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AMENDED IN ASSEMBLY JUNE 30, 2016

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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, Chávez, and Wood)

February 26, 2015

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

LEGISLATIVE COUNSEL'S DIGEST

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

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

Funding for the program comes from county, state, and federal sources. In order to be eligible for the CCS program, an applicant must be under 21 years of age, have or be suspected of having a condition covered by the program, and meet certain financial eligibility standards established by the department.

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

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

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

The bill would prohibit the department from implementing the program in any county until it has developed specific CCS monitoring and oversight standards for managed care plans. The bill would require the department to ~~establish~~ *establish, through December 31, 2021*, a statewide Whole Child Model stakeholder advisory group comprised of specified stakeholders, including representatives from health plans and family resource centers, *or modify an existing stakeholder advisory group* and would require the department to consult with the Whole Child Model 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, *providing for case management, care coordination, provider referral, and service authorization services*, 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~~ *2021*. This bill would provide that its provisions are not intended to permit any reduction in benefits or eligibility levels under the existing CCS program. The bill would require the department, by July 1, 2021, 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.

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

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

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

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

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

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The California Children’s Services (CCS) program is the
- 4 nation’s oldest Title V Maternal and Child Health Services Block
- 5 Grant program.
- 6 (b) The CCS program has provided critical access to specialized
- 7 medical care for California’s most complex and fragile pediatric
- 8 patients since 1927.
- 9 (c) The strong standards and credentialing created under the
- 10 CCS program ensure that eligible children obtain care from
- 11 experienced providers with appropriate pediatric-specific expertise.
- 12 (d) CCS providers form a regional backbone for all specialty
- 13 pediatric care in California, benefiting children of every income
- 14 level and insurance status.
- 15 (e) Over the past 20 years, coordinated and integrated health
- 16 care delivery models have been shown to improve delivery of
- 17 health care, reduce costs, and improve outcomes.
- 18 (f) As California expanded the reach of integrated delivery
- 19 systems in Medi-Cal, CCS services were often excluded from
- 20 managed care arrangements in recognition of the specialty nature
- 21 of CCS services and the complicated health status of enrolled
- 22 children.
- 23 (g) Accordingly, it is the intent of the Legislature to modernize
- 24 the CCS program, through development of ~~specialized integrated~~
- 25 ~~delivery systems~~ *the Whole Child Model*, focused on the unique
- 26 needs of CCS-eligible ~~children~~, *children in counties served by*
- 27 *County Organized Health Systems* to accomplish the following:
- 28 (1) Improve coordination and integration of services to meet
- 29 the needs of the whole child, not just address the CCS-eligible
- 30 condition.

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

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

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

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

9 (6) Maintain existing patient-provider relationships, whenever
10 possible.

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

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

22 *SEC. 2. Section 123850 of the Health and Safety Code is*
23 *amended to read:*

24 123850. (a) The board of supervisors of each county shall
25 designate the county department of public health or the county
26 department of social welfare as the designated agency to administer
27 the California Children's Services—~~Program~~. (CCS) program.
28 Counties with total population under 200,000 persons may
29 administer the county program independently or jointly with the
30 department. Counties with a total population in excess of 200,000
31 persons shall administer the county program independently. Except
32 as otherwise provided in this article, the director shall establish
33 standards relating to the local administration and minimum services
34 to be offered by counties in the conduct of the ~~California Children's~~
35 ~~Services Program~~. CCS program.

36 (b) (1) Upon determination of readiness by the director, the
37 designated county agency and a Medi-Cal managed care health
38 plan or plans serving the county, as determined by the director,
39 shall provide for the transition of CCS program services, except
40 for services provided pursuant to subdivision (c), into the Medi-Cal

1 *managed care health plan contract in Whole Child Model counties*
2 *pursuant to Article 2.985 (commencing with Section 14094.4) for*
3 *children who are enrolled in the Medi-Cal managed care plan and*
4 *CCS. For children enrolled in a Medi-Cal managed care plan and*
5 *CCS in Whole Child Model counties pursuant to Article 2.985*
6 *(commencing with Section 14094.4), the case management, care*
7 *coordination, provider referral, and service authorization*
8 *administrative functions of the CCS program shall then be the*
9 *responsibility of the Medi-Cal managed care health plan in*
10 *accordance with Section 14094.13 and a written transition plan*
11 *prepared by the designated county agency and the Medi-Cal*
12 *managed care health plan. The director's written determination*
13 *shall provide an implementation date for the transition, at which*
14 *point the Medi-Cal managed care health plan is also responsible*
15 *for fulfillment of the requirements set forth in Sections 123855,*
16 *123925, and 123960. CCS program eligibility determination shall*
17 *remain the responsibility of the designated county agency in*
18 *accordance with the provisions of this article.*

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

24 (c) *The CCS Medical Therapy Unit shall remain responsible*
25 *for the provision of medically necessary occupational and physical*
26 *therapy services prescribed by the CCS Medical Therapy Unit*
27 *Conference Team Physician.*

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

1 with Section 11340) of Part 1 of Division 3 of Title 2 of the
2 Government Code. Commencing January 1, 2018, the department
3 shall provide a status report to the Legislature on a semiannual
4 basis, in compliance with Section 9795 of the Government Code,
5 until regulations have been adopted.

6 SEC. 3. Section 14093.06 of the Welfare and Institutions Code
7 is amended to read:

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

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

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

39 (c) In following the treatment plan ~~approved by the CCS~~
40 ~~program~~, developed in accordance with CCS program

1 *requirements*, the managed care contractor shall ensure the timely
 2 referral of children with special health care needs to CCS-paneled
 3 providers who are board-certified in both pediatrics and in the
 4 appropriate pediatric subspecialty.

5 (d) The managed care contractor shall report expenditures and
 6 savings separately for CCS covered services and CCS eligible
 7 children, in accordance with paragraph (1) of subdivision (d) of
 8 Section 14093.05.

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

17 (f) ~~The state, department~~, in consultation with stakeholder
 18 groups, shall develop unique pediatric plan performance standards
 19 and measurements, including, but not limited to, the health
 20 outcomes of children with special health care needs.

21 *SEC. 4. Section 14094.2 of the Welfare and Institutions Code*
 22 *is amended to read:*

23 14094.2. (a) This article is not intended, and shall not be
 24 interpreted, to permit any reduction in benefits or eligibility levels
 25 under the CCS program. Any medically necessary service not
 26 available under the managed care contracts authorized under this
 27 article shall remain the responsibility of the state and county.

28 ~~(b) In order to ensure that CCS benefits are provided to enrollees~~
 29 ~~with a CCS-eligible condition according to CCS program standards,~~
 30 ~~there shall be oversight by the state and local CCS program~~
 31 ~~agencies for both services covered and not covered by the managed~~
 32 ~~care contract.~~

33 *(b) (1) In Whole Child Model counties authorized pursuant to*
 34 *Article 2.985 (commencing with Section 14094.4), in order to*
 35 *ensure that CCS benefits are provided to enrollees with a*
 36 *CCS-eligible condition according to CCS program standards,*
 37 *there shall be oversight by the department for both services covered*
 38 *and not covered by the managed care contract.*

39 *(2) In counties not listed in Section 14094.5, in order to ensure*
 40 *that CCS benefits are provided to enrollees with a CCS-eligible*

1 *condition according to CCS program standards, there shall be*
2 *oversight by the department and local CCS program agencies for*
3 *both services covered and not covered by the managed care*
4 *contract.*

5 *(c) To the extent that any changes in CCS medical eligibility*
6 *are proposed by the department, there shall be a stakeholder*
7 *process that shall include both of the following:*

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

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

19 ~~SEC. 2.~~

20 *SEC. 5.* Section 14094.3 of the Welfare and Institutions Code
21 is amended to read:

22 14094.3. (a) Notwithstanding this article or Section 14093.05
23 or 14094.1, CCS covered services shall not be incorporated into
24 any Medi-Cal managed care contract entered into after August 1,
25 1994, pursuant to Article 2.7 (commencing with Section 14087.3),
26 Article 2.8 (commencing with Section 14087.5), Article 2.9
27 (commencing with Section 14088), Article 2.91 (commencing
28 with Section 14089), Article 2.95 (commencing with Section
29 14092); or either Article 1 (commencing with Section 14200), or
30 Article 7 (commencing with Section 14490) of Chapter 8, until
31 January 1, 2022, and until the evaluation required pursuant to
32 Section 14094.18 has been completed, except for contracts entered
33 into pursuant to the Whole Child Model program, as described in
34 Article 2.985 (commencing with Section 14094.4), or for county
35 organized health systems or Regional Health Authority in the
36 Counties of San Mateo, Santa Barbara, Solano, Yolo, Marin, and
37 Napa.

38 (b) Notwithstanding any other provision of this chapter,
39 providers serving children under the CCS program who are enrolled
40 with a Medi-Cal managed care contractor but who are not enrolled

1 in a pilot project pursuant to subdivision (c) shall continue to
2 submit billing for CCS covered services on a fee-for-service basis
3 until CCS covered services are incorporated into the Medi-Cal
4 managed care contracts described in subdivision (a).

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

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

22 (d) For purposes of this section, CCS covered services include
23 all program benefits administered by the program specified in
24 Section 123840 of the Health and Safety Code regardless of the
25 funding source.

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

31 (f) This section shall not be construed to exclude or restrict the
32 specialty of neonatology from reimbursement under the CCS
33 program, subject to the program's existing or applicable prior
34 authorization requirements or utilization review. Neonatology shall
35 be included in the CCS program.

36 ~~SEC. 3.~~

37 *SEC. 6.* 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 Article 2.985. Whole Child Model Program

2
3 14094.4. For the purposes of this article, the following
4 definitions shall apply:

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

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

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

16 (3) *A special care center approved by the CCS program to treat*
17 *a CCS-eligible condition.*

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

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

22 (2) A regional health authority.

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

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

28 14094.5. No sooner than July 1, 2017, the department may
29 establish a Whole Child Model program for Medi-Cal eligible
30 CCS children and youth enrolled in a managed care plan served
31 by a county organized health system or Regional Health Authority
32 in the following counties: Del Norte, Humboldt, Lake, Lassen,
33 Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange,
34 San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta,
35 Siskiyou, Solano, Sonoma, Trinity, and Yolo.

36 14094.6. The goals for the Whole Child Model program for
37 children and youth under 21 years of age who meet the eligibility
38 requirements of Section 123805 of the Health and Safety Code
39 and are enrolled in a managed care plan under a county organized

1 health system or Regional Health Authority shall include all of the
2 following:

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

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

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

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

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

25 14094.7. (a) No sooner than July 1, 2017, the department ~~shall~~
26 ~~establish an application process by which Medi-Cal managed care~~
27 ~~plans under a county organized health system or Regional Health~~
28 ~~Authority, including the county organized health systems and~~
29 ~~Regional Health Authority that have incorporated CCS covered~~
30 ~~services into their contracts pursuant to Section 14094.3, may~~
31 ~~participate in~~ *may implement* the Whole Child Model program
32 established under this section, pursuant to the criteria described in
33 this article. The director shall provide notice to the Legislature,
34 the federal Centers for Medicare and Medicaid Services, counties,
35 CCS providers, and CCS families when each managed care plan,
36 including a transition plan with the county CCS program, has been
37 reviewed and certified as ready to enroll children based on the
38 criteria described in this article.

39 (b) ~~In order to apply to become a Whole Child Model site, a~~
40 ~~managed care plan under a county organized health system or~~

1 ~~Regional Health Authority shall provide a written application of~~
2 ~~interest that provides the director with evidence of all of the~~
3 ~~following:~~

4 ~~(1) Written approval by the county board of supervisors to~~
5 ~~partner with the managed care plan for the integration of CCS~~
6 ~~medical and case management and service authorizations for CCS~~
7 ~~Medi-Cal beneficiaries into the managed care plan.~~

8 ~~(2) Written support from the local bargaining units representing~~
9 ~~affected CCS worker classifications.~~

10 ~~(3) Written support from CCS providers that serve a~~
11 ~~preponderance of the CCS children and youth in the county, home-~~
12 ~~and community-based services networks, and the regional center~~
13 ~~or centers that serve CCS children and youth in that county.~~

14 ~~(4) Written support from the family resource center or family~~
15 ~~empowerment center serving the affected county.~~

16 ~~(e) The department shall post its written approval of an~~
17 ~~application of interest on its Internet Web site at least 90 days~~
18 ~~before CCS services are incorporated into the managed care plan~~
19 ~~under the Whole Child Model program pursuant to this section.~~

20 ~~(b) Prior to the implementation of the Whole Child Model, the~~
21 ~~department shall do both of the following:~~

22 ~~(1) Develop specific CCS program monitoring and oversight~~
23 ~~standards for managed care plans that are subject to this article,~~
24 ~~including access monitoring, quality measures, and ongoing public~~
25 ~~data reporting.~~

26 ~~(2) Establish a stakeholder process pursuant to Section~~
27 ~~14094.17. Consult with the statewide stakeholder advisory group~~
28 ~~established pursuant to Section 14094.17 to develop and implement~~
29 ~~robust monitoring processes to ensure that managed care plans~~
30 ~~are in compliance with all of the provisions of this section. The~~
31 ~~department shall monitor managed care plan compliance with the~~
32 ~~provisions of this section on at least an annual basis and post~~
33 ~~CCS-specific monitoring dashboards on its Internet Web site on~~
34 ~~at least an annual basis.~~

35 ~~(c) (1) In order to aid the transition of CCS services into~~
36 ~~Medi-Cal managed care plans participating in the Whole Child~~
37 ~~Model program, commencing January 1, 2017, and continuing~~
38 ~~through the completion of the transition of CCS enrollees into the~~
39 ~~Whole Child Model program, the department shall begin requesting~~
40 ~~and collecting from Medi-Cal managed care information about~~

1 *each health plan's provider network, including, but not limited to,*
2 *the contracting primary care, specialty care providers, and hospital*
3 *facilities contracting with the Medi-Cal managed care plan.*

4 *(2) The department shall analyze the existing Medi-Cal managed*
5 *care delivery system network and the CCS fee-for-service provider*
6 *networks to determine the overlap of the provider networks in each*
7 *county and shall furnish this information to the Medi-Cal managed*
8 *care plan.*

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

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

14 *(2) The department has obtained any necessary federal*
15 *approvals.*

16 *(3) The Medi-Cal managed care plan has established a local*
17 *stakeholder process with the meaningful engagement of a diverse*
18 *group of families that represent a range of conditions, disabilities,*
19 *and demographics, and local providers, including, but not limited*
20 *to, the parent centers, such as family resource centers, family*
21 *empowerment centers, and parent training and information centers,*
22 *that support families in the affected county.*

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

28 *(A) That the managed care contractor has demonstrated the*
29 *availability of an appropriate provider network to serve the needs*
30 *of children and youth with CCS conditions, including primary care*
31 *physicians, pediatric specialists and subspecialists, professional,*
32 *allied, and medical supportive personnel, and an adequate number*
33 *of licensed acute care hospitals and special care centers.*

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

39 *(C) That the Medi-Cal managed care plan has entered into an*
40 *agreement with the county CCS program or the state, or both, for*

1 *the transition of CCS care coordination and service authorization*
2 *and how the plan will work with the CCS program to ensure*
3 *continuity and consistency of CCS program expertise for that role,*
4 *in accordance with this section and subdivisions (e) and (f) of*
5 *Section 14094.13.*

6 *(e) A Medi-Cal managed care plan, prior to implementation of*
7 *the Whole Child Model program, shall review historical CCS*
8 *fee-for-service utilization data for CCS-eligible children and youth*
9 *upon transition of CCS services to managed care plans so that the*
10 *managed care plans are better able to assist CCS-eligible children*
11 *and youth and prioritize assessment and care planning.*

12 ~~14094.8.— (a) The department shall not implement the Whole~~
13 ~~Child Model program in any county until it has developed specific~~
14 ~~CCS program monitoring and oversight standards for managed~~
15 ~~care plans that are subject to this article, including access~~
16 ~~monitoring, quality measures, and ongoing public data reporting.~~

17 ~~(b) The department shall consult with the statewide stakeholder~~
18 ~~advisory group established pursuant to Section 14094.17 to develop~~
19 ~~and implement robust monitoring processes to ensure that managed~~
20 ~~care plans are in compliance with all of the provisions of this~~
21 ~~section. The department shall monitor managed care plan~~
22 ~~compliance with the provisions of this section on at least an annual~~
23 ~~basis and post CCS-specific monitoring dashboards on its Internet~~
24 ~~Web site within 90 days.~~

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

34 ~~(2) The department shall analyze the existing Medi-Cal managed~~
35 ~~care delivery system network and the CCS fee-for-service provider~~
36 ~~networks to determine the overlap of the provider networks in each~~
37 ~~county, and shall furnish this information to the Medi-Cal managed~~
38 ~~care plan.~~

1 ~~14094.9. (a) A managed care plan shall not be approved to~~
2 ~~participate in the Whole Child Model program unless all of the~~
3 ~~following conditions have been satisfied:~~

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

6 ~~(2) The department has obtained any necessary federal~~
7 ~~approvals.~~

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

17 ~~(4) The director has verified the readiness of the managed care~~
18 ~~plan to address the unique needs of CCS-eligible beneficiaries,~~
19 ~~including, but not limited to, the requirements set forth in~~
20 ~~subdivision (b) of Section 14087.48, subdivisions (b) to (f),~~
21 ~~inclusive, of Section 14093.05, and all of the following:~~

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

29 ~~(B) That the managed care contractor demonstrates the~~
30 ~~availability of an appropriate provider network to serve the needs~~
31 ~~of children and youth with CCS conditions, including primary care~~
32 ~~physicians, pediatric specialists and subspecialists, professional,~~
33 ~~allied, and medical supportive personnel, and an adequate number~~
34 ~~of accessible facilities.~~

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

1 ~~(D) That the Medi-Cal managed care plan has entered into an~~
2 ~~agreement with the county CCS program or the state, or both, for~~
3 ~~the transition of CCS care coordination and service authorization~~
4 ~~and how the plan will work with the CCS program to ensure~~
5 ~~continuity and consistency of CCS program expertise for that role,~~
6 ~~in accordance with this section.~~

7 ~~(b) A Medi-Cal managed care plan, prior to implementation of~~
8 ~~the Whole Child Model program, shall review historical CCS~~
9 ~~fee-for-service utilization data for CCS-eligible children and youth~~
10 ~~upon transition of CCS services to managed care plans so that the~~
11 ~~managed care plans are better able to assist CCS-eligible children~~
12 ~~and youth and prioritize assessment and care planning.~~

13 *14094.9. (a) The department shall develop a memorandum of*
14 *understanding template, which shall be utilized by participating*
15 *counties and health plans, and which shall include, but not be*
16 *limited to, the standards relating to the local administration of,*
17 *and minimum services to be provided by, counties and Medi-Cal*
18 *managed care plans in the administration of the Whole Child*
19 *Model program. The department shall consult with counties and*
20 *Medi-Cal managed care plans in the development of the Whole*
21 *Child Model memorandum of understanding template.*

22 *(b) The department shall provide written notice to the county*
23 *agency, as designated in Section 123850 of the Health and Safety*
24 *Code, of the calculation for determining the administrative*
25 *allocation to the county CCS program by means of county*
26 *information notice. The department shall consult with the Whole*
27 *Child Model program counties in determining the calculation for*
28 *determining the administrative allocation.*

29 *14094.10. (a) Each Medi-Cal managed care plan participating*
30 *in the Whole Child Model program shall establish an assessment*
31 *process that, at a minimum, does all of the following:*

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

37 *(2) Assesses, in accordance with the transition agreement with*
38 *the county CCS program, the health care needs of CCS-eligible*
39 *children and youth and coordinates their CCS specialty services,*
40 *Medi-Cal primary care services, mental health and behavioral*

1 ~~health benefits, services and mild to moderate mental health~~
 2 ~~services, specialty mental health as appropriate through the county~~
 3 ~~specialty mental health plan, and Drug Medi-Cal services as~~
 4 ~~appropriate through county substance use disorder program, and~~
 5 regional center services across all settings, including coordination
 6 of necessary services within and, when necessary, outside of the
 7 managed care 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) *Ensure that each CCS-eligible child or youth receives case*
 17 *management, care coordination, provider referral, and service*
 18 *authorization services from an employee of the plan who has*
 19 *knowledge of and clinical experience with the CCS program*
 20 *pursuant to subdivision (e) of Section 14094.13.*

21 ~~(a)~~

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

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

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

33 (3) Adhere to the CCS child's or youth's or the CCS child's or
 34 youth's family's determination about the appropriate involvement
 35 of his or her medical providers and caregivers, according to the
 36 federal Health Insurance Portability and Accountability Act of
 37 1996 (Public Law 104-191).

38 ~~(4) Are developed for the CCS child or youth across CCS~~
 39 ~~specialty services, Medi-Cal primary care services, mental health~~
 40 ~~and behavioral health benefits, regional center services, MTUs,~~

1 ~~and in-home supportive services (IHSS), including transitions~~
2 ~~among levels of care and between service locations.~~

3 ~~(5)~~

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

7 ~~(6)~~

8 (5) Consider behavioral health needs of CCS-eligible children
9 and youth and coordinate those services ~~with the county mental~~
10 ~~health department~~ as part of the CCS child's or youth's individual
11 care plan, when appropriate, and facilitate a CCS child's or youth's
12 ability to access appropriate community resources and other
13 agencies, including referrals, as necessary and appropriate, for
14 behavioral services, such as *specialty mental health services and*
15 *substance use disorder services.*

16 ~~(7)~~

17 (6) Ensure that children and youth and their families have
18 appropriate access to transportation and other support services
19 necessary to receive treatment.

20 ~~(b)~~

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

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

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

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

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

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

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

6 14094.12. A Medi-Cal managed care plan serving children and
7 youth with CCS-eligible conditions under the CCS program shall
8 do all of the following:

9 (a) 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~~, *questions related to health care* access and care
14 concerns, and problem resolution.

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

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

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

30 (e) Facilitate timely access to primary care, specialty care,
31 pharmacy, and other health services *provided by CCS providers*
32 *and facilities with clinical expertise in treating the enrollee's*
33 *specific CCS condition that are needed by the CCS child or youth,*
34 including referrals to address any physical or cognitive disabilities.

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

1 *medical equipment and health care providers, and nurses pursuant*
2 *to Section 14094.13.*

3 (g) Establish a mechanism to provide ~~information, education,~~
4 ~~and peer support to parents of CCS-eligible children and youth~~
5 ~~through parent-to-parent liaisons or relationships with information~~
6 *on how to access* local family resource centers or family
7 empowerment centers.

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

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

21 (j) Identify and track children and youth with CCS-eligible
22 conditions for the duration of the child's or youth's participation
23 in the Whole Child Model program and for children and youth
24 who age into adult Medi-Cal ~~systems, for at least 10 years into~~
25 ~~adulthood.~~ *systems and who continue to be enrolled in the same*
26 *Medi-Cal managed care plan for at least three years into*
27 *adulthood, to the extent feasible.*

28 (k) (1) ~~Provide—Comply with Medi-Cal due process and~~
29 ~~reauthorization requirements and provide~~ timely processes for
30 accepting and acting upon complaints and grievances, including
31 procedures for appealing decisions regarding coverage or benefits.
32 The grievance process shall comply with Section 14450 of this
33 code, and Sections 1368 and 1368.01 of the Health and Safety
34 Code.

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

1 (3) If a child, youth, or his or her authorized person elects to
 2 participate in the process described in this section and disagrees
 3 with the decision of the designated CCS agency, the child, youth,
 4 or authorized person may appeal that decision, except when the
 5 service under dispute has been ordered or terminated by a CCS
 6 physician with responsibility for the medical supervision of the
 7 child or youth. If the child, youth, or authorized person disagrees
 8 with the CCS physician, he or she shall be provided with names
 9 of three expert physicians. The child, youth, or authorized person
 10 shall choose one of the expert physicians, and the physician shall
 11 evaluate the child or youth at CCS expense. The opinion of the
 12 expert physician shall be final.

13 (l) Annually publicly report on the number of CCS-eligible
 14 children and youth served in their county by type of condition and
 15 services used and the number of youth who aged out of the CCS
 16 program by type of condition, provided the required report does
 17 not contain individually identifiable information. If the required
 18 report would result in the publication of individually identifiable
 19 information, the plan shall not include that information in the
 20 required report.

21 14094.13. (a) Each Medi-Cal managed care plan shall establish
 22 and maintain a process by which ~~families a CCS-eligible child or~~
 23 ~~youth may maintain access to any CCS providers~~ *CCS providers*
 24 *that the child or youth has an existing relationship with for*
 25 *treatment of the child's CCS condition, up to the length of the*
 26 *child's or youth's CCS-qualifying condition or 12 months,*
 27 ~~whichever is longer, for three years,~~ under the following
 28 conditions:

29 (1) The CCS-eligible child or youth has ~~an ongoing relationship~~
 30 ~~with a provider who is a CCS-approved provider.~~ *seen the*
 31 *out-of-network CCS provider for a nonemergency visit at least*
 32 *once during the 12 months immediately preceding the date the*
 33 *Medi-Cal managed care plan assumed responsibility for the child's*
 34 *or youth's CCS care under the Whole Child Model program.*

35 (2) The ~~CCS provider will~~ *shall* accept the health plan's rate
 36 for the service offered or the applicable Medi-Cal or CCS
 37 fee-for-service rate, whichever is higher, unless the ~~physician and~~
 38 ~~surgeon enter~~ *CCS provider enters* into an agreement on an
 39 alternative payment methodology mutually agreed to by the

1 ~~physician and surgeon CCS provider~~ and the Medi-Cal managed
2 care plan.

3 (3) The managed care plan ~~determines~~ *confirms* that the provider
4 meets applicable CCS standards and has no disqualifying quality
5 of care issues, ~~in accordance with guidance from the department,~~
6 ~~including all plan letters and CCS numbered letters or other~~
7 ~~administrative communication.~~ *issues.*

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

11 ~~(5) This section shall apply to out-of-network and out-of-county~~
12 ~~primary care and specialist providers.~~

13 (b) *Each Medi-Cal managed care plan shall establish and*
14 *maintain a process by which a CCS-eligible child or youth may*
15 *maintain access to specialized or customized durable medical*
16 *equipment providers for up to 12 months under the conditions in*
17 *paragraph (2):*

18 (1) *For the purposes of this subdivision, “specialized or*
19 *customized durable medical equipment” means durable medical*
20 *equipment that meets all of the following criteria:*

21 (A) *Is uniquely constructed from raw materials or substantially*
22 *modified from the base material solely for the full-time use of the*
23 *specific beneficiary according to a physician’s description and*
24 *orders.*

25 (B) *Is made to order or adapted to meet the specific needs of*
26 *the beneficiary.*

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

31 (2) (A) *The CCS-eligible child or youth has an ongoing*
32 *relationship with a durable medical equipment provider who has*
33 *previously provided specialized or customized equipment, such as*
34 *power wheelchairs, repairs, and replacement parts; prosthetic*
35 *limbs; customized orthotic devices; and individualized assistive*
36 *technology. This does not include generally available or*
37 *noncustomized durable medical equipment.*

38 (B) *The durable medical equipment provider shall accept the*
39 *health plan’s rate for the service offered or the applicable*
40 *Medi-Cal or CCS fee-for-service rate, whichever is higher, unless*

1 *the durable medical equipment provider enters into an agreement*
2 *on an alternative payment methodology mutually agreed upon by*
3 *the durable medical equipment provider and the Medi-Cal*
4 *managed care plan.*

5 *(C) The durable medical equipment provider provides*
6 *information to the Medi-Cal managed care plan as requested by*
7 *the plan, to the extent authorized by state and federal patient*
8 *privacy provisions.*

9 *(3) The department may extend the continuity of care duration*
10 *period described in this subdivision for highly specialized or*
11 *customized durable medical equipment that is under warranty as*
12 *specified by the department.*

13 ~~(b)~~

14 *(c) A managed care plan, at its discretion, may extend the*
15 *continuity of care period beyond the length of time specified in*
16 ~~subdivision (a).~~ *subdivisions (a) and (b).*

17 ~~(e)~~

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

22 *(2) Each Medi-Cal managed care plan shall permit a*
23 *CCS-eligible child or youth enrolled as part of the Whole Child*
24 *Program to continue use of any prescription drug that is part of*
25 *a prescribed therapy for the enrollee's CCS-eligible condition or*
26 *conditions immediately prior to the date of enrollment, whether*
27 *or not the prescription drug is covered by the plan, until the*
28 *prescription drug is no longer prescribed by the enrollee's*
29 *plan-contracting CCS provider.*

30 *(e) Each Medi-Cal managed care plan participating in the*
31 *Whole Child Model program shall ensure that children and youth*
32 *are provided expert case management, care coordination, service*
33 *authorization, and provider referral. Each plan shall meet this*
34 *requirement by, at the request of the child, youth, or his or her*
35 *parent or guardian, allowing the child or youth to continue to*
36 *receive case management, care coordination, provider referrals*
37 *and service authorizations from his or her public health nurse.*
38 *This election shall be made within 90 days of the transition of CCS*
39 *services into the Medi-Cal managed care plan. A plan shall meet*
40 *this requirement by either or both of the following:*

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

4 (2) *By collocating county public health nurses who provide case*
5 *management and coordination within the Medi-Cal managed care*
6 *plan.*

7 (f) *In the event the county public health nurse leaves the CCS*
8 *program, the Medi-Cal managed care plan may transition the care*
9 *coordination and case management of a child or youth to an*
10 *employee of the plan who has education, knowledge, and*
11 *experience with the CCS program and pediatric patients or who*
12 *has knowledge and experience treating CCS-eligible conditions*
13 *in pediatric patients.*

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

25 14094.14. (a) *Each Medi-Cal managed care plan participating*
26 *in the Whole Child Model program shall provide a mechanism for*
27 *a CCS-eligible child's and youth's parent or caregiver to request*
28 *a specialist or clinic as a primary care provider.*

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

33 14094.15. *A Medi-Cal managed care plan shall meet all of the*
34 *following requirements:*

35 (a) ~~Comply with all~~ *Use all current and applicable CCS program*
36 *guidelines, including CCS program regulations, CCS numbered*
37 *letters, and CCS program information notices; notices in developing*
38 *criteria for use by the plan's chief medical officer or the equivalent*
39 *and other care management staff.*

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 ~~(e) 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 *(b) In cases in which CCS program guidelines do not exist, use*
9 *evidence-based guidelines or treatment protocols that are*
10 *medically appropriate given the child's CCS-eligible condition.*

11 ~~(d)~~

12 ~~(c) Utilize only appropriately credentialed CCS-paneled CCS~~
13 ~~providers to treat CCS conditions.~~

14 ~~(e)~~

15 *(d) Utilize a provider dispute resolution process that meets the*
16 *standards established under Section 1371.38 of the Health and*
17 *Safety Code.*

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

26 ~~(b) A Medi-Cal managed care plan shall reimburse providers~~
27 ~~at rates sufficient to recruit and retain qualified providers with~~
28 ~~appropriate CCS expertise.~~

29 ~~(e)~~

30 *(b) Medi-Cal managed care plans shall pay physician and*
31 *surgeon provider services at rates that are equal to or exceed the*
32 *applicable CCS fee-for-service rates, unless the physician and*
33 *surgeon enters into an agreement on an alternative payment*
34 *methodology mutually agreed to by the physician and surgeon and*
35 *the Medi-Cal managed care plan*

36 14094.17. *(a) A Medi-Cal managed care plan participating in*
37 *the Whole Child Model program shall create and maintain a clinical*
38 *advisory committee composed of the managed care contractor's*
39 ~~Chief Medical Officer~~, *chief medical officer or the equivalent*, the
40 county CCS medical director, and at least four CCS-paneled

1 providers to review treatment authorizations and other clinical
2 issues relating to CCS conditions. *advise on clinical issues relating*
3 *to CCS conditions, including treatment authorization guidelines,*
4 *and serve as clinical advisers on other clinical issues relating to*
5 *CCS conditions.*

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

9 (2) Family representatives who serve on this advisory group
10 shall receive ~~ongoing information and training, travel~~
11 ~~reimbursement, child care, and other financial assistance as~~
12 ~~appropriate to enable participation in the advisory group. a~~
13 *reasonable per diem payment to enable in-person participation in*
14 *the advisory group. A plan may conduct family advisory group*
15 *meetings by teleconference or through other similar electronic*
16 *means to facilitate family participation in the advisory group.*

17 (3) A representative of this local group shall *be invited to serve*
18 *on the department's statewide stakeholder advisory group*
19 *established pursuant to subdivision (c).*

20 (c) (1) The department shall establish a statewide Whole Child
21 Model program stakeholder advisory group, *or modify an existing*
22 *Whole Child Model program stakeholder advisory group,*
23 *comprised of representatives of CCS providers, county CCS*
24 *program administrators, health plans, family resource centers,*
25 ~~family empowerment centers, regional centers, labor~~
26 ~~organizations, CCS case managers, CCS MTUs, and a~~
27 ~~representative from each of the local representatives from family~~
28 *advisory groups established pursuant to subdivision (b).*

29 (2) The department shall consult with the stakeholder advisory
30 group on the implementation of the Whole Child Model program
31 and shall ~~incorporate~~ *consider* the recommendations of the
32 stakeholder advisory group in developing the monitoring processes
33 and outcome measures by which the plans participating in the
34 Whole Child Model program shall be monitored and evaluated.

35 (3) *The statewide Whole Child Model program stakeholder*
36 *advisory group established under this section shall terminate*
37 *December 31, 2021.*

38 14094.18. (a) (1) The department shall contract with an
39 independent entity that has experience in performing robust
40 program evaluations to conduct an evaluation to assess Medi-Cal

1 managed care plan performance and the outcomes and the
 2 experience of CCS-eligible children and youth participating in the
 3 Whole Child Model program, including access to primary and
 4 specialty care, and youth transitions from Whole Child Model
 5 program to adult Medi-Cal coverage.

6 (2) The department shall provide a report on the results of this
 7 evaluation required pursuant to this section to the Legislature by
 8 no later than January 1, ~~2023~~. 2021. A report submitted to the
 9 Legislature pursuant to this subdivision shall be submitted in
 10 compliance with Section 9795 of the Government Code.

11 (b) The ~~evaluation~~ required by this section, at a minimum, shall
 12 ~~compare~~ *evaluate* the performance of the plans participating in the
 13 Whole Child Model program *as compared* to the performance of
 14 the CCS program ~~in counties where CCS is not incorporated into~~
 15 ~~managed care and collect appropriate data to prior to the~~
 16 ~~implementation of the Whole Child Model in those same counties.~~
 17 *The evaluation shall* evaluate whether the inclusion of CCS
 18 services in a managed care delivery system improves access to
 19 care, quality of care, and the patient experience by analyzing all
 20 of the following by the child’s or youth’s race, ethnicity, and
 21 primary language spoken at home:

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

24 ~~(2) The level of compliance with CCS clinical guidelines and~~
 25 ~~the recommended guidelines of the American Academy of~~
 26 ~~Pediatrics:~~

27 ~~(3)~~

28 (2) The type and location of CCS services ~~and, with respect to~~
 29 ~~health plans that have CCS services incorporated in their contracts,~~
 30 *and* the extent to which CCS services are provided in-network
 31 compared to out of network.

32 ~~(4)~~

33 (3) Utilization rates of inpatient admissions, outpatient services,
 34 durable medical equipment, behavioral health services, home
 35 health, pharmacy, and other ancillary services.

36 ~~(5)~~

37 (4) Patient and family satisfaction.

38 ~~(6)~~

39 (5) Appeals, grievances, and complaints.

40 ~~(7)~~

1 (6) Authorization of CCS-eligible services.

2 ~~(8)~~

3 (7) Access to adult providers, support, and ancillary services
4 for youth who have aged into adult Medi-Cal coverage from the
5 Whole Child Model program.

6 ~~(9)~~

7 (8) For health plans with CCS incorporated into their contracts,
8 network and provider participation, including participation of
9 pediatricians, pediatric specialists, and pediatric subspecialists, by
10 specialty and subspecialty.

11 (9) *The ability of a child or youth who ages out of CCS and*
12 *remains in the same Medi-Cal managed care plan to retain his or*
13 *her existing providers.*

14 (c) *The evaluation required by this section shall also evaluate*
15 *the performance of managed care plans participating in the Whole*
16 *Child Model program as compared to the performance of the CCS*
17 *program in counties where CCS services are not incorporated into*
18 *managed care, and collect appropriate data to evaluate whether*
19 *inclusion of CCS services in a managed care delivery system*
20 *improves access to care, quality of care, and the patient experience,*
21 *by analyzing all of the following:*

22 (1) *The rate of new CCS enrollment in each county.*

23 (2) *The percentage of CCS-eligible children and youth with a*
24 *diagnosis requiring a referral to a CCS special care center who*
25 *have been at a CCS special care center.*

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

29 ~~(e)~~

30 (d) The department shall consult with stakeholders, including,
31 but not limited to, the Whole Child Model stakeholder advisory
32 group, regarding the scope and structure of the review.

33 14094.19. This article is not intended, and shall not be
34 interpreted, to permit any reduction in benefits or eligibility levels
35 under the CCS program.

36 14094.20. (a) Notwithstanding Chapter 3.5 (commencing with
37 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
38 Code, the department, without taking regulatory action, shall
39 implement, interpret, or make specific this article, Article 2.97
40 (commencing with Section 14093), Article 2.98 (commencing

1 with Section 14094), and any applicable federal waivers and state
2 plan amendments by means of all-county letters, plan letters, CCS
3 numbered letters, plan or provider bulletins, or similar instructions
4 until the time regulations are adopted. By July 1, 2021, the
5 department shall adopt regulations in accordance with the
6 requirements of Chapter 3.5 (commencing with Section 11340) of
7 Part 1 of Division 3 of Title 2 of the Government Code.
8 Commencing July 1, 2017, the department shall provide a status
9 report to the Legislature on a semiannual basis, in compliance with
10 Section 9795 of the Government Code, until regulations have been
11 adopted.

12 (b) The director may enter into exclusive or nonexclusive
13 contracts on a bid, nonbid, or negotiated basis and may amend
14 existing managed care contracts to provide or arrange for services
15 provided under this article. Contracts entered into or amended
16 pursuant to this section shall be exempt from the provisions of
17 Chapter 2 (commencing with Section 10290) of Part 2 of Division
18 2 of the Public Contract Code and Chapter 6 (commencing with
19 Section 14825) of Part 5.5 of Division 3 of Title 2 of the
20 Government Code, and shall be exempt from the review and
21 approval of any division of the Department of General Services.

22 *SEC. 7. If the Commission on State Mandates determines that*
23 *this act contains costs mandated by the state, reimbursement to*
24 *local agencies and school districts for those costs shall be made*
25 *pursuant to Part 7 (commencing with Section 17500) of Division*
26 *4 of Title 2 of the Government Code.*