



California Children's Services Report 2008-2009

California Managed Risk Medical Insurance Board
Benefits and Quality Monitoring Division



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California Managed Risk Medical Insurance Board

Healthy Families Program (HFP)

MRMIB provides and promotes access to affordable coverage for comprehensive, high quality, cost effective health care services to improve the health of Californians.

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I. Introduction

The California Children's Services (CCS) Report for the Healthy Families Program (HFP) presents information on the health, dental and vision services that were provided to HFP children by the CCS program from July 1, 2008 to June 30, 2009 (FY 2008-09). Each benefit year, all 33 HFP contracted plans (health, dental, and vision), are required to report information regarding the number of children the plan referred to CCS for assessment and possible treatment of serious and/or chronic medical conditions. In addition to plan data, the Managed Risk Medical Insurance Board (MRMIB) obtains data from the Department of Health Care Services (DHCS), Children's Medical Services Branch (CMS).

This report summarizes the number of referrals plans made to county CCS programs in 2008-09, the total number of active HFP/CCS cases by plan, the predominant conditions of HFP children served by CCS, and the CCS-reported cost of providing care to HFP children. Further, the information from years past tracks trends of costs and services provided to HFP children with CCS-eligible conditions.

Monitoring the types and cost of services provided through CCS is important for MRMIB to ensure that children enrolled in HFP are receiving all covered necessary health, dental, and vision services.

II. Background

California Health and Safety Code 123800, et seq., is the authorizing statute for the CCS program. The legislative intent of the CCS program is "to provide necessary medical services for children with CCS medically eligible conditions whose parents are unable to pay for those services either wholly or in part."

The CCS program provides services under Title V of the Social Security Act that mandates the provision of care to children with special health care needs (CSHCN). This includes children who suffer from certain health conditions such as diabetes, nerve diseases and congenital birth defects. CCS arranges, directs, and pays for medical services, equipment, and rehabilitation services provided by CCS-approved specialists for the treatment of CCS conditions.

CCS is a statewide program operated by each county under the auspices of the California Department of Health Care Services. CCS is supported by state, county, and federal funds.

County CCS programs:

- ◇ Assist children and families in navigating the CCS system;
- ◇ Expedite authorizations and claims approval and processing;
- ◇ Provide information on client eligibility status to the counties; and
- ◇ Assist providers to become CCS-approved.

Children who are eligible for CCS include:

- HFP enrolled
- Medi-Cal enrolled
- California residents under 21 with an annual household income \$40,00 or less

III. The CCS Carve-Out

Section 12693.62 of the California Insurance Code states that a participating plan "shall not be responsible for the provision of, or payment for, the particular services authorized by

the California Children's Services Program for the particular subscriber for the treatment of a California Children's Services Program eligible medical condition. Participating plans shall refer a child who they reasonably suspect of having a medical condition that is eligible for services under the California Children's Services Program..."

HFP plans are required to refer a child to the CCS county program if the plan suspects the child could be eligible for CCS services. CCS then determines whether a child has a CCS-eligible condition (Section 123805 of the Health and Safety Code). Once a child is determined eligible for CCS, all services and care associated with the child's CCS condition authorized by CCS are delivered by CCS-approved providers outside of the child's HFP health, dental or vision plan and its network. This is known as the CCS "carve-out."

The child's HFP plan continues to be responsible for covering all other necessary health, dental and vision care not covered or provided by CCS.

IV. Summary of Findings

- CCS provided services to 25,559 HFP children during FY 2008-2009. This represents 14.6% of all children receiving CCS services.
- The percentage of HFP children referred to CCS has more than doubled from less than one percent (0.8%) in 2002-03 to 1.8% of children enrolled in HFP in 2008-2009.
- From 2007-2008 to 2008-2009, active cases as a percent of HFP enrollment remained constant at 2.8% .
- Overall, CCS referrals from HFP plans increased 17% from the prior year (14,057 in 2007-08 to 16,478 in 2008-09). Health plan referrals increased by 23%. Dental plans referrals decreased by 17%. Vision plans made no referrals in 2008-2009.

- Almost three fourths (72%) of the referrals health and dental plans made to CCS in 2008-09 became active cases.
- More than half of HFP children referred to CCS are age 10 and older (61%). Ninety five percent of all dental plan referrals are for children 10 and older.
- Compared to the CCS population overall, HFP/CCS children tend to be older.
 - ◇ Sixty percent (61%) of HFP/CCS children are age 10 or older compared to less than half (47%) of all CCS children.
 - ◇ Just over ten percent (11%) of HFP/CCS children are age 2 and under compared to almost a quarter (23%) of all CCS children.
- Latinos represent the largest percent of enrollees in both the CCS and HFP programs.
- Annual expenditures for HFP/CCS children have increased 18% from \$144 million in 2007-08 to \$170 million in 2008-09. This is the same rate of increase as reported for the previous year.
- The average cost per HFP/CCS child for 2008-09 increased 19.2% from the previous year (2007-08) from \$5,560 to \$6,630.
- While HFP children represent 14.6% of the overall CCS population they account for only 8.9% of total CCS expenditures.
- The top HFP/CCS medical conditions have remained the same for the past 5 years.
- The percentage of expenditures for all HFP/CCS medical categories has remained relatively constant from 2007-08 to 2008-09.

V. Coordination Between CCS and HFP

Memorandum of Understanding (MOU)

HFP plans enter into a Memorandum of Understanding (MOU) with each county's CCS program for each county in which the plan serves HFP members. The MOU describes the plan and CCS program responsibilities in such areas as:

- Designation of plan and county liaisons;
- Communication processes of liaisons;
- Process for making referrals to CCS;
- Case management; and
- Problem resolution.

See Appendix J for the MOU Template.

Mediation of Issues

Issues between CCS and the HFP participating plans usually involve either systemic or individual client concerns. To facilitate clear communication and address systemic issues, MRMIB hosts workgroup meetings with county CCS programs, the state CCS office, and HFP plans. These meetings help ensure that HFP children get the services and treatment they need for their CCS conditions.

In addition, MRMIB staff work to resolve individual problems reported by HFP subscribers, counties and plans. Many of the issues reported by individual clients relate to payment for authorized services. When these issues occur, MRMIB staff work with the parties to ensure that payment has been approved by CCS. If the referral was authorized by CCS, the provider is reimbursed by CCS for professional services provided to a CCS eligible child. If a service is not authorized by CCS, MRMIB staff works with the health plan to cover the cost of care.

VI. Data Sources

Each health, dental and vision plan participating in HFP submitted data to MRMIB about the number of children the plan referred to CCS for the HFP 2008-2009 benefit year as well as the total number of children in the plan who are receiving services from CCS. The state Department of Health Care Services (DHCS) CCS office submitted annual data to MRMIB relating to the conditions and cost associated with HFP CCS cases. Monthly enrollment is reported on the MRMIB website.

Data Provided by the Plans:

- Number of CCS Referrals that are:
 - Active Cases,
 - Denied Cases, and
 - Pending Cases as of June 30, 2009.
- Number of HFP Referrals by age.
- Overall number of active HFP/CCS cases as of June 30, 2009.

Data Provided by CCS:

- CCS expenditures by type of service.
- CCS/HFP expenditures by condition.
- CCS/HFP active case load for FY 2008-2009.
- CCS cases by county.
- Ethnicity of HFP CCS enrollees.

Data Provided by MRMIB:

- Number of HFP enrollees by plan.
- Age of HFP enrollees by plan.
- Ethnicity of HFP enrollees.

VII. Data Anomalies

Once an HFP child begins receiving CCS services, tracking the services he or she receives becomes difficult. Since an HFP child may be enrolled in an HFP health, dental and vision plan, one child could be counted as an active CCS case under each type of plan in which they are enrolled.

In the past, some plans reported unique individuals referred to CCS while other plans reported each referral. This reporting inconsistency has been corrected and plans are reporting referrals for unique individuals in FY 2008-09.

VIII. Data Limitations and Future Data Plans

While there are some complications that can be addressed with further work between staff, the HFP plans and CCS, there are also some limitations that will be difficult to overcome. First, some children are covered by presumptive enrollment and accelerated enrollment in HFP. These enrollment procedures provide for seamless coverage during the eligibility process that determines whether the child is eligible for HFP or Medi-Cal. It is difficult to accurately track the expenditures for these children as they move between the two programs.

Second, when a child switches health plans, the child becomes a unique user for the new health plan. With plans leaving certain counties during the 2008-2009 benefit year, it is possible that two different plans counted the same child as a unique individual. It should be noted however, that point-in-time counts (as opposed to benefit year counts) would enable unduplicated counts of such HFP children.

Currently MRMIB does not receive claims data from CCS. Obtaining claims data would enable MRMIB to understand more fully the services HFP children receive from CCS.

In the future, staff plan to seek additional information that will assist MRMIB in understanding the nuances of HFP/CCS clients and their needs such as the gender distributions and ethnicity of HFP/CCS clients.

IX. CCS Projects

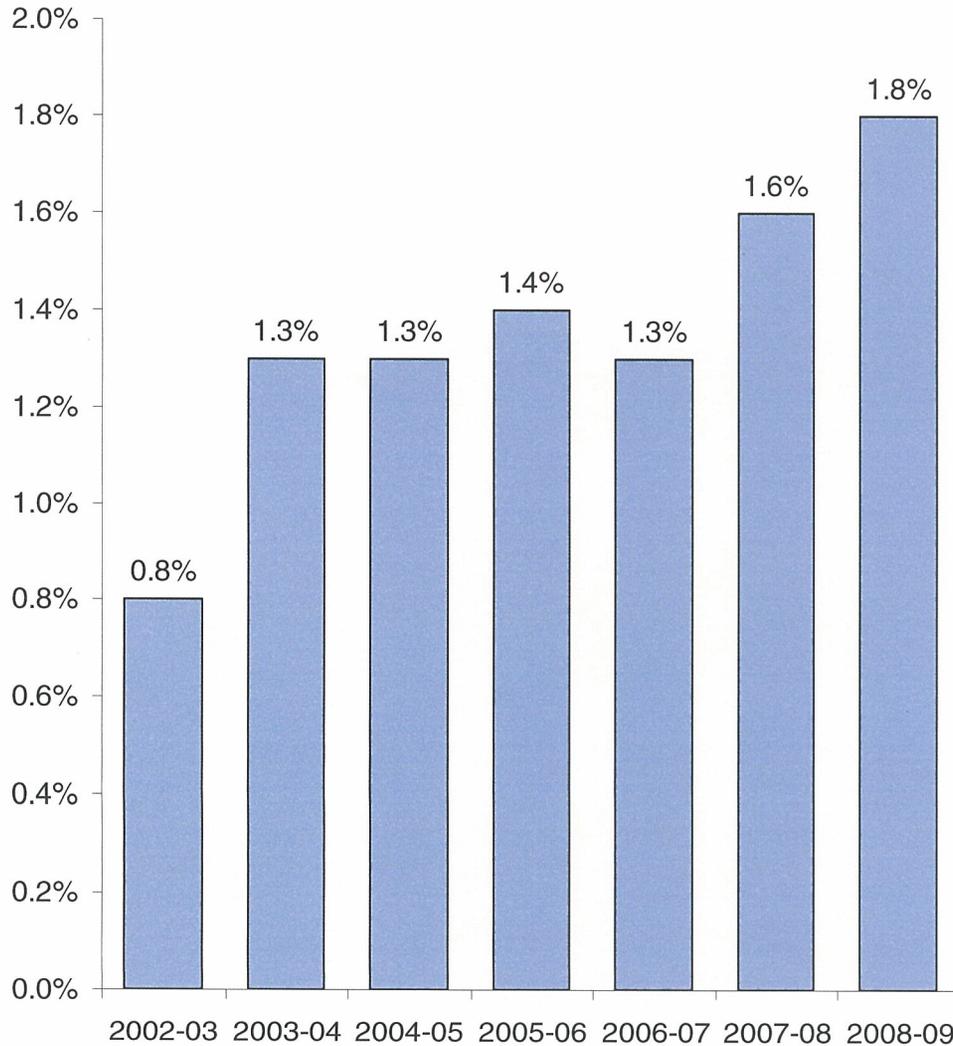
Every five years CCS is required to conduct an assessment of Children with Special Health Care Needs as a grantee of Title V of the Social Security Act. Currently, CCS is working with the Family Health Outcomes Project (FHOP) at University of California, San Francisco to assess the needs of the CCS population. The preliminary report of this project is due in July 2010.

California currently has a Section 1115 Medi-Cal waiver which will expire on August 15, 2010. The Department of Health Care Services (DHCS) is pursuing a waiver that restructures the organization and delivery of health care for populations that include the most medically vulnerable, including children in the CCS program.

MRMIB is working closely with DHCS in its plans to restructure CCS.

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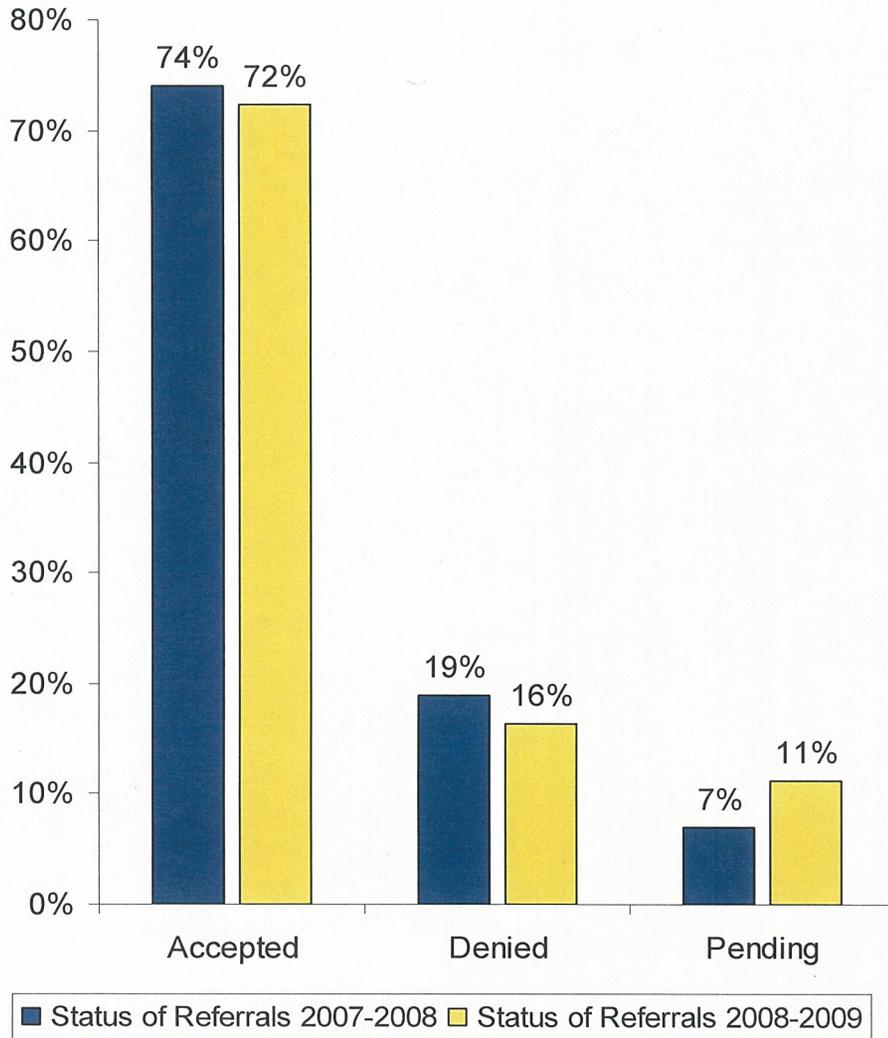
**Chart 1: Referrals to CCS as a Percentage of HFP Enrollment
FY 2008-09**



Findings

- Plans referred 16,486 HFP children — 1.8% of HFP children to CCS. The percentage of referrals has increased over the past three years.
- Health plans referred 1.6% of their enrolled children for CCS services. Less than one percent (0.2%) of HFP children were referred by dental plans, and vision plans referred no children.
- Dental plan referrals represent about 10% of all HFP children referred to CCS. In FY 2008-09, 1,486 HFP children were referred to CCS by dental plans. Appendix B details the number of referrals health and dental plans made to CCS in 2008-2009. Vision plans made no referrals.
- Although plan reported HFP referrals to CCS have increased, there has been little to no impact on the overall percentage of HFP children enrolled in CCS. (See Chart 6.)

**Chart 2: HFP/CCS Referral Status
FY 2007-08 and FY 2008-09**

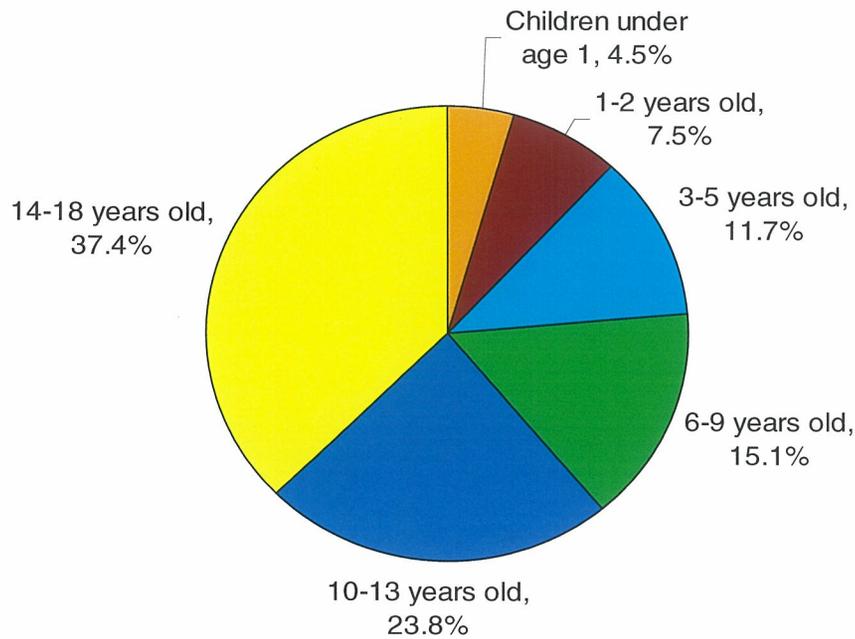


Findings

- Nearly three fourths (72%) of referrals became active cases. 16% of referrals were denied, and 11% were reported by plans as pending as of June 30, 2009.
- The percentage of HFP plan referred children accepted by CCS decreased 2% from FY 2007-08 to FY 2008-09.
- The percentage of HFP referrals that were denied decreased by 3% from FY 2007-08 to FY 2008-09.
- A higher percentage of referrals were pending at the end of FY 08-09 than FY 07-08 (11% versus 7% respectively).

See Appendix B for detailed information on the status of plan referrals to CCS.

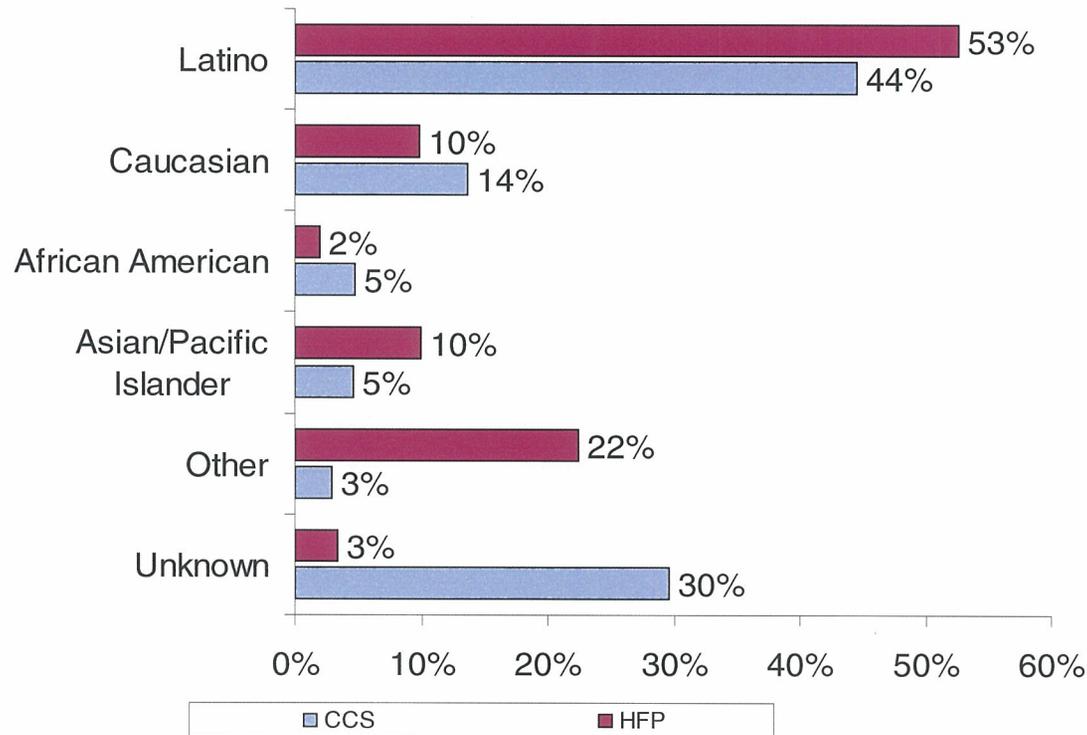
**Chart 3: HFP/CCS Referrals by Age
FY 2008-2009**



Findings

- HFP plans referred 16,486 children in 2008-09 (1.8% of HFP enrolled children).
- The referral rate to CCS increases as HFP children age.
- More than one third (37%) of HFP plan referrals were for children age 14-18.
- Sixty one percent (61%) of all referrals to CCS were for children age 10 and older.
- Twenty nine percent (29%) of all referrals were for children from ages 1-9.
- Dental referrals account for just under 10% of all referrals.
- Ninety five percent (95%) of dental referrals are for children 10 and over.
- Specific data on the plan referrals by age is contained in Appendix B.

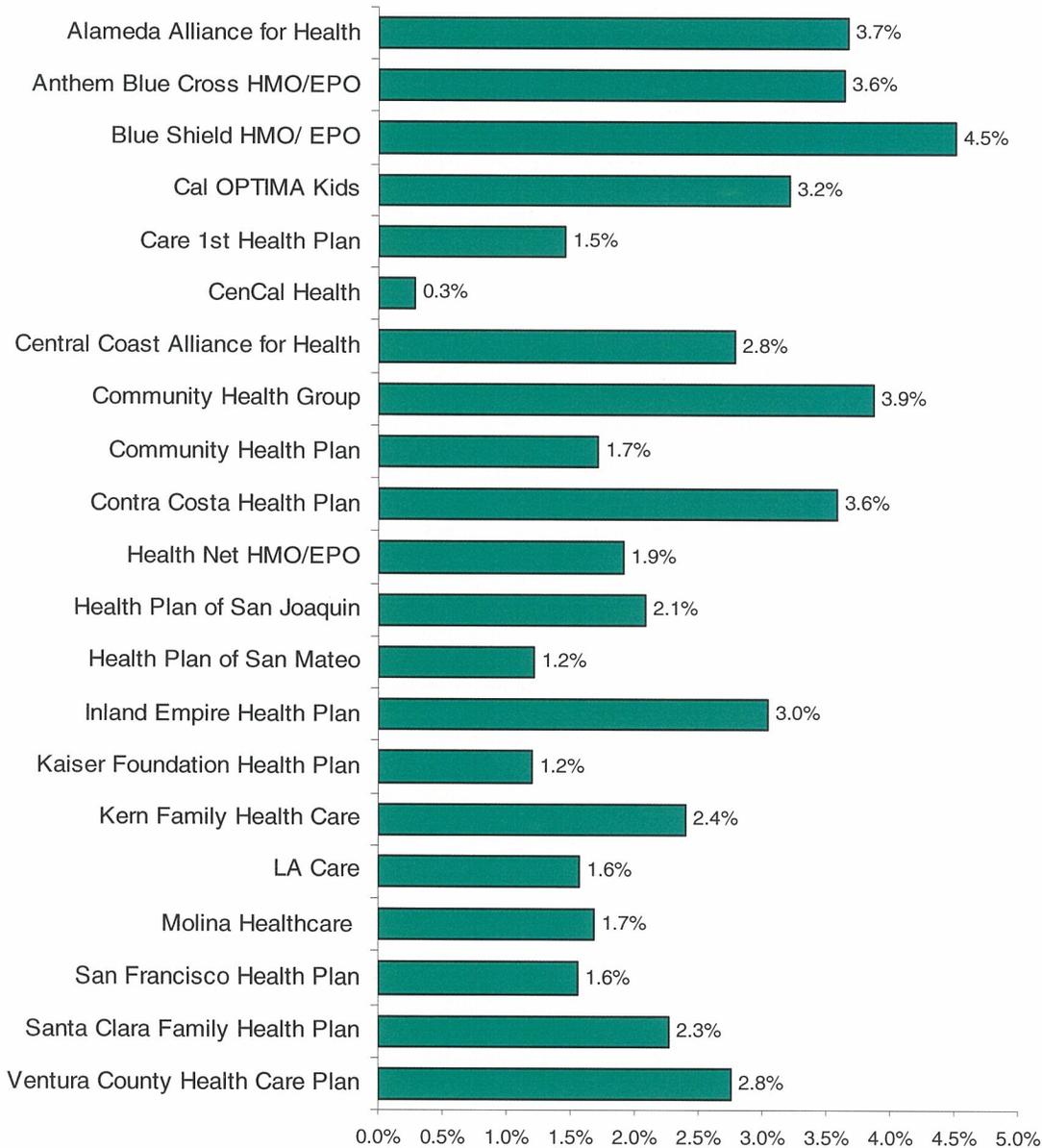
Chart 4: HFP and CCS Ethnicity Compared FY 2008-2009



Findings

- For 2008-2009 MRMIB did not require HFP plans to report the ethnicity of their enrollees receiving services through CCS. However, for the 2009-2010 report year, each plan will report the ethnicity of the HFP children receiving services from CCS.
- As a baseline, staff looked at the overall ethnicity of HFP enrollees compared to all CCS children. In both cases, Latinos make up the highest percentage of HFP and CCS cases (53% and 44% respectively).
- HFP has higher percentages of Latinos and Asian/Pacific Islanders, while CCS has higher percentages of Caucasians and African Americans.
- For the 2009-2010 report, each plan will report the ethnicity of the children they refer.

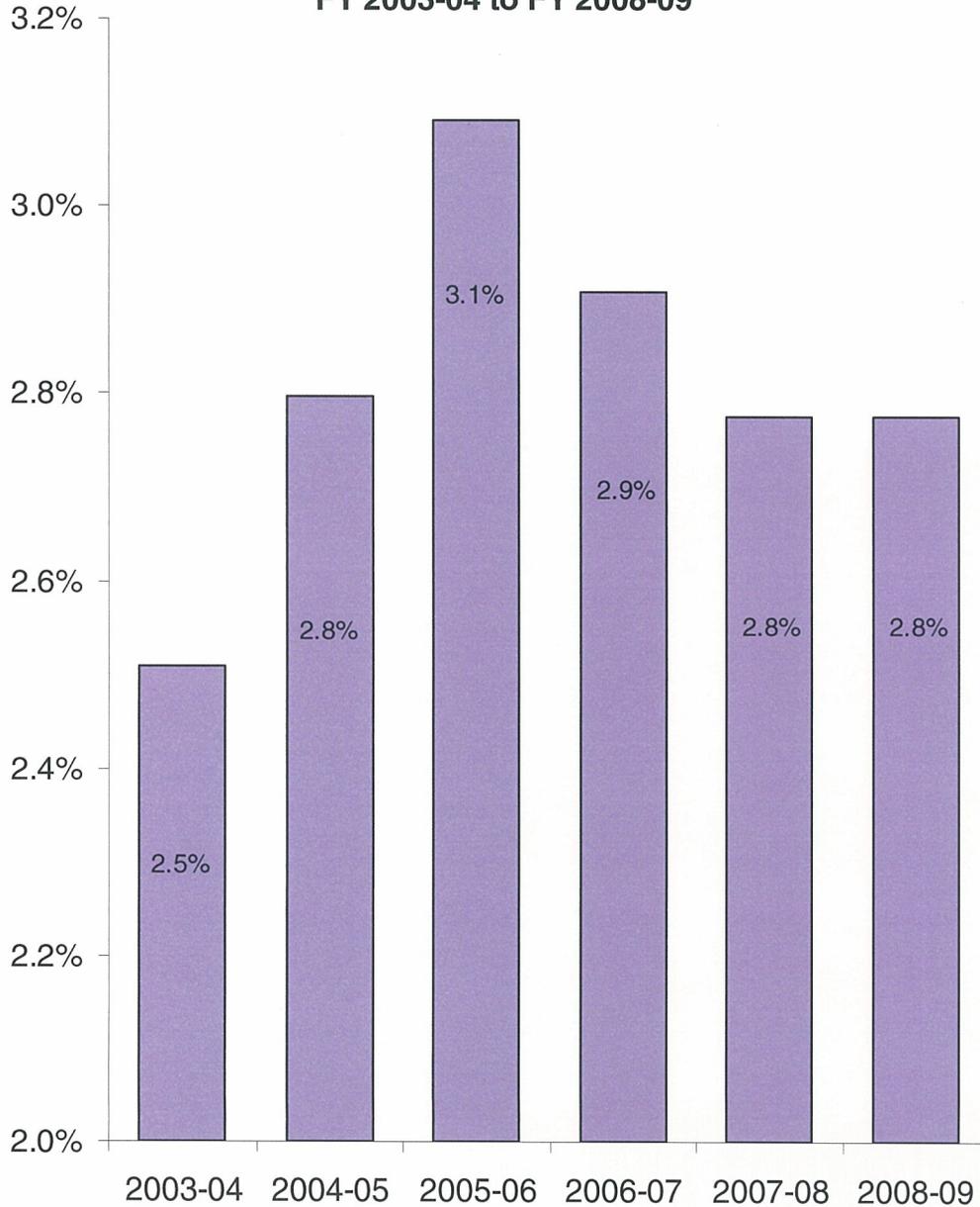
Chart 5: Active HFP/CCS Cases as a Percent of Health Plan Enrollment FY 2008-09



Findings

- Overall, about two and a half percent (2.6%) of HFP children were receiving services from CCS as of June 30, 2009.
- The total number of active cases for health plans ranges from 58 for CenCal Health (0.3% of CenCal enrollment) to 10,004 for Anthem Blue Cross (3.6% of combined HMO/EPO enrollment).
- Blue Shield reports the highest percentage of active CCS cases (4.5%), representing 2,498 Blue Shield HFP enrollees.
- Specific data on the number of HFP/CCS active cases by health, dental and vision plan can be found in Appendix C.
- As of June 30, 2009, there was a CCS backlog of pending dental cases with Delta Dental and Western Dental, which was resolved in December 2009.

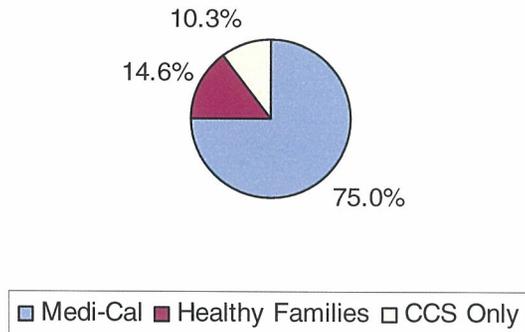
**Chart 6: HFP/CCS Active Cases as a Percentage of HFP Enrollment
FY 2003-04 to FY 2008-09**



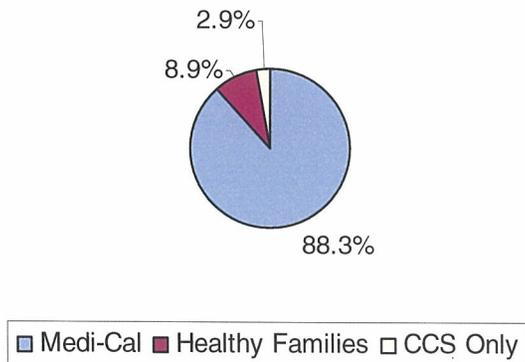
Findings

- CCS reports that 2.8% of HFP members received services in FY 2008-09.
- HFP children receiving services from the CCS program has remained consistent over the past four years, ranging from 3.1% in 2005-2006 to 2.8% in 2008-2009.

**Chart 7: CCS Cases by Program
FY 2008-09**



**Chart 8: CCS Program Expenditures
FY 2008-09**

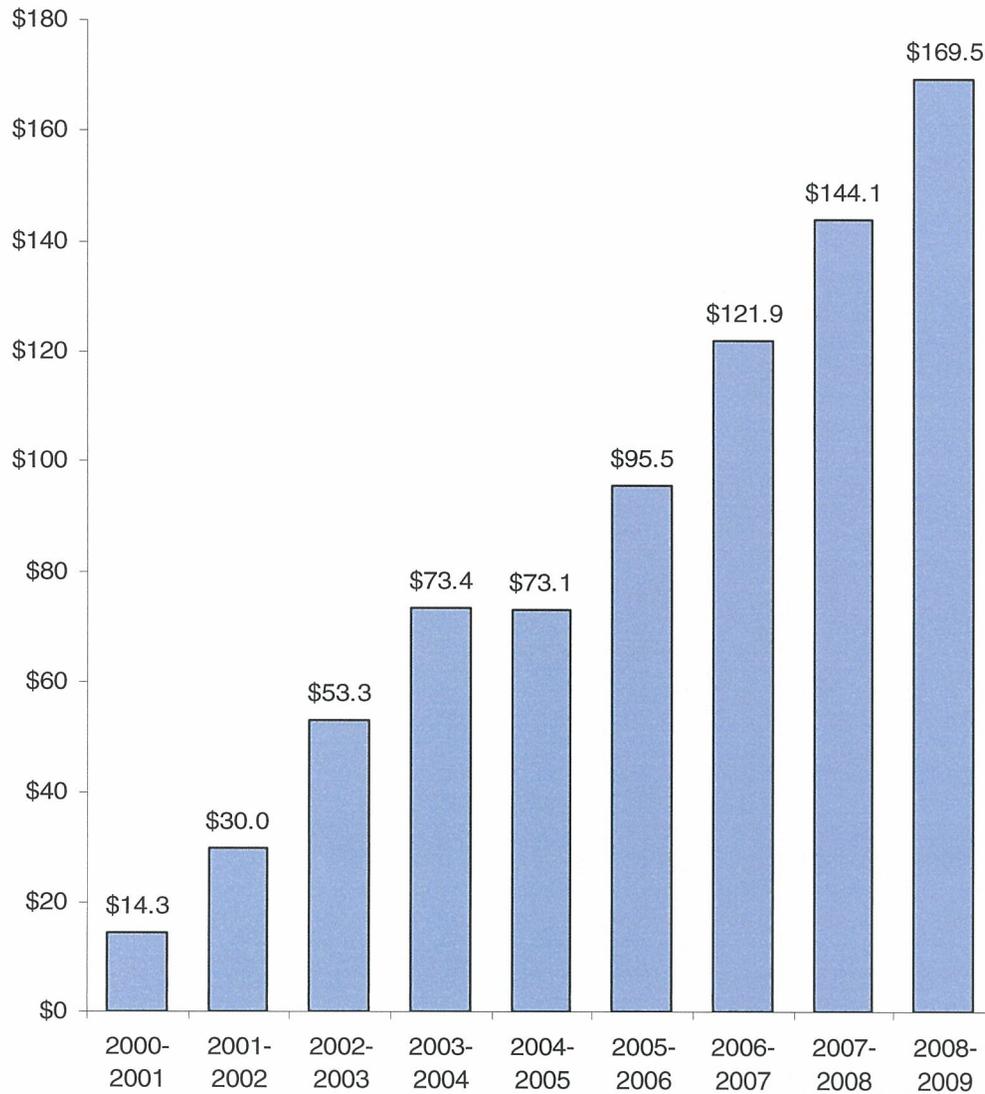


While HFP children make up 14.6% of CCS cases, HFP children represents only 8.85% of total expenditures. Further, the average cost per HFP case is \$6,630 compared to \$12,904 for Medi-Cal and \$3,058 for children with other health care (CCS-only).

Findings

- HFP members accounted for 14.6% of the children served by CCS in FY 2008-09, compared to 13.2% in 2007-2008
- HFP accounted for almost nine percent (8.85%) of total CCS expenditures for FY 2008-09, a slight increase from the eight percent (7.97%) of CCS expenditures in FY 2007-08.

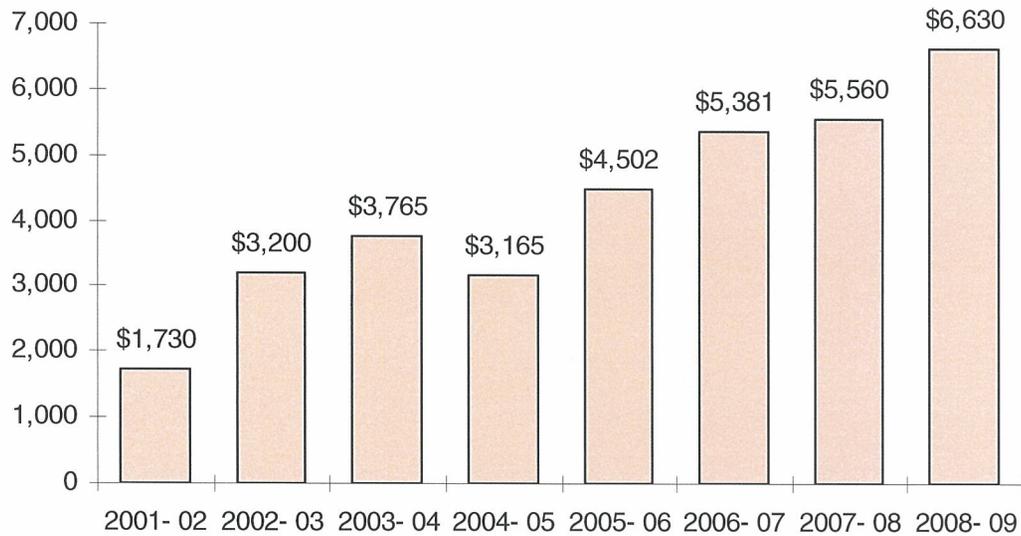
**Chart 9: CCS Expenditures for HFP
Subscribers (in millions) FY 2008-09**



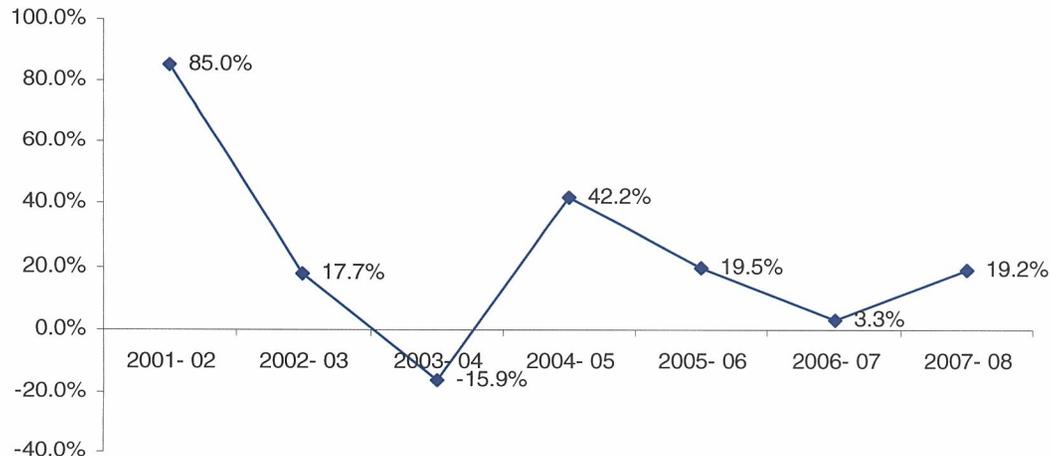
Findings

- Expenditures went from \$144.1 million in FY 2007-08 to almost \$169.5 million in FY 2008-2009. Expenditures have grown 18% for each of the two most recent years.
- CCS has spent over \$755 million on services for HFP members since 2000. These are costs that would have been incurred by the plans if not for the CCS carve out.

**Chart 10: Average Cost Per HFP/CCS Child
2001-02 to 2008-09**



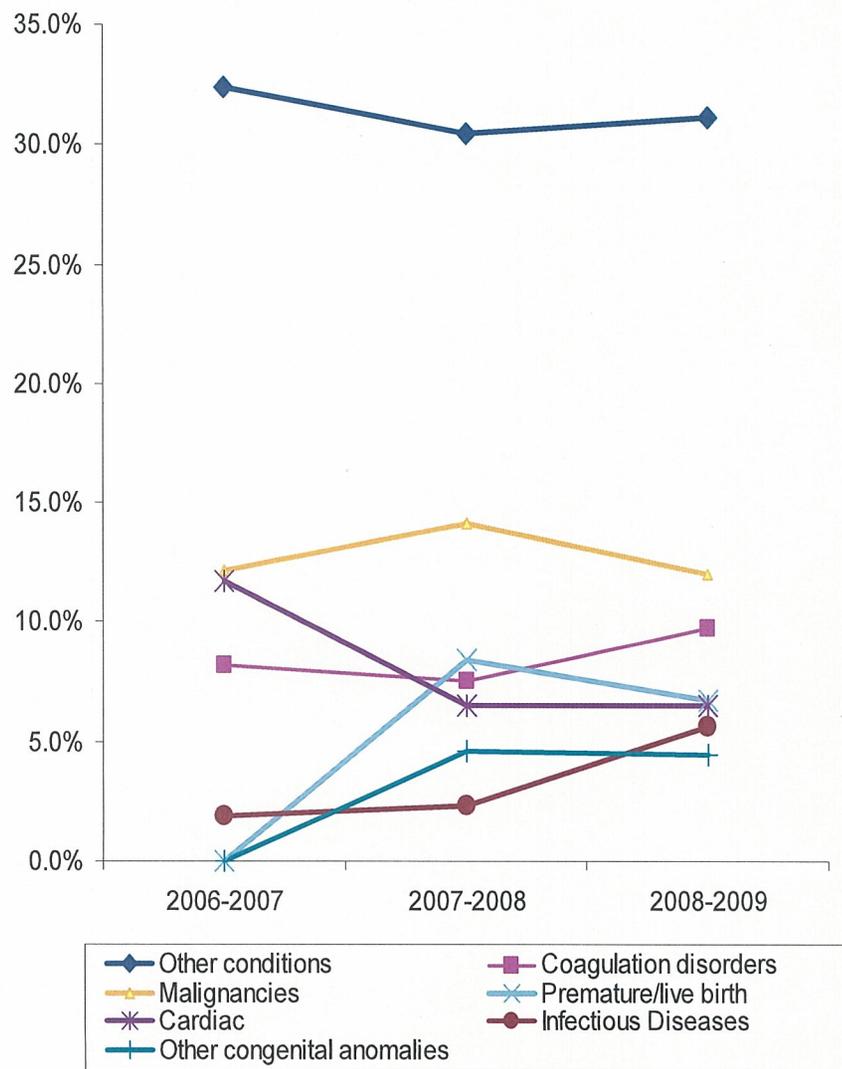
**Chart 11: Percentage Change in Cost Per HFP/CCS Child
2001-02 to 2008-09**



Findings

- In 2008-09, the average cost per active HFP/CCS case was \$6,630 per year, which is a 19.2% increase over 2007-2008.
- The average cost per HFP case was \$6,630 compared to \$12,094 for Medi-Cal and \$3,058 for CCS-only children.

Chart 12: HFP/CCS Expenditures by Medical Condition



Findings

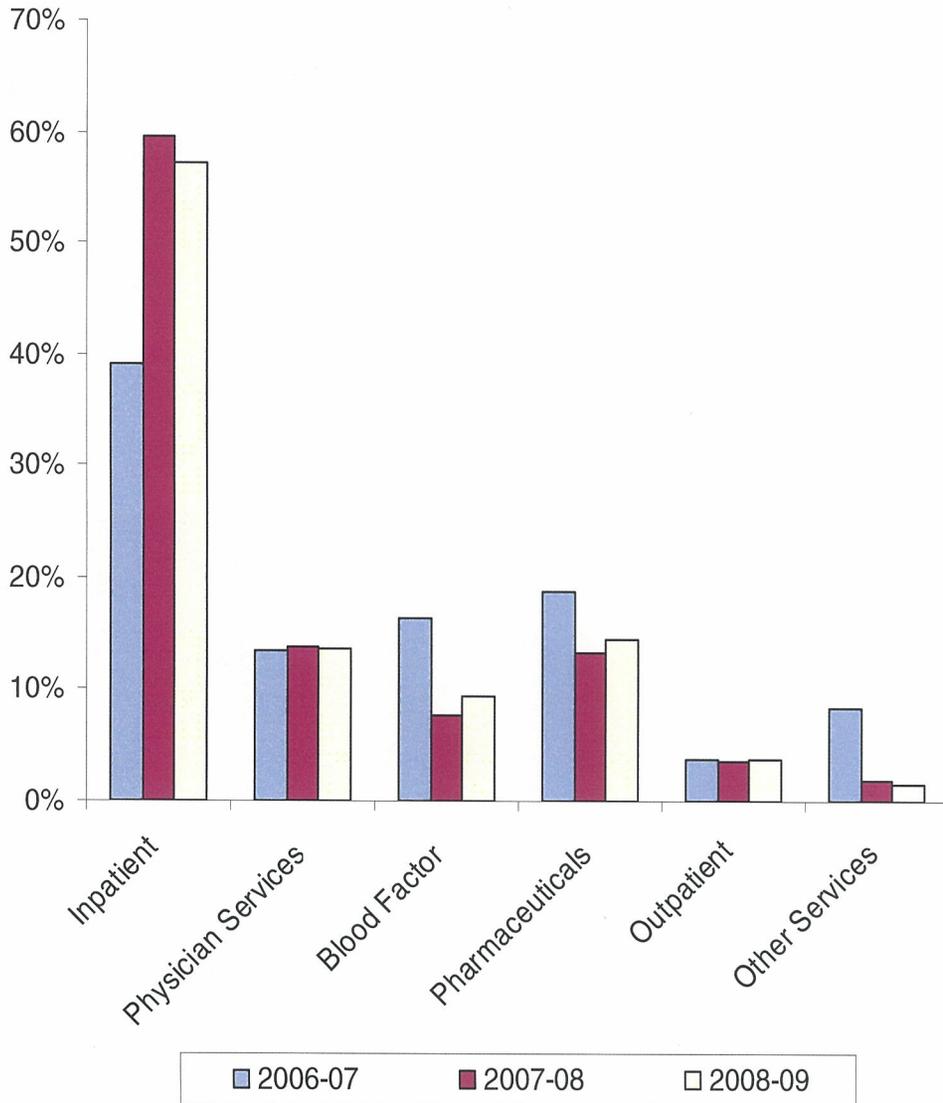
The CCS condition categories with the highest percentage of expenditures have remained the same over the past several years. Appendix D details the actual dollars spent by condition for HFP/CCS children for the past three years.

The top 7 expenditures for CCS conditions in 2008-09 were:

- Other Conditions — All medical conditions identified in the ICD-9-CM summary of medical conditions that do not belong in a listed category (31.1% of CCS/HFP expenditures).
- Malignancies — Includes cancers of several different types. This accounts for twelve percent (12%) of CCS/HFP expenditures.
- Coagulation disorders – Conditions such as hemophilia. About ten percent (9.7%) of CCS/HFP expenditures were for blood conditions.
- Prematurity/live birth⁶ - In FY 2007-2008, prematurity/live birth was 8.4% of HFP/CCS expenditures, and almost seven percent (6.7%) of HFP/CCS expenditures in 2008-09 .
- Cardiac– Includes a range of congenital heart problems and diseases of the heart, representing 6.5% of HFP/CCS expenditures.
- Infectious Diseases — Infections that involve the central nervous system, bone or eye and lead to physical disabilities or blindness. About 5.6% of CCS/HFP expenditures were for treatment of infectious diseases.
- Other Congenital Anomalies⁷ — Includes health problems present at birth such as spina bifida, cleft palate, and cardiac conditions. Other Congenital Anomalies represented 4.5% of HFP/CCS expenditures.

^{6,7} Premature/live births and other congenital anomalies were created as separate categories starting in 2007-2008. Their inclusion could account for the drop in the percentage of expenditures for other conditions.

Chart 13: HFP/CCS Expenditures by CCS Medical Service



Source: Department of Health Care Services CMS Branch, CCS paid claims

Other Services includes orthodontia or other dental services for a child with a CCS condition.

Findings

- While medical service expenditures changed significantly between FY 2006-2007 to FY 2007-08, the percentage of expenditures varied little from FY 2007-08 to FY 2008-09.
- The largest increase was inpatient care, which increased from 39% of all HFP/CCS expenditures to 60%.
- Over the three year period, there was little change in the percentage spent on physician services (14%) and outpatient services (4%).
- Blood products decreased from 16% (FY 2006-07) to 8% (FY 2007-08). There was a slight increase of 1% (to 9%) in FY 2008-09.
- Prescription drug costs decreased from 19% (FY 2006-07) to 14% in FY 2008-09.
- Appendix E contains the details on expenditures by service type.

APPENDICES

Appendix A: CCS Program Summary

Who qualifies for CCS services?

- Any HFP enrollee with a medical condition covered by CCS (14.6% of all CCS cases).
- Any Medi-Cal enrollee with a medical condition covered by CCS (75% of all CCS cases).
- Other California children who meet the medical, residential and financial eligibility requirements of CCS (“CCS-Only;” 10.3% of all CCS cases):
 - Medical conditions that are covered by CCS
 - Under 21 years of age
 - Family income of \$40,000 or less
 - Out of pocket medical expenses expected to be more than 20% of family income
 - California resident

Funding for Services

Funding for CCS provided to HFP members is 65% Federal, 17.5% State and 17.5% county. A county’s financial responsibility is waived for HFP members whose annual family income is determined to be greater than \$40,000. In those cases, the state pays 35% of CCS costs.

Funding is 50% Federal and 50% State for Medi-Cal members. Funding is 50% county and 50% State for “CCS only” children.

	CCS/Medi-Cal	CCS/HFP under \$40,000	CCS/HFP > \$40,000	CCS Only
State	50%	17.50%	35%	50%
County		17.50%		50%
Federal Match	50%	65%	65%	

Source: California HealthCare Foundation, 2010.

CCS Services

CCS covers all medically necessary services and treatment of the child’s CCS condition, including:

- Physician services.
- Emergency services.
- Inpatient and outpatient hospital services.
- Home health care.
- Prescription medications.
- Diagnostic services such as laboratory tests and x-rays.
- High-risk infant follow-up.
- Orthopedic appliances and medical equipment.

CCS provides medical case management, including:

- Assistance obtaining specialty care.
- Referral to other agencies including public health nurses and regional centers.
- Coordination of specialty care center services for complex medical conditions that require many specialists working together.
- Arranging for physical therapy and/or occupational therapy in public schools.
- Other services to help parents and children such as counseling, transportation to medical appointments, lodging and meals, where appropriate.
- Other medical services when determined by the CCS program to be medically necessary.

CCS eligible medical conditions include the following:

- Conditions involving the heart (e.g. *congenital heart diseases, rheumatic heart disease*)
- Neoplasms (e.g. *cancer, tumors*)
- Disorders of the blood/coagulation disorders (e.g. *hemophilia A [Factor VIII deficiency], Hemophilia B [Factor IX deficiency], sickle cell anemia*)
- Disorders of the respiratory system (e.g. *cystic fibrosis, chronic lung disease*)
- Disorders of the genito-urinary system (e.g. *serious kidney problems*)
- Endocrine, nutritional, and metabolic disorders (e.g. *thyroid problems, PKU, diabetes*)
- Disorders of the gastrointestinal system (e.g. *chronic inflammatory disease, diseases of the liver such as biliary atresia*)
- Serious birth defects (e.g. *cleft lip/palate, spina bifida*)
- Disorders of the sense organs (e.g. *hearing loss, glaucoma and cataract*)
- Disorders of the nervous system (e.g. *cerebral palsy, uncontrolled seizures*)
- Disorders of the musculoskeletal system and connective tissues (e.g. *rheumatoid arthritis, muscular dystrophy*)
- Severe disorders of the immune system (e.g. *HIV infection*)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (e.g. *severe head, brain, or spinal cord injuries, severe burns*)
- Complications of premature birth requiring an intensive level of care
- Disorders of the skin and subcutaneous tissue (e.g. *severe hemangioma*)
- Medically handicapping malocclusion (e.g. *severely crooked teeth*)

Appendix B. Age and Status of HFP Children Referred to CCS and Total HFP/CCS Cases

Benefit Year 2008-2009	Referrals by Age							Status of Plan Referrals								
	Under age 1	1-2 years	3-5 years	6-9 years	10-13 years	14-18 years	Total	Accepted		Denied		Pending		Total	Family Refused Referral	Active CCS/HFP Cases
								#	%	#	%	#	%			
Health Plans																
Alameda Alliance for Health	2	6	26	15	18	68	135	69	51%	41	30%	25	19%	135	0	341
Anthem Blue Cross (EPO & HMO)	343	278	341	414	583	961	2,920	1,902	65%	341	12%	677	23%	2,920	0	10,004
Blue Shield (EPO & HMO)	49	127	241	292	299	425	1,433	907	63%	200	14%	326	23%	1,433	0	2,498
Cal Optima for Kids	8	63	116	123	314	343	967	883	91%	84	9%	0	0%	967	0	1,073
Care 1st Health Plan	0	3	12	21	32	39	107	106	99%	1	1%	0	0%	107	0	182
Central Coast Alliance for Health	12	10	24	16	44	42	148	146	99%	1	1%	1	1%	148	0	205
CenCal Health	4	3	3	5	4	12	31	20	65%	11	35%	0	0%	31	0	58
Community Health Group	18	40	211	282	474	883	1,908	1,026	54%	839	44%	43	2%	1,908	0	1,063
Community Health Plan	15	15	12	21	24	33	120	99	83%	19	16%	2	2%	120	0	299
Contra Costa Health Services	2	0	2	8	8	4	24	18	75%	6	25%	0	0%	24	0	151
Health Net	128	247	250	396	561	914	2,496	2,155	86%	247	10%	94	4%	2,496	0	2,694
Health Plan of San Joaquin	6	16	35	43	46	79	225	149	66%	76	34%	0	0%	225	0	383
Health Plan of San Mateo	0	2	2	3	1	3	11	4	36%	7	64%	0	0%	11	0	76
Inland Empire Health Plan	21	125	268	340	443	593	1,790	1,445	81%	78	4%	267	15%	1,790	0	1,471
Kaiser Foundation Health Plan	100	170	231	293	371	566	1,731	1,222	71%	474	27%	35	2%	1,731	0	1,831
Kern Family Health Care	8	35	60	62	62	119	346	290	84%	35	10%	21	6%	346	0	322
LA Care	1	6	4	10	17	18	56	41	73%	15	27%	0	0%	56	0	109
Molina Healthcare	21	80	75	75	68	179	498	277	56%	129	26%	92	18%	498	0	736
San Francisco Health Plan	0	1	0	0	2	1	4	4	100%	0	0%	0	0%	4	0	128
Santa Clara Family Health Plan	0	1	7	2	0	3	13	9	69%	4	31%	0	0%	13	0	389
Ventura County Health Care Plan	0	3	6	9	5	14	37	27	73%	10	27%	0	0%	37	0	151
Dental Plans																
Access Dental	0	0	0	0	17	52	69	64	93%	2	3%	3	4%	69	0	3,010
Delta Dental	0	0	0	1	48	72	121	15	13%	11	10%	88	77%	114	0	7,980
Health Net Dental	0	1	0	9	78	217	308	272	88%	29	9%	7	2%	308	0	1,337
Premier Access Dental	0	0	0	0	2	20	22	21	95%	1	5%	0	0%	22	0	719
Safeguard Dental	0	1	2	31	242	321	597	561	94%	35	6%	1	0%	597	0	2,691
Western Dental Services	0	0	3	23	164	179	369	185	50%	8	2%	176	48%	369	1	2,046
Vision Plans: In 2008-2009 Vision Plans made no referrals to CCS.																
Total CCS/HFP Cases	738	1,233	1,931	2,494	3,927	6,160	16,486	11,917	72%	2,704	16%	1,858	11%	16,479	1	41,947

Source: HFP Participating Plans, as of June 30, 2009

* Delta Dental reported 7 HFP/CCS client cases as closed either due to family refusal of services or treatment completed, neither of which fit any of the above categories. As a result, there were 7 more referrals that were not accounted for with a status. This is the reason that the two totals are not consistent.

Appendix C. Active HFP/CCS Cases by HFP Health, Dental and Vision Plans

Plan Name	2008-2009				Plan Name	2008-2009			
	Total HFP Enrollee	Total CCS Referral	Total Active Cases	Active Cases as % of		Total HFP Enrollees	Total CCS Referrals	Total Active Cases	Active Cases as % of
Alameda Alliance for Health	9,292	135	341	3.7%	Health Plan of San Joaquin	18,407	225	383	2.1%
Anthem Blue Cross HMO/EPO	274,638	2,920	10,004	3.6%	Health Plan of San Mateo	6,234	11	76	1.2%
Blue Shield HMO/EPO	55,257	1,433	2,498	4.5%	Inland Empire Health Plan	48,365	1,790	1,471	3.0%
Cal OPTIMA Kids	33,441	967	1,073	3.2%	Kaiser Foundation Health Plan	151,852	1,731	1,831	1.2%
Care 1st Health Plan	12,430	107	182	1.5%	Kern Family Health Care	13,447	346	322	2.4%
Central Coast Alliance for Health	7,355	148	205	2.8%	LA Care	6,962	56	109	1.6%
CenCal Health	20,230	31	58	0.3%	Molina Healthcare	43,539	498	736	1.7%
Community Health Group	27,462	1,908	1,063	3.9%	San Francisco Health Plan	8,236	4	128	1.6%
Community Health Plan	17,428	120	299	1.7%	Santa Clara Family Health Plan	17,127	13	389	2.3%
Contra Costa Health Plan	4,212	24	151	3.6%	Ventura County Health Care Plan	4,130	37	151	3.7%
Health Net HMO/EPO	141,197	2,496	2,694	1.9%	Total for Health Plans	921,241	15,000	24,164	2.6%

Appendix C. Active HFP/CCS Cases by HFP Health, Dental and Vision Plans (con't)

Plan Name	2008-2009			
	Total HFP Enrollees	Total CCS Referrals	Total Active Cases	Active Cases as % of Plan Enrollment
Dental Plans				
Access Dental	145,969	69	3,010	2.1%
Delta Dental	391,238	121	7,980	2.0%
Health Net Dental	87,921	308	1,337	1.5%
Premier Access	39,698	22	719	1.8%
Safeguard Dental	148,212	597	2,691	1.8%
Western Dental	108,198	369	2,046	1.9%
Total for Dental Plans	921,236	1,486	17,783	1.9%
Vision Plans				
Eyemed	106,608	0	1,631	1.5%
SafeGuard Vision	94,517	0	1,382	1.5%
Vision Service Plan	720,116	0	11,379	1.6%
Total for Vision Plan	921,241	0	14,392	1.6%

Plan Name	2008-2009			
	Total HFP Enrollees	Total CCS Referrals	Total Active Cases	Active Cases as % of Plan
TOTAL FOR ALL PLAN TYPES	921,241	16,486	56,339	2.0%

CCS reports 56,939 HFP members. This number does not match plan-reported CCS cases because each HFP child is enrolled in a health, dental, and vision plan. Consequently, the number of active CCS cases by plan may include duplicates among the plans.

Sources: CCS quarterly referral reports and HFP monthly enrollment reports. Referrals include only those children who were referred to CCS from a HFP participating plan. Total Active cases may also include referrals from other sources such as schools. All numbers and percentages are as of the end of the Benefit year–June 30, 2009.

Appendix D. Expenditures by CCS Medical Condition

Total CCS Expenditures by Medical Condition for 2006-2009					
Medical Condition	Expenditures			% Change from 2007-08	% of Total Expenditures
	2006-07	2007-08	2008-09		
Other conditions	\$58,837,163	\$43,842,456	\$52,683,902	20.2%	31.1%
Malignancies	\$9,937,615	\$20,401,639	\$20,399,461	0.0%	12.0%
Coagulation disorders	\$14,052,257	\$10,891,813	\$16,518,683	51.7%	9.7%
Prematurity/live birth	\$0	\$12,094,804	\$11,419,394	-5.6%	6.7%
Cardiac	\$8,119,454	\$9,367,535	\$11,008,198	17.5%	6.5%
Infectious Diseases	\$1,728,519	\$3,360,880	\$9,505,340	182.8%	5.6%
Other Congenital Anomalies	\$0	\$6,680,100	\$7,555,559	13.1%	4.5%
Intestinal	\$1,204,847	\$5,052,174	\$6,277,896	24.3%	3.7%
Other trauma	\$4,211,982	\$4,270,020	\$5,079,997	19.0%	3.0%
Other fractures	\$4,446,488	\$4,016,327	\$4,486,952	11.7%	2.6%
Head injury	\$849,004	\$3,453,864	\$4,472,318	29.5%	2.6%
Joint disorders	\$1,154,267	\$4,233,376	\$3,668,384	-13.3%	2.2%
Diabetes	\$1,942,458	\$2,528,148	\$3,019,443	19.4%	1.8%
ENT (ear, nose, throat)	\$1,870,558	\$1,558,097	\$2,713,711	74.2%	1.6%
Cystic fibrosis	\$766,782	\$1,283,547	\$1,751,802	36.5%	1.0%
Ophthalmology	\$1,114,217	\$1,389,460	\$1,470,014	5.8%	0.9%
Renal	\$3,272,178	\$2,603,817	\$1,266,580	-51.4%	0.7%
Anemias	\$759,996	\$837,584	\$989,593	18.1%	0.6%
Metabolic disorders	\$1,713,883	\$684,450	\$974,616	42.4%	0.6%
Cleft palate/lip	\$781,553	\$793,955	\$947,131	19.3%	0.6%
Cerebral palsy	\$415,951	\$764,627	\$590,473	-22.8%	0.3%
Immune disorders	\$245,949	\$651,284	\$524,366	-19.5%	0.3%
Pituitary disorders	\$826,254	\$53,415	\$509,261	853.4%	0.3%
Hemoglobinopathies	\$567,072	\$424,818	\$508,504	19.7%	0.3%
Spina bifida	\$507,008	\$538,680	\$456,765	-15.2%	0.3%
Myopathies	\$51,855	\$470,044	\$258,503	-45.0%	0.2%
Thyroid disorders	\$209,525	\$254,217	\$251,805	-0.9%	0.1%
Asthma	\$123,519	\$228,404	\$159,423	-30.2%	0.1%
Dental*	\$2,158,885	\$1,375,678	*Not available for 2008-2009		
TOTAL:	\$121,869,239	\$144,105,213	\$169,468,074	18%	100%

Source: Department of Health Care Services CMS Branch, CCS paid claims

Appendix E. Expenditures by CCS Medical Service Type

FY 2008-09 Healthy Families/CCS Medical Service Type Expenditures		
CCS Service Type	Expenditures	Percent
Pharmaceuticals	\$24,479,109	14%
NDC Billing	\$22,167,881	91%
MD Injections	\$2,311,228	9%
Inpatient	\$96,999,000	57%
Outpatient	\$6,430,363	4%
Medical supplies	\$1,697,961	26%
DME	\$1,385,335	22%
Prosthetics & Orthotics	\$851,218	13%
SCC Services	\$1,213,899	19%
Hospital OP	\$1,281,950	20%
Medical/Physician	\$38,904,737	23%
Physician Services	\$20,861,718	54%
Audiology	\$1,951,055	5%
Hearing Aids	\$726,651	37%
Cochlear Implant	\$746,421	38%
Audiology Services	\$477,983	24%
Therapies	\$238,987	1%
Blood Factors	\$15,852,977	41%
Other Services	\$2,654,865	2%
Total	\$169,468,074	

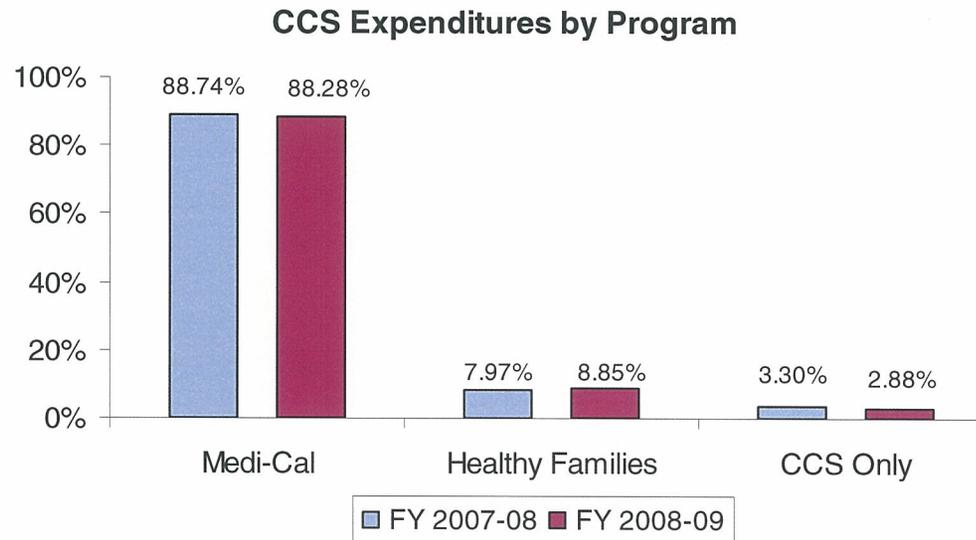
NDC = National Drug Code

MD Injections = Physician administered injections

DME = Durable Medical Equipment

SCC = Special Care Center

Source: Department of Health Care Services CMS Branch, CCS paid claims



Source: Department of Health Care Services CMS Branch, CCS paid claims

CCS Expenditures by Program		
	FY 2007-08	FY 2008-09
Medi-Cal	\$1,605,478,858	\$1,690,544,065
Healthy Families	\$144,105,213	\$169,468,074
CCS Only	\$59,634,855	\$55,062,572
Total	\$1,809,218,926	\$1,915,074,711

Source: Department of Health Care Services CMS Branch, CCS paid claims

Appendix G. HFP/CCS Expenditures by County

Total HFP/CCS Expenditures By County							
County	2006-07		2007-08		2008-09		% Change
	# of HFP Cases	Expenditures	# of HFP Cases	Expenditures	# of HFP Cases	Expenditures	
Alameda	394	\$2,935,953	429	\$2,630,356	526	\$4,652,350	77%
Alpine	0	\$0	0	\$0	0	\$0	0%
Amador	0	\$18,148	9	\$43,209	6	\$56,450	31%
Butte	71	\$525,820	97	\$414,550	79	\$784,894	89%
Calaveras	19	\$88,300	21	\$68,769	21	\$280,397	308%
Colusa	66	\$98,598	54	\$42,445	54	\$485,438	1044%
Contra Costa	235	\$1,211,160	266	\$2,849,846	281	\$2,491,540	-13%
Del Norte	12	\$66,484	10	\$43,175	15	\$41,350	-4%
El Dorado	75	\$804,990	84	\$652,589	81	\$362,258	-44%
Fresno	638	\$2,822,680	690	\$3,692,727	767	\$5,002,728	35%
Glenn	43	\$95,082	37	\$228,290	32	\$132,008	-42%
Humboldt	71	\$228,247	80	\$811,760	107	\$1,064,037	31%
Imperial	175	\$1,510,828	186	\$987,087	197	\$800,726	-19%
Inyo	9	\$86,453	9	\$15,567	8	\$28,834	85%
Kern	522	\$2,033,960	614	\$4,026,512	689	\$6,446,410	60%
Kings	65	\$554,708	82	\$615,877	94	\$678,966	10%
Lake	31	\$74,005	37	\$291,806	41	\$273,758	-6%
Lassen	5	\$15,140	6	\$7,200	4	\$16,242	126%
Los Angeles	6,750	\$61,116,528	7,338	\$49,868,420	7,885	\$52,655,742	6%
Madera	69	\$1,961,854	96	\$1,155,270	106	\$850,125	-26%
Marin	44	\$121,375	62	\$159,373	65	\$369,689	132%
Mariposa	12	\$18,264	13	\$74,717	10	\$53,580	-28%
Mendocino	66	\$191,596	75	\$511,370	58	\$275,194	-46%
Merced	276	\$1,206,634	280	\$1,346,663	304	\$1,877,266	39%
Modoc	9	\$25,893	7	\$6,545	6	\$2,518	-62%
Mono	16	\$96,396	18	\$111,987	17	\$136,525	22%
Monterey	409	\$1,875,484	429	\$5,185,784	436	\$5,165,484	0%
Napa	29	\$144,490	45	\$89,495	46	\$397,390	344%
Nevada	64	\$179,761	78	\$294,608	52	\$317,280	8%
Orange	2,971	\$1,169,781	2,950	\$11,093,606	2,742	\$11,408,981	3%

Source: Department of Health Care Services CMS Branch, CCS paid claims

Appendix G. HFP/CCS Expenditures by County (con't)

Total HFP/CCS Expenditures By County							
County	2006-07		2007-08		2008-09		% Change
	# of HFP Cases	Expenditures	# of HFP Cases	Expenditures	# of HFP Cases	Expenditures	
Placer	80	\$490,804	93	\$1,197,417	101	\$748,220	-38%
Plumas	11	\$28,887	10	\$2,179	3	\$27,334	1155%
Riverside	1,705	\$6,079,869	1,801	\$8,334,094	1,964	\$10,292,279	23%
Sacramento	380	\$27,800	438	\$196,858	427	\$3,150,755	1501%
San Benito	50	\$209,433	62	\$804,548	65	\$645,853	-20%
San Bernardino	1,169	\$5,191,608	1,342	\$6,876,105	1,528	\$7,961,643	16%
San Diego	2,160	\$12,252,706	2,357	\$18,104,077	2,513	\$19,719,742	9%
San Francisco	252	\$1,096,890	260	\$1,923,012	240	\$2,153,618	12%
San Joaquin	506	\$1,412,932	506	\$1,380,587	516	\$3,470,480	151%
San Luis Obispo	127	\$430,068	130	\$492,734	148	\$549,233	11%
San Mateo	209	\$549,225	218	\$1,680,389	196	\$1,942,217	16%
Santa Barbara	200	\$394,256	230	\$965,712	236	\$1,712,532	77%
Santa Clara	577	\$2,828,283	671	\$3,468,688	743	\$4,156,370	20%
Santa Cruz	154	\$645,087	148	\$844,709	168	\$1,198,758	42%
Shasta	103	\$495,071	127	\$967,473	128	\$1,326,082	37%
Sierra	0	\$0	0	\$1,444	0	\$0	-100%
Siskiyou	20	\$74,737	21	\$44,646	20	\$161,373	261%
Solano	54	\$137,709	67	\$660,129	65	\$717,667	9%
Sonoma	276	\$1,281,981	248	\$925,712	306	\$1,248,397	35%
Stanislaus	338	\$1,629,535	358	\$1,915,656	343	\$1,936,996	1%
Sutter	165	\$475,745	137	\$608,448	102	\$1,439,785	137%
Tehama	33	\$261,107	34	\$286,212	33	\$242,009	-15%
Trinity	8	\$50,999	4	\$27,903	5	\$29,863	7%
Tulare	288	\$2,167,624	295	\$1,936,211	297	\$4,213,435	118%
Tuolumne	26	\$130,115	26	\$61,318	26	\$140,317	129%
Ventura	492	\$1,271,572	505	\$2,262,060	522	\$2,733,110	21%
Yolo	59	\$285,865	70	\$484,725	72	\$144,513	-70%
Yuba	58	\$690,722	73	\$332,564	63	\$297,300	-11%
TOTAL:	22,646	\$121,869,239	24,333	\$144,105,213	25,559*	\$169,468,040	18%

\$40 of expenditures are not attributed to a particular county.

Total Expenditures per CCS D. Jimenez

Source: Department of Health Care Services CMS Branch, CCS paid claims

Appendix H. HFP/CCS Average Cost Per Child by County

HFP/CCS Cost Per Child			
County	Expenditures	HFP/CCS Children	Avg.Cost Per Case
Tulare	\$4,213,435	297	\$14,187
Sutter	\$1,439,785	102	\$14,116
Calaveras	\$280,397	21	\$13,352
Monterey	\$5,165,484	436	\$11,847
Solano	\$717,667	65	\$11,041
Shasta	\$1,326,082	128	\$10,360
Humboldt	\$1,064,037	107	\$9,944
San Benito	\$645,853	65	\$9,936
Butte	\$784,894	79	\$9,935
San Mateo	\$1,942,217	196	\$9,909
Amador	\$56,450	6	\$9,408
Kern	\$6,446,410	689	\$9,356
Plumas	\$27,334	3	\$9,111
Colusa	\$485,438	54	\$8,990
San Francisco	\$2,153,618	240	\$8,973
Contra Costa	\$2,491,540	281	\$8,867
Alameda	\$4,652,350	526	\$8,845
Napa	\$397,390	46	\$8,639
Siskiyou	\$161,373	20	\$8,069
Mono	\$136,525	17	\$8,031
Madera	\$850,125	106	\$8,020
San Diego	\$19,719,742	2,513	\$7,847
Placer	\$748,220	101	\$7,408
Sacramento	\$3,150,755	427	\$7,379
Tehama	\$242,009	33	\$7,334
Santa Barbara	\$1,712,532	236	\$7,256
Kings	\$678,966	94	\$7,223
Santa Cruz	\$1,198,758	168	\$7,135
San Joaquin	\$3,470,480	516	\$6,726
Los Angeles	\$52,655,742	7,885	\$6,678

HFP/CCS Cost Per Child			
County	Expenditures	HFP/CCS Children	Avg.Cost Per Case
Lake	\$273,758	41	\$6,677
Fresno	\$5,002,728	767	\$6,522
Merced	\$1,877,266	304	\$6,175
Nevada	\$317,280	52	\$6,102
Trinity	\$29,863	5	\$5,973
Marin	\$369,689	65	\$5,688
Stanislaus	\$1,936,996	343	\$5,647
Santa Clara	\$4,156,370	743	\$5,594
Tuolumne	\$140,317	26	\$5,397
Mariposa	\$53,580	10	\$5,358
Riverside	\$10,292,279	1,964	\$5,240
Ventura	\$2,733,110	522	\$5,236
San Bernardino	\$7,961,643	1,528	\$5,210
Mendocino	\$275,194	58	\$4,745
Yuba	\$297,300	63	\$4,719
El Dorado	\$362,258	81	\$4,472
Orange	\$11,408,981	2,742	\$4,161
Glenn	\$132,008	32	\$4,125
Sonoma	\$1,248,397	306	\$4,080
Imperial	\$800,726	197	\$4,065
Lassen	\$16,242	4	\$4,060
San Luis Obispo	\$549,233	148	\$3,711
Inyo	\$28,834	8	\$3,604
Del Norte	\$41,350	15	\$2,757
Yolo	\$144,513	72	\$2,007
Modoc	\$2,518	6	\$420
Alpine	\$0	0	\$0
Sierra	\$0	0	\$0
TOTAL:	* \$169,468,040	25,559	\$6,630

* \$40 of the total expenditures are not attributed to a particular county.

Sources: Department of Health Care Services CMS Branch, CCS paid claims and Department of Health Care Services CMS Branch, CCS liaison

**MANAGED RISK MEDICAL INSURANCE BOARD
HEALTHY FAMILIES PROGRAM**

**Instructions for Completing the
California Children's Services (CCS) Referral Report for
HFP Benefit Year 2008-09**

This document provides guidance to HFP participating plans on completing the CCS Referral Report for Benefit Year 2008-09.

County/Statewide: Please indicate whether your report is for a specific county or statewide.

For those plans that have both an EPO and HMO product, please provide separate reports for your EPO and HMO.

Health Plan Referrals: In each box, please indicate the number of children, by age, your plan referred to CCS in each quarter and then supply the total number of children referred in the box indicated.

Status of CCS Referrals: Please indicate the number of CCS referrals that were accepted and denied in each quarter. If referrals are pending as of June 30, 2009, please indicate how many referrals are pending in the box provided.

Refusals: Please indicate the number of children whose families refused the CCS evaluation.

In the box provided, please indicate the number of children enrolled in your health plan that received services from CCS as of June 30, 2009.

Please save the report using the following naming convention:
[Health Plan Name] CCS Referral Report 2008-09.xls

Please return the completed report via e-mail no later than close of business on Friday, August 29, 2009.

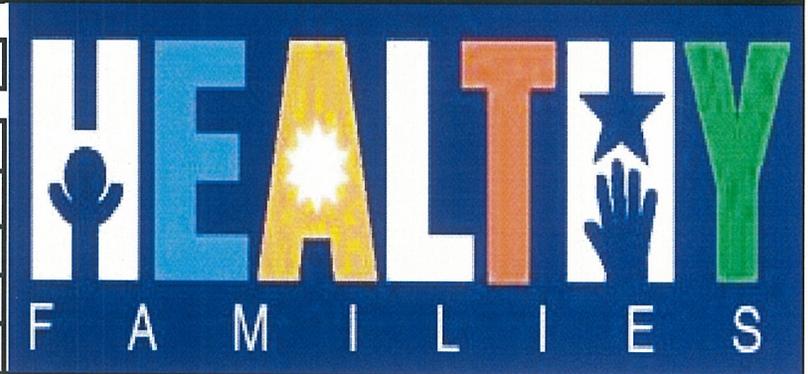
Send the completed report to Juanita Vaca at:
jvaca@mrmib.ca.gov.

If you have any questions about the report, please contact Juanita Vaca at (916) 324-7443.

Appendix I. CCS Referral Instructions and Template (con't)

CCS Referral Report for Benefit Year 2008-2009

County/Statewide:	
Plan Name:	
Contact Name:	
Telephone:	
FAX:	
E-mail:	



Health Plan Referrals								Status of CCS Referrals			Refusals
Total number of CCS referrals made within each quarter?	Children under age 1	Children ages 1-2	Children ages 3-5	Children ages 6-9	Children ages 10-13	Children ages 14-18	Total Referrals	Accepted	Denied	Pending as of 6/30/09	Children Refused CCS Evaluation
7/1/08-9/30/08							0				
10/1/08-12/31/08							0				
1/1/09-3/31/09							0				
4/1/09-6/30/09							0				
Totals	0	0	0	0	0	0	0	0	0	0	0

1. Total number of active HFP/CCS children:	
<i>*This figure should include all HFP children enrolled in the plan as of 6/30/09 who are active and receiving services through CCS.</i>	

Please submit report by August 29, 2009 to Juanita Vaca at jvaca@mrmib.ca.gov

**Memorandum of Understanding
California Children's Services Program/Healthy Families Program Plan**

Service	Health Plan Responsibilities	CCS Program Responsibilities
Liaison	Designate a liaison to CCS and/or require plan networks to designate a liaison to coordinate and track referrals.	Designate a liaison to the plan who will be the program's point of contact for the health plan and its networks to coordinate all related activities.
	Meet, at a minimum, quarterly to ensure ongoing communication; resolve operational and administrative problems; and identify policy issues needing resolution at the management level.	Meet, at a minimum, quarterly, to ensure ongoing communication; resolve operational and administrative problems; and identify policy issues needing resolution at the management level.
Provider Training	Develop policies and procedures that will ensure that providers are informed of CCS eligibility requirements and the need to identify potentially eligible children and refer to the CCS program.	Collaborate with plan to assist with the development of CCS related policies and procedures, as needed by health plan and CCS.
	Provide multiple initial training opportunities, in conjunction with the local CCS program, for primary care providers, including organized provider groups and support staff, in order to ensure awareness and understanding of the CCS program and eligibility requirements.	Collaborate with health plan to provide multiple initial training opportunities that will give providers an understanding of the CCS program and eligibility requirements.
	Collaborate with CCS to develop training materials that will assure that primary care providers, specialty providers, and hospitals understand the respective responsibilities of the health plan and the CCS program in authorizing services for subscribers with CCS-eligible conditions.	Provide availability of local program medical consultant or designee to consult with primary care providers and/or specialty providers on a case-by-case basis.
	Maintain training opportunities on, at least, an annual basis.	Support ongoing training opportunities as needed.
CCS Provider Network	Develop a process to review plan providers for qualifications for CCS provider panel participation and encourage those qualified to become paneled.	Provide plans with CCS provider applications to expedite the paneling or approval of specialty and primary care network providers.
	Identify in training to providers and in the provider manual those facilities that are CCS approved, including hospitals and Special Care Centers.	Coordinate with the CMS Branch to assure identification of local CCS provider network to health plan.
	Ensure access for diagnostic services to appropriate specialty care within the network or medical group. When appropriate specialist not available within network or medical group, ensure access to appropriate plan specialist.	Coordinate with plan to refer to an appropriate CCS paneled specialty provider to complete diagnostic services and treatment as needed.

County: _____

Effective Dates: _____

Appendix J. MOU Template (con't)

Service	Health Plan Responsibilities	CCS Program Responsibilities
Case Identification and Referral	Develop procedures, in conjunction with the local CCS program, for plan or provider to submit the necessary documentation to determine medical eligibility at the time of referral.	Provide technical assistance to plans for the development of plan policies, procedures, and protocols for making referrals to the program, including necessary medical documentation.
	Develop procedures to specify that providers are to refer a subscriber to the CCS program within two days of a suspicion of the presence of a CCS eligible condition. (Referral date will identify the earliest possible date from which medically necessary services may be approved.)	Determine medical eligibility within five working days of receiving adequate medical documentation of the suspicion of a CCS eligible condition.
	Inform families of subscribers of referral to the CCS program and the need to have care under the direction of an appropriate CCS paneled physician once program eligibility has been determined.	Ensure that provider, designated plan personnel, and subscriber family are informed of either program eligibility or denial upon eligibility determination. Provide medical consultation as appropriate during the time period from referral to medical eligibility determination.
	Arrange for medically necessary care during the period after referral and prior to the CCS eligibility determination. (Medically necessary services provided by a CCS paneled provider during the interim may be authorized by the CCS program for a condition determined to be CCS eligible.)	Authorize from referral date medically necessary CCS benefits required to treat a subscriber's CCS eligible condition and be responsible for the reimbursement of care to authorized providers when CCS eligibility is established.
	Develop with network designees, where applicable, a monthly tracking list to include: name of referred subscriber; address and telephone number; birth date; social security number (if known); plan eligibility status; primary care provider name, address, and telephone number; and plan number and enrollment /disenrollment dates to be used for coordination and follow-up with the local CCS program.	Coordinate with plan liaison and network designees to share a tracking list of CCS eligibles who are known to the plans. The list will include name, CCS case number, birth date, social security number (if known), CCS eligible diagnoses, date of eligibility and status; in case of denial or closure, reason for ineligibility and date closed; referral source and primary care provider on file, if known.
Case Management/ Tracking and Follow-Up	Utilize tracking system to coordinate health care services for members receiving services authorized by the CCS program.	Assist plan in assessing, and alleviating barriers to accessing primary and specialty care related to the CCS eligible condition. Assist subscriber/subscriber family to complete enrollment into the CCS program.
	Develop policies and procedures that specify providers' responsibility for coordination of specialty and primary care services and ensure that CCS eligible children receive all medically necessary pediatric preventive services, including immunizations.	Provide case management services in order to coordinate the delivery of health care services to subscribers with CCS eligible conditions, including services provided by other agencies and programs, such as Local Education Agencies and Regional Centers.

County: _____

Effective Dates: _____

Appendix J. MOU Template (con't)

Service	Health Plan Responsibilities	CCS Program Responsibilities
Case Management (continued)	Develop policies and procedures that specify coordination activities among primary care providers, specialty providers, and hospitals and communication with CCS program case managers.	Develop systems that result in transmission of medical reports of services provided by CCS authorized providers to the appropriate plan primary care providers.
Quality Assurance and Monitoring	Conduct jointly with the CCS program, regular reviews of policies and procedures related to this agreement.	Conduct jointly with the plans, regular reviews of policies and procedures related to this agreement.
	Participate, at a minimum, in quarterly meetings with the CCS program to update policies and procedures as appropriate.	Participate, at a minimum, in quarterly meetings with the plan to update policies and procedures as appropriate.
	Review and update protocols annually in conjunction with the CCS program.	Review and update protocol on an annual basis in conjunction with the health plan.
	Develop work plan, in conjunction with CCS, that will monitor the effectiveness of the MOU and the plan/CCS interface.	Develop work plan, in conjunction with the plan, to monitor the effectiveness of the MOU and the plan/CCS interface.
Problem Resolution	Assign appropriate health plan management/liaison staff to participate with the local CCS program management and professional staff in the resolution of individual subscriber issues as they are identified.	Assign appropriate CCS program management and professional/liaison staff to participate with health plan management staff in the resolution of individual subscriber issues as they are identified.
	Assign appropriate health plan management/liaison staff to participate in, at a minimum, quarterly meetings to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services, and authorization of services.	Assign appropriate CCS program/liaison staff to participate in, at a minimum, quarterly meetings with health plan management/liaison staff to identify and resolve operational and administrative issues, including coordination, communication, referral, training, billing, provision of appropriate services, and authorization of services.
	Refer issue to the appropriate CMS Regional Office if problem cannot be resolved locally.	Refer issue to CMS Regional Office if problem cannot be resolved locally.

Signatures of the undersigned indicate intent to develop policies and procedures that will successfully develop the local CCS and Healthy Families Program interface.

Administrator of CCS Program

Date

Plan Designee

Date

Marilee Gregory, M.D. Children's Medical Services Branch Chief

Effective Dates:

Date

Additional Resources

California Children's Services Report 2006-2008, presented to the MRMIB Board by MRMIB staff April 2009.

The National Survey of Children with Special Health Care Needs: 2005-2006. (<http://mchb.hrsa.gov/cshcn05/>).

Child Health USA 2008-2009. (<http://mchb.hrsa.gov/chusa08/>).

Families in Program and Policy FiPPs CSHCN Report: Interviews on Family Participation with State Title V Children with Special Health Care Needs Programs. By Nora Wells and Betsy Anderson of Family Voices.

The CCS Program: An Assessment of Policy Research Needs: Preliminary Findings, January 23, 2009 by Valerie Lewis for the California HealthCare Foundation.

Considerations for Redesign of the California Children's Services (CCS) Program by Health Management Associates for the California HealthCare Foundation.

Assessing the California Children's Services Program, Issue Brief August 2009 by the California HealthCare Foundation.

California Children's Services Program Statutes: Health and Safety Code Sections 123800-123995.

Evaluation of Expenditures by California Children's Services (CCS) Beneficiaries: 2001-2005 prepared by Seidman, Robert L and Wolf, Janet C for the Institute for Public Health Graduate School of Public Health: San Diego State University, Final Report June 2007.

The Role of Medicaid and SCHIP Coverage in Serving Children with "Special Health Care Needs" by Dubay, Lisa and Ruiz, Sonia for John Hopkins School of Public Health.

Understanding CCS Through the Data, Presented by Health Management Associates on July 20, 2009.

The ongoing work of the Family Health Outcomes Project can be found at http://fhop.ucsf.edu/fhop/htm/ca_mcah/title_v/cshcn_t5_new.htm#ev.