



Frequently Asked Questions California Children's Services (CCS) Integration into PHC

The Department of Health Care Services (DHCS) is planning to implement the Whole Child Model (WCM) in all fourteen counties of Partnership HealthPlan (PHC) no sooner than January 2019. The WCM is an organized delivery system that will assure comprehensive, coordinated services through enhanced partnerships among Medi-Cal managed care plans, children's hospitals, specialty care providers, and counties. Under the WCM, PHC will provide CCS services including care coordination and utilization management services, as well as Medi-Cal benefits to all CCS eligible children in our service areas. As PHC begins this program, we are interested in working with various stakeholders including counties, providers, and families to ensure a smooth transition for the CCS children. We hope this FAQ will provide answers to some of your questions. If you have additional questions or comments, please submit them to us via our website at www.partnershiphp.org.

1. How is PHC prepared to take responsibility for this vulnerable population of CCS children with such unique needs?

PHC has over 20 years of experience with providing complex case management and intensive case management services for children and adults with chronic conditions and serious medical conditions. Included in this experience is our CCS "carved in" program, where PHC is responsible financially for services provided to CCS children.

PHC has Case Management staff dedicated to serving children who have complex conditions or need intensive case management and coordination. Our pediatric case manager works closely with the member, the family, the CCS county staff, the primary care provider, and specialists to make sure the health care needs of the member are met.

2. Will a child have access to the CCS provider network?

PHC contracts with all willing and qualified providers in our service area. A majority of CCS providers are already contracted with PHC to provide medical services to our managed care members, and we are working to include all providers currently used by our CCS children.

When a CCS-eligible child or youth is receiving care from a non-contracted provider, the child or youth may remain with that non-contracted CCS provider for up to 12 months, if the provider: (1) agrees to continue care for the child, (2) accepts the contract rate, (3) has no outstanding quality of care issues; and (4) is willing to bill PHC. PHC will work closely with these children and their families to ensure access to CCS quality care.

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3. What happens if a child needs to see a CCS provider in another county or State? Will PHC allow a child to see a provider not in the PHC service area?

PHC has agreements in place with out-of-state providers, as well as those in non-PHC counties.

If a child needs to receive services from a non-contracted provider, PHC will work to have a Letter of Agreement for services for that child.

4. Will PHC contract with CCS providers?

Yes, PHC already has agreements with a majority of CCS providers, including many children's hospitals. CCS providers will continue to be paneled by the State of California, ensuring high standards of care. PHC will work to contract with additional interested and qualified CCS providers.

5. Will my child have a case manager or care coordinator?

Yes, under the Whole Child Model, the responsibilities of case management and care coordination are shifted from county CCS program to Managed Care plans. PHC is working with counties to ensure CCS members and their families continue to receive high quality case management, care coordination, and provider referral services. This change may vary according to county, but all CCS children will continue to receive case management services.

6. There are numerous services and benefits provided to CCS families that are not included in regular Medi-Cal. Will PHC continue to provide those enhanced services to CCS children and their families under this proposal?

Yes, PHC is required to provide medically necessary services to its members, including pharmacy services, transportation services, Durable Medical Equipment (DME) services, and other applicable CCS services.

PHC also provides other Medi-Cal services and benefits to children including the Early Periodic Screening Diagnosis and Treatment (EPSDT) program, as well as in-home skilled nursing, speech therapy, occupational therapy, hearing aid/supplies, and transportation, if medically needed.

7. Will CCS formularies be available to CCS children under PHC managed care?

Yes, PHC is required to provide continuity of care for pharmacy benefits under the current CCS model and specialized durable medical equipment benefits in a timely manner. PHC will work with our provider to ensure adequate and timely access to these pharmacy benefits.

8. Will PHC provide transportation benefits to CCS children and their families?



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PHC will ensure that children and youth and their families have appropriate access to transportation and other support services necessary to receive treatment.

CCS children who are also Medi-Cal enrollees may qualify for transportation benefits under EPSDT, which require the provision of necessary transportation, to and from medical appointments. This includes covering the costs of an ambulance, taxi, bus, or other carriers.

9. How will Partnership work with the Counties Medical Therapy Program (MTP) program?

PHC has strong relationships with County CCS and MTP programs. Currently, we facilitate a quarterly call with CCS staff from all 14 counties to discuss care coordination issues and host individual calls with county CCS staff. PHC will continue to coordinate with county MTP staff to ensure access to quality physical and occupational therapies at CCS Medical Therapy Units. Future collaboration of MTP is pending for DHCS's guidance and will be available at a later time.

10. What is PHC's approach to CCS children who are aging out of CCS?

PHC is committed in providing all necessary information to our CCS members and their families to ensure a smooth transition out of the CCS program. PHC currently work with CCS children, parents, and family members to ensure a smooth transition into the adult Medi-Cal system.

As these patients age out of CCS, PHC will contact them by mail and by phone to remind them they are aging out of the CCS program, and offer the support needed. This will include contact information about access to Medi-Cal, primary care physicians and or specialty care as appropriate.

11. Will the appeal and fair hearing process be available to CCS children under PHC managed care?

Yes, all CCS children will retain their rights to CCS program appeals and fair hearings. PHC makes information related to appeals and fair hearings available in the Member handbooks and on our website. For more information, CCS parents or family members may contact PHC's Member Services Department at 1-800-863-4155.

12. PHC is a County Organized Health System (COHS) health plan. What is a COHS?

A COHS is a non-profit, independent public agency that contracts with the State to administer Medi-Cal benefits through local care providers and health systems. They are the single Medi-Cal health plan in their county and are responsible for the payment and access to most medical services, including some mental health services; physical and occupational therapy (outside of the Medical Therapy Unit) and institutional long term care. Each COHS plan is authorized by the County Board of Supervisors and governed by an independent commission.



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PHC is the COHS plan in 14 counties in Northern California. PHC was selected by each County's Board of Supervisors to be the Medi-Cal Health Plan in their county. Enrollment in PHC is mandatory if a member is qualified for Medi-Cal. While PHC is responsible for almost all aspect of care for qualified members, eligibility determination for CCS remains a responsibility of each county.

13. How can parents and families of CCS children be more involved with PHC?

PHC has a Consumer Advisory Committee (CAC) that meets quarterly at our four regional offices. The CAC provides feedback on the readability and cultural competency of member materials such as the member newsletters and other educational materials sent to members. Additionally, the committee helps to identify consumer concerns and provides input on current and potential benefits.

In addition to the CAC, PHC will develop a family advisory group for CCS families impacted by the Whole Child Model. PHC will provide more information to parents and families of CCS children and to the public at a later date regarding the setup of the Family Advisory Group.

14. Where can I find more information about my child's benefits?

Information regarding CCS benefits can be found both at the DHCS website (www.dhcs.gov) or PHC's website (www.partnershiphp.org). You can also contact PHC by calling our Member Services Department (1-800-863-4155) and ask for information regarding your CCS benefits. In addition, county CCS programs remains available to provide information on benefits. Contact information of local county CCS programs can be found at <http://www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx>.