



California Children's Services Whole Child Model Overview

May 18, 2018



Webinar Sound

- This webinar can only be viewed online, not heard. You must dial in to hear the webinar; for audio, please call: **877-716-4284 and enter code 7434543.**
- Participants on the phone will be in “listen only” mode. Throughout the webinar, we will pause for questions. The operator will give instructions on how to ask questions.
- CCSRRedesign@dhcs.ca.gov



What will be covered today?

- California Children's Services (CCS) Program History
- What is the Whole Child Model (WCM)?
- Which CCS children will be eligible to be in the WCM?
- Which health plans and counties will be in the WCM?
- What benefits will be available in the WCM?
- What resources will be available in the WCM?
- What roles will the health plan have in the WCM?
- What doctors will be available?
- How will the WCM ensure Continuity of Care?
- What is the grievance and appeals process?
- Where can I get more information?



CCS Program History

Created in 1927, CCS provides:

- Diagnostic and treatment services
- Medical case management
- PT/OT services

These services are provided to clients under age 21 with CCS-eligible medical conditions who also meet residential and financial eligibility requirements.



CCS Eligibility Requirements

Financial

- \$40,000 or less
- Eligible for Medi-Cal
- Out-of-pocket medical expense more than 20% of family's adjusted gross income

Residential

- Reside in county of service

Medical

- CCS-eligible condition
- Need the Medical Therapy Program (MTP)



CCS Qualifying Conditions

- Infectious Disease
- Neoplasms
- Endocrine, Nutritional, Metabolic Diseases and Immune Disorders
- Mental Disorders and Mental Retardation*
- Diseases of the Nervous System
- Medical Therapy Program
- Diseases of the Eye
- Disease of the Ear and Mastoid Process

*Conditions of this nature are not eligible except when the disorder is associated with or complicates an existing CCS-eligible condition

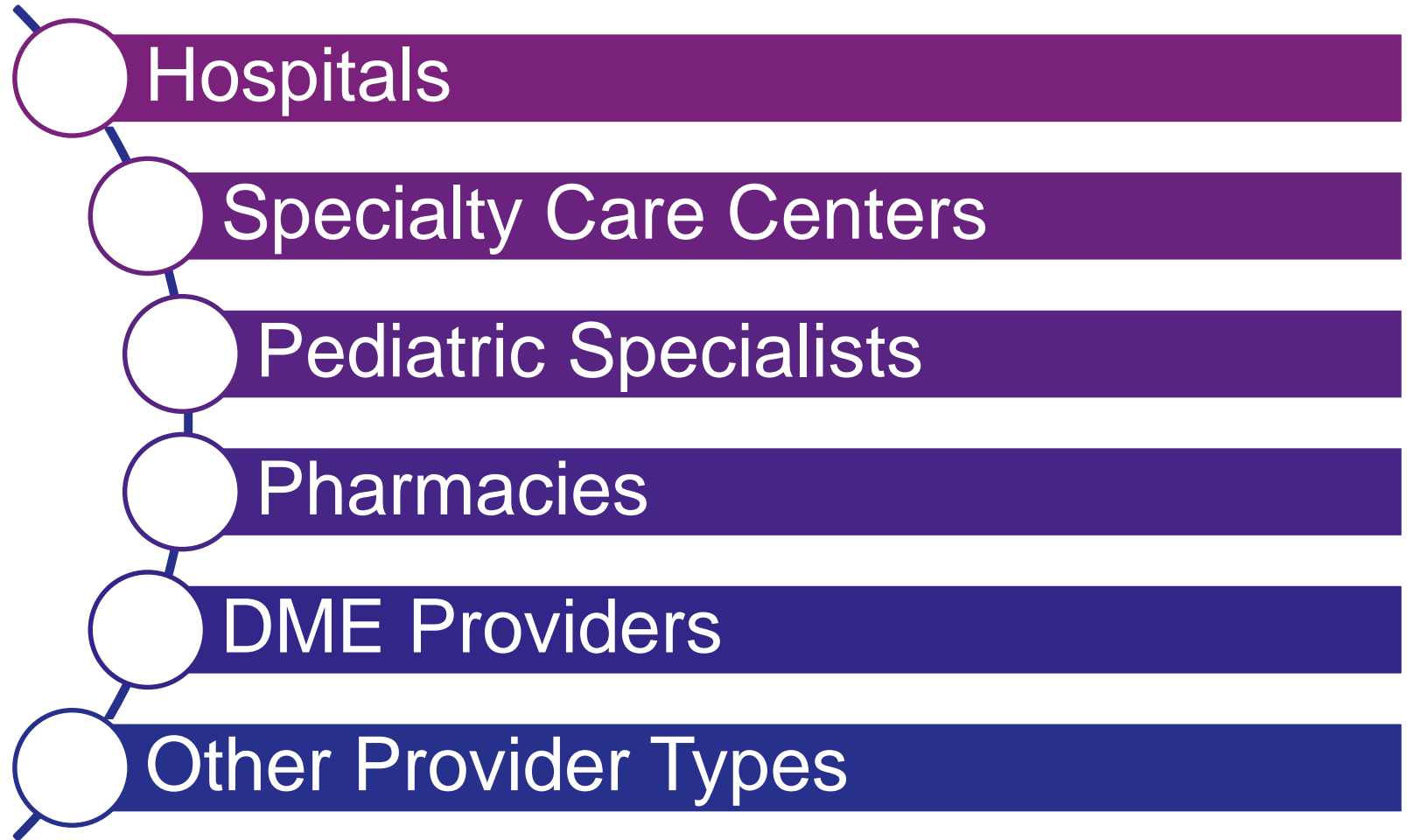


CCS Qualifying Conditions (*cont.*)

- Diseases of the Circulatory System
- Diseases of the Respiratory System
- Diseases of the Digestive System
- Diseases of the Genitourinary System
- Diseases of the Skin and Subcutaneous Tissues
- Diseases of the Musculoskeletal System and Connective Tissues
- Congenital Anomalies
- Accidents, Poisonings, Violence, and Immunization Reactions



CCS Service Providers





Referrals to CCS

- Referrals to CCS can be made by anyone
 - Hospital
 - Physician
 - School nurse
 - Family
- Referrals are sent to the appropriate county office where the child resides



CCS Program Today

Two (or more) separate systems

Specialty care is received from the CCS FFS system for the CCS condition.

Primary care and behavioral health services are received from the managed care health plan.



Questions?

- CCS Program History
- CCS Eligibility Requirements
- CCS Qualifying Conditions
- CCS Service Providers
- Referrals to CCS
- CCS Program Today



What is the Whole Child Model (WCM)?

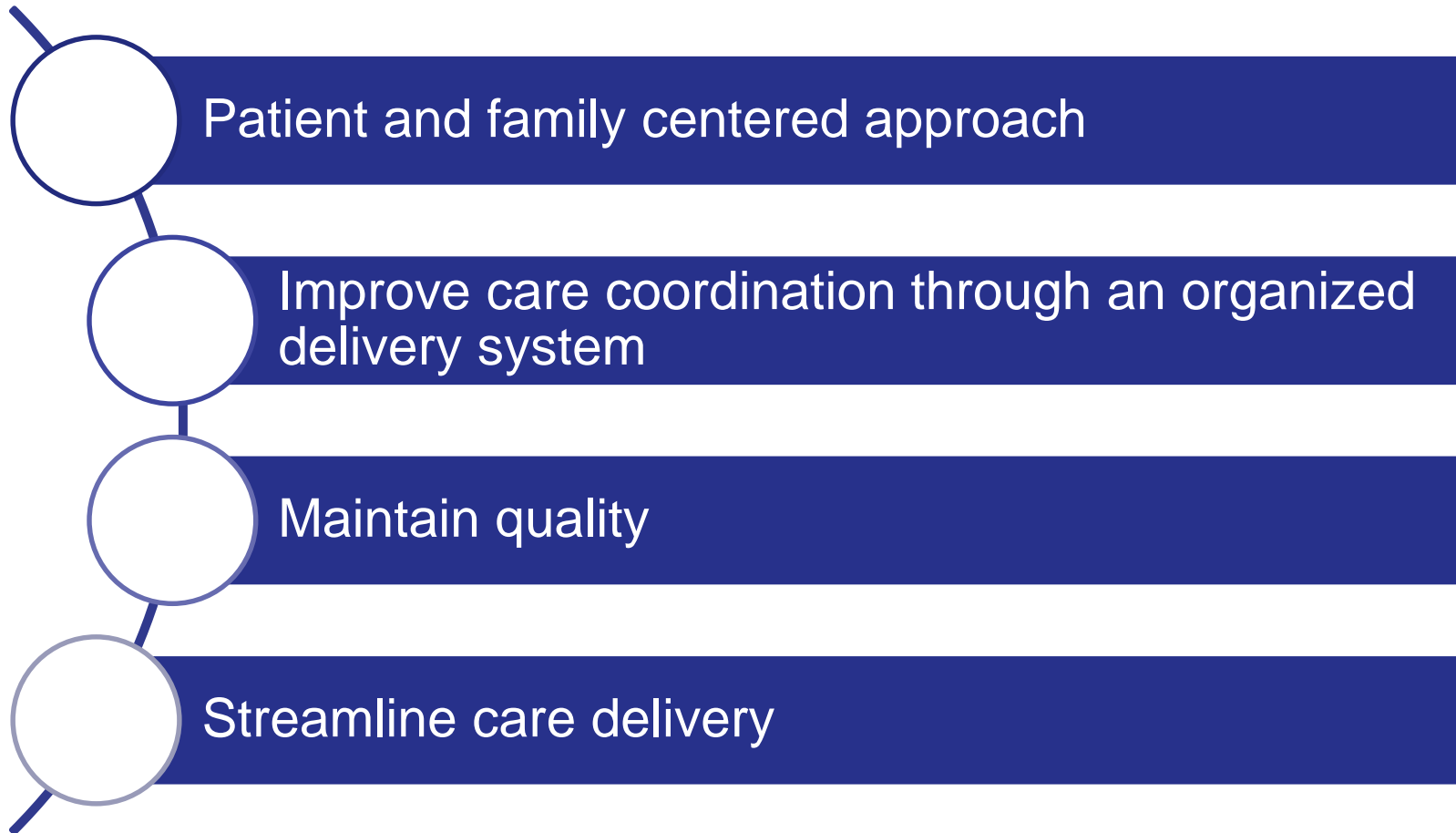
A new way for CCS beneficiaries to get their care.

All CCS and non-CCS services will be provided by the health plan instead of county CCS Program.

Beneficiaries will get primary and specialty services, hospital visits, some mental health services, and some extra services.



What are the benefits of the WCM?





Which CCS children will be eligible to be in the WCM?

1

- CCS Eligible Condition

2

- Full-Scope Medi-Cal

3

- Live in a Participating WCM County



When will WCM begin?

Phase 1

July 1, 2018

- 3 health plans
- 6 counties

Phase 2

January 1, 2019

- 2 health plans
- 15 counties



Which health plans and counties will be in the WCM?

July 1, 2018

Health Plan	Counties	Number of Beneficiaries
Central California Alliance for Health	Merced, Monterey, Santa Cruz	6,730
CenCal Health	San Luis Obispo, Santa Barbara	2,950
Health Plan of San Mateo	San Mateo	1,630



Which health plans and counties will be in the WCM? *(cont.)*

January 1, 2019

Health Plan	Counties	Number of Beneficiaries
Cal Optima	Orange	12,750
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Mendocino, Marin, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo	7,590



Questions?

- What is the Whole Child Model?
- What are the benefits of the WCM?
- Which CCS Children will be eligible to be in the model?
- When will WCM begin?
- Which health plans and counties will be in the WCM?



What benefits will be available in the WCM?

Benefits

- Primary care physician (PCP) assignment
- Timely access to appointments
- Time and distance standards
- Out of network access
- Formal grievance and appeals process
- Continuity of care



What resources will be available in the WCM?

Resources

- Provider lists
- Member services
- Interpreter services
- Care coordination
- Complex case management



What roles will the health plan have in the WCM?

Health plans will coordinate and approve care for all the child's needs, and provide case management that will ensure children get to appropriate providers for delivery of health care services at the appropriate time and place.



WCM Health Plans will also provide...

- Communication
- Family-centered care planning
- Information about managed care processes
- Information on rights to appeal any service denials, filing grievances, and how to submit continuity of care requests
- Information on how to access community resources
- Access to ongoing information, education, and support regarding their child's care plan



What doctors will be available?

- Children may continue to see their CCS-paneled providers
- 12 months of continuity of care with the current provider, with the ability to extend beyond the 12 months



Continuity of Care

Provider

- Provide up to 12 months of continuity of care with the current provider under certain conditions, with the ability to extend beyond the 12 months

Public Health Nurse (PHN)

- Beneficiary can continue to receive case management and care coordination from his or her PHN if they are still available



Continuity of Care *(cont.)*

Durable Medical Equipment (DME)

- Provide up to 12 months of access to current specialized/customized DME under certain conditions, with the ability to extend beyond the 12 months

Prescription Drug

- Provide continuation of currently prescribed prescription drugs until a new assessment and treatment plan is in place

Appeal Rights

- Continuity of care appeal rights to the DHCS Director

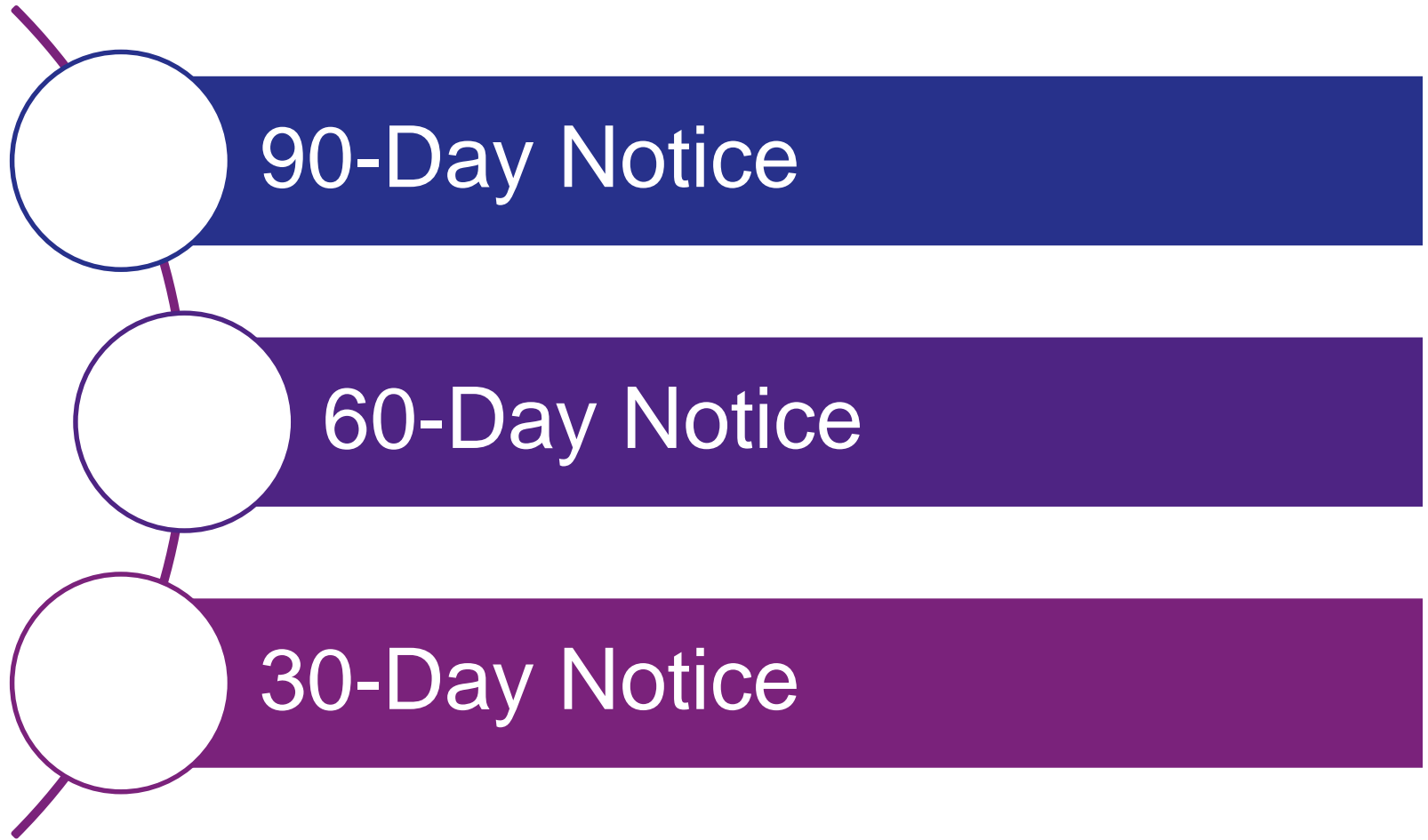


Questions?

- What benefits will be available in the WCM?
- What resources will be available in the WCM?
- What roles will the health plan have in the WCM?
- WCM Health Plans will also provide...
- What doctors will be available?
- Continuity of Care



Beneficiary Notices





Child/Family Member Support

Family Advisory Committees/Task Forces

Family input on CCS medical homes and transition policies

Family Engagement Activities Contract



What is the grievance and appeals process?

CCS Program Eligibility

County
CCS
Program

All other
Grievance and
Appeals

Health
Plan



Next Steps – Phase 1

Provider Notice

To inform providers of the changes in WCM



30-day Beneficiary Notice

To remind beneficiaries about the transition



WCM Begins!

July 1, 2018



Next Steps – Phase 2

Provider Notice

To inform providers of the changes in WCM



90-day Beneficiary Notice

To inform impacted CCS beneficiaries about the transition



60-day Beneficiary Notice

To explain beneficiary rights to continue receiving case management and care coordination services



30-day Beneficiary Notice

To remind beneficiaries about the transition



WCM Begins!

January 1, 2019



Where to Get More Information

For Whole Child Model information, please visit

- <http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx>

For questions, please email:

- CCSRedesign@dhcs.ca.gov



Authorization Requests

Phase 1

- Authorization requests received **before** July 1, 2018, are the responsibility of the county CCS Program
- Authorization requests received **after** July 1, 2018, are the responsibility of the health plans

Phase 2

- Authorization requests received **before** January 1, 2019, are the responsibility of the county CCS Program
- Authorization requests received **after** January 1, 2019, are the responsibility of the health plans



Provider Claims

Providers rendering services for WCM beneficiaries shall submit their claims directly to the health plans for services after...

- Date of Service on or after July 1, 2018, for Phase 1
- Date of Service on or after January 1, 2019, for Phase 2



Questions?

- Beneficiary Notices
- Child/Family Member Support
- What is the grievance and appeals process?
- Next Steps
- Open Discussion