

Appendix 31 - Needs and Issue for Stakeholder Prioritization

CCS Needs Assessment Needs and Issues for Stakeholder Prioritization

Need/Issue:
<p>Adequate Insurance:</p> <p>Increase funding for addressing social needs</p> <p>Analyze the causes of and implement strategies to address the problem of children in CCS with Medi-Cal losing their Medi-Cal coverage</p> <p>Expand or re-evaluate CCS financial eligibility thresholds</p>
<p>Early & Continuous Screening:</p> <p>Close the loop to make sure that services are received after screening and referral for mental health services</p> <p>Reduce geographic/transportation, and socio-economic barriers to care</p> <p>Decrease loss to follow-up in the High-Risk Infant Follow-up program</p> <p>Improve consistency across all counties/programs around eligibility and authorization</p>
<p>Families as Partners:</p> <p>Develop Family Advisory Committees for CCS with all counties represented</p> <p>Improve the flexibility of service delivery by addressing time constraints, language capacity, geographic location and other barriers to care</p> <p>Improve care coordination and case management by increasing staff that assist families in navigating systems</p> <p>Increase the accessibility of information to support families to be effective partners in their child's care</p>
<p>Medical Home:</p> <p>Increase the ability of providers to serve as Medical Homes per the AAP definition</p> <p>Integrate social services, and mental and behavioral health into CCS services</p> <p>Promote appropriate, effective use of technology for CCS, including telehealth</p> <p>Standardize definition of medical home and approach to care coordination for CCS children</p> <p>Evaluate the care and delivery to CCS kids, identify gaps, develop appropriate outcome measures and compare both WCM and classic CCS and weigh the benefits and failures.</p> <p>Improve access to DME, medical supplies, and pharmacies via care coordination, improved communication and accountability</p>
<p>Organization of Community-Based Services:</p> <p>Improve consistency and alignment of communication from state CCS staff to both WCM Counties and WCM Health Plans</p> <p>Educate families, WCM Health Plan staff, CCS program staff and providers on transportation benefits for Medi-Cal, Medi-Cal Managed Care, and CCS-only non Medi-Cal</p> <p>Improve timeliness of communication, including release of numbered letters and eligibility of renewals (particularly for dependent counties)</p>
<p>Transition to Adult Care:</p> <p>Include a dedicated allocation for a transition specialist as a CCS staffing standards</p> <p>Improve support for transitioning youth and their families</p> <p>Establish special care centers for adults</p> <p>Expand the network of adult providers that can take on patients with Special Health Care Needs</p> <p>Extend CCS coverage to 65 (DHCS is thinking this is unlikely at this point)</p> <p>Allow CCS specialists to continue to see Special Health Care Needs patients past the age of 21.</p>