

California Children's Services (CCS) Redesign Eligibility and Health Conditions Technical Workgroup (TWG) Kick-Off Webinar Summary Notes Thursday, March 12, 3-5pm PST

The complete recording of this webinar is available [here](#).

Introduction to the Eligibility and Health Conditions TWG

Jessica Padilla (UCLA) opens the webinar and initiates member introductions. After introductions, Anastasia Dodson (DHCS) provides an introduction of the technical workgroup. Ms. Dodson explains the importance of reviewing CCS eligibility criteria and discussing whether or not the needs of both children and parents are being met. She explains that the role of this technical workgroup is to do just that and to present findings for the RSAB to consider.

Overview of CCS Eligibility and Health Conditions

Dr. Bob Dimand (DHCS) introduces himself and notes the DHCS Redesign goals as they relate to this workgroup noting that the Triple Aim goals are already something that the program has been embracing. He suggests several areas of exploration for the group:

- Researching standardized validated assessment/eligibility determination tools
- Exploring current CCS case mix and the development of new eligibility guidelines
- Accounting for eligibility to ensure that the level of care coordination adjusts to patients' needs
- Including prenatal and neonatal screening protocols for more rigorous case finding

Dr. Dimand notes the paradigm shifts in health care that have happened over the years and the desired outcomes that the group should consider. He presents an overview of the history of medical eligibility and where CCS stands today as well as how to move forward to provide context for TWG member discussion.

- **History of Medical Eligibility:**
 - The program evolved substantially since 1927, when it focused mainly on severe crippling disabilities. It was expanded in 1935 and in 1940, cerebral palsy became part of the program. By the 1950s, congenital heart surgery became a reality and in 1961, cystic fibrosis became more treatable. In 1978, the name was changed to California Children's Services, and in 2000, medical eligibility regulations were adopted to refine the list of CCS eligible physically handicapping medical conditions.

- **Current Landscape:**
 - Dr. Dimand provides a quick overview of CCS eligible medical conditions for discussion purposes. CCS eligible conditions include neoplasms or cancer, disorders of blood including hemophilia, nervous systems, cerebral palsy and severe seizures, congenital anomalies, disease of circulation, congenital and functional heart disease, endocrine diabetes, pituitary thyroid disorders, immune and metabolic disorders, respiratory conditions, digestive diseases, diseases of the eyes, ears, and hearing, skin and subcutaneous tissue, accidents, poisoning and vaccination reaction.
 - Dr. Dimand talks about the efforts to add case management services to ease family burden of having to be their own case managers.
 - He explains how the program is trying to decrease the variability of case closures, adding that CCS eligibility depends on several factors including age (0 to <21 years of age), CCS eligible medical condition, financial eligibility, and residential eligibility.
 - He reviews requirements for the provision of services, which include prior authorization (using Service Authorization Requests, or SARs). Dr. Dimand then goes over Diagnostic Authorization, which happens when there is reasonable suspicion, based on medical reports submitted, that a child may have a CCS eligible medical condition.
- **How to Move Forward:**
 - Dr. Dimand mentions that the workgroup has a lot of challenges to consider where to go, but frames the group discussion as one in which they are starting from a blank slate.

Discussion / Additional Questions to Guide TWG Direction and Next Steps

Dr. Dimand encourages members to discuss how they think this program can evolve to continue to improve and serve the needs of families and patients. He then opens the meeting up for comments from the audience. (Note: Underlined portions of the notes below denote specific areas of exploration that came up in the TWG conversation.)

- **CCS Eligibility and Health Conditions:**
 - Maya Altman (Health Plan of San Mateo) comments that eligibility sometimes does not make sense to her and that she wants to know why the program is not keeping up with eligibility conditions that make sense for the program.
 - Ms. Dodson responds by saying that this workgroup can ask the Data TWG for some information on why some cases are CCS and some are not. She then opens up the discussion for other members to address Maya's question.
 - Dr. Dimand says that although there are set eligibility regulations, the purpose of this group is to come up with a Redesign to that process.

- Dr. Louis Girling (Alameda County California Children’s Service) responds to Ms. Altman’s concerns stating that there are areas where the regulations are weak and those need to be looked at closely. He emphasizes what Dr. Dimand explained earlier about the role as a program to ensure the correct service in the correct place by the correct provider.
 - Dr. David Alexander (Lucile Packard Foundation for Children’s Health) adds that there could be other possible ways besides a CCS program to make sure that kids get to the right place. He hopes to start looking not only at a list of conditions but also a functional outcome as part of eligibility.
 - Dr. Girling, in response to Dr. Alexander’s comments about eligibility, says that to some extent functional impairment is already taken into account, but there are children without CCS eligible conditions whose functional impairments may be as severe as children who are CCS eligible. There may be other ways to take functional impairment more into consideration in order to include some of these children as CCS eligible.
 - Nathan Davis (California Children’s Hospital Association) asks about information on the medical eligibility subgroup discussions that have been occurring over the past year.
 - Dr. Girling responds saying that the current Medical Eligibility Determination Consensus Document is under revision. The revision is nearly ready for distribution to members of the Medical Advisory Committee (MAC).
 - Ms. Dodson suggests posting a draft of the document online. Dr. Girling says that he will have to seek permission from the MAC Steering Committee before he can share the revised document electronically.
 - Documents provided by Dr. Girling will be available on the Eligibility/Health Conditions TWG page ([here](#)).
 - Ms. Altman asks how we can be sure that nurses and doctors are interpreting things in the same way.
 - Dr. Girling responds that the process for ensuring consistency in medical eligibility determinations starts at the county level. However, there are regional organizations, including the CRISS Medical Eligibility Work Group in Northern California and SRPAC in Southern California, who work to ensure consistent medical eligibility determinations across county lines. In addition, the Medical Eligibility Determination group (the “MED group”) is a statewide committee that works to reconcile any differences in medical eligibility determination practices between Northern and Southern California.
 - Dr. Dimand comments that the state is very active in overseeing and ensuring that people are consistent in their interpretations.
- **Neonatal Care:**
 - Dr. Dimand explains how eligibility for CCS works in neonatal care, and describes its intervention-based criteria adding that it is very liberal.

- Dr. Dimand suggest distributing parts of the Title 22 medical eligibility regulations document to begin dialogue within the group.
 - Dr. Girling says he will ask the MAC Steering Committee for permission to distribute the MED consensus document.
 - Documents provided by Dr. Girling will be available on the Eligibility/Health Conditions TWG page ([here](#)).
- Dr. Girling suggests that the GI regulations also be put up for fine-tuning, noting that challenges in interpreting regulation often result in inconsistencies.
 - Dr. Neal Kohatsu (DHCS) asks about the role of specialty and generalist guidelines in GI.
 - Dr. Dimand says that there are organized groups that have guidelines for entities like GI, so GI has not been much of a challenge.
 - Dr. Kohatsu, addressing Dr. Girling’s point about challenges with interpretation of regulations, mentions that in his line of work, guidelines from multiple organizations are reviewed for medical due diligence. Dr. Dimand adds that it is important to work with the family to make a medical determination about when more specialty care may be needed rather than relying on established clinical thresholds. Including the family in the decision also aligns with the ultimate goal of making the process more family-centered.
 - Dr. Girling suggests looking at anaphylaxis and other serious allergic diseases to the list of eligibility guidelines to review and Dr. Dimand agrees.
- **Validated assessment and eligibility determination tools** - Ms. Dodson moves to discuss the topic of the validated assessment and eligibility determination tools.
 - Dr. Girling discusses reassessment and describes the formal appeals process, as well as the informal process for reconsidering eligibility decisions.
 - Dr. Dimand provides an example of children who have heart surgery and come back for their annual visit. If they are doing well, they are no longer eligible. He says that the way of dealing with cases like those is not consistent.
 - Dr. Girling comes back to the topic of eligibility determination tools and says that tools, or rather, criteria used to determine eligibility may vary at the county level, but regional and statewide groups work to reduce those variations.
 - Dr. Dimand mentions that the LA county algorithms are used in state-dependent operations because they are so helpful.
 - Dr. Girling talks about how electronic medical records are used to evaluate patients when they go back for their annual visit. He also asks about children with autism and possibly considering them for CCS case management.
 - Dr. Alexander agrees that this point should be considered during the Redesign.

Ms. Dodson verifies that there are no questions in the webinar’s chat dialogue box, makes a few closing remarks, and ends the meeting.