



CHILDNET OFFICE MANAGERS' MEETING

9-6-16

Valley Children's Advocacy Update

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California Children's Services (CCS) Program

In July 2015, the state Department of Health Care Services released a proposal to begin transitioning children participating in the California Children's Services (CCS) program to Medi-Cal managed care as early as January 2017, beginning with the County Organized Health System counties and in up to 4 Two Plan Model Medi-Cal managed care counties.

In response, CCS stakeholders, including Valley Children's, came together in support of Senate Bill 586, authored by Senator Ed Hernandez, as a vehicle through which to place certain conditions and limitations on the state's proposed transition and to protect continued access to quality health care for CCS eligible children. Among other things, the bill does the following.

- Limits the transition of CCS eligible children to Medi-Cal managed care plans to the 21 California counties with County Organized Health Systems, including Merced and San Luis Obispo, no sooner than July 1, 2017.
- Retains the CCS carve-out in all remaining 37 counties until 2022 and upon completion of an independent evaluation of the model in the COHS counties.
- Includes an added appeals process to the Director of the Department of Health Care Services for continuity of care with current providers beyond the standard 12 months.
- Includes provisions for meaningful family engagement, both at the state and plan levels.
- Requires plans to use CCS providers as defined in the bill, including Special Care Centers and approved pediatric tertiary hospitals including Valley Children's.
- Contains provisions for continued access to medications already prescribed for CCS children even if not on the plan formulary.

The legislature recently passed the bill which now sits on the Governor's desk awaiting his action. The Governor has until September 30 to sign or veto bills.

State Budget

On June 27, Governor Jerry Brown signed the Budget Bill and several related bills for the state fiscal year 2016-17 that started July 1, 2016. The budget tops out at \$122.5 billion in General Fund spending, including increases in funding for K-14 education, the state's mandatory reserve, and paying down budgetary debts — all of which are constitutionally required. The budget also makes an additional deposit into the state's mandatory

reserve, beyond the level required by the state Constitution. Beyond these priorities, the budget package makes a series of modest investments in other key areas including the following.

- Reinstates school-based dental services. The budget agreement provides \$3.2 million from the General Fund to re-establish the California Children’s Dental Disease Prevention Program, which ceased operating after losing all General Fund support in 2009.
- Extends the Hospital Quality Assurance Fee (aka Hospital Provider Fee) to January 1, 2018, pending federal approval. This provision was included at the request of the California Hospital Association in the event that Proposition 52 is not approved in the November general election. Proposition 52 will make the Hospital Quality Assurance Fee permanent effective January 1, 2017.
- Provides \$31.3 million from the General Fund to support primary care residency slots and newly accredited primary care residency programs. This funding is contingent upon federal approval of the Hospital Quality Assurance Fee extension.

State Legislation

Bill Number	Summary	Valley Children’s Position	Status
Assembly Bill 366	Would require the Department of Health Care Services to annually submit to the Legislature a report assessing access to care in Medi-Cal and identifying a basis to evaluate the adequacy of Medi-Cal reimbursement rates and the existence of other barriers.	Support	Failed
Assembly Bill 1644	Would extend the state’s existing Early Mental Health Intervention and Prevention Services for Children Act to include public preschools and charter schools.	Support	Failed
Assembly Bill 2004	Would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2017, to include coverage for hearing aids for an enrollee or insured under 18 years of age.	Support	Failed
Senate Bill 1095	Would require the state Department of Public Health to expand statewide screening of newborns to include screening for any disease as soon as the disease is adopted by the federal Recommended Uniform Screening Panel.	Support	Passed by the Legislature
Senate Bill 1401	Would establish regional pilots to test the impact of increased rates for home health nursing on access to care for children in Medi-Cal.	Support	Failed
Senate Joint Resolution 20	Would urge the Congress of the United States to lift an existing prohibition against publicly funded scientific research on the causes of gun violence and its effects on public health.	Support	Signed by the Governor