

Issue Brief

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KEY COMPONENTS OF A SYSTEM FOR PUBLICLY FINANCED CARE OF CSHCN¹ IN CALIFORNIA

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The future of the state's CCS program has spawned numerous but often unfocused discussions. In order to help organize and focus forthcoming discussions, this paper, a *System for Publicly Financed Care of CSHCN in California*, is provided as a proposal to which stakeholders can react.

Disagreement with the content of this document is anticipated and encouraged.

The paper attempts to present a coherent plan for a system for CSHCN while identifying the key issues and decisions that might arise as the system is developed. Some of the items represent current approaches, while others suggest alternative ones. Some are more easily implemented than others. Disagreement with the content of this document is anticipated and encouraged, as its purpose is to foster productive discussion. Discussion should begin with the proposed Principles and Goals, because without clarity and agreement on those it will be difficult to discuss subsequent items. Once the remaining components have been agreed upon, responsibilities for processes will need to be determined.

PRINCIPLES AND GOALS

- A single health care financing system that promotes integration of services to meet all the child's healthcare needs
- A statewide, regionalized system of comprehensive care services
- Equity of eligibility, access and benefits regardless of child's residence
- Family-centered system with medical homes for all children
- Easy to access services and supports
- Continuity of care with health care providers
- Culturally competent care
- Common, transparent performance metrics across the system
- Health plans and providers held accountable to meet quality and performance standards
- Constantly improve quality of care by all service providers
- Begin system change by focusing on coordinating care and services

¹ The definition of children with special health care needs (CSHCN) used here is that recommended by the federal Maternal and Child Health Bureau but may exclude the "at risk" population included in that definition.

SYSTEM STRUCTURE

- An organized delivery system capable of meeting all of the medical care needs of a child for whom it has assumed responsibility
- A clearly articulated governance model incorporating participating providers and meaningful consumer participation
- Regionalized services
- Maximized integration of services and functions
- Statewide registry for eligible CSHCN including those receiving care from Regional Centers
- Designated special care centers and quaternary centers of excellence
- Required inclusion of children's and university hospitals as part of health plan provider panels
- Complex primary care clinics eligible to qualify as special care centers
- Uninsured children covered by counties buying Medi-Cal equivalent coverage from managed care organizations

ADMINISTRATION

- ***Client Eligibility***
 - Standardized screening for eligibility for enhanced services
 - Eligibility process includes consideration of both diagnoses and functional assessment of acuity and complexity
 - Time-limited conditions excluded
 - Procedures designed to maximize inclusion of children who would benefit
 - Extend eligibility until age 26 years to align with ACA policy
 - Neonatal services covered by Medi-Cal except when CCS eligible condition present
 - Standardized determination across public programs
- ***Provider Eligibility***
 - Certification/empanelment authority
- ***Management: State DHCS Responsibilities***
 - Centralized, standardized eligibility determination, service authorization and utilization review
 - Maintain statewide patient registry
 - State and regional systems coordination: Use memoranda of understanding among health plans, public health, CHDP, Early Start, Regional Centers, Mental Health clinics, Medi-Cal, home health care and social services
 - Collaborate with Medi-Cal Managed Care office to ensure that contracts with health plans assure the availability of services needed by CSHCN
 - Liaison with health plans, professional associations and other statewide service organizations and agencies serving CSHCN
 - Regularly convene provider and consumer advisory committees
 - Regularly updated health care needs assessment of the populations to be served

- Proactive state leadership to improve system performance including access, quality and value
- Standardize care processes, e.g., referral, care planning, discharge procedures, and transition planning and processes
- Assure provision of technical assistance to counties and provider practices serving CSHCN
- Monitor performance, measure quality, and issue regular public reports
- Monitor population health of CSHCN
- Site visitation and certification of providers
- Maintain up-to-date registries of providers and of their capacities to accept new patients and of community services frequently used by CSHCN
- Offer ombudsman/consumer relations services
- Streamline reimbursement process
- Offer billing assistance to providers
- Medical therapy units operated by counties or regionalized
- **Management: Regional or County Public Health Department Responsibilities**
 - Monitor access to care
 - Need-based care coordination, case management and navigation assistance
 - Provide technical assistance to provider practices
 - Certification review
 - Medical Therapy Unit operation
- **Financing**
 - Payment adjusted for risk and need
 - Promotes team care and shared management
- **Policy**
 - Legislative liaison
 - Policy development in collaboration with Medi-Cal Managed Care office
 - A single health care financing system that promotes integration of services to meet all the child's healthcare needs

PROVIDERS

- Networks of providers, including primary and pediatric subspecialty care, oral and mental health professionals, hospitals and centers of excellence adequate to meet the needs of children in a timely, efficient and effective manner
- Medical home designation based on established criteria whether primary or subspecialty care provider
- Meaningful use qualified electronic health record capability
- Provider compensation and performance management systems to reward providers for improved quality of care

BENEFITS AND SERVICES

- EPSDT benefits with special attention to:
 - Chronic care management
 - Wrap-around service
 - Habilitative services
 - Primary, secondary and tertiary preventive care
 - Durable medical equipment
 - Self-management support
 - Physical and occupational therapy
 - Oral health
 - Translation services
 - Transportation
 - Mental health and behavioral health service parity with physical health services
- Enrollment and annual needs assessment for care planning
- Care plans for all children
- Benefits tied to needs assessment and some provided in a tiered fashion
- Neonatal high-risk follow-up based on needs/risk assessment
- All children have a medical home
- Care coordination as a tiered service provided at the practice and plan levels
- Parent-to-parent navigation assistance
- Co-management between primary care and specialty care providers
- Provider-to-provider consultation
- Family support related to care of CSHCN
- Coordinated transition planning and services
- Home visits as part of care coordination
- Health care in homes, child care facilities and schools
- Step-down services after hospital discharge
- Home and community services
- Respite care
- Long term care
- Palliative care
- Coordinate with in-home health services and long-term care services and other service providers
- Access to special care centers and centers of excellence
- Electronic care management: e-mail, telephone consultation, telehealth
- Out-of-plan provider access

QUALITY ASSURANCE

- Maintain and expand criteria for empaneled providers and special care centers
- Standard performance measures for systems and providers across counties and the state

- Application of evidence-based, quality measures specific to children with chronic health problems
- Monitor equity and performance related to access to care, health care utilization, quality of care, satisfaction and experience with care, health care expenditures, health outcomes and impact on families
- Requirement of ongoing quality improvement activities by health plans and providers including special care clinics
- Assessment of cultural sensitivity of care
- Family involvement in program and policy activities related to quality of care
- Health plans responsible for enrollee population health measures and quality

INCENTIVES

- Provide technical assistance to support practice transformation and quality improvement
- Tiered incentive for medical homes depending on capabilities or quality
- Financial incentives and technical assistance for EMR adoption
- Financial incentives for co-location of medical and behavioral health care services
- Financial incentives to licensed providers in health professional shortage areas

ADDENDUM

The plan described above is intended to offer improved care to children with special health care needs, but it falls short in two important ways. First, it does not directly address the health care of CSHCN who are privately insured. Second, it does not come close to offering a plan for a unified system to promote the health and well-being of children. The fragmentation of services, most notably the independent operation of medical, mental, dental and especially developmental services is highly frustrating for families. It interferes with the provision of comprehensive, coordinated, high-quality care for special needs children and hampers opportunities to hold agencies and service providers accountable. The separate financing inherent in this fragmentation no doubt duplicates administrative costs and some services and raises the costs underwritten by the state's taxpayers. It should be an aim of state government and advocates to work toward the creation of the integration of services for children.

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ABOUT THE FOUNDATION: The Lucile Packard Foundation for Children's Health works in alignment with Lucile Packard Children's Hospital and the child health programs of Stanford University. The mission of the Foundation is to elevate the priority of children's health care through leadership and direct investment. The Foundation is a public charity, founded in 1997. To learn about the Foundation's work to improve the system of care for Children with Special Health Care Needs, go to <http://www.lpfch.org/cshcn>. To see data about CSHCN in California, visit <http://www.kidsdata.org/topic/14/demographics-of-children-with-special-needs/summary>

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