

# CCS/Medi-Cal Children Aging out of CCS

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# Presentation Outline

1. CCS Program Overview

2. Transition Pathways from CCS

3. Perspectives on Issues/Challenges

4. Strategies and Best Practices

5. Performance Measurement

6. Open Discussion

# CCS Program Overview

## Program Description

- The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions.

## Common Diagnoses

- CCS-eligible conditions include, but are not limited to: chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae.

## Administration

- The CCS program is administered as a partnership between county health departments and DHCS.

# Transition Pathways from CCS

# Transition Definition

Transition planning is the process of preparing adolescents and families to move from a pediatric to an adult model of health care.

***Health Care Transition to Adulthood*** is the deliberate, coordinated process of moving a patient from pediatric oriented health care to adult oriented health care, with the goal of optimizing the young adult's ability to assume adult roles and functions.

(Mennito & Clark, 2010)

# Transition Pathways for Adolescents Aging out of CCS

CCS

- Developmentally Disabled (DD) Waiver / 1915(i) SPA
- Home and Community-Based (HCB) Alternatives Waiver
- Assisted Living Waiver (ALW)
- HIV/AIDS Waiver
- Genetically Handicapped Persons Program (GHPP)
- Medi-Cal Managed Care

# HCBS Waiver Services

## Developmentally Disabled (DD) Waiver / 1915(i) SPA

- Case management
- Chore services
- Homemaker
- Home health aide services
- Respite care
- Habilitation
- Environmental accessibility adaptations
- Skilled nursing
- Transportation

## Home and Community-Based (HCB) Alternatives Waiver

- Case management (e.g. transitional)
- Home health aide services
- Home modifications to enable improved access
- Personal care
- Medical equipment maintenance and recurring expenses
- PERS (Personal Emergency Response service, installation and fees)
- Respite care (both at home and in residential care on a temporary basis)
- Habilitation
- Skilled nursing services

## Assisted Living Waiver (ALW)

- 24 hour oversight
- Personal care and assistance
- Health-related services: skilled nursing
- Arrange/provide transportation
- Social services
- Habilitation

## HIV/AIDS Waiver

- Supplemental skilled nursing
- Supplemental home health aide
- Homemaker services
- Nutritional Consultations
- Durable Medical Equipment and Supplies
- Transitional Services

# Genetically Handicapped Persons Program (GHPP)

## GHPP

- Special Care Centers (SCC)
- Hospital stay
- Outpatient medical care
- Pharmaceutical services
- Surgeries
- Nutrition products and medical foods
- Durable Medical Equipment (DMEs)
- Home health services, such as skilled nursing visits
- Therapy services, such as physical therapy, occupational therapy, and speech therapy
- Mental health services such as psychotherapy counseling
- Medical supplies



# Perspectives on Issues/Challenges

# Patients' Perspective on the Issues/Challenges

## Availability of Information:

- Unaware of the programs available
- Unaware of the process/timelines or how to apply

## Access:

- Concerns with changes to adult providers
- Concerns with perceived access to subspecialists and specific services
- Language/cultural barriers with new providers
- Continuity of services

# MCPs' Perspective on the Issues/Challenges

## Data

- Consistent data sharing with the CCS Program
- Access to the beneficiary-specific data with enrollment and claims information
- Lack of access to pharmacy data (carved-out medications)

## Barriers to Access / Continuity of Services

- Number of CCS paneled providers in several counties
- Helping patients and their families transition from Pediatric Care to Adult Medicine
- Non-compliant patients/families due to hesitation of changing their physician

# DHCS Perspective on the Issues/Challenges

## Communication Between Delivery Systems

- Data sharing between the various programs/delivery systems and MCPs
- Promoting continuity of services for beneficiaries
- Facilitating best practices between CCS, MCPs, and Waiver Programs

# Strategies and Best Practices

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## DHCS Transition Planning

- Identify individuals who are going to transition to managed care and provide data to the MCPs for continuity of services planning
- Provide plan enrollment and Client Index Number (CIN) level information with authorization dates, service codes, and referring provider
- Provide enhanced monthly data that includes the past year of CCS, Specialty Mental Health, and Encounter/FFS claims
- Ensure current MCP requirements to provide case management, care coordination, and continuity of services
- Convene CCS Transition Collaboration meetings between DHCS Quality Improvement clinical staff, MCP Care Managers, and Medical Directors to identify and resolve transition of care issues

# Strategies and Best Practices

## DHCS Transition Planning (continued)

- Identify and outreach to individuals who are going to transition
- Identify waiver programs for which the beneficiary may qualify
- Have continued discussions with MCPs and DHCS on working through transition issues and best practices

# Strategies and Best Practices

## MCP Transition Planning

- Utilize enrollment and CIN-level data supplied by DHCS for continuity of services and transition planning
- Perform risk stratification within 90 days of plan enrollment (new requirement under the Managed Care Final Rule)
- Deliver current contractual requirements to provide case management, care coordination, and continuity of services
- Hold regular meetings with county CCS staff
- Participate in collaborative meetings with CCS and DHCS to work through transition issues and identify best practices



# Open Discussion