



DATE: August 21, 2024

TO: All California Children's Services Panelled Providers

SUBJECT: California Children's Services Whole Child Model Expansion

PURPOSE

Inform California Children's Services (CCS) paneled providers with information regarding the Whole Child Model (WCM) expansion into 12 counties as of January 1, 2025.

BACKGROUND

Welfare and Institutions Code (WIC) section 14094.5 authorized the Department of Health Care Services (DHCS) to establish the WCM program in designated County Organized Health Care Systems (COHS) or Regional Health Authority (RHA) counties to incorporate the CCS Program covered services for Medi-Cal eligible CCS Program members into Medi-Cal managed care.¹ The WCM Program, allows COHS and RHA Medi-Cal managed care plans (MCP) to assume full financial responsibility for the authorization and payment of CCS Program medically necessary services required to correct or ameliorate a CCS-eligible condition.² The WCM Program is currently implemented in 21 counties.

The goal of the WCM Program is to provide comprehensive treatment and focus on the whole child, including, the child's full range of medical needs rather than only the CCS-eligible condition. This includes a patient and family centered approach, providing care coordination through an organized delivery system, and driving improvements in quality of care for WCM members.

Assembly Bill (AB) 118 (Committee on Budget, Chapter 42, Statutes of 2023) authorizes the expansion of the WCM Program.³ No sooner than January 1, 2025, the WCM Program will expand into the following 12 counties: Butte, Colusa, Glenn, Mariposa, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, and Yuba (see chart below for more details).

¹ [Senate Bill 586](#)

² [WIC section 14094.5](#)

³ [AB 118](#)

MCP	Counties
Effective January 1, 2025	
Central California Alliance for Health	Mariposa, San Benito
Partnership HealthPlan of California	Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Yuba
Kaiser	Mariposa, Placer, Sutter, Yuba

CCS PROGRAM ELIGIBILITY REFERRALS

County CCS Programs participating in the WCM Program will continue to determine CCS Program eligibility (medical, financial, and residential) and conduct annual medical redeterminations (AMR). DHCS is responsible for determining medical eligibility for new referrals and annual redeterminations for WCM dependent counties. In WCM counties, providers must send CCS Program eligibility referrals to the County CCS Program and requests for services/treatment to the WCM MCP.

NEONATAL INTENSIVE CARE UNIT (NICU) ELIGIBILITY

CCS NICU eligibility criteria assessment, authorization, and payment will be the responsibility of the WCM MCP for WCM members. Providers must submit NICU authorization requests to the WCM MCPs and not the County CCS Programs.

SERVICE AUTHORIZATION REQUESTS (SAR)

Independent County CCS Programs and DHCS, on behalf of dependent County CCS Programs, are responsible for adjudicating all SARs received prior to January 1, 2025. WCM MCPs will have access to Provider Electronic Data Interchange (PEDI) and will be able to see the status of pending, completed and denied authorizations.

All active prior authorization requests for services on or after January 1, 2025, are to be sent to the WCM MCPs. For the purpose of continuity of care (CoC), SARs approved before the transition to WCM MCPs will remain valid for 6 months and until the WCM MCP completes an assessment of the member's needs. After the transition into WCM, services carved out of the MCP's contract for independent counties are the responsibility of the independent counties to adjudicate (e.g. Medical Therapy Program). Services carved out of the MCP's contract for dependent counties are the responsibility of DHCS to adjudicate.

CONTINUITY OF CARE FOR PROVIDERS

Upon receipt of member level detailed transition data from DHCS for transitioning members, or at least 30 calendar days prior to the transition date, whichever occurs sooner, WCM MCPs must conduct outreach to Out of Network (OON) CoC eligible

providers with whom members have pre-existing relationships to initiate a Network Provider Agreement or a CoC for providers agreement.

WCM MCPs must ensure that members are provided expert case management and care coordination.⁴ WCM MCPs must meet this requirement by allowing the member to continue receiving case management and care coordination from their CCS County Public Health Nurse (PHN), upon request, and subject to their availability. The request to continue to receive case management and care coordination from the County CCS PHN shall be made within 90 days of the transition of CCS services to the WCM MCP. If the PHN is unavailable, MCPs must transition those services to one of its WCM Care Managers who has received adequate training on the CCS program and has clinical experience with the CCS population or pediatric patients with complex medical conditions.

Specialized or Customized Durable Medical Equipment

If the member has an established relationship with a specialized or customized durable medical equipment (DME) provider, WCM MCPs must provide access to that provider for up to 12 months.⁵ WCM MCPs are required to pay the DME provider at rates that are at least equal to the applicable CCS Fee-for-Service (FFS) rates, unless the DME provider and the WCM MCP enter into an agreement on an alternative payment methodology that is mutually agreed upon.

The WCM MCP may extend the CoC period beyond 12 months for a specialized or customized DME still under warranty and deemed medically necessary by the treating provider.⁶ Specialized or customized DME must meet all of the following criteria:

- uniquely constructed or substantially modified solely for the use of the beneficiary;
- made to order or adapted to meet the specific needs of the beneficiary; and
- uniquely constructed, adapted, or modified such that it precludes use of the DME by another individual and cannot be grouped with other items meant for the same use of pricing purposes.

CLAIMS SUBMISSION

Providers rendering services for CCS members expanding into the WCM Program must submit claims directly to the MCP for services rendered beginning January 1, 2025. Providers not part of the MCP network are encouraged to become part of the MCP's provider network. MCPs will be conducting outreach to bring providers to secure network provider agreements or CoC for provider agreements. MCPs are required to

⁴ [WIC section 14094.13](#)

⁵ [WIC section 14094.12\(f\) and 14094.13\(b\)](#)

⁶ [WIC section 14094.13\(b\)\(3\)](#)

pay providers for services at rates that are at least equal to the applicable CCS FFS rates, unless the providers enter into an agreement on an alternative payment methodology mutually agreed upon by the provider and the WCM MCP.

ADDITIONAL GUIDANCE

DHCS will release Provider Bulletins, from August through December 2024, to provide further guidance and direction to CCS providers. For questions on how to become a MCP network provider, providers may contact their respective WCM MCPs, identified below.

MCP Contact Information		
MCP	County	Contact Information
Central California Alliance for Health	Mariposa, Merced, Monterey, San Benito, Santa Cruz	(800) 700-3874 TTY/TDD (877) 548-0857
Partnership Health Plan	Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Sierra, Shasta, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, Yuba	(800) 863-4155 TTY/TDD (800) 735-2929
Kaiser Permanente	Marin, Mariposa, Napa, Orange, Placer, San Mateo, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba	(855) 839-7613 English (800) 788-0616 Spanish (800) 757-7585 Chinese Dialects TTY/TDD 711

Additionally, hospital-based providers are encouraged to share this notice with attending, ancillary, and delegated providers who are providing services to CCS-eligible beneficiaries. Entities responsible for billing and claiming must also review this notice. Finally, DHCS encourages CCS hospital providers, and physician practices to share this notice as appropriate with any administrative supports.

Sincerely,

ORIGINALLY SIGNED BY

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services