

**DATE:** September 11, 2023

**TO:** All California Children's Services (CCS) Paneled Providers

**SUBJECT:** CCS Whole Child Model (WCM) Kaiser Permanente Transition

## **BACKGROUND**

In 2016, Senate Bill 586 authorized the Department of Health Care Services (DHCS) to establish the WCM Program in select counties. The WCM Program, as established under Welfare and Institutions Code §14094.5 allowed County Organized Health System (COHS) Medi-Cal managed care plans (MCPs) to assume full financial responsibility for the authorization and payment of CCS Program medically necessary services required to correct or ameliorate a CCS-eligible condition. In 2022, Assembly Bill 2724 authorized DHCS to contract with an alternate health care service plan in the following COHS counties: Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, and Yolo.

Starting January 1, 2024, WCM members and newly CCS-eligible members may actively choose to enroll into Kaiser Permanente, subject to meeting eligibility criteria. WCM members enrolled with Kaiser Permanente under subcontract arrangement (all counties listed above except Santa Cruz) in 2023 will maintain their enrollment with Kaiser as it transitions to a prime MCP (direct contract with DHCS). For members that are enrolled in Kaiser Permanente as their WCM MCP, Kaiser Permanente will provide case management, care coordination, service authorizations, and provider referrals as it relates to the members' CCS-eligible conditions.

Members that continue to receive services from their WCM COHS MCP will not be impacted by the transition of Kaiser Permanente as a WCM plan.<sup>1</sup> Their WCM COHS MCP will continue to provide case management, care coordination, service authorizations, and provider referral services. Providers will continue to submit authorization requests and claims to the WCM COHS MCP.

The CCS program state-only children with other health coverage, or who do not qualify for Medi-Cal, will continue to receive services through, and remain the responsibility of the CCS county programs.

## **CCS PROGRAM ELIGIBILITY REFERRALS**

CCS county programs participating in the WCM program will continue to determine medical, financial, and residential eligibility, for CCS program eligibility and for the

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<sup>1</sup> [COHS MCP](#)

annual medical review.<sup>2</sup> In WCM counties, providers should send eligibility referrals to the county CCS program and service authorization requests to the member's WCM MCP.

### **SERVICE AUTHORIZATION REQUESTS**

Service authorization requests received by the WCM COHS MCP before January 1, 2024, are the responsibility of the WCM COHS MCP to complete. For members who remain enrolled in the WCM COHS MCP as their WCM plan, providers will continue to send service authorization requests to the same WCM COHS MCP. For children that are enrolled with Kaiser Permanente as their WCM MCP, all authorization requests for services on or after January 1, 2024, are to be submitted to the Kaiser Permanente WCM MCP by the provider(s). Kaiser Permanente will request secure access to the Children's Medical Services (CMS) Net database to view member case notes and web messages.

### **CONTINUITY OF CARE (COC)**

Kaiser Permanente must establish and maintain a process to allow for members to receive COC with existing CCS provider(s) for up to 12 months after enrollment. COC service authorization requests approved before the transition to Kaiser Permanente must remain valid until the end of the authorization. Additional COC requirements include:

#### Enhanced COC protections specific to the 2024 MCP Transition

Children and youth enrolled in CCS WCM and transitioning to Kaiser Permanente are categorized as a Special Population and will receive enhanced COC protections in accordance with All Plan Letter (APL) 23-018,<sup>3</sup> and the MCP Transitions Policy Guide.<sup>4</sup>

#### Specialized or Customized Durable Medical Equipment (DME)

If the member has an established relationship with a specialized or customized DME provider, Kaiser Permanente must provide access to that provider for up to 12 months after enrollment. Specialized or customized DME must meet all of the following criteria:

- Is uniquely constructed or substantially modified solely for the use of the member;
- Is made to order or adapted to meet the specific needs of the member; and
- 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 of pricing purposes.

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<sup>2</sup> DHCS will continue to determine medical eligibility for dependent counties.

<sup>3</sup> [APL 23-018](#)

<sup>4</sup> Reference the COC section of the MCP Transitions Policy Guide for more information. [MCP Transitions Policy Guide](#)

Kaiser Permanente at its discretion may extend the COC period beyond 12-months after enrollment for a specialized or customized DME still under warranty and deemed medically necessary by the treating providers.<sup>5</sup>

WCM 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 Kaiser Permanente mutually agreed upon a payment rate.

**CLAIMS SUBMISSION**

Providers rendering services for Kaiser Permanente WCM members must submit their claims directly to Kaiser Permanente for services rendered on or after January 1, 2024. DHCS encourages CCS-paneled providers who are not part of Kaiser Permanente’s network to become part of Kaiser Permanente’s provider network. Kaiser Permanente is 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 or surgeon enters into an agreement on an alternative payment methodology mutually agreed upon by the physician or surgeon, and Kaiser Permanente.

**NEONATAL INTENSIVE CARE UNIT (NICU)**

CCS NICU acuity assessment determination, authorization, and payment will be the responsibility of Kaiser Permanente for members that are enrolled in Kaiser Permanente as their WCM MCP. Providers must submit authorization requests to Kaiser Permanente if the patient is a Kaiser Permanente WCM member. Kaiser Permanente is required to adhere to the NICU requirements outlined in CCS Numbered Letter (NL) 05-0502.<sup>6</sup> Table 1 identifies the entity responsible for NICU acuity assessment determination, authorization, and payment function activities for WCM members that are enrolled with the Kaiser Permanente WCM MCP.

<b>Table 1. NICU Responsibilities for Kaiser Permanente WCM Members</b>			
Whole Child Model County	NICU Acuity Assessment Determination	Authorization	Payor (Provider/Facility)
Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, Yolo	Kaiser Permanente	Kaiser Permanente	Kaiser Permanente

<sup>5</sup> [Welfare & Institution Code § 14094.13\(c\)](#)

<sup>6</sup> [CCS Numbered Letter 05-0502](#)

**PEDIATRIC DAY HEALTH CARE (PDHC)**

Kaiser Permanente is responsible for authorizing the PDHC benefits for CCS eligible conditions and Medi-Cal for Kids and Teens formerly known as Early Periodic Screening Diagnostic, and Treatment.

**ADDITIONAL GUIDANCE**

DHCS will update CCS WCM NL 03-0421,<sup>7</sup> and CCS WCM County Information Notice which are forthcoming. In addition, DHCS will release a Provider Bulletin announcement to provide further guidance and direction to CCS providers regarding claims submission to Kaiser Permanente. For more information on claims submission, providers may contact Kaiser Permanente in northern California at (888) 576-6789, and in southern California at (800) 390-3510.

Additionally, hospital-based providers are encouraged to share this notice with attending, ancillary, and delegated providers who are providing services to CCS-eligible members. Entities responsible for billing and claiming must also review this notice. DHCS encourages CCS hospital providers, and physician practices to share this notice as appropriate with any administrative supports.

For questions regarding this Provider Notice, email [CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov).

Sincerely,

**ORIGINALLY SIGNED BY**

Cortney Maslyn, Chief  
Integrated Systems of Care Division  
Department of Health Care Services

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<sup>7</sup> [CCS WCM NL 03-0421](#)