

July 2, 2015

Department of Health Care Services
Systems of Care Division
P.O. Box 997413, MS 8100
Sacramento, CA 95899
Attention: CCS Redesign Team

RE: Department of Health Care Services-California Children's Services (DHCS-CCS) Redesign Whole Child Model

To Whom It May Concern:

The Association of Regional Center Agencies (ARCA) represents the community-based network of regional centers which provides lifelong services to over 280,000 individuals with developmental disabilities in California. Thousands of the individuals served by regional centers are children with both a developmental disability and other medical conditions that may make them eligible for California Children's Services (CCS). The vast majority of these children rely primarily on CCS and Medicaid funding for primary, specialty, and subspecialty medical and medical equipment services.

ARCA appreciates that the proposed CCS Redesign Model released on June 11, 2015, approaches the child from the whole person perspective and aims to promote integration of health care services and reduce system-wide fragmentation. ARCA also appreciates that the proposed model not only emphasizes care coordination and streamlined service authorizations for expeditious service delivery, it also highlights the importance of care transition of young adults aging out of the CCS program. ARCA has specific comments on certain elements of the redesign proposal as outlined below:

Section 1. Whole Child Delivery Model

- In the current CCS delivery system, care coordination decisions are made by financially disinterested CCS staff. Assigning both full financial risk and care coordination to health plans has the potential to create a barrier to access to needed services or equipment, particularly for expensive treatments or equipment.
- ARCA recommends that the Department of Health Care Services (DHCS) include a plan in the redesign to ensure that when children and youth move between "carve in" to "carve out" counties, a mechanism is in place to ensure that the care coordination process remains seamless and disruption of services is avoided or minimized.
- While ARCA acknowledges that having only one Managed Care Plan (MCP) in Two-Plan model counties handling children with CCS eligible conditions may be best, attention must be given to the needs of children and youth that cannot be met under the chosen MCP.

Safeguards must be put in place so that these children and youth do not go without needed services.

- **Section 2. Key Features of the Whole-Child Model**

The current CCS system oftentimes results in conflict when providers from one county recommend services to be carried out in another county. It is ARCA's hope that any changes made to the existing CCS model will enhance care coordination and break down barriers to children and youth accessing needed services.

- ARCA is concerned with the proposal's heavy reliance on a pilot program that served very small counties which do not represent the experiences of families living in large counties. There are layers and complexities of MCP service provision. Commercial health plans contract with independent practice management groups which then contract with independent practice associations which then contract with providers and physicians. These result in lengthy pre and prior authorization processes and could potentially impact the availability of financial resources to managing actual care of youth with special health care needs.

Section 3. Whole Child Model Consumer Protections, Plan Readiness, and Access Monitoring

- Section 3, bullet 5 of the proposal addresses the need to include other systems of care, such as the regional center system as part of the interdisciplinary care team. ARCA appreciates the inclusion of this important collaboration between regional centers and MCPs. However, ARCA suggests that the redesign team clarify the expectations related to this. Regional center caseloads are already unmanageably high. If the expectation is for regional centers to take on a more active role in the CCS process, sufficient funding must be put in place to address the increased workload.
- The plan as currently written does not clearly outline the dissemination of information to CCS members on the transition to a MCP. ARCA proposes that language be added to emphasize procedures within the CCS system and DHCS to improve the consistency of information dissemination on the transition plan, implementation phase, and change in care coordination roles.
- Complaint and appeal processes available to families of impacted children must be robust and immediately responsive to their concerns regarding service delays and denials. Children with significant medical complexities oftentimes cannot wait for typical appeal processes to run their course.

Section 4. CCS Program Improvement and Stakeholder Engagement

- ARCA supports the robust involvement of families of CCS children and youth in the planning and implementation phases. The families are essentially the primary care managers of their children's care. Many families have experienced significant difficulty accessing needed services through managed care plans, particularly for children with significant specialized medical needs. Their participation and input on how to lessen any barriers to access should be strongly supported and encouraged.

- While ARCA recognizes the inclusion of stakeholders' input in the planning process, ARCA is concerned that the short timeline for implementation may jeopardize the ability of the health plans to realistically deliver the stated outcomes. ARCA proposes that any available data to measure readiness of health plans, acceptable outcomes of individual health plans, and realistic ability to deliver CCS services, be made available to the stakeholders during the first phase of the implementation process. ARCA also proposes that should the data fail to provide adequate information for assured readiness implementation, the department should consider delaying the implementation until such time when health plan readiness is demonstrated by additional data.

Section 5. County Roles, Including Medical Therapy Program

- ARCA acknowledges that the County Organized Health Systems (COHS) do not typically allow their members to access care outside of the plan. ARCA is concerned that there may not be enough specialty and subspecialty providers for select members who are very medically fragile with very specialized needs. ARCA suggests that the redesign team ensures at the plan readiness process, that the COHS have specialty and subspecialty providers even in the absence of a critical mass of children needing such services.
- ARCA is also concerned that the MCPs may not have sufficient expertise to manage the care of very medically fragile children and youth. ARCA suggests that some form of measure be in place to assess the MCPs readiness to manage the care of this select population.

Section 6. Proposed Timeline for CCS- Whole Child Model Implementation.

- While ARCA understands the need for DHCS to develop a proposal in anticipation of the sunset of the existing CCS carve-out, ARCA is concerned that the Behavioral Health Treatment (BHT) services transition to MCPs is still in its implementation phase and has proved to be a very challenging endeavor, particularly in rural counties. Implementation of another programmatic change in those same counties may prove to be very difficult. ARCA suggests a re-evaluation of MCPs' ability to adjust to so many changes in such a concentrated period of time.

Thank you for the opportunity to provide comment. The importance of a service delivery model that addresses the whole child versus an eligible condition cannot be overemphasized. However, any changes made to the existing service delivery model must proceed with extreme caution to ensure that these very vulnerable populations are not harmed in the process. Any questions regarding these suggestions, please contact Helen Thomas, Program Analyst at hthomas@arcenet.org; or at (916) 446-7961.

Sincerely,
/s/
Eileen Richey
Executive Director

Cc: Santi Rogers, Director, Department of Developmental Services