



## Kaiser Foundation Health Plan

July 2, 2015

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

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

Dear Sir or Madam:

Kaiser Permanente appreciates the opportunity to provide comments to the Department about the CCS Redesign Whole-Child Model (WCM) proposal recently released for review.

Kaiser Permanente is proud to be a significant provider of high quality, specialized, coordinated care to CCS-eligible children enrolled in our system, using certified CCS providers. In California, we currently care for over 11,000 members with CCS eligibility and in 2014 submitted over 16,000 service authorization requests to CCS to treat children in our inpatient and outpatient facilities. Ninety percent of these children have some form of Medi-Cal coverage, and many of these children have a long history with Kaiser Permanente and will naturally transition to adult care within our system.

We support many features of the Whole-Child proposal. For example, we support all the CCS Redesign goals, especially "Improve Care Coordination through an Organized Delivery System" and "Streamline Care Delivery." We also support the phased approach of the proposal. The gradual and measured transition proposed will ideally ensure smooth continuity of care for this fragile population.

**1) Section 2, Page 3: "Existing fully integrated models will continue as part of the Whole-Child Model, such as Health Plan of San Mateo and Kaiser Permanente."**

We are pleased to see our integrated system specifically called out as a model that will be continued. We are a fully integrated health care delivery system, with every patient having a primary care provider (medical home) who coordinates the child's care via an integrated medical record with all other providers in the outpatient and inpatient arenas. Our pharmacies, laboratories, and imaging sites are conveniently located in virtually every facility. Our services are high quality and delivered in a family-friendly way. We want to emphasize the importance of keeping in mind that Kaiser Permanente includes health plan, medical group and hospital components.

Although we appreciate the inclusion of this provision to allow our model to continue, we seek greater clarity on what the provision means in more specific terms, to ensure our CCS kids are not disrupted from the whole-child care they are already receiving and can keep their current doctors. For instance, what is the department's vision for KP CCS kids in the COHS counties? How will our CCS members in these counties move into a full carve-in under managed care contracts? In the two-plan model counties in the pilot, how will we ensure continuity for KP CCS children if the local initiative is not selected as the WCM plan? In this case, will DHCS contract with KP for a carve-in of CCS services in that county?

**2) Section 1, page 2: “CCS services are already integrated into three COHS in six counties through the CCS carve-in...”**

Does the department intend for the COHS to delegate their CCS carve-in duties and responsibilities to Kaiser Foundation Health Plan (KFHP)? KFHP has full scope Medi-Cal managed care agreements with two of the three COHS, yet neither of KP's contracts with these COHS includes CCS carve-in services within the scope of covered services delegated to KFHP. This means that KFHP, without such a contractual arrangement with the COHS, is not assured of any specific role in the CCS carve-in via the WCM.

**3) Section 1, page 2: “Health plans would be at full financial risk, with a whole-child approach to provide and coordinate all primary and specialty care, similar to the Health Plan of San Mateo model.”**

We seek confirmation that “plans would be at full financial risk” means the COHS will receive a capitation payment for CCS carve-in services. This is important to know for KFHP because if a COHS asks KFHP to accept delegation of CCS carve-in services, KFHP will have to decide on an acceptable compensation structure.

Thank you for the opportunity to comment on the WCM. We appreciate your inclusiveness and the open, stakeholder process. We look forward to working with you on these important issues and appreciate the efforts to steadily move the program toward more integrated, whole-child care. We believe all CCS children should receive a uniform level of care with a patient-centered approach, and this proposal moves the program forward in that direction. Please contact either of us or Teresa Stark if you have any questions.

Sincerely,

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