

AMENDED IN ASSEMBLY JUNE 30, 2016

AMENDED IN ASSEMBLY JUNE 8, 2016

AMENDED IN ASSEMBLY MAY 4, 2016

AMENDED IN SENATE APRIL 28, 2015

SENATE BILL

No. 586

Introduced by Senator Hernandez

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

February 26, 2015

An act to amend Section 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, ~~2025~~, 2022, 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 served by a county organized health systems system~~ or Regional Health Authority ~~that elect, and are selected, to participate in designated counties~~ would provide CCS services under a capitated payment model to Medi-Cal ~~and 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 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, providing appropriate access to care, services, and information, and providing a timely process for accepting and acting upon complaints and grievances of CCS-eligible children and youth.* 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~~, 2021, 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.

1 (c) The strong standards and credentialing created under the
2 CCS program ensure that eligible children obtain care from
3 experienced providers with appropriate pediatric-specific expertise.

4 (d) CCS providers form a regional backbone for all specialty
5 pediatric care in California, benefiting children of every income
6 level and insurance status.

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

10 (f) As California expanded the reach of integrated delivery
11 systems in Medi-Cal, CCS services were often excluded from
12 managed care arrangements in recognition of the specialty nature
13 of CCS services and the complicated health status of enrolled
14 children.

15 (g) Accordingly, it is the intent of the Legislature to modernize
16 the CCS program, through development of specialized integrated
17 delivery systems focused on the unique needs of CCS-eligible
18 children, to accomplish the following:

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

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

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

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

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

30 (6) Maintain existing patient-provider relationships, whenever
31 possible.

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

36 (i) *It is further the intent of the Legislature to continue the*
37 *pediatric specialty expertise and statewide network of CCS*
38 *providers by promoting contractual relationships between those*
39 *providers and managed care plans. Accordingly, it is the intent of*
40 *the Legislature that reimbursement under the Whole Child Model*

1 *program be sufficient to attract and retain these specialists in the*
2 *CCS program.*

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

5 14094.3. (a) Notwithstanding this article or Section 14093.05
6 or 14094.1, CCS covered services shall not be incorporated into
7 any Medi-Cal managed care contract entered into after August 1,
8 1994, pursuant to Article 2.7 (commencing with Section 14087.3),
9 Article 2.8 (commencing with Section 14087.5), Article 2.9
10 (commencing with Section 14088), Article 2.91 (commencing
11 with Section 14089), Article 2.95 (commencing with Section
12 14092); or either Article 1 (commencing with Section 14200), or
13 Article 7 (commencing with Section 14490) of Chapter 8, until
14 January 1, ~~2025~~, 2022, and until the evaluation required pursuant
15 to Section 14094.18 has been completed, except for contracts
16 entered into pursuant to the Whole Child Model program, as
17 described in Article 2.985 (commencing with Section 14094.4),
18 or for county organized health systems or Regional Health
19 Authority in the Counties of San Mateo, Santa Barbara, Solano,
20 Yolo, Marin, and Napa.

21 (b) Notwithstanding any other provision of this chapter,
22 providers serving children under the CCS program who are enrolled
23 with a Medi-Cal managed care contractor but who are not enrolled
24 in a pilot project pursuant to subdivision (c) shall continue to
25 submit billing for CCS covered services on a fee-for-service basis
26 until CCS covered services are incorporated into the Medi-Cal
27 managed care contracts described in subdivision (a).

28 (c) (1) The department may authorize a pilot project in Solano
29 County in which reimbursement for conditions eligible under the
30 CCS program may be reimbursed on a capitated basis pursuant to
31 Section 14093.05, and provided all CCS program's guidelines,
32 standards, and regulations are adhered to, and CCS program's case
33 management is utilized.

34 (2) During the time period described in subdivision (a), the
35 department may approve, implement, and evaluate limited pilot
36 projects under the CCS program to test alternative managed care
37 models tailored to the special health care needs of children under
38 the CCS program. The pilot projects may include, but need not be
39 limited to, coverage of different geographic areas, focusing on
40 certain subpopulations, and the employment of different payment

1 and incentive models. Pilot project proposals from CCS
 2 program-approved providers shall be given preference. All pilot
 3 projects shall utilize CCS program-approved standards and
 4 providers pursuant to Section 14094.1.

5 (d) For purposes of this section, CCS covered services include
 6 all program benefits administered by the program specified in
 7 Section 123840 of the Health and Safety Code regardless of the
 8 funding source.

9 ~~(e) Nothing in this section shall~~ *This section shall not* be
 10 construed to exclude or restrict CCS-eligible children from
 11 enrollment with a managed care contractor, or from receiving from
 12 the managed care contractor with which they are enrolled primary
 13 and other health care unrelated to the treatment of the CCS-eligible
 14 condition.

15 (f) *This section shall not be construed to exclude or restrict the*
 16 *specialty of neonatology from reimbursement under the CCS*
 17 *program, subject to the program’s existing or applicable prior*
 18 *authorization requirements or utilization review. Neonatology*
 19 *shall be included in the CCS program.*

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

23
 24 Article 2.985. Whole Child Model Program

25
 26 14094.4. For the purposes of this article, the following
 27 definitions shall apply:

28 (a) “CCS Provider” means a *medical* provider that is ~~approved~~
 29 *paneled* by the CCS program to treat a CCS-eligible condition
 30 pursuant to Article 5 (commencing with Section 123800) of
 31 Chapter 3 of Part 2 of Division 106 of the Health and Safety Code.

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

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

36 (2) A regional health authority.

37 (c) “Whole Child Model site” means a managed care plan under
 38 a county organized health system or Regional Health Authority
 39 that is selected to participate in the Whole Child Model program
 40 under a capitated payment model.

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

2 14094.5. No sooner than July 1, 2017, the department may
3 establish a Whole Child Model program for Medi-Cal ~~and State~~
4 ~~Children’s Health Insurance Program (S-CHIP)~~ eligible CCS
5 children and youth enrolled in a managed care plan ~~under~~ *served*
6 *by* a county organized health system or Regional Health Authority
7 ~~in up to ___ counties;~~ *the following counties: Del Norte, Humboldt,*
8 *Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey,*
9 *Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa*
10 *Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, and Yolo.*

11 14094.6. The goals for the Whole Child Model program for
12 children and youth under 21 years of age who meet the eligibility
13 requirements of Section 123805 of the Health and Safety Code
14 and are enrolled in a managed care plan under a county organized
15 health system or Regional Health Authority shall include all of the
16 following:

17 (a) Improving the coordination of primary and preventive
18 services with specialty care services, medical therapy units, Early
19 and Periodic Screening, Diagnosis, and Treatment (EPSDT),
20 long-term services and supports (LTSS), ~~and~~ regional center
21 services, and home- and community-based services using a child
22 and youth and family-centered approach.

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

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

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

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

36 14094.7. (a) No sooner than July 1, 2017, the department shall
37 establish an application process by which ~~up to ___~~ Medi-Cal
38 managed care plans under a county organized health ~~system;~~ *system*
39 *or Regional Health Authority,* including the county organized
40 health systems and Regional Health Authority that have

1 incorporated CCS covered services into their contracts pursuant
2 to Section 14094.3, may participate in the Whole Child Model
3 program established under this section, pursuant to the criteria
4 described in this ~~section~~ *article*. The director shall ~~consult with~~
5 *provide notice to* the Legislature, the federal Centers for Medicare
6 and Medicaid Services, counties, CCS providers, and CCS families
7 when ~~determining the implementation date for this section~~. *each*
8 *managed care plan, including a transition plan with the county*
9 *CCS program, has been reviewed and certified as ready to enroll*
10 *children based on the criteria described in this article.*

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

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

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

22 (3) Written support from CCS providers that serve a
23 preponderance of the CCS children and youth in the county, home-
24 and community-based services networks, and the regional center
25 or centers that serve CCS children and youth in that county.

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

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

32 14094.8. (a) The department shall not implement the Whole
33 Child Model program in any county until it has developed ~~and~~
34 ~~implemented~~ specific CCS program monitoring and oversight
35 standards for managed care plans that are subject to this article,
36 including access monitoring, quality measures, and ongoing public
37 data reporting.

38 (b) The department shall ~~work~~ *consult* with the statewide
39 stakeholder advisory group established pursuant to ~~this article~~
40 *Section 14094.17* to develop and implement robust monitoring

1 processes to ensure that managed care plans are in compliance
2 with all of the provisions of this section. The department shall
3 monitor managed care plan compliance with the provisions of this
4 section on at least an annual basis and post-~~all monitoring data~~
5 *CCS-specific monitoring dashboards* on its Internet Web site within
6 90 days.

7 (c) (1) In order to aid the transition of CCS services into
8 Medi-Cal managed care plans participating in the Whole Child
9 Model program, commencing January 1, 2017, and continuing
10 through the completion of the transition of CCS enrollees into the
11 Whole Child Model program, the department shall begin requesting
12 and collecting from Medi-Cal managed care information about
13 each health plan’s provider network, including, but not limited to,
14 the contracting primary care, specialty care providers, and hospital
15 facilities contracting with the Medi-Cal managed care plan.

16 (2) The department shall analyze the existing Medi-Cal managed
17 care delivery system network and the CCS fee-for-service provider
18 networks to determine the overlap of the provider networks in each
19 county, and shall furnish this information to the Medi-Cal managed
20 care plan.

21 14094.9. (a) A managed care plan shall not be approved to
22 participate in the Whole Child Model program unless all of the
23 following conditions have been satisfied:

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

26 (2) The department has obtained ~~all~~ *any* necessary federal
27 ~~approvals and waivers.~~ *approvals.*

28 (3) At least three months prior to implementation of the Whole
29 Child Model program in the county or counties served by the plan,
30 the Medi-Cal managed care plan has established a local stakeholder
31 process with the meaningful engagement of a diverse group of
32 families that represent a range of conditions, disabilities, and
33 demographics, and local providers, including, but not limited to,
34 the parent centers, such as family resource centers, family
35 empowerment centers, and parent training and information centers,
36 that support families in the affected county.

37 (4) The director has verified the readiness of the managed care
38 plan to address the unique needs of CCS-eligible beneficiaries,
39 including, but not limited to, the requirements set forth in

1 subdivision (b) of Section 14087.48, subdivisions (b) to (f),
2 inclusive, of Section 14093.05, and all of the following:

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

10 (B) That the managed care contractor demonstrates the
11 availability of an appropriate provider network to serve the needs
12 of children and youth with CCS conditions, including primary care
13 physicians, pediatric specialists and subspecialists, professional,
14 allied, and medical supportive personnel, and an adequate number
15 of accessible facilities.

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

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

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

33 14094.10. (a) Each Medi-Cal managed care plan participating
34 in the Whole Child Model program shall establish an assessment
35 process that, at a minimum, does all of the following:

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

1 (2) Assesses, in accordance with the *transition* agreement with
2 the county CCS program, the care needs of CCS-eligible children
3 and youth and coordinates their CCS specialty services, Medi-Cal
4 primary care services, mental health and behavioral health benefits,
5 and regional center services across all settings, including
6 coordination of necessary services within and, when necessary,
7 outside of the managed care health plan's provider network.

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

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

13 14094.11. A Medi-Cal managed care plan participating in the
14 Whole Child Model program shall meet all of the following
15 requirements:

16 (a) Work with the state or county CCS program, as appropriate,
17 to ensure that, at a minimum, and in addition to other statutory and
18 contractual requirements, care coordination and care management
19 activities do all of the following:

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

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

27 (3) Adhere to the CCS child's or youth's or the CCS child's or
28 youth's family's determination about the appropriate involvement
29 of his or her medical providers and caregivers, according to the
30 federal Health Insurance Portability and Accountability Act of
31 1996 (Public Law 104-191).

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

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

1 (6) Consider behavioral health needs of CCS-eligible children
2 and youth and coordinate those services with the county mental
3 health department as part of the CCS child's or youth's individual
4 care plan, when appropriate, and facilitate a CCS child's or youth's
5 ability to access appropriate community resources and other
6 agencies, including referrals, as necessary and appropriate, for
7 behavioral services, such as mental health services.

8 (7) Ensure that children and youth and their families have
9 appropriate access to transportation and other support services
10 necessary to receive treatment.

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

13 (1) Access for families so that families know where to go for
14 ongoing information, education, and support in order that they
15 understand the goals, treatment plan, and course of care for their
16 child or youth and their role in the process, what it means to have
17 primary or specialty care for their child or youth, when it is time
18 to call a specialist, primary, urgent care, or emergency room, what
19 an interdisciplinary team is, and what the community resources
20 are.

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

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

27 (4) Provision of ~~referrals to~~ *information about* qualified
28 professionals, community resources, or other agencies for services
29 or items outside the scope of responsibility of the managed care
30 ~~health~~ plan.

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

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

36 14094.12. A Medi-Cal managed care plan serving children and
37 youth with CCS-eligible conditions under the CCS program shall
38 do all of the following:

39 (a) Coordinate with each regional center operating within the
40 plan's service area to assist CCS-eligible children and youth with

1 developmental disabilities and their families in understanding and
2 accessing services and act as a central point of contact for
3 questions, access and care concerns, and problem resolution.

4 (b) Coordinate with the local CCS Medical Therapy Unit (MTU)
5 to ensure appropriate access to MTU services. The Medi-Cal
6 managed care plan shall enter into a memorandum of understanding
7 or similar agreement with the county regarding coordination of
8 MTU services and *other non-MTU* services provided by the plan.

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

14 (d) Facilitate communication among a CCS child's or youth's
15 health care and personal care providers, including in-home
16 supportive services and behavioral health providers, when
17 appropriate, with the CCS-eligible child or youth, parent, or
18 guardian.

19 (e) Facilitate timely access to primary care, specialty care,
20 ~~medications~~, *pharmacy*, and other health services needed by the
21 CCS child or youth, including referrals to address any physical or
22 cognitive ~~barriers to access~~. *disabilities*.

23 (f) Provide training for families about managed care processes
24 and how to navigate a health plan, including their rights to appeal
25 any service denials. The managed care plan shall partner with a
26 family empowerment center or family resource center in its service
27 area to provide this training.

28 (g) 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 (h) Provide that communication to, and services for, the
33 CCS-eligible children or youth and their families are available in
34 alternative formats that are culturally, linguistically, and physically
35 appropriate through means, including, but not limited to, assistive
36 listening systems, sign language interpreters, captioning, written
37 communication, plain language, and written translations in at least
38 the Medi-Cal threshold languages.

39 (i) Provide that materials are available and provided to inform
40 CCS children and youth and their families of procedures for

1 obtaining CCS specialty services and Medi-Cal primary care and
2 mental health benefits, including grievance and appeals procedures
3 that are offered by the managed care plan or are available through
4 the Medi-Cal program.

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

10 (k) (1) Provide timely processes for accepting and acting upon
11 complaints and grievances, including procedures for appealing
12 decisions regarding coverage or benefits. The grievance process
13 shall comply with Section 14450 of this code, and Sections 1368
14 and 1368.01 of the Health and Safety Code.

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

20 (3) *If a child, youth, or his or her authorized person elects to*
21 *participate in the process described in this section and disagrees*
22 *with the decision of the designated CCS agency, the child, youth,*
23 *or authorized person may appeal that decision, except when the*
24 *service under dispute has been ordered or terminated by a CCS*
25 *physician with responsibility for the medical supervision of the*
26 *child or youth. If the child, youth, or authorized person disagrees*
27 *with the CCS physician, he or she shall be provided with names*
28 *of three expert physicians. The child, youth, or authorized person*
29 *shall choose one of the expert physicians, and the physician shall*
30 *evaluate the child or youth at CCS expense. The opinion of the*
31 *expert physician shall be final.*

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

1 14094.13. (a) Each Medi-Cal managed care plan shall establish
2 and maintain a process by which families may maintain access to
3 any CCS providers for treatment of the child’s CCS condition, up
4 to the length of the child’s or youth’s CCS qualifying condition
5 or 12 months, whichever is longer, under the following conditions:

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

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

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

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

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

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

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

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

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

39 14094.15. A Medi-Cal managed care plan shall meet all of the
40 following requirements:

1 (a) Comply with all CCS program guidelines, including CCS
2 program regulations, CCS numbered letters, and CCS program
3 information notices.

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

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

11 (d) Utilize only appropriately credentialed CCS-paneled
12 providers to treat CCS conditions.

13 (e) Utilize a provider dispute resolution process that meets the
14 standards established under Section 1371.38 of the Health and
15 Safety Code.

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

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

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

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

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

1 (2) Family representatives who serve on this advisory group
2 shall receive ongoing information and training, travel
3 reimbursement, child care, and other financial assistance as
4 appropriate to enable participation in the advisory group.

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

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

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

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

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

34 (b) The evaluation required by this section, at a minimum, shall
35 compare the performance of the plans participating in the Whole
36 Child Model program to the performance of the CCS program in
37 counties where CCS is not incorporated into managed care and
38 collect appropriate data to evaluate whether the inclusion of CCS
39 services in a managed care delivery system improves access to
40 care, quality of care, and the patient experience by analyzing all

1 of the following by the child's or youth's race, ethnicity, and
2 primary language spoken at home:

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

5 (2) The level of compliance with CCS clinical guidelines and
6 the recommended guidelines of the American Academy of
7 Pediatrics.

8 (3) The type and location of CCS services and, with respect to
9 health plans that have CCS services incorporated in their contracts,
10 the extent to which CCS services are provided in-network
11 compared to out of network.

12 (4) Utilization rates of inpatient admissions, outpatient services,
13 durable medical equipment, behavioral health services, home
14 health, pharmacy, and other ancillary services.

15 (5) Patient and family satisfaction.

16 (6) Appeals, grievances, and complaints.

17 (7) Authorization of CCS-eligible services.

18 (8) Access to adult providers, support, and ancillary services
19 for youth who have aged into adult Medi-Cal coverage from the
20 Whole Child Model program.

21 (9) For health plans with CCS incorporated into their contracts,
22 network and provider participation, including participation of
23 pediatricians, pediatric specialists, and pediatric subspecialists, by
24 specialty and subspecialty.

25 (c) The department shall consult with stakeholders, including,
26 but not limited to, the Whole Child Model stakeholder advisory
27 group, regarding the scope and structure of the review.

28 14094.19. This article is not intended, and shall not be
29 interpreted, to permit any reduction in benefits or eligibility levels
30 under the CCS program.

31 14094.20. (a) Notwithstanding Chapter 3.5 (commencing with
32 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
33 Code, the department, without taking regulatory action, shall
34 implement, interpret, or make specific this article, Article 2.97
35 (commencing with Section 14093), Article 2.98 (commencing
36 with Section 14094), and any applicable federal waivers and state
37 plan amendments by means of all-county letters, plan letters, CCS
38 numbered letters, plan or provider bulletins, or similar instructions
39 until the time regulations are adopted. By July 1, ~~2019~~, 2021, the
40 department shall adopt regulations in accordance with the

1 requirements of Chapter 3.5 (commencing with Section 11340) of
2 Part 1 of Division 3 of Title 2 of the Government Code.
3 Commencing July 1, 2017, the department shall provide a status
4 report to the Legislature on a semiannual basis, in compliance with
5 Section 9795 of the Government Code, until regulations have been
6 adopted.

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

O