Case Management/Authorizations

Introduction

Care for children with special health care needs in California has long been managed by California Children's Services (CCS), a state-level program that operates at the county level. In 2018 the state Department of Health Care Services turned over responsibility for CCS activities to Medi-Cal managed care organizations in 21 counties under a new program called the Whole Child Model (WCM). The Children's Regional Integrated Service System (CRISS), a collaborative of family support organizations, pediatric hospitals and provider groups, and 28 county CCS programs in Northern California, has closely monitored the implementation of the WCM and has identified potential strategies to address issues and concerns raised by families, plans, providers, and CCS county agencies.

Situation

- It is our understanding that WCM Medi-Cal Managed Care Plan (MCMCP) contracts do not include language requiring provision of standard CCS case management components such as referrals to appropriate pediatric subspecialists and case management responsibility to review medical records to direct proper medical follow up, assure appointments are made, assist the family to attend appointments, and assure that the scheduled appointments were attended.

- Under the WCM, the primary care provider (PCP) now determines the referrals needed and directs follow-up, although it's not clear that these physicians are prepared to do the case management in a way comparable to the CCS standard; many PCPs are safety net providers, with limited support staff, time for client appointments, and expertise in the esoteric diagnoses and complex medical needs of CCS clients. Providers themselves have noted that the enhanced payment for CCS visits does not mitigate these limitations and also note that they have not been informed of the new expectations that are being placed upon them in this model.

- There appears to be a reduction in the number of CCS-eligible children served in WCM counties that may be directly related to the lack of inclusion of this referral and case management language in the current WCM plan contracts.

Background

SB 586 requires WCM plans to "maintain… or exceed… CCS program standards and specialty care access, including access to appropriate subspecialties"; and "provid[e] for the continuity of child and youth access to expert, CCS dedicated case management and care coordination, provider referrals, and service authorizations." Advocates' expectations were that, per SB 586, WCM plans would employ staff with appropriate CCS and/or pediatric experience and would continue to provide CCS case management as typically provided by county CCS programs, such as an identified nurse case manager with familiarity with CCS medical conditions and the needs of individual children and their families. Plans, by comparison, appear to operate under a PCP-driven model that is not well-suited to the medical and other needs of CCS children.

The latest data indicate a decline in referrals between 27% and 36%, while the average classic CCS county in the same time frame has shown an increase of 28%. This mirrors, and likely causes, the significant decline in caseloads seen in WCM counties.

Assessment

Lack of direct case management oversight of the referrals necessary for children with special health care needs may in fact have contributed to a reduction in the number of CCS eligible children served in at least some of the WCM counties.

Recommendations

WCM plan contracts should be revised to include adherence to a standardized definition of CCS case management, including referral to pediatric subspecialists, that assures that children and families in WCM counties receive the same level of assistance and support provided to CCS children in classic counties. This could be facilitated by plan recognition of the CRISS definition of CCS case management and analysis of the nature of case management provided under WCM, including what MCMC case management looks like for the 10% or so of CCS children who receive intensive care management vs. the case management received by the bulk of CCS children. DHCS should oversee this process to ensure that all core CCS case management functions, including referral to pediatric subspecialists, are available for children enrolled in the WCM.

About Children's Regional Integrated Service System (CRISS)

Founded in 1996, CRISS aims to promote a seamless, integrated, family-centered, cost-effective and efficient regional service system for children with special health care needs. Learn more at: criss-ca.org or contact Laurie Soman, CRISS Director, at Lsoman6708@aol.com or 510-540-8293.

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