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AMENDED IN SENATE APRIL 28, 2015

SENATE BILL

No. 586

Introduced by Senator Hernandez

(Coauthors: Assembly Members Alejo, Bonta, Chávez, and Wood)

February 26, 2015

An act to amend ~~Section~~ *Sections 123835 and 123850* of the Health and Safety Code, and to amend Sections 14093.06, 14094.2, and 14094.3 of, and to add Article 2.985 (commencing with Section 14094.4) to Chapter 7 of Part 3 of Division 9 of, the Welfare and Institutions Code, relating to children's services.

LEGISLATIVE COUNSEL'S DIGEST

SB 586, as amended, Hernandez. Children's services.

The California Children's Services (CCS) program is a statewide program providing medically necessary services required by physically handicapped children whose parents are unable to pay for those services. The State Department of Health Care Services administers the CCS program. Counties, based on population size, are also charged with administering the program, either independently or jointly with the department. The services covered by the CCS program include expert diagnosis, medical treatment, surgical treatment, hospital care, physical

therapy, occupational therapy, special treatment, materials, and the supply of appliances and their upkeep, maintenance, and transportation. Funding for the program comes from county, state, and federal sources. In order to be eligible for the CCS program, an applicant must be under 21 years of age, have or be suspected of having a condition covered by the program, and meet certain financial eligibility standards established by the department.

Existing law prohibits services covered by the CCS program from being incorporated into a Medi-Cal managed care contract entered into after August 1, 1994, until January 1, 2017, except with respect to contracts entered into for county organized health systems or Regional Health Authority in specified counties.

This bill would exempt contracts entered into under the Whole Child Model program, described below, from that prohibition and would extend to January 1, 2022, and until the evaluation required under the Whole Child Model program has been completed, the termination of the prohibition against ~~CCS-covered~~ *CCS-covered* services being incorporated in a Medi-Cal managed care contract entered into after August 1, 1994.

The bill would authorize the department, no sooner than July 1, 2017, to establish a Whole Child Model program, under which managed care plans served by a county organized health system or Regional Health Authority in designated counties would provide CCS services under a capitated payment model to Medi-Cal eligible CCS children and youth. The bill would limit the number of managed care plans under a county organized health system or Regional Health Authority that are eligible to participate in the program. The bill would require the department to implement the program, as specified, and would require a managed care plan to obtain *written approval* from the department ~~written approval of its application of interest~~ and establish a local stakeholder process, as prescribed. The bill would prohibit the department from approving the application of a managed care plan until the Director of Health Care Services has verified the readiness of the managed care plan to address the unique needs of CCS-eligible beneficiaries, including, among other things, that the managed care contractor demonstrates the availability of an appropriate provider network to serve the needs of children and youth with CCS conditions and complies with all CCS program guidelines.

The bill would prohibit the department from implementing the program in any county until it has developed specific CCS monitoring

and oversight standards for managed care plans. The bill would require the department to establish, through December 31, 2021, a statewide Whole Child Model *program* stakeholder advisory group comprised of specified stakeholders, including representatives from health plans and family resource centers, or modify an existing stakeholder advisory group and would require the department to consult with the Whole Child Model *program* stakeholder advisory group on the implementation of the program, as specified. The bill would impose various requirements on a Medi-Cal managed care plan serving children and youth with CCS-eligible conditions under the CCS program, including, but not limited to, coordinating services, ~~as specified,~~ *specified*; providing appropriate access to care, services, and information, *including continuity of care requirements*; and providing for case management, care coordination, provider referral, and service authorization ~~services,~~ *and providing services*. *The bill would require a Medi-Cal managed care plan participating in the Whole Child Model program to ensure provision of case management, care coordination, provider referral, and service authorization services to children and youth, as prescribed, but would authorize the department to waive this requirement if the plan demonstrates that it cannot meet the requirement because it would result in substantially increased program costs, as specified. This bill would require a managed care plan to provide a timely process for accepting and acting upon complaints and grievances of CCS-eligible children and youth. The bill would require a specified stakeholder process to address proposed changes to CCS medical eligibility requirements.* The bill would require the department to contract with an independent entity to conduct an evaluation to assess health plan performance and the outcomes and the experience of CCS-eligible children and youth participating in the program, and would require the department to provide a report on the results of this evaluation to the Legislature no later than January 1, 2021. ~~This~~

This bill would provide that its provisions are not intended to permit any reduction in benefits or eligibility levels under the existing CCS program. The bill would require the department, by July 1, ~~2021,~~ 2020, to adopt regulations and, commencing ~~July 1, 2017,~~ July 1, 2018, would require the department to provide a status report to the Legislature until regulations have been adopted. The bill would authorize the Director of Health Care Services to enter into exclusive or nonexclusive contracts on a bid, nonbid, or negotiated basis and amend existing managed care contracts to provide or arrange for services provided under the bill.

By imposing new duties on counties with respect to the ~~transaction~~ *transition and implementation* of CCS program services, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The California Children’s Services (CCS) program is the
- 4 nation’s oldest Title V Maternal and Child Health Services Block
- 5 Grant program.
- 6 (b) The CCS program has provided critical access to specialized
- 7 medical care for California’s most complex and fragile pediatric
- 8 patients since 1927.
- 9 (c) The strong standards and credentialing created under the
- 10 CCS program ensure that eligible children obtain care from
- 11 experienced providers with appropriate pediatric-specific expertise.
- 12 (d) CCS providers form a regional backbone for all specialty
- 13 pediatric care in California, benefiting children of every income
- 14 level and insurance status.
- 15 (e) Over the past 20 years, coordinated and integrated health
- 16 care delivery models have been shown to improve delivery of
- 17 health care, reduce costs, and improve outcomes.
- 18 (f) As California expanded the reach of integrated delivery
- 19 systems in Medi-Cal, CCS services were often excluded from
- 20 managed care arrangements in recognition of the specialty nature
- 21 of CCS services and the complicated health status of enrolled
- 22 children.
- 23 (g) Accordingly, it is the intent of the Legislature to modernize
- 24 the CCS program, through development of the Whole Child Model,
- 25 focused on the unique needs of CCS-eligible children in counties

1 served by county organized health systems to accomplish the
2 following:

3 (1) Improve coordination and integration of services to meet
4 the needs of the whole child, not just address the CCS-eligible
5 condition.

6 (2) Retain CCS program standards to maintain access to
7 high-quality specialty care for eligible children.

8 (3) Support active participation by parents and families, who
9 are frequently the primary caregivers for CCS-eligible children.

10 (4) Establish specialized programs to manage and coordinate
11 the care of CCS-enrolled children.

12 (5) Ensure that children with CCS-eligible conditions receive
13 care in the most appropriate, least restrictive setting.

14 (6) Maintain existing patient-provider relationships, whenever
15 possible.

16 (h) It is further the intent of the Legislature to protect the unique
17 access to pediatric specialty services provided by CCS while
18 promoting modern organized delivery systems to meet the medical
19 care needs of eligible children.

20 (i) It is further the intent of the Legislature to continue the
21 pediatric specialty expertise and statewide network of CCS
22 providers by promoting contractual relationships between those
23 providers and managed care plans. Accordingly, it is the intent of
24 the Legislature that reimbursement under the Whole Child Model
25 program be sufficient to attract and retain these specialists in the
26 CCS program.

27 *SEC. 2. Section 123835 of the Health and Safety Code is*
28 *amended to read:*

29 123835. (a) The department shall keep the *California*
30 *Children's Services (CCS)* program abreast of advances in medical
31 science, leading to the inclusion of other handicapping conditions
32 and services within the limits of and consistent with the most
33 beneficial use of funds appropriated for this purpose. With the
34 approval of the agency administrator the department may carry
35 out pilot studies to determine the need for, or the feasibility of,
36 including other handicapping conditions and services in the
37 program within the limits of available funds appropriated for the
38 program.

1 (b) To the extent that any changes in CCS medical eligibility
 2 are proposed by the department, there shall be a stakeholder
 3 process that shall include both of the following:

4 (1) A draft of the proposed regulatory changes shall be shared
 5 publicly at least 120 days prior to the filing of a regulatory change.
 6 The proposed changes shall also be shared with the appropriate
 7 policy and fiscal committees of the Legislature and posted publicly
 8 on the department’s Internet Web site.

9 (2) The department shall utilize existing stakeholder committees
 10 to receive input and comments on any proposed changes and shall
 11 provide written comments back after input is provided. This input
 12 may be provided to all stakeholders, including, but not limited to,
 13 advocates, clinical experts, associations, county CCS program
 14 administrators, families, and CCS providers.

15 ~~SEC. 2.~~

16 SEC. 3. Section 123850 of the Health and Safety Code is
 17 amended to read:

18 123850. (a) The board of supervisors of each county shall
 19 designate the county department of public health or the county
 20 department of social welfare as the designated agency to administer
 21 the California Children’s Services (CCS) program. Counties with
 22 total population under 200,000 persons may administer the county
 23 program independently or jointly with the department. Counties
 24 with a total population in excess of 200,000 persons shall
 25 administer the county program independently. Except as otherwise
 26 provided in this article, the director shall establish standards
 27 relating to the local administration and minimum services to be
 28 offered by counties in the conduct of the CCS program.

29 (b) (1) ~~Upon a determination of readiness by the director, by~~
 30 ~~the director that a Medi-Cal managed care plan and participating~~
 31 ~~county have met all of the State Department of Health Care~~
 32 ~~Services’ readiness requirements,~~ the designated county agency
 33 and a Medi-Cal managed care health plan ~~or plans~~ serving the
 34 county, as determined by the director, shall provide for the
 35 transition of CCS program services, except for services provided
 36 pursuant to subdivision (c), into the Medi-Cal managed care health
 37 plan contract in Whole Child Model counties pursuant to Article
 38 2.985 (commencing with Section 14094.4) for children who are
 39 enrolled in the Medi-Cal managed care plan and CCS. For children
 40 enrolled in a Medi-Cal managed care plan and CCS in Whole Child

1 Model counties pursuant to Article 2.985 (commencing with
2 Section 14094.4), the case management, care coordination, provider
3 referral, and service authorization administrative functions of the
4 CCS program shall then be the responsibility of the Medi-Cal
5 managed care health plan in accordance with Section 14094.13
6 and a written transition plan prepared by the designated county
7 agency and the Medi-Cal managed care health plan. ~~The director's~~
8 ~~written determination~~ *director* shall provide an implementation
9 date for the transition, ~~at which point the Medi-Cal managed care~~
10 ~~health plan is also responsible for fulfillment of~~ *transition and*
11 *identify how the state shall continue to fulfill* the requirements set
12 forth in Sections 123855, 123925, and 123960. CCS program
13 eligibility determination shall remain the responsibility of the
14 designated county agency in accordance with the provisions of
15 this article.

16 (2) The case management, care coordination, provider referral,
17 and service authorization functions of the CCS program shall
18 remain the responsibility of the county for CCS beneficiaries
19 exempt from mandatory enrollment in the Medi-Cal managed care
20 plan.

21 (c) The CCS Medical Therapy ~~Unit~~ *program* shall remain
22 responsible for the provision of medically necessary occupational
23 and physical therapy services prescribed by the CCS Medical
24 Therapy Unit Conference Team ~~Physician~~. *Physician or the*
25 *CCS-paneled physician who is providing the medical direction for*
26 *occupational and physical therapy services.*

27 (d) Notwithstanding Chapter 3.5 (commencing with Section
28 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
29 the department may implement, interpret, or make specific this
30 article, Article 2.97 (commencing with Section 14093) and Article
31 2.985 (commencing with Section 14094.4) of Chapter 7 of Part 3
32 of Division 9 of the Welfare and Institutions Code, and any
33 applicable federal waivers and state plan amendments by means
34 of all-county letters, plan letters, CCS numbered letters, plan or
35 provider bulletins, or similar instructions, without taking regulatory
36 action in order to implement the Whole Child Model established
37 pursuant to Article 2.985 (commencing with Section 14094.4). By
38 July 1, 2020, the department shall adopt regulations in accordance
39 with the requirements of Chapter 3.5 (commencing with Section
40 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

1 Commencing January 1, 2018, the department shall provide a status
2 report to the Legislature on a semiannual basis, in compliance with
3 Section 9795 of the Government Code, until regulations have been
4 adopted.

5 ~~SEC. 3.~~

6 *SEC. 4.* Section 14093.06 of the Welfare and Institutions Code
7 is amended to read:

8 14093.06. (a) When a managed care contractor *that is*
9 authorized to provide California Children’s Services (CCS) covered
10 services pursuant to subdivision (a) of Section 14094.3 *or Article*
11 *2.985 (commencing with Section 14094.4)* expands a managed
12 *care plan’s CCS coverage area* to other counties, the contractor
13 shall comply with CCS program standards including, but not
14 limited to, referral of newborns to the appropriate neonatal
15 intensive care level, referral of children requiring pediatric intensive
16 care to CCS-approved pediatric intensive care units, and referral
17 of children with CCS eligible conditions to CCS-approved inpatient
18 facilities and special care centers in accordance with subdivision
19 (c) of Section 14093.05.

20 ~~(b) (1) In Whole Child Model program counties authorized~~
21 ~~pursuant to Article 2.985 (commencing with Section 14094.4), the~~
22 ~~managed care contractor shall comply with CCS program medical~~
23 ~~eligibility regulations. Questions regarding interpretation of CCS~~
24 ~~program medical eligibility regulations, or disagreements between~~
25 ~~the CCS program and the managed care contractor regarding~~
26 ~~interpretation of those regulations, shall be resolved by the~~
27 ~~department. The resolution determined by the department shall be~~
28 ~~communicated in writing to the managed care contractor.~~

29 ~~(2) Managed care contractors in counties not listed in Section~~
30 ~~14094.5 shall comply with CCS program medical eligibility~~
31 ~~regulations. Questions regarding interpretation of CCS program~~
32 ~~medical eligibility regulations, or disagreements between the CCS~~
33 ~~program medical eligibility regulations, or disagreements between~~
34 ~~the county CCS program and the managed care contractor regarding~~
35 ~~interpretation of those regulations, shall be resolved by the local~~
36 ~~CCS program, in consultation with the department. The resolution~~
37 ~~determined by the department shall be communicated in writing~~
38 ~~to the managed care contractor.~~

39 *(b) The managed care contractor shall comply with CCS*
40 *program medical eligibility regulations. Questions regarding*

1 *interpretation of state CCS medical eligibility regulations, or*
2 *disagreements between the county CCS program and the managed*
3 *care contractor regarding interpretation of those regulations, shall*
4 *be resolved by the local CCS program, in consultation with the*
5 *state CCS program. The resolution determined by the CCS program*
6 *shall be communicated in writing to the managed care contractor.*

7 (c) In following the treatment plan developed in accordance
8 with CCS program requirements, the managed care contractor
9 shall ensure the timely referral of children with special health care
10 needs to CCS-paneled providers who are board-certified in both
11 pediatrics and in the appropriate pediatric subspecialty.

12 (d) The managed care contractor shall report expenditures and
13 savings separately for CCS covered services and CCS eligible
14 children, in accordance with paragraph (1) of subdivision (d) of
15 Section 14093.05.

16 (e) All children who are enrolled with a managed care contractor
17 who are seeking CCS program benefits shall retain all rights to
18 CCS program appeals and fair hearings of denials of medical
19 eligibility or of service authorizations. Information regarding the
20 number, nature, and disposition of appeals and fair hearings shall
21 be part of an annual report to the Legislature on managed care
22 contractor compliance with CCS standards, regulations, and
23 procedures. This report shall be made available to the public.

24 (f) The department, in consultation with stakeholder groups,
25 shall develop unique pediatric plan performance standards and
26 measurements, including, but not limited to, the health outcomes
27 of children with special health care needs.

28 ~~SEC. 4.~~

29 *SEC. 5.* Section 14094.2 of the Welfare and Institutions Code
30 is amended to read:

31 14094.2. (a) This article is not intended, and shall not be
32 interpreted, to permit any reduction in benefits or eligibility levels
33 under the CCS program. Any medically necessary service not
34 available under the managed care contracts authorized under this
35 article shall remain the responsibility of the state and county.

36 (b) (1) In Whole Child Model counties authorized pursuant to
37 Article 2.985 (commencing with Section 14094.4), in order to
38 ensure that CCS benefits are provided to enrollees with a
39 CCS-eligible condition according to CCS program standards, there

1 shall be oversight by the department for both services covered and
2 not covered by the managed care contract.

3 (2) In counties not listed in Section 14094.5, in order to ensure
4 that CCS benefits are provided to enrollees with a CCS-eligible
5 condition according to CCS program standards, there shall be
6 oversight by the department and local CCS program agencies for
7 both services covered and not covered by the managed care
8 contract.

9 ~~(e) To the extent that any changes in CCS medical eligibility
10 are proposed by the department, there shall be a stakeholder process
11 that shall include both of the following:~~

12 ~~(1) A draft of the proposed regulatory changes shall be shared
13 publicly at least 120 days prior to the filing of a regulatory change.
14 The proposed changes shall also be shared with the appropriate
15 policy and fiscal committees of the Legislature as well as posted
16 publicly on the department's Internet Web site.~~

17 ~~(2) The department shall utilize existing stakeholder committees
18 to receive input and comments on any proposed changes and
19 provide written comments back after input is provided. This input
20 may be provided to all stakeholders, including, but not limited to,
21 advocates, clinical experts, associations, county CCS program
22 administrators, families, and CCS providers.~~

23 ~~SEC. 5.~~

24 ~~SEC. 6.~~ Section 14094.3 of the Welfare and Institutions Code
25 is amended to read:

26 14094.3. (a) Notwithstanding this article or Section 14093.05
27 or 14094.1, CCS covered services shall not be incorporated into
28 any Medi-Cal managed care contract entered into after August 1,
29 1994, pursuant to Article 2.7 (commencing with Section 14087.3),
30 Article 2.8 (commencing with Section 14087.5), Article 2.9
31 (commencing with Section 14088), Article 2.91 (commencing
32 with Section 14089), Article 2.95 (commencing with Section
33 14092); or either Article 1 (commencing with Section 14200), or
34 Article 7 (commencing with Section 14490) of Chapter 8, until
35 January 1, 2022, and until the evaluation required pursuant to
36 Section 14094.18 has been completed, except for contracts entered
37 into pursuant to the Whole Child Model program, as described in
38 Article 2.985 (commencing with Section 14094.4), or for county
39 organized health systems or Regional Health Authority in the

1 Counties of San Mateo, Santa Barbara, Solano, Yolo, Marin, and
2 Napa.

3 (b) Notwithstanding any other provision of this chapter,
4 providers serving children under the CCS program who are enrolled
5 with a Medi-Cal managed care contractor but who are not enrolled
6 in a pilot project pursuant to subdivision (c) shall continue to
7 submit billing for CCS covered services on a fee-for-service basis
8 until CCS covered services are incorporated into the Medi-Cal
9 managed care contracts described in subdivision (a).

10 (c) (1) The department may authorize a pilot project in Solano
11 County in which reimbursement for conditions eligible under the
12 CCS program may be reimbursed on a capitated basis pursuant to
13 Section 14093.05, and provided all CCS program's guidelines,
14 standards, and regulations are adhered to, and *the* CCS program's
15 case management is utilized.

16 (2) During the time period described in subdivision (a), the
17 department may approve, implement, and evaluate limited pilot
18 projects under the CCS program to test alternative managed care
19 models tailored to the special health care needs of children under
20 the CCS program. The pilot projects may include, but need not be
21 limited to, coverage of different geographic areas, focusing on
22 certain subpopulations, and the employment of different payment
23 and incentive models. Pilot project proposals from CCS
24 program-approved providers shall be given preference. All pilot
25 projects shall utilize CCS program-approved standards and
26 providers pursuant to Section 14094.1.

27 (d) For purposes of this section, CCS covered services include
28 all program benefits administered by the program specified in
29 Section 123840 of the Health and Safety Code regardless of the
30 funding source.

31 (e) This section shall not be construed to exclude or restrict
32 CCS-eligible children from enrollment with a managed care
33 contractor, or from receiving from the managed care contractor
34 with which they are enrolled primary and other health care
35 unrelated to the treatment of the CCS-eligible condition.

36 ~~(f) This section shall not be construed to exclude or restrict the~~
37 ~~specialty of neonatology from reimbursement under the CCS~~
38 ~~program, subject to the program's existing or applicable prior~~
39 ~~authorization requirements or utilization review. Neonatology shall~~
40 ~~be included in the CCS program.~~

1 ~~SEC. 6.~~

2 *SEC. 7.* Article 2.985 (commencing with Section 14094.4) is
3 added to Chapter 7 of Part 3 of Division 9 of the Welfare and
4 Institutions Code, to read:

5

6 Article 2.985. Whole Child Model Program

7

8 14094.4. For the purposes of this article, the following
9 definitions shall apply:

10 (a) ~~“CCS Provider” means all~~ “*CCS provider*” means any of
11 the following:

12 (1) A medical provider that is paneled by the CCS program to
13 treat a CCS-eligible condition pursuant to Article 5 (commencing
14 with Section 123800) of Chapter 3 of Part 2 of Division 106 of
15 the Health and Safety Code.

16 (2) A licensed acute care hospital approved by the CCS program
17 to treat a CCS-eligible condition.

18 (3) A special care center approved by the CCS program to treat
19 a CCS-eligible condition.

20 (b) “County organized health system” or “COHS” means:

21 (1) A county organized health system contracting with the
22 department to provide Medi-Cal services to beneficiaries pursuant
23 to Article 2.8 (commencing with Section 14087.5).

24 (2) A regional health authority.

25 (c) ~~“Whole Child Model site” means a managed care plan under
26 a county organized health system or Regional Health Authority
27 that is selected to participate in the Whole Child Model program
28 under a capitated payment model.~~

29 (d)

30 (e) “Medi-Cal managed care plan” means a COHS.

31 14094.5. No sooner than July 1, 2017, the department may
32 establish a Whole Child Model program for Medi-Cal eligible
33 CCS children and youth enrolled in a managed care plan served
34 by a county organized health system or Regional Health Authority
35 in the following counties: Del Norte, Humboldt, Lake, Lassen,
36 Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange,
37 San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta,
38 Siskiyou, Solano, Sonoma, Trinity, and Yolo.

39 14094.6. The goals for the Whole Child Model program for
40 children and youth under 21 years of age who meet the eligibility

1 requirements of Section 123805 of the Health and Safety Code
2 and are enrolled in a managed care plan under a county organized
3 health system or Regional Health Authority shall include all of the
4 following:

5 (a) Improving the coordination of primary and preventive
6 services with specialty care services, medical therapy units, Early
7 and Periodic Screening, Diagnosis, and Treatment (EPSDT),
8 long-term services and supports (LTSS), regional center services,
9 and home- and community-based services using a child and youth
10 and family-centered approach.

11 (b) Maintaining or exceeding CCS program standards and
12 specialty care access, including access to appropriate subspecialties.

13 (c) Providing for the continuity of child and youth access to
14 expert, CCS dedicated case management and care coordination,
15 provider referrals, and service ~~authorizations by giving parents,~~
16 ~~guardians, or the youth the option to continue receiving these~~
17 ~~services from his or her county public health nurse.~~ *authorizations.*

18 (d) Improving the transition of youth from CCS to adult
19 Medi-Cal managed systems of care through better coordination of
20 medical and nonmedical services and supports and improved access
21 to appropriate adult providers for youth who age out of CCS.

22 (e) Identifying, tracking, and evaluating the transition of children
23 and youth from CCS to the Whole Child Model program to inform
24 future CCS program improvements.

25 *14094.65. This article shall not be construed to exclude or*
26 *restrict the specialty of neonatology from reimbursement under*
27 *the California Children's Services (CCS) program, subject to the*
28 *program's existing or applicable prior authorization requirements*
29 *or utilization review. Neonatology shall be included in the CCS*
30 *program.*

31 14094.7. (a) No sooner than July 1, 2017, the department may
32 implement the Whole Child Model program established under this
33 section, pursuant to the criteria described in this article. The
34 director shall provide notice to the Legislature, the federal Centers
35 for Medicare and Medicaid Services, counties, CCS providers,
36 and CCS families when each managed care plan, including a
37 transition plan with the county CCS program, has been reviewed
38 and certified as ready to enroll children based on the criteria
39 described in this article.

1 (b) Prior to the implementation of the Whole Child Model, the
2 department shall do ~~both~~ *all* of the following:

3 (1) Develop specific CCS program monitoring and oversight
4 standards for managed care plans that are subject to this article,
5 including access monitoring, quality measures, and ongoing public
6 data reporting.

7 (2) Establish a stakeholder process pursuant to Section 14094.17.

8 ~~Consult~~

9 (3) *Consult* with the statewide stakeholder advisory group
10 established pursuant to Section 14094.17 to develop and implement
11 robust monitoring processes to ensure that managed care plans are
12 in compliance with all of the provisions of this section. The
13 department shall monitor managed care plan compliance with the
14 provisions of this section on at least an annual basis and post
15 CCS-specific monitoring dashboards on its Internet Web site on
16 at least an annual basis.

17 (c) (1) In order to aid the transition of CCS services into
18 Medi-Cal managed care plans participating in the Whole Child
19 Model program, commencing January 1, 2017, and continuing
20 through the completion of the transition of CCS enrollees into the
21 Whole Child Model program, the department shall begin requesting
22 and collecting from Medi-Cal managed care *plans* information
23 about each health plan’s provider network, including, but not
24 limited to, the contracting primary care, specialty care providers,
25 and hospital facilities contracting with the Medi-Cal managed care
26 plan.

27 (2) The department shall analyze the existing Medi-Cal managed
28 care delivery system network and the CCS fee-for-service provider
29 networks to determine the overlap of the provider networks in each
30 county and shall furnish this information to the Medi-Cal managed
31 care plan.

32 (d) A managed care plan shall not be approved to participate in
33 the Whole Child Model program unless all of the following
34 conditions have been satisfied:

35 (1) The managed care plan has obtained written approval from
36 ~~the director of its application of interest.~~ *director.*

37 (2) The department has obtained any necessary federal
38 approvals.

39 (3) The Medi-Cal managed care plan has established a local
40 stakeholder process with the meaningful engagement of a diverse

1 group of families that represent a range of conditions, disabilities,
2 and demographics, and local providers, including, but not limited
3 to, the parent centers, such as family resource centers, family
4 empowerment centers, and parent training and information centers,
5 that support families in the affected county.

6 (4) The director has verified the readiness of the managed care
7 plan to address the unique needs of CCS-eligible beneficiaries,
8 including, but not limited to, the requirements set forth in
9 subdivision (b) of Section 14087.48, subdivisions (b) to (f),
10 inclusive, of Section 14093.05, and all of the following:

11 (A) That the managed care contractor has demonstrated the
12 availability of an appropriate provider network to serve the needs
13 of children and youth with CCS conditions, including primary care
14 physicians, pediatric specialists and subspecialists, professional,
15 allied, and medical supportive personnel, ~~and an adequate number~~
16 ~~of licensed acute care hospitals~~ *hospitals*, and special care centers.

17 (B) That the Medi-Cal managed care plan has established and
18 maintains an updated and accessible listing of providers and their
19 specialties and subspecialties and makes it available to
20 CCS-eligible children and youth and their parents or guardians, at
21 a minimum by phone, written material, and Internet Web site.

22 (C) That the Medi-Cal managed care plan has entered into an
23 agreement with the county CCS program or the state, or both, for
24 the transition of CCS care coordination and service authorization
25 and how the plan will work with the CCS program to ensure
26 continuity and consistency of CCS program expertise for that role,
27 in accordance with ~~this section and subdivisions (e) and (f) of~~
28 ~~Section 14094.13.~~ *section.*

29 (e) A Medi-Cal managed care plan, prior to implementation of
30 the Whole Child Model program, shall review historical CCS
31 fee-for-service utilization data for CCS-eligible children and youth
32 upon transition of CCS services to managed care plans so that the
33 managed care plans are better able to assist CCS-eligible children
34 and youth and prioritize assessment and care planning.

35 14094.9. (a) The department shall develop a memorandum of
36 understanding template, which shall be utilized by participating
37 counties and health plans, and which shall include, but not be
38 limited to, the standards relating to the local administration of, and
39 minimum services to be provided by, counties and Medi-Cal
40 managed care plans in the administration of the Whole Child Model

1 program. The department shall consult with counties and Medi-Cal
2 managed care plans in the development of the Whole Child Model
3 *program* memorandum of understanding template.

4 (b) The department shall provide written notice to the county
5 agency, as designated in Section 123850 of the Health and Safety
6 Code, of the calculation for determining the administrative
7 allocation to the county CCS program by means of county
8 information notice. The department shall consult with the Whole
9 Child Model program counties in determining the calculation for
10 determining the administrative allocation.

11 14094.10. (a) Each Medi-Cal managed care plan participating
12 in the Whole Child Model program shall establish an assessment
13 process that, at a minimum, does all of the following:

14 (1) Assesses each CCS child's or youth's risk level and needs
15 by performing a risk assessment process using means such as
16 telephonic or in-person communication, review of utilization and
17 claims processing data, or by other means as determined by the
18 department.

19 (2) Assesses, in accordance with the transition agreement with
20 the county CCS program, the health care needs of CCS-eligible
21 children and youth and coordinates their CCS specialty services,
22 Medi-Cal primary care services and mild to moderate mental health
23 services, specialty mental health as appropriate through the county
24 specialty mental health plan, and Drug Medi-Cal services as
25 appropriate through county substance use disorder program, and
26 regional center services across all settings, including coordination
27 of necessary services within and, when necessary, outside of the
28 managed care plan's provider network.

29 (3) Follows timeframes for reassessment of risk and, if
30 necessary, circumstances or conditions that require redetermination
31 of risk level, which shall be set by the department.

32 (b) The risk assessment process shall be performed in
33 accordance with all applicable federal and state laws.

34 14094.11. A Medi-Cal managed care plan participating in the
35 Whole Child Model program shall meet all of the following
36 requirements:

37 (a) Ensure that each CCS-eligible child or youth receives case
38 management, care coordination, provider referral, and service
39 authorization services from an employee *or contractor* of the plan
40 who has knowledge ~~of and~~ *of, and receives adequate training on,*

1 *the CCS program, and who has clinical experience with the CCS*
2 ~~program pursuant to subdivision (c) of Section 14094.13.~~
3 *population, or clinical experience with pediatric patients with*
4 *complex medical conditions.*

5 (b) Work with the state or county CCS program, as appropriate,
6 to ensure that, at a minimum, and in addition to other statutory and
7 contractual requirements, care coordination and care management
8 activities do all of the following:

9 (1) Reflect a CCS child or youth family-centered, outcome-based
10 approach to care planning.

11 (2) Ensure families have access to ongoing information,
12 education, and support so that they understand the care plan for
13 their child or youth and their role in the individual care process,
14 the benefits of mental health services, what self-determination
15 means, and what services might be available.

16 (3) Adhere to the CCS child's or youth's or the CCS child's or
17 youth's family's determination about the appropriate involvement
18 of his or her medical providers and caregivers, according to the
19 federal Health Insurance Portability and Accountability Act of
20 1996 (Public Law 104-191).

21 (4) Include individual care plans for CCS-eligible children and
22 youth based on the results of the risk assessment process with a
23 particular focus on CCS specialty care.

24 (5) Consider behavioral health needs of CCS-eligible children
25 and youth and coordinate those services as part of the CCS child's
26 or youth's individual care plan, when appropriate, and facilitate a
27 CCS child's or youth's ability to access appropriate community
28 resources and other agencies, including referrals, as necessary and
29 appropriate, for behavioral services, such as specialty mental health
30 services and substance use disorder services.

31 (6) Ensure that children and youth and their families have
32 appropriate access to transportation and other support services
33 necessary to receive treatment.

34 (c) Incorporate all of the following into the CCS child's or
35 youth's plan of ~~care patterns and processes:~~ *care:*

36 (1) Access for families so that families know where to go for
37 ongoing information, education, and support in order that they
38 understand the goals, treatment plan, and course of care for their
39 child or youth and their role in the process, what it means to have
40 primary or specialty care for their child or youth, when it is time

1 to call a specialist, primary, urgent care, or emergency room, what
2 an interdisciplinary team is, and what the community resources
3 are.

4 (2) A primary or specialty care physician who is the primary
5 clinician for the CCS-eligible child or youth and who provides
6 core clinical management functions.

7 (3) Care management and care coordination for the CCS-eligible
8 child or youth across the health care system, including transitions
9 among levels of care and interdisciplinary care teams.

10 (4) Provision of information about qualified professionals,
11 community resources, or other agencies for services or items
12 outside the scope of responsibility of the managed care plan.

13 ~~(5)~~

14 ~~(d) Use of clinical data to identify CCS-eligible children or~~
15 ~~youth at the care site with chronic illness or other significant health~~
16 ~~issues.~~

17 ~~(6) Timely~~

18 ~~(e) Arrange for timely~~ preventive, acute, and chronic illness
19 ~~treatment of CCS-eligible children or youth in the appropriate~~
20 ~~setting.~~

21 14094.12. A Medi-Cal managed care plan serving children and
22 youth with CCS-eligible conditions under the CCS program shall
23 do all of the following:

24 (a) Coordinate with each regional center operating within the
25 plan's service area to assist CCS-eligible children and youth with
26 developmental disabilities and their families in understanding and
27 accessing services and act as a central point of contact for questions
28 related to health care access and care concerns, and problem
29 resolution.

30 (b) Coordinate with the local CCS Medical Therapy Unit (MTU)
31 to ensure appropriate access to MTU services. The Medi-Cal
32 managed care plan shall enter into a memorandum of understanding
33 or similar agreement with the county regarding coordination of
34 MTU services and other non-MTU services provided by the plan.

35 (c) Ensure that families have access to ongoing information,
36 education, and support so they understand the care plan, course of
37 treatment, and expected outcomes for their child or youth, the
38 assessment process, what it means, their role in the process, and
39 what services their child or youth may be eligible for.

1 (d) Facilitate communication among a CCS child’s or youth’s
2 health care and personal care providers, including in-home
3 supportive services and behavioral health providers, when
4 appropriate, with the CCS-eligible child or youth, parent, or
5 guardian.

6 (e) Facilitate timely access to primary care, specialty care,
7 pharmacy, and other health services provided by CCS providers
8 and facilities with clinical expertise in treating the enrollee’s
9 specific CCS condition that are needed by the CCS child or youth,
10 including referrals to address any physical or cognitive disabilities.

11 (f) Provide information for families about managed care
12 processes and how to navigate a health plan, including their rights
13 to appeal any service denials, and how to request continuity of
14 care for pharmacy, specialized durable medical ~~equipment~~
15 *equipment*, and health care ~~providers, and nurses providers~~ pursuant
16 to Section 14094.13.

17 (g) Establish a mechanism to provide information on how to
18 access local family resource centers or family empowerment
19 centers.

20 (h) Provide that communication to, and services for, the
21 CCS-eligible children or youth and their families are available in
22 alternative formats that are culturally, linguistically, and physically
23 appropriate through means, including, but not limited to, assistive
24 listening systems, sign language interpreters, captioning, written
25 communication, plain language, and written translations in the
26 applicable Medi-Cal threshold languages.

27 (i) Provide that materials are available and provided to inform
28 CCS children and youth and their families of procedures for
29 obtaining CCS specialty services and Medi-Cal primary care and
30 mental health benefits, including grievance and appeals procedures
31 that are offered by the managed care plan or are available through
32 the Medi-Cal program.

33 (j) Identify and track children and youth with CCS-eligible
34 conditions for the duration of the child’s or youth’s participation
35 in the Whole Child Model program and for children and youth
36 who age into adult Medi-Cal systems and who continue to be
37 enrolled in the same Medi-Cal managed care plan for at least three
38 years into adulthood, to the extent feasible.

39 (k) (1) Comply with Medi-Cal due process ~~and reauthorization~~
40 requirements and provide timely processes for accepting and acting

1 upon complaints and grievances, including procedures for
2 appealing decisions regarding coverage or benefits. The grievance
3 process shall comply with Section 14450 of this code, and Sections
4 1368 and 1368.01 of the Health and Safety Code. *Code and*
5 *applicable federal law and regulations.*

6 (2) Upon denial, denial of reauthorization, or termination of
7 services, a notice of action shall be sent to the CCS-eligible child
8 or youth, or person legally authorized to act on behalf of the child
9 or youth. The notice of action shall include information about the
10 option to file a Medi-Cal appeal and Medi-Cal due process rights.

11 ~~(3) If a child, youth, or his or her authorized person elects to~~
12 ~~participate in the process described in this section and disagrees~~
13 ~~with the decision of the designated CCS agency, the child, youth,~~
14 ~~or authorized person may appeal that decision, except when the~~
15 ~~service under dispute has been ordered or terminated by a CCS~~
16 ~~physician with responsibility for the medical supervision of the~~
17 ~~child or youth. If the child, youth, or authorized person disagrees~~
18 ~~with the CCS physician, he or she shall be provided with names~~
19 ~~of three expert physicians. The child, youth, or authorized person~~
20 ~~shall choose one of the expert physicians, and the physician shall~~
21 ~~evaluate the child or youth at CCS expense. The opinion of the~~
22 ~~expert physician shall be final.~~

23 ~~(f) Annually publicly report on the number of CCS-eligible~~
24 ~~children and youth served in their county by type of condition and~~
25 ~~services used and the number of youth who aged out of the CCS~~
26 ~~program by type of condition, provided the required report does~~
27 ~~not contain individually identifiable information. If the required~~
28 ~~report would result in the publication of individually identifiable~~
29 ~~information, the plan shall not include that information in the~~
30 ~~required report.~~

31 ~~(l) Comply with Section 1383.15 of the Health and Safety Code~~
32 ~~by allowing a child or youth or the parent or guardian of a child~~
33 ~~or youth to receive a second opinion from an appropriately~~
34 ~~qualified health care professional.~~

35 14094.13. (a) Each Medi-Cal managed care plan shall establish
36 and maintain a process by which a CCS-eligible child or youth
37 may maintain access to CCS providers that the child or youth has
38 an existing relationship with for treatment of the child's or youth's
39 CCS condition for ~~three years, up to 12 months~~, under the following
40 conditions:

1 (1) The CCS-eligible child or youth has seen the out-of-network
2 CCS provider for a nonemergency visit at least once during the
3 12 months immediately preceding the date the Medi-Cal managed
4 care plan assumed responsibility for the child’s or youth’s CCS
5 care under the Whole Child Model program.

6 (2) The CCS provider ~~shall accept~~ *accepts* the health plan’s rate
7 for the service offered or the applicable Medi-Cal or CCS
8 fee-for-service rate, whichever is higher, unless the CCS provider
9 enters into an agreement on an alternative payment methodology
10 mutually agreed to by the CCS provider and the Medi-Cal managed
11 care plan.

12 (3) The managed care plan confirms that the provider meets
13 applicable CCS standards and has no disqualifying quality of care
14 issues.

15 (4) The CCS provider provides treatment information to the
16 Medi-Cal managed care plan, to the extent authorized by the state
17 and federal patient privacy provisions.

18 (b) Each Medi-Cal managed care plan shall establish and
19 maintain a process by which a CCS-eligible child or youth may
20 maintain access to specialized or customized durable medical
21 equipment providers for up to 12 months under the conditions in
22 paragraph (2):

23 (1) For the purposes of this subdivision, “specialized or
24 customized durable medical equipment” means durable medical
25 equipment that meets all of the following criteria:

26 (A) Is uniquely constructed from raw materials or substantially
27 modified from the base material solely for the full-time use of the
28 specific beneficiary according to a physician’s description and
29 orders.

30 (B) Is made to order or adapted to meet the specific needs of
31 the beneficiary.

32 (C) Is uniquely constructed, adapted, or modified to permanently
33 preclude the use of the equipment by another individual, and is so
34 different from another item used for the same purpose that the two
35 items cannot be grouped together for pricing purposes.

36 (2) (A) The CCS-eligible child or youth has an ongoing
37 relationship with a durable medical equipment provider who has
38 previously provided specialized or customized equipment, such
39 as power wheelchairs, repairs, and replacement parts; prosthetic
40 limbs; customized orthotic devices; and individualized assistive

1 technology. This does not include generally available or
2 noncustomized durable medical equipment.

3 (B) The durable medical equipment provider shall accept the
4 health plan's rate for the service offered or the applicable Medi-Cal
5 or CCS fee-for-service rate, whichever is higher, unless the durable
6 medical equipment provider enters into an agreement on an
7 alternative payment methodology mutually agreed upon by the
8 durable medical equipment provider and the Medi-Cal managed
9 care plan.

10 (C) The durable medical equipment provider provides
11 information to the Medi-Cal managed care plan as requested by
12 the plan, to the extent authorized by state and federal patient
13 privacy provisions.

14 (3) The department may extend the continuity of care duration
15 period described in this subdivision for ~~highly~~ specialized or
16 customized durable medical equipment that is under warranty as
17 specified by the department.

18 (c) A managed care plan, at its discretion, may extend the
19 continuity of care period beyond the length of time specified in
20 subdivisions (a) and (b).

21 (d) (1) Each Medi-Cal managed care plan participating in the
22 Whole Child Model program shall comply with continuity of care
23 requirements in Section 1373.96 of the Health and Safety ~~Code~~
24 *Code and Section 14185 of this code.*

25 (2) Each Medi-Cal managed care plan shall permit a
26 CCS-eligible child or youth ~~enrolled as part of the Whole Child~~
27 ~~Program~~ *transitioned into the Whole Child Model program* to
28 continue use of any *currently prescribed* prescription drug that is
29 part of a prescribed therapy for the enrollee's CCS-eligible
30 condition or conditions immediately prior to the date of enrollment,
31 whether or not the prescription drug is covered by the plan, until
32 *the Medi-Cal managed care plan and the child's or youth's*
33 *prescribing CCS provider has completed an assessment of the*
34 *child or youth, created a treatment plan, and agrees with the*
35 *Medi-Cal managed care plan that the particular prescription drug*
36 *is no longer medically necessary, or the prescription drug is no*
37 *longer prescribed by the enrollee's ~~plan-contracting~~ CCS provider.*

38 (e) Each Medi-Cal managed care plan participating in the Whole
39 Child Model program shall ensure that children and youth are
40 provided expert case management, care coordination, service

1 authorization, and provider ~~referral~~. *referral services*. Each plan
2 shall meet this requirement by, at the request of the child, youth,
3 or his or her parent or guardian, allowing the child or youth to
4 continue to receive case ~~management, care coordination, provider~~
5 ~~referrals and service authorizations~~ *management and care*
6 *coordination* from his or her public health nurse. This election
7 shall be made within 90 days of the transition of CCS services into
8 the Medi-Cal managed care plan. A plan shall meet this
9 requirement by either or both of the following:

10 (1) By entering into a memorandum of understanding with the
11 county for case ~~management, care coordination, provider referral,~~
12 ~~and service authorization~~ *management and care coordination*
13 services to the child.

14 (2) ~~By collocating county public health nurses who provide case~~
15 ~~management and coordination within the Medi-Cal managed care~~
16 ~~plan.~~

17 (2) *By entering into a memorandum of understanding with the*
18 *county for case management, care coordination, provider referral,*
19 *and service authorization to all or some Whole Child Model*
20 *program participants.*

21 (f) *At least 60 days before the transition of CCS services to the*
22 *Medi-Cal managed care plan, a written notice shall be provided*
23 *to all CCS children and youth whose CCS care will become the*
24 *responsibility of the plan explaining their right to continue*
25 *receiving case management and care coordination services*
26 *pursuant to subdivision (e), including a written explanation of the*
27 *process for that election. A reminder notification shall be sent 30*
28 *days prior to the start of the transition.*

29 (f)

30 (g) In the event the county public health nurse leaves the CCS
31 ~~program, program or is no longer available to provide the services~~
32 ~~requested under this section,~~ the Medi-Cal managed care plan ~~may~~
33 *shall* transition the care coordination and case management of a
34 child or youth to an employee *or contractor* of the plan who has
35 education, knowledge, and experience ~~with the CCS program and~~
36 ~~pediatric patients or who has knowledge and experience treating~~
37 ~~CCS-eligible conditions in pediatric patients.~~ *received adequate*
38 *training on the CCS program and who has clinical experience*
39 *with the CCS population or pediatric patients with complex medical*
40 *conditions.*

1 (h) The department may waive the requirement of subdivision
2 (e) if the Medi-Cal managed care plan demonstrates that it cannot
3 meet the requirement because it would result in substantially
4 increased program costs compared to the existing CCS program
5 allocation as provided by the department through the annual
6 Budget Act. The department shall confirm the information provided
7 by the Medi-Cal managed care plan and meet with the county,
8 affected labor organizations, and the plan in an attempt to reach
9 a mutually agreeable contracting arrangement that fulfills the
10 requirements of this section while also ensuring that the
11 arrangement is not in excess of the current county program
12 allocation.

13 ~~(g)~~

14 (i) (1) A family or caregiver of a child or youth may appeal the
15 ~~three-year continuity of care limitation in subdivision (a) to a panel~~
16 ~~of three CCS providers with relevant clinical experience and~~
17 ~~expertise who do not contract with the plan in order to continue~~
18 ~~to receive services from a noncontracting CCS provider who meets~~
19 ~~the criteria in subdivision (a). The family or caregiver shall choose~~
20 ~~one, who shall evaluate the child at CCS expense and make a~~
21 ~~decision on whether the child or youth can continue to receive~~
22 ~~continuity of care from the CCS-paneled provider, subject to the~~
23 ~~conditions in paragraphs (1) to (3), inclusive. The opinion of the~~
24 ~~expert physician shall be final and binding upon the plan. The~~
25 ~~director or his or her designee. When determining whether or not~~
26 ~~to grant the appeal, the director or his or her designee shall~~
27 ~~consider all of the following:~~

28 (A) Whether the noncontracting CCS provider has any relevant
29 clinical experience or unique expertise that available contracting
30 CCS providers do not have.

31 (B) If the noncontracting CCS provider is a special care center,
32 whether or not any of the available contracting CCS providers is
33 a special care center of the same type.

34 (C) The length of the ongoing relationship between the CCS
35 provider and the child or youth.

36 (D) The proximity of the noncontracting CCS provider to the
37 child's or youth's home as compared to the proximity of the
38 contracting CCS provider being put forth by the plan.

39 (2) The opinion of the director or his or her designee shall be
40 final and binding upon the plan.

1 (j) *This section shall not preclude the right of the CCS child or*
2 *youth to appeal or be eligible for a fair hearing regarding the*
3 *extension of a continuity of care period.*

4 (k) *Each Medi-Cal managed care plan participating in the*
5 *Whole Child Model program shall notify the CCS child or youth,*
6 *in writing, 60 days prior to the end of his or her authorized*
7 *continuity of care period. The notice shall explain the right to*
8 *petition the plan for an extension of the continuity of care period,*
9 *the criteria the plan will use to evaluate the petition, and the*
10 *appeals process if the plan denies the petition.*

11 14094.14. (a) Each Medi-Cal managed care plan participating
12 in the Whole Child Model program shall provide a mechanism for
13 a CCS-eligible child's and youth's parent or caregiver to request
14 a specialist or clinic as a primary care provider.

15 (b) A CCS specialist or clinic may serve as a primary care
16 provider if the specialist or clinic agrees to serve in a primary care
17 provider role and is qualified to treat the required range of
18 CCS-eligible conditions of the CCS child or youth.

19 14094.15. A Medi-Cal managed care plan shall meet all of the
20 following requirements:

21 (a) Use all current and applicable CCS program guidelines,
22 including CCS program regulations, CCS numbered letters, and
23 CCS program information notices in developing criteria for use
24 by the plan's chief medical officer or the equivalent and other care
25 management staff.

26 (b) In cases in which ~~CCS program~~ *applicable CCS clinical*
27 *guidelines do not exist, use evidence-based guidelines or treatment*
28 *protocols that are medically appropriate given the child's*
29 *CCS-eligible condition.*

30 (c) Utilize only CCS providers to treat ~~CCS conditions.~~
31 *conditions in any circumstance in which the child's CCS-eligible*
32 *condition requires treatment from the provider types in paragraph*
33 *(1), (2), or (3) of subdivision (a) of Section 14094.4, except a plan*
34 *may use an out-of-state provider if an in-state CCS provider does*
35 *not possess the clinical expertise to appropriately treat the CCS*
36 *condition of the child or youth.*

37 (d) Utilize a provider dispute resolution process that meets the
38 standards established under Section 1371.38 of the Health and
39 Safety Code.

1 14094.16. (a) The department shall pay any managed care
2 plan participating in the Whole Child Model program a separate,
3 actuarially sound rate specifically for CCS children and youth,~~as~~
4 ~~long as to the extent that~~ an actuarially sound rate can be developed
5 for the managed care plan's CCS population. When contracting
6 with managed care plans, the department may allow the use of risk
7 corridors or other methods to appropriately mitigate a plan's risk
8 for this population. *If services are already established in the rate*
9 *of a Medi-Cal managed care plan prior to January 1, 2016, the*
10 *department shall not be required to create a separate rate for the*
11 *Whole Child Model program.*

12 (b) Medi-Cal managed care plans shall pay physician and
13 surgeon provider services at rates that are equal to or exceed the
14 applicable CCS fee-for-service rates, unless the physician and
15 surgeon enters into an agreement on an alternative payment
16 methodology mutually agreed to by the physician and surgeon and
17 the Medi-Cal managed care plan

18 14094.17. (a) A Medi-Cal managed care plan participating in
19 the Whole Child Model program shall create and maintain a clinical
20 advisory committee composed of the managed care contractor's
21 chief medical officer or the equivalent, the county CCS medical
22 director, and at least four CCS-paneled providers to advise on
23 clinical issues relating to CCS conditions, including treatment
24 authorization guidelines, and serve as clinical advisers on other
25 clinical issues relating to CCS conditions.

26 (b) (1) Each Medi-Cal managed care plan participating in the
27 Whole Child Model program shall establish a family advisory
28 group for CCS families.

29 (2) Family representatives who serve on this advisory group
30 ~~shall~~ *may* receive a reasonable per diem payment to enable
31 in-person participation in the advisory group. A plan may conduct
32 family advisory group meetings by teleconference or through other
33 similar electronic means to facilitate family participation in the
34 advisory group.

35 (3) A representative of this local group shall be invited to serve
36 on the department's statewide stakeholder advisory group
37 established pursuant to subdivision (c).

38 (c) (1) The department shall establish a statewide Whole Child
39 Model program stakeholder advisory group, or modify an existing
40 Whole Child Model program stakeholder advisory group,

1 comprised of representatives of CCS providers, county CCS
2 program administrators, health plans, family resource centers,
3 regional centers, labor organizations, CCS case managers, CCS
4 MTUs, and representatives from family advisory groups established
5 pursuant to subdivision (b). *Participation on the statewide*
6 *stakeholder advisory group shall be voluntary, and members are*
7 *not eligible for travel or other per diem payments.*

8 (2) The department shall consult with the stakeholder advisory
9 group on the implementation of the Whole Child Model program
10 and shall consider the recommendations of the stakeholder advisory
11 group in developing the monitoring processes and outcome
12 measures by which the plans participating in the Whole Child
13 Model program shall be monitored and evaluated.

14 (3) The statewide Whole Child Model program stakeholder
15 advisory group established under this section shall terminate
16 December 31, 2021.

17 14094.18. (a) (1) The department shall contract with an
18 independent entity that has experience in performing robust
19 program evaluations to conduct an evaluation to assess Medi-Cal
20 managed care plan performance and the outcomes and the
21 experience of CCS-eligible children and youth participating in the
22 Whole Child Model program, including access to primary and
23 specialty care, and youth transitions from Whole Child Model
24 program to adult Medi-Cal coverage.

25 (2) The department shall provide a report on the results of this
26 evaluation required pursuant to this section to the Legislature by
27 no later than January 1, 2021. A report submitted to the Legislature
28 pursuant to this subdivision shall be submitted in compliance with
29 Section 9795 of the Government Code.

30 (b) The evaluation required by this section, at a minimum, shall
31 evaluate the performance of the plans participating in the Whole
32 Child Model program as compared to the performance of the CCS
33 program prior to the implementation of the Whole Child Model
34 *program* in those same counties. The evaluation shall evaluate
35 whether the inclusion of CCS services in a managed care delivery
36 system improves access to care, quality of care, and the patient
37 experience by analyzing all of the ~~following~~ *by following, and*
38 *when possible, disaggregating the results, based on the child's or*
39 *youth's race, ethnicity, and primary language spoken at home:*

- 1 (1) Access to specialty and primary care, and in particular,
- 2 utilization of CCS-paneled providers.
- 3 (2) The type and location of CCS services and the extent to
- 4 which CCS services are provided in-network compared to out of
- 5 network.
- 6 (3) Utilization rates of inpatient admissions, outpatient services,
- 7 durable medical equipment, behavioral health services, home
- 8 health, pharmacy, and other ancillary services.
- 9 (4) Patient and family satisfaction.
- 10 ~~(5) Appeals, grievances, and complaints.~~
- 11 (5) *Appeals and grievances, including the number of petitions*
- 12 *to the plan to extend the continuity of care period for durable*
- 13 *medical equipment and CCS providers, the results of those appeals,*
- 14 *whether any subsequent appeals were made to the department,*
- 15 *and the results of those appeals to the department.*
- 16 (6) Authorization of CCS-eligible services.
- 17 ~~(7) Access to adult providers, support, and ancillary services~~
- 18 ~~for youth who have aged into adult Medi-Cal coverage from the~~
- 19 ~~Whole Child Model program.~~
- 20 ~~(8) For health plans with CCS incorporated into their contracts,~~
- 21 ~~network~~
- 22 (7) *Network and provider participation, including participation*
- 23 *of pediatricians, pediatric specialists, and pediatric subspecialists,*
- 24 *by specialty and subspecialty.*
- 25 ~~(9)~~
- 26 (8) The ability of a child or youth who ages out of CCS and
- 27 remains in the same Medi-Cal managed care plan to retain his or
- 28 her existing ~~providers~~: *providers, to the extent possible or known.*
- 29 (c) The evaluation required by this section shall also evaluate
- 30 ~~the performance of~~ managed care plans participating in the Whole
- 31 Child Model program as compared to ~~the performance of~~ the CCS
- 32 program in counties where CCS services are not incorporated into
- 33 managed care, and collect appropriate data to evaluate ~~whether~~
- 34 ~~inclusion of CCS services in a managed care delivery system~~
- 35 ~~improves access to care, quality of care, and the patient experience,~~
- 36 ~~by analyzing~~ all of the following:
- 37 (1) The rate of new CCS enrollment in each county.
- 38 (2) The percentage of CCS-eligible children and youth with a
- 39 diagnosis requiring a referral to a CCS special care center who
- 40 have been ~~at~~ *seen by* a CCS special care center.

1 (3) The percentage of CCS children and youth discharged from
2 a hospital who had at least one followup contact or visit within-20
3 28 days after discharge.

4 (4) *Appeals and grievances.*

5 (d) The department shall consult with stakeholders, including,
6 but not limited to, the Whole Child Model *program* stakeholder
7 advisory group, regarding the scope and structure of the review.

8 14094.19. This article is not intended, and shall not be
9 interpreted, to permit any reduction in benefits or eligibility levels
10 under the CCS program.

11 14094.20. (a) Notwithstanding Chapter 3.5 (commencing with
12 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
13 Code, the department, without taking regulatory action, shall
14 implement, interpret, or make specific this article, Article 2.97
15 (commencing with Section 14093), Article 2.98 (commencing
16 with Section 14094), and any applicable federal waivers and state
17 plan amendments by means of all-county letters, plan letters, CCS
18 numbered letters, plan or provider bulletins, or similar instructions
19 until the time regulations are adopted. By July 1, ~~2021~~, 2020, the
20 department shall adopt regulations in accordance with the
21 requirements of Chapter 3.5 (commencing with Section 11340) of
22 Part 1 of Division 3 of Title 2 of the Government Code.
23 Commencing ~~July 1, 2017~~, July 1, 2018, the department shall
24 provide a status report to the Legislature on a semiannual basis,
25 in compliance with Section 9795 of the Government Code, until
26 regulations have been adopted.

27 (b) The director may enter into exclusive or nonexclusive
28 contracts on a bid, nonbid, or negotiated basis and may amend
29 existing managed care contracts to provide or arrange for services
30 provided under this article. Contracts entered into or amended
31 pursuant to this section shall be exempt from the provisions of
32 Chapter 2 (commencing with Section 10290) of Part 2 of Division
33 2 of the Public Contract Code and Chapter 6 (commencing with
34 Section 14825) of Part 5.5 of Division 3 of Title 2 of the
35 Government Code, and shall be exempt from the review and
36 approval of any division of the Department of General Services.

37 ~~SEC. 7.~~

38 *SEC. 8.* If the Commission on State Mandates determines that
39 this act contains costs mandated by the state, reimbursement to
40 local agencies and school districts for those costs shall be made

- 1 pursuant to Part 7 (commencing with Section 17500) of Division
- 2 4 of Title 2 of the Government Code.

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