Attachment D: Whole Child Model (WCM) Network Certification Checklist

Purpose:
Medi-Cal managed care health plans (MCPs) undergoing the Whole Child Model (WCM) transition must submit all the information outlined below to the Department of Health Care Services (DHCS) for the purposes of completing the WCM Network Certification process. This checklist is not intended to be all-inclusive; additional information may be requested by DHCS within the course of review.

Background:
Senate Bill (SB) 586 authorized DHCS to establish the WCM program in designated County Organized Health System (COHS) counties by incorporating the California Children’s Services (CCS) Program into each MCP. Under WCM, some CCS administrative functions that are currently the responsibility of the county CCS Program will move to the WCM MCPs. WCM will be implemented in 21 specified counties, no sooner than July 1, 2018.¹

Each WCM MCP must demonstrate an adequate provider network to serve the needs of children and youth with CCS conditions, including physicians, pediatric specialists and subspecialists; professional, allied, and medical supportive personnel; licensed acute care hospitals; and special care centers.²

Submission Overview:
- WCM MCPs must prepare and submit all required documents pertaining to the provider network for the implementation of the WCM program.
- WCM MCPs submitting documents shall use the subject title “Whole Child Model Network Certification Submission.”
- WCM MCPs may submit information for multiple counties in the same submission as long as it is clearly labeled.
- WCM MCP documents must be submitted to DHCS no later than 105 days before the start date of the contract.

Each WCM MCP must submit the WCM Paneled Provider Report Template (Attachment E), which has been provided by DHCS. The WCM Paneled Provider Report Template includes all CCS paneled providers for each provider and facility type. Additional information to be supplied by each WCM MCP includes:

Physicians/Podiatrists/Pediatric Specialists and Subspecialists:
- Provider Information
- Contracting Inquiries
- Outcome of Contracting Efforts

¹ See Welfare & Institutions Code Section 14094.7(a), which can be found at: [http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.7&lawCode=WIC](http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.7&lawCode=WIC)

² Professional, allied, and medical supportive personnel are not physicians or podiatrists. Special Care Centers (SCCs) must be approved by the CCS Program to treat CCS conditions. SCCs are comprised of multi-disciplinary, multi-specialty providers who evaluate the client's medical condition and develop a family-centered health care plan to facilitate the provision of timely, coordinated treatment.
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Professional, Allied and Medical Supportive Personnel:
- Provider Information
- Contracting Inquiries
- Outcome of Contracting Efforts

Licensed Acute Care Hospitals:
- Hospital Information
- Contracting Inquiries
- Outcome of Contracting Efforts

Special Care Centers:
- Special Care Center Information
- Contracting Inquiries
- Outcome of Contracting Efforts

Specialized Durable Medical Equipment (DME):
- DME Provider Information
- Contracting Inquiries
- Outcome of Contracting Efforts

Policies and Procedures:
DHCS will review, validate and certify WCM MCP provider networks in each service area to ensure adequate access to appropriate service providers in accordance with Title 42, Code of Federal Regulations, Sections 438.207, 438.68 and 438.206(c)(1). DHCS will certify each WCM MCP’s provider network, using the WCM MCP’s submitted information, and will subsequently provide the information to the federal Centers for Medicare & Medicaid Services (CMS) to demonstrate compliance.

Each WCM MCP must submit policies and procedures (both a redlined and clean version). The redlined version must include any changes that were made since the last DHCS-approved version was submitted. If no changes were made to the policies and procedures, the WCM MCP must submit an attestation that the currently approved policies and procedures are compliant with the new requirements and did not require additional changes.

- **Subcontractor Monitoring**
  Submit policies and procedures for ensuring subcontractors fully comply with all the terms and conditions of the WCM Amendment, including network adequacy standards.

- **Continuity of Care**
  Submit policies and procedures that outline continuity of care for medically necessary services.

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3 Title 42, Code of Federal Regulations, Sections 438.207, 438.68 and 438.206(c)(1) can be found at: https://www.ecfr.gov/cgi-bin/text-idx?SID=7edf2ff9bbcb77d617805bcaf451a96a&mc=true&node=pt42.4.438&rgn=div5
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- **Out-of-Network Access**
  Submit policies and procedures for providing medically necessary services through out-of-network providers, including allowing access for the completion of covered services by an out-of-network provider.

- **Physical Accessibility**
  Submit policies and procedures regarding access for disabled members pursuant to the Americans with Disabilities Act of 1990.

- **24/7 Language Assistance**
  Submit policies and procedures for the provision of 24-hour interpreter services at all provider sites.

**Review Process:**
DHCS will review, validate and certify each WCM MCP provider network to ensure access to an adequate network of providers for CCS-eligible beneficiaries transitioning into the WCM MCP. DHCS will review utilization data to determine the provider overlap threshold each WCM MCP is required to meet for the following categories:
- In-county
- Statewide
- Provider Type
- Facility Type

For questions concerning this checklist or the APL attachments, please contact your Managed Care Operations Division Contract Manager.