

# Issue Brief

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## A Success Story: How a Coalition Improved Children's Access to Lifelong Incontinence Supplies

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*If a child has been in diapers for 8, 10, 12 years, why do we have to keep filling out paperwork – telling people that yes, they're still incontinent. Why is it we have to keep doing these referrals and these authorizations if we know this is a condition that is not going to change?*

– Family representative at OCC3 for Kids

Anyone who ever has taken care of a child understands the necessity of diapers in the first years. For some children with special health care needs (CSHCN), however, lifelong use of diapers and incontinence supplies may be required due to their conditions. Yet their families often face an exhausting and exasperating process in obtaining authorization and payment for these essential products. Families are buffeted among a range of potential payers, some of whom require repeated reauthorization and proof of need. This added burden is felt by families and providers.

Cutting through this bureaucracy became a top priority for the Orange County Care Coordination Collaborative for Kids (OCC3 for Kids) after hearing of the challenges of families. A partnership led by Help Me Grow Orange County, OCC3 brings together public and private organizations that serve CSHCN, who comprise approximately 15 percent of children in the county.

This issue brief summarizes a [case study](#) on the efforts by OCC3, which is part of the California Community Care Coordination Collaborative, a program of the Lucile Packard Foundation for Children's Health.

### Seeking Systems Change

OCC3 wanted to support families frustrated

with the burden of authorization for medical supplies. The coalition was inspired by Kern County's successful work to protect families from endless pingponging among payers. They zeroed in on incontinence supplies because it was a common and relatable problem that could inspire a specific solution.

To consider how to implement a similar solution locally, OCC3 leaders first met with family representatives to discuss and document their concerns. Then OCC3 met separately with the potential payers, CalOptima (the local Medi-Cal managed care plan), California Children's Services (CCS), and Orange County Regional Center, to learn about their administrative processes and challenges. OCC3 also invited vendors to share procedures and considerations from their perspective as providers of incontinence supplies.

OCC3 then brought all parties together to brainstorm about possible solutions. This rich exchange led to an increased understanding from stakeholders about the complex processes at other agencies as well as the frustrations endured by parents and vendors.

After several meetings and some data analysis, the key outcome was that CCS implemented an authorization process that flags cases for children who have lifelong incontinence so that they receive diapers through CCS until they age

out of the program at 21. Families do not need to seek re-authorization after an initial determination is made. This change also sped up the process for the vendors, who had been double submitting invoices (to both CCS and to the Medi-Cal plan) in the face of uncertainty about who would pay.

The power of a strong coalition with a complement of invested partners proved critical to success for this project. OCC3 leveraged its existing positive working relationship with CalOptima, CCS, and the Regional Center to garner participation in solving the issue of incontinence supplies. Family representatives shared personal experiences, CalOptima provided data about the number of patients with various conditions participating in different provider networks, Regional Center offered insight about procedures facing families without private or Medi-Cal insurance, and CCS

identified ways to make system change. All partners were willing to work together due to the time that OCC3 for Kids invested in convening the group.

During the course of this work, Orange County began the process of transitioning their CCS clients to receive care through CalOptima. OCC3 continues to monitor this transition to ensure that families are able to obtain needed supplies.

**Read the [full case study](#) to learn more.**

**ABOUT THE FOUNDATION:** The Lucile Packard Foundation for Children's Health is a public charity, founded in 1997. Its mission is to elevate the priority of children's health, and to increase the quality and accessibility of children's health care through leadership and direct investment. Through its Program for Children with Special Health Care Needs, the Foundation supports development of a high-quality health care system that results in better health outcomes for children and enhanced quality of life for families.

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