Children's Services (CCS) Program, under the Children's Medical Services Branch. Data gathered from this survey will be used to help set priorities for the CCS program for the next 5 years. We have collected a lot of information about what works well in the CCS program and now are conducting this survey to gather more information to help determine priorities for improving the program. We are also gathering information on issues such as Medi-Cal which aren't under the control of CCS but may impact the CCS program and its clients and providers.

We understand how valuable your time is so we have structured this survey to skip you through questions that might not apply to you. Thank you for taking the time to complete this survey and sharing your opinions with us.

If you are a practicing physician, please follow this link to be taken to the physician survey:

<http://www.surveymonkey.com/s/N88D8QG>

* 1. What is your current position?

County CCS Program administrator/manager or Medical Consultant

MTP administrator/manager

Hospital administrator/manager/staff

Health Plan administrator/manager/staff

None of the above (specify below)

Other (please specify)

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2. What county(counties) do you work in or provide services for? (Check all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Marin | <input type="checkbox"/> San Mateo |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Santa Clara |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Merced | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Modoc | <input type="checkbox"/> Shasta |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Mono | <input type="checkbox"/> Sierra |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Monterey | <input type="checkbox"/> Siskiyou |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Napa | <input type="checkbox"/> Solano |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Nevada | <input type="checkbox"/> Sonoma |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> Orange | <input type="checkbox"/> Stanislaus |
| <input type="checkbox"/> Glenn | <input type="checkbox"/> Placer | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Humboldt | <input type="checkbox"/> Plumas | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Imperial | <input type="checkbox"/> Riverside | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Inyo | <input type="checkbox"/> Sacramento | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Kern | <input type="checkbox"/> San Benito | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Kings | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Lake | <input type="checkbox"/> San Diego | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Lassen | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Yuba |
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> San Joaquin | |
| <input type="checkbox"/> Madera | <input type="checkbox"/> San Luis Obispo | |

2. Participation in CCS

Note: Physicians who participate with the CCS Program are reimbursed at the Medi-Cal rate set by the state with an additional increase when providing treatment for a child's CCS eligible condition.

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3. Please rate how much the following factors impact physicians' participation or lack thereof in the CCS program:

	Major barrier	Somewhat of a barrier	Slight barrier	Not a barrier	Don't Know/Not Sure
a. Lack of knowledge about the CCS Program and how to participate	jñ	jñ	jñ	jñ	jñ
b. Low Medi-Cal outpatient reimbursement rates for care of CCS children	jñ	jñ	jñ	jñ	jñ
c. Delays in payments for the services provided to CCS children	jñ	jñ	jñ	jñ	jñ
d. Time consuming and difficult paper work to complete to get reimbursed	jñ	jñ	jñ	jñ	jñ
e. Having to get a Medi-Cal number	jñ	jñ	jñ	jñ	jñ
f. Process and length of time to get a Medi-Cal number	jñ	jñ	jñ	jñ	jñ
g. Having to be CCS-paneled provider	jñ	jñ	jñ	jñ	jñ
h. Process and length of time to be a CCS-paneled provider	jñ	jñ	jñ	jñ	jñ
i. The complexity of care needed by CCS children and the increased time it takes to care for them	jñ	jñ	jñ	jñ	jñ
j. The need to coordinate services for CCS children and the lack of information on how to do it	jñ	jñ	jñ	jñ	jñ
k. Lack of knowledge about resources for CCS children	jñ	jñ	jñ	jñ	jñ
l. Lack of medical training or expertise on how to treat/or expertise for serving children with special health care needs	jñ	jñ	jñ	jñ	jñ
m. Lack of a specialist to easily consult for advice in caring for children with special health care needs	jñ	jñ	jñ	jñ	jñ
n. Medi-Cal Health plans do not pay enhanced rate for the primary care services for children in CCS	jñ	jñ	jñ	jñ	jñ
o. Lack of knowledge about the CCS Program and how to participate	jñ	jñ	jñ	jñ	jñ
p. Other (please describe below)	jñ	jñ	jñ	jñ	jñ

Other barriers - please specify

5

6

Please indicate how much you agree or disagree with the following statements about MEDI -CAL.

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4. Physicians are concerned that having a Medi-Cal number will lead to their practices becoming financially unsustainable due too many Medi-Cal patients and the low reimbursements paid for care for Medi-Cal patients.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

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5. Please indicate how much you agree or disagree with the following suggestions to increase physician participation with CCS

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know/Not Sure
a. Increase the reimbursement rates paid to physicians to care for CCS clients.	jñ	jñ	jñ	jñ	jñ
b. Ensure that there are staff at the Medi-Cal fiscal intermediary that are familiar with CCS to process claims for providing services to CCS clients.	jñ	jñ	jñ	jñ	jñ
c. Primary care physicians should receive more training on how to handle common subspecialty problems such as diabetes.	jñ	jñ	jñ	jñ	jñ
d. Create training opportunities on CCS and caring for CSHCN in pediatric and family medicine residency programs and adolescent medicine fellowships.	jñ	jñ	jñ	jñ	jñ
e. Work with professional organization such as the Children's Specialty Care Coalition, the California affiliate of the American Academy of Pediatrics, the California Academy of Family Physicians and others to identify ways to further educate physicians about participating in the CCS program.	jñ	jñ	jñ	jñ	jñ
f. Work with professional medical associations to offer continuing education on caring for children with special health care needs	jñ	jñ	jñ	jñ	jñ
g. Streamline the process for CCS providers of having to re-apply for a Medi-Cal number when the provider moves.	jñ	jñ	jñ	jñ	jñ
h. The CCS paneling process should be done concurrently with the Medi-Cal approval process and should be completed in a reasonable timeframe, particularly if staff privileges have been granted at a CCS approved regional tertiary center.	jñ	jñ	jñ	jñ	jñ
i. Provide assistance to physicians to help with getting CCS paneled	jñ	jñ	jñ	jñ	jñ
j. Provide ongoing assistance with authorizations and billing for services once physicians are paneled.	jñ	jñ	jñ	jñ	jñ
k. Better align Codes and reimbursement rates to allow for outpatients tests and procedures where appropriate	jñ	jñ	jñ	jñ	jñ
l. Managed Care plans should provide enhanced rates for the primary care services for children with CCS eligible conditions.	jñ	jñ	jñ	jñ	jñ
m. Other (specify below)	jñ	jñ	jñ	jñ	jñ

Other - please specify

5

6

Please indicate how much you agree or disagree with the following statements.

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6. Children with CCS conditions need increased access to primary care providers to decrease ER visits and hospitalization.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

3. CCS Administration

Please indicate how much you agree or disagree with the following statements related to administering the CCS program.

7. It would be very helpful if the Medi-Cal fiscal intermediary developed a system of edit checks within the electronic billing system so that errors can be found in claims (i.e. boxes that weren't completed that need to be) before claims are submitted for payment.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

8. The fiscal intermediary should detect and identify ALL errors in a claim before sending it back.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

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9. When you submit claims for payment for services for a patient's CCS eligible conditions, how often are the claims rejected by the Medi-Cal fiscal intermediary?

- a. Never
- b. Less than 25% of the time
- c. 25-50% of the time
- d. 50 to 75% of the time
- e. More than 75% of the time
- f. Don't Know/Not Sure
- g. Does not apply - my program/organization does not submit claims

Please indicate how much you agree or disagree with the following statements.

10. The State should work with high-volume CCS provider hospitals to provide access for county CCS programs to electronic medical records, for example, through a physician portal, to facilitate eligibility determinations and authorizations.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

11. Hospital liaisons teams (nurse and eligibility worker) on site at hospitals should be able to access the records to facilitate authorizations and discharge.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

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12. CCS should work with others to expand the technological infrastructure to allow more medical and DME providers to access to status of submitted authorizations.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

13. Please indicate how much you agree or disagree with the following statements about monitoring CCS standards.

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know/Not Sure
a. CCS standards should be monitored and enforced by paid consultants who are experts in the field for which they are monitoring standards.	<input type="radio"/>				
b. CCS standards should be monitored and enforced by local county CCS staff.	<input type="radio"/>				
c. CCS standards should be monitored and enforced by state CCS staff.	<input type="radio"/>				
d. A regional system should be developed for monitoring and enforcing CCS standards.	<input type="radio"/>				

4. Case Management in County CCS Programs

* 14. Are you a County CCS program administrator or staff member?

- Yes
- No

5. Case Management in CCS County Programs

15. Does your county use standardized case management protocols?

- Yes
- No
- Don't Know/Not Sure

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16. Please indicate which elements of case management are regularly provided to children covered under CCS in your county:

	Yes	No	Don't know/Not Sure
a. Determination of financial and residential eligibility	jñ	jñ	jñ
b. Coordination with Medi-Cal Managed Care and Healthy Families plans	jñ	jñ	jñ
c. Authorization of services	jñ	jñ	jñ
d. Assure children get to appropriate provider for delivery of health care services at the appropriate time/place place.	jñ	jñ	jñ
e. Make referrals for specialty care	jñ	jñ	jñ
f. Assure completion of specialty referrals	jñ	jñ	jñ
g. Coordinate the process of getting DME	jñ	jñ	jñ
h. Convene face to face case management meetings with providers	jñ	jñ	jñ
i. Convene case management meetings over the phone with providers	jñ	jñ	jñ
j. Read medical reports	jñ	jñ	jñ
k. Work with parents to help/assist them to become more independent and advocate for their child	jñ	jñ	jñ
l. Coordinate between parents and providers	jñ	jñ	jñ
m. Make referrals for other services need by the family, such as in-home support and respite care	jñ	jñ	jñ
n. Make referrals for other social and mental health services	jñ	jñ	jñ
o. Make referrals for educational services	jñ	jñ	jñ
p. Authorizing and paying for care but only care the for treatment of the medically eligible condition or complications of the condition	jñ	jñ	jñ
q. Development of provider standards and assuring adherence to provider standards	jñ	jñ	jñ
r. Approve providers for participation	jñ	jñ	jñ
s. Choosing the appropriate provider for authorization	jñ	jñ	jñ
t. Coordinate with other agencies	jñ	jñ	jñ
u. Coordinate with Special Education and/or Regional Centers	jñ	jñ	jñ
v. Transition planning with CCS clients who are aging out the the program	jñ	jñ	jñ

17. What is the average size of the case load for CCS Case Managers in your County?

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18. Please rate how much you agree or disagree with the following statements about realignment:

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know/Not Sure
a. The state should re-examine the current realignment structure and consider adjustments, e.g., returning to the 25% county share of costs for CCS that existed prior to realignment in 1991	jñ	jñ	jñ	jñ	jñ
b. The baseline formula for determining statutory maintenance-of-effort funding requirement for counties needs to be update to reflect program costs in 2010.	jñ	jñ	jñ	jñ	jñ

6. Case Management

19. Who should be able to provide case management for children enrolled in CCS? (Check all that apply)

- a. Certified case managers
- b. RN, PHN, Medical Consultants, Social workers
- c. Specially trained, but unlicensed staff
- d. Other - (specify below)

Other - please specify

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20. Please rate the helpfulness of the following suggestions for improving case management.

	a. Very Helpful	b. Helpful	c. Only a little Helpful	d. Not helpful
a. Have counties use standardized case management protocols	jñ	jñ	jñ	jñ
b. Create case management teams including county CCS administrative and MTP staff, specialist providers, HMOs/Health Plans, Regional Centers, and special education	jñ	jñ	jñ	jñ
c. Implement condition-based case management teams, and use a 2-tiered approach to differentiate between children who need lots of case management and those that need little or none.	jñ	jñ	jñ	jñ
d. Use technology to bring case management teams together, such as virtual case meetings and conference calls.	jñ	jñ	jñ	jñ
e. Have counties hire and pay case managers but have them work at Special Care Centers.	jñ	jñ	jñ	jñ
f. Case management should happen at the child's medical home.	jñ	jñ	jñ	jñ
g. Implement electronic health information exchanges.	jñ	jñ	jñ	jñ
h. Provide family navigators in hospitals to help parents when kids are very sick.	jñ	jñ	jñ	jñ

21. Please indicate how much you agree or disagree with the following statements about case management:

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know/Not Sure
a. County CCS staff can do the best job at case management since they are familiar with local providers and other resources.	jñ	jñ	jñ	jñ	jñ
b. For the children receiving the majority of their care at Special Care Centers, it would be more effective and efficient to have the Special Care Centers do the case management and care coordination of these children.	jñ	jñ	jñ	jñ	jñ

7. Organization of CCS services

Please indicate how much you agree or disagree with the following statements.

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22. It is more efficient and effective to have one system of care, including primary care providers and specialty providers, caring for ALL of the health needs of children with CCS-eligible conditions (care for the whole child) instead of having CCS providers give care for ONLY the CCS-eligible conditions.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

23. Carving out children's care for and coverage of CCS-eligible medical conditions from their health plans (that is, care for the CCS-eligible conditions is not the responsibility of their health plan) has been important for improving the quality of care for their CCS-eligible conditions.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

24. Case management and care coordination are more difficult where services are carved out (that is, care for the CCS-eligible conditions is not the responsibility of the health plan).

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

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25. Continuity of care is harder when the CCS-eligible condition is carved out (that is, care for the CCS-eligible conditions is not the responsibility of the health plan).

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

26. When care for the CCS child is divided, with care for the CCS-eligible condition being the responsibility of CCS and the rest of the child's health care needs being covered by the child's health plan, it creates confusion about who is accountable for paying for services, CCS or the child's health plan.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

27. When care for CCS-eligible conditions is carved in to a child's health plan (that is, care for the CCS-eligible conditions is the responsibility of their health plan), payment is inadequate to cover the services provided

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

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28. It is a problem for providers that children with Healthy Families do not have retroactive eligibility for CCS conditions the way that children covered Medi-Cal do.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

29. When care for CCS-eligible conditions is carved in to a child's health plan (that is, care for the CCS-eligible conditions is the responsibility of their health plan), children have difficulty getting access to the CCS approved specialty services the child needs.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

30. When care for CCS-eligible conditions is carved out of health plans (that is, care for the CCS-eligible conditions is not the responsibility of the health plan), it creates the incentive for health plans to try and identify conditions as CCS-eligible so CCS will have to cover the cost of treatment.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

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31. If CCS services were integrated into Medi-Cal managed care plans, the CCS program, CCS standards, and CCS guidelines and special care centers would be compromised.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

32. Special Care Centers should hire primary care providers (physicians and nurse practitioners) to provider primary care services to CCS clients.

- Agree Strongly
- Agree Somewhat
- Disagree Somewhat
- Disagree Strongly
- Don't Know/Not Sure

33. CCS should panel nurse practitioners working at the special care centers under the guidance of a CCS-paneled physician.

- Agree Strongly
- Agree Somewhat
- Disagree Somewhat
- Disagree Strongly
- Don't Know/Not Sure

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34. CCS should work with primary care physicians and care coordinators to develop approaches (such as implementing enhanced medical homes) that could decrease ER visits and hospitalizations for CCS children.

- Agree Strongly
- Agree Somewhat
- Disagree Somewhat
- Disagree Somewhat
- Don't Know/Not Sure

35. CCS should re-examine CCS eligibility criteria for NICU care.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

36. If an infant needs care in a NICU, that care should be covered under CCS, regardless of whether the infant has a CCS-eligible condition.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

37. NICU care for infants should only be covered by CCS if the infant has been diagnosed with a CCS-eligible condition, otherwise the cost of the NICU care should be covered by the child's health plan.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

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38. There should be capitated rates for NICU coverage.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

39. The State should re-examine medical eligibility for CCS to focus on longer term conditions that need intensive case management and care coordination.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

40. There may be small variations between counties in medical eligibility determinations, but this does not create significant problems.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

41. There is significant variation in the amount of money counties are willing or able to spend serving CCS patients.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

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42. Medical eligibility determinations should be made at a regional or statewide level instead of by Counties' CCS Medical Eligibility consultants.

- a. Agree Strongly
- b. Agree Somewhat
- c. Disagree Somewhat
- d. Disagree Strongly
- e. Don't Know/Not Sure

8. Durable Medical Equipment (DME) and Hospitals/Health Plans

This set of questions is on durable medical equipment from the perspective of Hospital Administrators and Health Plans.

* 43. Are you a Hospital Administrator or a staff member of a Health Plan?

- Yes
- No

9. Durable Medical Equipment (DME)

44. Please tell us how often, if ever, the following present problems for your patients:

	Not a problem	Only rarely a problem	Occasionally a problem	Frequently a problem	Don't Know/Not sure
a. Too few DME providers being available due to low reimbursement rates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. DME providers refusing to provide certain kinds of equipment due to low reimbursement rates for that equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Client discharges being delayed because of delays in getting DME (e.g. ventilators, apnea monitors, wheel chairs).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hospitals or families having to purchase DME so that clients can be discharged in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Clients missing school due to delays in getting or repairing needed DME.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Transition Planning

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45. Please tell us how easy it is for youth/young adults who have aged out of CCS to find a new specialty care provider when if one is needed?

- Very Easy
- Somewhat Easy
- Somewhat Hard
- Very Hard
- Don't Know/Not Sure

46. Do you or does your organization have a discussion about transition with your CCS clients and their families as they get ready to age out of the system?

- Yes
- No
- Don't Know/Not Sure

47. Please rate how a big a barrier to successfully transitioning CCS patients into adult care each of the following are:

	Major barrier	Somewhat of a barrier	Slight barrier	Not a barrier	Don't Know/Not Sure
a. Lack of funding for transition planning	<input type="radio"/>				
b. Lack of access to appropriate adult health care providers	<input type="radio"/>				
c. Lack of training for adult clinicians in care for particular special care needs that transitioning youth have	<input type="radio"/>				
d. Lack of communication between old CCS providers and new adult providers	<input type="radio"/>				
e. Lack of clinical guidelines for care of special health care needs	<input type="radio"/>				
f. Lack of case management and coordination services once the patient transitions out of CCS	<input type="radio"/>				
g. Burdensome procedures for access to insurance	<input type="radio"/>				

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48. To encourage doctors who care for adults to take CCS clients that have aged out of the CCS program, please tell us how helpful it would be:

	Very Helpful	Helpful	Only a little Helpful	Not helpful	Don't Know/Not Sure
a. If these clients have the skills or supports they need to effectively manage their care?	jn	jn	jn	jn	jn
b. If the adult providers were given a prepared medical summary of the patient?	jn	jn	jn	jn	jn
c. If the adult provider had easy access to Regional Center, Special Care Center, school, CCS and pediatric records?	jn	jn	jn	jn	jn
d. If the adult provider were offered training, funding, and resources to help you care for these patients?	jn	jn	jn	jn	jn
e. If these clients have insurance that covers the cost of their care and coordination?	jn	jn	jn	jn	jn
f. If there is someone the adult provider can go to for consultation?	jn	jn	jn	jn	jn

11. Medical Therapy Program

49. Please indicate how much you agree or disagree with the following statements about the Medical Therapy Program (MTP). (If you are not familiar with the Medical Therapy Program, please go to question #50 on the next page).

	Agree Strongly	Agree Somewhat	Disagree Somewhat	Disagree Strongly	Don't Know/Not Sure
a. To maximize the number of children served in the Medical Therapy Program (MTP), the program should have strict attendance policies so that staff can make families that frequently miss therapy appointments become ineligible to receive MTP services for a certain period of time and must reapply.	jn	jn	jn	jn	jn
b. MTP should extend the hours they are open to provide services to better accommodate families.	jn	jn	jn	jn	jn
c. MTP should explore doing therapy in groups where possible to more efficiently use resources.	jn	jn	jn	jn	jn
d. Transportation to therapy appointments is a problem.	jn	jn	jn	jn	jn
e. Other options beside school buses should be explored for transportation to therapy appointments.	jn	jn	jn	jn	jn

12. Final Comments and Thank you!

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50. Please use this space to share any other comments you want to make about the CCS program.

Thank you for taking the time to complete this survey. If you have any questions or additional comments about the survey, please call the Family Health Outcomes Project at UCSF at 415-476-5283.