

1. What is your current position?						
	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)	Response Total
County CCS Program administrator/manager or Medical Consultant	100.0% (88)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4
MTP administrator/manager	0.0% (0)	100.0% (33)	0.0% (0)	0.0% (0)	0.0% (0)	1
Hospital administrator/manager/staff	0.0% (0)	0.0% (0)	100.0% (21)	0.0% (0)	0.0% (0)	1
Health Plan administrator/manager/staff	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (17)	0.0% (0)	1
None of the above (specify below)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	100.0% (58)	2
Other (please specify)	1 reply	1 reply	1 reply	1 reply	52 replies	1
answered question	88	33	21	17	58	
skipped question						

2. What county(counties) do you work in or provide services for? (Check all that apply)						
	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)	Response Totals
Alameda	4.7% (4)	18.2% (6)	35.0% (7)	29.4% (5)	5.4% (3)	11.8% (25)
Alpine	0.0% (0)	0.0% (0)	0.0% (0)	5.9% (1)	1.8% (1)	0.9% (2)
Amador	1.2% (1)	0.0% (0)	0.0% (0)	17.6% (3)	1.8% (1)	2.4% (5)
Butte	4.7% (4)	3.0% (1)	20.0% (4)	29.4% (5)	1.8% (1)	7.1% (15)
Calaveras	1.2% (1)	0.0% (0)	5.0% (1)	23.5% (4)	1.8% (1)	3.3% (7)
Colusa	1.2% (1)	0.0% (0)	15.0% (3)	17.6% (3)	3.6% (2)	4.2% (9)
Contra Costa	2.3% (2)	0.0% (0)	20.0% (4)	23.5% (4)	0.0% (0)	4.7% (10)
Del Norte	0.0% (0)	0.0% (0)	10.0% (2)	11.8% (2)	3.6% (2)	2.8% (6)
El Dorado	1.2% (1)	3.0% (1)	20.0% (4)	23.5% (4)	1.8% (1)	5.2% (11)

Fresno	5.8% (5)	6.1% (2)	10.0% (2)	29.4% (5)	7.1% (4)	8.5% (18)
Glenn	0.0% (0)	0.0% (0)	10.0% (2)	23.5% (4)	5.4% (3)	4.2% (9)
Humboldt	2.3% (2)	0.0% (0)	10.0% (2)	29.4% (5)	3.6% (2)	5.2% (11)
Imperial	2.3% (2)	0.0% (0)	15.0% (3)	29.4% (5)	1.8% (1)	5.2% (11)
Inyo	3.5% (3)	0.0% (0)	0.0% (0)	5.9% (1)	0.0% (0)	1.9% (4)
Kern	3.5% (3)	0.0% (0)	10.0% (2)	23.5% (4)	1.8% (1)	4.7% (10)
Kings	1.2% (1)	0.0% (0)	5.0% (1)	29.4% (5)	1.8% (1)	3.8% (8)
Lake	1.2% (1)	0.0% (0)	5.0% (1)	23.5% (4)	3.6% (2)	3.8% (8)
Lassen	1.2% (1)	0.0% (0)	5.0% (1)	5.9% (1)	1.8% (1)	1.9% (4)
Los Angeles	8.1% (7)	24.2% (8)	10.0% (2)	47.1% (8)	3.6% (2)	12.7% (27)
Madera	1.2% (1)	0.0% (0)	5.0% (1)	29.4% (5)	3.6% (2)	4.2% (9)
Marin	2.3% (2)	3.0% (1)	20.0% (4)	29.4% (5)	3.6% (2)	6.6% (14)
Mariposa	0.0% (0)	0.0% (0)	0.0% (0)	17.6% (3)	1.8% (1)	1.9% (4)

Mendocino	1.2% (1)	0.0% (0)	15.0% (3)	29.4% (5)	1.8% (1)	4.7% (10)
Merced	2.3% (2)	0.0% (0)	5.0% (1)	29.4% (5)	1.8% (1)	4.2% (9)
Modoc	1.2% (1)	0.0% (0)	5.0% (1)	5.9% (1)	1.8% (1)	1.9% (4)
Mono	1.2% (1)	0.0% (0)	0.0% (0)	5.9% (1)	0.0% (0)	0.9% (2)
Monterey	1.2% (1)	0.0% (0)	5.0% (1)	5.9% (1)	1.8% (1)	1.9% (4)
Napa	2.3% (2)	3.0% (1)	20.0% (4)	29.4% (5)	1.8% (1)	6.1% (13)
Nevada	2.3% (2)	0.0% (0)	15.0% (3)	17.6% (3)	1.8% (1)	4.2% (9)
Orange	5.8% (5)	3.0% (1)	5.0% (1)	47.1% (8)	1.8% (1)	7.5% (16)
Placer	3.5% (3)	0.0% (0)	20.0% (4)	29.4% (5)	3.6% (2)	6.6% (14)
Plumas	0.0% (0)	0.0% (0)	0.0% (0)	17.6% (3)	1.8% (1)	1.9% (4)
Riverside	4.7% (4)	3.0% (1)	20.0% (4)	41.2% (7)	1.8% (1)	8.0% (17)
Sacramento	1.2% (1)	3.0% (1)	25.0% (5)	41.2% (7)	1.8% (1)	7.1% (15)
San Benito	0.0% (0)	0.0% (0)	5.0% (1)	11.8% (2)	0.0% (0)	1.4% (3)

San Bernardino	2.3% (2)	6.1% (2)	5.0% (1)	41.2% (7)	0.0% (0)	5.7% (12)
San Diego	4.7% (4)	3.0% (1)	40.0% (8)	41.2% (7)	10.7% (6)	12.3% (26)
San Francisco	3.5% (3)	6.1% (2)	15.0% (3)	29.4% (5)	3.6% (2)	7.1% (15)
San Joaquin	2.3% (2)	0.0% (0)	40.0% (8)	41.2% (7)	19.6% (11)	13.2% (28)
San Luis Obispo	2.3% (2)	0.0% (0)	5.0% (1)	17.6% (3)	5.4% (3)	4.2% (9)
San Mateo	3.5% (3)	6.1% (2)	20.0% (4)	11.8% (2)	12.5% (7)	8.5% (18)
Santa Barbara	1.2% (1)	0.0% (0)	5.0% (1)	23.5% (4)	1.8% (1)	3.3% (7)
Santa Clara	2.3% (2)	0.0% (0)	15.0% (3)	11.8% (2)	1.8% (1)	3.8% (8)
Santa Cruz	4.7% (4)	3.0% (1)	10.0% (2)	11.8% (2)	7.1% (4)	6.1% (13)
Shasta	1.2% (1)	0.0% (0)	20.0% (4)	23.5% (4)	1.8% (1)	4.7% (10)
Sierra	0.0% (0)	0.0% (0)	0.0% (0)	17.6% (3)	1.8% (1)	1.9% (4)
Siskiyou	1.2% (1)	0.0% (0)	15.0% (3)	5.9% (1)	1.8% (1)	2.8% (6)
Solano	3.5% (3)	0.0% (0)	25.0% (5)	35.3% (6)	0.0% (0)	6.6% (14)

Appendix 27
FHOP Survey of CCS Administrators Hospitals and Health Plans

Sonoma	5.8% (5)	3.0% (1)	15.0% (3)	35.3% (6)	14.3% (8)	10.8% (23)
Stanislaus	3.5% (3)	0.0% (0)	25.0% (5)	29.4% (5)	1.8% (1)	6.6% (14)
Sutter	0.0% (0)	0.0% (0)	20.0% (4)	23.5% (4)	5.4% (3)	5.2% (11)
Tehama	0.0% (0)	0.0% (0)	10.0% (2)	17.6% (3)	1.8% (1)	2.8% (6)
Trinity	0.0% (0)	0.0% (0)	0.0% (0)	5.9% (1)	3.6% (2)	1.4% (3)
Tulare	2.3% (2)	0.0% (0)	10.0% (2)	29.4% (5)	1.8% (1)	4.7% (10)
Tuolumne	0.0% (0)	0.0% (0)	5.0% (1)	11.8% (2)	3.6% (2)	2.4% (5)
Ventura	2.3% (2)	3.0% (1)	5.0% (1)	29.4% (5)	3.6% (2)	5.2% (11)
Yolo	3.5% (3)	0.0% (0)	15.0% (3)	35.3% (6)	3.6% (2)	6.6% (14)
Yuba	1.2% (1)	0.0% (0)	15.0% (3)	29.4% (5)	1.8% (1)	4.7% (10)
answered question	86	33	20	17	56	212
skipped question						5

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

		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)	Resp To
a. Lack of knowledge about the CCS Program and how to participate	Major barrier	25.7% (18)	21.4% (6)	14.3% (2)	42.9% (6)	42.1% (16)	
	Somewhat of a barrier	44.3% (31)	28.6% (8)	28.6% (4)	21.4% (3)	39.5% (15)	
	Slight barrier	18.6% (13)	28.6% (8)	21.4% (3)	28.6% (4)	18.4% (7)	
	Not a barrier	11.4% (8)	10.7% (3)	21.4% (3)	7.1% (1)	0.0% (0)	
	Don't Know/Not Sure	0.0% (0)	10.7% (3)	14.3% (2)	0.0% (0)	0.0% (0)	
		70	28	14	14	38	
b. Low Medi-Cal outpatient reimbursement rates for care of CCS children	Major barrier	75.0% (54)	78.6% (22)	46.2% (6)	28.6% (4)	65.8% (25)	
	Somewhat of a barrier	15.3% (11)	14.3% (4)	23.1% (3)	50.0% (7)	23.7% (9)	
	Slight barrier	4.2% (3)	0.0% (0)	7.7% (1)	7.1% (1)	10.5% (4)	

	Not a barrier	2.8% (2)	3.6% (1)	7.7% (1)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	2.8% (2)	3.6% (1)	15.4% (2)	14.3% (2)	0.0% (0)
		72	28	13	14	38
c. Delays in payments for the services provided to CCS children	Major barrier	69.0% (49)	57.1% (16)	46.2% (6)	57.1% (8)	59.0% (23)
	Somewhat of a barrier	19.7% (14)	25.0% (7)	23.1% (3)	7.1% (1)	25.6% (10)
	Slight barrier	5.6% (4)	14.3% (4)	0.0% (0)	14.3% (2)	5.1% (2)
	Not a barrier	1.4% (1)	0.0% (0)	7.7% (1)	14.3% (2)	2.6% (1)
	Don't Know/Not Sure	4.2% (3)	3.6% (1)	23.1% (3)	7.1% (1)	7.7% (3)
		71	28	13	14	39
d. Time consuming and difficult paper work to complete to get reimbursed	Major barrier	51.4% (36)	46.4% (13)	61.5% (8)	50.0% (7)	52.6% (20)
	Somewhat of a barrier	35.7% (25)	14.3% (4)	23.1% (3)	35.7% (5)	26.3% (10)
	Slight barrier	5.7% (4)	17.9% (5)	7.7% (1)	0.0% (0)	10.5% (4)
	Not a	1.4%	3.6%	0.0%	7.1%	0.0%

	barrier	(1)	(1)	(0)	(1)	(0)
	Don't Know/Not Sure	5.7% (4)	17.9% (5)	7.7% (1)	7.1% (1)	10.5% (4)
		70	28	13	14	38
e. Having to get a Medi-Cal number	Major barrier	14.3% (10)	28.6% (8)	23.1% (3)	50.0% (7)	31.6% (12)
	Somewhat of a barrier	30.0% (21)	28.6% (8)	23.1% (3)	7.1% (1)	28.9% (11)
	Slight barrier	28.6% (20)	7.1% (2)	0.0% (0)	21.4% (3)	23.7% (9)
	Not a barrier	21.4% (15)	7.1% (2)	30.8% (4)	7.1% (1)	2.6% (1)
	Don't Know/Not Sure	5.7% (4)	28.6% (8)	23.1% (3)	14.3% (2)	13.2% (5)
		70	28	13	14	38
f. Process and length of time to get a Medi-Cal number	Major barrier	30.0% (21)	53.6% (15)	23.1% (3)	71.4% (10)	36.8% (14)
	Somewhat of a barrier	34.3% (24)	21.4% (6)	30.8% (4)	7.1% (1)	26.3% (10)
	Slight barrier	18.6% (13)	3.6% (1)	0.0% (0)	0.0% (0)	15.8% (6)
	Not a barrier	7.1% (5)	3.6% (1)	23.1% (3)	0.0% (0)	2.6% (1)

	Don't Know/Not Sure	10.0% (7)	17.9% (5)	23.1% (3)	21.4% (3)	18.4% (7)
		70	28	13	14	38
g. Having to be CCS-paneled provider	Major barrier	21.1% (15)	14.3% (4)	0.0% (0)	50.0% (7)	43.2% (16)
	Somewhat of a barrier	33.8% (24)	39.3% (11)	33.3% (4)	28.6% (4)	32.4% (12)
	Slight barrier	32.4% (23)	21.4% (6)	16.7% (2)	7.1% (1)	18.9% (7)
	Not a barrier	12.7% (9)	14.3% (4)	41.7% (5)	7.1% (1)	5.4% (2)
	Don't Know/Not Sure	0.0% (0)	10.7% (3)	8.3% (1)	7.1% (1)	0.0% (0)
		71	28	12	14	37
h. Process and length of time to be a CCS-paneled provider	Major barrier	29.4% (20)	21.4% (6)	0.0% (0)	50.0% (7)	50.0% (19)
	Somewhat of a barrier	33.8% (23)	42.9% (12)	53.8% (7)	28.6% (4)	15.8% (6)
	Slight barrier	20.6% (14)	10.7% (3)	15.4% (2)	7.1% (1)	23.7% (9)
	Not a barrier	11.8% (8)	3.6% (1)	15.4% (2)	0.0% (0)	2.6% (1)

	Don't Know/Not Sure	4.4% (3)	21.4% (6)	15.4% (2)	14.3% (2)	7.9% (3)	
		68	28	13	14	38	
i. The complexity of care needed by CCS children and the increased time it takes to care for them	Major barrier	10.1% (7)	25.0% (7)	23.1% (3)	21.4% (3)	23.7% (9)	
	Somewhat of a barrier	36.2% (25)	32.1% (9)	38.5% (5)	35.7% (5)	36.8% (14)	
	Slight barrier	24.6% (17)	17.9% (5)	15.4% (2)	14.3% (2)	21.1% (8)	
	Not a barrier	20.3% (14)	17.9% (5)	15.4% (2)	14.3% (2)	13.2% (5)	
	Don't Know/Not Sure	8.7% (6)	7.1% (2)	7.7% (1)	14.3% (2)	5.3% (2)	
		69	28	13	14	38	
j. The need to coordinate services for CCS children and the lack of information on how to do it	Major barrier	9.0% (6)	21.4% (6)	15.4% (2)	28.6% (4)	28.9% (11)	
	Somewhat of a barrier	40.3% (27)	32.1% (9)	46.2% (6)	35.7% (5)	39.5% (15)	
	Slight barrier	25.4% (17)	17.9% (5)	23.1% (3)	21.4% (3)	18.4% (7)	
	Not a barrier	16.4% (11)	21.4% (6)	7.7% (1)	7.1% (1)	7.9% (3)	
	Don't	9.0%	7.1%	7.7%	7.1%	5.3%	

	Know/Not Sure	(6)	(2)	(1)	(1)	(2)
		67	28	13	14	38
k. Lack of knowledge about resources for CCS children	Major barrier	10.1% (7)	25.0% (7)	15.4% (2)	42.9% (6)	31.6% (12)
	Somewhat of a barrier	36.2% (25)	32.1% (9)	38.5% (5)	14.3% (2)	39.5% (15)
	Slight barrier	23.2% (16)	28.6% (8)	30.8% (4)	14.3% (2)	10.5% (4)
	Not a barrier	17.4% (12)	7.1% (2)	7.7% (1)	21.4% (3)	10.5% (4)
	Don't Know/Not Sure	13.0% (9)	7.1% (2)	7.7% (1)	7.1% (1)	7.9% (3)
		69	28	13	14	38
l. Lack of medical training or expertise on how to treat/or expertise for serving children with special health care needs	Major barrier	8.7% (6)	29.6% (8)	7.7% (1)	21.4% (3)	21.1% (8)
	Somewhat of a barrier	33.3% (23)	37.0% (10)	15.4% (2)	14.3% (2)	28.9% (11)
	Slight barrier	24.6% (17)	11.1% (3)	15.4% (2)	21.4% (3)	15.8% (6)
	Not a barrier	23.2% (16)	18.5% (5)	53.8% (7)	35.7% (5)	15.8% (6)
	Don't Know/Not Sure	10.1% (7)	3.7% (1)	7.7% (1)	7.1% (1)	18.4% (7)

		69	27	13	14	38
m. Lack of a specialist to easily consult for advice in caring for children with special health care needs	Major barrier	23.2% (16)	18.5% (5)	0.0% (0)	35.7% (5)	21.6% (8)
	Somewhat of a barrier	27.5% (19)	33.3% (9)	30.8% (4)	35.7% (5)	29.7% (11)
	Slight barrier	15.9% (11)	14.8% (4)	30.8% (4)	21.4% (3)	16.2% (6)
	Not a barrier	18.8% (13)	22.2% (6)	30.8% (4)	7.1% (1)	21.6% (8)
	Don't Know/Not Sure	14.5% (10)	11.1% (3)	7.7% (1)	0.0% (0)	10.8% (4)
		69	27	13	14	37
n. Medi-Cal Health plans do not pay enhanced rate for the primary care services for children in CCS	Major barrier	30.9% (21)	44.4% (12)	23.1% (3)	46.2% (6)	53.8% (21)
	Somewhat of a barrier	26.5% (18)	11.1% (3)	23.1% (3)	7.7% (1)	12.8% (5)
	Slight barrier	10.3% (7)	14.8% (4)	23.1% (3)	7.7% (1)	7.7% (3)
	Not a barrier	4.4% (3)	3.7% (1)	7.7% (1)	23.1% (3)	2.6% (1)
	Don't Know/Not Sure	27.9% (19)	25.9% (7)	23.1% (3)	15.4% (2)	23.1% (9)

		68	27	13	13	39
o. Lack of knowledge about the CCS Program and how to participate	Major barrier	18.2% (12)	15.4% (4)	16.7% (2)	21.4% (3)	30.8% (12)
	Somewhat of a barrier	48.5% (32)	34.6% (9)	33.3% (4)	35.7% (5)	38.5% (15)
	Slight barrier	15.2% (10)	30.8% (8)	41.7% (5)	7.1% (1)	25.6% (10)
	Not a barrier	13.6% (9)	11.5% (3)	8.3% (1)	28.6% (4)	2.6% (1)
	Don't Know/Not Sure	4.5% (3)	7.7% (2)	0.0% (0)	7.1% (1)	2.6% (1)
		66	26	12	14	39
p. Other (please describe below)	Major barrier	41.7% (5)	100.0% (2)	50.0% (1)	33.3% (2)	50.0% (3)
	Somewhat of a barrier	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (1)	33.3% (2)
	Slight barrier	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (1)
	Not a barrier	8.3% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	50.0% (6)	0.0% (0)	50.0% (1)	50.0% (3)	0.0% (0)
		12	2	2	6	6

Other barriers - please specify	19 replies	3 replies	3 replies	4 replies	9 replies	
answered question	72	28	14	14	39	
skipped question						

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.						
	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)	Response Totals
a. Agree Strongly	49.3% (35)	40.7% (11)	40.0% (6)	28.6% (4)	46.2% (18)	44.6% (74)
b. Agree Somewhat	32.4% (23)	44.4% (12)	26.7% (4)	35.7% (5)	35.9% (14)	34.9% (58)
c. Disagree Somewhat	9.9% (7)	3.7% (1)	6.7% (1)	0.0% (0)	5.1% (2)	6.6% (11)
d. Disagree Strongly	4.2% (3)	3.7% (1)	0.0% (0)	7.1% (1)	0.0% (0)	3.0% (5)
e. Don't Know/Not Sure	4.2% (3)	7.4% (2)	26.7% (4)	28.6% (4)	12.8% (5)	10.8% (18)
answered question	71	27	15	14	39	166
skipped question						51

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

		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)	Resp To
a. Increase the reimbursement rates paid to physicians to care for CCS clients.	Agree Strongly	88.7% (63)	85.2% (23)	61.5% (8)	35.7% (5)	81.6% (31)	
	Agree Somewhat	11.3% (8)	3.7% (1)	38.5% (5)	57.1% (8)	18.4% (7)	
	Disagree Somewhat	0.0% (0)	7.4% (2)	0.0% (0)	7.1% (1)	0.0% (0)	
	Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Don't Know/Not Sure	0.0% (0)	3.7% (1)	0.0% (0)	0.0% (0)	0.0% (0)	
		71	27	13	14	38	
b. Ensure that there are staff at the Medi-Cal fiscal intermediary that are familiar with CCS to process claims for	Agree Strongly	90.1% (64)	84.6% (22)	61.5% (8)	71.4% (10)	89.5% (34)	
	Agree Somewhat	5.6% (4)	11.5% (3)	30.8% (4)	21.4% (3)	7.9% (3)	
	Disagree Somewhat	1.4% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Disagree	0.0%	0.0%	0.0%	0.0%	0.0%	

providing services to CCS clients.	Strongly	(0)	(0)	(0)	(0)	(0)
	Don't Know/Not Sure	2.8% (2)	3.8% (1)	7.7% (1)	7.1% (1)	2.6% (1)
		71	26	13	14	38
c. Primary care physicians should receive more training on how to handle common subspecialty problems such as diabetes.	Agree Strongly	28.6% (20)	44.4% (12)	15.4% (2)	28.6% (4)	42.1% (16)
	Agree Somewhat	48.6% (34)	33.3% (9)	30.8% (4)	50.0% (7)	28.9% (11)
	Disagree Somewhat	8.6% (6)	3.7% (1)	30.8% (4)	7.1% (1)	13.2% (5)
	Disagree Strongly	4.3% (3)	0.0% (0)	7.7% (1)	7.1% (1)	2.6% (1)
	Don't Know/Not Sure	10.0% (7)	18.5% (5)	15.4% (2)	7.1% (1)	13.2% (5)
		70	27	13	14	38
d. Create training opportunities on CCS and caring for CSHCN in pediatric and family medicine residency programs and adolescent	Agree Strongly	58.0% (40)	70.4% (19)	38.5% (5)	85.7% (12)	57.9% (22)
	Agree Somewhat	33.3% (23)	25.9% (7)	38.5% (5)	14.3% (2)	34.2% (13)
	Disagree Somewhat	2.9% (2)	0.0% (0)	7.7% (1)	0.0% (0)	2.6% (1)
	Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)

medicine fellowships.	Don't Know/Not Sure	5.8% (4)	3.7% (1)	15.4% (2)	0.0% (0)	5.3% (2)	
		69	27	13	14	38	
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.	Agree Strongly	62.3% (43)	48.1% (13)	46.2% (6)	92.9% (13)	63.2% (24)	
	Agree Somewhat	30.4% (21)	40.7% (11)	46.2% (6)	7.1% (1)	34.2% (13)	
	Disagree Somewhat	2.9% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Disagree Strongly	0.0% (0)	3.7% (1)	0.0% (0)	0.0% (0)	2.6% (1)	
	Don't Know/Not Sure	4.3% (3)	7.4% (2)	7.7% (1)	0.0% (0)	0.0% (0)	
		69	27	13	14	38	
f. Work with professional medical associations to offer	Agree Strongly	53.6% (37)	48.1% (13)	53.8% (7)	71.4% (10)	57.9% (22)	
	Agree Somewhat	33.3% (23)	48.1% (13)	30.8% (4)	28.6% (4)	36.8% (14)	

continuing education on caring for children with special health care needs	Disagree Somewhat	7.2% (5)	0.0% (0)	0.0% (0)	0.0% (0)	2.6% (1)
	Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	2.6% (1)
	Don't Know/Not Sure	5.8% (4)	3.7% (1)	15.4% (2)	0.0% (0)	0.0% (0)
		69	27	13	14	38
g. Streamline the process for CCS providers of having to re-apply for a Medi-Cal number when the provider moves.	Agree Strongly	75.4% (52)	77.8% (21)	53.8% (7)	78.6% (11)	81.6% (31)
	Agree Somewhat	20.3% (14)	18.5% (5)	38.5% (5)	21.4% (3)	18.4% (7)
	Disagree Somewhat	2.9% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	1.4% (1)	3.7% (1)	7.7% (1)	0.0% (0)	0.0% (0)
	69	27	13	14	38	
h. The CCS paneling process should be done concurrently with the Medi-Cal approval	Agree Strongly	75.4% (52)	74.1% (20)	69.2% (9)	92.9% (13)	89.5% (34)
	Agree Somewhat	20.3% (14)	22.2% (6)	23.1% (3)	7.1% (1)	7.9% (3)

process and should be completed in a reasonable timeframe, particularly if staff privileges have been granted at a CCS approved regional tertiary center.	Disagree Somewhat	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Disagree Strongly	1.4% (1)	0.0% (0)	7.7% (1)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	2.9% (2)	3.7% (1)	0.0% (0)	0.0% (0)	2.6% (1)
		69	27	13	14	38
i. Provide assistance to physicians to help with getting CCS paneled	Agree Strongly	66.2% (45)	77.8% (21)	46.2% (6)	92.9% (13)	76.3% (29)
	Agree Somewhat	32.4% (22)	14.8% (4)	38.5% (5)	0.0% (0)	21.1% (8)
	Disagree Somewhat	0.0% (0)	3.7% (1)	15.4% (2)	7.1% (1)	2.6% (1)
	Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	1.5% (1)	3.7% (1)	0.0% (0)	0.0% (0)	0.0% (0)
		68	27	13	14	38
j. Provide ongoing assistance with authorizations	Agree Strongly	73.5% (50)	77.8% (21)	76.9% (10)	85.7% (12)	78.9% (30)
	Agree Somewhat	20.6% (14)	18.5% (5)	23.1% (3)	14.3% (2)	21.1% (8)

and billing for services once physicians are paneled.	Disagree Somewhat	4.4% (3)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	1.5% (1)	3.7% (1)	0.0% (0)	0.0% (0)	0.0% (0)
		68	27	13	14	38
k. Better align Codes and reimbursement rates to allow for outpatients tests and procedures where appropriate	Agree Strongly	56.5% (39)	55.6% (15)	76.9% (10)	57.1% (8)	76.3% (29)
	Agree Somewhat	31.9% (22)	33.3% (9)	23.1% (3)	35.7% (5)	18.4% (7)
	Disagree Somewhat	1.4% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Disagree Strongly	1.4% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	8.7% (6)	11.1% (3)	0.0% (0)	7.1% (1)	5.3% (2)
		69	27	13	14	38
l. Managed Care plans should provide enhanced rates for the primary care services for children with	Agree Strongly	51.5% (35)	55.6% (15)	76.9% (10)	33.3% (4)	84.2% (32)
	Agree Somewhat	27.9% (19)	11.1% (3)	15.4% (2)	33.3% (4)	15.8% (6)
	Disagree Somewhat	2.9% (2)	3.7% (1)	0.0% (0)	16.7% (2)	0.0% (0)

CCS eligible conditions.	Disagree Strongly	2.9% (2)	0.0% (0)	0.0% (0)	8.3% (1)	0.0% (0)
	Don't Know/Not Sure	14.7% (10)	29.6% (8)	7.7% (1)	8.3% (1)	0.0% (0)
		68	27	13	12	38
m. Other (specify below)	Agree Strongly	36.4% (4)	0.0% (0)	0.0% (0)	33.3% (2)	75.0% (3)
	Agree Somewhat	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (1)	0.0% (0)
	Disagree Somewhat	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (1)	0.0% (0)
	Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	63.6% (7)	0.0% (0)	100.0% (3)	33.3% (2)	25.0% (1)
		11	0	3	6	4
Other - please specify		11 replies	1 reply	1 reply	4 replies	5 replies
answered question		71	27	13	14	38
skipped question						

6. Children with CCS conditions need increased access to primary care providers to decrease ER visits and hospitalization.						
	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)	Response Totals
a. Agree Strongly	54.3% (38)	67.9% (19)	78.6% (11)	42.9% (6)	69.2% (27)	61.2% (101)
b. Agree Somewhat	30.0% (21)	28.6% (8)	7.1% (1)	42.9% (6)	23.1% (9)	27.3% (45)
c. Disagree Somewhat	7.1% (5)	0.0% (0)	7.1% (1)	7.1% (1)	2.6% (1)	4.8% (8)
d. Disagree Strongly	2.9% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	1.2% (2)
e. Don't Know/Not Sure	5.7% (4)	3.6% (1)	7.1% (1)	7.1% (1)	5.1% (2)	5.5% (9)
answered question	70	28	14	14	39	165
	skipped question					52

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.

	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)	Response Totals
a. Agree Strongly	83.6% (56)	77.8% (21)	85.7% (12)	64.3% (9)	81.1% (30)	80.5% (128)
b. Agree Somewhat	10.4% (7)	14.8% (4)	7.1% (1)	21.4% (3)	10.8% (4)	11.9% (19)
c. Disagree Somewhat	1.5% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.6% (1)
d. Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
e. Don't Know/Not Sure	4.5% (3)	7.4% (2)	7.1% (1)	14.3% (2)	8.1% (3)	6.9% (11)
<i>answered question</i>	67	27	14	14	37	159
	<i>skipped question</i>					58

8. The fiscal intermediary should detect and identify ALL errors in a claim before sending it back.						
	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)	Response Totals
a. Agree Strongly	91.2% (62)	88.9% (24)	85.7% (12)	64.3% (9)	82.9% (29)	86.1% (136)
b. Agree Somewhat	7.4% (5)	3.7% (1)	7.1% (1)	14.3% (2)	5.7% (2)	7.0% (11)
c. Disagree Somewhat	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
d. Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
e. Don't Know/Not Sure	1.5% (1)	7.4% (2)	7.1% (1)	21.4% (3)	11.4% (4)	7.0% (11)
answered question	68	27	14	14	35	158
skipped question						59

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?

	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)	Response Totals
a. Never	0.0% (0)	3.7% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.6% (1)
b. Less than 25% of the time	16.2% (11)	14.8% (4)	21.4% (3)	0.0% (0)	5.6% (2)	12.6% (20)
c. 25-50% of the time	11.8% (8)	14.8% (4)	14.3% (2)	7.1% (1)	8.3% (3)	11.3% (18)
d. 50 to 75% of the time	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
e. More than 75% of the time	1.5% (1)	0.0% (0)	0.0% (0)	7.1% (1)	0.0% (0)	1.3% (2)
f. Don't Know/Not Sure	25.0% (17)	55.6% (15)	64.3% (9)	28.6% (4)	52.8% (19)	40.3% (64)
g. Does not apply - my program/organization does not submit claims	45.6% (31)	11.1% (3)	0.0% (0)	57.1% (8)	33.3% (12)	34.0% (54)
answered question	68	27	14	14	36	159
skipped question						58

10. The State should work with high-volume CCS provider hospitals to provide access for county CCS programs to electronic medical records, for example, though a physician portal, to facilitate eligibility determinations and authorizations.						
	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)	Response Totals
a. Agree Strongly	88.1% (59)	85.2% (23)	84.6% (11)	85.7% (12)	88.9% (32)	87.3% (137)
b. Agree Somewhat	10.4% (7)	11.1% (3)	15.4% (2)	7.1% (1)	5.6% (2)	9.6% (15)
c. Disagree Somewhat	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	2.8% (1)	0.6% (1)
d. Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
e. Don't Know/Not Sure	1.5% (1)	3.7% (1)	0.0% (0)	7.1% (1)	2.8% (1)	2.5% (4)
answered question	67	27	13	14	36	157
	skipped question					60

11. Hospital liaisons teams (nurse and eligibility worker) on site at hospitals should be able to access the records to facilitate authorizations and discharge.						
	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)	Response Totals
a. Agree Strongly	80.6% (54)	81.5% (22)	100.0% (13)	100.0% (14)	86.1% (31)	85.4% (134)
b. Agree Somewhat	13.4% (9)	11.1% (3)	0.0% (0)	0.0% (0)	13.9% (5)	10.8% (17)
c. Disagree Somewhat	3.0% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	1.3% (2)
d. Disagree Strongly	1.5% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.6% (1)
e. Don't Know/Not Sure	1.5% (1)	7.4% (2)	0.0% (0)	0.0% (0)	0.0% (0)	1.9% (3)
answered question	67	27	13	14	36	157
	skipped question					60

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.						
	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)	Response Totals
a. Agree Strongly	74.2% (49)	85.2% (23)	85.7% (12)	76.9% (10)	61.1% (22)	74.4% (116)
b. Agree Somewhat	16.7% (11)	11.1% (3)	14.3% (2)	23.1% (3)	30.6% (11)	19.2% (30)
c. Disagree Somewhat	1.5% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.6% (1)
d. Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
e. Don't Know/Not Sure	7.6% (5)	3.7% (1)	0.0% (0)	0.0% (0)	8.3% (3)	5.8% (9)
answered question	66	27	14	13	36	156
	skipped question					61

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

		What is your current position?					Response Totals
		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)	
a. CCS standards should be monitored and enforced by paid consultants who are experts in the field for which they are monitoring standards.	Agree Strongly	17.9% (12)	23.1% (6)	30.8% (4)	35.7% (5)	28.6% (10)	
	Agree Somewhat	29.9% (20)	3.8% (1)	46.2% (6)	42.9% (6)	31.4% (11)	
	Disagree Somewhat	23.9% (16)	34.6% (9)	7.7% (1)	7.1% (1)	22.9% (8)	
	Disagree Strongly	14.9% (10)	34.6% (9)	0.0% (0)	14.3% (2)	8.6% (3)	
	Don't Know/Not Sure	13.4% (9)	3.8% (1)	15.4% (2)	0.0% (0)	8.6% (3)	
		67	26	13	14	35	1
b. CCS standards should be monitored and enforced by local county CCS staff.	Agree Strongly	24.2% (16)	42.3% (11)	7.7% (1)	15.4% (2)	44.4% (16)	
	Agree Somewhat	25.8% (17)	30.8% (8)	15.4% (2)	15.4% (2)	25.0% (9)	
	Disagree Somewhat	22.7% (15)	7.7% (2)	53.8% (7)	15.4% (2)	19.4% (7)	
	Disagree	25.8%	15.4%	15.4%	46.2%	2.8%	

	Strongly	(17)	(4)	(2)	(6)	(1)	
	Don't Know/Not Sure	1.5% (1)	3.8% (1)	7.7% (1)	7.7% (1)	8.3% (3)	
		66	26	13	13	36	1
c. CCS standards should be monitored and enforced by state CCS staff.	Agree Strongly	47.7% (31)	34.6% (9)	38.5% (5)	38.5% (5)	25.7% (9)	
	Agree Somewhat	32.3% (21)	30.8% (8)	30.8% (4)	30.8% (4)	42.9% (15)	
	Disagree Somewhat	12.3% (8)	15.4% (4)	7.7% (1)	7.7% (1)	14.3% (5)	
	Disagree Strongly	1.5% (1)	15.4% (4)	15.4% (2)	15.4% (2)	8.6% (3)	
	Don't Know/Not Sure	6.2% (4)	3.8% (1)	7.7% (1)	7.7% (1)	8.6% (3)	
		65	26	13	13	35	1
d. A regional system should be developed for monitoring and enforcing CCS standards.	Agree Strongly	34.8% (23)	33.3% (9)	15.4% (2)	53.8% (7)	47.1% (16)	
	Agree Somewhat	40.9% (27)	37.0% (10)	46.2% (6)	15.4% (2)	38.2% (13)	
	Disagree Somewhat	13.6% (9)	18.5% (5)	30.8% (4)	0.0% (0)	8.8% (3)	
	Disagree Strongly	3.0% (2)	7.4% (2)	0.0% (0)	15.4% (2)	0.0% (0)	
	Don't	7.6%	3.7%	7.7%	15.4%	5.9%	

	Know/Not Sure	(5)	(1)	(1)	(2)	(2)	
		66	27	13	13	34	1
	answered question	67	27	13	14	37	1
skipped question							

14. Are you a County CCS program administrator or staff member?							
		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)	Response Totals
Yes		90.3% (65)	85.7% (24)	7.7% (1)	0.0% (0)	74.4% (29)	71.7% (119)
No		9.7% (7)	14.3% (4)	92.3% (12)	100.0% (14)	25.6% (10)	28.3% (47)
	answered question	72	28	13	14	39	166
skipped question							51

15. Does your county use standardized case management protocols?						
	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)	Response Totals
Yes	76.4% (42)	71.4% (15)	0.0% (0)	0.0% (0)	81.0% (17)	76.3% (74)
No	16.4% (9)	14.3% (3)	0.0% (0)	0.0% (0)	19.0% (4)	16.5% (16)
Don't Know/Not Sure	7.3% (4)	14.3% (3)	0.0% (0)	0.0% (0)	0.0% (0)	7.2% (7)
answered question	55	21	0	0	21	97
skipped question						120

16. Please indicate which elements of case management are regularly provided to children covered under CCS in your county:							
		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)	Response Total
a. Determination of financial and residential eligibility	Yes	100.0% (57)	100.0% (21)	0.0% (0)	0.0% (0)	100.0% (24)	
	No	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Don't know/Not Sure	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
		57	21	0	0	24	
b. Coordination with Medi-Cal Managed Care and Healthy Families plans	Yes	96.5% (55)	100.0% (21)	0.0% (0)	0.0% (0)	95.8% (23)	
	No	3.5% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Don't know/Not Sure	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)	
		57	21	0	0	24	
c. Authorization of services	Yes	92.9% (52)	100.0% (20)	0.0% (0)	0.0% (0)	95.8% (23)	

	No	7.1% (4)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)	
	Don't know/Not Sure	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
		56	20	0	0	24	
d. Assure children get to appropriate provider for delivery of health care services at the appropriate time/place place.	Yes	93.0% (53)	81.0% (17)	0.0% (0)	0.0% (0)	87.5% (21)	
	No	7.0% (4)	9.5% (2)	0.0% (0)	0.0% (0)	12.5% (3)	
	Don't know/Not Sure	0.0% (0)	9.5% (2)	0.0% (0)	0.0% (0)	0.0% (0)	
		57	21	0	0	24	
e. Make referrals for specialty care	Yes	93.0% (53)	100.0% (21)	0.0% (0)	0.0% (0)	87.5% (21)	
	No	5.3% (3)	0.0% (0)	0.0% (0)	0.0% (0)	12.5% (3)	
	Don't know/Not Sure	1.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
		57	21	0	0	24	
f. Assure completion of specialty	Yes	89.5% (51)	71.4% (15)	0.0% (0)	0.0% (0)	95.8% (23)	

referrals	No	7.0% (4)	14.3% (3)	0.0% (0)	0.0% (0)	4.2% (1)
	Don't know/Not Sure	3.5% (2)	14.3% (3)	0.0% (0)	0.0% (0)	0.0% (0)
		57	21	0	0	24
g. Coordinate the process of getting DME	Yes	100.0% (57)	100.0% (21)	0.0% (0)	0.0% (0)	100.0% (24)
	No	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't know/Not Sure	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
		57	21	0	0	24
h. Convene face to face case management meetings with providers	Yes	42.1% (24)	66.7% (14)	0.0% (0)	0.0% (0)	37.5% (9)
	No	56.1% (32)	4.8% (1)	0.0% (0)	0.0% (0)	62.5% (15)
	Don't know/Not Sure	1.8% (1)	28.6% (6)	0.0% (0)	0.0% (0)	0.0% (0)
		57	21	0	0	24
i. Convene case management meetings over the phone with	Yes	78.6% (44)	90.5% (19)	0.0% (0)	0.0% (0)	70.8% (17)
	No	14.3% (8)	0.0% (0)	0.0% (0)	0.0% (0)	25.0% (6)

providers	Don't know/Not Sure	7.1% (4)	9.5% (2)	0.0% (0)	0.0% (0)	4.2% (1)	
		56	21	0	0	24	
j. Read medical reports	Yes	100.0% (57)	100.0% (21)	0.0% (0)	0.0% (0)	100.0% (24)	
	No	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Don't know/Not Sure	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
		57	21	0	0	24	
k. Work with parents to help/assist them to become more independent and advocate for their child	Yes	87.5% (49)	95.2% (20)	0.0% (0)	0.0% (0)	91.7% (22)	
	No	8.9% (5)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)	
	Don't know/Not Sure	3.6% (2)	4.8% (1)	0.0% (0)	0.0% (0)	4.2% (1)	
		56	21	0	0	24	
l. Coordinate between parents and providers	Yes	98.2% (55)	90.5% (19)	0.0% (0)	0.0% (0)	95.8% (23)	
	No	0.0% (0)	4.8% (1)	0.0% (0)	0.0% (0)	4.2% (1)	
	Don't know/Not Sure	1.8% (1)	4.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	

		56	21	0	0	24
m. Make referrals for other services need by the family, such as in-home support and respite care	Yes	87.5% (49)	85.7% (18)	0.0% (0)	0.0% (0)	82.6% (19)
	No	7.1% (4)	9.5% (2)	0.0% (0)	0.0% (0)	17.4% (4)
	Don't know/Not Sure	5.4% (3)	4.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)
		56	21	0	0	23
n. Make referrals for other social and mental health services	Yes	91.1% (51)	85.7% (18)	0.0% (0)	0.0% (0)	87.5% (21)
	No	3.6% (2)	9.5% (2)	0.0% (0)	0.0% (0)	12.5% (3)
	Don't know/Not Sure	5.4% (3)	4.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)
		56	21	0	0	24
o. Make referrals for educational services	Yes	66.1% (37)	71.4% (15)	0.0% (0)	0.0% (0)	70.8% (17)
	No	21.4% (12)	9.5% (2)	0.0% (0)	0.0% (0)	20.8% (5)
	Don't know/Not Sure	12.5% (7)	19.0% (4)	0.0% (0)	0.0% (0)	8.3% (2)
		56	21	0	0	24

p. Authorizing and paying for care but only care the for treatment of the medically eligible condition or complications of the condition	Yes	92.9% (52)	100.0% (21)	0.0% (0)	0.0% (0)	91.7% (22)
	No	7.1% (4)	0.0% (0)	0.0% (0)	0.0% (0)	8.3% (2)
	Don't know/Not Sure	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
		56	21	0	0	24
q. Development of provider standards and assuring adherence to provider standards	Yes	16.1% (9)	28.6% (6)	0.0% (0)	0.0% (0)	20.8% (5)
	No	67.9% (38)	23.8% (5)	0.0% (0)	0.0% (0)	62.5% (15)
	Don't know/Not Sure	16.1% (9)	47.6% (10)	0.0% (0)	0.0% (0)	16.7% (4)
		56	21	0	0	24
r. Approve providers for participation	Yes	8.9% (5)	19.0% (4)	0.0% (0)	0.0% (0)	12.5% (3)
	No	78.6% (44)	28.6% (6)	0.0% (0)	0.0% (0)	66.7% (16)
	Don't know/Not Sure	12.5% (7)	52.4% (11)	0.0% (0)	0.0% (0)	20.8% (5)
		56	21	0	0	24

s. Choosing the appropriate provider for authorization	Yes	87.5% (49)	100.0% (21)	0.0% (0)	0.0% (0)	78.3% (18)
	No	10.7% (6)	0.0% (0)	0.0% (0)	0.0% (0)	17.4% (4)
	Don't know/Not Sure	1.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.3% (1)
		56	21	0	0	23
t. Coordinate with other agencies	Yes	98.2% (55)	100.0% (21)	0.0% (0)	0.0% (0)	95.8% (23)
	No	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)
	Don't know/Not Sure	1.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
		56	21	0	0	24
u. Coordinate with Special Education and/or Regional Centers	Yes	96.4% (54)	100.0% (21)	0.0% (0)	0.0% (0)	95.8% (23)
	No	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't know/Not Sure	3.6% (2)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)
		56	21	0	0	24
v. Transition planning with CCS clients	Yes	98.2% (55)	100.0% (21)	0.0% (0)	0.0% (0)	87.5% (21)

who are aging out the the program	No	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	8.3% (2)
	Don't know/Not Sure	1.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)
		56	21	0	0	24
answered question		57	21	0	0	24
skipped question						

17. What is the average size of the case load for CCS Case Managers in your County?						
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)	Response Count
	53 replies	11 replies	0 replies	0 replies	22 replies	86
answered question	53	11	0	0	22	86
skipped question						131

18. Please rate how much you agree or disagree with the following statements about realignment:							
		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)	Response Total
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	Agree Strongly	29.1% (16)	33.3% (7)	0.0% (0)	0.0% (0)	25.0% (6)	
	Agree Somewhat	7.3% (4)	19.0% (4)	0.0% (0)	0.0% (0)	8.3% (2)	
	Disagree Somewhat	5.5% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)	
	Disagree Strongly	3.6% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Don't Know/Not Sure	54.5% (30)	47.6% (10)	0.0% (0)	0.0% (0)	62.5% (15)	
		55	21	0	0	24	
b. The baseline formula for determining statutory maintenance-	Agree Strongly	55.4% (31)	80.0% (16)	0.0% (0)	0.0% (0)	50.0% (12)	
	Agree Somewhat	19.6% (11)	10.0% (2)	0.0% (0)	0.0% (0)	12.5% (3)	

of-effort funding requirement for counties needs to be update to reflect program costs in 2010.	Disagree Somewhat	8.9% (5)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Disagree Strongly	1.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	14.3% (8)	10.0% (2)	0.0% (0)	0.0% (0)	37.5% (9)
		56	20	0	0	24
<i>answered question</i>		56	21	0	0	24
<i>skipped question</i>						

19. Who should be able to provide case management for children enrolled in CCS? (Check all that apply)						
	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)	Response Totals
a. Certified case managers	33.3% (21)	44.0% (11)	66.7% (8)	50.0% (7)	48.4% (15)	42.8% (62)
b. RN, PHN, Medical Consultants, Social workers	96.8% (61)	100.0% (25)	83.3% (10)	78.6% (11)	93.5% (29)	93.8% (136)
c. Specially trained, but unlicensed staff	30.2% (19)	20.0% (5)	8.3% (1)	21.4% (3)	22.6% (7)	24.1% (35)
d. Other - (specify below)	6.3% (4)	24.0% (6)	25.0% (3)	28.6% (4)	6.5% (2)	13.1% (19)
Other - please specify	4 replies	8 replies	4 replies	4 replies	4 replies	24
answered question	63	25	12	14	31	145
skipped question						72

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

		What is your current position?					Response Totals
		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)	
a. Have counties use standardized case management protocols	a. Very Helpful	46.7% (28)	40.0% (10)	8.3% (1)	57.1% (8)	67.7% (21)	
	b. Helpful	38.3% (23)	52.0% (13)	91.7% (11)	42.9% (6)	25.8% (8)	
	c. Only a little Helpful	15.0% (9)	4.0% (1)	0.0% (0)	0.0% (0)	3.2% (1)	
	d. Not helpful	0.0% (0)	4.0% (1)	0.0% (0)	0.0% (0)	3.2% (1)	
		60	25	12	14	31	100
b. Create case management teams including county CCS administrative and MTP staff, specialist providers, HMOs/Health Plans,	a. Very Helpful	25.4% (15)	41.7% (10)	18.2% (2)	85.7% (12)	45.2% (14)	
	b. Helpful	47.5% (28)	37.5% (9)	63.6% (7)	14.3% (2)	41.9% (13)	
	c. Only a little Helpful	22.0% (13)	12.5% (3)	9.1% (1)	0.0% (0)	6.5% (2)	

Regional Centers, and special education	d. Not helpful	5.1% (3)	8.3% (2)	9.1% (1)	0.0% (0)	6.5% (2)	
		59	24	11	14	31	13
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.	a. Very Helpful	29.3% (17)	33.3% (8)	41.7% (5)	57.1% (8)	55.2% (16)	
	b. Helpful	32.8% (19)	29.2% (7)	41.7% (5)	21.4% (3)	24.1% (7)	
	c. Only a little Helpful	22.4% (13)	25.0% (6)	8.3% (1)	14.3% (2)	10.3% (3)	
	d. Not helpful	15.5% (9)	12.5% (3)	8.3% (1)	7.1% (1)	10.3% (3)	
		58	24	12	14	29	13
d. Use technology to bring case management teams together, such as virtual case meetings and conference calls.	a. Very Helpful	43.3% (26)	64.0% (16)	41.7% (5)	85.7% (12)	56.7% (17)	
	b. Helpful	33.3% (20)	24.0% (6)	58.3% (7)	7.1% (1)	30.0% (9)	
	c. Only a little Helpful	20.0% (12)	4.0% (1)	0.0% (0)	7.1% (1)	10.0% (3)	
	d. Not helpful	3.3% (2)	8.0% (2)	0.0% (0)	0.0% (0)	3.3% (1)	

		60	25	12	14	30	14
e. Have counties hire and pay case managers but have them work at Special Care Centers.	a. Very Helpful	6.8% (4)	9.5% (2)	30.0% (3)	28.6% (4)	6.9% (2)	14
	b. Helpful	16.9% (10)	14.3% (3)	40.0% (4)	14.3% (2)	27.6% (8)	
	c. Only a little Helpful	28.8% (17)	19.0% (4)	10.0% (1)	35.7% (5)	31.0% (9)	
	d. Not helpful	47.5% (28)	57.1% (12)	20.0% (2)	21.4% (3)	34.5% (10)	
		59	21	10	14	29	14
f. Case management should happen at the child's medical home.	a. Very Helpful	8.3% (5)	0.0% (0)	36.4% (4)	50.0% (7)	25.0% (7)	14
	b. Helpful	33.3% (20)	21.7% (5)	27.3% (3)	28.6% (4)	32.1% (9)	
	c. Only a little Helpful	30.0% (18)	43.5% (10)	27.3% (3)	14.3% (2)	25.0% (7)	
	d. Not helpful	28.3% (17)	34.8% (8)	9.1% (1)	7.1% (1)	17.9% (5)	
		60	23	11	14	28	14
g. Implement electronic health information exchanges.	a. Very Helpful	66.7% (40)	80.0% (20)	63.6% (7)	85.7% (12)	76.7% (23)	14
	b. Helpful	28.3% (17)	16.0% (4)	36.4% (4)	14.3% (2)	20.0% (6)	
	c. Only	5.0%	0.0%	0.0%	0.0%	3.3%	

	a. Not Helpful	(3)	(0)	(0)	(0)	(1)	
	d. Not helpful	0.0% (0)	4.0% (1)	0.0% (0)	0.0% (0)	0.0% (0)	
		60	25	11	14	30	1.
h. Provide family navigators in hospitals to help parents when kids are very sick.	a. Very Helpful	34.4% (21)	70.8% (17)	54.5% (6)	64.3% (9)	66.7% (20)	
	b. Helpful	42.6% (26)	16.7% (4)	45.5% (5)	28.6% (4)	26.7% (8)	
	c. Only a little Helpful	14.8% (9)	8.3% (2)	0.0% (0)	7.1% (1)	3.3% (1)	
	d. Not helpful	8.2% (5)	4.2% (1)	0.0% (0)	0.0% (0)	3.3% (1)	
		61	24	11	14	30	1.
	answered question	62	25	12	14	31	1.
skipped question							

21. Please indicate how much you agree or disagree with the following statements about case management:							
		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)	Response Total
a. County CCS staff can do the best job at case management since they are familiar with local providers and other resources.	Agree Strongly	82.3% (51)	88.0% (22)	16.7% (2)	21.4% (3)	71.0% (22)	
	Agree Somewhat	14.5% (9)	12.0% (3)	25.0% (3)	21.4% (3)	12.9% (4)	
	Disagree Somewhat	3.2% (2)	0.0% (0)	41.7% (5)	42.9% (6)	12.9% (4)	
	Disagree Strongly	0.0% (0)	0.0% (0)	8.3% (1)	14.3% (2)	3.2% (1)	
	Don't Know/Not Sure	0.0% (0)	0.0% (0)	8.3% (1)	0.0% (0)	0.0% (0)	
		62	25	12	14	31	
b. For the children receiving the majority of their care at Special Care Centers, it would be more effective	Agree Strongly	8.1% (5)	4.0% (1)	41.7% (5)	42.9% (6)	19.4% (6)	
	Agree Somewhat	19.4% (12)	20.0% (5)	58.3% (7)	7.1% (1)	22.6% (7)	
	Disagree Somewhat	40.3% (25)	28.0% (7)	0.0% (0)	42.9% (6)	32.3% (10)	

and efficient to have the Special Care Centers do the case management and care coordination of these children.						
	Disagree Strongly	30.6% (19)	40.0% (10)	0.0% (0)	7.1% (1)	19.4% (6)
	Don't Know/Not Sure	1.6% (1)	8.0% (2)	0.0% (0)	0.0% (0)	6.5% (2)
		62	25	12	14	31
	answered question	63	25	12	14	31
skipped question						

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.

	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)	Response Totals
a. Agree Strongly	67.2% (41)	50.0% (12)	41.7% (5)	69.2% (9)	41.4% (12)	56.8% (79)
b. Agree Somewhat	21.3% (13)	37.5% (9)	33.3% (4)	15.4% (2)	34.5% (10)	27.3% (38)
c. Disagree Somewhat	4.9% (3)	4.2% (1)	16.7% (2)	15.4% (2)	13.8% (4)	8.6% (12)
d. Disagree Strongly	4.9% (3)	4.2% (1)	0.0% (0)	0.0% (0)	6.9% (2)	4.3% (6)
e. Don't Know/Not Sure	1.6% (1)	4.2% (1)	8.3% (1)	0.0% (0)	3.4% (1)	2.9% (4)
answered question	61	24	12	13	29	139
skipped question						78

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.

	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)	Response Totals
a. Agree Strongly	36.7% (22)	58.3% (14)	58.3% (7)	38.5% (5)	17.2% (5)	38.4% (53)
b. Agree Somewhat	26.7% (16)	4.2% (1)	16.7% (2)	0.0% (0)	20.7% (6)	18.1% (25)
c. Disagree Somewhat	13.3% (8)	4.2% (1)	16.7% (2)	15.4% (2)	27.6% (8)	15.2% (21)
d. Disagree Strongly	15.0% (9)	8.3% (2)	8.3% (1)	46.2% (6)	17.2% (5)	16.7% (23)
e. Don't Know/Not Sure	8.3% (5)	25.0% (6)	0.0% (0)	0.0% (0)	17.2% (5)	11.6% (16)
answered question	60	24	12	13	29	138
	skipped question					79

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).

	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)	Response Totals
a. Agree Strongly	25.4% (15)	17.4% (4)	25.0% (3)	53.8% (7)	37.9% (11)	29.4% (40)
b. Agree Somewhat	37.3% (22)	21.7% (5)	33.3% (4)	23.1% (3)	20.7% (6)	29.4% (40)
c. Disagree Somewhat	16.9% (10)	30.4% (7)	25.0% (3)	7.7% (1)	24.1% (7)	20.6% (28)
d. Disagree Strongly	8.5% (5)	17.4% (4)	8.3% (1)	15.4% (2)	3.4% (1)	9.6% (13)
e. Don't Know/Not Sure	11.9% (7)	13.0% (3)	8.3% (1)	0.0% (0)	13.8% (4)	11.0% (15)
<i>answered question</i>	59	23	12	13	29	136
	<i>skipped question</i>					81

25. Continuity of care is harder when the CCS-eligible condition is carved out (that is, care for the CCS-eligible conditions <u>is not</u> the responsibility of the health plan).						
	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)	Response Totals
a. Agree Strongly	23.3% (14)	12.5% (3)	25.0% (3)	46.2% (6)	39.3% (11)	27.0% (37)
b. Agree Somewhat	31.7% (19)	29.2% (7)	25.0% (3)	15.4% (2)	14.3% (4)	25.5% (35)
c. Disagree Somewhat	18.3% (11)	33.3% (8)	33.3% (4)	7.7% (1)	32.1% (9)	24.1% (33)
d. Disagree Strongly	13.3% (8)	16.7% (4)	8.3% (1)	30.8% (4)	10.7% (3)	14.6% (20)
e. Don't Know/Not Sure	13.3% (8)	8.3% (2)	8.3% (1)	0.0% (0)	3.6% (1)	8.8% (12)
answered question	60	24	12	13	28	137
skipped question						80

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.

	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)	Response Totals
a. Agree Strongly	53.3% (32)	34.8% (8)	30.0% (3)	61.5% (8)	50.0% (14)	48.5% (65)
b. Agree Somewhat	38.3% (23)	26.1% (6)	30.0% (3)	7.7% (1)	32.1% (9)	31.3% (42)
c. Disagree Somewhat	1.7% (1)	30.4% (7)	20.0% (2)	7.7% (1)	14.3% (4)	11.2% (15)
d. Disagree Strongly	5.0% (3)	0.0% (0)	20.0% (2)	23.1% (3)	3.6% (1)	6.7% (9)
e. Don't Know/Not Sure	1.7% (1)	8.7% (2)	0.0% (0)	0.0% (0)	0.0% (0)	2.2% (3)
answered question	60	23	10	13	28	134
	skipped question					83

27. When care for CCS-eligible conditions is carved in to a child's health plan (that is, care for the CCS-eligible conditions <u>is</u> the responsibility of their health plan), payment is inadequate to cover the services provided						
	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)	Response Totals
a. Agree Strongly	29.8% (17)	29.2% (7)	50.0% (6)	38.5% (5)	18.5% (5)	30.1% (40)
b. Agree Somewhat	17.5% (10)	16.7% (4)	16.7% (2)	0.0% (0)	18.5% (5)	15.8% (21)
c. Disagree Somewhat	5.3% (3)	4.2% (1)	0.0% (0)	0.0% (0)	14.8% (4)	6.0% (8)
d. Disagree Strongly	1.8% (1)	0.0% (0)	0.0% (0)	23.1% (3)	7.4% (2)	4.5% (6)
e. Don't Know/Not Sure	45.6% (26)	50.0% (12)	33.3% (4)	38.5% (5)	40.7% (11)	43.6% (58)
answered question	57	24	12	13	27	133
skipped question						84

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.						
	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)	Response Totals
a. Agree Strongly	57.6% (34)	25.0% (6)	75.0% (9)	61.5% (8)	55.6% (15)	53.3% (72)
b. Agree Somewhat	27.1% (16)	16.7% (4)	8.3% (1)	15.4% (2)	29.6% (8)	23.0% (31)
c. Disagree Somewhat	3.4% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	1.5% (2)
d. Disagree Strongly	3.4% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	1.5% (2)
e. Don't Know/Not Sure	8.5% (5)	58.3% (14)	16.7% (2)	23.1% (3)	14.8% (4)	20.7% (28)
answered question	59	24	12	13	27	135
	skipped question					82

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.

	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)	Response Totals
a. Agree Strongly	28.1% (16)	33.3% (8)	33.3% (4)	23.1% (3)	14.8% (4)	26.3% (35)
b. Agree Somewhat	22.8% (13)	16.7% (4)	8.3% (1)	15.4% (2)	22.2% (6)	19.5% (26)
c. Disagree Somewhat	8.8% (5)	8.3% (2)	0.0% (0)	15.4% (2)	11.1% (3)	9.0% (12)
d. Disagree Strongly	7.0% (4)	4.2% (1)	16.7% (2)	30.8% (4)	11.1% (3)	10.5% (14)
e. Don't Know/Not Sure	33.3% (19)	37.5% (9)	41.7% (5)	15.4% (2)	40.7% (11)	34.6% (46)
answered question	57	24	12	13	27	133
skipped question						84

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.

	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)	Response Totals
a. Agree Strongly	72.9% (43)	37.5% (9)	33.3% (4)	41.7% (5)	55.6% (15)	56.7% (76)
b. Agree Somewhat	18.6% (11)	37.5% (9)	25.0% (3)	25.0% (3)	25.9% (7)	24.6% (33)
c. Disagree Somewhat	1.7% (1)	4.2% (1)	16.7% (2)	16.7% (2)	7.4% (2)	6.0% (8)
d. Disagree Strongly	0.0% (0)	0.0% (0)	0.0% (0)	8.3% (1)	0.0% (0)	0.7% (1)
e. Don't Know/Not Sure	6.8% (4)	20.8% (5)	25.0% (3)	8.3% (1)	11.1% (3)	11.9% (16)
<i>answered question</i>	59	24	12	12	27	134
<i>skipped question</i>						83

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.						
	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)	Response Totals
a. Agree Strongly	58.6% (34)	58.3% (14)	33.3% (4)	30.8% (4)	37.0% (10)	49.3% (66)
b. Agree Somewhat	22.4% (13)	16.7% (4)	8.3% (1)	7.7% (1)	7.4% (2)	15.7% (21)
c. Disagree Somewhat	6.9% (4)	4.2% (1)	41.7% (5)	0.0% (0)	22.2% (6)	11.9% (16)
d. Disagree Strongly	1.7% (1)	4.2% (1)	0.0% (0)	53.8% (7)	7.4% (2)	8.2% (11)
e. Don't Know/Not Sure	10.3% (6)	16.7% (4)	16.7% (2)	7.7% (1)	25.9% (7)	14.9% (20)
answered question	58	24	12	13	27	134
skipped question						83

32. Special Care Centers should hire primary care providers (physicians and nurse practitioners) to provider primary care services to CCS clients.						
	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)	Response Totals
Agree Strongly	13.8% (8)	17.4% (4)	8.3% (1)	38.5% (5)	17.2% (5)	17.0% (23)
Agree Somewhat	32.8% (19)	21.7% (5)	33.3% (4)	15.4% (2)	24.1% (7)	27.4% (37)
Disagree Somewhat	19.0% (11)	13.0% (3)	16.7% (2)	15.4% (2)	20.7% (6)	17.8% (24)
Disagree Strongly	15.5% (9)	21.7% (5)	16.7% (2)	23.1% (3)	13.8% (4)	17.0% (23)
Don't Know/Not Sure	19.0% (11)	26.1% (6)	25.0% (3)	7.7% (1)	24.1% (7)	20.7% (28)
answered question	58	23	12	13	29	135
skipped question						82

33. CCS should panel nurse practitioners working at the special care centers under the guidance of a CCS-paneled physician.						
	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)	Response Totals
Agree Strongly	28.1% (16)	20.8% (5)	75.0% (9)	46.2% (6)	48.3% (14)	37.0% (50)
Agree Somewhat	43.9% (25)	54.2% (13)	8.3% (1)	38.5% (5)	27.6% (8)	38.5% (52)
Disagree Somewhat	8.8% (5)	8.3% (2)	8.3% (1)	7.7% (1)	10.3% (3)	8.9% (12)
Disagree Strongly	3.5% (2)	4.2% (1)	0.0% (0)	7.7% (1)	6.9% (2)	4.4% (6)
Don't Know/Not Sure	15.8% (9)	12.5% (3)	8.3% (1)	0.0% (0)	6.9% (2)	11.1% (15)
<i>answered question</i>	57	24	12	13	29	135
<i>skipped question</i>						82

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.

	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)	Response Totals
Agree Strongly	44.8% (26)	50.0% (12)	83.3% (10)	66.7% (8)	77.8% (21)	57.9% (77)
Agree Somewhat	44.8% (26)	41.7% (10)	16.7% (2)	25.0% (3)	18.5% (5)	34.6% (46)
Disagree Somewhat	3.4% (2)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	1.5% (2)
Disagree Somewhat	1.7% (1)	0.0% (0)	0.0% (0)	8.3% (1)	0.0% (0)	1.5% (2)
Don't Know/Not Sure	5.2% (3)	8.3% (2)	0.0% (0)	0.0% (0)	3.7% (1)	4.5% (6)
answered question	58	24	12	12	27	133
skipped question						84

35. CCS should re-examine CCS eligibility criteria for NICU care.						
	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)	Response Totals
a. Agree Strongly	47.5% (28)	12.5% (3)	8.3% (1)	53.8% (7)	40.7% (11)	37.0% (50)
b. Agree Somewhat	23.7% (14)	12.5% (3)	25.0% (3)	7.7% (1)	22.2% (6)	20.0% (27)
c. Disagree Somewhat	10.2% (6)	8.3% (2)	16.7% (2)	0.0% (0)	3.7% (1)	8.1% (11)
d. Disagree Strongly	1.7% (1)	8.3% (2)	0.0% (0)	15.4% (2)	3.7% (1)	4.4% (6)
e. Don't Know/Not Sure	16.9% (10)	58.3% (14)	50.0% (6)	23.1% (3)	29.6% (8)	30.4% (41)
<i>answered question</i>	59	24	12	13	27	135
<i>skipped question</i>						82

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.						
	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)	Response Totals
a. Agree Strongly	6.8% (4)	0.0% (0)	8.3% (1)	53.8% (7)	7.1% (2)	10.3% (14)
b. Agree Somewhat	11.9% (7)	0.0% (0)	16.7% (2)	23.1% (3)	14.3% (4)	11.8% (16)
c. Disagree Somewhat	15.3% (9)	16.7% (4)	33.3% (4)	7.7% (1)	25.0% (7)	18.4% (25)
d. Disagree Strongly	59.3% (35)	37.5% (9)	0.0% (0)	7.7% (1)	35.7% (10)	40.4% (55)
e. Don't Know/Not Sure	6.8% (4)	45.8% (11)	41.7% (5)	7.7% (1)	17.9% (5)	19.1% (26)
answered question	59	24	12	13	28	136
skipped question						81

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.

	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)	Response Totals
a. Agree Strongly	60.3% (35)	45.8% (11)	16.7% (2)	15.4% (2)	60.7% (17)	49.6% (67)
b. Agree Somewhat	17.2% (10)	16.7% (4)	16.7% (2)	7.7% (1)	17.9% (5)	16.3% (22)
c. Disagree Somewhat	13.8% (8)	0.0% (0)	16.7% (2)	23.1% (3)	3.6% (1)	10.4% (14)
d. Disagree Strongly	3.4% (2)	0.0% (0)	8.3% (1)	46.2% (6)	3.6% (1)	7.4% (10)
e. Don't Know/Not Sure	5.2% (3)	37.5% (9)	41.7% (5)	7.7% (1)	14.3% (4)	16.3% (22)
answered question	58	24	12	13	28	135
	skipped question					82

38. There should be capitated rates for NICU coverage.						
	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)	Response Totals
a. Agree Strongly	13.6% (8)	0.0% (0)	0.0% (0)	16.7% (2)	21.4% (6)	11.9% (16)
b. Agree Somewhat	22.0% (13)	16.7% (4)	0.0% (0)	8.3% (1)	21.4% (6)	17.8% (24)
c. Disagree Somewhat	18.6% (11)	8.3% (2)	16.7% (2)	25.0% (3)	14.3% (4)	16.3% (22)
d. Disagree Strongly	8.5% (5)	12.5% (3)	41.7% (5)	8.3% (1)	3.6% (1)	11.1% (15)
e. Don't Know/Not Sure	37.3% (22)	62.5% (15)	41.7% (5)	41.7% (5)	39.3% (11)	43.0% (58)
answered question	59	24	12	12	28	135
skipped question						82

39. The State should re-examine medical eligibly for CCS to focus on longer term conditions that need intensive case management and care coordination.						
	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)	Response Totals
a. Agree Strongly	65.5% (38)	50.0% (12)	25.0% (3)	41.7% (5)	50.0% (14)	53.7% (72)
b. Agree Somewhat	24.1% (14)	37.5% (9)	66.7% (8)	25.0% (3)	42.9% (12)	34.3% (46)
c. Disagree Somewhat	6.9% (4)	0.0% (0)	8.3% (1)	16.7% (2)	3.6% (1)	6.0% (8)
d. Disagree Strongly	0.0% (0)	4.2% (1)	0.0% (0)	8.3% (1)	0.0% (0)	1.5% (2)
e. Don't Know/Not Sure	3.4% (2)	8.3% (2)	0.0% (0)	8.3% (1)	3.6% (1)	4.5% (6)
<i>answered question</i>	58	24	12	12	28	134
<i>skipped question</i>						83

40. There may be small variations between counties in medical eligibility determinations, but this does not create significant problems.						
	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)	Response Totals
a. Agree Strongly	27.1% (16)	20.8% (5)	0.0% (0)	23.1% (3)	7.4% (2)	19.3% (26)
b. Agree Somewhat	25.4% (15)	37.5% (9)	16.7% (2)	7.7% (1)	33.3% (9)	26.7% (36)
c. Disagree Somewhat	33.9% (20)	25.0% (6)	33.3% (4)	0.0% (0)	33.3% (9)	28.9% (39)
d. Disagree Strongly	8.5% (5)	4.2% (1)	16.7% (2)	69.2% (9)	11.1% (3)	14.8% (20)
e. Don't Know/Not Sure	5.1% (3)	12.5% (3)	33.3% (4)	0.0% (0)	14.8% (4)	10.4% (14)
answered question	59	24	12	13	27	135
skipped question						82

41. There is significant variation in the amount of money counties are willing or able to spend serving CCS patients.						
	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)	Response Totals
a. Agree Strongly	36.2% (21)	20.8% (5)	16.7% (2)	33.3% (4)	25.9% (7)	29.3% (39)
b. Agree Somewhat	27.6% (16)	33.3% (8)	33.3% (4)	25.0% (3)	14.8% (4)	26.3% (35)
c. Disagree Somewhat	5.2% (3)	12.5% (3)	0.0% (0)	0.0% (0)	11.1% (3)	6.8% (9)
d. Disagree Strongly	1.7% (1)	0.0% (0)	0.0% (0)	8.3% (1)	0.0% (0)	1.5% (2)
e. Don't Know/Not Sure	29.3% (17)	33.3% (8)	50.0% (6)	33.3% (4)	48.1% (13)	36.1% (48)
answered question	58	24	12	12	27	133
skipped question						84

42. Medical eligibility determinations should be made at a regional or statewide level instead of by Counties' CCS Medical Eligibility consultants.						
	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)	Response Totals
a. Agree Strongly	5.2% (3)	4.2% (1)	25.0% (3)	38.5% (5)	7.1% (2)	10.4% (14)
b. Agree Somewhat	19.0% (11)	0.0% (0)	25.0% (3)	23.1% (3)	3.6% (1)	13.3% (18)
c. Disagree Somewhat	10.3% (6)	29.2% (7)	25.0% (3)	7.7% (1)	25.0% (7)	17.8% (24)
d. Disagree Strongly	58.6% (34)	62.5% (15)	0.0% (0)	23.1% (3)	60.7% (17)	51.1% (69)
e. Don't Know/Not Sure	6.9% (4)	4.2% (1)	25.0% (3)	7.7% (1)	3.6% (1)	7.4% (10)
<i>answered question</i>	58	24	12	13	28	135
<i>skipped question</i>						82

43. Are you a Hospital Administrator or a staff member of a Health Plan?						
	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)	Response Totals
Yes	1.6% (1)	0.0% (0)	30.8% (4)	92.3% (12)	0.0% (0)	11.9% (17)
No	98.4% (61)	100.0% (24)	69.2% (9)	7.7% (1)	100.0% (31)	88.1% (126)
answered question	62	24	13	13	31	143
skipped question						74

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

		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)	Response
a. Too few DME providers being available due to low reimbursement rates.	Not a problem	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (2)	0.0% (0)	
	Only rarely a problem	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Occasionally a problem	0.0% (0)	0.0% (0)	0.0% (0)	41.7% (5)	0.0% (0)	
	Frequently a problem	0.0% (0)	0.0% (0)	100.0% (4)	25.0% (3)	0.0% (0)	
	Don't Know/Not sure	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (2)	0.0% (0)	
		0	0	4	12	0	
b. DME providers refusing to provide certain kinds of equipment due to low reimbursement rates for that equipment.	Not a problem	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (2)	0.0% (0)	
	Only rarely a problem	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Occasionally a problem	0.0% (0)	0.0% (0)	25.0% (1)	41.7% (5)	0.0% (0)	
	Frequently a	0.0%	0.0%	75.0%	25.0%	0.0%	

	problem	(0)	(0)	(3)	(3)	(0)
	Don't Know/Not sure	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (2)	0.0% (0)
		0	0	4	12	0
c. Client discharges being delayed because of delays in getting DME (e.g. ventilators, apnea monitors, wheel chairs.	Not a problem	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (2)	0.0% (0)
	Only rarely a problem	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (2)	0.0% (0)
	Occasionally a problem	0.0% (0)	0.0% (0)	25.0% (1)	25.0% (3)	0.0% (0)
	Frequently a problem	0.0% (0)	0.0% (0)	75.0% (3)	25.0% (3)	0.0% (0)
	Don't Know/Not sure	0.0% (0)	0.0% (0)	0.0% (0)	16.7% (2)	0.0% (0)
		0	0	4	12	0
d. Hospitals or families having to purchase DME so that clients can be discharged in a timely manner.	Not a problem	0.0% (0)	0.0% (0)	0.0% (0)	25.0% (3)	0.0% (0)
	Only rarely a problem	0.0% (0)	0.0% (0)	25.0% (1)	16.7% (2)	0.0% (0)
	Occasionally a problem	0.0% (0)	0.0% (0)	25.0% (1)	8.3% (1)	0.0% (0)
	Frequently a problem	0.0% (0)	0.0% (0)	25.0% (1)	16.7% (2)	0.0% (0)
	Don't	0.0%	0.0%	25.0%	33.3%	0.0%

	Know/Not sure	(0)	(0)	(1)	(4)	(0)
		0	0	4	12	0
e. Clients missing school due to delays in getting or repairing needed DME.	Not a problem	0.0% (0)	0.0% (0)	25.0% (1)	36.4% (4)	0.0% (0)
	Only rarely a problem	0.0% (0)	0.0% (0)	0.0% (0)	9.1% (1)	0.0% (0)
	Occasionally a problem	0.0% (0)	0.0% (0)	25.0% (1)	9.1% (1)	0.0% (0)
	Frequently a problem	0.0% (0)	0.0% (0)	25.0% (1)	9.1% (1)	0.0% (0)
	Don't Know/Not sure	0.0% (0)	0.0% (0)	25.0% (1)	36.4% (4)	0.0% (0)
		0	0	4	11	0
	answered question	0	0	4	12	0
skipped question						

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?						
	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)	Response Totals
Very Easy	0.0% (0)	0.0% (0)	0.0% (0)	7.7% (1)	0.0% (0)	0.8% (1)
Somewhat Easy	14.0% (8)	20.8% (5)	0.0% (0)	15.4% (2)	15.4% (4)	14.4% (19)
Somewhat Hard	31.6% (18)	37.5% (9)	8.3% (1)	38.5% (5)	42.3% (11)	33.3% (44)
Very Hard	49.1% (28)	37.5% (9)	41.7% (5)	15.4% (2)	26.9% (7)	38.6% (51)
Don't Know/Not Sure	5.3% (3)	4.2% (1)	50.0% (6)	23.1% (3)	15.4% (4)	12.9% (17)
answered question	57	24	12	13	26	132
skipped question						85

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?						
	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)	Response Totals
Yes	96.6% (56)	95.8% (23)	33.3% (4)	69.2% (9)	88.0% (22)	86.4% (114)
No	1.7% (1)	0.0% (0)	16.7% (2)	7.7% (1)	4.0% (1)	3.8% (5)
Don't Know/Not Sure	1.7% (1)	4.2% (1)	50.0% (6)	23.1% (3)	8.0% (2)	9.8% (13)
answered question	58	24	12	13	25	132
skipped question						85

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

		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)	Respon To
a. Lack of funding for transition planning	Major barrier	35.1% (20)	12.5% (3)	25.0% (3)	15.4% (2)	30.8% (8)	
	Somewhat of a barrier	33.3% (19)	37.5% (9)	25.0% (3)	30.8% (4)	30.8% (8)	
	Slight barrier	17.5% (10)	16.7% (4)	0.0% (0)	7.7% (1)	15.4% (4)	
	Not a barrier	7.0% (4)	33.3% (8)	8.3% (1)	23.1% (3)	11.5% (3)	
	Don't Know/Not Sure	7.0% (4)	0.0% (0)	41.7% (5)	23.1% (3)	11.5% (3)	
		57	24	12	13	26	
b. Lack of access to appropriate adult health care providers	Major barrier	67.9% (38)	45.8% (11)	41.7% (5)	23.1% (3)	53.8% (14)	
	Somewhat of a barrier	23.2% (13)	37.5% (9)	16.7% (2)	30.8% (4)	26.9% (7)	
	Slight barrier	5.4% (3)	16.7% (4)	0.0% (0)	7.7% (1)	7.7% (2)	

	Not a barrier	3.6% (2)	0.0% (0)	0.0% (0)	15.4% (2)	7.7% (2)
	Don't Know/Not Sure	0.0% (0)	0.0% (0)	41.7% (5)	23.1% (3)	3.8% (1)
		56	24	12	13	26
c. Lack of training for adult clinicians in care for particular special care needs that transitioning youth have	Major barrier	57.1% (32)	58.3% (14)	41.7% (5)	23.1% (3)	48.0% (12)
	Somewhat of a barrier	21.4% (12)	25.0% (6)	16.7% (2)	23.1% (3)	28.0% (7)
	Slight barrier	8.9% (5)	16.7% (4)	0.0% (0)	15.4% (2)	4.0% (1)
	Not a barrier	0.0% (0)	0.0% (0)	0.0% (0)	15.4% (2)	0.0% (0)
	Don't Know/Not Sure	12.5% (7)	0.0% (0)	41.7% (5)	23.1% (3)	20.0% (5)
		56	24	12	13	25
d. Lack of communication between old CCS providers and new adult providers	Major barrier	22.8% (13)	29.2% (7)	16.7% (2)	23.1% (3)	56.0% (14)
	Somewhat of a barrier	42.1% (24)	29.2% (7)	25.0% (3)	23.1% (3)	12.0% (3)
	Slight barrier	10.5% (6)	4.2% (1)	8.3% (1)	7.7% (1)	20.0% (5)
	Not a barrier	5.3% (3)	20.8% (7)	0.0% (0)	15.4% (2)	0.0% (0)

	barrier	(3)	(5)	(0)	(2)	(0)
	Don't Know/Not Sure	19.3% (11)	16.7% (4)	50.0% (6)	30.8% (4)	12.0% (3)
		57	24	12	13	25
e. Lack of clinical guidelines for care of special health care needs	Major barrier	25.0% (14)	33.3% (8)	8.3% (1)	16.7% (2)	37.5% (9)
	Somewhat of a barrier	25.0% (14)	16.7% (4)	41.7% (5)	8.3% (1)	20.8% (5)
	Slight barrier	14.3% (8)	8.3% (2)	0.0% (0)	25.0% (3)	8.3% (2)
	Not a barrier	8.9% (5)	12.5% (3)	0.0% (0)	8.3% (1)	4.2% (1)
	Don't Know/Not Sure	26.8% (15)	29.2% (7)	50.0% (6)	41.7% (5)	29.2% (7)
		56	24	12	12	24
f. Lack of case management and coordination services once the patient transitions out of CCS	Major barrier	56.1% (32)	50.0% (12)	33.3% (4)	30.8% (4)	54.2% (13)
	Somewhat of a barrier	24.6% (14)	29.2% (7)	16.7% (2)	7.7% (1)	20.8% (5)
	Slight barrier	1.8% (1)	12.5% (3)	0.0% (0)	15.4% (2)	4.2% (1)
	Not a barrier	1.8% (1)	0.0% (0)	0.0% (0)	23.1% (3)	0.0% (0)

	Don't Know/Not Sure	15.8% (9)	8.3% (2)	50.0% (6)	23.1% (3)	20.8% (5)	
		57	24	12	13	24	
g. Burdensome procedures for access to insurance	Major barrier	52.6% (30)	45.8% (11)	50.0% (6)	23.1% (3)	43.5% (10)	
	Somewhat of a barrier	24.6% (14)	29.2% (7)	8.3% (1)	15.4% (2)	30.4% (7)	
	Slight barrier	1.8% (1)	4.2% (1)	0.0% (0)	15.4% (2)	4.3% (1)	
	Not a barrier	0.0% (0)	0.0% (0)	8.3% (1)	23.1% (3)	0.0% (0)	
	Don't Know/Not Sure	21.1% (12)	20.8% (5)	33.3% (4)	23.1% (3)	21.7% (5)	
		57	24	12	13	23	
	answered question	57	24	12	13	26	
skipped question							

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:

		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)	Respo Tota
a. If these clients have the skills or supports they need to effectively manage their care?	Very Helpful	63.2% (36)	66.7% (16)	33.3% (4)	69.2% (9)	47.8% (11)	
	Helpful	28.1% (16)	29.2% (7)	25.0% (3)	7.7% (1)	47.8% (11)	
	Only a little Helpful	5.3% (3)	0.0% (0)	0.0% (0)	0.0% (0)	4.3% (1)	
	Not helpful	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	
	Don't Know/Not Sure	3.5% (2)	4.2% (1)	41.7% (5)	23.1% (3)	0.0% (0)	
		57	24	12	13	23	
b. If the adult providers were given a prepared medical summary of the patient?	Very Helpful	63.2% (36)	50.0% (12)	33.3% (4)	53.8% (7)	69.6% (16)	
	Helpful	28.1% (16)	45.8% (11)	25.0% (3)	23.1% (3)	30.4% (7)	
	Only a little Helpful	3.5% (2)	0.0% (0)	8.3% (1)	0.0% (0)	0.0% (0)	

	Not helpful	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	5.3% (3)	4.2% (1)	33.3% (4)	23.1% (3)	0.0% (0)
		57	24	12	13	23
c. If the adult provider had easy access to Regional Center, Special Care Center, school, CCS and pediatric records?	Very Helpful	62.5% (35)	45.8% (11)	41.7% (5)	69.2% (9)	82.6% (19)
	Helpful	30.4% (17)	50.0% (12)	25.0% (3)	7.7% (1)	17.4% (4)
	Only a little Helpful	1.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Not helpful	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	5.4% (3)	4.2% (1)	33.3% (4)	23.1% (3)	0.0% (0)
		56	24	12	13	23
d. If the adult provider were offered training, funding, and resources to help you care for these patients?	Very Helpful	56.1% (32)	54.2% (13)	33.3% (4)	53.8% (7)	56.5% (13)
	Helpful	29.8% (17)	25.0% (6)	25.0% (3)	30.8% (4)	34.8% (8)
	Only a little Helpful	5.3% (3)	4.2% (1)	0.0% (0)	0.0% (0)	4.3% (1)
	Not	0.0%	0.0%	0.0%	0.0%	4.3%

	helpful	(0)	(0)	(0)	(0)	(1)
	Don't Know/Not Sure	8.8% (5)	16.7% (4)	41.7% (5)	15.4% (2)	0.0% (0)
		57	24	12	13	23
e. If these clients have insurance that covers the cost of their care and coordination?	Very Helpful	84.2% (48)	66.7% (16)	50.0% (6)	53.8% (7)	87.0% (20)
	Helpful	14.0% (8)	25.0% (6)	16.7% (2)	23.1% (3)	13.0% (3)
	Only a little Helpful	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Not helpful	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	1.8% (1)	8.3% (2)	33.3% (4)	23.1% (3)	0.0% (0)
		57	24	12	13	23
f. If there is someone the adult provider can go to for consultation?	Very Helpful	60.7% (34)	66.7% (16)	41.7% (5)	53.8% (7)	58.3% (14)
	Helpful	35.7% (20)	29.2% (7)	25.0% (3)	23.1% (3)	33.3% (8)
	Only a little Helpful	1.8% (1)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)
	Not helpful	0.0% (0)	0.0% (0)	0.0% (0)	0.0% (0)	4.2% (1)

	Don't Know/Not Sure	1.8% (1)	4.2% (1)	33.3% (4)	23.1% (3)	0.0% (0)	
		56	24	12	13	24	
	<i>answered question</i>	57	24	12	13	24	
<i>skipped question</i>							

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).

		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)	Resp Tot
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.	Agree Strongly	31.6% (18)	66.7% (16)	0.0% (0)	30.0% (3)	55.0% (11)	
	Agree Somewhat	43.9% (25)	25.0% (6)	28.6% (2)	30.0% (3)	30.0% (6)	
	Disagree Somewhat	15.8% (9)	0.0% (0)	28.6% (2)	20.0% (2)	5.0% (1)	
	Disagree Strongly	7.0% (4)	8.3% (2)	42.9% (3)	10.0% (1)	5.0% (1)	
	Don't Know/Not Sure	1.8% (1)	0.0% (0)	0.0% (0)	10.0% (1)	5.0% (1)	

		57	24	7	10	20
b. MTP should extend the hours they are open to provide services to better accommodate families.	Agree Strongly	15.8% (9)	8.3% (2)	85.7% (6)	30.0% (3)	40.0% (8)
	Agree Somewhat	36.8% (21)	41.7% (10)	0.0% (0)	60.0% (6)	35.0% (7)
	Disagree Somewhat	33.3% (19)	25.0% (6)	0.0% (0)	0.0% (0)	15.0% (3)
	Disagree Strongly	7.0% (4)	25.0% (6)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	7.0% (4)	0.0% (0)	14.3% (1)	10.0% (1)	10.0% (2)
		57	24	7	10	20
c. MTP should explore doing therapy in groups where possible to more efficiently use resources.	Agree Strongly	21.1% (12)	20.8% (5)	85.7% (6)	30.0% (3)	35.0% (7)
	Agree Somewhat	50.9% (29)	54.2% (13)	14.3% (1)	60.0% (6)	35.0% (7)
	Disagree Somewhat	15.8% (9)	12.5% (3)	0.0% (0)	0.0% (0)	15.0% (3)
	Disagree Strongly	3.5% (2)	12.5% (3)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	8.8% (5)	0.0% (0)	0.0% (0)	10.0% (1)	15.0% (3)
		57	24	7	10	20

d. Transportation to therapy appointments is a problem.	Agree Strongly	17.5% (10)	20.8% (5)	57.1% (4)	40.0% (4)	50.0% (10)
	Agree Somewhat	61.4% (35)	45.8% (11)	14.3% (1)	30.0% (3)	30.0% (6)
	Disagree Somewhat	14.0% (8)	20.8% (5)	0.0% (0)	0.0% (0)	10.0% (2)
	Disagree Strongly	3.5% (2)	12.5% (3)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	3.5% (2)	0.0% (0)	28.6% (2)	30.0% (3)	10.0% (2)
		57	24	7	10	20
e. Other options beside school buses should be explored for transportation to therapy appointments.	Agree Strongly	28.1% (16)	20.8% (5)	57.1% (4)	22.2% (2)	55.0% (11)
	Agree Somewhat	63.2% (36)	37.5% (9)	14.3% (1)	44.4% (4)	30.0% (6)
	Disagree Somewhat	3.5% (2)	8.3% (2)	0.0% (0)	0.0% (0)	0.0% (0)
	Disagree Strongly	1.8% (1)	33.3% (8)	0.0% (0)	0.0% (0)	0.0% (0)
	Don't Know/Not Sure	3.5% (2)	0.0% (0)	28.6% (2)	33.3% (3)	15.0% (3)
		57	24	7	9	20
answered question		57	24	7	10	20
skipped question						

50. Please use this space to share any other comments you want to make about the CCS program.						
	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)	Response Count
	21 replies	10 replies	2 replies	8 replies	11 replies	52
answered question	21	10	2	8	11	52
skipped question						165

CCS Needs Assessment Survey for CCS Administrators, Hospitals, and Health Plans

1. What is your current position – 56 responses

ELIGIBILITY SUPERVISOR
eligibility supervisor
pediatric surgeon
CCS case manager
State CCS Program Consultant - Southern California
Senior Public Health Nurse
PHN Case manager
Senior Public health Nurse
Supervising Therapist for the Co. MTP
CCS PHN Case Manager
County CCS PHN CM
mlm
MTU manager
Director Quality, Social Services, Interpreter Services
CCS MTP therapist
Director of a Parent Center
Medical Care Program Eligibility Supr
County CCS Nurse Case Manager
MTP physician
Public Health Director
CCS NURSE CASE MANAGER
Supervising Public Health Nurse
CCS Supervising Public Health Nurse IV
County CCS Nurse Consultant/PHN
physical therapist
Physician
Intake Worker
County CCS Case Manager
CCS Supervising Public Health Nurse IV
MTP physician
A pediatric nephrologist
Administrative Coordinator
MCAH Director and CHDP Director
MCH and CHDP Director
CHDP Deputy Director
Staff nurse
CCS paneled Pediatrician
Compliance Manager
Senior Public Health Nurse
PHN Case manager, MTP Admin, CCS Admin
pediatrician
Eligibility Coordinator/Sr CSPA
CCS Coordinator
Program Coordinator
Supervising Social Worker

public health nurse case manager
County CCS Nutrition Case Manager
CCS Staff
PHN
PUBLIC HEALTH NURSE, RN CASE MANAGER
County CCS Case Manager
CCs Public Health Nurse Case Manager
NURSE CASE MANAGER
CHILD HEALTH LIAISON
PROGRAM COORDINATOR
Physicians Medical Group of Santa Cruz County IPA Medical Director

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

OTHER BARRIERS – 38 responses

The carve out for Healthy Families is not clearly known by both physicians in the HF plans and hospitals. Frequently the HF plan has not educated the providers regarding the carve out and families are really left in the dark. Anthem BlueCross and Healthnet have tried, but I believe PSA's would be the way to reach the most both patients, families and providers.

Knowledge that the insurance the family has carves out CCS-i.e. Healthy Families. Healthnet and Anthem Blue Cross have tried to educate providers.

Closest Medical Center Geographically is in Nevada and hospital is not approved for CCS for many services. Needing coordination with State CMS for facility approval of NICU, and other departments.

coordination of payment for non-ccs conditions with health plan

Physicians commonly believe that becoming a MediCal provider and/or a CCS provider will cause their practices to be inundated by low-paying patients who are non-compliant and difficult to manage.

*hard to get Dermatology, Psychiatry, Orthodontic, Dental consultations for our Oncology patients

*hard to get services for the over 18/under 21 crowd at Children's or in Adult offices off campus.

Appears that this section is oriented to PCPs and not specialists - too bad that distinction was not made at the beginning.

Barriers apply differently to participating sub-specialists vs PCP's, but this is not clear in the questions.

Not enough pediatricians to equitably share medical home responsibilities for the most complex CCS children

1)Distance to specialty centers from primary care site is a barrier. 2)Primary care physicians who are ped specialists sometimes feel they're expertise is adequate compared to a Special Care Center.

inaccurate information about what the CCS program can or cannot provide, lack of understanding about medical eligibility criteria

(O) is duplicate question of (a)

Major difficulty is dealing with billing Medi-Cal for services and changing information with Medi-Cal.

Limited local providers, therefore impacts specialists at major health centers.

Many problems with billing since billers are dealing with different counties and if M/Cal managed Care or not and many managed programs are different.

Rates-rates-rates are the big barrier.

Different authorization rules for Healthy Families vs Medi-Cal CCS and inconsistency between counties.

Discrepancies between CCS programs in different counties

Old and outdated regulations governing CCS

Lack of consistencies across counties in determinig eligibility. Working with the manged care plans and their lack of understanding how the program works

Low Reimbursement rate and waiting period for completion of CCS panel & approved Medi-cal provider status is major barrier

Case management of pts is adequately done by the local CCS staff and we train providers to understand how the CCS program works by offering monthly trainings and going to their worksites if requested. The paneling process is prohibitive especially for ER doctors that do not think about funding issues at the ER level.

delay in getting authorizations. All the extra Admin work for a difficult child at significant cut in reimbursement. Also getting the word out when there are rate increases or easier claims submission.

Knowledge in the field that other CCS MTP physicians have extreme difficulty getting paid in a timely manner.

Lack of knowledge about the types of children (eligibility) and family income of children served by CCS. Lack of knowledge of other services available to families, especially Regional Centers.

Working in Imperial County where there are no therapists to care for the patients pre and postoperatively or post Botulinum toxin injections

The CCS program is not geared to work with PCPs, so the PCP is often left out, doesn't know what is happening with the CCS child and the parent may not remember everything, so the PCP is often practicing/making decisions with only part of the history/no interval update. There is often a delay between the specialist's note getting back to the PCP, no real-time way to communicate (unless the PCP has access to the EHR of the specialist, and everything is in there, eg Packard's physician portal). Want to emphasize that CCS paneling is a big deal--many CCS covered services are denied by CCS because the ordering MD is not CCS paneled--could be (eg board cert pediatrician, etc), but no facilitation of getting that done.

administrative barriers in general and multiple payors for the same pt

Standards are old and need to be updated and be evidence-based. This is a barrier for certification for new sites/hospitals.

difficulty getting families to properly complete and respond to requests for applications

Delayed claim payment is a major reason

Missed appointments and language barriers working with low-income MediCal/CCS families. Complexity of dealing with Healthy Families plans.

The physician's staff is not knowledgeable about the CCS program and how to bill for services. resources available in other languages. Lack of translation for office visits outside of tertiary center.

Lack of knowledge about the CCS policies/requirements for authorization of services.

The largest barrier is the problem with the State reimbursement contractors and getting paid. That is a major reason that physicians drop off of the list of M/Cal providers and CCS participants.

Pharmacies not knowing how to bill EDS for medications and billing staff not being willing/knowledgeable enough to assist them,which causes a delay in clients getting their medications.

Many CCS families are non-compliant, ie no shows, etc.

EDS

low reimbursement, especially for audiology services!!!

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

OTHER – 22 responses

SCC's need to fulfil the roles they have accepted. Fragmenting care by not seeing the team

and having the family go to separate appts at separate locations defeats the purpose of the SCC.

Link hospital Medi-Cal reimbursement rates with having CCS paneled physicians admitting/caring for patients so that the hospital would receive a higher rate for inpatient care IF the admitting physician is CCS paneled. The hospital credentialing staff would be motivated to have hospital staff physicians submit CCS paneling applications.

It seems unreasonable from a standpoint of time and knowledge for PCPs to become case managers for CCS eligible children other than managing the general care and coordinating with the specialists

Consider regionalizing the fiscal intermediaries with actual staff that will interact with the providers

Physicians need reimbursement to attend these trainings. They can't be expected to take time away from their practice to increase expertise without compensation.

Many local offices note billing/reimbursement is the main factor why they do not accept CCS clients. The offices who only see a few M/Cal are not well versed in how to bill for services or deal with the denials or respond to the corrections needed to get paid.

Managed Care Plans should encourage Physicians to become CCS Paneled

Concerning item 5.L. above, I believe our Managed Care plan treats CCS clients as special category of members separate from capitated rate and doctors receive less for these patient visits, so a discentive actually exists.

Provide enhanced rates to provider who provides care coordination.

Public Service Announcements to increase the community knowledge and demand for CCS services

if the State cannot support the CCS system, allow local CCS programs to outreach MDs and community health partners in coordinating care for CCS eligible children by increasing fiscal support and innovation.

(H) has two pieces. Should be better coordination but should be more education w hospitals to push doctors to become CCS paneled when requesting Hospital priveleges to ensure they are reimbursed.

Decentralize the system and provide more fiscal and regional support to local CCS programs to enhance case management and innovation that streamlines the referrals and authorization process.

It is very difficult for the Medical Therapy Clinics to exist with the low reimbursement, lack of therapy services, distances driven, etc.

1. CCS should be required to target every potential PCP in their county for CCS paneling--that kind of outreach should be expected.

2. Managed Care plans who have CCS carved in should be allowed to have CCS paneling delegated to them just like other credentialing requirements.

3. Re: L--there should only be enhanced rates for enhanced services eg tied to specified medical home model services, additional care coordination, etc--just because a PCP cares for a CCS kid, but might do a poor job, doesn't mean they should get paid--it should be for meeting specific criteria (which exist, and are standardized--AAP's medical home criteria--contact Dr. David Bergman at LPCH for assistance with this.)

4. Need increased rates for CCS kids to Managed care plans for paying more to PCPs--need to look at how to better integrate PCP care and CCS specialty care to improve coordination and communication to PCPs.

I. we are fine with enhancing rates as long as the plans are compensated by the state for enhancing primary care rates.

Hospitals are rapidly consolidating financial staffing making it more difficult to process new patients. Requirements to validate each hospital day through Medi-cal and others should be enough for CCS as well. Can these agencies share documents. The overhead is too costly to comply with all financial group requests.

Provide assistance to Allied Health professionals similarly as above.

Prompt claim payment and a provider friendly fiscal intermediary with CCS knowledgeable reps to assist them with problem claims.

Regarding 'I' if change to medical home model, they need compensaton for that. In general, the questions above are fixing "providers" and that isn't the right focus. Fix CCS and if done properly the providers will align themselves accordingly. This approach speads the governmental agency too thin.

Paneling physicians is an outdated concept and does not guarantee the competency of care that the individual will provide.

Better reimbursement for audiology services

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

OTHER – 24 responses

PHN's have a through knowledge of population based practice which I believe is necessary for complete case management of CSHCN's. RN's do not have the necessary knowledge and orientation really takes too long. CCS is a program to improve the care access and to educate the family & client on how to advocate for themselves. With PHN's as case managers clients learn how to handle their own care, where to access care and when to appeal denials.

Occupational Therapists & Physical Therapists in the Medical Therapy Program

Physical Therapists & Interdisciplinary Combination of Medical & non-medical

Not social workers as long as this is a medical model. RN's, PHN's or physicians should do the case management. They tend to not make their own exceptions to regulations.

licensed occupational or physical therapists

RN and PHN and Medical consultant

Supervising Therapists

possible CCS contracts with local family support organizations

therapists

"C" would be helpful. I also believe it would depend on the complexity of services needed.

Chief Therapists

allied health professionals such as rehab therapists

supervising therapists

PT/OT

knowledeable capable people

Therapists

Others have too large a case load to manage

Nurse Practitioners

Registered Dietitians

physical therapy in some cases

RN and MD only. Medical conditions dictate the need for clinicians to provide case management.

Medical Therapy Program staff

Physical Therapist, Social Worker, R.D.

Medical home provider

#50 Other comments

CCS needs to focus on education of both providers and clients/families to take responsibility for their care. CCS can provide the education on how to use the medical care system and coordinate care. Clients need to accept responsibility for their SHCN and use the education to access care. When clients choose not to follow medical advice or are non-compliant they should be closed for a period of time as we do not have unlimited funding and resources. I see many clients who believe this is an entitlement program and they can not be closed even if they

do no show 10 appointments.

The financial/residential eligibility criteria should be stricter and only available to US citizens and their children, not to anchor babies.

I think that CCS needs to coordinate with SSI for transition into adult coverage and Medi-Cal. Vendored therapy is all that is available to CCS MTP eligible children - and no school based physical therapy and very little occupational therapy can be obtained through the public schools in our County. For this reason, when only vendored therapy is available to students it would be fair if families universally did not have to use their own insurance coverage and pay out of pocket for deductibles and co-pays, when those children without insurance or with Medi-Cal or Healthy Families do not have to pay for vendored therapy at all. At the very least the CCS Program should not announce that this MTP is a "free program" that doesn't require financial eligibility. (As in the CCS Program letters for MTP.) It is not FREE. Since a CCS-MTP only child may or may not have to pay for their therapy depending upon the private insurance policy coverage - and those that do not have private insurance but make over 40,000 annual income may get the benefit of all vendored therapy for FREE through CCS. It is not a consistent policy, as the State has been requiring that individual insurance be used in lieu of CCS as a first payor for MTP. I do not know if this policy is consistent throughout all the Counties, but it has been implemented through the So. Calif. Regional Office of CCS - and I hope that it is in line with what the rest of the Dependent and Independent Counties are doing. Living in a rural area where the access to care is a very huge barrier, should be taken into consideration when establishing a policy that might actually be discriminating against certain groups of children eligible for a program like MTP, because of their medical condition.

I think it would be more cost effective and allow better continuity of care for MTP patients to have their medical home with CCS for all of their health care. The most costly aspect of their care is the cost of managing their CCS medically eligible condition, including equipment, surgeries, therapy, etc. The families would not have to navigate the very complex medical system and would be better educated in the care of the patient. In addition, the MTP staff is well trained and informed as to how to provide the best care and equipment at the lowest cost for these patients. The MTP staff also establishes long term relationships with MTP patients and their families and strongly supports family centered care.

I believe that having county staff on site at tertiary medical centers is unnecessary in the days of electronic records. CCS programs need to be given access to electronic records at the major hospitals

1. Develop standardized funding of the MTP across the state based on caseload size. 2. Eliminate CCS/MTP services for families traveling from foreign countries to California only to access services. 3. Eliminate program eligibility/services for illegal aliens. 4. Develop incentives from the State for staff therapists to work in areas w/severe and prolonged staffing shortages such as the central valley. 5. Improve reimburse rates for providers of vendored therapy services to encourage more private practitioners to participate in treatment of MTP clients.

Thank you for the opportunity to share comments about the CCS Program!

Shawn Phipps, MS, OTR/L

Therapy Manager

CCS Medical Therapy Program

Children's Medical Services

Los Angeles County Department of Public Health

The CCS program is a active case management providing prompt authorization for services.

The caseload counts for the survey will be inconsistent, as it is not clear whether you are asking for active cases, pending cases, or both. My answer (437) is active cases ONLY. If pending cases were included, this number would be MUCH higher.

thank you . . .

The DME section was only aimed at the hospital side of provision of DME. Many times the delay in obtaining equipment is the fault of the hospital staff and last minute or inadequate discharge planning.

Clients residing in rural areas experience lack of local CCS providers and specialists therefore transportation becomes a huge issue. Having SCC's manage all care for the CCS eligible child would be a huge burden for our families who have trouble visiting their SCC 1-2 times per year. At some point, given the State financial difficulties, the State may wish to re-examine extending CCS eligibility to undocumented patients, or perhaps creating a "waiting period".

CCS is a good program with the right mission and excellent quality standards that serves the sickest of the sick and the most needy. However, the mission has been hampered by lack of legislation that could realign the covered conditions with the mission and by a serious lack of state leadership that did not see the need to maintain meaningful data, did not help local programs address high cost drivers, did not address the bureaucratic processes restricting provider access and failed to value the feedback from those actually administering the program at the local level. Hopefully surveys such as this one, if thoughtfully considered, will help transform CCS into the program it needs to be to meet its mission in these times.

The regulatory evolution of the CCS program has made it very complex necessitating a commitment to reference-based decision making and uniform, documented operational standards. The program definitely needs a strong State, Regional, County partnership and a commitment to operational efficiency and value added enhancements to remain viable.

#21, not feasible in smaller, independent counties. #22 would need adequate funding and staff for this expansion of service, #31 It really depends if MCMCARE treats these cases as exceptional; will need to create specialized review/auth unit. #34 This work should fall on insurance companies or MCMC, not local CCS workers without additional funding for staff & classification to do this. #38 Need better ethics review of these cases; too many wrongful lives; Better (frank and direct) prenatal consultation. I am no longer a county CCS Administrator, but I am a PH Manager and former state CCS consultant.

Upon review of the CCS program, consideration should be taken to maintain the strengths of the program (quality oversight & coordination of the special care needs), while improving the program inefficiencies.

Colusa County is a very small rural county with no specialty providers, no specialty care units, and transportation to medical/specialty appointments which are 50-80 miles away is a very large problem.

We are a dependent county and for over 20 years the Sacramento Regional Office has been understaffed and receiving timely authorizations have been a major issue. Survey after survey has not resulted in adequate staffing for SRO to allow timely authorization of services for our children.

When developing new policies and procedures please consider the needs of rural counties with limited medical providers, lack of public transportation, and other resources.

Our county used to provide taxi services to the MTU's (which for the MTU was a clerical nightmare to schedule with taxi, ensure that funding matched attendance, etc.) Once we stopped due to budgetary constraints and since we are in the family's neighborhood and can be accessed by public transportation, the families still have been able to come to all appointments. So if you ask a family if they want transportation, they will say yes. If you don't provide transportation, they somehow still come to appointments. Parents need to be an integral part of the MTP and treatment. It is imperative to ensure daily carry over of activities to have the families come in to each treatment. If the family does not come or misses frequently, then it may not be a good time for the patient or their family to participate in the MTP program at this time. They shouldn't be made to feel guilty that this is not a good time for them to participate in

the MTP.

Although the CCS program does have many areas that need to be improved, overall I believe it is a strong, excellent and committed program to help special needs kids and case management should continue to remain in the hands of the county.

CCS has the expertise to casemanage children with special health care needs. It would make the most sense to carve in the whole child to the CCS program and serve only the most complex/chronic children in the CCS program. (D/C some of the more time limited conditions.)

CCS provides needed medically necessary services for clients with special ongoing health care needs.

It is a program that has served our clients well.

I think being required to provide care ongoing to illegal residents is very costly. I also think our end age should be 18, clients older could be served in adult settings.

State overseeing of the program is very important to maintain quality and consistency of care.

I would very much advocate to maintain the program with case managment at the local level .I feel families needs could get lost ,and Specialty Centers may not know the local resources.

We should continue to work toward improved

efficiencies within the program with the people and specialists that understand our clients.

In answer to the question about the advisability of having the Special Care Centers provide case management and care coordination, the current reality is extreme variability in the quality of coordination services. In general, Craniofacial Centers do an excellent job in coordinating multidisciplinary care, while Cardiac Centers rarely coordinate anything other than cardiologist plus cardiac surgeon services (rarely include dietician services despite posted list of team members) and GI Centers tend to limit services to MD plus dietician services. While this primarily reflects a lack of strict oversight and enforcement of SCC standards, any proposal to place all of the case management responsibility on the currently constituted Special Care Centers would appear to be highly unrealistic and likely to result in compromised quality of patient care.

There is also reason to be concerned about conflict of interest, with incentive to maximize reimbursable services when the case managers are paid baesd on the amount of "services" they generate.

The CCS Program provides a great service and I believe local Case Management is the right direction. Barriers include county location, Special Care Center location, transportation, providers not getting reimbursed adequately/timely and the "red tape" needed to go through to get the care necessary by the client's. That "red tape" comes from several resources, including Managed Care, funding source, panelled providers, et al. The answers are not easy nor concrete.

Access to some services (Maintenance and Transportation, support in transition planning, etc) is not equal across the board but very dependent on which Case Manager is assigned and how proactive they are feeling the day they get the case.

CCS has lost it original mission. CCS should not be in the dental/orthodontics. We should not be responsible for injuries due to violence,self inflicted drug overdoses,mva'etc. Program was set up to handle long term chronic conditions.Fractures should not be in CCS. CCS has become too cumbersome and expensive for most counties. Lack of direction from state and very little consistencies across counties

In the MTP section, I answered "disagree strongly" to several questions, because those are things which are already being done in our unit (we are open from 7-7 most days, we do groups whenever possible and we try to connect families with other transportation resources whenever possible). In addition, I would like to say that the questions in this survey betray a lack of knowledge or understanding of the CCS program which is seriously regrettable, and it is really

too bad that the developers refused to accept the help which I know was offered towards rewording the questions.

1- consistency as to what is eligible is a major problem.

2- Northern Regional Office 2-months behind. In March they were just finishing up Decembres referrals.

3- CCS not thinking how their trivial denials or actions alienates what few specialists they have. example: determine child no longer meets med elig on 1/28. adm staff don't cancel and existing on-going auth until March. In meantime a procedure is done based on that open auth. when claim comes CCS denies because now the auth ends 1/28 instead of original 6/1. when provider contacts CCS they are told "they don't do retro auths". It was not a retro AND at time of service auth was active! This is just one example.

Staffing is key in processing referrals and authorizations. The state regional offices should allow all dependent counties, regardless of CMIP level, to process authorizations/denials in order to assist the state clerical staff and speed up the SAR process.

this survey was too long

There is a tremendous amount of expertise in this program that should be drawn out as we redesign the health care system for the future.

The low reimbursement (or extremely long delays in payment), lack of medical records, access to xrays, poor therapy access are affecting orthopedic surgeons desires to go to these clinic anymore. The pediatric orthopedic surgeons in Orange and Riverside Counties are already not going to the MTPs. The pediatric orthopedic surgeons in San Diego and Imperial Counties are strongly considering opting out of the program

My clients would benefit from more funding for transportation as it is a long distance to the SCC.

I also feel that our providers would be interested in annual billing conferences locally were available.

The CCS standards need review and revision.

Our suggestion is that children with CCS eligible condition should become plan members and all services whether CCS or non-CCS should be the plan's responsibility. Management should be the plan's responsibility and plan's should employ or partner with CCS knowledgeable staff to provide comprehensive services for the member. In addition, the plan needs access to the CCS PEDI.

1. Two areas not touched upon here--Regional Center and CCS pt/client overlap--this is another "carve out" essentially--where two agencies split up a child--kid can have cerebral palsy and developmental delay, and CCS will only handle one aspect of care leaving the other to the RC--doesn't make sense; need to treat the whole child, just like we should integrate primary care and specialty care for the CCS kid. For the Managed Care plans that have CCS carved in, specialists are often paid more than FFS anyway to attract them to the plan, so being underpaid isn't as much a problem as arguing over who has to pay the bill between CCS and health plans when the child is "carved up." To ensure better payment, if the child was "whole" you could have a separate aid code for special needs kids--give a separate rate to plans for that, and then no excuses for bad rates to providers. In addition, mandate that there be Consumer Advisory Groups to be watchdogs, as well as a State Consumer Adv Group. These would be mechanisms to ensure adherence to appropriate care/no unnecessary underutilization/underpayment. Another related issue is not the narrowing of med eligibility, but looking at kids in general, and what conditions make them "special needs children"--asthma kids who have this disease as a chronic condition, and kids with eating disorders who are in the hospital and nearly die--these conditions are just as bad as other "approved" CCS conditions--the care a child needs and the need for case management/care coordination should be the determining factor for entry into CCS, nothing else. There should be a ready mechanism to add such conditions to CCS eligibility, because they are chronic conditions, fall under the chronic care model, etc.

The second issue to raise, unpopular as it is, is that counties now cover many undocumented children with life-saving treatments, including transplant. These of course are not available for adults in similar immigration status. It is this group of children for which we have the greatest difficulty transitioning care once they become adults. They are not eligible for full-scope Medi-Cal. They will not be eligible for expanded access to insurance under health reform. Yet they often need specialists for a lifetime, who may not be available through the county health system, which may be the only source of care they have (if they even have that, in some counties). What is to be done for this group as they age into adulthood?

Thanks for the opportunity to respond.

Undocumented patients can be a problem.

It has been suggested to lower the age of the client to 18 y.o. instead of 21, due to most facilities use that age as well for children.

Independent county CCS programs do an excellent and efficient job of providing access to high quality specialty care for CCS children with very limited resources. Any proposed changes need to take into account the tremendous variation between regions in CA and the very different needs of rural northern counties vs urban counties. "Carve-in" of CCS children into a general managed care plan clearly results in worse access to care for those children from my experience with the Partnership Plan. Any "carve-in" should be carving-in the whole child into a county CCS plan, not into a managed care plan. Plans to have SCC's take on CCS care coordination might work in some urban areas, but would be disaster in rural counties. The SCC's don't know where these communities are or what local resources are available. These children need their care coordination/case management done locally.

Outsource as much as possible to private entities who are motivated to find efficiencies. Keep to improving the CCS system (if it stays) by making it streamlined and user friendly. Your provider "issues" will go away once that system is improved.

The issue of residency and disparity between the AIM program and CCS. AIM mothers complete a enrollment form and state current residency. She delivers a AIM linked HF baby and if CCS eligible --residency of the baby is checked. If child not showing to have residency in California then CCS denies and the health plan is responsible. The AIM mother is not held accountable for this incorrect information. We need to have the same guidelines for the AIM mother as well as the CCS program.

A lot of time wasted deciding whether a service is related to the CCS condition or not. Electronic billing system needs significant enhancement to be effective and efficient. If CCS teams were created at the major hospitals or by region, would be best to have a CCS liaison person(s) to assist with local questions and coordination.

There is no evidence that group therapy in the MTP is more efficient.

caseload to be manageable to a # that intensive CM can be done. Allow for some HV esp. for high risk cases.

I believe it's important to have specialized (expert)members of the local case management team, who better understand the specific services being requested; and if they are medically appropriate/eligible based on the CCS's standards. This would save a lot of time and money for both the county and state, as unnecessary/ineligible services would be denied.

CCS does not appear to monitor their bed days. If health plans were to take over the CCS case management and authorizations, the costs to CCS will likely decrease.

Overall the CCS program is an outstanding resource for both families and all providers involved. They make transitioning and coordination care a great way assist clients in these programs.

I HAVE BEEN A NURSE CASE MANAGER FOR OVER 12 YEARS. THIS IS A VALUABLE PROGRAM. I AM HONORED TO BE A PART OF CCS, AND HOPE TO CONTINUE IN MY ROLE FOR MANY YEARS TO COME.

Behavioral Health Specialist should also be a part of the team that provides case management to CCS members. DME providers may not necessarily need access to CCS authorization site-

question combine DME and Medical Providers. Transitioning CCS members may qualify for Medicare through their parents-what can be implemented to facilitate this process for members who qualify.

To expedite initial medical eligibility determination, all other (open cases) case management issues should be done at the county level, under close supervision of the State Nurse Consultant.

If CCS wants Family Physicians to care for CCS patients in the outpatient setting, then they need to trust them to care for the CCS patients in the inpatient setting. Of course, the physician would request specialty consults if needed.

There are significant variations in the interpretation of the CCS medical eligible conditions from county to county.
