

Number and Percent of Children Requiring Special Care Center (SCC) Services for a Select Diagnoses* and Number and Percent Authorized, by County, 2009

County	Children Who Require SCC Services*	Children Authorized to SCC*	Percent of Children Authorized to SCC
Alameda	1345	969	72.0%
Alpine	1	1	100.0%
Amador	27	21	77.8%
Butte	245	148	60.4%
Calaveras	28	14	50.0%
Colusa	35	27	77.1%
Contra Costa	677	524	77.4%
Del Norte	32	13	40.6%
El Dorado	156	86	55.1%
Fresno	2051	1034	50.4%
Glenn	49	23	46.9%
Humboldt	216	172	79.6%
Imperial	420	123	29.3%
Inyo	25	13	52.0%
Kern	1585	952	60.1%
Kings	233	133	57.1%
Lake	81	56	69.1%
Lassen	28	12	42.9%
Los Angeles	865	700	80.9%
Madera	279	162	58.1%
Marin	121	111	91.7%
Mariposa	14	9	64.3%
Mendocino	170	99	58.2%
Merced	639	315	49.3%
Modoc	13	8	61.5%
Mono	22	11	50.0%
Monterey	838	444	53.0%
Napa	108	85	78.7%
Nevada	78	42	53.8%
Orange	3531	2105	59.6%
Placer	255	146	57.3%
Plumas	13	3	23.1%
Riverside	2913	1869	64.2%
Sacramento	1779	1079	60.7%
San Benito	84	30	35.7%
San Bernardino	3134	2232	71.2%
San Diego	3059	1740	56.9%
San Francisco	445	345	77.5%
San Joaquin	1238	543	43.9%
San Luis Obispo	263	170	64.6%
San Mateo	493	287	58.2%
Santa Barbara	562	272	48.4%
Santa Clara	1828	699	38.2%
Santa Cruz	778	303	38.9%
Shasta	239	134	56.1%

County	Children Who Require SCC Services*	Children Authorized to SCC*	Percent of Children Authorized to SCC
Sierra	6	3	50.0%
Siskiyou	74	36	48.6%
Solano	245	216	88.2%
Sonoma	455	337	74.1%
Stanislaus	993	378	38.1%
Sutter	140	100	71.4%
Tehama	102	56	54.9%
Trinity	12	7	58.3%
Tulare	1160	742	64.0%
Tuolumne	58	31	53.4%
Ventura	811	460	56.7%
Yolo	208	132	63.5%
Yuba	108	69	63.9%

Source: CMSNet and Los Angeles data obtained from LA ACMS System

* % of children who require SCC services that are authorized to SCC by county for the following diagnoses: Acute Lymphoid Leukemia (ALL), Brain Cancer, Cleft Lip & Palate, Congenital Heart Disease, Cystic Fibrosis, Hearing Loss, Hemophilia

Dependent Counties are highlighted

Note:

A group of Stakeholders from the Data Subcommittee reviewed these data and discussed some of the issues in a recent conference call. Several explanations for the variations seen were offered, such as: County's level of CCS only children as these children may have private insurance that is expected to cover the special care center; Medi-Cal managed care; transportation issues; clinical diagnoses, for example some forms of congenital heart disease do not require significant care coordination although they are eligible; regional variation based on how special care centers are organized (is the doctor the child needs at the SCC or separate); children with an HMO are eligible for some benefits but the HMO will not pay for special care services; and use of ICD-9 codes for pulling the data and other issues related to discrepancies between State and County generated data.