



Orange County
Care Coordination
Collaborative
for kids

Working Together for System Improvement

Orange County Whole Child Model

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About this Report

This report summarizes the goals, activities, and results of Orange County Care Collaborative for Kids' (OCC3 for Kids) efforts from its most recent award period, November 2019 through June 2022. The focus during this timeframe was improving access to care for children with special health care needs (CSHCN) by identifying system strengths, challenges, and barriers with an emphasis on the transition from California Children's Services to the Whole Child Model, and developing and implementing a plan to address one or more of the barriers identified. In this report, we outline OCC3 for Kids learnings, the system barriers it focused on, and results from that work.

About the Foundation



The Lucile Packard Foundation for Children's Health unlocks philanthropy to transform health for all children and families – in our community and our world. Support for this work was provided by the Foundation's Program for Children with Special Health Care Needs. We invest in creating a more efficient and equitable system that ensures high-quality, coordinated, family-centered care to improve health outcomes for children and enhance quality of life for families. The views presented here are those of the authors and do not reflect those of the Foundation or its staff. Learn more at lpfch.org/CSHCN.

Support for this report was provided by the Lucile Packard Foundation for Children's Health. The views presented here are those of the authors and do not reflect those of the Foundation or its staff.

About Orange County Care Collaborative for Kids

Established in 2013, OCC3 for Kids is a multi-agency, cross-sector collaborative that is working to improve systems of care for children with special health care needs (CSHCN). OCC3 for Kids' vision is to ensure that children and youth in Orange County with special health care needs achieve optimal care for health and well-being, and to enhance the quality of life for their families. The lead agency for OCC3 for Kids is Help Me Grow Orange County, part of CHOC Children's Population Health Department. Funding to support this partnership has been provided through grants from the Lucile Packard Foundation for Children's Health, along with in-kind contributions of staff support from those who participate on OCC3 for Kids. Over the years, more than 30 organizations have participated. For more information about OCC3 for Kids: <https://www.helpmegrowoc.org/occ3-for-kids/>

About the Authors

Rebecca Hernandez has led the effort to establish Help Me Grow in Orange County, California, since 2006. She has participated on multiple countywide initiatives, including the Developmental & Behavioral Pathways Committee, the Orange County Early Childhood Framework Task Force, the WE CAN Task Force Detect & Connect, and SAELI (Santa Ana Early Learning Initiative), all with the goal of addressing the needs of children in Orange County. Since 2013 she has been the project director for the OCC3 for Kids with an award from the Lucile Packard Foundation for Children's Health to address system issues for children with special health care needs. Beginning in 2014, Rebecca steered a collective impact effort, the county-wide Developmental Screening Network, with funding from the U.S. Department of Health and Human Services and the Healthy Tomorrows Partnership for Children Program. This effort led to the implementation of the OC Children's Screening Registry, launched in 2018 for the sharing of developmental, behavioral, and adverse childhood experiences screening results between early childhood care and education, community-based organizations, and child health care providers. Rebecca is an Implementation Expert and consultant for the Help Me Grow National Center supporting replication efforts across the country.

Rebecca Alvarez is co-founder and principal of NP Strategies, a nonprofit strategy consulting organization that provides strategic and management assistance to nonprofits and foundations in Southern California. Rebecca was the facilitator of OCC3 for Kids from November 2019 through June 2022. She has extensive experience facilitating collaboratives, leadership teams, and boards throughout Southern California. Since forming NP Strategies in 2005, Rebecca has consulted with clients on a range of issues including scaling strategies, business and strategic planning, market research, evaluation, and organizational change. She is passionate about children's health and, in addition to OCC3 for Kids, works extensively with First 5 Orange County and some of the leading nonprofit organizations in Orange and San Diego counties and facilitates other cross-sector collaboratives, including Detect & Connect OC.

The authors are grateful to the OCC3 for Kids partners who worked together thoughtfully and collaboratively over the last several years to support children and youth with special health care needs. This work would not have been possible without their time, input, dedication, expertise, and the trust they established among one another (see Appendix A for the list of partners).

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Executive Summary

Orange County Care Collaborative for Kids (OCC3 for Kids) is a multi-agency, cross-sector collaborative located in Orange County, CA that is working to improve systems of care for children with special health care needs (CSHCN). In July 2019, Orange County transitioned children served by California Children's Services (CCS), the state's system of care of CSHCN, to CalOptima Health (CalOptima), Orange County's Medi-Cal managed care organization, under the Whole Child Model (WCM), a new program developed by the Department of Health Care Services with the goal of improving care coordination, access to care, and health outcomes. The focus of the current project (November 2019 to June 2022) has been to explore the impact on children and families of the WCM transition.

OCC3 for Kids sought to understand where families were experiencing difficulty and success in accessing services with the transition to WCM. In addition, the group planned to identify and address a system issue for improvement. To accomplish this, OCC3 for Kids utilized a combination of monthly meetings with OCC3 for Kids partners, who are all experts in the field (some are also parents of CSHCN) and work with WCM families, a thorough case review process, and focus groups.

Through the case reviews and focus groups, several key themes emerged consistently regarding the strengths and challenges of accessing care within WCM in Orange County. The group chose to prioritize the theme, **helping parents/caregivers navigate the Whole Child Model**. OCC3 for Kids then developed and implemented three strategies to support families with WCM system navigation:

- **Strategy 1: Mapping resources available to support families with navigation of WCM.** The result from this process was a system mapping document that was meant for internal (OCC3 for Kids) purposes and could be shared as a resource with other professionals supporting WCM families, such as care management teams.
- **Strategy 2: Developing parent/family-facing shared messaging to assist with understanding sources of supports and services.** The group developed a two-page document to be disseminated widely to families, available in English, Spanish and Vietnamese.
- **Strategy 3: Reviewing the Health Needs Assessment conducted by CalOptima, and develop recommended changes that could help families get connected to supports as early as possible.** The group identified a series of recommended changes to the form itself, along with process recommendations. These were summarized in a letter to CalOptima that is now being considered by CalOptima as part of our ongoing partnership.

This project was part of OCC3 for Kids' multi-year process of working together to ensure that children and youth in Orange County with special health care needs achieve optimal care for health and well-being, and to enhance the quality of life for their families. The relationships formed in OCC3 for Kids and resulting collaboration resulted in improved care coordination and support for CSHCN and their families. Key learnings from this project included:

- Relationship-building takes time and is worth the time investment
- Nuanced differences in understanding can have big implications: go deeper in conversations

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- Flexibility is key
 - Balancing networking time and action is key to long-term engagement

OCC3 for Kids hope is that sharing the process and results from this project will contribute to the field and inform other WCM counties, just as we have learned from their work and experiences.

Introduction

Orange County Care Collaborative for Kids (OCC3 for Kids) is a multi-agency, cross-sector collaborative located in Orange County, CA that is working to improve systems of care for children with special health care needs (CSHCN). More than 30 organizations have participated in OCC3 for Kids, and nearly 20 have been actively engaged in the group's most recent efforts.¹ Established in 2013, OCC3 for Kids has received multiple rounds of funding from Lucile Packard Foundation for Children's Health. Past efforts included but are not limited to the development of an acuity tool utilized by Public Health Nursing, access to Durable Medical Equipment and incontinent supplies, transition to adult services for families of CSHCN and providing system-level care coordination.

From November 2019 to June 2022, the group's focus was to explore the transition of California Children's Services (CCS) to the Whole Child Model (WCM) in Orange County. Under the WCM, CCS-eligible children in 21 counties began receiving all of their CCS and non-CCS services except Medical Therapy Unit services through Medi-Cal managed care organizations. Orange County transitioned to WCM in July 2019. While the initial reports were of a smooth transition, OCC3 for Kids anticipated that there would be challenges, as well as strengths, as this new model was implemented, and wanted to be proactive in addressing any system barriers so that CSHCN could receive the care they need.

Whole Child Model

The Whole Child Model (WCM) is a new program developed by the Department of Health Care Services with the goal of improving care coordination, access to care, and health outcomes for CCS children and their families. In Orange County, the WCM program combines eligible children's Medi-Cal and CCS benefits under CalOptima Health (CalOptima), Orange County's managed care plan.² Examples of eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CalOptima is structured with 13 different health networks. A majority of children previously covered by CCS are served by CHOC Health Alliance (CHA), which has a significant infrastructure in place for services to these children/families. However, there are CSHCN in the other 12 networks as well.

The table below includes the average monthly number of CalOptima WCM members, the average monthly number of providers, and the average monthly number of providers and vendors combined that are serving WCM members (children and youth up to age of 21). This information provides some context for the universe of WCM children served by CalOptima and CalOptima contracted networks, providers, and vendors in Orange County.

Table 1: Monthly Average CalOptima WCM Members, Providers and Providers/Vendors
(Provided by CalOptima, May 2021)

Average Monthly Number of WCM CalOptima Members	11,407
Average Monthly Number of WCM Health Care Providers	777
Average Monthly Number of Providers/Vendors	8,825

¹ See Appendix A for OCC3 for Kids partner organizations active from November 2019 through June 2022

² For more information about Whole Child Model: <https://caloptima.org/en/ForMembers/Medi-Cal/WholeChildModel.aspx>

Rather than take a “wait and see” approach, OCC3 for Kids sought to proactively understand where families were experiencing difficulty and success in accessing services, with a lens toward understanding which issues are simply the result of a new system that will resolve quickly, and which may be persistent system issues that need to be addressed. Based on this work, we sought to leverage the expertise and relationships within OCC3 for Kids to select a system issue to work on together to strengthen access to WCM and needed care for CSHCN. This report summarizes the goals, activities, and results of OCC3 for Kids efforts.

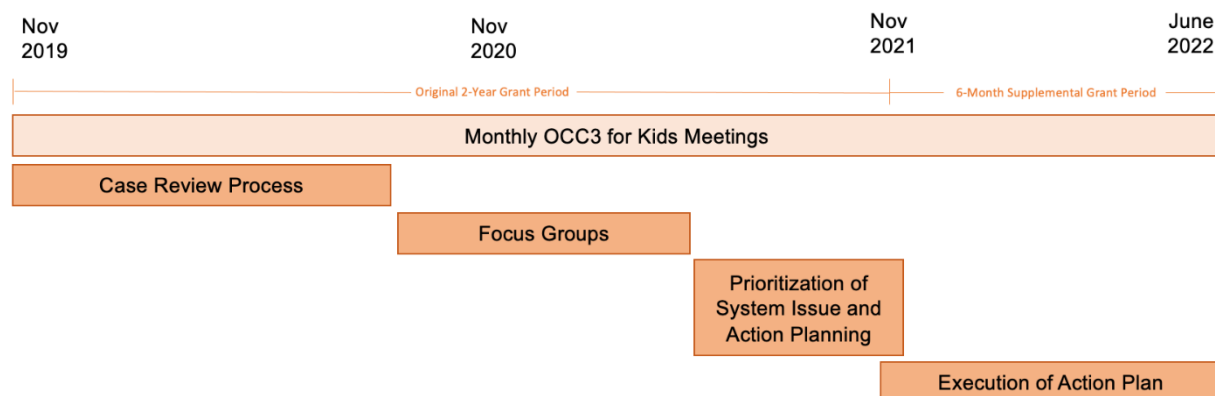
Project Goals & Approach

The overarching goal of OCC3 for Kids is to improve access to care for CSHCN. In this project the specific goals included:

- Identify common system barriers to access to services for CSHCN, with a focus on implementation of the WCM.
- Support the implementation of the WCM by identifying strengths and challenges in its implementation and raising awareness of issues.
- Raise the awareness of the barriers to access and strengths/challenges of the WCM
- Develop and implement a plan to address one or more of the barriers or challenges identified.
- Provide education/training to OCC3 for Kids participants on topics related to services for CSHCN and their families.
- Offer networking opportunities through monthly OCC3 for Kids meetings.

To accomplish these goals, OCC3 for Kids utilized a multi-pronged approach that included monthly meetings and education opportunities for OCC3 for Kids partners, a thorough case review process, and focus groups. By the end of Year 2 in the project (November 2021), we planned to have selected a system-level issue to work on, and to have identified key partners to participate in a work group to address this issue. We exceeded this goal and developed and began working on an action plan for the selected system-level issue. From January through June 2022, we completed the action plan. An overview of the approach and timeline is included below:

Figure 1: Overview of Project Approach and Timeline



Monthly OCC3 for Kids Meetings

Several of the project goals were achieved through the monthly meetings, which provided space for relationship-building and sharing among the OCC3 for Kids partners. The group met monthly for the duration of the grant period, with the exception of March 2020, when the COVID-19 pandemic was first impacting our organizations.

Meetings always included a roundtable of announcements in which each participant had an opportunity to share upcoming events, changes within their organizations, and/or opportunities for families with CSHCN. We also leveraged monthly meetings for education opportunities. Based on requests from OCC3 for Kids partners or needs that emerged during discussion, we brought in speakers on a range of topics, including but not limited to:

- Medical Therapy Unit (MTU) eligibility and the appeals process
- Medi-Cal and Home and Community-Based Services Waivers
- Children's Regional Integrated Service System (CRISS) re: WCM Issues in other parts of California
- Project HEALTH, a Program of CHOC's Psychology Department
- Medi-Cal Dental Benefits

In addition to the roundtable and speakers, meetings were a time for the group to work collaboratively to address system and individual child/family issues. We utilized the meetings for case reviews to share and discuss challenging cases and determine implications, prepare for and debrief from focus groups, identify and prioritize the system issues, and, in the final stage, complete our action plan around the prioritized system issue the group decided to work on together.

The meetings were consistently well-attended, with an average of 15-16 participants, and based on feedback we received from partners, they added value to their work.

Case Reviews

From November 2019 through August 2020, OCC3 for Kids conducted 21 case reviews to help the group understand what was working and system challenges related to the transition to WCM. We developed a case review structure and guidelines to ensure consistency in types of cases selected, emphasizing connection to WCM, how cases were presented, and flow of the discussion.³ Cases were presented by various partners. After each case discussion, the group agreed on the system issue(s) the case highlighted, and a running list of system issues was kept.

Focus Groups

Immediately following and informed by the case review process, OCC3 for Kids began planning a series of focus groups. The focus groups were meant to validate and better understand the system issues uncovered in the case review process, and to hear directly from various key stakeholder groups, including and especially parents as well as physicians, case managers health network administrators, case managers, MTU therapists, and vendors. The planning and facilitation of focus groups took place from September 2020 through January 2021. OCC3 for Kids worked with Patricia Sinay, a bi-lingual, neutral facilitator, from Community Investment Strategies to conduct the focus groups.

³ See Appendix B for the Case Review Structure & Guidelines as well as the Case Review Template we developed and utilized as a group

While they were originally planned to be in-person, the focus groups took place during the COVID-19 pandemic and were held via Zoom. They were approximately one hour long. Parent/guardian participants received a \$50 Target gift card to thank them for their time and input. OCC3 for Kids partners helped recruit focus group participants and we were pleased with the results. We heard from a total of 65 participants across 9 focus groups.⁴ Focus group questions were all open-ended, resulting in in-depth, qualitative information that was analyzed for themes across stakeholder groups as well as within each group.

Discoveries: Strengths and Challenges of WCM in Orange County

Through the case reviews and focus groups, key themes emerged regarding the strengths and challenges of the transition to WCM in Orange County. In terms of strengths, overall, the transition to WCM went well. The collaboration of all involved partners was palpable in our monthly OCC3 for Kids meetings, from CCS and CalOptima to Children’s Hospital of Orange County (CHOC), Regional Center of Orange County, OC Health Care Agency, and other support organizations. Challenges and system issues typically were identified and addressed as a result of the case review process. OCC3 partners addressed each issue by discussing the case and providing input on solutions specific to that case, and then the group determined whether it was connected to an already identified system issue or represented a new issue. This helped build our complete record of system issues, which the group prioritized based on input from the focus group process.

Case Review Findings

The purpose of the case reviews was both to understand challenges related to the transition to WCM, identifying and documenting system issues, and to work through the specifics of each case to support the families. Twenty-one cases were reviewed; these cases were presented by CHOC, Regional Center, State Council on Developmental Disabilities, Family Support Network, Center for Autism and Neurodevelopmental Disorders, and other partners. From this process, four key themes emerged regarding system challenges with WCM in Orange County:⁵

- 1) *A need for parent education*
The key needs for parent education included use of Patient or Personal Care Coordinators (PCCs), understanding their network, and medical necessity.
- 2) *System “cracks” occur between provider organizations and networks*
System “cracks” included transfer of records, incomplete medical records, and contracting issues between provider organizations and networks. These issues may be unique to Orange County given its structure with 13 health networks that are part of CalOptima.
- 3) *Continuity of care/relationships between networks posed challenges, particularly when continuity of care was ending*
Continuity of care issues primarily arose from January through May 2020, the time period during which continuity of care was ending. Issues included the role of

⁴ See Appendix D for the English version of the flyer used to recruit parent/caregiver focus group participants

⁵ See Appendix C for a complete record of system issues identified in the case review process

“established relationship” in continuity of care, communication between networks, and transfers from one network to another.

4) *Concerns related to Medical Therapy Units (MTUs)*

Fewer cases highlighted the final theme, MTU concerns, but it did come up in multiple cases. Concerns were related to eligibility and appeals.

Based on these findings, OCC3 for Kids developed a set of focus group questions and stakeholder groups to help validate and better understand the system issues uncovered.

Focus Group Findings⁶

All stakeholders involved in the focus groups expressed a deep understanding of and compassion for CSHCN and their families. Focus group participants’ comments were always focused on what could be best for the patients (the children) and their families.

The planning and facilitation of focus groups took place from September 2020 through January 2021. OCC3 for Kids worked with a neutral focus group facilitator, Patricia Sinay. Patricia facilitated nine focus groups with a total of 65 participants:

- Physicians: 9 participants
- 4 Parent focus groups (2 in Spanish & 2 in English): 22 participants
- Health Administrators: 4 participants
- Case Managers: 9 participants
- MTU Therapists: 11 participants
- Vendors: 10 participants

The consistent challenges related to the transition to WCM that were shared by all stakeholder groups fell under four overarching themes:

1) *Key challenges led to interruption of care for patients*

Interruption of care came up by all stakeholder groups. Focus group participants shared four key challenges that led to interruptions in care: Out-of-Network Challenges, Annual Redetermination, Re-authorizations, and Silos Within Health Networks and Across the WCM System.

"Contracting is the biggest challenge [with WCM]. Under CCS, they could go anywhere, and with WCM, they must go with who we have contracted. I have one parent who refuses to leave UCLA. She is going to need to change her healthcare plan or move to one of our contracted providers." – Case Manager

2) *Not all networks are equal in terms of WCM*

There were two primary issues related to differences between health networks: Variance in level of specialization and expertise for children with special needs, and Disparity in approval processes and a perception that there are different lists of pre-approved services and items across networks. In the words of one focus group participant:

"There is a disparity in Medicare managed care networks and their ability to deal with CCS children...some have very few CCS kids and they are not equipped to really help them. There needs to be more transparency around networks so parents know what they are signing up for." – Physician

⁶ For the full report of focus group findings, please visit <https://www.helpmegrowoc.org/occ3-for-kids/>

- 3) *It is unclear who is responsible for systems navigation support for parents*
 From the parent focus groups, it was clear that parents are eager for education, community, and support. The parents that felt supported in navigating the system usually said they had a good pediatrician who helped them, but many parents were unclear about who to contact for which services or about sources for supports and services, and there was a sense among focus group participants that more responsibility is put on the parent. Physicians shared that this places increased burden on other parts of the system because parents depend on pediatricians, MTUs and the Regional Center to help with navigation. A health network administrator said:

“The happiest parents are those who attend the family meetings before the transition and use their care coordinator.” - Health Network Administrator

- 4) *Orange County is isolated with WCM relative to surrounding counties*
 Finally, focus group participants shared that they have experienced challenges because surrounding counties are not part of WCM. These include difficulty receiving second opinions from or changing to specialists in non-WCM counties, confusion caused by vendors in other counties operating under different guidelines, and complications stemming from a transition from one county to another or instances in which children live in two counties (e.g., due to divorced parents). Families explained that Orange County specialists are not always able to see patients in a time manner. A parent shared:

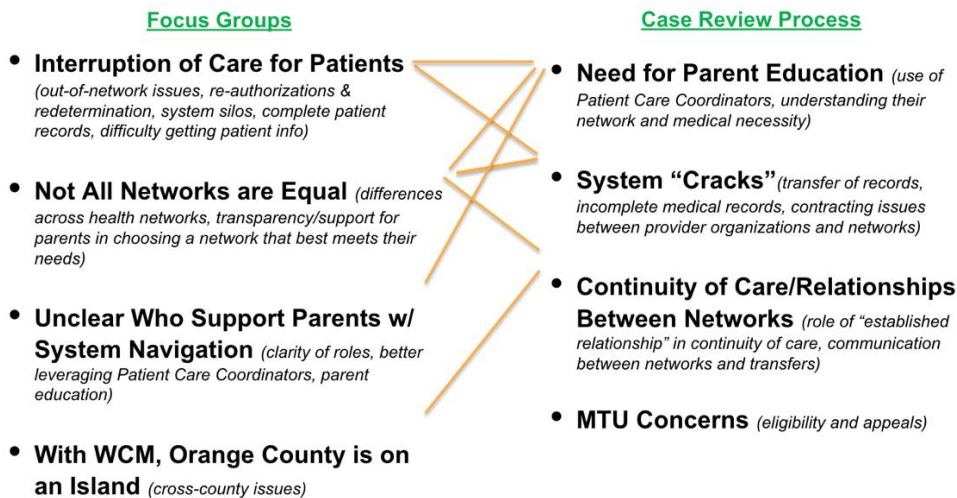
“We have access to specialists, but not as many providers as we would like.” - Parent

At the conclusion of the focus group process, OCC3 for Kids reviewed discoveries across the case reviews and focus groups, and began its process of prioritizing and selecting a system issue to work on together to improve access to care for CSHCN and their families.

Overall Analysis of System Issues

The first step in reviewing discoveries was to do a comparison of themes across the case reviews and focus groups. A summary of this analysis is included below. Overall, the group found that there was consistency in themes and that the focus groups validated case review findings.

Figure 2: Comparison of Themes Across Case Reviews and Focus Groups



OCC3 for Kids presented findings from the case reviews and focus groups, as well as its prioritized system issue, to CalOptima's WCM Family Advisory Committee (FAC) for feedback. The FAC agreed with the findings. We also presented to Children's Regional Integrated Service System (CRISS).

Prioritized System Issue

Over the course of two OCC3 for Kids monthly meetings, the group worked to prioritize the system issue they would work on together. Criteria for prioritization included:

- Degree of issue for families
- Relevance to WCM
- Ability to effect change at the local level
- Timeliness – is this a good time to address this issue?

Based on these factors, the group prioritized: **Helping parents/caregivers navigate the WCM.** The group discussed that even though there was not clear system navigation before the transition to WCM, the contact or source for a range of services and supports has changed and this issue needed to be addressed within the context of WCM.

Once the system issue was identified, OCC3 for Kids began developing the “how”, and agreed on three strategies to support families with WCM system navigation:

Strategy 1: Mapping resources available to support families with navigation of WCM

The first step in helping parents/caregivers with WCM system navigation was developing a shared understanding among OCC3 for Kids partners regarding available resources and identification of sources for services and supports. This process took place over several OCC3 for Kids monthly meetings and through individual outreach to partner organizations for their expertise and experience. We also approached the mapping process from the parent perspective by leveraging focus group findings and partner experiences regarding parents' most frequently asked questions. The result from this process was a system mapping document that was developed for internal (OCC3 for Kids) purposes, as well as something that could be shared with other professionals such as care management teams. Below is an excerpt from the mapping document; the complete document also includes a list of common questions and responses:⁷

⁷ See Appendix E for the complete system map created for Strategy 1

Figure 3: Excerpt from WCM System Mapping Efforts

Orange County Whole-Child Model
 Map of System Navigation and Parent/Caregiver Support Resources



Entity	Primary Care Services	Specialty Providers	Health Networks*	CalOptima	CCS	Support Organizations
Available Resources and What They Do	Physician Authorizations Original submissions of authorizations for DME and home nursing (EPSDT) Referrals to Specialty Care	Physicians Provide Specialty Care Care Manager Assistant (CMA) First line of communication – support to case managers RN Case Manager Develop Plan of Care, Get Authorization from Network for Services, Set up Appts/ Supplies/DME/Etc, Teaching, Coordination Among Team	Patient Care Coordinators (PCC) Conducts in-depth annual Health Needs Assessments, Follow all patients RN Case Managers Complex Case Mgmt. by referral, Care plans from HNA and ICT	Customer Service 1(888) 587-5088 WCM Customer Service Select prompt after calling # above Personal Care Coordinators (PCC) Conduct initial Health Needs Assessments and annually that are sent to Networks	(714) 347-0300 Office Specialist Answer the main line and transfer if necessary Eligibility Technician Financial and residential eligibility PHN-Case Management Technician CCS Medical eligibility	Community Health Initiative of Orange County (714) 619-4050 Insurance Navigation Comfort Connection FRC (714) 558-5400 Community resources for children having special needs Family Support Network (714) 447-3301 Support Groups for WCM Parents, Guidance to Families
	Authorization Clerk For follow-up if already submitted	Social Worker Psycho-social Support Other Specialists (e.g. Dietician)	Interdisciplinary Care Team Meetings Social Workers Psycho-social Support Medical Directors Quality Care Management for WCM. Authorize Providers, Services, etc.	Behavioral Health 1(855) 877-3885 Plan Medical Director Reviews appeals	MTU Services / Therapists For MTP eligible diagnoses all PT/OT therapy and DME assessment managed through CCS	State Council on Developmental Disabilities (714) 558-4404 Advocacy

It is important to note that this internal document was an important first step in understanding WCM resources so that family-facing messaging could be developed.

Strategy 2: Develop parent/family-facing shared messaging to assist with understanding contacts and sources for support

Utilizing the mapping document that was developed in Strategy 1, a smaller work group of OCC3 for Kids partners developed the content and worked with a designer to create a family-facing guide to help parents and caregivers understand when to contact CCS, CalOptima, their Health Network, and other resources for assistance with WCM and their children’s care. The draft content was shared with a group of parents for feedback prior to it being finalized. Screen shots of the document are included below:⁸

⁸ See Appendix F for a full-size version in English

Figure 4: Family-facing Guide - Helping Parents Navigate the WCM

Helping Parents Navigate the Whole Child Model

California Children's Services (CCS)
(714) 347-0300
Helps You With:

- Whether or not your child can get CCS services based on eligible condition
- CCS therapy services in locations known as Medical Therapy Units or MTUs

CalOptima Whole Child Model (WCM)
(888) 587-5088; Select prompt for WCM
Customer Service Helps You With:

ISSUES YOU MAY HAVE:

- Changing health networks
- Filing a complaint (i.e. if you are unhappy with a Medi-Cal service)
- Filing an appeal

ACCESSING SUPPORT YOU MAY NEED:

- Getting interpreter services
- Getting transportation to medical appointments
- Transfer to Behavioral or Mental Health benefit (You can also call Behavioral Health directly at 855-877-3885)

GENERAL INQUIRIES:

- Any general questions about WCM
- Any questions regarding Medi-Cal programs and services

Your Health Network (e.g. CHOC Health Alliance, CalOptima Community Network, Monarch Family HealthCare, etc.)
See other side of this handout for Health Network customer service phone numbers

Helps You With:

CHANGING DOCTORS:

- Changing primary care physicians

FINDING SUPPORT YOU MAY NEED:

- Authorizations questions or claims related to referrals from your child's doctor
- Finding out who is your Patient or Personal Care Coordinator (PCC)
- Requesting interpreter services
- Requesting care management

CONCERNS OR ISSUES YOU MAY HAVE:

- Concerns about in-home nursing
- Issues or concerns with current vendor or nursing agency

Your Child's Doctor Helps You With:

- Your child's care
- Referrals or to check on the status of a referral (e.g. specialists, durable medical equipment or DME, pre-op authorizations, other equipment, incontinence supplies, g-tube supplies, formula, etc.)

Medi-Cal Rx
(800) 977-2273
Helps You With:

- Pharmacy-related issues
- Durable medical equipment (DME) that may be connected to a prescription (e.g. breathing equipment, oxygen concentrators, etc.)

What is California Children's Services (CCS)?
A statewide program that determines eligibility for CCS and provides diagnostic and treatment services, medical case management, and physical and occupational therapy services for children and young adults up to age 21 who have certain serious medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS provides medical therapy services delivered in the Medical Therapy Units or MTUs located at school sites. For more information about CCS: <https://www.dhcs.ca.gov/services/ccs/>

Who is CalOptima Health (CalOptima)?
CalOptima is the Medi-Cal public health insurance plan in Orange County. There are 13 health networks that are part of CalOptima such as CHOC Health Alliance, CalOptima Community Network, Monarch Family HealthCare, and Kaiser Permanente.

What is Whole Child Model?
The Whole-Child Model (WCM) is a program that aims to help CCS children and their families get better care coordination, access to care, and health results. The WCM program combines your child's Medi-Cal and CCS benefits under CalOptima. For more information about Whole Child Model: <https://caloptima.org/en/ForMembers/Medi-Cal/WholeChildModel.aspx>

Who is OCC3 for Kids?
The Orange County Care Coordination Collaborative for Kids (OCC3 for Kids) is a partnership of more than 30 organizations working to improve systems of care for children with special health care needs. Funding for this partnership is provided by a grant from the Lucile Packard Foundation for Children's Health, along with in-kind contributions of staff time from participating partner organizations. For more information: <https://www.helpmegrowoc.org/occc3-for-kids/>

Health Network Customer Service Phone Numbers

- AltaMed Medical Group (866) 880-7805
- AMVI Care Medical Group/AMVI Prospect (888) 747-2684
- CalOptima Community Network & COD (888) 587-5088
- CHOC Health Alliance (800) 424-2462
- Family Choice Medical Group (800) 611-0111
- Heritage Provider Network - Regal Medical Group (800) 747-2362
- Kaiser Permanente (800) 464-4000
- Noble Mid-Orange County (888) 880-8811
- Optum Care Network - Arta (800) 780-8879
- Optum Care Network - Monarch (888) 656-7523
- Optum Care Network - Talbert (800) 297-6249
- Prospect Medical (800) 708-3230
- United Care Medical Group (877) 225-6784

For more information on Health Networks:
<https://caloptima.org/en/Resources/HealthNetworkResources.aspx>

Your Child's Doctors:

Orange County Care Coordination Collaborative for kids

Orange County Care Coordination Collaborative for kids

Scan for more information

This document is translated to Spanish and Vietnamese and will be shared widely by all OCC3 for Kids partners and other organizations.

Strategy 3: Review the Health Needs Assessment conducted by CalOptima, and develop recommended changes that would help families get connected to supports as early as possible

The final strategy was designed to connect families in need of additional supports with appropriate resources, including care management, as early as possible. One of the learnings from the case review process was that many different factors affect a family's needs, and timely and effective assessment of the level of support a child and their family requires is crucial. To this end, a second work group of OCC3 for Kids was formed to review the Health Needs Assessment (HNA) that was developed by CalOptima for WCM and approved by the CA Department of Health Care Services (DHCS). The goal of this effort was to identify potential changes that could help determine care management level and provide relevant information to the health networks. The group also met with members of CalOptima's team most familiar with the HNA gather input on the process and understand the intent of the questions themselves. The overarching theme in these discussions was the CalOptima HNA is a useful and necessary tool. The OCC3 for Kids work group identified a few recommended modifications we believe can make the HNA an even more effective tool for determining care management level, equipping health networks with the information they need to support WCM members, and improving families' experience with the process.

The group identified a series of recommended changes to the form itself, along with process recommendations. These were summarized in a letter to CalOptima that is now under consideration by CalOptima as part of our ongoing partnership.

Lessons Learned

Over the course of OCC3 for Kids work and during this grant period specifically, there have been several lessons learned. Our hope is that these lessons help other collaboratives in their efforts.

- **Relationship-building Takes Time, and is worth the time investment**

As mentioned, the OCC3 for Kids collaborative initially formed in 2013. When the most recent award period began in 2019, the group already had six years of working together and relationships to build upon. This established a level of trust that was needed to have hard conversations about what was and was not working with the transition to WCM. Partners were willing to speak up, listen to one another, and work together. This would likely not have been possible if the trust wasn't already established.

Nuanced Differences in Understanding Can Have Big Implications: Go Deeper in Conversations

At various times in our discussions, it became clear that partners were using some of the same terms but not clearly understanding one another. In these cases, we took the time to go deeper in conversations. One example of this was when we were mapping the resources available for families within WCM. Terms such as Patient Care Coordinators (PCCs), case or care management, and medical necessity were discussed in depth to ensure that there was shared understanding. Had we not taken the time to do this, partners could have developed their own assumptions, affecting consistency in messaging and communication with WCM families.

Flexibility is Key

We were just beginning this project when the pandemic started. The group immediately transitioned to virtual meetings (only cancelling one meeting in March 2020) and continued with the case review process as planned. In addition, the focus groups moved from an in-person to virtual format, a change that we believe resulted in increased participation. We also shifted approaches when feedback from partners or families suggested it. The ability to be nimble when doing multi-agency, cross-sector work is key.

Balancing Networking Time and Action is Key to Long-term Engagement

One of the ways we stayed flexible but also achieved actionable results was the way we structured and facilitated the group. The monthly meetings at a set time ensured that partners had it on their calendars and could participate regularly. The consistency and cadence of meetings allowed the group to build momentum and get things done. In addition, we believe it was important to always allow time for roundtable sharing and discussion. Through this relatively unstructured time (typically 10 minutes on the agenda each month), OCC3 for Kids partners could talk about what was happening in their organizations and make connections not necessarily directly related to the work of the group, but important for each of their organizations. At the same time, we focused on action, always recapping where we left off at the prior meeting and what we needed to accomplish together. This balance led to engaging meetings and the group reached its objectives.

Moving Forward

This grant period concluded OCC3 for Kids' multi-year process of working together on specific projects to ensure that children and youth in Orange County with special health care needs achieve optimal care for health and well-being, and to enhance the quality of life for their families. Based on the results outlined in this report, the immediate next steps for OCC3 for Kids include:

- 1) Disseminating the WCM system navigation guide for families in English, Spanish and Vietnamese with partner organizations, and continue to distribute while relevant
- 2) Meeting with CalOptima to consider the Health Needs Assessment recommendations and discuss the process for reviewing and making changes; OCC3 for Kids will follow up with the Medical Director, WCM Medical Management, to determine the result of its recommendations

The relationships formed in OCC3 for Kids and resulting collaboration improved care coordination and support for CSHCN and their families. The group decided to continue meeting on a quarterly basis to connect, share information and resources, ensure that the "Helping Parents Navigate the WCM" tool is being utilized, and monitor whether there are additional system issues they need to work on together. Their desire for ongoing involvement on a volunteer basis is a testament to the value they have found and continue to see in the collaboration.

Appendix A: OCC3 for Kids Partners

Participating organizations in OCC3 for Kids from November 2019 - June 2022

- California Children's Services
- CalOptima Health: Whole Child Model Medical Management
- CalOptima Health: Community Relations
- Center for Autism & Neurodevelopmental Disorders
- Children's Hospital of Orange County: Care Management and Social Services
- Children's Hospital of Orange County: Population Health
- CHOC Health Alliance
- Comfort Connection Family Resource Center
- Family Support Network
- Family Voices
- Help Me Grow Orange County
- OC Health Care Agency: Children and Youth Services
- OC Health Care Agency: Community and Nursing Services Division
- Regional Center of Orange County
- State Council on Developmental Disabilities: Orange County Office
- The Priority Center

Appendix B: Case Review Structure & Guidelines



Case Review Structure & Expectations

Shared at 1/23/20 OC C3 Meeting

Shared goal: Identify and develop potential solutions for system barriers related to Whole Child Model as well as other system-related barriers families face.

Flow for case presentations and discussion:

- a. **Presenter of each case gives an overview and all relevant case information using the case review template, including:**
 - Context
 - What's been done to date (Actions on the template)
 - Challenges being faced (Issues on the template)
 - WCM System challenge / or other system challenge (Summary on template)
- b. **Discussion / input from the group then follows the following structure**
 - Clarifying questions from the group
 - Agreement on system issue
 - Make suggestions / recommendations
 - Facilitator recaps any follow-up or next steps needed

Norms for case presentation/discussion:

- a. Discuss one case at a time
- b. One question asked at a time
- c. Assume the best intentions
- d. Create a safe and brave space for sharing and discussion

Expectations for case presentation:

- a. Fill out a case template for all cases presented
- b. Send to Rebecca Hernandez five business days prior to each meeting (one week before the meeting)
- c. Presenter may be asked for clarifications or edits to the template prior to meeting
- d. Presenter to reach out to agencies involved in advance so they can do any homework and come prepared to discuss the case

Appendix B (Cont.): Case Review Template

Case Summary OC C3 for Kids

Date: _____ **Case #:** _____ **Presenter:** _____

Presenting Agency: _____ **Referral Source:** _____

CHILD INFORMATION:

Gender: _____ Gestational Age: _____ Birth weight: _____
 Child's age at time of referral to your agency? _____ Current age: _____
 Health Insurance: _____ Assigned Network: _____ Medical home: Y/N _____
 Primary diagnosis: _____
 Secondary diagnosis: _____

ADDITIONAL CASE BACKGROUND (Other issues to consider including strengths):


CASE MILESTONES (actions taken/ referrals made/ include if services were received or denied and why)

Action 1	Action 2	Action 3	Action 4	Action 5	Action 6
Age of child:	Age of child:	Age of child:	Age of child:	Age of child:	Age of child:

Current Status (health, family, services, etc.):

Challenges/Issues/Barriers/Strengths: (What is working? What went wrong? Identify challenges, breakdown, or problems. If possible, circle the level(s) the issue occurred.)

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 Lucile Packard Foundation
for Children's Health


Case Summary OC C3 for Kids

Issue 1 (circle type):	Issue 2 (circle type)	Issue 3 (circle type)	Issue 4 (circle type)	Issue 5 (circle type)
System/Provider/Service/Fam	System/Provider/Service/Fam	System/Provider/Service/Fam	System/Provider/Service/Fam	System/Provider/Service/Fam

System Level Implications: (What is working? Where are the gaps in the system of care? What's fixable and what is beyond our control? What are the solutions? What are the structural barriers that will require advocacy and policy changes? Funding limitations?)

v. 11.14.19

Support for OC C3 for Kids by:


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for Children's Health

Appendix C: List of System Issues from Case Review Process

Running Summary of System Issues

From Nov 2019 through August 2020, we reviewed 21 cases

System issues identified to date have fallen in four categories:

- 1) Need for parent education - 9 cases highlighted this issue
- 2) Challenges related to Continuity of Care & relationships between networks - 6 cases highlighted this issue
- 3) System "cracks" - not always directly related to WCM - where patients/families get caught between systems or entities - 9 cases highlighted this issue
- 4) MTU concerns - 2 cases highlighted this issue

List of cases (month reviewed & case number) related to each category:

1) **Need for parent education - 8 cases highlighted this issue**

- (Nov 001, Jan 006 & 007) Need for more parent education/encouragement to use their Patient Care Coordinators
- (Dec 003 & 004, Jan 008) Cases presented in Dec were determined to not have WCM issues with the exception of opportunities for parent education/understanding; also, this was highlighted in Jan with regard to families that do not qualify for WCM (~1,000 seen at MTUs that don't qualify for WCM)
- (May 013) Parent education to ensure they know what is in their child's medical record and that they understand what constitutes medical necessity. Clarity on providing parents with options available to them and who walks them through those options
- (June 017) Need for parent education re: understanding developmental milestones and also understanding the network and what doctors are covered under which network (though the group agreed the latter is not the parents' job to understand)
- (July 019) Language issues and a missed opportunity to support a patient's mom in the best way possible (not a WCM issue)

2) **Challenges related to Continuity of Care & relationships between networks - 5 cases highlighted this issue**

- (Jan 007) A physician (orthopedic) only contracted with CHLA is seeing patients at Orange County MTUs
- (April 012) With continuity of care coming to an end at the end of June, we are likely to see more parents that are unhappy and do not want to change therapists or physicians
- (May 014 & 015) Continuity of care & relationships between networks
- (May 013) Determining what role established relationship with a physician has in continuity of care decisions (from standpoint of mental health of the caregiver)
- (Aug 021) Communications between networks when a baby is born in the NICU and communication and system knowledge deficit in the neonatal period re: assigning a child to the correct network

3) System "cracks" - not always directly related to WCM - where patients/families get caught between systems or entities - 7 cases highlighted this issue

- (Nov 002) Seems to be some miscommunication/understanding between vendors for supplies such as diapers and hospital beds and the parent and insurance -- parents saying that they can't get their needed supplies
- (Jan 008) There needs to be another "door in" to WCM/Medi-Cal insurance for children with disabilities other than through the waiver requiring that the child is eligible for RCOC which has specific eligibility requirements - this is challenging for some families for example those with a spina bifida diagnosis that are seen at the MTUs but not eligible for WCM
- (Jan 005) Contracting issues between provider organizations and networks and the patient/family is caught between (e.g., case with Loma Linda)
- (Feb 009) State is not retro-eligibilizing members back to date of birth consistently nor in a timely manner. Claims are not supposed to be submitted under mom's SIN but if baby hasn't been given their own SIN, service providers are in a situation where they can't submit claims for months and months. This is also challenging for case managers that struggle to know what network to bill for any supplies needed for baby prior to discharge. This was not an issue before WCM transition.
- (Feb 011) Nursing agencies are not submitting Plans of Care with detailed doctors' orders or medical records, holding up Medi-Cal claims approval process
- (June 016) Transfer of records between health systems can be a challenge and parents can end up caught between
- (June 017) Parents wanted to see a specific doctor that was not part of network (though clinic was) and there was limited assistance from Monarch to the guide the family on their options or to assist the family to navigate the referral. In addition, pharmacy and insurance were denying medications that doctors prescribed
- (July 018) MTP/MTC are part of CCS, not part of managed care program at all; the other issue we are having is MTU staff also want patients to continue care with Dr Kay so it is tough to have managed care plan follow managed care plan and state guidelines but MTU want patients to stay with Dr Kay and parents get caught between
- (Aug 020) Challenges with finding a PCP when transitioning out of CCS; transitions can be very challenges for patients and their families

4) MTU concerns - 2 cases highlighted this issue

- (Jan 008) The informality of the appeal process at MTUs for therapy (e.g., if a parent is not happy with the therapy they are receiving)
- (Feb 010) There are questions about MTU eligibility and appeal process (we are having someone come and speak about this at March mtg).

Appendix D: English Version of Flyer for Parent/Caregiver Focus Group Recruitment



California Children's Services (CCS) Parent/Caregiver Focus Group

Have you experienced any recent changes in how CCS is delivered?

Share your experiences to inform system improvements

Must have a child of any age that is CCS eligible

We want to hear from you!

Focus Group participants will receive a \$50 gift card

- No need to drive!
- Focus groups will be conducted virtually via Zoom
- 75 minutes in length

Participants must be able to connect with video to Zoom calls through their computer or smart phone.

English: Two dates to choose from

- Tues, November 10th @ 6:30pm
- Tues, January 12th @ 6:30pm

Spanish: Two dates to choose from



- Thurs, November 19th @ 6:30pm
- Tues, December 8th @ 6:30pm

HOW TO REGISTER: <https://www.signupgenius.com/go/10C0D4EABA923A6FFC43-ccsparentcaregive>



Appendix E: Mapping of WCM Resources; Not Family-facing

Orange County Whole-Child Model <i>Map of System Navigation and Parent/Caregiver Support Resources</i>						
Entity	Primary Care Services	Specialty Providers	Health Networks*	CalOptima	CCS	Support Organizations
Available Resources and What They Do	Physician Authorizations Original submissions of authorizations for DME and home nursing (EPSDT) Referrals to Specialty Care Authorization Clerk For follow-up if already submitted	Physicians Provide Specialty Care Care Manager Assistant (CMA) First line of communication – support to case managers RN Case Manager Develop Plan of Care, Get Authorization from Network for Services, Set up Appts/ Supplies/DME/Etc, Teaching, Coordination Among Team Social Worker Psycho-social Support Other Specialists (e.g. Dietician)	Patient Care Coordinators (PCC) Conducts in-depth annual Health Needs Assessments, Follow all patients RN Case Managers Complex Case Mgmt. by referral. Care plans from HNA and ICT Interdisciplinary Care Team Meetings Social Workers Psycho-social Support Medical Directors Quality Care Management for WCM. Authorize Providers, Services, etc.	Customer Service 1(888) 587-5088 WCM Customer Service Select prompt after calling # above Personal Care Coordinators (PCC) Conduct initial Health Needs Assessments and annually that are sent to Networks Behavioral Health 1(855) 877-3885 Plan Medical Director Reviews appeals	(714) 347-0300 Office Specialist Answer the main line and transfer if necessary Eligibility Technician Financial and residential eligibility PHN-Case Management Technician CCS Medical eligibility MTU Services / Therapists For MTP eligible diagnoses all PT/OT therapy and DME assessment managed through CCS	Community Health Initiative of Orange County (714) 619-4050 Insurance Navigation Comfort Connection FRC (714) 558-5400 Community resources for children having special needs Family Support Network (714) 447-3301 Support Groups for WCM Parents, Guidance to Families State Council on Developmental Disabilities (714) 558-4404 Advocacy

Orange County Whole-Child Model Frequent WCM-related Questions from Families <i>"Where to Go for What"</i>	
1) When to Call CalOptima <ul style="list-style-type: none"> Call CalOptima Customer Service and select prompt for WCM Customer Service: <ul style="list-style-type: none"> To change health network To file a grievance To file an appeal Behavioral or mental health benefit (would get referred to BH line; can also call Behavioral Health directly) Pharmacy issue To request interpreter services Non-medical Transportation General questions about WCM 	
2) When to Call Health Network (in the case of CalOptima Community Network and COD, the Health Network is CalOptima so call CalOptima Customer Service) <ul style="list-style-type: none"> Call Network Patient Care Coordinator first if known, if not call Health Network Customer Service (note: at CalOptima the PCC is called a Personal Care Coordinator): <ul style="list-style-type: none"> Change primary care physician To find out who is their PCC To request interpreter services Authorization question or claim Request case management (any parent can request – someone will reach out to evaluate their needs) Concerns about in-home nursing Who do I call at my network? Families unclear of who to call for specific needs. Don't have the phone numbers or contacts. <ul style="list-style-type: none"> If they have assigned Health Network PCC and know who it is – this is the first call Call Health Network Customer Service if PCC is unknown Who do I call when I have concerns for any vendored service (e.g. in-home nursing, respiratory, G-tube, infusion services, etc.) <ul style="list-style-type: none"> Call Health Network Customer Service if there are issues or concerns with current vendor/nursing agency (case management – involved at the network level) <u>Note:</u> If patient has primary insurance (where CalOptima is the payer of last resort) or where services are delivered through a waiver, there may be difference in who to call first 	

3) When a Parent Can Call Provider or Vendor First (also OK to call Health Network Customer Service)

- When there are questions about authorizations or if they believe there is a delay in an authorization:
 - First call the provider who submitted - or - call Health Network Customer Service
 - Note re: authorizations: For urgent authorization (submitted as urgent by providers) networks have 72 hours. For routine authorizations, they have 5 business days (this is outlined in member handbook – online at CalOptima)
 - Authorizations can “pend” to get more information for up to 14 days. Should never go past two weeks. Parents/guardians can ask for authorization to be expedited but if the authorization was already submitted, they should call their Health Network and the request will come to Medical Director to review against criteria from the state (must jeopardize the health of the member to be expedited). If the authorization was not yet submitted, it must be submitted by the provider with expedited request.
- Questions about denials
 - Notice of Action (NOA) states to call PCP or member appeal at CalOptima customer service; parents/guardians can ask their provider to do appeal on their behalf
 - Can request State fair hearing – appeal must happen first and be denied
- Questions about DME and orthotic authorizations
 - The vendor is typically the submitter for these authorizations (think of them as the provider and follow above – call vendor first to see if they submitted, if they did already can call the Health Network)
 - When the MTU is the submitter – submits all their own authorization requests on behalf of the vendor – submitted by MTU in mass and sent to specific Networks. The Health Network determines if approved. If delayed for these calls:
 1. Call MTU first
 2. Health Network customer service
- When they want in-home nursing
 - If you want home nursing, you have to talk to your specialist and primary care; ultimately, the primary care physician submits to vendor/nursing agency and vendor (nursing agency) submits to Health Network, but it is important to have it be coordinated with specialist and primary care to ensure enough information to determine medical eligibility, hours and level of service, etc.

4) When to call Pharmacy (also OK to call CalOptima Customer Service)

- Who to call when there has been a change in pharmacy where family must fill a prescription?
 - CalOptima does not make changes in pharmacy – usually the request comes from the provider/family
 - If you go to CalOptima’s website and click on the member link you can see contracted pharmacies
 - LA kids who now reside in OC must have prescriptions filled in LA. Changes on January 1, 2022 (becomes MediCal RX – state oversight by Magellan)
 - Until then, if problems, call:
 - Provider
 - MedImpact – CalOptima pharmacy benefit manager
 - CalOptima customer service

5) When to Call CCS

- Call CCS in general
 - For general questions about CCS (e.g. What is CCS? Why is my child part of the CCS Program when I didn’t request it? What is the Whole Child Model? What does that mean? Eligibility?)
 - CCS can explain the process, CCS’ relationship with Cal Optima and CCS’ role
 - Questions related to billing (will they be billed and for what)
- How do I change my MTU or get more services or services outside of MTU?
 - MTUs cannot be changed; assignment is based on geography (MTUs are not in every school district)
 - The exception to assignment being based on geography is if the client attends one of the OCDE sites for their education, in which case they may be seen at the MTU associated with the OCDE site
 - If looking for additional therapies will need to pay out of pocket; talk to primary care physician

6) Other Questions & Notes

- Who do I call to change from CalOptima to Fee-for-Service MediCal?
 - Call CalOptima customer service and they will direct to the proper number at the state
 - This is determined by the state, not CalOptima
- Problem when there is a change to the pharmacy where the family has to fill a prescription and then not informed except when the authorization arrives. Same with changing DME, orthotic or other vendors.
 - Challenge is that sometimes parents prefer certain vendors
 - Network has contracted providers
 - Authorization will only be with contracted vendors since MediCal is managed care and must follow the rules of In-Network and Out-of-Network

Appendix F: Family-facing Guide – Helping Parents Navigate the WCM

Helping Parents Navigate the Whole Child Model



California Children's Services (CCS)

(714) 347-0300

Helps You With:

ELIGIBILITY:

- Whether or not your child can get CCS services based on eligible condition
- CCS therapy services in locations known at Medical Therapy Units or MTUs

CalOptima Whole Child Model (WCM)

(888) 587-5088; Select prompt for WCM

Customer Service Helps You With:

ISSUES YOU MAY HAVE:

- Changing health networks
- Filing a complaint (i.e. if you are unhappy with a Medi-Cal service)
- Filing an appeal

ACCESSING SUPPORT YOU MAY NEED:

- Getting interpreter services
- Getting transportation to medical appointments
- Transfer to Behavioral or Mental Health benefit (you can also call Behavioral Health directly at 855-877-3885)

GENERAL INQUIRIES:

- Any general questions about WCM
- Any questions regarding Medi-Cal programs and services

Your Health Network (e.g. CHOC Health Alliance, CalOptima Community Network, Monarch Family HealthCare, etc.)

See other side of this handout for Health Network customer service phone numbers

Helps You With:

CHANGING DOCTORS:

- Changing primary care physicians

FINDING SUPPORT YOU MAY NEED:

- Authorizations questions or claims related to referrals from your child's doctor
- Finding out who is your Patient or Personal Care Coordinator (PCC)
- Requesting interpreter services
- Requesting care management

CONCERNS OR ISSUES YOU MAY HAVE:

- Concerns about in-home nursing
- Issues or concerns with current vendor or nursing agency

Your Child's Doctor Helps You With:

- Your child's care
- Referrals or to check on the status of a referral (e.g. specialists, durable medical equipment or DME, pre-op authorizations, other equipment, incontinence supplies, g-tube supplies, formula, etc.)

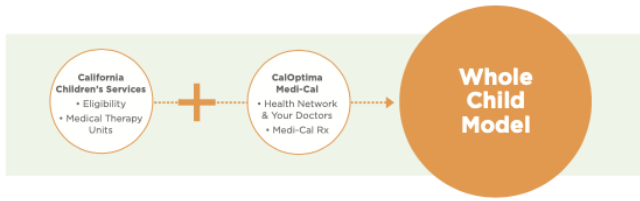
Medi-Cal Rx

(800) 977-2273

Helps You With:

- Pharmacy-related issues
- Durable medical equipment (DME) that may be connected to a prescription (e.g. breathing equipment, oxygen concentrators, etc.)





What is California Children's Services (CCS)?

A statewide program that determines eligibility for CCS and provides diagnostic and treatment services, medical case management, and physical and occupational therapy services for children and young adults up to age 21 who have certain serious medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS provides medical therapy services delivered in the Medical Therapy Units or MTUs located at school sites. For more information about CCS: <https://www.dhcs.ca.gov/services/ccs/>

Who is CalOptima Health (CalOptima)?

CalOptima is the Medi-Cal public health insurance plan in Orange County. There are 13 health networks that are part of CalOptima such as CHOC Health Alliance, CalOptima Community Network, Monarch Family HealthCare, and Kaiser Permanente.

What is Whole Child Model?

The Whole-Child Model (WCM) is a program that aims to help CCS children and their families get better care coordination, access to care, and health results. The WCM program combines your child's Medi-Cal and CCS benefits under CalOptima. For more information about Whole Child Model: <https://caloptima.org/en/ForMembers/Medi-Cal/WholeChildModel.aspx>

Who is OCC3 for Kids?

The Orange County Care Coordination Collaborative for Kids (OCC3 for Kids) is a partnership of more than 30 organizations working to improve systems of care for children with special health care needs. Funding for this partnership is provided by a grant from the Lucile Packard Foundation for Children's Health, along with in-kind contributions of staff time from participating partner organizations. For more information: <https://www.helpmegrowoc.org/occ3-for-kids/>.



Orange County
Care Coordination
Collaborative
for kids



Scan for more
information

Health Network Customer Service Phone Numbers

AltaMed Medical Group
(866) 880-7805

**AMVI Care Medical Group/
AMVI Prospect** (888) 747-2684

CalOptima Community Network & COD
(888) 587-5088

CHOC Health Alliance
(800) 424-2462

Family Choice Medical Group
(800) 611-0111

**Heritage Provider Network
- Regal Medical Group**
(800) 747-2362

Kaiser Permanente
(800) 464-4000

Noble Mid-Orange County
(888) 880-8811

Optum Care Network - Arta
(800) 780-8879

Optum Care Network - Monarch
(888) 656-7523

Optum Care Network - Talbert
(800) 297-6249

Prospect Medical
(800) 708-3230

United Care Medical Group
(877) 225-6784

**For more information on
Health Networks:**
[https://caloptima.org/en/Resources/
HealthNetworkResources.aspx](https://caloptima.org/en/Resources/HealthNetworkResources.aspx)

Your Child's Doctors:
