Issues/Objectives Final Draft List

From the Title V CCS Needs Assessment 2010
May Stakeholder Meeting
Sacramento, CA

Objectives for CCS Program

1. Link families to information and support, build better connections to community based resources, such as family resource centers, and inform families about what CCS covers.

2. Increase family partnership in decision making and satisfaction with services through such things as: parent participation on advisory committees and parent liaisons, and financial support for participating in these activities. Increase family partnership in decision making in the MTP by collaborative goal setting and increase family participation in provision of therapy.

3. Conduct regular assessments of the level of parent/patient satisfaction as part of CCS outcomes.

4. Consider adjusting financial eligibility by indexing it to inflation.

5. Implement a standardized system of service delivery including consistent timeliness guidelines, access to special care center services, access to subspecialists and access to medical home services for ALL children with special health care needs regardless of insurance coverage or county of residence.

6. Develop and implement IT and other solutions to facilitate more rapid determinations of eligibility and authorizations and communication between CCS and providers –
   a. Identify best practices
   b. Support electronic referrals
   c. Open physician portals to CCS staff
   d. Use technology to collect data and monitor outcomes
   e. Build on federal funding of electronic medical records

7. Increase access to adult health care services for transitioning CCS youth by
   a) Requiring CCS specialty care centers to incorporate adult specialist as part of their teams with written transition policies and procedures
   b) Launching outreach effort and increase education (Fresno example) to recruit adult specialists for youth transitioning out of CCS
   c) Working with medical providers to identify methods, materials and protocols to increase transition planning services provided to CCS youth
   d) Exploring regulatory and policy options to increase services for transition age youth
   e) Increase knowledge and provide education about community resources to adult physiatrists about CP and other CCS developmental diagnoses.

8. CCS will work with appropriate partners to define and create and implement standards for Medical Homes for CCS children. Address the following issues:
   a. Include certification (rural areas may need special consideration)

   b. Authorization for CCS rates
   c. Authorize and pay for care coordination services (in coordination with special care center not in lieu of SCC, addresses relationship with SCC)
   d. Utilize previous work that was done on medical homes
   e. Implement a system able to accurately reflect whether or not CCS children have medical homes

9. Modify the CCS program, with appropriate funding, to cover the whole child

10. Expand the number of qualified providers of all types in the CCS program.
    a. Simplify paperwork
    b. Streamline and improve the process for paneling CCS providers, for example, by prioritizing the Medi-Cal registration for qualified CCS providers,
    c. Ensure regular rate increases for CCS providers; preserve CCS physician rate enhancement; address problems with Fiscal Intermediary processing that results in no payment
    d. Develop and implement strategies to facilitate reimbursing providers in a more timely fashion. (Correct problems at Fiscal Intermediary with processing claims for CCS services)
    e. Look at appropriate use of physician extenders while maintaining CCS standards
    f. Develop a system of electronic-consults for screening for referrals for certain conditions to reduce unnecessary referrals (subspecialists provide initial consult via telemedicine, electronic means)

11. Preserve CCS role as state standard setter (including regionalization).

12. Develop quality processes and structures to collect outcomes data

13. Develop a system to implement and evaluate the quality of care provided by the CCS program with the goal of ensuring that each child gets the right care at the right time by the right providers