

**Senate Informational Hearing:  
The Future of the California Children's Services (CCS) Program  
November 18, 2015**

**Health Plan of San Mateo Remarks**

Good afternoon. My name is Hanh Pham, and I am the CCS Demonstration Project Director at Health Plan of San Mateo. On behalf of Health Plan of San Mateo, I would like to thank the Senate Committee on Health for the opportunity to speak about our experiences with the CCS program.

Health Plan of San Mateo, or HPMS, was founded in 1987 as a County Organized Health System that could provide a community solution to local health care concerns. The San Mateo Health Commission created HPSM to provide access to high quality and coordinated health care for Medi-Cal patients. Today, HPSM serves over one hundred and forty thousand low-income patients.

HPSM supports the Department of Health Care Services' proposed Whole Child Model. As a part of the CCS Demonstration Project, HPSM has implemented many aspects of the Whole Child Model, and has found that the Whole Child Model provides a better experience for patients, families, and providers.

HPSM's CCS Demonstration Project came about because of the difficulties our CCS patients, families, and providers, were experiencing. In 2012, HPSM and the County of San Mateo Health System, conducted focus groups with CCS families to understand their concerns with the health care system.

We found that CCS families were confused about who to turn to for help, and had complaints about pharmacy services. Their confusion about who to turn to for help comes from the fact that CCS care is siloed from all other health care. This silo occurs because CCS care coordination and utilization management is provided by the County CCS program, while care coordination and utilization management for all other health care needs are provided by the Medi-Cal program. This makes it difficult for patients to understand who they should contact when they need help with their health care. This fragmented system is especially difficult and confusing for our non-English speaking families, who do not have the language skills to navigate the system.

In response to this need, HPSM applied for the CCS Demonstration Project, with support from the County of San Mateo Health System, community providers, and families. HPSM began its CCS Demonstration Project in April 2013.

The goal of HPSM's CCS Demonstration Project is to build a health care system centered around the patient. We call this the Whole Child Model. The Whole Child Model entrusts all of the patient's care to one entity that can focus on all of the patient's needs, and brings all of the care coordination and utilization responsibilities under one organization.

HPSM works very closely with the County CCS program to ensure that their CCS expertise is integrated into our project through co-location of the CCS staff at HPSM,

and by subcontracting with the County CCS program to provide care coordination and utilization management to our CCS patients.

We also actively involve our CCS patients, families, and community providers in this project through our CCS Parent Liaison, our Family Sub-Committee, our Youth Advisory Committee, and the Demonstration Project Advisory Committee, which is comprised of community health providers and local community organizations.

We have found that our CCS Demonstration Project has improved patient, family, and provider satisfaction.

For our patients and families, the Whole Child Model has helped them in the following ways:

1. One entity now does all of the patient's care coordination and utilization management. If the patient has any questions about their care, then they just call one place and can get help. This has reduced confusion for patients and families.
2. Our patients now receive more generous benefits. HPSM provides them with whichever benefits are more generous to the patient, either Medi-Cal or CCS. In addition, HPSM has expanded the pharmacy formulary for CCS patients so that it is easier for them to get their medications. We have also streamlined access to incontinence supplies, and provide supplies that are not part of the traditional CCS formulary, such as gloves and wipes.
3. We have also worked to provide access to mental and behavioral health services for our CCS patients by creating a referral pathway for our care coordinators to refer patients for these services, and we provide them with training on how to activate our patients to access these services.
4. To enhance care coordination, we conduct comprehensive assessments on each patient so that the Care Coordinator understands the patient's health care needs.
5. We have begun to work on the transition process for patients who age-out of CCS. The CCS Care Coordinators and the HPSM Medi – Cal Care Coordinators work closely together to ensure that the patient's needs are addressed before, during, and after the transition process.
6. Lastly, patients have access to HPSM's Grievances and Appeals process. HPSM has a formal grievance process to track and monitor grievances for any quality or access problems. This grievance process is not part of the traditional CCS model. Whole Child patients also have a longer time frame to appeal denials through HPSM, which provides 90 days to appeal vs 30 days for CCS.

For our providers, the Whole Child Model has helped them because they only have to contact one entity for any questions about care coordination, authorizations, and claims. We are also piloting a process to reduce the number of authorizations providers need to get before they are paid for the care they provide. We find that this reduces paperwork for providers, and gives them more time to focus on patient care.

We have much more work planned for the Whole Child Model. In the future, we will be working on expanding transition services, redesigning our care coordination program, implementing a medical home model, and much more.

The work that we have done, and that we plan to do, is possible because of the CCS Demonstration Project. This project gives us the flexibility to create local solutions to the problems faced by our CCS patients, families, and providers.

I would like to address some concerns about Health Plans that I have heard today. I have heard that Health Plans make financial decisions rather than clinical decisions. That is not how we make our decisions. We base health care decisions on whether or not the requested care is medically necessary, and if so, whether the provider is clinically able to provide the needed care. Because of this, we regularly send patients to providers that are outside of our network, the County, and even the State, in order to provide them with appropriate care. For example: last year, we flew a patient to Philadelphia to see the only provider in the country that could care for that patient. We are also regularly audited by DHCS, DMCH, and CMS to ensure that our decisions are made based upon clinical criteria, and not financial ones.

HPSM looks forward to continuing to serve our CCS patients, families, and providers through the Whole Child model, and we thank the Committee for the opportunity to speak about our work.