Whole-Child Model (WCM) Update

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Business Integration

WCM Community-Based Organization Focus Group
June 14 & 15, 2018

CalOptima’s Whole-Child Model implementation is delayed until no sooner than July 1, 2019.
Agenda

• Whole-Child Model Overview
• CalOptima Proposed Implementation
• Next Steps
Whole-Child Model (WCM) Overview

- California Children’s Services (CCS) is a statewide program providing medical care and case management for children under 21 with certain medical conditions.
  - Locally administered by Orange County Health Care Agency

- The Department of Health Care Services (DHCS) is implementing WCM to integrate CCS services into select Medi-Cal plans.
  - CalOptima will implement WCM effective January 1, 2019.
  - All Plan Letter 18-011 released June 7, 2018

CalOptima’s Whole-Child Model implementation is delayed until no sooner than July 1, 2019.
Division of WCM Responsibilities

State
- Program oversight and monitoring
- Provider paneling

County of Orange
- CCS eligibility
- Medical Therapy Program (MTP)
- Care coordination of CCS services for members keeping their CCS public health nurse
- CCS services for non-CalOptima children

CalOptima
- Member notices
- Provider contracting
- Care coordination
- Referrals and authorizations
- NICU acuity assessment
- Claims payment

Neonatal Intensive Care Unit (NICU) claims payment responsibility is pending DHCS guidance
Guiding Principles: CCS Children

• Continuity of care
  ➢ Members can request to continue seeing the same providers they currently see.

• Integration of services
  ➢ Members receive CCS and non-CCS services under the same entity.

• Member choice
  ➢ Members can chose from a broad and diverse network of providers that covers the entire county — and beyond when necessary.

• Timely access
  ➢ Children receive timely authorizations and appointments.
Guiding Principles: CCS Providers

• Broad participation
  ➢ All existing CCS-paneled providers can participate under the new WCM.
  ➢ Providers will have visibility to CCS and non-CCS services provided to member for them to coordinate care timely and with quality.

• Administrative simplification
  ➢ Coordinating care under one entity will reduce the administrative burden.

• Stable payments
  ➢ CCS paneled physicians will receive the CCS rate unless otherwise agreed upon.
CalOptima
Implementation
Orange County Partners

Orange County Health Care Agency
CCS Program

CalOptima
Medi-Cal

CCS Children and Families

Providers, Health Networks and Community Partners

Hospitals
CCS Demographics

- About 13,000 Orange County children are receiving CCS services.
  - Ninety percent are CalOptima members

<table>
<thead>
<tr>
<th>Languages</th>
<th>City of Residence (Top 5)</th>
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<tbody>
<tr>
<td>English = 51 percent</td>
<td>Santa Ana = 23 percent</td>
</tr>
<tr>
<td>Spanish = 43 percent</td>
<td>Anaheim = 18 percent</td>
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<tr>
<td>Vietnamese = 4 percent</td>
<td>Garden Grove = 8 percent</td>
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<tr>
<td>Other/unknown = 2 percent</td>
<td>Orange = 6 percent</td>
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Data as of April 2018
Proposed Delivery Model

• Leverage existing delivery model using health networks, subject to Board approval
  ➢ Reflects the spirit of the law to bring together CCS services and non-CCS services into a single delivery system

• Using existing model creates several advantages
  ➢ Maintains relationships between CCS-eligible children, their chosen health network and primary care provider
  ➢ Improves clinical outcomes and health care experience for members and their families
  ➢ Decreases inappropriate medical and administrative costs
  ➢ Reduces administrative burden for providers
Next Steps
WCM Preparation Ongoing

• Continue meetings with Health Care Agency and Health Networks to ensure smooth transition
• Establishing WCM-specific policies, procedures and protocols e.g.:
  ➢ Honoring WCM-specific continuity of care requirements
  ➢ Arranging for and providing CCS and non-CCS services under WCM
  ➢ Aging-out process
• Hiring staff with clinical expertise to serve children with complex needs
• Contracting with CCS-paneled providers to meet children’s needs
Advisory Committees

• Clinical Advisory Committee
  ➢ County CCS Medical Director
  ➢ Minimum of four CCS-paneled providers
  ➢ CalOptima Chief Medical Officer

• Family Advisory Committee
  ➢ Seats: 7-9 Family seats and 2-4 community-based organization/advocate seats
  ➢ Applications closed 03/31/2018
  ➢ Board of Directors appointed 6 Family seats
  ➢ CalOptima expects to return to the Board in September for additional appointments
Stakeholder Engagement

• CalOptima is committed to keeping our stakeholders informed and providing opportunities for feedback

• Recent events:
  ➢ January 2018 General Stakeholder event
  ➢ February 2018 Family events
  ➢ March 2018 CalOptima employee focus group

• Upcoming events:
  ➢ June 2018 CBO focus group
  ➢ July 25, 2018 General Stakeholder event
  ➢ Additional General and Family events planned through end of year
Additional Information

• CalOptima WCM implementation information, including prior event materials
  ➢ www.caloptima.org
  ➢ Sign-up for periodic updates

• DHCS WCM Implementation
  ➢ Program information:
    ▪ http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx
  ➢ CCS Advisory Group:
    ▪ http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx
Focus Group structure

• Goal:
  ➢ For you all to share your experience, lesson learned, best practices, issues, suggestions with us so we consider your feedback in our transition planning

• Two Focus groups

• 4 Topics – each 15 mins
  ➢ CCS to WCM transition
  ➢ Continuity of Care
  ➢ Age-out process
  ➢ Member Communication

• Please note that we will have Q&A session at the end
CalOptima’s Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner