



# CalOptima Health Whole-Child Model (WCM) Program Overview

## Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

## Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

# CalOptima Health WCM

- As of July 2019, CalOptima Health administers the Whole-Child Model (WCM) for the California Children's Services (CCS) program for all eligible members
- WCM is a delivery system that provides comprehensive, coordinated services for children and youth under 21 with special health care needs, including the child's full range of needs related to their CCS and non-CCS conditions

# Goals of WCM

- Improve outcomes
- Improve member and family experience
- Improve care coordination
- Integrate children's care
- Achieve higher intensity of care management support
- Increase families' understanding of how to utilize managed care
- Encourage active participation of families in their children's care
- Improve transitions to adult care

# CalOptima Health WCM Program

- CalOptima Health is responsible for
  - Paying, authorizing and coordinating care services (primary, specialty and behavioral health) for CalOptima Health CCS/WCM-eligible members
  - Ensuring network adequacy of CCS-paneled providers and special care centers (SCC) to care for CCS conditions and CCS-related conditions
  - Ensuring timely access to medically eligible care
  - Ensuring quality performance
  - Submitting medical records to county CCS for initial CCS referrals and annual redetermination
  - Reporting to the Department of Health Care Services (DHCS)
  - Other functions as described in [All Plan Letter \(APL\) 21-005: California Children's Services Whole Child Model Program](#)

# WCM Providers

- APL 21-005, section IV, B. states that physicians and other provider types must be CCS-paneled with full or provisional approval status

# WCM Providers (cont.)

- Medi-Cal Part 2 — CCS Program Provider Paneling states that the following providers must be paneled by CCS in order to treat clients with a CCS-eligible medical condition:

Physicians	Occupational therapists	Psychologists
Podiatrists	Orthotists	Registered nurses
Audiologists	Pediatric nurse practitioners	Respiratory therapists
Dietitians	Physical therapists	Social workers
Marriage family therapists	Prosthetists	Speech language pathologists

Provider types not listed above do not need to be paneled by the CCS program to treat CCS clients

# CCS Program SCC

- Provides comprehensive, coordinated health care to children with complex, handicapping medical conditions
- Multidisciplinary, multispecialty teams that evaluate a client's medical condition and develop a comprehensive, family-centered plan of health care for the client
- Facilitates provision of timely, coordinated treatment for the CCS client and usually located in conjunction with CCS-approved tertiary-level medical centers
- Each SCC is individually reviewed and approved by CCS to ensure compliance with CCS program standards
- [CCS Numbered Letter \(NL\) 01-0108: CCS Outpatient Special Care Center Services](#)

# CCS Program Approved Hospitals

- The CCS program assigns various types of approval levels to hospitals, based on CCS standards and requirements. These approval levels are as follows:
  - Tertiary hospital
  - Pediatric community hospital
  - General community hospital
  - Special hospital
  - Limited hospital
  - Neonatal Intensive Care Unit (NICU) at different approval levels (regional, intermediate and community)
- Applications for becoming a CCS-approved hospital may be obtained from DHCS' Children's Medical Services Branch



# Overview of CCS Medical Eligibility

- California Code of Regulations (CCR), Title 22
- <https://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx>
- **Eligible conditions:** Severe physical disabilities resulting from congenital defects or those acquired through disease, accident or abnormal development. Examples include cerebral palsy, cystic fibrosis, cancer, heart conditions, hemophilia or orthopedic disorders
- Conditions related to CCS conditions: Conditions that arise as a result of CCS conditions. For example, members on steroids for immunosuppression of their CCS conditions need CCS providers to care for eye, endocrine and musculoskeletal complications of steroids
- The newborn screening (for metabolic disorders) and the newborn hearing screening are both diagnostic programs that should be referred to CCS as soon as an abnormal screening is identified

# CCS NICU/HRIF Medical Eligibility

- CCS NL 05-0502: Medical Eligibility for Care in a CCS-Approved Neonatal Intensive Care Unit (NICU)
  - A baby NICU stay can qualify per CCS NICU criteria and not have a CCS medical eligible condition
- CCS NL 05-1016: High Risk Infant Follow-Up (HRIF) Program Services
  - A baby's NICU clinical conditions may qualify for HRIF and not have a CCS medically eligible condition
  - If a potential CCS medical-eligible condition is identified, submit for medical eligibility determination

# Who is Eligible For CCS?

- Members who are:
  - Children and young adults under the age of 21
  - Diagnosed with a CCS-eligible medical condition
  - Orange County residents

# Who is Eligible For CCS? (cont.)

- Members with Medi-Cal/CalOptima Health
  - “Straight CCS” (not WCM, managed by county CCS): Meets the CCS financial eligibility criteria of family adjusted gross income of less than \$40,000 per year
    - Or over \$40,000 per year with eligible out-of-pocket medical expenses that exceed 20% of family income for those that do not have Medi-Cal or CalOptima Health
  - “Straight MTP” (not WCM, managed by county CCS): Has a medical condition that is eligible for the Medical Therapy Program (MTP) (financial eligibility is **not** required) and can have any type of health insurance — private preferred provider organization (PPO), health maintenance organization (HMO), CalOptima Health or CCS-Only Medi-Cal
- Referrals can be submitted directly to CalOptima Health
  - Eligibility requests should be faxed to CalOptima Health at **714-954-2298** and must include a face sheet, Service Authorization Request (SAR) form and supporting medical documentation including medical records from CCS-paneled providers

# Orange County CCS Role

- The county:
  - Determines CCS medical eligibility
  - Conducts annual eligibility review
  - Conducts appeal process for program eligibility
  - Administers the CCS MTP (occupational therapy, physical therapy or custom Durable Medical Equipment [DME])
  - Participates in WCM Clinical Advisory Committee, WCM Family Advisory Committee
  - Collaborates with community partnering agencies
  - Provides case management and care coordination services for non-WCM CCS members

# CCS Program MTP

- The MTP is a component of the CCS program
- Operating from medical therapy units (MTU) located in public schools, MTP provides medically necessary outpatient physical therapy (PT) and/or occupational therapy (OT) and may include physician consultation in the medical therapy conference (MTC) related to the MTP-eligible conditions
- CalOptima Health does not authorize OT/PT services related to the MTP conditions
- In general, CalOptima Health approves custom DME requests by MTU staff

# MTP Medical Eligibility Criteria

- Cerebral palsy:
  - Rigidity or spasticity
  - Hypotonia, with normal or increased deep tendon reflexes and exaggeration of or persistence of primitive reflexes beyond the normal age range
  - Involuntary movements that are described as athetoid, choreoid or dystonic
  - Ataxia manifested by incoordination of voluntary movement, dysdiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait
- Neuromuscular conditions that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias and muscular dystrophies
- Chronic musculoskeletal and connective tissue diseases or deformities such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputations and contractures resulting from burns
- Other conditions manifesting the findings listed above such as ataxias, degenerative neurological disease or other intracranial processes

# MTP Medical Eligibility Criteria (cont.)

- CCS applicants 3 years of age or younger are eligible when two or more of the following neurological findings are present:
  - Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity)
  - Increased deep tendon reflexes (DTRs) that are 3+ or greater
  - Abnormal posturing as characterized by the arms, legs, head or trunk turned or twisted into an abnormal position
  - Hypotonicity, with normal or increased DTRs, in infants below 1 year of age (infants above 1 year must meet the cerebral palsy criteria described above)
  - Asymmetry of motor findings of trunk or extremities



# DHCS Role

- Monitoring and oversight, including health plan readiness, data reporting and dashboard
- Network certification
- Develop memorandum of understanding (MOU) template between the health plan and county CCS program
- Develop administrative allocation for CCS WCM
- Establish rates
- Continuation of CCS statewide advisory group
- Independent evaluation of the WCM

# WCM Case Management

- Case management:
  - Process that includes a complete assessment of a member's condition, determination of available benefits and resources, and development and implementation of an individualized care plan (ICP), with goals, monitoring and follow-up
  - Oversees and manages the interdisciplinary care team (ICT) process, as applicable
  - Facilitates coordination of care among member's providers
  - Ensures referrals and linkages to community resources and agencies
- Goal: To help a member regain optimum health or improved functional capability, in the right setting, in a cost-effective manner and improve member/family experience navigating their health care

# WCM Process Summary

- Pediatric Risk Stratification assigns an initial risk level of high or low for newly eligible CCS members and newly enrolled CCS members
- CalOptima Health's personal care coordinator (PCC) completes health needs assessment (HNA) for WCM members for all health networks (HNs) except Kaiser Permanente
  - Members with changes of condition that change their risk level from low to high will be contacted for an HNA
- Upon completion of the HNA, CalOptima Health sets the care management levels and provides it to the appropriate HN
  - Basic
  - Care coordination
  - Complex

# WCM Process Summary (cont.)

- The HN WCM case manager reviews the HNA and discusses the member/caregiver concerns to address in the ICT meeting
- ICP is created according to ICT recommendations

# Private Duty Nursing WCM

- CalOptima Health Policy and Procedure GG.1352 identifies our regulatory requirement to provide private duty nursing (PDN)
- CalOptima Health and its HNs will provide appropriate preventive, mental health, developmental and specialty Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) medical services, including PDN services, under the scope of the CalOptima Health program to eligible WCM members under 21 years old

# Private Duty Nursing WCM

- DHCS describes PDN in [APL 20-012](#):
  - PDN services are nursing services provided in the home by a registered nurse (RN) or licensed vocational nurse (LVN) for members under the age of 21
  - The care is provided for members who require more individualized and continuous care than would be available from a home health visit
  - RNs and LVNs providing PDN services must either be Medi-Cal-enrolled as individual providers or enrolled through a Medi-Cal-enrolled home health agency
  - Member may choose not to use all approved service hours

# Private Duty Nursing in WCM (cont.)

- CalOptima Health and HNs are required to provide case management services, as set forth in their Medi-Cal contract, to all plan-enrolled Medi-Cal beneficiaries who are EPSDT-eligible and for whom Medi-Cal PDN services have been approved

# WCM Maintenance and Transportation

- Benefit continues under WCM:
  - Separate from emergency transportation, non-emergency medical transportation (NEMT) and non-medical transportation (NMT) benefits
  - Available when costs are a barrier to accessing CCS services and no other resource is available
  - Provides transportation and additional supports, such as parking, tolls, lodging and food
  - Services may extend to additional family members
  - CalOptima Health and HNs will be responsible for all WCM members
    - Limitations, criteria and authorizations apply



# HNA Collection

- Standardized set of questions
- Self-reported information about a member's state of health and health care needs
- CalOptima Health WCM PCC contacts parent/member to complete an initial or annual HNA for all HNs except Kaiser Permanente
  - Three phone call attempts are made to reach the parent/member
- All completed HNAs are referred to the appropriate HN
- HN WCM case manager develops the care plan
- Participation is voluntary

# CCS Annual Medical Redetermination (AMR)

- Every CCS member needs to be reviewed annually by the county to determine continued eligibility. This process occurs for all members
- The AMR packet must include the most recent WCM medical records from CCS-approved providers within the last 12 months pertaining to the member's CCS diagnoses, provided by the HN
- Review of the WCM Supplemental CCS Eligibility File is used to identify the redetermination date for certification of WCM status

# CCS Annual Medical Redetermination (AMR) (cont.)

- If attempts to gather medical records are unsuccessful, CalOptima Health PCC will reach out to the providers to obtain records or instruct the parents to schedule an appointment with the providers
- Completed AMR packets are submitted to county WCM FTP
- If incomplete, the AMR packet is returned to the HN with listed corrections prior to resubmission

# Initial and Annual Medical Redetermination Responsibilities

- HN:
  - Identify children with CCS-eligible conditions
  - Submit appropriate specialty medical records from CCS-approved specialists annually for review to CalOptima Health
  - Monitor reports monthly to ensure eligibility is extended
- CalOptima Health:
  - Forward initial and annual medical eligibility files to CCS
  - Provide the WCM Supplemental CCS Eligibility File and WCM Annual Redetermination Reconciliation File to HNs
- California Children's Services (CCS):
  - Determine initial and annual medical CCS eligibility

# Aging Out — Transition of Care

- CalOptima Health is committed to transition planning for WCM members
- Planning begins as early as age 14
- Letters and contact with family, SCC or primary care provider (PCP) at ages 14, 16, 17, 18, 20 and 20 and 8 months
- Includes identification of ongoing needs and resources, as well as future considerations
- PCPs/medical homes, specialists, SCCs, MTP, members and families are vital in this process
- Information about the age-out process will be provided to members and their families as the transition approaches

# CCS/WCM Inter-County Transfers

- CalOptima Health is responsible to ensure that CCS/WCM members, who relocate to another county, experience continuity of care
- Medical care and treatment, approved by CalOptima Health and HNs, should continue in the county where the member has relocated until the benefits have been transferred
- This process must occur for all WCM members, who have relocated, even if the member has been disenrolled from CalOptima Health
- CalOptima Health WCM PCC will support the process for the transfer request regardless of member eligibility

# CCS/WCM Inter-County Transfers

- Inbound process:
  - CCS receives notification that the member is moving to Orange County
  - CCS monitors for managed care plan (MCP) assignment
  - CCS is responsible for intake and eligibility
  - CalOptima Health WCM PCC receives transfer packet with SAR, DME and Rxs; checks eligibility; uploads records and can refer to triage, if necessary
  - Information will be provided to the appropriate HN

# CCS/WCM Inter-County Transfer

- Outbound Process:

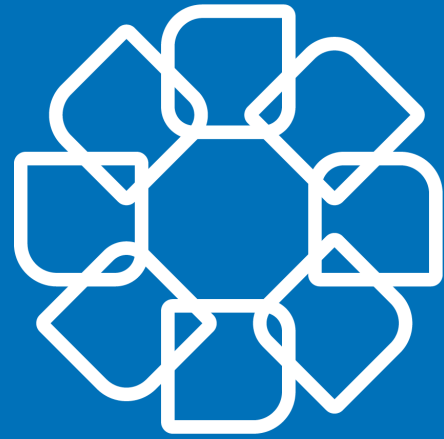
- CalOptima Health WCM PCC receives a notification of transfer from Orange County CCS
- CalOptima Health WCM PCC gathers medication records, authorizations, DME and Rx reviews and transfers face sheet from the appropriate HN
- The member transfer packet/records are sent to the county CCS via FTP/fax
- Orange County CCS notifies the updated target county and forwards related health records



# Legends

APL: All Plan Letter  
CAC: Clinical Advisory Committee  
CCS: California Children's  
Services  
CCS NL: CCS Numbered Letter  
CM: Case Management  
CMS: Children's Medical Services  
DHCS: California Department of  
Health Care Services  
DME: Durable Medical Equipment  
FAC: Family Advisory Committee  
HRIF: High-Risk Infant Follow-up

MOU: Memorandum of  
Understanding  
MTP: Medical Therapy Program  
MTU: Medical Therapy Unit  
NICU: Neonatal Intensive Care Unit  
OT: Occupational Therapy  
PT: Physical Therapy  
RX: Medical prescriptions  
SAR: Service Authorization Request  
SCC: Special Care Center  
WCM: Whole Child Model



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