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August 20, 2015

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

Dear Director Kent:

Cottage Health System believes that the Whole Child proposal has potential merit in decreasing the separation of care and reimbursement for CCS patients, as well as moving administration of the program closer to the providers. The current proposal has at least two limitations which endanger the stability of the CCS system, as well as access to subspecialty pediatric care.

1. Minimum Contracted Rate. The regulation should provide a “floor” for rate negotiation between MMC organizations and providers. Current CCS rates are barely adequate to allow providers to accept these patients. If an MMC organization insisted on contracting for rates below current CCS, or fractional Medi-Cal, patients would lose their access to inpatient and outpatient care as providers found it impossible to be reimbursed for their costs. This means patients with a current provider would have to find another, and that the provider pool, already insufficient for current needs, would be further depleted. The current Continuity of Care provisions in the proposed regulation temporarily address this, but not in a sustained fashion that will ensure the long term viability of the program.

2. Timing of the change. The administrative changes being proposed to this program are so sweeping that larger counties will have a very difficult time

accomplishing them in the timeframe provided. Moving initiation of the program to January of 2018 would greatly help in providing a smooth transition to the “carved in” model, particularly for large counties with complex existing administrative structures. If the administrative changes cannot be effected in an orderly manner, access to care for individual CCS clients will very likely be adversely impacted during the transition. The CCS patient population is so fragile that any interruption in access to care can have catastrophic consequences to the patients it is designed to serve.

Thank you for taking our comments and suggestions into consideration. If you have any questions or comments, I welcome them. I can be contacted at lmoore@sbch.org or 805-569-7290.

Sincerely,



Lisa M. Moore

Vice President, Clinical Services