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September 8, 2015

Jennifer Kent, Director
Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814

RE: California Children's Services Redesign – Whole Child Model Proposal

Dear Director Kent:

Local Health Plans of California ("LHPC") represents all 16 of the public, non-profit local health plans in California, which serve predominantly low-income populations through the Medi-Cal managed care program. LHPC member plans provide care to 5.9 million of the 9.7 million members enrolled in Medi-Cal managed care. Today I am writing to express LHPC's support of the Department of Health Care Services' ("Department") proposed California Children's Services ("CCS") Whole Child Model.

Currently, an estimated 90% of CCS-eligible children are also eligible for Medi-Cal and receive their non-CCS related medical care through their health plan. However, with some exceptions, CCS related care is carved out of managed care and instead arranged through the separate, fee-for-service CCS program. This carve-out has resulted in a bifurcated system of care.

LHPC supports the Department's reasonable, measured, and thoughtful approach to integrating CCS into managed care in the coming years, starting with certain County Organized Health Systems ("COHS") in early 2017 and expanding beyond COHS counties thereafter following a specific framework. Today, several of the COHS plans (in Marin, Napa, San Mateo, Santa Barbara, Solano and Yolo counties) are already financially responsible for CCS services, demonstrating that a successful program integration is possible and can produce positive outcomes for medically fragile CCS children.

LHPC plans are well positioned to assume CCS program responsibilities such as service authorizations and care management. Plans already provide these services for individuals with developmental disabilities, mental illness, and other severe disabilities. COHS plans, in particular, have served seniors and persons with disabilities and dual eligibles for more than twenty years with great success. These plans consistently have had among the highest quality

scores for the Medi-Cal managed care program. Finally, although LHPC plans are generally county based, all have worked with providers across broad geographic areas to serve members with unique and complex conditions. CCS children will always be seen by appropriate and experienced providers, regardless of where they are located.

LHPC appreciates that the Department has included specific elements in its proposal to ensure that the integration of CCS into managed care is transparent, includes robust consumer protections, and promotes accountability. **LHPC underscores its support for the following particularly important elements of the proposal:**

1. Required readiness assessment of plans' abilities to meet needs of CCS children;
2. Establishment of advisory groups for planning and development activities related to integration of CCS into managed care;
3. Clear articulation of the requirement to develop plan oversight and consumer protection standards with input from all stakeholders;
4. Required 12-month+ continuity of care for CCS children upon integration into managed care;
5. Clear articulation that, upon integration, CCS children and families are afforded grievance, appeals, and timely access rights for CCS care;
6. Requirement that plans maintain clinical advisory committees comprised of plans' chief medical officers, county CCS medical directors, and at minimum four (4) CCS providers to review treatment authorizations and other CCS related clinical issues;
7. Required review of COHS plan performance and outcomes and related legislative report;
8. Expansion of CCS integration beyond initial COHS counties based only on application from health plans, with demonstration of collaboration and support from local families, counties, hospital, and provider representatives.

The local plans also support the Department's requirement that the health plans collaborate with their local community partners (the county CCS program, local providers and hospitals, local CCS families and/or community advocates) in order to move forward with implementation. The Department's framework and implementation timeline, with its phased approach, accommodate the unique dynamics and needs of LHPC plans' local communities. Local plans believe it is critically important to preserve these community-level relationships as they work to implement the Department's proposal.

LHPC and our member plans welcome the opportunity to continue working with the Department and CCS stakeholders on the Whole-Child Model in the coming months. We would be happy to provide any additional information that may be helpful. I can be reached at 916-448-8292 or blierman@lhpc.org.

Sincerely,



Brianna Lierman, Esq.
Chief Executive Officer

cc: Anastasia Dodson, Associate Director for Policy, Department of Health Care Services
Donna Campbell, Deputy Legislative Affairs Secretary, Office of the Governor
Kiyomi Burchill, Deputy Secretary, Legislative Affairs, Health & Human Services Agency