INSTRUCTIONS: Below is a brief listing of each of the criterion that you will be using to rate each of the potential priorities, and the weights for each criterion in the blue box for reference. Please refer to and use the accompanying PRIORITIZATION CRITERIA sheet for details on the criterion and scoring definitions, and for each potential priority, put in a score for each of the criterion (0-4) in the boxes below.

Prioritization Criteria	
Criterion #1: Addressing the issue positively affect families/providers/program (Weight = 3)	**Criterion #4:** Addressing the issue IMPROVES ADMINISTRATIVE TIMELINESS and EFFICIENCY OF PROVIDING CARE to improve quality and adherence to CCS standards (Weight = 1)
Criterion #2: Addressing the issue reduces disparities IN HEALTH OUTCOMES (Weight = 2)	**Criterion #5:** Addressing the issue enhances FAMILY-CENTERED CARE (Weight = 3)
Criterion #3: Addressing the issue will enhance the CONTINUITY and COORDINATION OF CARE (Weight = 3)	**Criterion #6:** There are EVIDENCED BASED INTERVENTIONS/BEST PRACTICES to improve health outcomes (Weight = 3)

Priority	C1	C2	C3	C4	C5	C6
Medical Home						
1. Increase number 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						

Priority	C1	C2	C3	C4	C5	C6
6. Work with MediCal @ state to resolve admin problems with CCS a. 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 a. Use LA model to identify those with most need						
13. Extend age limits						
14. Increase capacity for adult care						

Priority	C1	C2	C3	C4	C5	C6
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						