The CCS Program: An Assessment of Policy Research Needs

Preliminary Findings
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"CCS is easily the most complicated and yet least understood health program in the state."

"CCS is the third-rail of coverage programs."

"The only thing we all agree on is it's a mess."

The CCS Program: Coverage

- CCS/Medi-Cal (75%)
- CCS/Healthy Families (10%)
- CCS-only (10%)
- Medical Therapy Program (enrolled in CCS or required by school IEP)

The CCS Program: Eligibility

- Approx. 180,000 children enrolled
- Residential, financial & medical requirements
- Exceptions to financial requirements:
  - Full-scope Medi-Cal
  - Mobile Therapy Program - no means test
- Eligibility determined by county CCS staff or state Regional Office depending on county size

The CCS Program: Conditions

Condition	Number
Congenital anomalies, other than listed	12,305
Congenital heart disease	11,403
Cerebral palsy	10,495
Hearing Loss	9,775
Fractures, other than of the head	5,195
Diabetes	4,592
Malocclusion	4,445
Prematurity/Birth complications	4,434
Malignancies	4,080
Cleft lip/palate	3,267
Other trauma	2,441
Cardiac conditions, other than congenital	2,108
Seizure disorder	1,720
Strabismus	1,717
Congenital Hypothroidism	1,635
Spina Bifida	1,425
Head Injury (including skull fractures)	1,350
Scoliosis	1,332
Bronchopulmonary Dysplasia	1,248
Connective tissue disorders	1,246
Respiratory Distress Syndrome	1,217
Vesicoureteral reflux	1,200
Renal Disease	1,145
Muscular dystrophy	695
Asthma	441
Inflammatory bowel disease	259
	91,170
01/22/09 -- Extracted from CMS Net (57 counties)	
Excludes Los Angeles County	

The CCS Program: Expenditures

	CCS Expenditures, by service type, FY 2007-08		
	CCS/Medi-Cal	**CCS-Healthy Families**	**CCS-only**
Services			
Pharmaceuticals			
NDC billing	$181,966,900	$17,674,017	$9,609,120
MD injections	$12,456,982	$1,382,022	$1,043,186
Inpatient	$1,001,674,000	$85,897,798	$25,477,000
Outpatient			
Medical Supplies	$17,048,038	$1,326,767	$1,115,300
DME	$38,629,826	$1,450,974	$2,552,500
Prosthetics & Orthotics	$1,024,169	$649,920	$826,819
SCC services	$8,247,382	$900,390	$489,900
Hospital OP	$7,516,323	$1,044,071	$514,249
Medical/Physician			
Physician services	$193,039,580	$18,305,512	$7,340,624
Blood factor	$65,188,937	$11,148,095	$3,597,175
Audiology			
Hearing Aids	$2,975,136	$501,771	$437,963
Cochlear Implant	$1,317,284	$243,622	$167,926
Audiology & Speech services	$3,142,791	$619,572	$459,762
Therapies (OT & PT)	$11,568,000	$193,085	$339,824
Other Services	$148,248,310	$2,767,597	$5,000,000
Total	**$1,694,043,658**	**$144,105,213**	**$58,634,855**

The CCS Program: Financing

	CCS/Medi-Cal	CCS/HFP under $40k	CCS/HFP >$40k	CCS-Only
State	50%	17.5%	35%	50%
County		17.5%		50%
Federal Match	50%	65%	65%	
Title V				% of State $

CCS: Recent Legislative/Policy History

- 1991 - Realignment changed CCS payment methodology and capped MOE
- Medi-Cal and Healthy Families carve-outs
- 2001 Supplemental rate approved for CCS providers (+39% of Medi-Cal)
- 2008 rate reductions for Medi-Cal providers decreased to 1% for CCS providers

CCS: Current Policy Environment

- Division of DHS increases focus on CCS and changes budgeting process
- Counties pushing back on CCS budgets (entitlement, MOE issues)
- Future Healthy Families expansions will require more CCS $ of counties
- Carve-outs up for reauthorization in 2 yrs
- New CMS leadership
- Title V Needs Assessment in 2009
- CCS caseload increasing, MTP costs increasing

Project Purpose and Methods

- Project Objective: to identify and prioritize opportunities for CHCF to guide and inform policymakers about the CCS program.

- Qualitative approach: Stakeholder interviews and a review of literature and policy papers

Stakeholder Interviews

- Identified advocates, providers, administrators, health plans, legislative staff, researchers and national experts on CSHCN
- Phone interviews with 31 stakeholders, December 2008 – January 2009
- Concern regarding attributions of comments

Findings: Program Strengths

- Provides coverage to the most vulnerable populations in the state
- Sets quality and performance standards for all CSHCN in CA by certification of providers
- Historically implemented as an entitlement

Findings: Program Challenges

- Large variation in programs across counties
- Burdensome financing structure
- Inefficient authorization processes
- Provider access problems
- Lack of monitoring and oversight to ensure access to appropriate care
- Lack of information and data about CCS

Challenges: County Variation

- Huge range in medical eligibility determinations
- No standard tools for needs assessments and care coordination
- Definitions of case-management and roles inconsistent
- Bay Area counties generally better performing
- Significant delays in some counties

Challenges: Burdensome Financing Structure

- Multiple funding sources and complicated structure creates huge workloads for counties and state in budgeting, claiming, reconciling etc.
- New (08-09) capped methodology decreases funds to counties for CCS administration and decreases budget flexibility across CCS programs within a county.
- Huge unpredictability in costs to counties prevent accurate budgeting for counties

Challenges: Provider Access Problems

- Delays in certification of providers
  - Hospital site visits delayed months due to understaffed regional offices
  - Health plans report delays individual provider certifications
- Shortages of specialists and PCPs trained to handle CSHCN
  - Especially in rural areas
  - Results in longer hospitals
  - Results in delays in care for all children

Challenges: Oversight and Monitoring

- Problems identified by Legislature (SOR 2000, LAO 2002)
- Feds say authority is limited due to relatively small portion of Title V funds in CCS
- State says authority is limited due to counties
- Existing state guidelines not monitored
- Counties resent lack of guidance (and funds)

Challenges: Inefficient Authorizations

- Review standards more strict than Medi-Cal
- Multiple authorizations required for ongoing care
- Some counties/regional offices take 2-3 months for approvals
- Hospital discharges often delayed due to delays for DME authorizations

Stakeholder Recommendations:

A strong consensus on the need for an informed but neutral party to lead a policy discussion of the re-thinking of the CCS program.

Other States' Experiences

- Florida's success
- Michigan's cautions
- Other states' quality and performance standards

Opportunities for CHCF

- Inform the debate
- Increase administrative efficiencies
- Measure provider access problems
- Lead stakeholders discussions and develop consensus on best care models for CCS

Projects: Inform the Debate

- Claims Data Analysis
  - Expenditures
  - Utilization

- Comparative Analysis of California and Other States' Systems of Care for CSCHN
  - Description of programs
  - Documenting if/where California is behind in quality systems

- National Survey of Children with Special HealthCare Needs
  - Provide further context and educate policymakers on latest results
  - Explore areas for further analysis
  - Supplement with interviews of Parent Health Councils

- State Health Care Reform and CSHCN
  - Identify current coverage gaps for CSHCN
  - Analyze impacts of proposals on CSHCN and employers

Projects: Increase Administrative Efficiencies

- Process Analysis of Authorizations
  - Where are the delays and for what services/equipment?
  - What impact do staffing changes/budget cuts have on timeliness?
  - What are alternatives to increase efficiency and what policy changes would be necessary for implementation?
  - Case studies of impact budget cuts?

- Identify alternative structures to fund administration of the program
  - Conduct ROI on Hospital Liaison Team Pilot

Projects: Measure Provider Access Problems

- Assess provider certification process and delays
  - Process analysis and case studies
- Compile and disseminate existing research on provider supply
- Identify opportunities for telemedicine

Projects: Lead the Discussion

- Convene stakeholders
- Bring thought-leaders from other states and model systems to CA
- Integrate Title V Needs Assessment work
- Work with state and counties to develop leadership
- Disseminate research