Enhanced Care Management (ECM) for Children and Youth (C/Y): California Children's Services (CCS)

November 29, 2023

Health Plans We Support

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Agenda

- Welcome and Introductions
- Learning Objectives
- CCS Population of Focus and Eligibility
- Tools Under Development to Support Intersection between CCS and ECM
- Health Plan's approach to using these tools
- Provider Spotlight
- Q&A

Welcome and Introductions

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Today's Presenters

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Learning Objectives

- Learn more about California Children Services (CCS)
- Begin to discuss how ECM complements other child serving systems, specifically California Children Service (CCS)
- Engage and ask questions.
- Connect with other Child and Youth Providers to learn to navigate multi-sector systems.

Getting to Know You!

The California Children's Services (CCS): Population of Focus

Children & Youth who meet one or more of the following conditions:

(1) Are enrolled in California Children's Services (CCS); and

(2) Are experiencing at least one complex social factor influencing their health

Examples include (but are not limited to) lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (4+) of ACEs screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health and/or substance use symptoms.

Notes on the Definition:

- **Children in CCS are eligible to receive ECM if they meet the criteria of any other ECM Population of Focus, even if they do not have a complex social factor** (in criteria #2 above) of this Population of Focus.
- For example, many children in CCS have a co-occurring behavioral health need; these children would be eligible for ECM.

About California Children's Services (CCS)

State-funded wraparound program for specific medical conditions for **all children (not limited to Medi-Cal) under age 21**

Services include:

- Diagnostic and treatment services
- Medical case management
- Physical and occupational therapy services (for the CCS-eligible condition)

Examples of CCS-eligible conditions include but are not limited to chronic medical conditions such as:

- Cystic Fibrosis
- Hemophilia
- Cerebral palsy
- Heart disease
- Cancer
- Traumatic injuries
- Infectious diseases producing major sequelae.

CCS Program Administration (including case management) – depends on County Size

Greater than 200,000 (independent counties)

- **County staff perform all case management activities** for eligible children residing within their county.
- Includes determining all phases of program eligibility, evaluating needs for specific services, determining the appropriate provider(s), and authorizing for medically necessary care.

Fewer than 200,000 (dependent counties)

- **Children's Medical Services (CMS) Branch provides medical case management** and eligibility and benefits determination **through regional offices located in Sacramento and Los Angeles.**
- Dependent counties interact directly with families and make decisions on financial and residential eligibility.
- Regional offices also provide consultation, technical assistance, and oversight to independent counties, individual CCS paneled providers, hospitals, and the Special Care Centers within their region.

CCS Services

provided by:

1. **Approved Hospitals**
2. **Approved Special Care Centers (SCC)**
3.

CCS and Medi-Cal

70% of the children enrolled in CCS are enrolled in Medi-Cal.

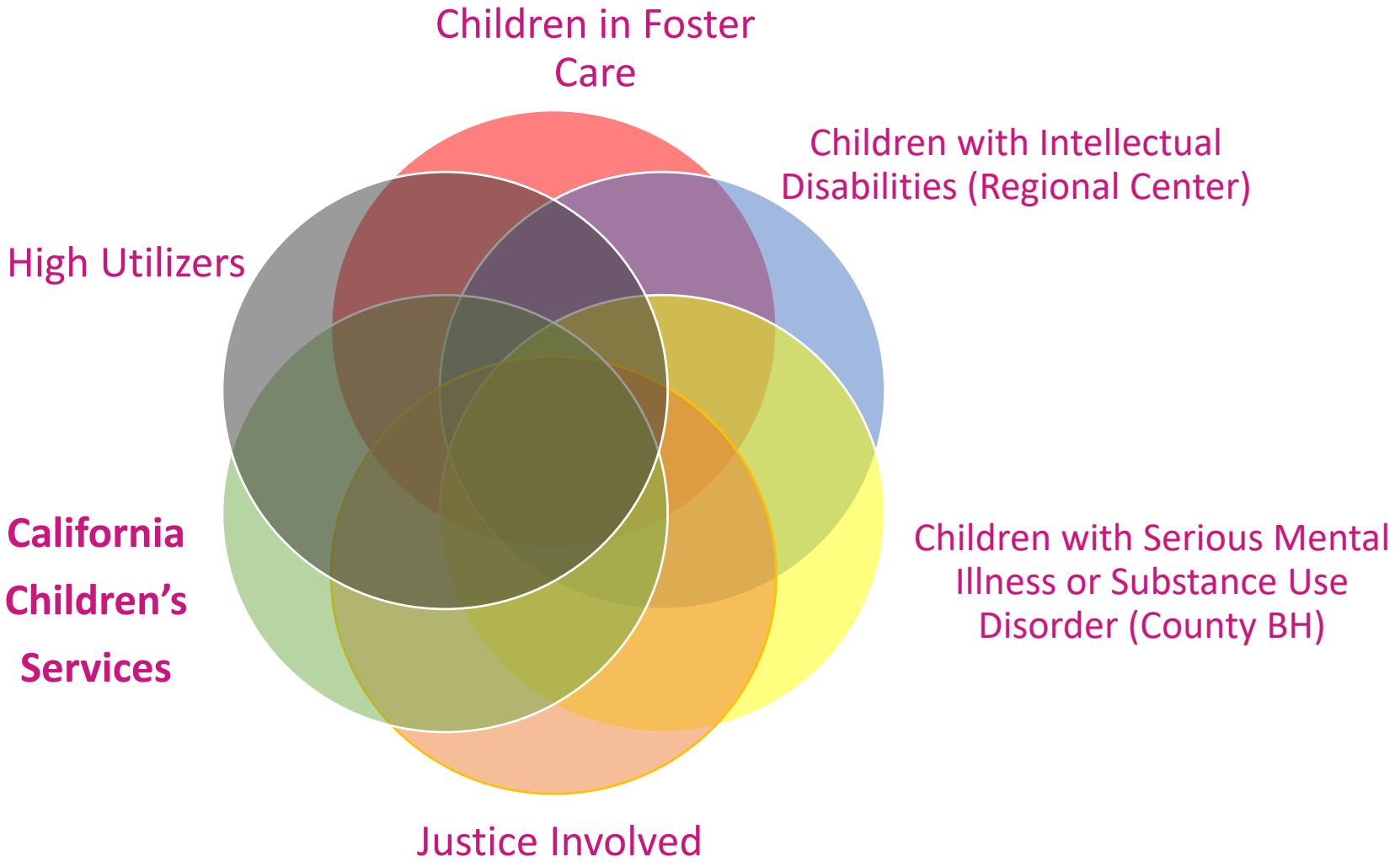
MCP is responsible for providing all covered medically necessary health care and case management services changes at the time that CCS eligibility is determined by the CCS program for the plan subscriber.

After enrollment in CCS, the **MCP is still responsible for providing primary care and prevention services not related to the CCS-eligible medical condition**

Children and Youth are often engaged with multiple systems of care

ECM is intended to provide a **single point of accountability** to ensure care management across multiple systems/programs — the "air traffic control" role

Children in CCS are eligible to receive ECM **if they meet the criteria of any other ECM Population of Focus**, even if they do not have a complex social factor.



Some Considerations

- Many children enrolled in CCS and may also be receiving services from Regional Centers
- Community Supports could offer significant help to children enrolled in CCS, even if they are not engaged in ECM

Health Plan Tools for CCS and ECM Providers

Value Proposition – CCS Partners

- Children with complex medical conditions often experience **co-occurring social and behavioral health challenges**, creating a need for the child's guardian to **navigate multiple delivery systems** which can be **complex and fragmented**.
- Health Net is partnering with community-based pediatric providers to address these complexities and fragmentation to support whole-child care and care coordination.
- We will do this together by:
  - Ensuring **high-quality**, **equitable, patient- and family-centered** care and care coordination
  - Coordinating care that is **culturally sensitive** and **evidence-based**
  - **Collaborating across delivery systems** to ensure that the member's health and social needs are met

CalAIM's purpose is to improve the quality of life and health outcomes of Medi-Cal Members by implementing delivery system, program, and payment reforms.

ECM is anchored in the community, where services can be delivered in an in-person manner by community-based ECM Providers.

ECM is for Medi-Cal Members with the highest health and social needs. ECM goals are:

- Improving care coordination
- Integrating services
- Facilitating community resources
- Addressing SDOH
- Improving health outcomes
- Decreasing inappropriate utilization and duplication of services

Sample Swim Lane – Delineation of Roles for Members also Enrolled in CCS

Steps	Health Plan	CCS (either SCC, individual CCS paneled providers, or pediatric acute care hospitals)	ECM Provider*	Other Providers (e.g., PCP, specialists, school, and other systems serving children with special needs)	Family
IDENTIFICATION	Use available data for timely identification	May refer to the MCP if they suspect eligibility criteria are met	ECM Services offered to the member** and consult with other providers as appropriate	May refer to the MCP if they suspect eligibility criteria are met	May self-refer
OUTREACH AND ENGAGEMENT					
COMPREHENSIVE ASSESSMENT AND CARE MANAGEMENT PLANNING		Complete and Maintain the CCS assessment and care plan	Complete assessment and develop care plan, leveraging existing assessments where appropriate		
COORDINATING CARE	Facilitates assignment to the ECM Provider (preferably the existing CCS Provider, if ok with the family)		Whole-child care coordination, acting as "air-traffic control", facilitating access to services and helping with transition planning		
SERVICES	Ensures there is no duplication of care/case management services	Provides services, in accordance with their program and professional scope		Provides services, in accordance with their practice and professional scope	

*If the ECM provider is also the CCS provider, or other provider such as the PCP, they would incorporate these roles into their existing workflows
**If the member's CCS Provider is also their ECM Provider, ECM services could be provided at their Specialty Care Center or wherever they receive CCS services

Consent and Information Sharing

Consents and Information Sharing

The following health care services can be consented to without parent/guardian consent/knowledge:

All Minors

- Reproductive services
- Abortions
- Diagnosis of and treatment in the case of sexual assault
- Treatment in the case of abuse or neglect

Minors over 12

- infectious, contagious, or communicable diseases
- injuries resulting from intimate partner violence
- Some behavioral health services
- Diagnosis and treatment of an SUD

Minors over 15* and Emancipated Minors

- All health care services

+ General rule of thumb: If a minor may lawfully consent to receive a particular health care service without the consent of a parent/guardian under CA law, MCPs and ECM Providers should rely on a minor's signed authorization to disclose PHI related to such services.

See Appendix for more information

See Chapter 4, section 2 of the CalAIM Data Sharing Authorization Guidance

*who live separate and apart from their parent/guardian and manage their own financial affairs

Care Planning and Collaborating Across Teams

Care Planning

ECM Providers should leverage CCS' comprehensive assessment and care plan to inform the ECM care management plan development

Care management plans should incorporate the member's needs and strategies across the areas of:

- Physical Health Care
- Mental Health Care
- SUD Care
- Community-Based LTSS
- Oral Health Care
- Palliative Care
- Social Supports
- SDOH Care

Reminders:

- **Child- and Family-Centered**
- **Wholistic**
- **Strengths Based**

Care Management For the Member also Enrolled in CCS

ECM Services

- Outreach and Engagement
- Comprehensive Assessment and Care Management Planning
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Supports
- Coordination of and Referral to Community Social Support Services

CCS Medical Case Management Service Components

- Intake
  Conducting health and psychosocial assessment; developing care plan (including required coordination across organizations) and social work plan
- Ongoing Treatment and Patient Follow up
  Conducting periodic reassessments; coordinating, referring, and monitoring all services and follow ups as outlined in the patient care plan; convening team conferences to coordinate decision making and delivery of health care services
- Patient and Family Teaching
  Soliciting family (and child when mature enough) participation and collaboration in plan of care; providing education to parents and family members about the system of care and services (including social services) available
- Multidisciplinary Comprehensive Team Assessments
  Maintaining documentation of assessments/reassessments and medical emergency plan
- Transition Support
  Planning for the transition of youth to adult services by the age of 14 including sources of medical, vocational, financial, and support services and safety planning for youth with disabilities

Tip: make sure you have a mechanism to document everything you are doing to show clear delineation of the services you are providing (ex: as the Specialty Care Center Coordinator and as the ECM provider)

Supporting Charlie and his Family

- Charlie is 11 years old and recently enrolled in ECM.
- Charlie has cerebral palsy and is also enrolled in California Children's Services (CCS).
- Charlie's family is experiencing housing and food insecurity.

Chat in!
As an ECM Provider, what will care planning and collaboration look like as you work with Charlie, his family, CCS, and other programs/providers involved in Charlie's care?

ECM Provider Cross Collaboration Checklist

How will you collaborate with other organizations for effective care management?

	Description	Check Box if "Yes"
Clearly Defining Roles	All involved in the member's care are identified and documented, each with roles and responsibilities outlined, agreed upon, and understood by others	☐
	Child and family are the center of the "team", informing all decisions as an equal partner	☐
Establishing Communication Channels	Determine if the member has an existing interdisciplinary or multidisciplinary care team and how interactions with this team will occur	☐
	Create a communication plan (includes frequency and type(s) of interaction – e.g., monthly zoom with quarterly in-person, updates sent to PCP and specialist between meetings)	☐
Avoiding Duplication	Understand applicable HCPC codes and service descriptions for care and case management	☐
	Create workflows showing distinct times/needs to use ECM as an additive to what is already in place for the member (could include a swim lane for this)	☐

Provider Spotlight

Poll

- What are some other resources, tips, or guidance you use to help inform your approach to care planning and collaboration?

- How do you connect with your CCS program now?
- How can the Health Plan help support local/regional collaboration with CCS or other child serving systems?

Questions?

if time allows

THANK YOU!!!!
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