

**Department of Health Care Services  
California Children's Services (CCS)  
Carve-Out Extension and Whole-Child Model Fact Sheet  
August 26, 2015**

Based on stakeholder feedback on strategies to improve and integrate care for children who qualify for the California Children's Services (CCS) program, the Department of Health Care Services (DHCS) proposed a three-year managed care carve-out extension for most counties, until at least January 2019, and implementation of a Whole-Child Model, primarily for County-Organized Health Systems, no sooner than January 2017. This approach focuses on the whole-child and their full range of needs rather than only their CCS eligible conditions. This balanced, measured approach will:

- Maintain the core CCS provider standards, credentialing process, and network of specialty care.
- Implement an integrated model in a modest portion of the state (less than one-third).
- Leverage county expertise from throughout the state to improve care models, both in counties with the Whole-Child Model, and all other counties.
- Enforce stringent readiness and monitoring requirements for health plans to ensure continuity of care and continued access to high-quality specialty care.
- Identify and implement program improvements across the state through an ongoing stakeholder process that reflects input from leading researchers and experts in care for children and youth with special health care needs.

Further, in response to stakeholder discussion on the proposed statutory language released in July, DHCS is proposing several changes to the Whole-Child Model to further strengthen consumer protections for children and families. Key changes include:

1. Provide further accountability and transparency for health plan decisions regarding care for children and youth with special health care needs, by requiring a clinical advisory committee for each health plan, to review treatment authorizations and other clinical issues related to CCS conditions. This advisory committee will be comprised of the plan's Medical Director, the CCS County Medical Director, and paneled CCS providers.
2. Elongate the implementation timeline for Orange County, by extending the carve-out through July 2017, due to additional time needed for full readiness and implementation.
3. Require the completion and submission of a formal evaluation prior to any further integrated contracts for CCS and managed care, after the current proposal is implemented in Whole-Child Model counties.
4. Strengthen requirements for health plans to provide access to CCS paneled providers.
5. Build on existing DHCS activities to provide transparency in managed care contracts, by making CCS-specific contract provisions available to the stakeholders/public.