July 1, 2015

Dedicated to the promotion, protection and improvement of the health of all Californians

Department of Health Care Services
Systems of Care Division
P. O. Box 997413, MS 8100
Sacramento, CA 95899

RE: Comments on California Children's Services (CCS) Redesign Whole-Child Model

The County Health Executives Association of California (CHEAC) is writing to provide initial comments on the Department's CCS Redesign proposal, released on June 11, 2015. Representing county health departments that oversee the CCS program at the local level, CHEAC appreciates the CCS Redesign Goals. However, the proposed model presents challenges and issues associated with the county roles in administering and funding the CCS program. We would like to point out that these issues would need to be addressed in any redesign model that changes the way the program is currently administered and/or how providers are reimbursed.

County Administration Role

County CCS staff currently performs medical, financial and residential eligibility determination functions, as well as their case management responsibilities. These functions are inter-linked and in many counties, the same staff member may conduct medical and financial eligibility determinations and case management services.. In addition, funding received through the Department of Health Care Services (DHCS) is "bundled" for all these administrative functions and the methodology for determining the current county allocations is problematic. If case management functions are to be moved to managed care plans, counties will need to assess how best to perform their remaining roles and DHCS will need to develop an accurate and fair methodology for funding counties' residual responsibilities.

Counties are also concerned about engaging in this process if the new models are to be considered "pilots". Under the new construct, counties would need to significantly reduce staff as well as facility needs. With a change of this magnitude, it would be very difficult for counties to rebuild this infrastructure if the "pilots" were to be discontinued down the road.

Transition/quality assurance

If health plans are to assume responsibility for case management of CCS children, there needs to be a careful and deliberative transition process to assure that children continue to have access to their providers and that families receive the care coordination and assistance they need. We are concerned that the timeline proposed for transition is insufficient to assure that children are safely transitioned to a new system. Continuity of care and quality assurance issues must be fully addressed before children are moved to a different delivery system.

In addition, more information is needed on the requirements stated in the proposal that health plans must demonstrate support from impacted county CCS programs, providers and families. It is extremely important that there be a meaningful local process to assure that children whose care is currently overseen by county CCS staff will continue to receive quality services by appropriate providers and that families receive the support they need after their care coordination is transitioned to health plans.

Medical Therapy Program (MTP)

The MTP Program is an integral part of the CCS program, yet is given very little attention in the proposal. Counties both administer the MTP program and have a share of cost for therapy services for children enrolled in the CCS program. The proposed model exempts health plans from any financial risk for MTP services but does not discuss the MTP authorization process or how health plans will coordinate care with the county MTP programs. It is unclear how authorizations for MTP services will be handled if there is a disagreement between the health plan and county MTP staff. Under the current program, county CCS staff is familiar with the overall medical care the child is receiving and MTP staff can work closely with the child's physician in determining the appropriate MTP services to meet the needs of the child. However, under the proposed model, counties will be responsible for providing MTP direct therapy services recommendations for other highly specialized services such as durable medical equipment (DME) and for the provision of expert opinion for resolution of conflict (as required by regulation) for children with whom they no longer have on-going medical oversight, thus causing a new type of fragmentation of care and risk for the child. While these topics will need to be included in the MOUs between health plans and counties, the DHCS will need to provide oversight and direction to assure that these issues are adequately addressed.

CHEAC appreciates this opportunity to provide initial comments on the proposal, and will be further reviewing the impact on county CCS programs and the children we serve when more details are available.

Sincerely,

As Signed By

Judith Reigel
Executive Director