California Children's Services (CCS) is an important program serving some of our state's most vulnerable children. Federal requirements stipulate that every 5 years, State Title V (Maternal and Child Health Services Block Grant) Programs must conduct a needs assessment to identify priorities for improving services for children and youth with special health care needs (CYSHCN). Since CCS receives a portion of California's Title V allocation, this needs assessment includes the CCS Program. As part of the needs assessment process, the Family Health Outcomes Project at the University of California, San Francisco is conducting this online provider survey. We expect the survey to take about 20-25 minutes. You may skip questions if they do not apply, and we strongly encourage you to answer the questions at the end regarding program priorities for the next five years. If you have any questions about the survey, you can call the Family Health Outcomes Project at (415) 476-5283. Thank you for your valuable input!

1. Please indicate which of these best describes your role in the CCS Program. (Select all that apply if necessary):

☐ Cardiologist

☐ Dietician

☐ Endocrinologist

☐ Family Medicine Physician

☐ Internist

☐ Neonatalogist

☐ Neurologist

☐ Neurosurgeon

☐ Nurse

☐ Nurse Practitioner

☐ Ophthalmologist

☐ Orthodontist

☐ Orthopedic Surgeon

☐ Otolaryngologist

☐ Oral-Maxillofacial Surgeon

☐ Pediatrician

☐ Pediatric Allergist Immunologist

☐ Pediatric Cardiologist

☐ Pediatric Critical Care Physician

☐ Pediatric Endocrinologist

☐ Pediatric Gastroenterologist

☐ Pediatric Hematologist

☐ Pediatric Infectious Disease Physician

☐ Pediatric Nephrologist

☐ Pediatric Neurologist

☐ Pediatric Neurosurgeon

☐ Pediatric Oncologist

☐ Pediatric Pulmonologist

☐ Pediatric Surgeon

☐ Perinatologist

☐ Physician Assistant (PA)

☐ Physical, Occupational or Speech Therapist

☐ Psychiatrist

☐ Psychologist

☐ Social Worker

☐ Other (please specify)

[   ]

2. Are you currently CCS-paneled?

○ Yes

○ No

○ Not now, but I have been in the past

○ Don't know/Not sure

3. Please select the setting in which you practice (check all that apply):

☐ Tertiary Medical Center (Non-Kaiser)

☐ Children's Hospital

☐ Kaiser Tertiary Medical Center

☐ Stand-alone specialty clinic

☐ Primary care practice (private)

☐ Primary care practice (public)

☐ Federally Qualified Health Center (FQHC)

☐ Other (please specify)

[   ]

4. Please select the county(s) in which you practice (please select all that apply, if more than three, please indicate in the "other" field):

	County Name
County 1	
County 2	
County 3	

Other (please specify)

5. When seeing CCS clients, what percentage of your time is spent providing primary care (if any), and what percentage of your time is spent providing specialty care (if any)?

	0-25%	26-50%	51-75%	76-100%	Don't Know/Not Sure
Primary Care	○	○	○	○	○
Specialty Care	○	○	○	○	○

6. Approximately what percentage of your patients are CCS clients?

○ 0-25%

○ 26-50%

○ 51-75%

○ 76-100%

○ Don't know/Not sure

7. Please rate the significance of the following potential barriers to providing high quality care to CCS clients (with 0 as not a barrier, and 5 as a very significant barrier):

	0-Not a Barrier	1	2	3	4	5-Significant Barrier
Medi-Cal reimbursement rates for care of conditions NOT covered by CCS	○	○	○	○	○	○
CCS reimbursement rates for care of CCS-covered conditions	○	○	○	○	○	○
Delay in payments for services provided to CCS children	○	○	○	○	○	○

	0-Not a Barrier	1	2	3	4	5-Significant Barrier
Amount and difficulty of paperwork to complete for Medi-Cal reimbursement	○	○	○	○	○	○
Amount and difficulty of paperwork to complete for CCS reimbursement	○	○	○	○	○	○
Complexity of care and amount of time needed to care for CCS children	○	○	○	○	○	○
Amount of resources needed to coordinate services for CCS children	○	○	○	○	○	○
Amount of accessible and available resources (e.g. social services, mental and behavioral health, respite care) for CCS children and families	○	○	○	○	○	○
Primary care physician's ability to access electronic information from the specialty care providers serving the same CCS children	○	○	○	○	○	○
Working with Medi-Cal Managed Care Health Plans (MCPs), e.g., approval for services/special tests or procedures, reimbursement process	○	○	○	○	○	○
State capacity to enforce CCS regulations	○	○	○	○	○	○
State capacity to conduct facility assessments	○	○	○	○	○	○
State capacity to promptly process applications for becoming a CCS-paneled provider	○	○	○	○	○	○
Delay in authorizations from CCS	○	○	○	○	○	○

	0-Not a Barrier	1	2	3	4	5-Significant Barrier
Delay in authorizations from Medi-Cal Managed Care Health Plans	○	○	○	○	○	○
Delay in authorizations from Private Health Plans	○	○	○	○	○	○
Transportation issues, e.g., families getting to appointments on time	○	○	○	○	○	○
Lack of electronic records	○	○	○	○	○	○
Health Plan requirements to use outside labs/diagnostic imaging	○	○	○	○	○	○
Communication challenges with sharing information between CCS and Health Plans	○	○	○	○	○	○
Other, rate here and describe below	○	○	○	○	○	○

Other (please specify)

8. What do you, as a provider, need from the system (CCS and/or Medi-Cal) in order to provide the best quality care to CCS clients? Please write your answer:

9. Please indicate how much you agree or disagree with the following statements:

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Don't Know/Not Sure
Increasing access to primary care for children with CCS conditions will help decrease emergency room visits and hospitalizations.	○	○	○	○	○	○
Increasing access to specialty care for children with CCS conditions will help decrease emergency room visits and hospitalizations.	○	○	○	○	○	○
The Medi-Cal provider network presents challenges in terms of the availability and capacity of primary and specialty care providers.	○	○	○	○	○	○

10. Please indicate how much you agree or disagree with the follow statements about monitoring CCS standards as communicated by regulations and/or Numbered Letters:

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Don't Know/Not Sure
Regular facility site visits are an important part of monitoring and enforcing regulations/Numbered Letters.	○	○	○	○	○	○
The state CCS program has adequate capacity (i.e. staff, clinical expertise, funding) to conduct periodic facility site visits to monitor and enforce regulations/Numbered Letters.	○	○	○	○	○	○
Facility site visits are conducted by a multidisciplinary team of state staff and consultants who are experts in their fields.	○	○	○	○	○	○

11. Please indicate how much you agree or disagree with the follow statements:

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree	Don't Know/Not Sure
Dedicated funding for county parent liaisons to help CCS children and their families navigate the health care system should be a CCS program priority.	○	○	○	○	○	○
Families would benefit from County CCS programs being required to convene family advisory committees	○	○	○	○	○	○

12. How often do you (or your practice) communicate with other providers who are also serving your CCS clients?

	Regularly Communicate	Sometimes Communicate Based on Needs	Rarely Communicate	Never Communicate	Don't Know/Not Sure
Primary Care Providers	○	○	○	○	○
Other Specialty Care Providers, including Special Care Centers	○	○	○	○	○
Regional Centers	○	○	○	○	○
Schools	○	○	○	○	○
CCS Medical Therapy Program (MTP)	○	○	○	○	○
Mental Health Providers	○	○	○	○	○
Community-Based Organizations	○	○	○	○	○

13. How often do you experience the following barriers in communicating with other providers?

	Always	Usually	Sometimes	Never	Don't Know/Not Sure
Time Constraints	○	○	○	○	○
Lack of Shared Electronic Medical Records (EMR)	○	○	○	○	○
Health Insurance Portability and Accountability Act (HIPAA) Concerns [Consent Forms]	○	○	○	○	○

Other (please specify)

[   ]

14. Please tell us how helpful the following strategies are (or could be) for improving communication with other providers (when 0 = not helpful at all, and 5 = very helpful):

	0-Not Helpful	1	2	3	4	5-Very Helpful
One-time use HIPAA form for provider-to-provider communication about CYSHCN	○	○	○	○	○	○
Regularly scheduled meetings or conference calls to discuss complex cases	○	○	○	○	○	○
Automatic emails to other providers indicating that patient was seen	○	○	○	○	○	○

Please share any suggestions you may have related to using the EMR to improve communication here:

[   ]

15. **Medical Home Definition,** American Academy of Pediatrics (AAP): "The medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. It should be delivered or directed by well-trained physicians who provide primary care and help to manage and facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a partnership of mutual responsibility and trust with them."

Please indicate how much you agree that it would be helpful if Medi-Cal Managed Care Health Plans funded pediatric practices that care for CYSHCN to become certified medical homes, and provided additional reimbursements to cover the costs of the additional staff and services required to be a medical home:

○ Strongly Agree

○ Somewhat Agree

○ Neutral

○ Somewhat Disagree

○ Strongly Disagree

○ Don't Know/Not Sure

16. Based on the AAP definition in the previous question, do you consider your practice to be a medical home for your CCS and non-CCS CYSHCN clients?

○ Yes

○ No

○ Don't Know/Not Sure

17. What would your practice need to become a medical home for CCS clients?

○ Additional resources (e.g. financial reimbursements, more staff)

○ Nothing, I have everything I need to be a medical home for CCS clients

○ Nothing, there are other reasons for my not providing a medical home for CCS clients

○ Don't know/Not sure

Other (please specify)

[   ]

18. You selected "Nothing, there are other reasons for my not providing a medical home for CCS clients," please tell us why:

19. Are you currently part of a Health Plan that is supporting your practice to become a medical home?

○ Yes

○ No

○ Not sure/Don't know

20. Please rate the importance of the following resources that could enable your practice to be a primary medical home for CCS clients:

	0 - Not Important	1	2	3	4	5 - Very Important
Electronic medical record system that links primary care with pediatric subspecialty providers	○	○	○	○	○	○
Ability to make informal consults and contacts with subspecialty providers (email, phone consultation, and/or telemedicine)	○	○	○	○	○	○
Reimbursement for longer office visits	○	○	○	○	○	○
Support staff for case management/care coordination	○	○	○	○	○	○
Adequate reimbursement for care coordination and case management services	○	○	○	○	○	○
Readily available treatment guidelines for patients with specific diagnoses/conditions (e.g., neurofibromatosis, seizure disorders)	○	○	○	○	○	○
Readily available community level resources (e.g., Regional Center, Family Voices) for my patients and their families to meet their social, psychosocial, and home health needs	○	○	○	○	○	○

	0 - Not Important	1	2	3	4	5 - Very Important
Availability of subspecialty pediatric providers in my network	○	○	○	○	○	○
Direct mechanism for communication and interacting with the child's school	○	○	○	○	○	○
Other, please rate here and then specify below	○	○	○	○	○	○

Other (please specify)

[text box]

21. Please tell us what differences, if any, there are in the coordination of health care for CCS versus non-CCS CYSHCN:

[text box]

22. How important is it for you (or your practice) to provide care coordination for CCS and non-CCS CYSHCN patients?

○ Very Important

○ Important

○ Somewhat Important

○ Not Important

○ Don't Know/Not Sure

23. If your practice provides care coordination for CYSHCN, which of the following entities pays for this? (Check all that apply)

☐ Not applicable - my practice does not do care coordination

☐ CCS

☐ Medi-Cal Managed Care Health Plan

☐ Private insurance

☐ Philanthropy

☐ No one pays for it, we just do it because it is needed

☐ Don't know/Not Sure

☐ Other (please specify)

[   ]

24. Please tell us how often, if ever, the following issues related to durable medical equipment (DME) [e.g., wheelchairs and walkers] present problems for your patients:

	Frequently a Problem	Occasionally a Problem	Rarely a Problem	Never a Problem	Don't Know/Not Sure
Too few DME providers willing to work with Medi-Cal due to low reimbursement rates	○	○	○	○	○
Too few DME providers willing to work with Medi-Cal due to delays in payment	○	○	○	○	○
DME providers refusing to provide certain kinds of equipment due to low reimbursement rates for that equipment	○	○	○	○	○
Client discharges being delayed due to issues in obtaining DME	○	○	○	○	○
Hospitals or families having to purchase DME so that clients can be discharged in a timely manner	○	○	○	○	○
Clients missing school/parents missing work due to delays in getting or repairing needed DME	○	○	○	○	○
DME providers refusing to repair or maintain equipment that they were not authorized to provide	○	○	○	○	○

Other (please specify)

[   ]

25. Were you aware that, even if your Medi-Cal Managed Care Health Plan assigns the youth to an adult provider, CCS can continue to authorize pediatric primary and specialty care when medically necessary until age 21?

○ Yes

○ No

26. Please indicate how much you agree with the following statements about transition. Youth who have aged out of CCS and have Medi-Cal would benefit from having:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/Not Sure
A multidisciplinary transition team including a Licensed Clinical Social Worker, Nurse, Case Manager, Specialty Care Provider, Primary Care Physician, Medical Therapy Program provider, etc.	○	○	○	○	○
Assistance in finding a new primary care provider	○	○	○	○	○
Assistance in finding a new specialty care provider	○	○	○	○	○

Other (please specify)

[   ]

27. Should eligibility for certain CCS conditions (e.g. hemophilia or cystic fibrosis) be extended to 65 years old, at which time Medicare would be available?

○ Yes

○ No

○ Don't Know/Not Sure

28. If yes, please tell us which CCS conditions should be extended to 65 years old:

[   ]

29. **Telehealth** is increasingly being used as a tool to provide care for CCS clients in both urban and rural settings.

Do you currently provide telehealth services or would you be willing to provide telehealth services to CCS clients?

○ Yes, I do provide telehealth services

○ Yes, I would be willing to provide telehealth services, but I don't currently provide them

○ No, I don't provide telehealth services and I will not be able to do so

○ Don't Know/Not Sure

30. What, if any, barriers are there to providing telehealth services for CCS patients?

31. What steps should be taken to reduce barriers to providing telehealth services?

32. What additional information and/or data should be available to improve the CCS Program and demonstrate program outcomes?

33. Research using CCS claims data indicates that for CCS clients with chronic, complex conditions, spending on home care makes up a significant portion of expenditures. How can access to home care services be improved? Please briefly describe:

34. Please tell us how much you agree with the following statements:

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know/Not Sure
Medi-Cal will cover the cost of transportation to and from appointments for your CCS and Medi-Cal patients.	○	○	○	○	○
CCS children have adequate access to mental and behavioral health care.	○	○	○	○	○
Non-CCS CYSHCN with private insurance have adequate access to mental and behavioral health care.	○	○	○	○	○
CYSHCN with Medi-Cal Managed Care Health Plans have adequate access to mental and behavioral health care.	○	○	○	○	○

35. Please answer the following questions on some of your screening practices:

	Always	Usually	Sometimes	Never	Don't Know/Not Sure
How often do you (or someone in your practice) use a screening tool to identify needs related to the social determinants of health (e.g. housing problems, food insecurity, etc.) for your **CCS patients**?	○	○	○	○	○
How often do you (or someone in your practice) use a screening tool to identify needs related to mental and behavioral health for your **CCS patients**?	○	○	○	○	○
How often do you (or someone in your practice) use a screening tool to identify needs related to the social determinants of health (e.g. housing problems, food insecurity, etc.) for your **non-CCS CYSHCN patients**?	○	○	○	○	○
How often do you (or someone in your practice) use a screening tool to identify needs related to mental and behavioral health for your **non-CCS CYSHCN patients**?	○	○	○	○	○

36. If you (or someone in your practice) do not routinely screen your CYSHCN for mental and behavioral health, please indicate why (choose all that apply):

☐ Not applicable - CYSHCN are routinely screened for mental and behavioral health

☐ Not aware of referral sources to be able to address these needs

☐ Not enough time to do screening

☐ Not enough staff to do screening

☐ No reimbursement

☐ Not familiar with screening tools

☐ Screening tool not built into EMR

☐ Not my role/job

☐ Other (please specify)

[   ]

37. Please describe additional barriers (if any) to screening and referral for mental and behavioral health for CYSHCN AND for their families:

For CCS CYSHCN: [   ]

For non-CCS CYSHCN: [   ]

38. If you (or someone in your practice) do not routinely screen your CYSHCN for social determinants of health, please indicate why (choose all that apply):

☐ Not applicable - CYSHCN are routinely screened for social determinants of health

☐ Not aware of referral sources to be able to address these needs

☐ Not enough time to do screening

☐ Not enough staff to do screening

☐ No reimbursement

☐ Not familiar with screening tools

☐ Screening tool not built into EMR

☐ Not my role/job

☐ Other (please specify)

[   ]

39. Please describe additional barriers (if any) to screening and referral for the social determinants of health for CYSHCN AND their families:

For CCS CYSHCN

For non-CCS CYSHCN

40. How important is the annual well-child visit for CCS children and other CYSHCN?

○ Very important

○ Important

○ Somewhat important

○ Not important

41. Are the CYSHCN that you care for receiving yearly well-child visits?

○ Yes, most appear to be having these visits

○ Yes, but only some appear to be having these visits

○ No, it appears that most are not having these visits

○ I don't know whether they are having these visits

42. Do you know who is conducting the well-child visits?

○ Yes

○ No

○ Don't know/Not sure

43. If yes, who is conducting the well-child visits?

44. What do you think should be the top three priorities for CCS over the next five years?

Priority 1

Priority 2

Priority 3

45. Please use this space to share any other comments you want to make about the CCS Program: