Whole Child Model and SB 586 Overview

October 2016

WCM Overview

Today

Bifurcated delivery system results in lack of coordination and integration when accessing care from both systems

- Specialty care is received from the CCS FFS system for the CCS condition
- Primary care and behavioral health services are received from the managed care health plan

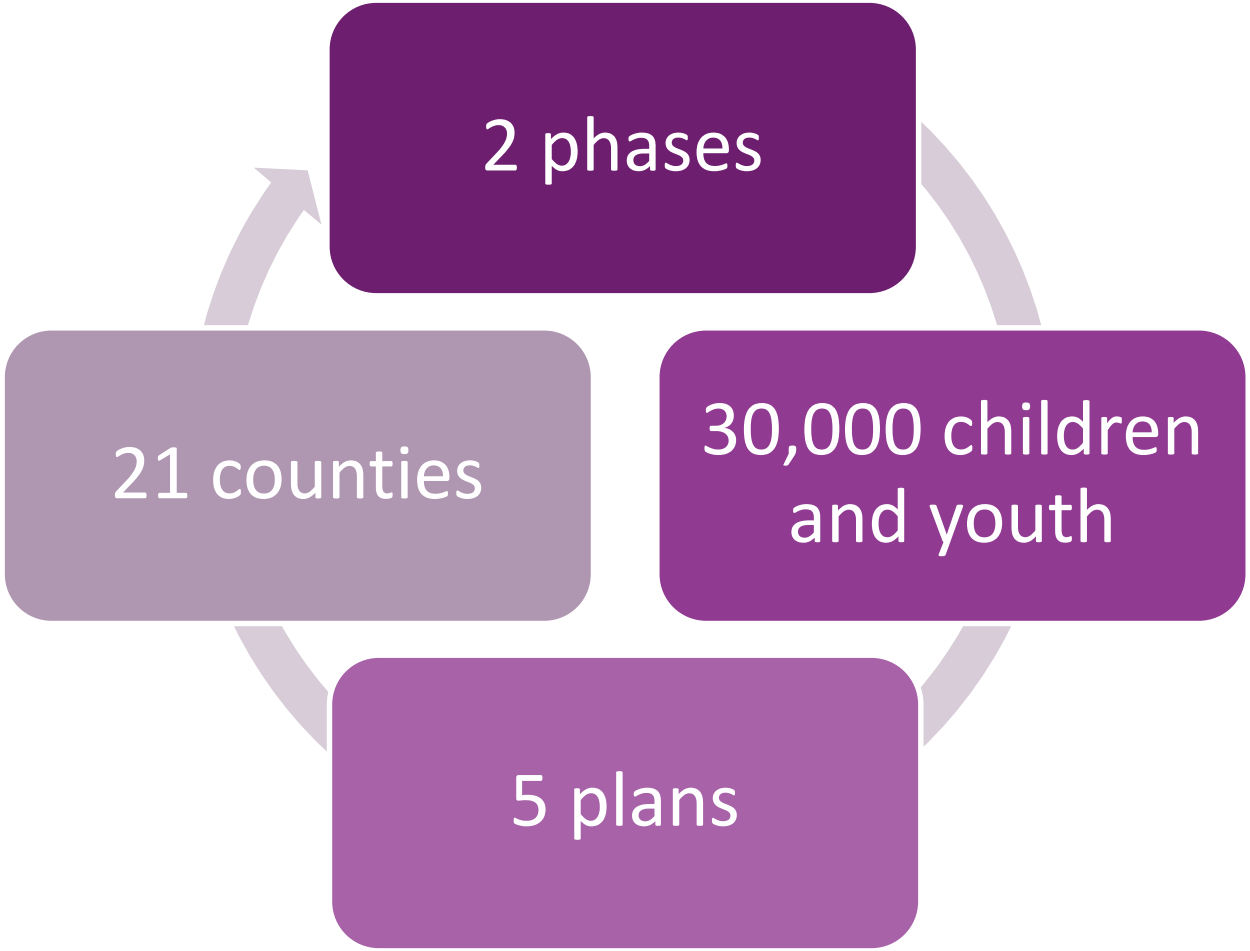
Whole-Child Model

Integrates Medi-Cal managed care and CCS FFS delivery systems, resulting in:

- Improved care coordination for primary, specialty, and behavioral health services for CCS and non-CCS conditions
- Care that is consistent with CCS program standards by CCS paneled providers, specialty care centers, and pediatric acute care hospitals
- Increased consumer protections, such as continuity of care, oversight of network adequacy standards and quality performance

DHCS

WCM Transition by Numbers



WCM Transition

Implementation no sooner than July 1, 2017
in the following plans/counties:

Health Plan	Counties
Cal Optima	Orange
Central California Alliance for Health	Merced, Monterey, Santa Cruz
CenCal Health	San Luis Obispo, Santa Barbara
Health Plan of San Mateo	San Mateo
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Mendocino, Marin, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo

DHCS

SB 586 Overview

Authorizes	DHCS to establish the WCM in the specified counties
Extends	CCS carve-out from Medi-Cal managed care in the remaining counties until January 1, 2022
Requires	Numerous provisions for both DHCS and the Medi-Cal managed care plans to ensure that quality of care is preserved in the transition

SB 586 Key Provisions

Requirements for DHCS

- Monitoring and oversight including health plan readiness, data reporting, dashboard
- Network certification
- Develop Memorandum of Understanding (MOU) template between the health plan and county CCS program
- Develop administrative allocation for CCS WCM
- Establish rates
- Continuation of CCS statewide advisory group
- Independent evaluation of the WCM

Requirements for WCM Plans

- Local stakeholder process
- Health risk assessment and individual care plans
- Continuity of care for CCS providers, DME, pharmacy, public health nurse
- Minimum CCS provider rates
- Benefits provided according to CCS program standards
- Timely access to CCS providers and facilities with clinical expertise in treating the CCS condition
- Enter into MOU with the county CCS program
- CCS family advisory group and clinical advisory group

Requirements for County CCS Program

- Enter into MOU with the health plan
- Administer the CCS Medical Therapy Program
- Perform CCS program eligibility
- Conduct appeal process for program eligibility
- Provide case management and care coordination services for non-WCM CCS beneficiaries

DHCS Pre-Implementation Requirements

Prior to implementation, DHCS must:	Develop specific CCS program monitoring and oversight standards
	Establish a stakeholder process and consult with the statewide stakeholder advisory group
	Collect plan network data to determine the provider network overlap
	Develop a memorandum of understanding (MOU) template between the plans and county CCS program
	Consult with the WCM counties in determining the calculation for the administrative allocation
	Provide written notice to the county agency of the county administrative allocation
	Develop an actuarially sound rate for the WCM plans specific for CCS children and youth
	Verify plan readiness

Plan Pre-Implementation Requirements

Prior to implementation, the managed care health plan must:	Demonstrate network adequacy
	Enter into an agreement with the county CCS program for case management, care coordination, provider referral, and service authorization
	Review historical CCS FFS data for assessment and care planning purposes
	Establish an assessment process for identifying specialty, primary care, and behavioral health needs
	Establish a family advisory group for CCS families

Key Provisions

Access to Care

- Facilitate timely access to primary care, specialty care, pharmacy, and other health services
- Requires the use of CCS paneled providers
- Provide a mechanism for the beneficiary and/or caregiver to request a specialist or clinic as a primary care provider

Plan Responsibilities at Implementation

Care Coordination

- Health risk assessment and individual care plans
- Coordination of primary and preventive services with specialty care services; Medical Therapy Unit; Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); long-term services and supports (LTSS); regional center services; and home- and community-based services
- Allows beneficiaries to continue to receive case management and care coordination from his or her public health nurse, if requested at transition

DHCS

Plan Responsibilities at Implementation

Continuity of Care

- Provide up to 12 months of continuity of care with the current provider under certain conditions, with the ability to extend beyond the 12 months
- Provide up to 12 months of access to current specialized/customized DME under certain conditions, with the ability to extend beyond the 12 months
- Provide continuation of currently prescribed prescription drugs until a new assessment and treatment plan is in place
- Continuity of care appeal rights to the DHCS Director

Deep Dive into Care Coordination and Continuity of Care Topics

- Medical Therapy Program
- Durable Medical Equipment
- NICU
- Public Health Nurses

Medical Therapy Program (MTP)

MTP benefits and services will continue to be offered to WCM children and MTP will continue to be administered by the counties and reimbursed through fee for service.

- Counties will continue to receive and process referrals to the MTP
- Provide physical therapy (PT) and occupational therapy (OT) services at Medical Therapy Units (MTUs)
- Provide Medical Therapy Conference (MTC) services

However, in WCM counties, authorization for durable medical equipment (DME) and related supplies will be submitted through the managed care plan.

- The managed care plan shall coordinate with the local MTU to ensure appropriate access to services and enter into a MOU or similar agreement regarding coordination of MTU services

DHCS

Durable Medical Equipment

Continuity of care provisions expanded to specialized or customized DME. Specialized or customized DME means durable medical equipment that meets all of the following criteria:

A. Is uniquely constructed from raw materials or substantially modified from the base material solely for the full-time use of the specific beneficiary according to a physician's description and orders.
B. Is made to order or adapted to meet the specific needs of the beneficiary.
C. Is uniquely constructed, adapted, or modified to permanently preclude the use of the equipment by another individual, and is so different from another item used for the same purpose that the two items cannot be grouped together for pricing purposes.

Neonatal Intensive Care Unit (NICU)

Before WCM	Authorizes and Coordinates NICU Services	Pays for NICU Services
Independent Carved-In	**County**	Health Plans
Independent Carved-Out	County	State
Dependent Carved-Out	State	State
After WCM	Authorizes and Coordinates NICU Services	Pays for NICU Services
Independent Carved-In	**Health Plans**	Health Plans
Independent Carved-Out	**State**	State
Dependent Carved-Out	State	State

Public Health Nurse

- SB 586 allows the child or youth to continue to receive case management and care coordination from his or her public health nurse.
- This election shall be made within 90 days of the transition of CCS services into the Medi-Cal managed care plan.
- 60 and 30 days notices will be sent to the beneficiary explaining their rights

Key Provisions

Beneficiary/Family Communication and Education

- Provide communication in alternative formats that are culturally, linguistically, and physically appropriate
- Provide family-centered, outcome-based approach to care planning
- Provide information about managed care processes and how to navigate a health plan, including their rights to appeal any service denials, filing grievances, and how to submit continuity of care requests
- Provide information on how to access community resources
- Ensure access to ongoing information, education, and support regarding their child's care plan
- Create family advisory group for CCS families

Plan Responsibilities at Implementation

Compliance with Existing Medi-Cal Requirements

- Network Adequacy
- Continuity of Care
- Case management, care coordination, provider referral, and service authorization services
- Due process requirements and timely resolution for grievances and appeals
- Notice of action upon a denial, denial of reauthorization, or termination of services
- Second opinion from an appropriately qualified health care professional

Monitoring and Oversight

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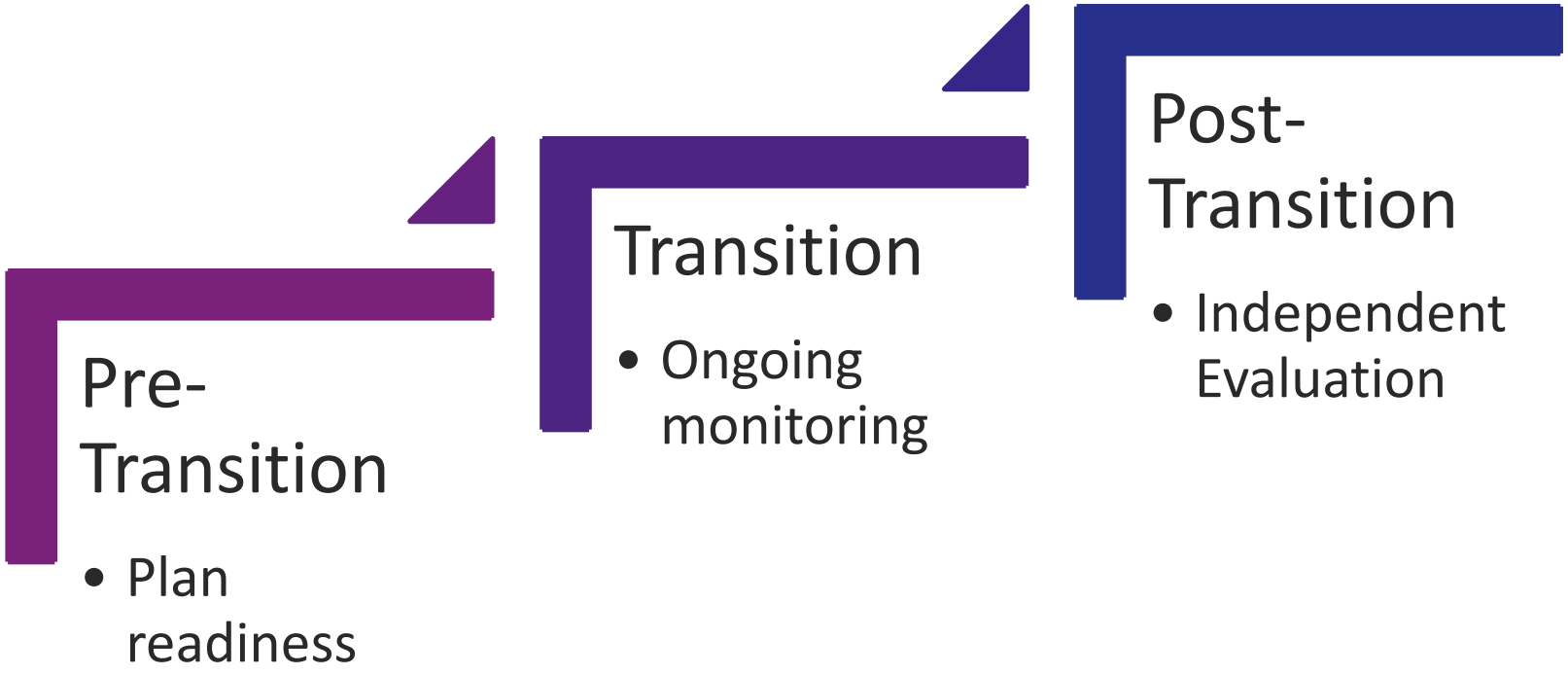
Monitoring and Oversight



Plan Readiness

Various readiness activities with the health plans, including:

- **Full network certification**
- **Review of health plan deliverables and submissions**, including:
  - Member notices
  - Evidence of coverage
  - Network adequacy
  - Referrals
  - Continuity of care policy
  - Quality of care/utilization management
  - Grievances and appeals policy
  - Plan to provider contracts
  - DME policy
- **Provide beneficiary-specific provider, utilization, and pharmacy data** to the plans for purposes of continuity of care
- **Develop MOU template** between the health plans and county CCS program
- **Regular operations meetings** with health plans and counties to address any areas of concern and provide technical assistance

Ongoing Monitoring

Following a transition, DHCS reviews various monitoring indicators to determine health plan compliance with network adequacy standards and assess whether there are access to care concerns.

Monitoring indicators include:

- Continuity of care requests
- Net change of the network size
- Grievance and appeals
- Utilization rates
- Assessment rates/timeframes
- Plan call center reports
- Ombudsman data
- State Fair Hearing data
- Secret shopper calls

WCM Program Evaluation

Objectives

- Evaluate whether the inclusion of CCS services in a managed care delivery system improves access to care, quality of care, and the patient experience
- Compare CCS services in WCM counties before and after CCS services carved into the plan
- Compare the WCM counties to other counties where CCS is not carved into the health plan

Requirements

- DHCS will contract with an independent entity to conduct an evaluation of the WCM
- DHCS will submit the evaluation to the Legislature no later than January 1, 2021

WCM Program Evaluation, Cont.

Evaluation Elements

- Access to specialty and primary care, and in particular, utilization of CCS-paneled providers
- Type and location of CCS services and comparison of in-network to out of network
- Utilization rates
- Patient and family satisfaction
- Appeals and grievances
- Authorization of CCS-eligible services
- Provider participation by specialty and subspecialty
- The ability to retain existing providers once the child ages out of CCS

Data Collection

- Rate of new CCS enrollment in each county
- Percentage of CCS-eligible children requiring a referral to a CCS specialty care center
- Percentage of those discharged from the hospital that requires a referral to a CCS specialty care center
- Percentage of those discharged from the hospital who had at least one follow up visit within 28 days post-discharge
- Appeals and grievances

Information and Questions

- For CCS Redesign information, please visit:
  - http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx
- Please contact the CCS Redesign Team with questions and/or suggestions:
  - CCSRedesign@dhcs.ca.gov
- If you would like to be added to the DHCS CCS Interested Parties email list, please send your request to:
  - CCSRedesign@dhcs.ca.gov