Whole-Child Model (WCM)
California Children's Services (CCS) County Allocation Analysis

Introduction

Senate Bill (SB) 586 authorizes the Department of Health Care Services (DHCS) to establish the Whole-Child Model (WCM) program in designated County Organized Health Systems (COHS) or Regional Health Authority counties to incorporate California Children's Services (CCS) program covered services for the Medi-Cal eligible CCS children and youth into a Medi-Cal managed care plan (MCP) contract. Implementation of the WCM requires modification to the allocation of CCS county administrative funding for counties in the WCM. Under the WCM, some CCS administrative functions, that are currently the responsibility of the county CCS programs, will move to the WCM health plans. This shift in administrative responsibilities will affect the CCS county administrative allocations. DHCS has developed a proposed WCM administrative county allocation methodology to accommodate the redirection of CCS administrative workload and funding necessary to support the WCM.

The CCS State-Only children with other health coverage or undocumented children over 19 years of age will continue to receive services the way they do today. The CCS services for children who do not have Medi-Cal will still be on a Fee for Service (FFS) basis. Effective May 2016, children under 19 years of age without satisfactory immigration status became eligible for full-scope Medi-Cal benefits. To the extent that these undocumented children also have a CCS-eligible condition, they will be enrolled in the WCM.

Background

Pursuant to Health and Safety Code Section 123955, the funding for the administrative costs of county CCS programs is shared among the State and county programs. A system of allocating CCS administrative funding to the county programs is based on CCS caseload, CCS staffing standards, and the availability of State and federal funding.

The existing CCS administrative allocation methodology is the foundation for the revised CCS administrative funding allocation methodology for WCM counties. This revised methodology incorporates modifications that reflect the redistribution of CCS administrative workload from the county programs to the WCM health plans and takes into consideration workload responsibilities associated with the CCS State-Only population. The revised allocation methodology creates two separate allocation processes: one for the WCM population, and one for the CCS State-Only population. This allocation methodology does not affect the CCS administrative allocations for the counties not participating in the WCM. Additionally, the proposed WCM allocation methodology also does not affect the Medical Therapy Program (MTP) or the Pediatric Palliative Care Waiver (PPCW) allocations, as these programs are not part of the WCM transition.

However, this methodology takes into consideration the workload associated with the MTP Chief/Supervising Therapist positions budgeted in either the CCS Administrative and/or MTP Budget. As such, existing WCM counties that currently budget the Chief/Supervising Therapist under the CCS Administrative Budget, are grandfathered in and may continue to claim no more than 0.20 Full Time Equivalent (FTE) of the MTP Chief/Supervising Therapist position under the WCM CCS allocation. All other WCM counties must maintain the current practice of budgeting the Chief/Supervising Therapist on the MTP Budget allocation and cannot budget this position on the WCM CCS allocation.

Federal Financial Participation (FFP)

WCM counties will only budget for the workload activities that will remain with the county. The WCM counties will not receive a budget allocation for care coordination or other workload activities transitioned to the health plans. The State will continue to draw down the enhanced FFP for the Skilled Professional Medical Personnel (SPMP) associated with the county's budget.

Proposed WCM Allocation Methodology

The below standards and assumptions were used to establish the new WCM Staffing Standards Calculator and led to adjustments of the allocation methodology for the CCS State-Only population. The new WCM Staffing Standards Calculator reflects changes in the administrative activities that will transfer from the county program to the health plans. Furthermore, adjusting the CCS State-Only allocation was determined necessary based on the low remaining caseload numbers.

Standards and Assumptions used in the Proposed Methodology

The following standards were used to develop the proposed WCM allocation methodology:

- Plan and Fiscal Guideline (PFG) CCS Staffing Standards, Section 6, Budget Instructions.
- Staffing Standards Calculator, Section 6, Budget Instructions.
- The current independent county Staffing Standards Calculator is the foundation for the WCM and CCS State-Only Staffing Standards calculators.
- CCS County Allocation Budgets submitted for 2015/16 (includes the adjustment for the 2016 Budget Act).
- CCS Staffing Survey completed by the local county programs and include caseload counts from September 2016.

The following assumptions were used to develop the proposed WCM allocation methodology:

- Pre-WCM and WCM Division of Responsibilities (DOR) matrix (Exhibit A) detailing the administrative activities transferring from the county to the health plan.
- There will be no change for the way counties budget for operating expenses and equipment in the WCM.
- Case Management Improvement Project (CMIP) will not be available to dependent WCM counties. CMIP is a voluntary program created for counties to partner with regional offices to assist with determining medical eligibility and processing service authorizations. The medical eligibility will remain at the State level, however, the CMIP

workload, for example authorization processing, is moving to the health plans with the WCM.

- The WCM takes into consideration the differences in workload of an independent county and a dependent county such as annual medical review (AMR) or supervision of the MTP Chief/Supervising Therapist.
- Only CCS beneficiaries with Medi-Cal aid codes (Exhibit B, Attachment 1) or as defined in the managed care health plan contracts will be enrolled in the WCM health plans.
- In counties where CCS NICU services are carved-in (Santa Barbara, Yolo, San Mateo, Solano, Marin, and Napa), the health plan will be responsible for case management, reviewing, authorizing, and paying for these services. In WCM counties where NICU services are carved-out, these services will be reviewed and authorized by the health plans, and paid for by the state.
- There will be no change to the county administrative share of cost (SOC).
- Counties implementing WCM during the middle of a fiscal year will have two (2) separate allocations, one using the existing methodology and the other with the WCM methodology.

Transition of Administrative Responsibilities Analysis

DHCS reviewed the CCS administrative allocation budget categories currently used for the CCS Administrative Budgets. The specific budget categories include: Program Administration, Medical Case Management, Other Health Care Professionals, Ancillary Support, and Clerical and Claims Support. Additionally, DHCS reviewed the administrative responsibilities and the associated workload as defined in the PFG.

Under the WCM, some CCS administrative functions that are currently the responsibility of the county will move to the WCM health plans. The DOR matrix identifies the different administrative activities that are affected by the implementation of the WCM. For example, case management, care coordination, service authorizations, maintenance and transportation, and transition into adulthood will move from the county to the health plans. CCS program eligibility remains with the counties. See DOR Matrix (Exhibit A) for a list of who is responsible for administrative functions Pre-WCM and in the WCM.

Based on the analysis, it was determined the workload remaining with the county after the WCM transition was similar to the existing dependent county workload level of responsibilities. During the analysis, the current independent county Staffing Standards Calculator was used as the basis to build the new WCM allocation methodology.

WCM Staffing Standards Calculator

The WCM Staffing Standards Calculator is used to determine the FTE for WCM caseloads to satisfy CCS medical, residential, and financial eligibility and the associated administrative functions. There are two WCM Staffing Standards Calculators, one for the Independent counties and one for the Dependent counties. The need for two calculators is based on the workload difference between an independent county and a dependent county. Furthermore, having two calculators is in alignment with the existing calculators for Independent and

Dependent counties. The independent county calculator takes into consideration the additional workload involved as an independent county, such as the initial medical eligibility, the AMR, and the Medical Director workload. Under the WCM, independent counties will continue to perform AMRs, however the authorization of services, case management and care coordination activities will move to the health plans. For The AMR process, financial, residential, and medical eligibility determination will remain with the county. Health plans will provide counties with required utilization data to complete the AMR. The independent county CCS Staffing Standards Calculator was modified by removing the remaining administrative activities and workload that will move to the health plans, by defining the FTE percentages needed for each category, and by removing the corresponding budget classifications to allow the WCM counties more flexibility with their hiring needs. The proposed WCM Staffing Standards Calculator for Dependent and Independent counties can be found in Exhibit B, Attachment 5 and 6. The WCM Staffing Standards Calculator — independent county calculator includes FTEs for both physician and nurse staff, whereas the WCM Staffing Standards Calculator — dependent County calculator only includes FTE for the nursing staff.

Shasta is performing more than 90% of the independent county workload including medical eligibility, authorizations, and AMRs. As such, Shasta is functioning near the independent county level. For the WCM population, Shasta County will use the WCM Staffing Standards Calculator – Independent Counties, Exhibit B, Attachment 6 and the WCM CCS State – Only Staffing Standards Calculator – Caseload Below 500, Exhibit B, Attachment 3.

CCS State-Only Staffing Standards Calculator

Unlike the WCM population, all administrative functions for the CCS State-Only population will remain the responsibility of the counties. The caseload counts, as shown in Exhibit B, Attachment 2 identifies the CCS State-Only and WCM population counts and shows on average approximately 5% of the caseload mix in the WCM counties is CCS State-Only. The counts also identified the remaining caseload was below 500 beneficiaries, except in Orange County.

The administrative categories do not align with the dependent County Staffing Standards Calculator because the independent county is performing case management and authorization services for the CCS State-Only population and dependent Counties do not. However, the extremely low caseloads determined the existing dependent County Staffing Standards Calculator was appropriate to use for the Independent Counties to establish the appropriate FTE allocation for the CCS State-Only population in WCM counties, except in Orange County.

For the Independent Counties with caseloads under 500 and Shasta County, Exhibit B, Attachment 3 is applied and provides for a minimum baseline of 2.0 FTE for the CCS State-Only caseload. For the Dependent Counties, an allocation of 1.0 FTE is applied for the CCS State-Only caseload. Note, the minimum baseline of 1.0 or 2.0 FTE does not apply to the WCM population. This minimum baseline of 2.0 FTE for Independent Counties with caseloads under 500 and Shasta County and 1.0 FTE for Dependent Counties only applies to the CCS State-Only population.

For CCS State-Only caseloads over 500, the existing independent county CCS Staffing Standards Calculator shall be utilized. Since Orange County's CCS State-Only caseload is more than 500, Exhibit B, Attachment 4 is used to determine the CCS State-Only FTE allocation.

Medical Therapy Program (MTP)

Under the WCM, authorization and payment for Occupational Therapy (OT)/ Physical Therapy (PT) and Durable Medical Equipment (DME) services for children with CCS eligible conditions will move to the health plan. The county MTP will continue to provide any medically necessary PT and OT services related to the MTP eligible condition. Children in the MTP requiring DME, orthotics and prosthetics or specialty medical care not provided by the medical therapy conference (MTC), must be financially eligible for CCS to receive these services. The health plans will be responsible to provide the case management for all DME, orthotic and prosthetics and specialty medical care for children with MTP eligible conditions whom are also eligible for CCS. Children who are MTP eligible but cannot be seen at the medical therapy unit (MTU) due to staffing shortages, lack of special facilities/equipment, or when the county does not have an MTU are seen "in lieu of MTU." This means the PT and OT services remain the financial responsibility of the MTP and are not passed to the health plans. There are no changes for MTP Only children.

The Medical Director supervision of the MTP Chief/Supervising Therapist will remain with the county. Currently, some counties budget the MTP Chief/Supervising Therapist position under the CCS Administrative Budget, instead of on the MTP Budget allocation. As such, existing counties that currently budget the Chief/Supervising Therapist under the CCS Administrative Budget, are grandfathered in and may continue to claim no more than 0.20 of the MTP Chief/Supervising Therapist position under the WCM CCS allocation. This FTE may be added to the CCS State-Only or WCM FTE within the County Allocation. All other WCM counties must maintain the current practice of budgeting the Chief/Supervising Therapist on the MTP Budget allocation and cannot budget this position on the WCM CCS allocation.

County FTE Allocation

To determine a county's full CCS FTE allocation, two methodologies or staffing calculators are used: One for the CCS State-Only eligible population and one for the WCM eligible population. Exhibit B, Attachment 3 or 4 is used to determine the FTE allocation for the CCS State-Only eligible population.

Exhibit B, Attachment 5 or 6 is used to determine the FTE allocation for the WCM eligible population. The total FTE is determined by combining the results from Exhibit B, Attachment 3 or 4 and the results from Exhibit B, Attachment 5 or 6.

In the case of Orange County, the total FTE is determined by combining the results from Exhibit B, Attachment 6, the WCM Staffing Standards Calculator — Independent Counties, for the WCM eligible population and, the results from Exhibit B, Attachment 4, WCM CCS State-Only Staffing Standards Calculator — Caseload Above 500, for CCS State-Only eligible populations.

Due to Shasta County functioning near an independent county level, Shasta County's total FTE is determined by combining the results from Exhibit B, Attachment 6, the WCM Staffing Standards Calculator — Independent Counties, for the WCM eligible population and the results from Exhibit B, Attachment 3, WCM CCS State-Only Staffing Standards Calculator — Caseload Below 500, for CCS State-Only eligible populations.

The two separate methodologies determines each counties specific total FTEs. The counties will develop one budget based on the total FTEs. Counties have the flexibly to fill the FTEs with the positions that satisfy the needs of the individual counties. Individual staff composition within or between the administrative functions or categories is at the discretion of each county.

The examples below illustrates how the total county FTEs allocation is derived for Orange County, a dependent county, an independent county, and counties with MTP Chief/Supervising Therapist included in the CCS Administrative Budget .

Orange County Example

Population	Calculator	Caseload	Total FTE
CCS State-Only	WCM CCS State-Only Staffing Standards Calculator — Caseload Above 500	1,044	12.60
WCM	WCM Staffing Standards Calculator — Independent Calculator	1,2015	29.10
		Grand Total FTE =	**41.70**

Dependent County Example

Population	Calculator	Caseload	Total FTE
CCS State-Only	WCM CCS State-Only Staffing Standards Calculator — Caseload Below 500	10	1.00
WCM	WCM Staffing Standards Calculator — Dependent Calculator	100	0.30
		Grand Total FTE =	**1.30**

Independent county Example*

Population	Calculator	Caseload	Total FTE
CCS State-Only	WCM CCS State-Only Staffing Standards Calculator — Caseload Below 500	70	2.00
WCM	WCM Staffing Standards Calculator — Independent Calculator	600	1.94
		Grand Total FTE =	**3.94**

MTP Chief/Supervising Therapist included in CCS Administrative Budget

Population	Calculator	Caseload	Total FTE
CCS State-Only	WCM CCS State-Only Staffing Standards Calculator — Caseload Below 500	70	2.00
WCM	WCM Staffing Standards Calculator — Independent Calculator	600	1.94
	Grandfathered MTP Chief/Supervising Therapist FTE		0.20
		Grand Total FTE =	**4.14**

Resources

- Exhibit A: Division of Responsibilities (DOR) Matrix
- Exhibit B, Attachment 1: Full Scope Medi-Cal Aid Codes (Under 21 Years of Age)
- Exhibit B, Attachment 2: Whole-Child Model Caseload
- Exhibit B, Attachment 3: WCM CCS State-Only Staffing Standards Calculator Caseload Below 500
- Exhibit B, Attachment 4: WCM CCS State-Only Staffing Standards Calculator Caseload Above 500
- Exhibit B, Attachment 5: WCM Staffing Standards Calculator — Dependent Counties
- Exhibit B, Attachment 6: WCM Staffing Standards Calculator — Independent Counties

*FTE allocation for Independent Counties and Shasta County