

The CCS Demonstration Project: Successes and Challenges in San Mateo County

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Agenda

1. Overview of Demonstration in San Mateo County (SMC)
2. Key Goals
3. Some Key Strategies
4. Successes
5. Ongoing Challenges
6. Lessons Learned to Date
7. Questions

Overview of Demonstration in SMC

- State designated demonstration – April 2013
 - Integration with existing Medi-Cal managed care plan
- ~ 1,500 CCS children served
 - Includes nearly all Medi-Cal
 - CCS only excluded
- Subcontract with San Mateo County CCS
- Full financial risk
 - San Mateo already a CCS “carve-in” county
- Same specialty network (80% LPCH)

Key Goals

- Address needs of the “whole child”
- Reduce burden on families and providers related to fragmentation of administration and care
- Preserve CCS’s quality of care and access to CCS specialty networks
- Leverage best aspects of CCS and managed care
- Improve health outcomes and access for CCS children
- Improve CCS provider satisfaction and support
- Remain budget neutral while improving program

Some Key Strategies

- SMC CCS Nurse Case Managers authorize all services
- Establishment of advisory committee and family subcommittee
- Co-location of CCS at HPSM
- Process redesign with family-centeredness in mind
- Increasing time for care management by reducing prior authorization requirements
- Enhancing and improving provider network
- Administering comprehensive assessments
- Providing easier access to HPSM's grievance and appeals protections

Successes So Far

- 34% reduction in Notices of Action (denials)
- New pharmacy formulary eliminating nearly all needless delays and denials
- Network improvement for incontinence supplies
- Comprehensive assessment tool developed and being used
- Enhanced family engagement and outreach
- Greater IT system integration
- Reduced barriers to filing grievances and appeals
- Budget neutral to date

Ongoing or Upcoming Projects

- New care management system
- Home health network improvements
- SAR/TAR improvements
- Increased mental health utilization
- Increased provider outreach

Ongoing Challenges

- Formal evaluation difficult
- IT fragmentation – State and HPSM systems
- HPSM-SMC business culture differences
- Many things happening at once in health care

Lessons Learned to Date

- Infrastructure and process improvements are critical.
- Co-location is extremely helpful in reducing communication silos.
- Full time director a key to success, as is a collaborative approach with the CCS program.
- Families get lots of paper. Most of that paper causes more anxiety than it's worth. Comprehensive care management reduces that paper and anxiety.
- The Family Subcommittee has been essential in identifying areas for improvement and ensuring family-centeredness.

Questions?