



## California Children's Services (CCS) Program Redesign

### Overview of Five States' Programs for Children and Youth with Special Health Care Needs (CYSHCN)

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In the continued effort to improve the CCS Program, the University of California, Los Angeles (UCLA) Center for Health Policy Research, researched out-of-state models of care for CYSHCN. Of more than 25 out-of-state models considered, the Department of Health Care Services (DHCS) and UCLA have identified five models because of their relevance and similar demographics to California. In addition, these five out-of-state models have been implemented and are proven to provide high quality of care to CYSHCN.

#### Arizona

The Children's Rehabilitative Services (CRS) Program provides medical services to CYSHCN in Arizona. The CRS Program was created in 1929, pre-dating Arizona's Medicaid program, and has operated as a carved-out from the State's mandatory Medicaid managed care. Historically, the CRS Program served both Medicaid-eligible and non-eligible beneficiaries under the age of 21 years old, who meet the medical condition eligibility. However, since January 1, 2011, funding for non-Medicaid participants was eliminated, and the CRS Program now only covers Medicaid-eligible CYSHCN with [qualifying CRS medical conditions](#).

Facing many problems such as lack of care coordination, administrative burdens on providers, and obscure care navigation for patients, the CRS Program's administrators embarked on a redesign effort to make changes to the CRS Program. Arizona [applied for](#) and [received](#) an amendment to their [Medicaid Section 1115 Waiver](#) in January 2013. The waiver basically integrated all carved-out, CRS Program physical and behavioral health services into "one single MCO [managed care organization] statewide," which provides medical and other enabling services including delivery, reimbursement, and care coordination (i.e. CRS Program -specialty care as well as acute care and behavioral health services).<sup>1</sup> To facilitate the delivery of medical services, the CRS Program contracted with United Healthcare Community Plan, a national for-profit health plan and who was selected through a competitive procurement process in which capitation rates for medical services were also set.

Under the new CRS Program, all CRS Program enrollees must be Medicaid enrollees, and Medicaid-eligible persons will be automatically enrolled into the CRS Program. There are four [coverage types](#) for CRS Program enrollees. The most comprehensive coverage type of the four is the "CRS Fully Integrated" that covers all primary, specialty,

and behavioral health care. The other three plans are CRS Partially Integrated–Acute, CRS Partially Integrated–Behavioral Health, and CRS Only. These coverage types provide options for American Indians living on reservations, foster children, developmentally disabled, and those in long-term care.<sup>ii</sup>

In regards to provider networks, the CRS Program delivers care to over 25,000 CRS Program enrollees through four assigned Multi-Specialty Interdisciplinary Clinics (MSICs) in Phoenix, Tucson, Flagstaff, and Yuma, which bring all specialties together, along with contracted community providers.<sup>iii</sup> All care is coordinated by the assigned MSIC, and transportation is provided for all services covered by the CRS Program’s coverage plan.<sup>iv</sup> A full list of plan benefits is available [here](#). Additional information about transition planning, care coordination, behavioral health coverage, etc. is included in the [member handbook](#).

## Florida

The [Children's Medical Services Network \(CMSN\)](#) is a specialty managed health plan under Florida's Medicaid Managed Care program for Medicaid and the Children's Health Insurance Program (CHIP) beneficiaries up to age 21, who meet [clinical criteria](#).

The CMSN is administered by Florida's Title V CSHCN's Program, [Children's Medical Services \(CMS\)](#). The CMS funding comes from a variety of sources: a Medicaid 1915(b) managed care waiver, State general revenue and tobacco settlement trust funds, Title XXI CHIP funds (for CHIP-eligible children), Title V Maternal and Child Health (MCH) Block Grant Funds, Temporary Assistance for Needy Families/Social Services Block Grant (TANF/SSBG [for the early intervention program]), hospital fees (for newborn screening program), and sliding scale fees. Services not covered by Medicaid, including parent support, therapeutic camps, early intervention, genetic and nutritional counseling, are financed by the state General Revenue Fund.<sup>v</sup>

Effective August 1, 2014, CMSN partnered with two Integrated Care Systems to provide quality health care services to CMSN members. Ped-I-Care serves the central and northern part of the state, while South Florida Community Care Network (SFCCN) serves the southern part.<sup>vi</sup> Eligibility is determined via a nurse-administered clinical screening tool that considers conditions in four domains: physical, emotional, behavioral, and developmental. Examples of eligible conditions are: Congenital, genetic, chronic, or catastrophic conditions, including Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD), brain and spinal cord injuries, cancer, cystic fibrosis, diabetes, hemophilia, sickle cell anemia, and spina bifida.<sup>vii</sup> The CYSHCN who are not eligible for Medicaid or CHIP are able to receive limited services through CMSN and have to pay on a sliding-scale.

In regards to provider networks, Florida has developed a large system of providers and centers of excellence in universities across the State. The CMS enrollees may receive medical and support services through 22 CMS area offices (in eight regions) staffed by private physicians, in local private physician offices or health care organizations.<sup>viii</sup> Enrollees are assigned to a CMSN primary care provider, and receive ongoing support from CMSN care coordinators within the local CMS field offices or nurse care coordinators. The nurse care coordinators, who are salaried state employees, work with the Primary Care Provider (PCP) to identify all the CYSHCN in the practice, and provide care coordination services to all of children regardless of CMS eligibility. Oversight of care coordination functions are delegated to regional networks, which are monitored by the State through its two bureaus, which oversee administration and operational functions.<sup>ix</sup>

## **New York<sup>x</sup>**

The [Children with Special Health Care Needs](#) Program (Program) is a public health program that seeks to improve the system of care for CYSHCN from birth to 21 years of age and their families. It provides families information and referral services for health and other related areas, as well as case management services. Children served by the Program must be under 21 years old, and must have an eligible illness or condition such as cerebral palsy or muscular dystrophy, asthma, sickle cell anemia, diabetes, heart conditions, depression, conduct disorder, and attention deficit hyperactivity disorder.

A financial component of the Program is the Physically Handicapped Children's Program (PHCP), which provides financial assistance to CYSHCN and their families. The PHCP is the payer of last resort designed to assist families with low incomes or inadequate private health insurance to obtain medical services for their children.

The PHCP helps paying medical bills for children with severe chronic illnesses and/or physical disabilities. Prior authorization from the local PHCP must be obtained for all services. The PHCP has two components: the Diagnosis and Evaluation Program (D&E) and the Treatment Program. The D&E Program will reimburse specialty providers for the diagnosis and development of a treatment plan for all eligible children. The Treatment Program will reimburse specialty providers for the ongoing health and related services for children who are medically and financially eligible in their county of residence. The PHCP is located in 32 county health departments across the State of New York.

## Ohio

The [Bureau for Children with Medical Handicaps \(BCMh\)](#) Program is Ohio's State-administered program for CYSHCNs, who are under 21 years old and meet the medical and financial eligibility criteria. The BCMh Program aims to provide high quality, coordinated diagnostic and treatment services for CYSHCN and their families. The BCMh Program operates within the Ohio Department of Health, and receives funding for services from Title V, State general revenue funds, county tax funds, third-party reimbursements and donations.

The BCMh Program promotes early identification of children with handicapping conditions and treatment of those children by appropriate health care providers. Major components of the BCMh Program include: conducting quality assurance activities to establish standards of care and to determine unmet needs of children with handicaps and their families; funding services for the diagnosis and treatment of medically eligible conditions; collaborating with public health nurses and local health departments to assist in increasing access to care; supporting service coordination for children with selected diagnoses; and assisting families to access and utilize appropriate sources of payment for services for their child.

The BCMh Program acts as a payer of last resort providing financial assistance for care that is not covered by private insurance or Medicaid (or otherwise unaffordable to the enrollee's caregivers). The BCMh Program also provides CYSHCNs with other services, including diagnostic care, [regardless of financial level](#). Any child that is enrolled in Medicaid or receives supplemental security income (SSI) is automatically eligible.

In terms of provider network, the BCMh Program has a network of more than 8,000 health care providers throughout the state including physicians, dentists, therapists, registered dietitians, service coordinators, etc. Every BCMh Program child must have their medical care managed by a pediatrician, family practitioner, or subspecialty physician, who is enrolled as a BCMh Program provider. The managing physicians will complete and submit a full medical report about the child's condition annually and when special services are requested.

## Texas

Commenced in 1933, Texas' Children with Special Health Care Needs (CSHCN) Services Program is a special program for CYSHCN and people of any age with cystic fibrosis. To be eligible for CSHCN, a child must be under 21 years old, has a certain level of family income and has a qualifying medical condition. The CSHCN Service Program provides a wide range of medical services, dental and mental health care, case management services, and enabling services (e.g. transportation and travel arrangement to and from clinic). All CSHCN Program members must apply for Medicaid services as CSHCN is the payer of last resort.

The CSHCN Services Program provides primary and specialty care for CYSHCN when financially necessary. All SSI-eligible CYSHCNs who meet the income criteria are eligible for traditional [Medicaid/CHIP](#) (the State has not expanded their Medicaid program under the ACA); SSI-eligible CYSHCN under age 18 above the income level for traditional Medicaid have the option to "[buy-in](#)" to the program.<sup>xi</sup> Medicaid must be used to pay for services before the CSHCN Services Program will provide financial assistance for health care.

In addition to paying for direct services when financially necessary, the CSHCN Services Program provides case management, [family support services](#), [transportation](#) to routine and specialty appointments, and community resources through local community-based organizations and Department of State Health Services (DSHS) [regional staff](#).<sup>xii</sup> Nurse and Social Worker case managers work to coordinate care, maintain enrollees' eligibility paperwork, and provide education and transition resources.<sup>xiii</sup> The CSHCN Services Program maintains a waiting list for new or lapsed (applications must be renewed annually) enrollees when funds are limited.<sup>xiv</sup> Since 2003, the DSHS has facilitated a "[medical home workgroup](#)" that is currently in the strategic planning phases to work toward achieving a medical home for all children and youth in Texas, including CYSHCN.

The CSHCN Services Program maintains a robust list of providers across the state. Members may search for an eligible provider by contacting case managers located in one of the eight regional offices or going online to the CSHCN website. The list of current providers consists of all types of providers, i.e. primary, secondary, and tertiary providers. To be eligible for the CSHCN Services Program, providers must first enroll as a Medicaid provider.

## End Notes

<sup>i</sup> Arizona Health Care Cost Containment System, “Arizona 1115 Waiver Amendment Request: Integration of Children’s Rehabilitative Services (CRS),” April 2012, accessible at:

[https://www.azahcccs.gov/reporting/Downloads/Integration/CRS\\_WaiverProposal\\_4-18-12.pdf](https://www.azahcccs.gov/reporting/Downloads/Integration/CRS_WaiverProposal_4-18-12.pdf)

For additional background information on the waiver proposal, see also:

[https://www.azahcccs.gov/reporting/Downloads/Integration/CRS\\_PayerIntegrationProposalWeb\\_Final.pdf](https://www.azahcccs.gov/reporting/Downloads/Integration/CRS_PayerIntegrationProposalWeb_Final.pdf)

<sup>ii</sup> See also: <http://www.uhcommunityplan.com/az/medicaid/childrens-rehabilitative-services.html>

<sup>iii</sup> See: <https://www.azahcccs.gov/Commercial/CRS.aspx>

<sup>iv</sup> United HealthCare Community Plan, “Children’s Rehabilitative Services Member Handbook,” 2013, page 9. Accessible at:

[http://www.uhcommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/AZ%20CRS%20Member%20Handbook\\_Eng.pdf](http://www.uhcommunityplan.com/content/dam/communityplan/plandocuments/handbook/en/AZ%20CRS%20Member%20Handbook_Eng.pdf)

<sup>v</sup> Health Management Associates (HMA), “Care Coordination for California’s Children and Youth with Special Health Care Needs: Building Blocks from other States,” June 2014, page 31. Accessible at: <http://cshcn.wpengine.netdna-cdn.com/wp-content/uploads/2014/06/HMA-Care-Coordination-Full-Report.pdf>

<sup>vi</sup> CMS Managed Medical Assistance (MMA), <http://www.floridahealth.gov/AlternateSites/CMS-Kids/mma/mma.html>.

<sup>vii</sup> See: [http://www.floridahealth.gov/alternatesites/cms-kids/home/resources/documents/cms\\_overview\\_08.pdf](http://www.floridahealth.gov/alternatesites/cms-kids/home/resources/documents/cms_overview_08.pdf), slide 7.

<sup>viii</sup> Lucille Packard Foundation for Children’s Health, “Models of Care for Children and Youth with Special Health Care Needs,” November 2009, page 23. Accessible at: <http://cshcn.wpengine.netdna-cdn.com/wp-content/uploads/2012/07/fullreport1.pdf>

<sup>ix</sup> HMA, “Care Coordination for California’s Children and Youth with Special Health Care Needs: Building Blocks from other States,” pages 27 & 30. See also:

<http://www.dcf.state.fl.us/initiatives/GMWorkgroup/docs/021710presentationHaney.pdf>

<sup>x</sup> Resource Directory for Children and Young Adults with Special Health Care Needs,

<http://www.health.ny.gov/publications/0548.pdf>

<sup>xi</sup> See also: <http://www.hpsc.state.tx.us/Help/HealthCare/MBIC/MBIC-English.pdf>

<sup>xii</sup> Association of Maternal and Child Health Programs (AMCHP), “2015 State Title V Profiles: Texas,” 2015.

Accessible at: [http://www.amchp.org/Policy-](http://www.amchp.org/Policy-Advocacy/MCHAdvocacy/2015%20State%20Profiles/Texas%202015.pdf)

[Advocacy/MCHAdvocacy/2015%20State%20Profiles/Texas%202015.pdf](http://www.amchp.org/Policy-Advocacy/MCHAdvocacy/2015%20State%20Profiles/Texas%202015.pdf)

<sup>xiii</sup> DSHS, “Client Handbook,” page 20.

<sup>xiv</sup> DSHS, “Client Handbook,” page 11.