

Appendix 32 - Stakeholder Rankings of Top 7 Priorities

Need/Issue:	Ranking of top 7 priorities	Comment
Adequate Insurance:		
Increase funding for addressing social needs	3	
Analyze the causes of and implement strategies to address the problem of children in CCS with Medi-Cal losing their Medi-Cal coverage		
Expand or re-evaluate CCS financial eligibility thresholds*	1	Tied for 1st
Early & Continuous Screening:		
Close the loop to make sure that services are received after screening and referral for mental health services	2	Tied for 2nd
Reduce geographic/transportation, and socio-economic barriers to care		
Decrease loss to follow-up in the High-Risk Infant Follow-up program		
Improve consistency across all counties/programs around eligibility and authorization		
Families as Partners:		
Develop Family Advisory Committees for CCS with all counties represented		
Improve the flexibility of service delivery by addressing time constraints, language capacity, geographic location and other barriers to care		
Improve care coordination and case management by increasing staff that assist families in navigating systems	7	
Increase the accessibility of information to support families to be effective partners in their child's care	6	Tied for 6th
Medical Home:		
Increase the ability of providers to serve as Medical Homes per the AAP definition		
Integrate social services, and mental and behavioral health into CCS services	1	Tied for 1st
Promote appropriate, effective use of technology for CCS, including telehealth		
Standardize definition of medical home and approach to care coordination for CCS children		
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.		
Improve access to DME, medical supplies, and pharmacies via care coordination, improved communication and accountability		
Organization of Community-Based Services:		
Improve consistency and alignment of communication from state CCS staff to both WCM Counties and WCM Health Plans		
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		
Improve timeliness of communication, including release of numbered letters and eligibility of renewals (particularly for dependent counties)		

Transition to Adult Care:		
Include a dedicated allocation for a transition specialist as a CCS staffing standards	6	Tied for 6th
Improve support for transitioning youth and their families	2	Tied for 2nd
Establish special care centers for adults		
Expand the network of adult providers that can take on patients with Special Health Care Needs	4	
Extend CCS coverage to 65 (DHCS is thinking this is unlikely at this point)		
Allow CCS specialists to continue to see Special Health Care Needs patients past the age of 21.*	5	

*As these priorities are impacted by current state regulations, they will be referred to DHCS leadership for possible future consideration by the California Legislature.