

Attachment B: High Risk Assessment Tool

I. PURPOSE:

To identify California Children's Services (CCS) beneficiaries with medical complexity for whom transition planning is needed for optimal transition to adult care. Transition planning needs are based on the CCS beneficiary's medical, behavioral health, developmental condition, and environment (psychosocial) factors.

A. Criteria For Required CCS Beneficiaries Transitioning to Adulthood

To have high risk requiring transition planning, CCS beneficiaries must meet at least one (1) of the following four (4) conditions.

1. Medical complexity:¹

- a) Defined here as two (2) or more active chronic health conditions requiring care at two (2) or more Special Care Centers (SCC) including the Medical Therapy Program;^{2,3} or more than one (1) active chronic health condition, one (1) of which requires a SCC, with at least three (3) inpatient or emergency department visits in previous 12 months; or

- b) One active chronic health condition with any of the following (1-6):

- (1) Durable Medical Equipment (DME) requirement (technology dependent, DME that requires skilled professionals to initiate and maintain at least every three (3) months, or multiple DME items that require monitoring such as a nebulizer and a feeding pump)⁴

- (2) Private duty nursing requirement at least daily

¹ Defined as chronic conditions associated with medical fragility, substantial functional limitations, increased health and other service needs and increased care costs," *but* "...scholars agree that this is inherently problematic for both population-based and patient specific care." (See "Status Complexicus? The Emergence of Pediatric complex care," Cohen et al, Pediatrics Vol 141, number S3, March 18, S202-S211.)

² Active is defined as currently requiring ongoing medical management, to address ongoing fluctuations/swings of the medical conditions; not stable.

³ For the purposes of this document, 'chronic health condition' is a chronic CCS eligible condition.

⁴ Less broad inclusion criteria are those children whom are "technology dependent." Children with medical complexity have been defined in broad classification systems and in past Medicaid studies. Common examples of DME include enterostomy tubes; suction machines; tracheostomy tubes; ventriculoperitoneal shunts; feeding pumps; home oxygen.

- (3) Physical therapy/occupational therapy services at least weekly
 - (4) Complex medication or nutrition products, such as frequent physician administered drug(s) or drugs requiring frequent laboratory monitoring, parenteral nutrition, ketogenic diet, or daily use of specialized medical foods or enteral nutrition products
 - (5) Inadequate response to routine therapy, such as epilepsy that is not responsive to multiple antiepileptic drugs or sickle cell disease with frequent painful episodes despite following recommended treatment
 - (6) Anticipated active complex medical need six (6) months prior to or six (6) months following the CCS beneficiary's 21st birthday, such as an organ transplant or other complex procedure that has an active treatment plan
- 2. Active chronic health condition AND serious behavioral health condition that significantly interferes with management of the active chronic health condition.⁵
 - 3. Active chronic health condition AND psychosocial complexity that significantly interferes with management of the active chronic health condition,⁶ including but not limited to: unstable housing, e.g., homelessness, frequent relocation; caregiver issues, e.g., incarcerated parent, split custody, caregiver with serious medical condition, cognitive impairment, one parent away for extended periods with inadequate support network; significant transportation issues; foster care; language issue such as non-English speaking caregiver or low health literacy, other if justification submitted by CCS case manager or treating provider.
 - 4. Active chronic health condition AND cognitive impairment or developmental disability that significantly interferes with management of chronic health condition.

⁵ Interferes is defined as 'disrupts the support system of the client such that the client/family are not able to adhere to the prescribed treatment plan.'

⁶ Because of the inherent risk of both practice variation and implicit bias, Social Determinants of Health (SDoH) would benefit from a standardized assessment. Massachusetts Medicaid and 12 other Accountable Care Organizations "innovator states" have been doing a lot of work to risk adjust Medicaid scores using SDoH. Here's one good review: <https://www.chcs.org/addressing-social-determinants-health-medicare-accountable-care-organizations/>

B. Criteria for Optional CCS Beneficiaries Transitioning to Adulthood

CCS beneficiaries with chronic health conditions that do not meet the criteria outlined above in section I.A) are considered optional for needing transition planning. These beneficiaries include:

1. Stable chronic health condition that requires at least an annual visit to a special care center with predictable medical need(s). Examples include, but are not limited to, chronic medication or G-tube.
2. Chronic health condition AND stable behavioral health condition that does not interfere with management of chronic medical condition.
3. Chronic health condition AND stable psychosocial issue that does not interfere with management of chronic medical condition.
4. Chronic health condition AND intellectual or developmental disability that does not interfere with management of chronic health condition.