

## CCS Program Length of Enrollment

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Edition 2

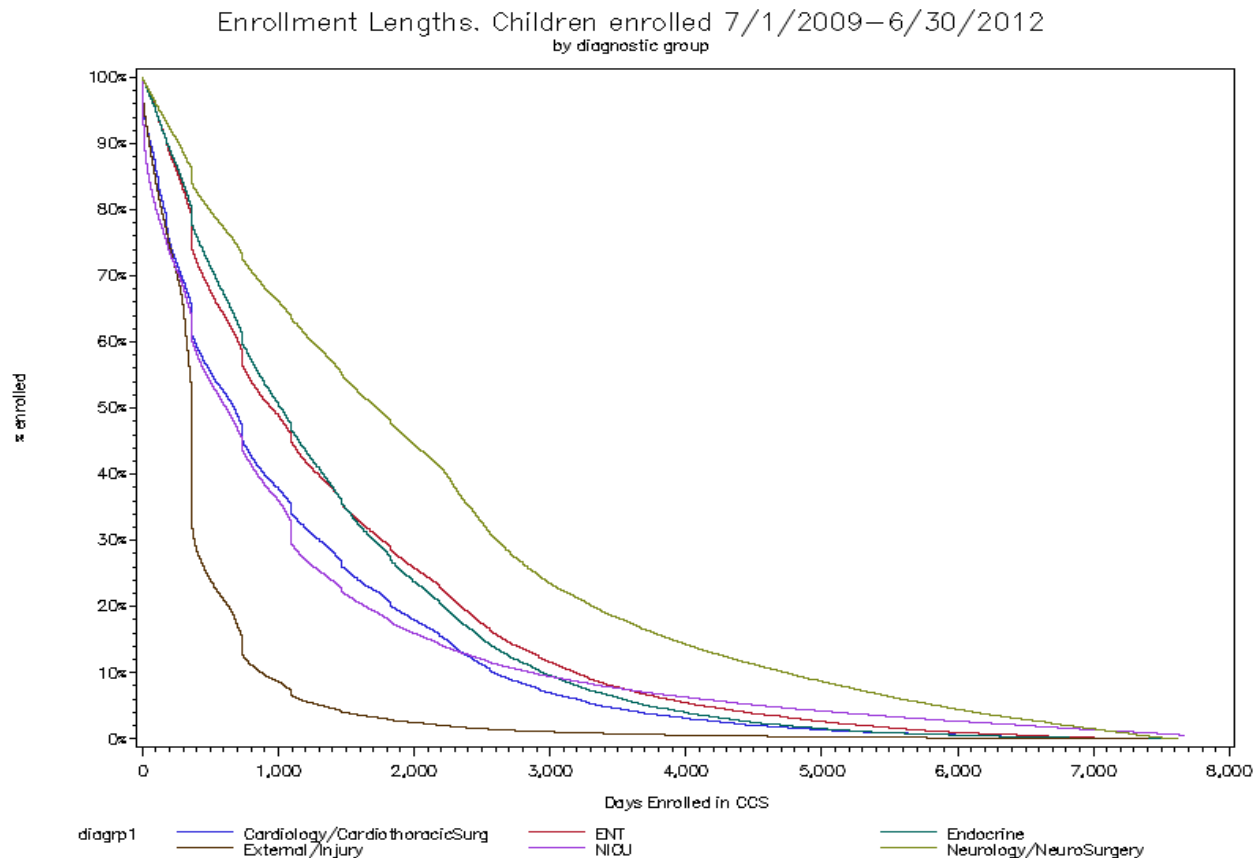
### THE FINDINGS

- Length of enrollment in CCS **varied** by child's **primary diagnosis**.
  - Enrollees with a primary **neurological** diagnosis had the **longest** median enrollment.
  - Enrollees with a primary **external/injury** diagnosis had the **shortest** median enrollment.
- The most common **reasons** for **disenrollment** across all CCS patients included: **no current services requested** (27%), medically **ineligible** (22%), CCS treatment services **completed** (17%), patient reached **21 years** of age (8%), program **eligibility process incomplete** (6%), **no response** at last known address (3%), and patient **died** (2%).

### POLICY IMPLICATIONS

- Best practices**, such as effective coordination and administration, could be **shared** among providers to prevent the disenrollment of eligible children.
- Length of enrollment, for some children, may be an **indicator** of the **stability** and **continuity of care**.

Figure 1. Length of Enrollment (Days) by Diagnosis



CCS claims from all payor sources, including FFS and MMC, for 2009 to 2012. As the nation's largest Title V program, CCS provides case management each year for >150,000 children with a serious chronic medical condition and whose family has an eligible adjusted annual income. Most CCS enrollees are enrolled in MediCal or Healthy Families, <http://www.dhcs.ca.gov/services/ccs>. Data analyzed were de-identified information from all paid claims for these CCS enrollees, as abstracted from the State's Management Information System/Decision Support System. Complete packet of figures available at: <http://www.dhcs.ca.gov/services/ccs/Documents/TWGMMeeting3PP.pdf>.