

AMENDED IN ASSEMBLY JUNE 8, 2016

AMENDED IN ASSEMBLY MAY 4, 2016

AMENDED IN SENATE APRIL 28, 2015

**SENATE BILL**

**No. 586**

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**Introduced by Senator Hernandez**

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

February 26, 2015

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An act to amend Section 14094.3 of, and to add ~~Section 14094.4 to,~~ 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 ~~Program (CCS program)~~ (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 ~~California Children's Services~~ *CCS* program (~~CCS~~) 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, 2025, and until the evaluation required under the Whole Child Model program has been completed, the termination of the prohibition against *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 under county organized health systems or Regional Health Authority that elect, and are selected, to participate would provide *CCS* services under a capitated payment model to Medi-Cal and ~~S-CHIP~~ *State Children's Health Insurance Program (S-CHIP)* 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 establish an application process and would require a managed care plan to provide the department with a written application of interest that contains specified information, including evidence that the managed care plan received written support from specified individuals and entities, including *CCS* providers, as defined, that serve a preponderance of *CCS* children and youth in the county. 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 and implemented specific *CCS* monitoring and oversight standards for managed care plans. The bill would require the department to establish a statewide Whole Child

Model stakeholder advisory group comprised of specified stakeholders, including representatives from health plans and family resource centers, and would require the department to consult with the Whole Child Model stakeholder advisory group on the implementation of the program, as specified. 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, 2023. *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, 2018, to adopt regulations and, commencing July 1, 2017, 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.*

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

*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.

1 (e) Over the past 20 years, coordinated and integrated health  
2 care delivery models have been shown to improve delivery of  
3 health care, reduce costs, and improve outcomes.

4 (f) As California expanded the reach of integrated delivery  
5 systems in Medi-Cal, CCS services were often excluded from  
6 managed care arrangements in recognition of the specialty nature  
7 of CCS services and the complicated health status of enrolled  
8 children.

9 (g) Accordingly, it is the intent of the Legislature to modernize  
10 the CCS program, through development of specialized integrated  
11 delivery systems focused on the unique needs of CCS-eligible  
12 children, to accomplish the following:

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

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

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

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

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

24 (6) Maintain existing patient-provider relationships, whenever  
25 possible.

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

30 SEC. 2. Section 14094.3 of the Welfare and Institutions Code  
31 is amended to read:

32 14094.3. (a) Notwithstanding this article or Section 14093.05  
33 or 14094.1, CCS covered services shall not be incorporated into  
34 any Medi-Cal managed care contract entered into after August 1,  
35 1994, pursuant to Article 2.7 (commencing with Section 14087.3),  
36 Article 2.8 (commencing with Section 14087.5), Article 2.9  
37 (commencing with Section 14088), Article 2.91 (commencing  
38 with Section 14089), Article 2.95 (commencing with Section  
39 14092); or either Article 1 (commencing with Section 14200), or  
40 Article 7 (commencing with Section 14490) of Chapter 8, until

1 January 1, 2025, and until the evaluation required pursuant to  
2 ~~subdivision (j) of Section 14094.4~~ *Section 14094.18* has been  
3 completed, except for contracts entered into pursuant to the Whole  
4 Child Model program, as described in ~~Section 14094.4~~, *Article*  
5 *2.985 (commencing with Section 14094.4)*, or for county organized  
6 health systems or Regional Health Authority in the Counties of  
7 San Mateo, Santa Barbara, Solano, Yolo, Marin, and Napa.

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

15 (c) (1) The department may authorize a pilot project in Solano  
16 County in which reimbursement for conditions eligible under the  
17 CCS program may be reimbursed on a capitated basis pursuant to  
18 Section 14093.05, and provided all CCS program’s guidelines,  
19 standards, and regulations are adhered to, and CCS program’s case  
20 management is utilized.

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

32 (d) For purposes of this section, CCS covered services include  
33 all program benefits administered by the program specified in  
34 Section 123840 of the Health and Safety Code regardless of the  
35 funding source.

36 (e) Nothing in this section shall be construed to exclude or  
37 restrict CCS-eligible children from enrollment with a managed  
38 care contractor, or from receiving from the managed care contractor  
39 with which they are enrolled primary and other health care  
40 unrelated to the treatment of the CCS-eligible condition.

1 ~~SEC. 3. Section 14094.4 is added to the Welfare and~~  
2 ~~Institutions Code, to read:~~

3 ~~14094.4. (a) For the purposes of this section, the following~~  
4 ~~definitions shall apply:~~

5 ~~(1) “CCS Provider” means a provider that is approved by the~~  
6 ~~CCS program to treat a CCS-eligible condition pursuant to Article~~  
7 ~~5 (commencing with Section 123800) of Chapter 3 of Part 2 of~~  
8 ~~Division 106 of the Health and Safety Code.~~

9 ~~(2) “County organized health system” or “COHS” means a~~  
10 ~~county organized health system contracting with the department~~  
11 ~~to provide Medi-Cal services to beneficiaries pursuant to Article~~  
12 ~~2.8 (commencing with Section 14087.5).~~

13 ~~(3) “Whole Child Model site” means a managed care plan under~~  
14 ~~a county organized health system or Regional Health Authority~~  
15 ~~that is selected to participate in the Whole Child Model program~~  
16 ~~under a capitated payment model.~~

17 ~~(b) The department may establish a Whole Child Model program~~  
18 ~~for Medi-Cal and S-CHIP eligible CCS children and youth enrolled~~  
19 ~~in a managed care plan under a county organized health system or~~  
20 ~~Regional Health Authority in up to \_\_\_ counties no sooner than~~  
21 ~~July 1, 2017.~~

22 ~~(c) The goals for the Whole Child Model program for children~~  
23 ~~and youth under 21 years of age who meet the eligibility~~  
24 ~~requirements of Section 123805 of the Health and Safety Code~~  
25 ~~and are enrolled in a managed care plan under a county organized~~  
26 ~~health system or Regional Health Authority shall include all of the~~  
27 ~~following:~~

28 ~~(1) Improving the coordination of primary and preventive~~  
29 ~~services with specialty care services, medical therapy units, Early~~  
30 ~~and Periodic Screening, Diagnosis, and Treatment (EPSDT),~~  
31 ~~long-term services and supports (LTSS), and regional center~~  
32 ~~services, and home- and community-based services using a child~~  
33 ~~and youth and family-centered approach.~~

34 ~~(2) Maintaining or exceeding CCS program standards and~~  
35 ~~specialty care access, including access to appropriate subspecialties.~~

36 ~~(3) Ensuring the continuity of child and youth access to expert,~~  
37 ~~CCS dedicated case management and care coordination, provider~~  
38 ~~referrals, and service authorizations through contracting with or~~  
39 ~~the employment of county CCS staff to perform these functions.~~

1 ~~(4) Improving the transition of youth from CCS to adult~~  
2 ~~Medi-Cal managed systems of care through better coordination of~~  
3 ~~medical and nonmedical services and supports and improved access~~  
4 ~~to appropriate adult providers for youth who age out of CCS.~~

5 ~~(5) Identifying, tracking, and evaluating the transition of children~~  
6 ~~and youth from CCS to the Whole Child Model program to inform~~  
7 ~~future CCS program improvements.~~

8 ~~(d) (1) No sooner than July 1, 2017, the department shall~~  
9 ~~establish an application process by which up to \_\_\_ managed care~~  
10 ~~plans under a county organized health system, including the county~~  
11 ~~organized health systems and Regional Health Authority that have~~  
12 ~~incorporated CCS covered services into their contracts pursuant~~  
13 ~~to Section 14094.3, may participate in the Whole Child Model~~  
14 ~~program established under this section, pursuant to the criteria~~  
15 ~~described in this section. The director shall consult with the~~  
16 ~~Legislature, the federal Centers for Medicare and Medicaid~~  
17 ~~Services, counties, CCS providers, and CCS families when~~  
18 ~~determining the implementation date for this section.~~

19 ~~(2) In order to apply to become a Whole Child Model site, a~~  
20 ~~managed care plan under a county organized health system or~~  
21 ~~Regional Health Authority shall provide a written application of~~  
22 ~~interest that provides the director with evidence of all of the~~  
23 ~~following:~~

24 ~~(A) Written approval by the county board of supervisors to~~  
25 ~~partner with the managed care plan for the integration of CCS~~  
26 ~~medical and case management and service authorizations for CCS~~  
27 ~~Medi-Cal beneficiaries into the managed care plan.~~

28 ~~(B) Written support from the local bargaining units representing~~  
29 ~~affected CCS worker classifications.~~

30 ~~(C) Written support from CCS providers that serve a~~  
31 ~~preponderance of the CCS children and youth in the county, home-~~  
32 ~~and community-based services networks, and the regional center~~  
33 ~~or centers that serve CCS children and youth in that county.~~

34 ~~(D) Establishment and demonstration of a local stakeholder~~  
35 ~~process with the meaningful engagement of a diverse group of~~  
36 ~~families that represent a range of conditions, disabilities, and~~  
37 ~~demographics, and local providers, including, but not limited to,~~  
38 ~~the parent centers, such as family resource centers, family~~  
39 ~~empowerment centers, and parent training and information centers,~~  
40 ~~that support families in the affected county.~~

- 1     ~~(E) Written support from the family resource center or family~~  
2     ~~empowerment center serving the affected county.~~
- 3     ~~(3) The department shall post its written approval of an~~  
4     ~~application of interest on its Internet Web site at least 90 days~~  
5     ~~before CCS services are incorporated into the managed care plan~~  
6     ~~under the Whole Child Model program pursuant to this section.~~
- 7     ~~(e) A managed care plan shall not be approved to participate in~~  
8     ~~the Whole Child Model program unless all of the following~~  
9     ~~conditions have been satisfied:~~
- 10    ~~(1) The managed care plan has obtained written approval from~~  
11    ~~the director of its application of interest.~~
- 12    ~~(2) The department has obtained all necessary federal approvals~~  
13    ~~and waivers.~~
- 14    ~~(3) The director has verified the readiness of the managed care~~  
15    ~~plan to address the unique needs of CCS-eligible beneficiaries,~~  
16    ~~including, but not limited to, the requirements set forth in~~  
17    ~~subdivision (b) of Section 14087.48, subdivisions (b) to (f),~~  
18    ~~inclusive, of Section 14093.05, and all of the following:~~
- 19    ~~(A) Timely and appropriate communication with affected~~  
20    ~~CCS-eligible children and youth and their parents or guardians.~~  
21    ~~Communication shall be tested for readability by a health literacy~~  
22    ~~and readability professional and targeted at a 6th grade reading~~  
23    ~~level. Plan communications to families and providers shall also~~  
24    ~~be shared with the plan's local family advisory group established~~  
25    ~~pursuant to clause (xx) of subparagraph (E) for feedback and~~  
26    ~~approval.~~
- 27    ~~(B) That the managed care contractor demonstrates the~~  
28    ~~availability of an appropriate provider network to serve the needs~~  
29    ~~of children and youth with CCS conditions, including primary care~~  
30    ~~physicians, pediatric specialists and subspecialists, professional,~~  
31    ~~allied, and medical supportive personnel, and an adequate number~~  
32    ~~of accessible facilities within each CCS service area.~~
- 33    ~~(C) That the managed care contractor has established and~~  
34    ~~maintains an updated and accessible listing of providers and their~~  
35    ~~specialties and subspecialties and makes it available to~~  
36    ~~CCS-eligible children and youth and their parents or guardians, at~~  
37    ~~a minimum by phone, written material, and Internet Web site.~~
- 38    ~~(D) That the managed care contractor has entered into an~~  
39    ~~agreement with the county CCS program or the state, or both, for~~  
40    ~~the provision of CCS care coordination and service authorization~~

1 and how the plan will work with the CCS program to ensure  
2 continuity and consistency of CCS program expertise for that role,  
3 in accordance with this section.

4 (E) That the managed care contractor serving children and youth  
5 with CCS-eligible conditions under the CCS program shall do all  
6 of the following:

7 (i) Comply with continuity of care requirements in Section  
8 1373.96 of the Health and Safety Code and Section 14185.

9 (ii) Coordinate with each regional center operating within the  
10 plan's service area to assist CCS-eligible children and youth with  
11 developmental disabilities and their families in understanding and  
12 accessing services and act as a central point of contact for  
13 questions, access and care concerns, and problem resolution.

14 (iii) Coordinate with the local CCS Medical Therapy Unit  
15 (MTU) to ensure appropriate access to MTU services.

16 (iv) Create and maintain a clinical advisory committee composed  
17 of the managed care contractor's Chief Medical Officer, the county  
18 CCS medical director, and at least four CCS-paneled providers to  
19 review treatment authorizations and other clinical issues relating  
20 to CCS conditions.

21 (v) (I) Establish and maintain a process by which families may  
22 maintain access to any CCS providers for up to the length of the  
23 child's or youth's CCS qualifying condition or 12 months,  
24 whichever is longer, under the following conditions:

25 (ia) The CCS-eligible child or youth has an ongoing relationship  
26 with a provider who is a CCS-approved provider.

27 (ib) The provider will accept the health plan's rate for the service  
28 offered or the applicable Medi-Cal or CCS fee-for-service rate,  
29 whichever is higher.

30 (ic) The managed care plan determines that the provider meets  
31 applicable CCS standards and has no disqualifying quality of care  
32 issues, in accordance with guidance from the department, including  
33 all-plan letters and CCS numbered letters or other administrative  
34 communication.

35 (id) The provider shall provide treatment information to the  
36 health plan, to the extent authorized by the state and federal patient  
37 privacy provisions.

38 (H) This clause shall apply to out-of-network and out-of-county  
39 primary care and specialist providers.

- 1     ~~(III) A managed care plan, at its discretion, may extend the~~  
2 ~~continuity of care period beyond the length of time specified in~~  
3 ~~this clause.~~
- 4     ~~(vi) Facilitate communication among a CCS child's or youth's~~  
5 ~~health care and personal care providers, including in-home~~  
6 ~~supportive services and behavioral health providers, when~~  
7 ~~appropriate, with the CCS-eligible child or youth, parent, or~~  
8 ~~guardian.~~
- 9     ~~(vii) Facilitate timely access to primary care, specialty care,~~  
10 ~~medications, and other health services needed by the CCS child~~  
11 ~~or youth, including referrals to address any physical or cognitive~~  
12 ~~barriers to access.~~
- 13     ~~(viii) Provide training for families about managed care processes~~  
14 ~~and how to navigate a health plan, including their rights to appeal~~  
15 ~~any service denials. The managed care plan shall partner with a~~  
16 ~~family empowerment center or family resource center in its service~~  
17 ~~area to provide this training.~~
- 18     ~~(ix) Provide a mechanism for a CCS-eligible child's and youth's~~  
19 ~~parent or caregiver to request a specialist or clinic as a primary~~  
20 ~~care provider. A specialist or clinic may serve as a primary care~~  
21 ~~provider if the specialist or clinic agrees to serve in a primary care~~  
22 ~~provider role and is qualified to treat the required range of~~  
23 ~~CCS-eligible conditions of the CCS child or youth.~~
- 24     ~~(x) Provide that communication to, and services for, the~~  
25 ~~CCS-eligible children or youth and their families are available in~~  
26 ~~alternative formats that are culturally, linguistically, and physically~~  
27 ~~appropriate through means, including, but not limited to, assistive~~  
28 ~~listening systems, sign language interpreters, captioning, written~~  
29 ~~communication, plain language, and written translations in at least~~  
30 ~~the Medi-Cal threshold languages.~~
- 31     ~~(xi) Provide that materials are available and provided to inform~~  
32 ~~CCS children and youth and their families of procedures for~~  
33 ~~obtaining CCS specialty services and Medi-Cal primary care and~~  
34 ~~mental health benefits, including grievance and appeals procedures~~  
35 ~~that are offered by the managed care plan or are available through~~  
36 ~~the Medi-Cal program.~~
- 37     ~~(xii) Identify and track children and youth with CCS-eligible~~  
38 ~~conditions for the duration of the child's or youth's participation~~  
39 ~~in the Whole Child Model program and for children and youth~~

1 who age into adult Medi-Cal systems, for at least 10 years into  
2 adulthood.

3 (xiii) Provide timely processes for accepting and acting upon  
4 complaints, grievances, and disenrollment requests, including  
5 procedures for appealing decisions regarding coverage or benefits.  
6 The grievance process shall comply with Section 14450, and  
7 Sections 1368 and 1368.01 of the Health and Safety Code.

8 (xiv) Establish an assessment process that, at a minimum, does  
9 all of the following:

10 (I) Ensures that families have access to ongoing information,  
11 education, and support so they understand the care plan, course of  
12 treatment, and expected outcomes for their child or youth, the  
13 assessment process, what it means, their role in the process, and  
14 what services their child or youth may be eligible for.

15 (II) Assesses each CCS child's or youth's risk level and needs  
16 by performing a risk assessment process using means such as  
17 telephonic or in-person communication, review of utilization and  
18 claims processing data, or by other means as determined by the  
19 department. The risk assessment process shall be performed in  
20 accordance with all applicable federal and state laws.

21 (III) Assesses, in accordance with the agreement with the county  
22 CCS program specified in paragraph (3) of subdivision (b), the  
23 care needs of CCS-eligible children and youth and coordinates  
24 their CCS specialty services, Medi-Cal primary care services,  
25 mental health and behavioral health benefits, and regional center  
26 services across all settings, including coordination of necessary  
27 services within and, when necessary, outside of the managed care  
28 health plan's provider network.

29 (IV) Reviews historical CCS fee-for-service utilization data for  
30 CCS-eligible children and youth upon transition of CCS services  
31 to managed care contractors so that the managed care plans are  
32 better able to assist CCS-eligible children and youth and prioritize  
33 assessment and care planning.

34 (V) Follows timeframes for reassessment of risk pursuant to  
35 this clause and, if necessary, circumstances or conditions that  
36 require redetermination of risk level, which shall be set by the  
37 department.

38 (xv) Work with the state or county CCS program, as appropriate,  
39 to ensure that, at a minimum, and in addition to other statutory and

- 1 contractual requirements, care coordination and care management  
2 activities do all of the following:
- 3 (I) ~~Reflect a CCS child or youth family-centered, outcome-based~~  
4 ~~approach to care planning.~~
- 5 (II) ~~Ensure families have access to ongoing information,~~  
6 ~~education, and support so that they understand the vision of care~~  
7 ~~for their child or youth and their role in the individual care process,~~  
8 ~~the benefits of mental health services, what self-determination~~  
9 ~~means, and what services might be available.~~
- 10 (III) ~~Adhere to the CCS child's or youth's or the CCS child's~~  
11 ~~or youth's family's determination about the appropriate~~  
12 ~~involvement of his or her medical providers and caregivers,~~  
13 ~~according to the federal Health Insurance Portability and~~  
14 ~~Accountability Act of 1996 (Public Law 104-191).~~
- 15 (IV) ~~Are developed for the CCS child or youth across CCS~~  
16 ~~specialty services, Medi-Cal primary care services, mental health~~  
17 ~~and behavioral health benefits, regional center services, MTUs,~~  
18 ~~and in-home supportive services (IHSS), including transitions~~  
19 ~~among levels of care and between service locations.~~
- 20 (V) ~~Include individual care plans for CCS-eligible children and~~  
21 ~~youth based on the results of the risk assessment process with a~~  
22 ~~particular focus on CCS specialty care.~~
- 23 (VI) ~~Consider behavioral health needs of CCS-eligible children~~  
24 ~~and youth and coordinate those services with the county mental~~  
25 ~~health department as part of the CCS child's or youth's individual~~  
26 ~~care plan, when appropriate, and facilitate a CCS child's or youth's~~  
27 ~~ability to access appropriate community resources and other~~  
28 ~~agencies, including referrals, as necessary and appropriate, for~~  
29 ~~behavioral services, such as mental health services.~~
- 30 (VII) ~~Ensure that children and youth and their families have~~  
31 ~~appropriate access to transportation and other support services~~  
32 ~~necessary to receive treatment.~~
- 33 (xvi) ~~Incorporate all of the following into the CCS child's or~~  
34 ~~youth's plan of care patterns and processes:~~
- 35 (I) ~~Access for families so that families know where to go for~~  
36 ~~ongoing information, education, and support in order that they~~  
37 ~~understand the goals, treatment plan, and course of care for their~~  
38 ~~child or youth and their role in the process, what it means to have~~  
39 ~~primary or specialty care for their child or youth, when it is time~~  
40 ~~to call a specialist, primary, urgent care, or emergency room, what~~

1 an interdisciplinary team is, and what the community resources  
2 are:

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

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

9 (IV) Provision of referrals to qualified professionals, community  
10 resources, or other agencies for services or items outside the scope  
11 of responsibility of the managed care health plan:

12 (V) Use of clinical data to identify CCS-eligible children or  
13 youth at the care site with chronic illness or other significant health  
14 issues:

15 (VI) Timely preventive, acute, and chronic illness treatment of  
16 CCS-eligible children or youth in the appropriate setting:

17 (VII) Use of clinical guidelines or other evidence-based  
18 medicine when applicable for treatment of the CCS-eligible child's  
19 or youth's health care issues or timing of clinical preventive  
20 services:

21 (xvii) Comply with all CCS program guidelines, including CCS  
22 program regulations, CCS numbered letters, and CCS program  
23 information notices:

24 (xviii) Base treatment decisions for CCS-related conditions on  
25 CCS program guidelines or, if those guidelines do not exist, on  
26 treatment protocols or recommendations of the national pediatric  
27 specialty society with expertise in the condition:

28 (xix) Establish a mechanism to provide information, education,  
29 and peer support to parents of CCS-eligible children and youth  
30 through parent-to-parent liaisons or relationships with local family  
31 resource centers or family empowerment centers:

32 (xx) Establish a family advisory group for CCS families. Family  
33 representatives who serve on this advisory group shall receive  
34 ongoing information and training, travel reimbursement, child  
35 care, and other financial assistance as appropriate to enable  
36 participation in the advisory group. A representative of this local  
37 group shall serve on the department's statewide stakeholder  
38 advisory group established pursuant to subdivision (i):

39 (xxi) Reimburse providers at rates sufficient to recruit and retain  
40 qualified providers with appropriate CCS expertise. Managed care

1 ~~plans shall pay physician and surgeon provider services at rates~~  
2 ~~that are equal to or exceed the applicable CCS fee-for-service rates.~~

3 ~~(xxii) Utilize only appropriately credentialed CCS-paneled~~  
4 ~~providers to treat CCS conditions.~~

5 ~~(xxiii) Utilize a provider dispute resolution process that meets~~  
6 ~~the standards established under Section 1371.38 of the Health and~~  
7 ~~Safety Code.~~

8 ~~(xxiv) Annually publicly report on the number of CCS-eligible~~  
9 ~~children and youth served in their county by type of condition and~~  
10 ~~services used and the number of youth who aged out of the CCS~~  
11 ~~program by type of condition.~~

12 ~~(f) The department shall pay any managed care plan participating~~  
13 ~~in the Whole Child Model program a separate, actuarially sound~~  
14 ~~rate specifically for CCS children and youth. When contracting~~  
15 ~~with managed care plans, the department may allow the use of risk~~  
16 ~~corridors or other methods to appropriately mitigate a plan's risk~~  
17 ~~for this population.~~

18 ~~(g) In implementing this section, the department may alter the~~  
19 ~~medical home elements described in clause (xvi) of subparagraph~~  
20 ~~(E) of paragraph (3) of subdivision (e) as necessary to secure the~~  
21 ~~increased federal financial participation associated with the~~  
22 ~~provision of medical assistance in conjunction with a health home,~~  
23 ~~as made available under the federal Patient Protection and~~  
24 ~~Affordable Care Act (Public Law 111-148), as amended by the~~  
25 ~~federal Health Care and Education Reconciliation Act of 2010~~  
26 ~~(Public Law 111-152), and codified in Section 1945 of Title XIX~~  
27 ~~of the federal Social Security Act. The department shall notify the~~  
28 ~~appropriate policy and fiscal committees of the Legislature of its~~  
29 ~~intent to alter medical home elements under this section at least~~  
30 ~~five days in advance of taking this action.~~

31 ~~(h) The department shall not implement the Whole Child Model~~  
32 ~~program in any county until it has developed and implemented~~  
33 ~~specific CCS program monitoring and oversight standards for~~  
34 ~~managed care plans that are subject to this section, including access~~  
35 ~~monitoring, quality measures, and ongoing public data reporting.~~  
36 ~~The department shall work with the stakeholder advisory group~~  
37 ~~established pursuant to subdivision (i) to develop and implement~~  
38 ~~robust monitoring processes to ensure that managed care plans are~~  
39 ~~in compliance with all of the provisions of this section. The~~  
40 ~~department shall monitor managed care plan compliance with the~~

1 provisions of this section on at least an annual basis and post all  
2 monitoring data on its Internet Web site within 90 days.

3 (i) The department shall establish a statewide Whole Child  
4 Model stakeholder advisory group, comprised of representatives  
5 of CCS providers, county CCS program administrators, health  
6 plans, family resource centers, family empowerment centers, CCS  
7 case managers, CCS MTUs, and a representative from each of the  
8 local family advisory groups established pursuant to clause (xx)  
9 of subparagraph (E) of paragraph (3) of subdivision (c). The  
10 department shall consult with the stakeholder advisory group on  
11 the implementation of the Whole Child Model and shall incorporate  
12 the recommendations of the stakeholder advisory group in  
13 developing the monitoring processes and outcome measures by  
14 which the Whole Child Model plans shall be monitored and  
15 evaluated.

16 (j) The department shall contract with an independent entity  
17 that has experience in performing robust program evaluations to  
18 conduct an evaluation to assess health plan performance and the  
19 outcomes and the experience of CCS-eligible children and youth  
20 participating in the Whole Child Model program, including access  
21 to primary and specialty care, and youth transitions from Whole  
22 Child Model program to adult Medi-Cal coverage, and shall  
23 provide a report on the results of this evaluation to the Legislature  
24 by no later than January 1, 2023. A report submitted to the  
25 Legislature pursuant to this subdivision shall be submitted in  
26 compliance with Section 9795 of the Government Code. The  
27 department shall consult with stakeholders, including, but not  
28 limited to, the Whole Child Model stakeholder advisory group,  
29 regarding the scope and structure of the review. This evaluation,  
30 at a minimum, shall compare the performance of the plans  
31 participating in the Whole Child Model program to the performance  
32 of the CCS program in counties where CCS is not incorporated  
33 into managed care and collect appropriate data to evaluate whether  
34 the 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 by the child's or youth's race,  
37 ethnicity, and primary language spoken at home:

38 (1) Access to specialty and primary care, and in particular,  
39 utilization of CCS-paneled providers.

- 1     ~~(2) The level of compliance with CCS clinical guidelines and~~  
2     ~~the recommended guidelines of the American Academy of~~  
3     ~~Pediatrics.~~
- 4     ~~(3) The type and location of CCS services and, with respect to~~  
5     ~~health plans that have CCS services incorporated in their contracts,~~  
6     ~~the extent to which CCS services are provided in-network~~  
7     ~~compared to out of network.~~
- 8     ~~(4) Utilization rates of inpatient admissions, outpatient services,~~  
9     ~~durable medical equipment, behavioral health services, home~~  
10    ~~health, pharmacy, and other ancillary services.~~
- 11    ~~(5) Patient and family satisfaction.~~
- 12    ~~(6) Appeals, grievances, and complaints.~~
- 13    ~~(7) Authorization of CCS-eligible services.~~
- 14    ~~(8) Access to adult providers, support, and ancillary services~~  
15    ~~for youth who have aged into adult Medi-Cal coverage from the~~  
16    ~~Whole Child Model program.~~
- 17    ~~(9) For health plans with CCS incorporated into their contracts,~~  
18    ~~network and provider participation, including participation of~~  
19    ~~pediatricians, pediatric specialists, and pediatric subspecialists, by~~  
20    ~~specialty and subspecialty.~~
- 21    ~~(k) Notwithstanding Chapter 3.5 (commencing with Section~~  
22    ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code,~~  
23    ~~the department, without taking regulatory action, shall implement,~~  
24    ~~interpret, or make specific this article, Article 2.97 (commencing~~  
25    ~~with Section 14093), Article 2.98 (commencing with Section~~  
26    ~~14094), and any applicable federal waivers and state plan~~  
27    ~~amendments by means of all-county letters, plan letters, CCS~~  
28    ~~numbered letters, plan or provider bulletins, or similar instructions~~  
29    ~~until the time regulations are adopted. By July 1, 2018, the~~  
30    ~~department shall adopt regulations in accordance with the~~  
31    ~~requirements of Chapter 3.5 (commencing with Section 11340) of~~  
32    ~~Part 1 of Division 3 of Title 2 of the Government Code.~~  
33    ~~Commencing July 1, 2017, the department shall provide a status~~  
34    ~~report to the Legislature on a semiannual basis, in compliance with~~  
35    ~~Section 9795 of the Government Code, until regulations have been~~  
36    ~~adopted.~~
- 37    ~~SEC. 3. Article 2.985 (commencing with Section 14094.4) is~~  
38    ~~added to Chapter 7 of Part 3 of Division 9 of the Welfare and~~  
39    ~~Institutions Code, to read:~~

1  
2           Article 2.985. *Whole Child Model Program*  
3

4       14094.4. *For the purposes of this article, the following*  
5 *definitions shall apply:*

6       (a) *“CCS Provider” means a provider that is approved by the*  
7 *CCS program to treat a CCS-eligible condition pursuant to Article*  
8 *5 (commencing with Section 123800) of Chapter 3 of Part 2 of*  
9 *Division 106 of the Health and Safety Code.*

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

11       (1) *A county organized health system contracting with the*  
12 *department to provide Medi-Cal services to beneficiaries pursuant*  
13 *to Article 2.8 (commencing with Section 14087.5).*

14       (2) *A regional health authority.*

15      (c) *“Whole Child Model site” means a managed care plan under*  
16 *a county organized health system or Regional Health Authority*  
17 *that is selected to participate in the Whole Child Model program*  
18 *under a capitated payment model.*

19      (d) *“Medi-Cal managed care plan” means a COHS.*

20       14094.5. *No sooner than July 1, 2017, the department may*  
21 *establish a Whole Child Model program for Medi-Cal and State*  
22 *Children’s Health Insurance Program (S-CHIP) eligible CCS*  
23 *children and youth enrolled in a managed care plan under a county*  
24 *organized health system or Regional Health Authority in up to —*  
25 *counties.*

26       14094.6. *The goals for the Whole Child Model program for*  
27 *children and youth under 21 years of age who meet the eligibility*  
28 *requirements of Section 123805 of the Health and Safety Code*  
29 *and are enrolled in a managed care plan under a county organized*  
30 *health system or Regional Health Authority shall include all of*  
31 *the following:*

32       (a) *Improving the coordination of primary and preventive*  
33 *services with specialty care services, medical therapy units, Early*  
34 *and Periodic Screening, Diagnosis, and Treatment (EPSDT),*  
35 *long-term services and supports (LTSS), and regional center*  
36 *services, and home- and community-based services using a child*  
37 *and youth and family-centered approach.*

38       (b) *Maintaining or exceeding CCS program standards and*  
39 *specialty care access, including access to appropriate*  
40 *subspecialties.*

1 (c) Ensuring the continuity of child and youth access to expert,  
2 CCS dedicated case management and care coordination, provider  
3 referrals, and service authorizations through contracting with or  
4 the employment of county CCS staff to perform these functions.

5 (d) Improving the transition of youth from CCS to adult  
6 Medi-Cal managed systems of care through better coordination  
7 of medical and nonmedical services and supports and improved  
8 access to appropriate adult providers for youth who age out of  
9 CCS.

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

13 14094.7. (a) No sooner than July 1, 2017, the department shall  
14 establish an application process by which up to \_\_ Medi-Cal  
15 managed care plans under a county organized health system,  
16 including the county organized health systems and Regional Health  
17 Authority that have incorporated CCS covered services into their  
18 contracts pursuant to Section 14094.3, may participate in the  
19 Whole Child Model program established under this section,  
20 pursuant to the criteria described in this section. The director shall  
21 consult with the Legislature, the federal Centers for Medicare and  
22 Medicaid Services, counties, CCS providers, and CCS families  
23 when determining the implementation date for this section.

24 (b) In order to apply to become a Whole Child Model site, a  
25 managed care plan under a county organized health system or  
26 Regional Health Authority shall provide a written application of  
27 interest that provides the director with evidence of all of the  
28 following:

29 (1) Written approval by the county board of supervisors to  
30 partner with the managed care plan for the integration of CCS  
31 medical and case management and service authorizations for CCS  
32 Medi-Cal beneficiaries into the managed care plan.

33 (2) Written support from the local bargaining units representing  
34 affected CCS worker classifications.

35 (3) Written support from CCS providers that serve a  
36 preponderance of the CCS children and youth in the county, home-  
37 and community-based services networks, and the regional center  
38 or centers that serve CCS children and youth in that county.

39 (4) Written support from the family resource center or family  
40 empowerment center serving the affected county.

1 (c) The department shall post its written approval of an  
2 application of interest on its Internet Web site at least 90 days  
3 before CCS services are incorporated into the managed care plan  
4 under the Whole Child Model program pursuant to this section.

5 14094.8. (a) The department shall not implement the Whole  
6 Child Model program in any county until it has developed and  
7 implemented specific CCS program monitoring and oversight  
8 standards for managed care plans that are subject to this article,  
9 including access monitoring, quality measures, and ongoing public  
10 data reporting.

11 (b) The department shall work with the statewide stakeholder  
12 advisory group established pursuant to this article to develop and  
13 implement robust monitoring processes to ensure that managed  
14 care plans are in compliance with all of the provisions of this  
15 section. The department shall monitor managed care plan  
16 compliance with the provisions of this section on at least an annual  
17 basis and post all monitoring data on its Internet Web site within  
18 90 days.

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

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

33 14094.9. (a) A managed care plan shall not be approved to  
34 participate in the Whole Child Model program unless all of the  
35 following conditions have been satisfied:

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

38 (2) The department has obtained all necessary federal approvals  
39 and waivers.

1     (3) *At least three months prior to implementation of the Whole*  
2 *Child Model program in the county or counties served by the plan,*  
3 *the Medi-Cal managed care plan has established a local*  
4 *stakeholder process with the meaningful engagement of a diverse*  
5 *group of families that represent a range of conditions, disabilities,*  
6 *and demographics, and local providers, including, but not limited*  
7 *to, the parent centers, such as family resource centers, family*  
8 *empowerment centers, and parent training and information centers,*  
9 *that support families in the affected county.*

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

15    (A) *Timely and appropriate communication with affected*  
16 *CCS-eligible children and youth and their parents or guardians.*  
17 *Communication shall be tested for readability by a health literacy*  
18 *and readability professional and targeted at a 6th grade reading*  
19 *level. Plan communications to families and providers shall also*  
20 *be shared with the plan's local family advisory group established*  
21 *pursuant to this article for feedback.*

22    (B) *That the managed care contractor demonstrates the*  
23 *availability of an appropriate provider network to serve the needs*  
24 *of children and youth with CCS conditions, including primary care*  
25 *physicians, pediatric specialists and subspecialists, professional,*  
26 *allied, and medical supportive personnel, and an adequate number*  
27 *of accessible facilities.*

28    (C) *That the Medi-Cal managed care plan has established and*  
29 *maintains an updated and accessible listing of providers and their*  
30 *specialties and subspecialties and makes it available to*  
31 *CCS-eligible children and youth and their parents or guardians,*  
32 *at a minimum by phone, written material, and Internet Web site.*

33    (D) *That the Medi-Cal managed care plan has entered into an*  
34 *agreement with the county CCS program or the state, or both, for*  
35 *the provision of CCS care coordination and service authorization*  
36 *and how the plan will work with the CCS program to ensure*  
37 *continuity and consistency of CCS program expertise for that role,*  
38 *in accordance with this section.*

39    (b) *A Medi-Cal managed care plan, prior to implementation of*  
40 *the Whole Child Model program, shall review historical CCS*

1 *fee-for-service utilization data for CCS-eligible children and youth*  
2 *upon transition of CCS services to managed care plans so that the*  
3 *managed care plans are better able to assist CCS-eligible children*  
4 *and youth and prioritize assessment and care planning.*

5 *14094.10. (a) Each Medi-Cal managed care plan participating*  
6 *in the Whole Child Model program shall establish an assessment*  
7 *process that, at a minimum, does all of the following:*

8 *(1) Assesses each CCS child's or youth's risk level and needs*  
9 *by performing a risk assessment process using means such as*  
10 *telephonic or in-person communication, review of utilization and*  
11 *claims processing data, or by other means as determined by the*  
12 *department.*

13 *(2) Assesses, in accordance with the agreement with the county*  
14 *CCS program, the care needs of CCS-eligible children and youth*  
15 *and coordinates their CCS specialty services, Medi-Cal primary*  
16 *care services, mental health and behavioral health benefits, and*  
17 *regional center services across all settings, including coordination*  
18 *of necessary services within and, when necessary, outside of the*  
19 *managed care health plan's provider network.*

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

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

25 *14094.11. A Medi-Cal managed care plan participating in the*  
26 *Whole Child Model program shall meet all of the following*  
27 *requirements:*

28 *(a) Work with the state or county CCS program, as appropriate,*  
29 *to ensure that, at a minimum, and in addition to other statutory*  
30 *and contractual requirements, care coordination and care*  
31 *management activities do all of the following:*

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

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

39 *(3) Adhere to the CCS child's or youth's or the CCS child's or*  
40 *youth's family's determination about the appropriate involvement*

1 of his or her medical providers and caregivers, according to the  
2 federal Health Insurance Portability and Accountability Act of  
3 1996 (Public Law 104-191).

4 (4) Are developed for the CCS child or youth across CCS  
5 specialty services, Medi-Cal primary care services, mental health  
6 and behavioral health benefits, regional center services, MTUs,  
7 and in-home supportive services (IHSS), including transitions  
8 among levels of care and between service locations.

9 (5) Include individual care plans for CCS-eligible children and  
10 youth based on the results of the risk assessment process with a  
11 particular focus on CCS specialty care.

12 (6) Consider behavioral health needs of CCS-eligible children  
13 and youth and coordinate those services with the county mental  
14 health department as part of the CCS child's or youth's individual  
15 care plan, when appropriate, and facilitate a CCS child's or  
16 youth's ability to access appropriate community resources and  
17 other agencies, including referrals, as necessary and appropriate,  
18 for behavioral services, such as mental health services.

19 (7) Ensure that children and youth and their families have  
20 appropriate access to transportation and other support services  
21 necessary to receive treatment.

22 (b) Incorporate all of the following into the CCS child's or  
23 youth's plan of care patterns and processes:

24 (1) Access for families so that families know where to go for  
25 ongoing information, education, and support in order that they  
26 understand the goals, treatment plan, and course of care for their  
27 child or youth and their role in the process, what it means to have  
28 primary or specialty care for their child or youth, when it is time  
29 to call a specialist, primary, urgent care, or emergency room, what  
30 an interdisciplinary team is, and what the community resources  
31 are.

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

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

1 (4) *Provision of referrals to qualified professionals, community*  
2 *resources, or other agencies for services or items outside the scope*  
3 *of responsibility of the managed care health plan.*

4 (5) *Use of clinical data to identify CCS-eligible children or*  
5 *youth at the care site with chronic illness or other significant health*  
6 *issues.*

7 (6) *Timely preventive, acute, and chronic illness treatment of*  
8 *CCS-eligible children or youth in the appropriate setting.*

9 14094.12. *A Medi-Cal managed care plan serving children*  
10 *and youth with CCS-eligible conditions under the CCS program*  
11 *shall do all of the following:*

12 (a) *Coordinate with each regional center operating within the*  
13 *plan's service area to assist CCS-eligible children and youth with*  
14 *developmental disabilities and their families in understanding and*  
15 *accessing services and act as a central point of contact for*  
16 *questions, access and care concerns, and problem resolution.*

17 (b) *Coordinate with the local CCS Medical Therapy Unit (MTU)*  
18 *to ensure appropriate access to MTU services. The Medi-Cal*  
19 *managed care plan shall enter into a memorandum of*  
20 *understanding or similar agreement with the county regarding*  
21 *coordination of MTU services and services provided by the plan.*

22 (c) *Ensure that families have access to ongoing information,*  
23 *education, and support so they understand the care plan, course*  
24 *of treatment, and expected outcomes for their child or youth, the*  
25 *assessment process, what it means, their role in the process, and*  
26 *what services their child or youth may be eligible for.*

27 (d) *Facilitate communication among a CCS child's or youth's*  
28 *health care and personal care providers, including in-home*  
29 *supportive services and behavioral health providers, when*  
30 *appropriate, with the CCS-eligible child or youth, parent, or*  
31 *guardian.*

32 (e) *Facilitate timely access to primary care, specialty care,*  
33 *medications, and other health services needed by the CCS child*  
34 *or youth, including referrals to address any physical or cognitive*  
35 *barriers to access.*

36 (f) *Provide training for families about managed care processes*  
37 *and how to navigate a health plan, including their rights to appeal*  
38 *any service denials. The managed care plan shall partner with a*  
39 *family empowerment center or family resource center in its service*  
40 *area to provide this training.*

1 (g) Establish a mechanism to provide information, education,  
2 and peer support to parents of CCS-eligible children and youth  
3 through parent-to-parent liaisons or relationships with local family  
4 resource centers or family empowerment centers.

5 (h) Provide that communication to, and services for, the  
6 CCS-eligible children or youth and their families are available in  
7 alternative formats that are culturally, linguistically, and physically  
8 appropriate through means, including, but not limited to, assistive  
9 listening systems, sign language interpreters, captioning, written  
10 communication, plain language, and written translations in at  
11 least the Medi-Cal threshold languages.

12 (i) Provide that materials are available and provided to inform  
13 CCS children and youth and their families of procedures for  
14 obtaining CCS specialty services and Medi-Cal primary care and  
15 mental health benefits, including grievance and appeals procedures  
16 that are offered by the managed care plan or are available through  
17 the Medi-Cal program.

18 (j) Identify and track children and youth with CCS-eligible  
19 conditions for the duration of the child's or youth's participation  
20 in the Whole Child Model program and for children and youth  
21 who age into adult Medi-Cal systems, for at least 10 years into  
22 adulthood.

23 (k) Provide timely processes for accepting and acting upon  
24 complaints and grievances, including procedures for appealing  
25 decisions regarding coverage or benefits. The grievance process  
26 shall comply with Section 14450 of this code, and Sections 1368  
27 and 1368.01 of the Health and Safety Code.

28 (l) Annually publicly report on the number of CCS-eligible  
29 children and youth served in their county by type of condition and  
30 services used and the number of youth who aged out of the CCS  
31 program by type of condition, provided the required report does  
32 not contain individually identifiable information. If the required  
33 report would result in the publication of individually identifiable  
34 information, the plan shall not include that information in the  
35 required report.

36 14094.13. (a) Each Medi-Cal managed care plan shall  
37 establish and maintain a process by which families may maintain  
38 access to any CCS providers for treatment of the child's CCS  
39 condition, up to the length of the child's or youth's CCS qualifying

1 condition or 12 months, whichever is longer, under the following  
2 conditions:

3 (1) The CCS-eligible child or youth has an ongoing relationship  
4 with a provider who is a CCS-approved provider.

5 (2) The provider will accept the health plan's rate for the service  
6 offered or the applicable Medi-Cal or CCS fee-for-service rate,  
7 whichever is higher, unless the physician and surgeon enter into  
8 an agreement on an alternative payment methodology mutually  
9 agreed to by the physician and surgeon and the Medi-Cal managed  
10 care plan.

11 (3) The managed care plan determines that the provider meets  
12 applicable CCS standards and has no disqualifying quality of care  
13 issues, in accordance with guidance from the department, including  
14 all-plan letters and CCS numbered letters or other administrative  
15 communication.

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

19 (5) This section shall apply to out-of-network and out-of-county  
20 primary care and specialist providers.

21 (b) A managed care plan, at its discretion, may extend the  
22 continuity of care period beyond the length of time specified in  
23 subdivision (a).

24 (c) Each Medi-Cal managed care plan participating in the  
25 Whole Child Model program shall comply with continuity of care  
26 requirements in Section 1373.96 of the Health and Safety Code  
27 and Section 14185 of this code.

28 14094.14. (a) Each Medi-Cal managed care plan participating  
29 in the Whole Child Model program shall provide a mechanism for  
30 a CCS-eligible child's and youth's parent or caregiver to request  
31 a specialist or clinic as a primary care provider.

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

36 14094.15. A Medi-Cal managed care plan shall meet all of the  
37 following requirements:

38 (a) Comply with all CCS program guidelines, including CCS  
39 program regulations, CCS numbered letters, and CCS program  
40 information notices.

1 (b) Base treatment decisions for CCS-related conditions on CCS  
2 program guidelines or, if those guidelines do not exist, on treatment  
3 protocols or recommendations of a national pediatric specialty  
4 society with expertise in the condition.

5 (c) Use clinical guidelines or other evidence-based medicine  
6 when applicable for treatment of the CCS-eligible child's or  
7 youth's health care issues or timing of clinical preventive services.

8 (d) Utilize only appropriately credentialed CCS-paneled  
9 providers to treat CCS conditions.

10 (e) Utilize a provider dispute resolution process that meets the  
11 standards established under Section 1371.38 of the Health and  
12 Safety Code.

13 14094.16. (a) The department shall pay any managed care  
14 plan participating in the Whole Child Model program a separate,  
15 actuarially sound rate specifically for CCS children and youth.  
16 When contracting with managed care plans, the department may  
17 allow the use of risk corridors or other methods to appropriately  
18 mitigate a plan's risk for this population.

19 (b) A Medi-Cal managed care plan shall reimburse providers  
20 at rates sufficient to recruit and retain qualified providers with  
21 appropriate CCS expertise.

22 (c) Medi-Cal managed care plans shall pay physician and  
23 surgeon provider services at rates that are equal to or exceed the  
24 applicable CCS fee-for-service rates, unless the physician and  
25 surgeon enters into an agreement on an alternative payment  
26 methodology mutually agreed to by the physician and surgeon and  
27 the Medi-Cal managed care plan

28 14094.17. (a) A Medi-Cal managed care plan participating  
29 in the Whole Child Model program shall create and maintain a  
30 clinical advisory committee composed of the managed care  
31 contractor's Chief Medical Officer, the county CCS medical  
32 director, and at least four CCS-paneled providers to review  
33 treatment authorizations and other clinical issues relating to CCS  
34 conditions.

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

38 (2) Family representatives who serve on this advisory group  
39 shall receive ongoing information and training, travel

1 reimbursement, child care, and other financial assistance as  
2 appropriate to enable participation in the advisory group.

3 (3) A representative of this local group shall serve on the  
4 department's statewide stakeholder advisory group established  
5 pursuant to subdivision (c).

6 (c) (1) The department shall establish a statewide Whole Child  
7 Model program stakeholder advisory group, comprised of  
8 representatives of CCS providers, county CCS program  
9 administrators, health plans, family resource centers, family  
10 empowerment centers, CCS case managers, CCS MTUs, and a  
11 representative from each of the local family advisory groups  
12 established pursuant to subdivision (b).

13 (2) The department shall consult with the stakeholder advisory  
14 group on the implementation of the Whole Child Model program  
15 and shall incorporate the recommendations of the stakeholder  
16 advisory group in developing the monitoring processes and  
17 outcome measures by which the Whole Child Model plans shall  
18 be monitored and evaluated.

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

27 (2) The department shall provide a report on the results of this  
28 evaluation required pursuant to this section to the Legislature by  
29 no later than January 1, 2023. A report submitted to the Legislature  
30 pursuant to this subdivision shall be submitted in compliance with  
31 Section 9795 of the Government Code.

32 (b) The evaluation required by this section, at a minimum, shall  
33 compare the performance of the plans participating in the Whole  
34 Child Model program to the performance of the CCS program in  
35 counties where CCS is not incorporated into managed care and  
36 collect appropriate data to evaluate whether the inclusion of CCS  
37 services in a managed care delivery system improves access to  
38 care, quality of care, and the patient experience by analyzing all  
39 of the following by the child's or youth's race, ethnicity, and  
40 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 level of compliance with CCS clinical guidelines and  
4 the recommended guidelines of the American Academy of  
5 Pediatrics.
- 6 (3) The type and location of CCS services and, with respect to  
7 health plans that have CCS services incorporated in their contracts,  
8 the extent to which CCS services are provided in-network  
9 compared to out of network.
- 10 (4) Utilization rates of inpatient admissions, outpatient services,  
11 durable medical equipment, behavioral health services, home  
12 health, pharmacy, and other ancillary services.
- 13 (5) Patient and family satisfaction.
- 14 (6) Appeals, grievances, and complaints.
- 15 (7) Authorization of CCS-eligible services.
- 16 (8) Access to adult providers, support, and ancillary services  
17 for youth who have aged into adult Medi-Cal coverage from the  
18 Whole Child Model program.
- 19 (9) For health plans with CCS incorporated into their contracts,  
20 network and provider participation, including participation of  
21 pediatricians, pediatric specialists, and pediatric subspecialists,  
22 by specialty and subspecialty.
- 23 (c) The department shall consult with stakeholders, including,  
24 but not limited to, the Whole Child Model stakeholder advisory  
25 group, regarding the scope and structure of the review.
- 26 14094.19. This article is not intended, and shall not be  
27 interpreted, to permit any reduction in benefits or eligibility levels  
28 under the CCS program.
- 29 14094.20. (a) Notwithstanding Chapter 3.5 (commencing with  
30 Section 11340) of Part 1 of Division 3 of Title 2 of the Government  
31 Code, the department, without taking regulatory action, shall  
32 implement, interpret, or make specific this article, Article 2.97  
33 (commencing with Section 14093), Article 2.98 (commencing with  
34 Section 14094), and any applicable federal waivers and state plan  
35 amendments by means of all-county letters, plan letters, CCS  
36 numbered letters, plan or provider bulletins, or similar instructions  
37 until the time regulations are adopted. By July 1, 2019, the  
38 department shall adopt regulations in accordance with the  
39 requirements of Chapter 3.5 (commencing with Section 11340) of  
40 Part 1 of Division 3 of Title 2 of the Government Code.

1 *Commencing July 1, 2017, the department shall provide a status*  
2 *report to the Legislature on a semiannual basis, in compliance*  
3 *with Section 9795 of the Government Code, until regulations have*  
4 *been adopted.*

5 *(b) The director may enter into exclusive or nonexclusive*  
6 *contracts on a bid, nonbid, or negotiated basis and may amend*  
7 *existing managed care contracts to provide or arrange for services*  
8 *provided under this article. Contracts entered into or amended*  
9 *pursuant to this section shall be exempt from the provisions of*  
10 *Chapter 2 (commencing with Section 10290) of Part 2 of Division*  
11 *2 of the Public Contract Code and Chapter 6 (commencing with*  
12 *Section 14825) of Part 5.5 of Division 3 of Title 2 of the*  
13 *Government Code, and shall be exempt from the review and*  
14 *approval of any division of the Department of General Services.*

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