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Westside Family Resource and Empowerment Center
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July 2, 2015

Jennifer Kent
Department of Health Care Services, Director

RE: CCS and DHCS new proposal "The Whole-Child Model"

Dear Ms. Kent:

We have been really excited and pleased that the state has made an effort to include us and we appreciate the opportunity to give input into the DHCS proposal.

Although we appreciate the phased in approach of the proposal, the parent advisory groups, and the whole child approach, we would ask that the Department of Health Care Services extend CCS for one more year to give us time to make sure we set up a system that has protections and the timely access to care that our children need.

Over the months as we have been partnering with the state, we were told by state representatives, that the state was considering all sorts of models, not just considering a managed care model. We were told that DHCS recognized the importance of the CCS model. Now the only model the state is proposing is a managed care model. You could see why we are a little taken back – this feels like we have been misled and it has created an environment of distrust.

It is challenging to find the right words that might help the state understand how important CCS services are to our children and their families.

There are several reasons we have concerns about traditional managed care. Our primary concern is the well-known criticism of managed care and lack of timely access. One of the most important components to families who have children with special needs, is timely access to specialty care.

We have concerns that DHCS is not prepared to monitor Medi-Cal Managed Care system, due to a recent audit entitled: *California Department of Health Care Services: Improved Monitoring of Medi-Cal Managed Care Health Plans is Necessary to Better Ensure Access to Care.*

The State's auditor found, among other things:

- The Department of Health Care Services did not ensure that health plans had adequate provider networks to serve beneficiaries
- Thousands of calls from Medi-Cal beneficiaries to the Department's Ombudsman have gone unanswered

On the other hand, CCS is working to address those things families feel they need. A 2014 survey by the UCSF Family Health Outcomes Project as part of the Title V Needs Assessment, **shows that families had a very high rate of satisfaction with CCS programs and services – 86% of families expressed satisfaction with the program and its services.**

http://www.cdph.ca.gov/programs/mcah/Documents/Title%20V%20DRAFT%202014%20Report_%202016%20Application%20Public%20Document.pdf Page 21, 2nd paragraph

We are asking that you to extend the CCS carve out, review more models, and ensure that the essential components of the CCS program, including state quality standards, timely access to appropriate pediatric sub-specialty care, medical case management and care coordination, are maintained for CSHCN.

Dismantling the CCS program, without really understanding what the benefits and challenges are, could dismantle a system that, we believe, results in better outcomes for all children in the state.

Children with special health care needs must continue to have protections and access to specialty care so they come to no harm.

Thank you for giving us this opportunity to respond with comments to the new Proposal.

Sincerely,

A handwritten signature in blue ink that reads "Pip Marks".

Pip Marks, FVCA Manager
on behalf of Family Voices of CA Council Member Agencies