CalOptima Health Whole-Child Model (WCM) Program Overview

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

Agenda

- WCM Overview
- California Children's Services (CCS) Eligibility
- County Responsibilities
  - Medical Therapy Program (MTP)
- CCS and Medical Therapy Program (MTP) Referrals

CalOptima Health

Agenda (cont.)

- WCM Case Management Overview
  - Health Needs Assessment (HNA)
  - WCM Case Management
  - Annual Medical Redetermination
  - Aging Out
  - Private Duty Nursing (PDN)
  - WCM Maintenance and Transportation
- Intercounty Transfer

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Whole-Child Model Overview

CalOptima Health Whole-Child Model

- Since July 2019, CalOptima Health has administered WCM for the CCS program for all eligible members
- WCM is a delivery system that provides comprehensive, coordinated services for children and youth under the age of 21 with special health care needs, including the child's full range of needs related to their CCS and non-CCS conditions
  - This includes covering all blood, tissue and solid organ transplants for CCS-eligible members in accordance with CalOptima Health policies GG.1105: Coverage of Organ and Tissue Transplants and GG.1313: Coordination of Care for Transplant Members

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Goals of WCM

- Improve outcomes
- Improve member and family experience
- Improve care coordination
- Integrate children's care
- Achieve higher intensity of care management support
- Increase families' understanding of how to utilize managed care
- Encourage active participation of families in their children's care
- Improve transitions to adult care

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CalOptima Health WCM Program

- CalOptima Health is responsible for:
  - Paying, authorizing and coordinating care services (primary, specialty and behavioral health) for CalOptima Health CCS/WCM-eligible members
  - Ensuring network adequacy of CCS-paneled providers and special care centers (SCCs) to care for CCS conditions and CCS-related conditions
  - Ensuring timely access to medically eligible care
  - Ensuring quality performance and nonduplication of services for members provided with Enhanced Care Management (ECM) in addition to the WCM program

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CalOptima Health WCM Program (cont.)

- CalOptima Health is responsible for:
  - Submitting medical records to county CCS for initial CCS referrals and annual redetermination
  - Notifying county CCS if a member is no longer eligible with CalOptima Health
  - Reporting to the Department of Health Care Services (DHCS)
  - Other functions as described in All Plan Letter (APL) 24-015: California Children's Services Whole Child Model Program

WCM Providers

- Physicians and other providers who treat members for their CCS-eligible conditions are required to be CCS-paneled
- APL 24-015, section IV, B. states that “Physicians and other Provider types must be CCS-paneled with full or provisional approval status”

WCM Providers (cont.)

- Medi-Cal Part 2 — CCS Program Provider Paneling states that the following providers must be paneled by CCS to treat clients with a CCS-eligible medical condition:

Physicians	Occupational therapists	Prosthetists
Podiatrists	Oral surgeons (DDS)	Registered nurses
Audiologists	Orthotists	Respiratory therapists
Dentists	Pediatric nurse practitioners	Social workers
Dietitians	Physician assistants*	Speech language pathologists
Marriage family therapists	Physical therapists	Psychologists

Provider types not listed above do not need to be paneled by the CCS program to treat CCS clients

*CCS Numbered Letter (NL): 08-1023; CCS NL: 07-1023; CCS NL: 05-1019

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CCS Program Special Care Centers

- Provide comprehensive, coordinated health care to children with complex, handicapping medical conditions
- Multidisciplinary, multispecialty teams evaluate a client's medical condition and develop a comprehensive, family-centered plan of health care for the client
- Facilitate the provision of timely, coordinated treatment for the CCS client and are usually located in conjunction with CCS-approved tertiary-level medical centers

Reference: Medi-Cal Part 2 – California Children's Services Program Special Care Centers

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CCS Program Special Care Centers (cont.)

- Each SCC is individually reviewed and approved by CCS to ensure compliance with CCS program standards
- CCS Numbered Letter (NL) 01-0108: CCS Outpatient Special Care Center Services

Reference: Medi-Cal Part 2 – California Children's Services Program Special Care Centers

CCS Program Approved Hospitals

- The CCS program assigns various types of approval levels to hospitals, based on CCS standards and requirements:
  - Tertiary hospital
  - Pediatric community hospital
  - General community hospital
  - Special hospital
  - Limited hospital
  - Pediatric Intensive Care Unit (PICU)
  - Neonatal Intensive Care Unit (NICU) at different approval levels (regional, intermediate and community)

Reference: Medi-Cal Part 2 – California Children's Services Program Approved Hospitals

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CCS Program-Approved Hospitals (cont.)

- Applications for becoming a CCS-approved hospital may be obtained from DHCS' Children's Medical Services Branch

Reference: Medi-Cal Part 2 – California Children's Services Program Approved Hospitals

DHCS' Role

- Monitoring and oversight, including health plan readiness, data reporting and dashboard
- Network certification
- Developing a memorandum of understanding (MOU) template between the health plan and county CCS program
  - CalOptima Health will review the MOU annually and designate a CCS liaison
- Developing administrative allocation for CCS WCM
- Establishing rates

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DHCS' Role (cont.)

- Continuation of CCS statewide advisory group
- Independent evaluation of WCM
- Dispute resolution

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California Children's Services Eligibility

Who Is Eligible for CCS?

- Children and young adults under the age of 21who are:
  - Orange County residents
  - Diagnosed with a CCS-eligible medical condition
  - Diagnosed with an MTP-eligible diagnosis
  - Financial eligibility:
    - Member with Medi-Cal/CalOptima Health;
    - Family income <$40,000/year; or
    - Out-of-pocket medical expense related to the CCS-eligible condition expected to be >20% of the family's adjusted gross income

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Who Is Eligible for CCS? (cont.)

- Financial eligibility exception:
  - Diagnostic evaluations for newborn screening
  - Newborn hearing screening and High-Risk Infant Follow-up (HRIF) program
  - Services for an adopted beneficiary to treat the medically eligible condition that was present and diagnosed at the time of adoption
  - MTP
- CalOptima Health member referrals can be submitted directly
  - Initial eligibility requests faxed to CalOptima Health at **714-954-2298**
    - Must include a face sheet, Service Authorization Request (SAR) form and supporting medical documentation

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Overview of CCS Medical Eligibility

- California Code of Regulations (CCR), Title 22
- DHCS overview:
  - www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx
- Eligible conditions: Severe physical disabilities resulting from congenital defects or those acquired through disease, accident or abnormal development
  - Examples include cerebral palsy, cystic fibrosis, cancer, heart conditions, hemophilia or orthopedic disorders

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Overview of CCS Medical Eligibility (cont.)

- Conditions related to CCS conditions:
  - Conditions that arise as a result of CCS conditions. For example, members on steroids for immunosuppression of their CCS conditions need CCS providers to care for eye, endocrine and musculoskeletal complications of steroids
- The newborn screening for metabolic disorders and the newborn hearing screening are both diagnostic programs that should be referred to CCS as soon as an abnormal screening is identified

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CCS NICU Medical Eligibility

- CCS NL: 07-0924 Medical Eligibility for Care in a California Children's Services Approved Neonatal Intensive Care Unit:
  - Must have presence of a CCS-eligible medical condition, or
  - Only during the time period that at least one of the services described below are delivered:
    - (1) Positive pressure ventilatory assistance that is invasive or noninvasive; (2) Supplemental oxygen concentration by hood of greater than or equal to 40 percent; (3) Maintenance of an umbilical arterial catheter or peripheral arterial catheter for medically necessary indications; (4) Maintenance of an umbilical venous catheter or other central venous catheter for medically necessary indications; (5) Maintenance of a peripheral line for intravenous pharmacologic support of the cardiovascular system; (6) Central or peripheral hyperalimentation; or (7) Chest tube

CCS NICU Medical Eligibility (cont.)

- Only during the time period that two of the services described below are delivered:
  - (1) Supplemental inspired oxygen
  - (2) Maintenance of a peripheral intravenous line for administration of intravenous fluids, blood, blood products or medications other than those agents used in support of the cardiovascular system
  - (3) Pharmacologic treatment for apnea and/or bradycardia episodes
  - (4) Tube feedings
- Termination of medical eligibility for care in a CCS-approved NICU
  - Medical eligibility for CCS will cease when infants no longer meet the criteria and do not have a CCS-eligible condition

CCS NICU Medical Eligibility (cont.)

- CCS-eligible NICU member care must be provided in a CCS-approved NICU and by CCS-paneled providers for CCS conditions and conditions related to CCS conditions
  - www.dhcs.ca.gov/services/ccs/Pages/NICUSCC.aspx
- Requirements are specified in CCS NL

CCS High Risk Infant Follow Up Medical Eligibility

- CCS NL: 05-1016: High Risk Infant Follow-up (HRIF) Program Services:
  - The HRIF program provides for three standard visits, including a limited number of outpatient diagnostic services for infants and children up to 3 years of age who have a high risk for neurodevelopmental delay or disability and whose care was provided in a CCS program-approved NICU
  - HRIF is administered at outpatient CCS SCCs

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CCS High Risk Infant Follow Up Medical Eligibility (cont.)

- A baby can qualify for HRIF but not have a CCS-eligible medical condition
- If a potential CCS-eligible medical condition is identified, submit for medical eligibility determination
  - Annual report submissions are required for HRIF
- Refer for possible MTP-eligible conditions and diagnostic MTP eligibility (less than 3 years old), per 22 CCR § 41517.5

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CCS Case Appeals Process

- All Notices of Action (NOAs) contain an attachment detailing the CCS Program Due Process Information
- Parents can exercise their appeal rights by sending a letter to the county explaining the reason(s) why they disagree with the decision and providing any additional documentation (medical reports) that can help the county's program during the appeal review process
- Parents have 30 days from the date on the NOA
- Parents can contact the county by phone at 714-347-0300 if they have questions

APL 24-015

CalOptima Health

CCS Case Status

- CalOptima Health informs health networks of CCS cases closed
- Cases closed due to insufficient documentation may be referred again to CCS with a current and appropriate medical report from a CCS-paneled provider. A CCS condition needs to be confirmed to open a case
- CalOptima Health strives to ensure members who have potential CCS medical eligibility are proactively referred for CCS eligibility

County Responsibilities

Orange County CCS Role

- The county:
  - Determines CCS medical, residential and financial eligibility
  - Conducts annual eligibility review
  - Conducts appeal process for program eligibility
  - Administers the CCS MTP (occupational therapy [OT], physical therapy [PT] or Durable Medical Equipment [DME] clinics, Medical Therapy Conference [MTC] and specialty clinics)
  - Participates in WCM Clinical Advisory Committee, WCM Family Advisory Committee
  - Collaborates with community partnering agencies
  - Provides case management and care coordination services for non-WCM CCS members

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CCS Program MTP

- MTP is a component of the CCS program
- Operating from medical therapy units (MTU) located in public schools, MTP provides medically necessary outpatient PT and/or OT and may include physician consultation in the MTC related to the MTP-eligible conditions
- CalOptima Health does not authorize OT/PT services related to MTP conditions
- In general, CalOptima Health approves custom DME requests submitted by the MTU at the DME clinic when medically necessary
  - MTP authorization requests may include DME, orthotics, outside specialty referrals, X-rays and other related needs

Reference: Medi-Cal Part 2 — California Children's Services Program Medica Therapy Program l

CCS Program MTP (cont.)

- Must refer members to county CCS with all supporting documentation if they are suspected of having an MTP-eligible condition

MTP Medical Eligibility Criteria

- Cerebral palsy:
  - Rigidity or spasticity
  - Hypotonia, with normal or increased deep tendon reflexes (DTRs) and exaggeration of or persistence of primitive reflexes beyond the normal age range
  - Involuntary movements that are described as athetoid, choreoid or dystonic
  - Ataxia manifested by incoordination of voluntary movement, dysdiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait

County of Orange/CCS MTP: www.ochealthinfo.com/providers-partners/county-partnerships/california-childrens-services/medical-therapy-program

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MTP Medical Eligibility Criteria (cont.)

- Neuromuscular conditions that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias and muscular dystrophies
- Chronic musculoskeletal and connective tissue diseases or deformities such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputations and contractures resulting from burns
- Other conditions manifesting the findings listed above such as ataxias, degenerative neurological disease or other intracranial processes

County of Orange/CCS MTP: www.ochealthinfo.com/providers-partners/county-partnerships/california-childrens-services/medical-therapy-program

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MTP Medical Eligibility Criteria (cont.)

- CCS applicants 3 years of age or younger are eligible when two or more of the following neurological findings are present:
  - Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity)
  - Increased DTRs that grade 3+ or greater
  - Abnormal posturing as characterized by the arms, legs, head or trunk turned or twisted into an abnormal position
  - Hypotonicity, with normal or increased DTRs, in infants below 1 year of age (infants above 1 year must meet the cerebral palsy criteria described above)
  - Asymmetry of motor findings of trunk or extremities

County of Orange/CCS MTP: www.ochealthinfo.com/providers-partners/county-partnerships/california-childrens-services/medical-therapy-program

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MTP Care Coordination

- Scope of services:
  - PT/OT evaluation and treatment
  - MTC and specialty clinics
  - Home assessment and community visits (such as school visits, medical appointments with providers, and any outside recreational or community activities where CCS consultation is needed or requested)
  - DME Assessment and recommendation
    - Will coordinate with member/member's family for DME
    - Excluding hospital beds

County of Orange/CCS MTP: www.ochealthinfo.com/providers-partners/county-partnerships/california-childrens-services/medical-therapy-program

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MTP Requests for Authorizations

- Requests must be submitted to CalOptima Health for review and authorization
  - CalOptima Health will forward to the appropriate health network for review within the required regulatory timeline
  - Appropriate health network will review the MTU request and provide a final determination
- Providers are encouraged to use Provider Portal to submit requests
- For MTP, typically fax requests to CalOptima Health
  - Health network Authorization Request Form (ARF) may or may not be utilized, but the appropriate health network must review and provide a determination within the required regulatory timeline

County of Orange/CCS MTP: www.ochealthinfo.com/providers-partners/county-partnerships/california-childrens-services/medical-therapy-program

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CCS and MTP Referrals

CCS and MTP Referrals

- All referrals must include the following:
  - Appropriate health assessments and diagnostic evaluations, which provide sufficient clinical detail to establish or raise a reasonable suspicion that a member has a CCS- or MTP-eligible condition
- Providers must refer members with a suspected CCS- or MTP-eligible condition on the same day the evaluation is completed
- A separate referral must be submitted for each suspected CCS-or MTP-eligible condition
  - The initial referral must include the submission of supporting medical documentation sufficient to allow for a CCS program eligibility determination by the county

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CCS and MTP Referrals

- CalOptima Health CCS rates reimburse only from the date of CCS eligibility determined by the county CCS
- CalOptima Health will reimburse all providers of authorized services
- CalOptima Health providers are responsible for providing all medically necessary services regardless of a member's CCS eligibility
  - Providers are responsible for supporting care coordination services with other specialists as needed by their members
  - Providers may coordinate with the member's health network for case management support, such as referrals to community resources

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CCS and MTP Referrals

- All health networks must ensure appropriate provider training regarding CCS and MTP referrals and referrals of additional CCS- or MTP-eligible conditions as appropriate

WCM Case Management Overview

WCM HNA

- Standardized set of questions
- Self-reported information about a member's state of health and health care needs
- Prioritized based on the Pediatric Risk Stratification Process, which identifies newly eligible CCS members and newly enrolled CCS members as high or low risk
- CalOptima Health's personal care coordinator (PCC) completes an initial HNA, annual HNA and an HNA upon change of condition for WCM members for all health networks
  - Members with changes of condition that change their risk level from low to high will be contacted for an HNA

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WCM HNA (cont.)

- Upon completion of the HNA, CalOptima Health sets the care management levels and provides them to the appropriate health network
  - Basic, Care Coordination or Complex Case Management
- The health network WCM case manager reviews the HNA and discusses the member/caregiver concerns to create the Individual Care Plan (ICP)
- The Interdisciplinary Care Team (ICT) meeting is conducted, and the ICP may be updated with any recommendations
- ICP is shared with appropriate care team members

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WCM Case Management

- Case management (CM):
  - Process that includes a complete assessment of a member's condition, determination of available benefits and resources, and development and implementation of an ICP, with goals, monitoring and follow-up*
  - Oversees and manages the ICT process
  - Facilitates coordination of care among member's providers and confirmation of receiving referred treatments
  - Ensures referrals and linkages to community resources and agencies
  - ECM is available to WCM members
    - If the member is receiving WCM CM and ECM, the ICP includes ECM interventions
    - WCM CM must coordinate with ECM provider and member/family and ensure nonduplication of services

*APL 24-015, Page 2 Superscript 7

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WCM Case Management (cont.)

- If member/family decline CM and ICP:
  - Must document member/family declining having CM, an ICP developed and ICT
  - Must continue monitoring member for Key Events, situations that would require follow-up, such as a hospitalization or emergency department (ED) visit

CCS Annual Medical Redetermination (AMR)

- Every CCS member needs to be reviewed annually by the county to determine continued eligibility
- AMR packet provided by the health network must include:
  - Most recent WCM medical records pertaining to the member's CCS diagnoses from CCS-approved providers within the last 12 months before the member's program eligibility end date
- AMR packet must be submitted no later than 60 calendar days before the member's program eligibility end date
- Review of the WCM Supplemental CCS Eligibility File is used to identify the redetermination date for certification of WCM status

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CCS Annual Medical Redetermination (AMR) (cont.)

- If there are no medical records, the WCM health network must reach out to the providers to obtain records and/or instruct the parents to schedule an appointment with the providers
  - The documentation must include efforts made to receive required documentation
  - Pending future appointments must be noted to indicate ongoing CCS medical condition eligibility
- Completed AMR packets are submitted to the county WCM via File Transfer Protocol (FTP)
- If incomplete, the AMR packet is returned to the health network with listed corrections prior to resubmission

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Aging Out — Pediatric Provider Phase-Out Plan

- CalOptima Health is committed to transition planning for WCM members
- CalOptima Health or a health network must provide care coordination to CCS-eligible members who require a Pediatric Provider Phase-Out Plan
- Planning begins as early as age 14
- Letters and/or contact with the family, SCC or primary care provider (PCP) at ages 14, 16, 17, 18, 20, and 20 and 8 months

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Aging Out — Pediatric Provider Phase-Out Plan (cont.)

- Includes identification of ongoing needs and resources, as well as future considerations
- PCPs/medical homes, specialists, SCCs, MTP, members and families are vital in this process
- Information about the age-out process will be provided to members and their families as the transition approaches
- The expectation is that adult providers need to be identified and authorizations for adult specialists approved prior to age-out
- CalOptima Health tracks WCM members who continue to be enrolled for at least 36 calendar months after they age out of the WCM program

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Private Duty Nursing in WCM

- CalOptima Health Policy GG.1352 identifies our regulatory requirement to provide medically necessary private duty nursing (PDN) services
- CalOptima Health and its health networks will provide appropriate preventive, mental health, developmental and specialty Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) medical services, including PDN services, under the scope of the CalOptima Health program to eligible WCM members under 21 years old

CalOptima Health

Private Duty Nursing in WCM (cont.)

- CalOptima Health and its health networks are required to provide CM services, as set forth in their Medi-Cal contract, to all plan-enrolled Medi-Cal beneficiaries who are EPSDT-eligible and for whom Medi-Cal PDN services have been approved

Private Duty Nursing in WCM (cont.)

- DHCS describes PDN in APL 26-009:
  - PDN services are nursing services provided in the home by a registered nurse (RN) or licensed vocational nurse (LVN) for members under the age of 21
    - Home health aide services or personal care services (e.g., transfer, positioning, meal preparation, diaper changes) are not to be provided by an in-home PDN nurse
  - The care is provided for members who require more individualized and continuous care than would be available from a home health visit
  - RNs and LVNs providing PDN services must either be Medi-Cal-enrolled as individual providers or enrolled through a Medi-Cal-enrolled home health agency
  - Member/family may choose not to use all approved service hours
  - A Member may decline case management services without impact to their authorized PDN services.

APL 26-009 PDN

Medi-Cal Providers Home Health Agencies

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Private Duty Nursing in WCM (cont.)

- A Member may decline case management services without impact to their authorized PDN services.
- At age 21, member will need to receive nursing services through other supports such as waivers
- Health network CM must assist with ensuring member receives services as needed
- Some examples include:
  - Refer member to Home and Community Based Alternatives waiver
    - Waiver waitlist can be extensive
  - Coordinate with Regional Center of Orange County (RCOC)
  - Encourage referrals and coordination to be initiated by age 20

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WCM Maintenance and Transportation

- Maintenance and Transportation (M&T) is available when the costs to the member or family present a barrier for a CCS-eligible member to access CCS authorized care and no other resource is available
  - Separate from emergency transportation, nonemergency medical transportation (NEMT) and nonmedical transportation (NMT) benefits
  - Provides transportation and additional supports, such as parking, tolls, lodging and food
  - Services may extend to additional family members
  - CalOptima Health and health networks will be responsible for all WCM members
  - Limitations, criteria and authorizations apply

CCS NL: 03-0810 Maintenance and Transportation For CCS Clients to Support Access to CCS Authorized Medical Services Date: August 19, 2010

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CCS/WCM Intercounty Transfers

CCS/WCM Intercounty Transfers

- CalOptima Health is responsible for ensuring that CCS/WCM members who relocate to another county experience continuity of care
- Medical care and treatment, approved by CalOptima Health and health networks, should continue in the county where the member has relocated until the benefits have been transferred
- This process must occur for all WCM members who have relocated, even if the member has been disenrolled from CalOptima Health
- When a member moves to a different WCM county, CalOptima Health will coordinate the data transfer to the receiving WCM managed care plan (MCP) as well as the local CCS program

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CCS/WCM Intercounty Transfers (cont.)

- CM staff should notify WCM management if they are made aware of a WCM member who has recently moved in or out of the county
- This notification will allow CalOptima Health to complete the intercounty transfer process for members for purposes of maintaining continuity of their medical care
- CalOptima Health WCM PCC will support the process for the transfer request regardless of member eligibility
- The goal of the intercounty transfer is to prevent little or no disruption of services for all WCM members

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CCS/WCM Intercounty Transfers (cont.)

- Inbound process:
  - CCS receives notification that the member is moving to Orange County
  - The receiving county will issue authorizations until the child is enrolled in the MCP or for up to 90 calendar days, whichever occurs first
  - CCS is responsible for intake and eligibility
  - CalOptima Health WCM PCC:
    - Receives transfer packet with SAR and prescriptions
    - Checks eligibility
    - Uploads records and provides to appropriate health networks for CM follow-up

CCS/WCM Intercounty Transfers (cont.)

- Outbound process:
  - CalOptima Health WCM PCC receives a notification of transfer from Orange County CCS or has received confirmation from member/family of move
  - Intercounty transfer requests using Attachment 4 Whole Child Model Intercounty Transfer Check List of CCS NL: 10-1123, Intercounty Transfer Policy, must be completed
  - Within five business days, the health network must provide CalOptima Health copies of all medical reports, CM notes and utilization information, which includes a copy of the PCP version of the most recent ICP
    - CalOptima Health will attach the HNA from the previous 12 months in transfer packet
    - If there are no physical copies of the medical reports within the last 12 months, the transfer case notes must include a written statement indicating that there are no physical copies of medical reports for the last 12-month period

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CCS/WCM Intercounty Transfers (cont.)

- Outbound process:
  - CalOptima Health WCM PCC gathers medication records, authorizations, DME and prescription reviews and transfers face sheet from the appropriate health network
  - The member transfer packet/records, including the transfer form, are sent to the county CCS via FTP/fax
  - Orange County CCS notifies the receiving county and forwards related health records
  - CalOptima Health must collaborate with the receiving and previous county on a transfer date
  - For a member who moves to another county and is still enrolled with CalOptima Health, CalOptima Health or a health network will remain responsible for case management and must provide continued access to medically necessary services, emergency services or any other coverage that may be authorized until the member is disenrolled and the intercounty transfer is complete

Legend

APL:	All Plan Letter
CAC:	Clinical Advisory Committee
CCS:	California Children's Services
CCS NL:	CCS Numbered Letter
CM:	Case management
CMS:	Children's Medical Services
DHCS:	Department of Health Care Services
DME:	Durable Medical Equipment
FAC:	Family Advisory Committee
HNA:	Health Needs Assessment
HRIF:	High-Risk Infant Follow-up
ICT:	Interdisciplinary Care Team
ICP:	Individual Care Plan
MOU:	Memorandum of understanding
MTC:	Medical Therapy Conference
MTP:	Medical Therapy Program
MTU:	Medical Therapy Unit
NICU:	Neonatal Intensive Care Unit
OT:	Occupational therapy
PT:	Physical therapy
Rx:	Medical prescriptions
SAR:	Service Authorization Request
SCC:	Special Care Center
WCM:	Whole-Child Model

APL 23-034 WCM

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Contact Information

Contact Information

- CalOptima Health:
  - Website: www.caloptima.org/en/health-insurance-plans/medi-cal/benefits-and-services#WholeChildModel
  - Medi-Cal Customer Service: **888-587-8088**
  - Transportation: **833-648-7528**

- CCS referrals:
  - Fax: **714-954-2298**
  - Email: CMWCMFax@caloptima.org

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