State of California—Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
DIRECTOR

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GOVERNOR

DATE: June 15, 2018

TO: ALL CCS PANELED PROVIDERS

SUBJECT: CALIFORNIA CHILDREN'S SERVICES WHOLE CHILD MODEL PROGRAM

BACKGROUND

Senate Bill (SB) 586 authorizes the Department of Health Care Services (DHCS) to establish the Whole Child Model (WCM) program in designated County Organized Health System (COHS) or Regional Health Authority (RHA) counties to incorporate California Children's Services (CCS) Program covered services for Medi-Cal eligible CCS Program children and youth into a Medi-Cal managed care health plan (MCP) contract. Under WCM, MCPs will assume full financial responsibility for authorization and payment of CCS Program-eligible medical services, including authorization activities, claims payments and processing, case management, and quality oversight.

The WCM program will be implemented in 21 counties, as specified in Table 1 below. As of the transition date, the CCS Program-eligible medical services in WCM counties will be carved into the MCP's capitated rate for those counties identified below. MCP's will be required to use all current and applicable CCS Program guidelines, including CCS Program regulations, CCS Numbered Letters, and CCS Information Notices in developing criteria for use by the plan's chief medical officer or the equivalent and other care management staff.[1] The CCS Program State-Only children with other health coverage will continue to receive services the way they do today and remain the responsibility of the counties.

Table 1. Phase-In Schedule

WCM MCP	WCM Counties
Phase 1 – July 1, 2018	
CenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey, Santa Cruz
Health Plan of San Mateo	San Mateo

[1] W&I 14094.12(a) is available at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.12.&lawCode=WIC

WCM MCP	WCM Counties
Phase 2 – January 1, 2019	
CalOptima	Orange
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo

CCS PROGRAM ELIGIBILITY REFERRALS

Local county CCS programs participating in the WCM will continue to determine medical, financial, and residential eligibility, for CCS Program eligibility and for the annual medical review (AMR). In WCM counties, providers should send CCS Program eligibility referrals to the local county CCS program and service authorization requests to the MCP.

SERVICE AUTHORIZATION REQUESTS

Service authorization requests received by WCM CCS programs before June 30, 2018, for Phase 1 and January 1, 2019, for Phase 2, are the responsibility of the county to complete. MCPs will have access to Provider Electronic Data Interchange (PEDI) and will be able to see the status of pending, completed and denied authorizations. All authorization requests for services after the Phase 1 WCM start date of July 1, 2018, and January 1, 2019, for Phase 2, are to be sent to the MCPs. For the purpose of continuity of care, service authorization requests approved before the transition to MCPs shall remain valid until the end date of the authorization or until the MCPs complete an assessment of the beneficiary's needs. Services carved out of the MCPs contract are the responsibility of DHCS and will be authorized by DHCS. Authorization requests for carve-out services received by CCS Programs or MCPs should be routed to DHCS for authorization.

CONTINUITY OF CARE (COC)

MCPs must establish and maintain a process to allow for beneficiaries to receive COC with existing CCS provider(s) for up to 12 months.[2] Additional COC requirements for the WCM include:

Specialized or Customized Durable Medical Equipment

If the MCP beneficiary has an established relationship with a specialized or customized durable medical equipment (DME) provider, MCPs must provide access to that provider for up to 12 months.[3] MCPs are required to pay the DME provider at rates that are at least equal to the applicable CCS fee-for-service rates, unless the DME provider and the MCP enter into an agreement on an alternative payment methodology that is mutually agreed upon. The MCP may extend the COC period beyond 12-months for a

[2] WIC 14094.13 is available at:
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.13.&lawCode=WIC
[3] WIC 14094.12(f) and 14094.13(b) are available at:
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.12.&lawCode=WIC
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.13.&lawCode=WIC

specialized or customized DME still under warranty and deemed medically necessary by the treating provider.[4]

Specialized or Customized DME must meet all of the following criteria:

- Is uniquely constructed or substantially modified solely for the use of the beneficiary.
- Is made to order or adapted to meet the specific needs of the beneficiary.
- Is uniquely constructed, adapted, or modified such that it precludes use of the DME by another individual and cannot be grouped with other items meant for the same use for pricing purposes.

Authorized Prescription Drugs

CCS Program-eligible beneficiaries transitioning into MCPs are allowed continued use of any currently prescribed prescription drug that is part of their prescribed therapy for the CCS Program-eligible condition. The CCS Program-eligible beneficiary must be allowed to use the prescribed drug until the MCP and the prescribing physician agree that the particular drug is no longer medically necessary or is no longer prescribed by the local county CCS program provider.[5]

CLAIMS SUBMISSION

Providers rendering services for WCM beneficiaries shall submit their claims directly to the MCP for services rendered on and after July 1, 2018 for Phase 1 and rendered on and after January 1, 2019, for Phase 2. Carve-out services authorized by DHCS should be billed to the DHCS accordingly. Providers not part of the MCP network are encouraged to become part of the MCP's provider network. MCPs are required to pay physician and surgeon provider services at rates that are at least equal to the applicable CCS fee-for-service rates, unless the physician and surgeon enter into an agreement on an alternative payment methodology mutually agreed upon by the physician, surgeon, and the MCP.

NEONATAL INTENSIVE CARE UNIT (NICU)

NICU acuity assessment and authorization will be the responsibility of the MCP in all WCM counties, for WCM beneficiaries. For WCM beneficiaries, providers shall submit NICU authorization requests to the MCPs and not the county.

For WCM counties, all NICU authorizations will be sent to the MCPs the child is enrolled in. The MCP will review authorizations and determine if the services meets CCS NICU requirements or not. However, claims may be processed and paid by either the DHCS or MCP.

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[4] WIC 14094.13(b)(3) is available at:
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.13.&lawCode=WIC
[5] WIC 14094.13(e) is available at:
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.13.&lawCode=WIC

In counties where CCS is currently ***carved-in***, the MCP will pay all NICU and CCS NICU claims. For counties where CCS is currently ***carved-out***, the MCP will process and pay non-CCS NICU claims and the State's Fiscal Intermediary will pay CCS NICU claims. Payments made by State's Fiscal Intermediary will be based on the MCPs approval of meeting CCS NICU requirements.

Table 2 below identifies the entity responsible for NICU acuity assessment, authorization, and payment function activities in the WCM.

Table 2. NICU Responsibilities

CCS NICU	NICU Acuity Assessment	Authorization	Payor (Facility/Physician)
Carved-in: Marin, Merced, Monterey, Napa, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz Solano, Yolo	MCP	MCP	MCP
Carved-out: Del Norte, Humboldt, Lake, Lassen, Mendocino, Modoc, Orange, Shasta, Siskiyou, Sonoma, Trinity	MCP	MCP	DHCS

PEDIATRIC DAY HEALTH CARE (PDHC)

PDHC services are carved-out of the MCP contract. The MCP is responsible for referring and coordinating PDHC services if a beneficiary is diagnosed with a CCS Program-eligible condition. If the CCS Program does not approve the services, the MCP is responsible for providing all medically necessary Medi-Cal covered services under the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. MCPs will be responsible for referring and coordinating care for beneficiaries needing PDHC services and will assist in redirecting service authorizations to DHCS.

ADDITIONAL GUIDANCE

DHCS will issue more detailed guidance on the WCM Program transition to local county CCS programs via a forthcoming WCM CCS Numbered Letter (N.L.). In addition, DHCS will release a Provider Bulletin announcement to provide further guidance and direction to local county CCS programs regarding claims submission to the MCPs. For more information, providers can contact their perspective MCP, identified in Table 3.

Table 3. MCP Contact Information		
MCP	**County**	**Contact Information**
CenCal Health	San Luis Obispo, Santa Barbara	(877) 814-1861 TTY (833) 556-2560
Central California Alliance for Health	Merced, Monterey, Santa Cruz	(800) 700-3874 TTY/TDD (877) 548-0857
CalOptima	Orange	(888) 587-8088 TTY/TDD (714) 246-8523
Health Plan of San Mateo	San Mateo	(650) 616-2500 TTY (650) 616-8037
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo	(800) 863-4155 TTY/TDD (800) 226-2140

For questions regarding this Provider Notice, contact CCSredesign@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Sarah Eberhardt-Rios, Chief
Integrated Systems of Care Division