

CCS Administrators Focus Group Guide

[Introduction including confidentiality]

Expected length of time: 60-90 minutes

The CCS program is administered as a partnership between the California Department of Health Care Services (DHCS) and county health departments. The state sets the special care centers (that include hospitals) standards and the overall administrative policy and direction for CCS and oversees CCS provider paneling. County CCS staff determines eligibility, authorize services, and provide case management. The Site reviews and approves special care centers

1. If the goal of the CCS program is to identify and enroll eligible children and ensure timely access to appropriate, multidisciplinary care to improve health outcomes for these children, what, from your perspective, are the biggest barriers to achieving this goal?
 - *Probe 1:* In your experience, do families experience delays and long wait times for care?
 - *Probe 2:* Do delays to care and/or long wait times take place more often with specific conditions?

2. Please comment on your experience in working with the Medi-Cal Managed Care Plans that also serve your CCS clients.
 - *Probe 1:* What are the benefits and challenges of working with MMC plans?
 - *Probe 2:* What is the impact on CCS clients of shifting them from Medi-Cal fee for service to Medi-Cal Managed Care?
 - *Probe 2:* How is the relationship/communication between CCS and the Medi-Cal Managed Care Plans? How might it be improved?

3. In your experience, how well do County CCS Programs implement case management for CCS clients and how could it be improved?
 - *Probe 1:* What is your opinion on having a tier system for case management services based on diagnosis AND
 - *Probe 2:* What do you see as the main barriers to better case management for CCS clients?
 - *Probe 3:* Are caseloads for CCS Case Managers realistic?
 - *Probe 4:* What are your impressions or experiences with nurse case managers. Are families aware that they have one?

Key Definition – Shared Plan of Care (SPoC): This is a new and emergent model that can be a tool used to support care coordination and is developed and implemented with input from members of the team caring for a child, including community partners, educational specialists, primary care providers, dental providers, medical and surgical subspecialists, and the family and patient themselves.

4. How much capacity would you have to contribute to the development of SPoC's as an administrator of CCS?
5. From your perspective, how well do the physicians/and providers of services/care for your CCS clients communicate with each other?
 - *Probe 2:* Is more communication between providers needed? If so, how should it be increased/improved?
 - *Probe 3:* What is the capacity of telehealth (or telemedicine) that is available in your county and in general through CCS?

Key Definition – Medical Home: The AAP defines a Medical Home as an approach to providing comprehensive and high quality primary care that is accessible, family-centered, continuous, coordinated, compassionate and culturally effective. A medical home is not a building or place; it extends beyond the walls of a clinical practice.

6. From your perspective, do your CCS clients have a medical home?
 - *Probe 1:* Who do you think is/should be responsible for providing a medical home for CCS clients?
 - *Probe 2:* What would you like seen done differently, if anything? Why? How?
7. From your perspective, what is needed (e.g., types of resources) to be able to provide a medical home for CCS clients and what role do CCS administrators play in ensuring CCS clients have a medical home?
 - *Probe 1:* What do you think that the local primary care providers need to if they are to provide medical comes for CCS clients and other CYSHCN?
 - *Probe 2:* What do you think specialists, who may not be trained in the medical home concept, would need to provide a medical home for CCS clients?
 - *Probe 3:* How would the needs differ for urban and rural providers?
 - *Probe 4:* What role, if any, could technology (e.g., telemedicine) play in developing medical homes in urban and/or rural environments for primary care and/or specialist providers?
8. What comments do you have regarding medical and/or financial eligibility for CCS?

- *Probe 1:* What other conditions do you think should be covered that are not currently? Why?
 - *Probe 2:* What do you think about the current financial eligibility and do you think it should be revisited? Why or why not?
9. How do you feel about the reimbursement rates for Durable Medical Equipment (DME)? And other reimbursement rates, and the effect they have on the availability of vendors?
10. What are your experiences regarding CCS clients transitioning from pediatric to adult care? How might this process be improved?
- *Probe 1:* What is the current practice when a child “ages-out” of CCS?
 - *Probe 2:* What, if any, changes to the current practices should occur? Why? How?
 - *Probe 3:* Who is involved during the transition (e.g., family, doctor, church, social worker, school, etc.)? Who should be involved during the transition? Why?
11. What have been your experiences with locating providers for transitioning CHSCN?
- *Probe 1:* what are the most difficult conditions to find providers for, specifically for transitioning CSHCN?
12. From your perspective, how considerate of family capacity is CCS care and case management?
- *Probe 1:* Are transportation services provided to families that express transportation as a barrier?
13. From your perspective how well does CCS address mental and behavioral health of the child? Of the family?
14. How is family participation in CCS care obtained in your county?
- *Probe 1:* Do you have family advisory committees in your region or county for CCS? If not, why?
 - *Probe 2:* Are family members involved in providing regular feedback on their child’s care through individual consultations, group discussions, or surveys?
15. What is your perception or what has been your experience with the Whole Child Model thus far?
- *Probe 1:* Has this had an effect on the availability of nurse case managers in WCM counties?

16.What is the biggest strength of the CCS program?

17.What are the biggest problems/drawbacks of the program?

- For CCS Patients
- For Physicians

18.Please share any other feedback/comments that you feel are relevant to our conversation today.

THANK YOU!