

Maintenance and Transportation

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

Families/clients requesting travel assistance are not getting the same level of service that they received prior to the WCM and this could be impacting CCS children's access to care.

Background

Maintenance and Transportation (M&T) benefits in WCM counties are provided by the WCM Medi-Cal Managed Care Plan using a third party contractor. Travel for CCS clients is often complicated. Many WCM counties are distant from Special Care Centers and require overnight travel. Many trips involve multiple appointments, sometimes at different locations. Many families need assistance with planning the logistics of attending out-of-area medical appointments. Prior to WCM, CCS staff helped families with these arrangements. The health plan third party travel assistance provider cannot help families with trip logistics. Also, M&T for CCS children includes benefits that are not available to the general Medi-Cal population (e.g., lodging, meals, and parking); sometimes when parents call for travel assistance, they do not receive the CCS level of benefits. Transportation has been identified by DHCS as the most common reason for grievances in WCM plans, with plans reporting from 31% to 56% of all grievances involving transportation.

Counties have heard reports from parents that:

- Families experience unreliable rides and inappropriate vehicles, (e.g., driver does not show up as scheduled or vehicle is inappropriate for child's medical condition).
- Families are unable to obtain assistance with lodging.
- During the pandemic fewer hired ride services are available and more families are having to arrange their own transportation. Late reimbursements represent a financial hardship to parents and may result in their inability to afford to take their child to the next scheduled appointment. Families are requesting payment in advance, (e.g., via gas cards, to facilitate transportation for their children).
- Families have to file a grievance in order to get reimbursed.
- Families call to request travel assistance but are not called back or have to make multiple calls for one trip.
- CCS clients who are 18 to 21 who drive themselves to an appointment cannot get reimbursed.
- Parents with a newborn in the NICU often are not informed that they can get assistance with M&T.

Assessment

Children with CCS eligible conditions often have complex M&T requests. Families who need help coordinating the logistics for these appointments used to receive assistance from staff at the CCS office who were familiar with their needs. Now, with CCS staff no longer able to help, and some families who need help with planning their travel do not know whom to ask for help when the request goes beyond a straightforward request through the third party vendor and so they are not attending appointments. Alternatively, families are turning to their field nurse, if they have one, or to their primary care clinic coordinators, since they are not getting the help they need from the health plan. This adds strain on those other resources.

Recommendations

For CCS eligible children in WCM counties, M&T should be included in case management in the same way it is in classic CCS counties. Requests for M&T for CCS children should be handled by the health plan's care coordination department so that the child's care coordination team is aware of the requests and can work with the third party vendor on understanding each family's unique travel situation. In addition:

- WCM plans should be required to notify families of CCS-eligible children of their M&T benefits, with a specific description of the benefits, at initial CCS eligibility determination and annually thereafter.
- Transportation vendors should be vetted for appropriateness for CCS clients and receive training appropriate to the clients they will be serving. Vetting should include assuring that vendors' vehicles are appropriate for transportation of children with special health care needs including medical equipment; training should ensure that vendors are familiar with the medical and behavioral needs of CCS clients and are aware of appropriate professional behavior (e.g., sensitivity to child behaviors, no vendors' pets in vehicles).
- The timeline for reimbursement to families for M&T expenses should be clarified so that payment is made no longer than 60 days following receipt of all required paperwork from the family.
- DHCS should implement a change in M&T policy so that 18- to 21-year-old CCS youth who handle their own M&T can be reimbursed. (Currently the family, but not the CCS client, can be reimbursed.)
- WCM plans should review their M&T policies with a health equity lens to ensure that the benefits are accessible to all beneficiaries.
- WCM plans should offer families gas cards or cash payment in advance, particularly during the pandemic.

Note: Because of the significant increase in telehealth during the COVID pandemic, it appears that fewer families are using M&T benefits. The situation with access to M&T should be reassessed once in-person visits have resumed.

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