Policy:	GG.1313
Title:	**Coordination of Care for Transplant Members**
Department:	Medical Management
Section:	Case Management
CEO Approval:	*/s/ Michael Hunn 01/29/2025*
Effective Date:	01/01/2000
Revised Date:	01/01/2025
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the Case Management guidelines for Care Coordination by CalOptima Health and a Health Network for a Member who is a candidate for a Transplant.

II. POLICY

A. A Transplant shall be a Covered Service in accordance with CalOptima Health Policy GG.1105: Coverage of Organ and Tissue Transplants.

B. If a Health Network Member, including a Whole Child Model (WCM) Member, is identified as a potential candidate for Transplant, CalOptima Health and the Health Network shall provide Case Management of the Member as follows:

1. Referral and Evaluation phase:

   a. CalOptima Health shall provide Case Management for Covered Services directly related to the Transplant referral and evaluation.

   b. The Health Network shall provide Case Management for all other Covered Services including, but not limited to, the management of Ventricular Assistive Device (VAD) procedures, Dialysis, and Transjugular Intrahepatic Portosystemic Shunt (TIPS) procedures.

2. For Listed, Transplant, and post-Transplant phases (up to three-hundred-sixty-five (365) calendar days post-Transplant): CalOptima Health shall provide Case Management for all Covered Services.

C. CalOptima Health shall be responsible for providing Case Management which may include Complex Case Management, in accordance with CalOptima Health Policy GG.1301: Comprehensive Care Management Process to a Member who is enrolled in CalOptima Health Direct, including a WCM Member, in accordance with CalOptima Health Policy GG.1330: Case Management - California Children's Services Program/Whole-Child Model, who is identified as a candidate for a Transplant.

D. CalOptima Health shall direct a CalOptima Health Direct Member or a Health Network Member, to the appropriate Department of Health Care Services (DHCS)-approved Transplant Center, or to a Designated Special Care Center for Members with a California Children's Services (CCS)-Eligible Condition, as applicable.

E. CalOptima Health shall provide ongoing education, collaboration, and oversight of Health Network case managers performing Case Management to a Member who is a candidate for a Transplant.

F. CalOptima Health shall ensure Members do not face disruption in transplant benefits as a result of DHCS contract changes with other Medi-Cal Managed Care Plans (MCPs).

1. CalOptima Health shall coordinate Continuity Of Care for MCP Transition Members receiving transplant benefits in accordance with CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services while the Member is:

a. In the Transplant evaluation process;

b. On any waitlist to receive a Transplant;

c. Undergoing a Transplant; or

d. Has received a Transplant in the previous twelve (12) months.

III. PROCEDURE

A. If a Health Network Member or CalOptima Health Direct Member, is identified as a potential candidate for a Transplant, CalOptima Health and the Health Network shall provide Case Management of the Member as follows:

1. Referral Phase

a. A Provider shall identify a Member as a potential candidate for a Transplant.

i. If the Member is enrolled in a Health Network, the Provider shall request authorization for Transplant evaluation services from CalOptima Health in accordance with CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers and GG.1508: Authorization and Processing of Referrals and shall request authorization from the Member's Health Network for all other Covered Services in accordance with requirements set forth by the Health Network.

ii. If the Member is enrolled in CalOptima Health Direct, the Provider shall request authorization for Covered Services in accordance with CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers; and GG.1105: Coverage of Organ and Tissue Transplants

b. If a Health Network receives a request for authorization for a Transplant evaluation:

i. The Health Network shall notify the Provider to request authorization from CalOptima Health and shall forward the request to CalOptima Health's Utilization Management Department within one (1) working day after receipt.

ii. The Health Network case manager shall notify the CalOptima Health case manager that the Member is a potential candidate for a Transplant by sending an Adult Transplant Notification and Request Form by facsimile, to CalOptima Health's Case Management Department within:

a) Five (5) working days after identifying the Member for Routine Care; and

b) Twenty-four (24) hours or the next working day after identifying the Member for Urgent Care.

iii. The Health Network case manager shall place an introductory call to the Member within:

a) Five (5) working days after opening the case for Routine Care; and

b) Twenty-four (24) hours or the next working day after opening the case for Urgent Care.

iv. The Health Network case manager shall complete an initial assessment and create a care plan appropriate for the Member. The Health Network case manager shall update the assessment and care plan as the Member's status changes.

c. If the Member is enrolled in CalOptima Health Direct, or if CalOptima Health receives a request for authorization for a Transplant Evaluation for a Health Network Member:

i. The CalOptima Health Case Management Department shall open a case for Case Management.

ii. The CalOptima Health case manager shall place an introductory call to the Member within:

a) Five (5) working days after opening the case for Routine Care; and

b) Twenty-four (24) hours or the next working day after opening the case for Urgent Care.

iii. After opening a Transplant case to Case Management, the CalOptima Health case manager shall complete an initial assessment and create a care plan appropriate for the Member. The CalOptima Health case manager shall update the assessment and care plan as the Member's status changes.

iv. The CalOptima Health case manager shall mail a Transplant information packet to the Member within five (5) working days after receipt of written notification. The case manager shall contact the Member by telephone within ten (10) working days after mailing the packet to ensure that the Member received the information and to address any questions or concerns that the Member may have.

v. The CalOptima Health case manager will coordinate with a DHCS-approved Transplant Center or a Designated Special Care Center for Members with a CCS-Eligible Condition, to facilitate completion of the referral.

2. Evaluation Phase

   a. A DHCS-approved Transplant Center or a Designated Special Care Center shall request authorization for Transplant evaluation from CalOptima Health. If the Health Network receives the authorization for a Transplant evaluation from the DHCS-approved Transplant Center, or at a Designated Special Care Center the Health Network shall forward the request to the CalOptima Health Case Management Department within one (1) working day.

   b. CalOptima Health or a Health Network shall authorize a referral to a transplant program that meets DHCS criteria for an evaluation within seventy-two (72) hours of the Member's Primary Care Provider (PCP) or specialist identifying the Member as a potential candidate for the MOT services and receiving all of the necessary information to make a referral or authorization as appropriate in accordance with DHCS All Plan Letter (APL) 21-015: Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative.

   c. After receipt of the authorization, the DHCS-approved Transplant Center or the Designated Special Care Center shall complete the evaluation required to determine medical suitability, including candidacy and compliance, in order to qualify the Member for a Transplant.

   d. The CalOptima Health case manager shall follow-up with the Member as necessary, based on the severity and complexity of the Member's case, to identify any issues that may prevent the Member from completing the evaluation and to assist the Member with coordinating the evaluation.

   e. Upon completion of a Member's evaluation, and approval for listing, the DHCS-approved Transplant Center or a Designated Special Care Center shall submit a Transplant Packet and request for authorization for Transplant to CalOptima Health for review within seventy-two (72) hours or less if the Member's condition requires it, or if the organ the Member will receive is at risk of being unusable due to any delay in obtaining Prior Authorization or any delay in obtaining the organ.

   f. CalOptima Health shall notify the DHCS-approved Transplant Center or the Designated Special Care Center, as applicable, and the Member's Health Network of the outcome of CalOptima Health's Chief Medical Officer's (CMO) or Designee's review, including CalOptima Health's approval or denial of the Transplant within the timeframes set forth in the CalOptima Health Utilization Management (UM) Program.

   g. The CalOptima Health case manager shall verify Member eligibility on a monthly basis and shall notify the Member's Health Network case manager and the DHCS-approved Transplant Center or the Designated Special Care Center, as applicable, of any changes in the Member's eligibility.

3. Listing Phase

   a. The Member's Health Network shall immediately notify CalOptima Health upon identification of a Member who is listed for a Solid Organ Transplant at a DHCS-approved Transplant Center or a Designated Special Care Center or is approved for a Transplant.

   b. Upon notice from a DHCS-approved Transplant Center or a Designated Special Care Center, for a Health Network that a Member is listed for a Transplant, the CalOptima Health case manager shall notify the CalOptima Health Customer Service Department. The CalOptima Health Customer Service Department shall transition the Member to CalOptima Health Direct, effective the first (1st) calendar day of the month after the date CalOptima

Health receives the above notice in accordance with CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.

c. The CalOptima Health case manager shall continue to coordinate with the DHCS-approved Transplant Center or the Designated Special Care Center, as applicable, and authorize Covered Services for the Member, as appropriate.

d. The CalOptima Health case manager shall follow-up with the Member as necessary, based on the severity and complexity of the Member's case, to coordinate a Member's care and identify any issues which may lead to the Member's listing being placed in Status 7 or to removal from Transplant listing.

4. Transplant Phase and Post-Transplant Phase

a. The CalOptima Health case manager shall follow the Member's progress during the hospital admission for the Transplant and coordinate with the facility case manager to ensure that all discharge needs are met.

b. Upon the Member's discharge, the CalOptima Health case manager shall provide ongoing communication with a Member as the severity and complexity of the case requires, but not less than on a monthly basis, to address any issues and to assist in coordinating follow-up care.

c. CalOptima Health shall provide Case Management for three-hundred-sixty-five (365) calendar days after the Transplant.

d. At three-hundred-sixty-five (365) calendar days post-Transplant, the CalOptima Health case manager shall discuss any Member issues with the Member, including selection of a Health Network in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process, and shall transition the Member's care to the Member's selected Health Network if the Member wishes to transition to a Health Network.

e. The CalOptima Health case manager shall close the Member's case upon:

i. The Member's transition to a Health Network; or

ii. When goals are met, or the case meets closure criteria for CalOptima Health Direct Members.

B. Continuity of Care for MCP transition Members who are accessing transplant benefits require mandatory overlap of the previous MCP's and CalOptima Health's Center of Excellence (COE) Transplant Programs to the maximum extent possible to permit any member accessing the transplant benefit to continue with the same Transplant program for the duration of the member's access to the transplant benefit, in accordance with CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.

1. Transitioning members will be identified using DHCS or Previous MCP data, including program enrollment, specific pharmacy claims, DME claims, screening and diagnostic codes, procedure codes, or aid codes. Data for these members will be provided to the Receiving MCP in advance of the 2024 MCP Transition to ensure that members accessing the transplant benefit are provided services and/or treatments as expeditiously as possible.

2. CalOptima Health or a Health Network shall enter into a Continuity of Care agreement with the hospital at which the Transplant program is located.

3. If CalOptima Health or a Health Network is unable to enter into a Continuity of Care Providers agreement, they must:

    a. Arrange for the hospital at which the Transplant program is located to continue to deliver services to a Member as an Out-of-Network Provider.

    b. CalOptima Health will inform DHCS when Continuity of Care contracting efforts do not result in agreement with Transplant program.

4. CalOptima Health or a Health Network shall process Continuity of Care requests within thirty (30) days of and member notification shall occur within seven (7) days.

5. CalOptima Health or a Health Network must start reassessment for Members to continue accessing the transplant benefit no sooner than six (6) months after the transition date.

IV. ATTACHMENT(S)

A. Adult Transplant Notification and Request Form

V. REFERENCE(S)

A. Contract for Health Care Provider Services
B. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
C. CalOptima Health Policy DD.2006: Enrollment In/Eligibility with CalOptima Health Direct
D. CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process
E. CalOptima Health Policy GG.1105: Coverage of Organ and Tissue Transplants
F. CalOptima Health Policy GG.1301: Comprehensive Care Management Process
G. CalOptima Health Policy GG.1308: Monitoring Health Network Compliance via Case Management Reports
H. CalOptima Health Policy GG.1330: Case Management - California Children's Services Program/ Whole-Child Model
I. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
J. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
K. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-015: Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative
L. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide
M. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-015 : California Children's Services Whole Child Model Program (Supersedes APL 23-034)
N. Flow Chart: Coordination of Care for Transplant Members – CalOptima Health Direct and Health Networks
O. Department of Health Care Services (DHCS) 2024 Medi-Cal Managed Care Plan Transition Policy Guide, Issued 08/07/2023

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
03/29/2016	Department of Health Care Services (DHCS)	Approved as Submitted
10/09/2017	Department of Health Care Services (DHCS)	Approved as Submitted
07/26/2021	Department of Health Care Services (DHCS)	Approved as Submitted
11/29/2021	Department of Health Care Services (DHCS)	Approved as Submitted
06/30/2023	Department of Health Care Services (DHCS)	Approved as Submitted
12/14/2023	Department of Health Care Services (DHCS)	Approved as Submitted
05/02/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
06/03/2021	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2000	GG.1313	Coordination of Care for Members Eligible for Organ Transplants and Health Network Eligibility for Transplant Service Reimbursement	Medi-Cal
Revised	11/01/2001	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	01/01/2006	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	03/01/2014	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	01/01/2016	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	09/01/2017	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	09/01/2018	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	06/03/2021	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	11/01/2022	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	06/01/2023	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	10/01/2023	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	04/01/2024	GG.1313	Coordination of Care for Transplant Members	Medi-Cal
Revised	01/01/2025	GG.1313	Coordination of Care for Transplant Members	Medi-Cal

IX. GLOSSARY

Term	Definition
Administrative Hold	A cease in reimbursement by CalOptima Health for Covered Services related to a Transplant evaluation to a Health Network pending resolution of administrative issues. CalOptima Health's Transplant Committee reviews all Administrative Hold cases on an individual basis.
California Children Services (CCS)-Eligible Conditions	A medical condition that qualifies a Child to receive medical services under the CCS Program, as specified in 22 CCR section 41515.1 et seq.
California Children Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD- Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Care Coordination	Care coordination involves deliberately organizing member care activities and sharing information among all of those involved with patient care. CalOptima Health's coordination of care delivery and services for Members, either within or across delivery systems including services the Member receives by CalOptima Health, any other managed care health plan; Fee-For-Service (FFS); Out-of-Network Providers; carve-out programs, such as pharmacy, Substance Use Disorder (SUD), mental health, and dental services; and community and social support Providers. Care Coordination services may be included in Basic Case Management, Complex Case Management, Enhanced Care Management (ECM), Person Centered Planning and Transitional Care Services.
Care Management	A systematic approach to coordination of care for a Member with special needs and/or complex medical conditions that includes the elements of assessment, care planning, interventions monitoring, and documentation.
Center of Excellence (COE) Transplant Program	A designation assigned to a Transplant Program by DHCS upon confirmation that the Transplant Program meets DHCS' criteria. MCPs are required to ensure all Major Organ Transplant (MOT) procedures are performed in a Medi-Cal approved COE Transplant Program which operates within a hospital setting, is certified and licensed through the Centers for Medicare and Medicaid Services (CMS) and meets Medi-Cal state and federal regulations consistent with 42 CFR, Parts 405, 482, 488, and 498 and section 1138 of the Social Security Act (SSA).
Continuity of Care	Services provided to a Member rendered by an out-of-network provider with whom the Member has pre-existing provider relationship.
Covered Services	Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, this Contract, and APLs that are made the responsibility of Contractor pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include:

Term	Definition
	1. Home and Community-Based Services (HCBS) program as specified in Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under this Contract, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than 21 years of age. Contractor is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, Contractor is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, Contractor is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment

Term	Definition
	III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than 21 years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, Contractor must ensure access to comparable services under the EPSDT benefit in accordance with APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with APL 22-012.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs.
Department of Health Care Services (DHCS)-approved Transplant Center	Facilities that are approved by the Department of Health Care Services (DHCS) to provide specific Transplant services. For renal Transplants, a DHCS-approved Transplant Center is a facility that: 1. Is certified for, and participates in, the Medicare program; and 2. Meets standards established by DHCS and is certified by DHCS to participate in the Medi-Cal program.
Designated Special Care Center	Centers that provide comprehensive, coordinated health care to California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) clients with specific medical conditions.
Designee	A person selected or designated to carry out a duty or role. The assigned designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role.
Dialysis	A medical procedure to remove wastes or toxins from the blood and adjust fluid and electrolyte imbalances. This is a procedure often performed on individuals with extremely poor kidney function.
Donor	An individual who undergoes a surgical operation for the purpose of donating a body organ or human tissue or cells for Transplant.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, health care service plan, such as a Health Maintenance Organization (HMO), Subcontractor, or First Tier Entity, that contracts with CalOptima Health to provide Covered Services to Members.
Health Network Member	A Member who is enrolled in or receives Covered Services from a Health Network.
Medically Necessary or Medical Necessity	Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under twenty-one (21) years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and

Term	Definition
	Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under twenty-one (21) years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Out-of-Network Provider (CalOptima Health)	A Provider that does not participate in CalOptima Health's Network.
Previous Managed Care Plan (MCP)	A Prime MCP or Subcontractor MCP that a member is required to leave effective January 1, 2024, for one of the following reasons: (1) the MCP exits the market 97 For the definition of "Populations of Focus," see the "CalAIM Enhanced Care Management Policy Guide" at: https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf. 94 (i.e., an Exiting MCP), (2) the Subcontractor and the MCP terminate their Subcontractor Agreement, or (3) DHCS requires the Prime MCP to transition members to a Subcontractor MCP.
Prior Authorization	A formal process requiring a Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.
Receiving Managed Care Plan (MCP)	A Prime MCP or Subcontractor MCP that a member joins by choice or default after being required to leave a Previous MCP effective January 1, 2024. Receiving MCPs may be Continuing MCPs or Entering MCPs in a county.
Routine Care	Covered Services that are not urgent in nature and may be pre-planned or scheduled in advance.
Status 7	Temporarily unsuitable for Transplant according to the DHCS-approved Transplant Center.
Transjugular Intrahepatic Portosystemic Shunt (TIPS)	A surgically created connection within the liver between the portal and systemic circulations. A TIPS is placed to reduce portal pressure in patients with complications related to portal hypertension.
Transplant	A Non-Experimental procedure for human tissue, blood or organ Transplant.
Transplant Center Hold	Temporarily unsuitable for the evaluation process according to the DHCS-approved Transplant Center.
Transplant Packet	All clinical information related to the evaluation process of a Member who has completed his or her Transplant work-up.
Urgent Care	Services required to prevent serious deterioration of health following the onset of an unforeseen condition or injury.
Ventricular Assistive Device (VAD)	A mechanical pump that is utilized to assist the heart to pump blood through the body.
Whole Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), and that (i) incorporates CCS covered services into Medi-Cal managed care for CCS-eligible Members and (ii)

Term	Definition
	integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.