

Responsibility for Neonatal Intensive Care Unit (NICU) Services

Introduction

Care for children with special health care needs in California has long been managed by California Children's Services (CCS), a state-level program that operates at the county level. In 2018 the state Department of Health Care Services turned over responsibility for CCS activities to Medi-Cal managed care organizations in 21 counties under a new program called the Whole Child Model (WCM). The Children's Regional Integrated Service System (CRISS), a collaborative of family support organizations, pediatric hospitals and provider groups, and 28 county CCS programs in Northern California, has closely monitored the implementation of the WCM and has identified potential strategies to address issues and concerns raised by families, plans, providers, and CCS county agencies.

Situation

Implementation of the WCM in 21 CCS counties requires that Neonatal Intensive Care Unit (NICU) acuity assessment, authorization and payment under CCS N. L. 04-0618 be conducted in accordance with CCS Program guidelines by the Medi-Cal Managed Care Plan (MCMCP). MCMCPs are to inform county CCS programs when their clients are determined to be NICU-eligible so they can be entered into Children's Medical Services Net (CMS Net).

Background

WCM plans are not routinely notifying the WCM counties of cases determined to meet NICU acuity in a consistent and timely manner, and CCS case referral numbers are dropping. For cases in which the health plan does notify the county of a case eligible for NICU acuity, when it comes time for the Annual Medical Renewal, many cases are found to have been determined incorrectly, or recommendations on a discharge summary were not followed.

Assessment

Some MCMCP are attempting to notify CCS WCM counties but are providing incomplete information. Clients are not being registered in CMS Net and remain unknown to CCS or are referred with a CCS request for High Risk Infant Follow-Up services up to six months later.

Recommendations

DHCS should require use of a standardized referral form with standard information for all WCM plans to notify CCS that NICU criteria have been met and to advise the appropriate CCS county of NICU eligibility, with appropriate demographic information for CCS staff to open the case. In addition, in order to gauge the parameters of the problem, DHCS should complete data analysis regarding the state of NICU referrals pre- and post-WCM and in comparison with classic CCS counties.

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About Children's Regional Integrated Service System (CRISS)

Founded in 1996, CRISS aims to promote a seamless, integrated, family-centered, cost-effective and efficient regional service system for children with special health care needs.

Learn more at: criss-ca.org or contact Laurie Soman, CRISS Director, at Lsoman6708@aol.com or 510-540-8293.

Support for this work was provided by the Lucile Packard Foundation for Children's Health, Palo Alto, California