Medical Home Group

- 1. Increase # of family centered medical homes
 - a. Define criteria for a medical home in action plan
- 2. Change the financial model for MediCal and CCS to include appropriate reimbursement
- 3. Reassess CCS eligibility
- 4. Increase the use of technology

Organization of Services

- 5. Have CCS cover whole child (instead of just CCS condition)
 - a. Development of care plan
 - b. Care coordination across systems/partnerships with other services like RCs, Special Ed, Mental Health
 - c. Regionalization of services and administration
- 6. Work with MediCal @ state to resolve admin problems with CCS
 - d. Eg. To eliminate auto referrals of kids to CCS, waits for CCS denials, and arguments about who pays that may result in delayed care
- 7. Develop/implement IT solutions to facilitate care for CCS children and increase efficiency and quality of care and yield data for fiscal and outcomes analysis

Insurance Coverage

- 8. Implement/maintain system of standards of service for all kids with CCS medical eligible conditions regardless of insurance coverage
- 9. Increase access to CCS services by increasing financial eligibility limit to 250% of FPL
- 10. Create whole childe coverage for children w/o documentation

Transition

- 11. Mandatory parent education/communication with checklists
 - a. Include developmental transitions as well as transition out of the program
- 12. Identify who needs transition help
 - b. Use LA model to identify those with most need
- 13. Extend age limits
- 14. Increase capacity for adult care

Family Centered Care & Cultural Competency

- 15. Increase family partnership in decision making AT ALL LEVELS including a state-funded diverse CCS parent advisory committee at the state level to ensure improved satisfaction of CCS services
- 16. Increase family access to general educational information which includes eligibility criteria, services provided, accessing services, and case management, and ensure families understand the information
- 17. Establish an Individualized CCS Plan (ICCSP) for each eligible child. Plan will include:

- a. Case management: accessing services, navigating services, coordinating services, goal setting
- b. Referral to services and resources offered by health plans, Family Resource Centers, Support Groups, etc.
- c. All aspects of ICCSP include cultural competency i.e. translation, interpretation, ADA compliance
- 18. Establish dedicated funding to employ a parent health liaison at the county level to help CCS families navigate the system, with a particular focus on non-English speaking families