

# Responsibility for Medical Documentation for CCS Initial and Annual Redetermination

## 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

WCM Medi-Cal Managed Care Plans (MCMCP) are not providing the current medical reports that CCS staff need in order to conduct timely and annual medical eligibility determinations.

## Background

Implementation of the WCM in 21 CCS counties requires that medical documentation for annual medical redetermination be provided by the MCMCP to CCS staff, per DHCS All Plan Letter 18-023 and CCS Numbered Letter 04-0618, in accordance with CCS Program guidelines.

MCMCPs also are required to inform county CCS programs when their clients meet CCS acuity for the Neonatal Intensive Care Unit or are eligible for High Risk Infant Follow-Up so that these children's cases can be entered into Children's Medical Services Net (CMS Net). Prior to WCM implementation, county CCS staff had access to medical records from hospitals and other providers and could conduct annual eligibility redeterminations quickly and efficiently; post-WCM, CCS programs no longer have responsibility for case management and no longer collect or have ready access to medical records. With post-WCM reduced staffing, CCS programs no longer have staff available to obtain medical records if they are not provided to them by the MCMCPs. CCS programs may be forced to close cases if they are not given the documents they need to conduct redeterminations. It has been documented that CCS case referral numbers are dropping; at least some of the drop may be related to cases that are closed because of lack of access to medical documentation.

## Assessment

Lack of access to complete medical records from the WCM plans places an unfair burden on reduced county CCS staffing and is a factor in reduction in CCS cases because cases have to be closed when needed documentation is not available.

Some MCMCPs are attempting to provide medical reports to CCS WCM counties, but are providing incomplete or outdated medical reports. Where staffing time permits, CCS program staff have accessed electronic medical record systems to obtain updated reports to renew medical eligibility and/or note new medical eligibility diagnoses if applicable. Overall, it is likely that the lack of appropriate and/or timely medical documentation has resulted in a decrease in county CCS caseloads.

### Recommendations

Per the All Plan Letter (APL), CCS Numbered Letter and plan-county Memoranda of Understanding (MOU), DHCS should clarify that it is the responsibility of WCM plans to collect and provide the medical documentation necessary for county performance of initial medical eligibility reviews and annual medical redetermination. To that end:

- WCM plans should be required to follow the APL, CCS Numbered Letter and MOU and provide county programs with all appropriate medical documents related to the CCS-eligible condition or potentially eligible condition in a timely fashion, and DHCS should monitor plan adherence to this requirement. This is necessary so that county CCS programs can conduct timely initial and annual medical reviews and ensure that children's eligibility is established and they can access needed CCS services without delay.
- DHCS should develop and provide WCM plans with guidance for appropriate referrals including a standardized form or template specifying the information to be completed for all CCS referrals and annual medical reviews.

### 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](http://criss-ca.org) or contact Laurie Soman, CRISS Director, at [Lsoman6708@aol.com](mailto:Lsoman6708@aol.com) or 510-540-8293.

*Support for this work was provided by the Lucile Packard Foundation for Children's Health, Palo Alto, California*