



Medi-Cal
CalOptima
Better. Together.

Whole-Child Model Program Overview

For CalOptima and Health Network Staff

May 2019

Course Content

- Introduction
- Delivery Model
- Whole-Child Model (WCM) Model of Care
- California Children's Services (CCS) Transition to WCM
- Resources



Medi-Cal
CalOptima
Better. Together.

Introduction to Whole-Child Model

Whole-Child Model

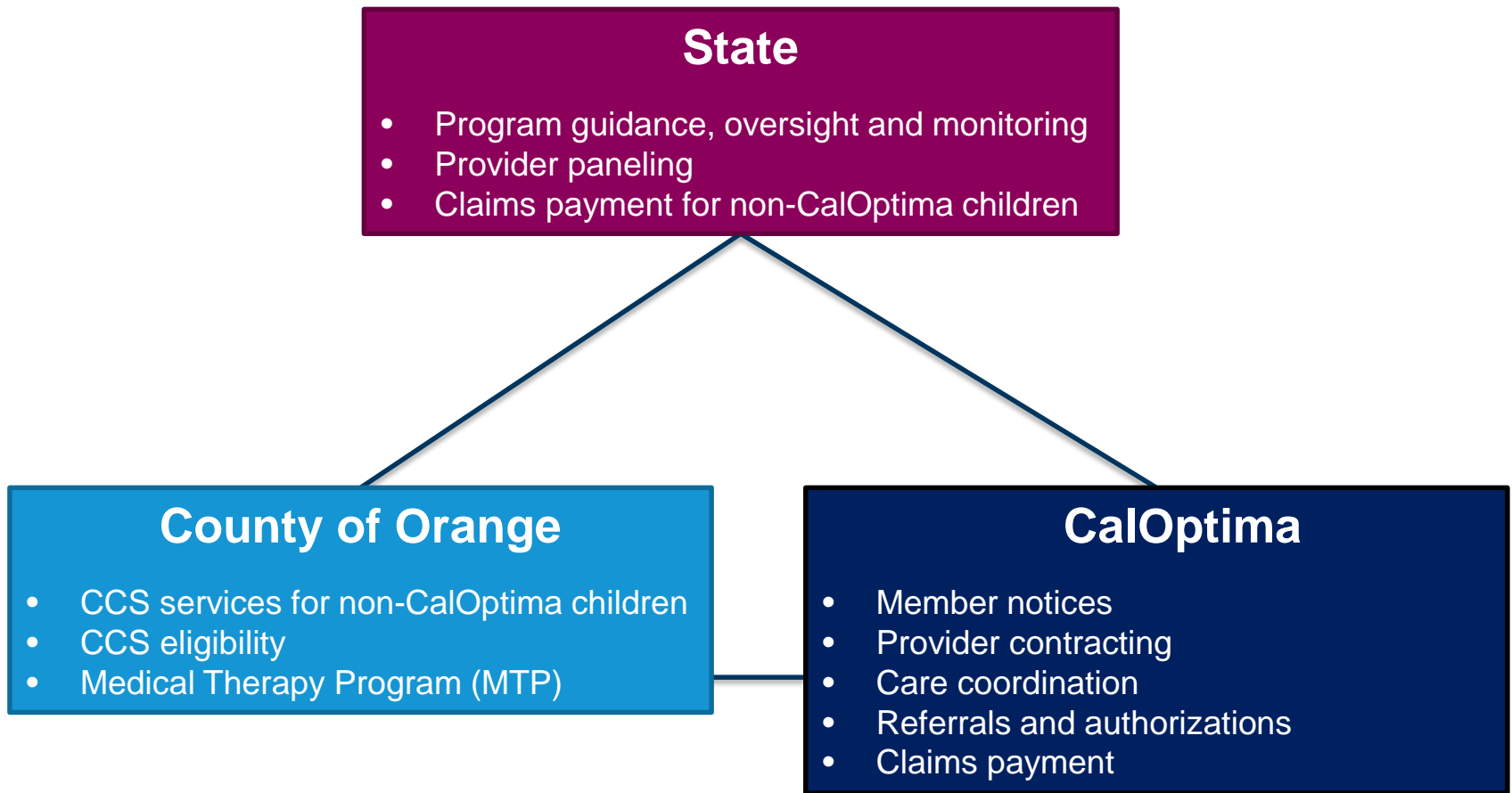
- CCS is a statewide program providing medical care and case management for children under 21 years old with certain medical conditions.
 - Locally administered by Orange County Health Care Agency (OC HCA) CCS.
- The Department of Health Care Services (DHCS) is implementing WCM to integrate CCS into select Medi-Cal plans.
 - CalOptima will implement WCM effective no sooner than July 1, 2019.

Whole-Child Model Goals



- Combine CCS and Medi-Cal services under one managed care plan.
- Improve coordination of services to meet the needs of the child and family.
- Maintain existing patient-provider relationships when possible.
- Retain CCS program standards.
- Improve overall health results.
- Improve access to care.

Division of WCM Responsibilities



WCM Services — Eligibility Referrals and Authorizations

- Before WCM:
 - Referrals to County to determine CCS eligibility.
 - County works with providers to gather medical records to support eligibility determination and Service Authorization Request (SAR).
- Under WCM:
 - Health networks (HN) to send CCS eligibility referrals to CalOptima.
 - CalOptima will act as liaison and will forward CCS medical eligibility determination requests to the County.
 - County will send approval or denial to CalOptima.
 - CalOptima will provide outcome to the HNs.
 - CalOptima and HN will authorize and coordinate services regardless of CCS eligibility determination.
 - This process will also apply for annual CCS redetermination.

Note: Members will continue to work with OC Social Services Agency (SSA) for Medi-Cal eligibility and annual redetermination.

WCM Services — Benefits

- Before WCM, CalOptima members enrolled in CCS.
 - Received services for CCS conditions from the CCS program .
 - County: eligibility, SAR, coordination
 - State: provider paneling, claims payment
 - Received services for non-CCS conditions from CalOptima.
- Under WCM, members will receive services for both CCS and non-CCS conditions through CalOptima and its HNs.
 - Existing delivery model.
 - County will remain responsible for Medical Therapy Program (MTP) and CCS eligibility and redetermination.

WCM Services — Systems

- Children's Medical Services (CMS) Net
 - County uses CMS Net for CCS case management, case notes, eligibility, SARs and MTP
- Provider Electronic Data Interchange (PEDI)
 - PEDI is a subset of CMS Net
- CalOptima staff via Facets
 - CCS eligibility status, CCS provider panel status, claims
- HN staff via CCS supplemental eligibility file
 - CCS eligibility status
- Provider office via CalOptima LINK
 - CCS eligibility status

Maintenance and Transportation (M&T)

- Benefit that will continue under WCM:
 - Separate from emergency, non-emergency medical transportation (NEMT), and non-medical transportation (NMT) benefits.
 - Available when costs are a barrier to accessing CCS services and no other resource is available.
 - Provides transportation and additional supports, such as parking, tolls, lodging and food.
 - Services may extend to additional family members.
 - CalOptima will be responsible for all WCM members.
 - Limitations, criteria and authorizations apply.
 - Refer to policy GG.1347: Maintenance and Transportation.

Medical Therapy Program (MTP)

- The MTP provides occupational therapy and physical therapy to children enrolled in CCS.
 - Services are provided at one of 12 medical therapy units (MTUs) in Orange County.
 - A medical therapy conference (MTC) service is also provided.
 - Interdisciplinary Care Team (ICT) meeting to review cases.
- County will continue to be responsible for the MTP under WCM:
 - CalOptima, its providers and its delegated entities will follow established processes for referring members to the County for MTP eligibility.
 - CalOptima, its providers and its delegated entities will coordinate the administration of durable medical equipment (DME) prescribed by the MTUs.



Medi-Cal
CalOptima
Better. Together.

Delivery Model

Delivery Model

- Leverage existing delivery model using HNs.
 - CCS services and non-CCS services will be under a single delivery system.
- Using existing model creates several advantages.
 - Maintains relationships between CCS-eligible children, their chosen HN and PCP.
 - Improves clinical outcomes and health care experience for members and their families.
 - Decreases inappropriate medical and administrative costs.
 - Reduces administrative burden for providers.

Health Network

- Most members can keep their assigned HNs.
 - A child in a HN that is not participating in WCM, will need to move to a participating HN to receive CCS services.
 - Children with the following conditions will transfer to CalOptima Community Network:
 - End-Stage Renal Disease (ESRD)
 - Hemophilia
 - Approved for transplant
 - Refer to policy DD.2006: Enrollment In/Eligibility with CalOptima Direct

Primary Care Provider (PCP)

- Members can keep their PCP if their PCP is in a HN participating in WCM.
 - A member may request their CCS specialist to act as their PCP if provider agrees.
 - DD.2006b: CalOptima Community Network Member Primary Care Provider Selection/Assignment and
 - EE.1112: Health Network Eligible Member Assignment to Primary Care Provider

CCS–Paneled Providers

- DHCS requires some, but not all, provider types to meet CCS paneling requirements.
 - Paneling is a process to determine if the provider meets education, training and/or experience requirements.
 - DHCS will continue responsibility for paneling providers.
 - Physicians, surgeons and podiatrists must be CCS-paneled to provide services to members enrolled in CCS.
 - CalOptima and HNs will validate paneling as part of contracting, credentialing and authorization processes, where required.

Other Providers

- DHCS requires hospitals, including NICUs, to be **approved** to provide CCS services, except in emergencies.
- DHCS requires Special Care Centers (SCC) to be approved to provide CCS services.
 - SCC provide comprehensive, coordinated health care to children with certain complex, physically handicapping medical conditions.
- Full list of paneled and approved providers listed on the DHCS website.



Medi-Cal
CalOptima
Better. Together.

WCM Model of Care

WCM Model of Care

- CalOptima and its HNs will follow its structured, time-tested approach to deliver coordinated, individualized care.
 - Family and various members of the health care team collaborate on this “road map” to optimal health for each member enrolled in WCM.
- An integrated delivery system that supports:
 - Care management and coordination.
- Personal Care Coordinators (PCC).
 - CalOptima and HNs have a central role.

WCM Model of Care Process: Summary

- Health Needs Assessment (HNA) completed for WCM member by CalOptima's PCC or registered nurse.
- Members are identified for one of the following care management levels:
 - Basic
 - Care Coordination
 - Complex
- A case manager reviews the HNA, gathers additional information as needed and prepares an Individualized Care Plan (ICP).
- An ICP for care coordination or complex case management members is created by an interdisciplinary care team.

Interdisciplinary Care Team (ICT)

- The ICT is formed based upon the member and family's needs. The care team may include:

| Core Team Members | Ad Hoc Team Members |
|----------------------------|---------------------------------|
| Member, Parent or Guardian | Social Worker |
| Personal Care Coordinator | Behavioral Health |
| Medical Case Manager | Special Care Center Staff |
| PCP | Medical Therapy Unit Therapist |
| Specialist(s) | Disease Manager/Health Educator |
| Pharmacist | Discharge Planner |
| HN Medical Director | |

- The ICT is coordinated by the member's HN.

Aging Out — Transitions of Care

- CalOptima is committed to transition planning for WCM members, as needed.
 - Planning will begin as early as age 14.
 - Includes identification of ongoing needs and resources, as well as future considerations.
 - PCPs, specialists, SCCs and MTP are vital in this process.
 - Information about the age-out process will be provided to members and their families as the transition approaches.
- Transitions may also occur for other reasons.
 - Undocumented status (age 19).
 - Loss of Medi-Cal eligibility.
 - Need to transition to an adult provider prior to aging out of WCM.
 - CalOptima/HN will coordinate needs for these transitions, as needed.

Guardianship/Conservatorship

- Individuals appointed by the court to make certain decisions on behalf of others who are unable to do so.
 - Guardians — health care and other non-monetary decisions.
 - Conservators — financial decisions.
- Process
 - At age 17, a member's guardian will receive a notice from CalOptima encouraging them to discuss guardianship/conservatorship options with their child receiving CCS services.
 - A case manager will provide a referral for services to the member and their family when the member turns 17.
 - The member or family will follow CalOptima's procedure to document guardianship/conservatorship, if applicable.
 - Refer to policy HH.3011: Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations

Inter-County Transfers

- Definition:
 - Transition of care to or from another county.
- Goal:
 - Allow for a seamless transition of care and records.
- Process:
 - OC and the other county's CCS program will be responsible for transitioning members between counties.
 - CalOptima will work with the County by providing or receiving the necessary medical information for the transfer.



Medi-Cal
CalOptima
Better. Together.

CCS Transition to WCM

WCM Transition Notices and Events

- CalOptima members enrolled in CCS as of February 25, 2019, will receive two written notices and phone calls about the transition.
 - 90-day and 60-day prior notices sent by CalOptima.
 - 60-day notice will include a CalOptima member guide with information about the change
 - CalOptima will conduct a call campaign shortly after members receive the 60-day notice.
- Family-oriented informational events were hosted by CalOptima in October 2018.
- Additional family-oriented events will be held after the transition, as appropriate.

Health Needs Assessment (HNA)



- Members transitioning from CCS to WCM:
 - Will be risk stratified
 - Contacted to complete a HNA by a CalOptima PCC

Continuity of Care (CoC)

- CoC will be provided to transitioning members to ensure care is not disrupted.
- Under WCM, members can request to continue receiving the following services, if certain criteria are met:
 - Member has existing relationship with the provider.
 - Provider accepts CalOptima's or HN's reimbursement rate or the applicable Medi-Cal or CCS fee-for-service rate, whichever is higher, unless otherwise agreed.
 - Provider has not quality and credentialing issues

Continuity of Care (CoC) (cont.)

- CoC applies to:
 - CCS providers for CCS services for up to 12 months
 - Specialized or customized durable medical equipment (DME) provider for up to 12 months.
 - May be extended if still under warranty and medically necessary.
 - Prescribed drugs until no longer medically necessary.
 - County Public Health Nurse (if available).
- For CCS member newly enrolled in CalOptima, standard Medi-Cal CoC applies, as appropriate.

CoC Extension



- Members have the right to request an extension of the 12-month CoC period once it has ended.
- If CalOptima denies this request, the member has the right to appeal through the State Fair Hearing process.

WCM Claims

- CalOptima or the HN will pay claims for transitioning WCM members for up to 6 months after WCM implementation:
 - Member is CCS-eligible
 - SAR is active
 - Authorization does not already exist for approved service

WCM Authorizations

- Providers will need to submit new authorizations for CCS services.
- CalOptima and HNs will establish authorizations, where required.
 - Members with appointments or who anticipate needing supplies or medication soon after the transition will be contacted first.
- Refer to CalOptima and HN for services that require authorizations.



Medi-Cal
CalOptima
Better. Together.

Resources

Member Resources

- Customer Service
 - **1-714-246-8500**
1-888-587-8088 (toll-free)
- Resources at www.caloptima.org
 - Provider Directory including CCS-paneled provider-specific search
 - List of Family Empowerment Centers and Family Resource Centers
 - WCM Member FAQ
- Whole-Child Model Family Advisory Committee
 - Family members are invited to attend
 - <https://www.caloptima.org/en/AboutUs/BoardandAdvisoryCommittees/WCMFAC.aspx>

Other Resources

- California Welfare and Institutions Code 14094.4–.20
- DHCS All Plan Letter 18-023: Whole Child Model Program
- DHCS CCS Guidance
 - <http://www.dhcs.ca.gov/services/ccs>
 - Publications (Manuals, Numbered/Information/HRIF letters)
 - Directories (CCS providers, Special Care Centers, NICU)
 - Becoming a CCS Provider
- CalOptima WCM webpage
 - https://www.caloptima.org/en/CCS_Info.aspx
 - CalOptima WCM Provider FAQ

Acronyms

- CCS — California Children’s Services
- CMS Net — Children’s Medical Services Net
- CoC — Continuity of Care
- DHCS — Department of Health Care Services
- DME — Durable Medical Equipment
- HNA — Health Needs Assessment
- HN — Health Network
- HRIF — High Risk Infant Follow-Up
- ICP — Individualized Care Plan
- ICT — Interdisciplinary Care Team
- M&T — Maintenance and Transportation
- MTC — Medical Therapy Conference
- MTP — Medical Therapy Program
- MTU — Medical Therapy Unit
- NEMT — Non-Emergency Medical Transportation
- NICU — Neonatal Intensive Care Unit
- NMT — Non-Medical Transportation
- OC HCA — Orange County Health Care Agency
- PCP — Primary Care Provider
- PEDI — Provider Electronic Data Interchange
- SAR — Service Authorization Request
- SCC — Special Care Centers
- WCM — Whole-Child Model
- WCM FAC — Whole-Child Model Family Advisory Committee

CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



CalOptima

Better. Together.



Medi-Cal

CalOptima

Better. Together.



OneCare (HMO SNP)

CalOptima

Better. Together.



OneCare Connect

CalOptima

Better. Together.



PACE

CalOptima

Better. Together.