	POLICIES AND PROCEDURES
Policy #: 405-1319	Lead Department: Community Care Coordination
Title: Screening and Referral of Medically Eligible Children to California Children's Services (CCS) Program	
Original Date: 09/09/2013	Date Published: 02/29/2024
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To ensure that Central California Alliance for Health (the Alliance) members under the age of 21 with potential California Children's Services (CCS) medically eligible conditions are identified and referred to the appropriate county CCS program for medical eligibility determination and enrollment in the CCS program.

Policy:

Authorizations for members under 21 years of age maybe reviewed for potential CCS medical eligibility.

Definitions:

California Children's Services (CCS): CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).


The Alliance has executed a Memorandum of Understanding (MOU) with each of the county CCS Programs within its service area. The MOUs delineate the roles and responsibilities of both the Alliance and the CCS Program for coordinating care and ensuring the non-duplication of services.

California Children Services (CCS) Provider: Means any of the following Providers when used to treat Members for a CCS condition:

- a. A medical Provider that is paneled by the CCS program, pursuant to Health and Safety Code, Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106.
- b. A licensed acute care hospital approved by the CCS program.
- c. A special care center approved by the CCS program.

High Risk Infant Follow-Up Program (HRIF): The HRIF program helps identify infants who might develop CCS-eligible conditions after they are discharged from a NICU. The Alliance is responsible for determining HRIF program eligibility, coordinating and authorizing HRIF services for members, and ensuring the provision of HRIF case management services.

Medical Therapy Program (MTP): The MTP is a program within California Children's Services that provides physical therapy (PT), occupational therapy (OT) and medical therapy conference (MTC) services for children who have disabling conditions, generally due to neurological or musculoskeletal


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disorders. PT and OT services are provided at Medical Therapy Units (MTUs). MTUs are outpatient clinics located in designated public schools. The Alliance makes referrals to and coordinates with the local CCS Medical Therapy Unit (MTU) to ensure appropriate access to MTU services, and other non-MTU services.


Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and 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.

Procedures:

1. All providers perform appropriate baseline health assessments and diagnostic evaluations that provide sufficient clinical detail to establish, or raise a reasonable likelihood, that a member has a CCS eligible medical condition.
 - a. Providers may make direct referrals to CCS offices in the Alliance service area or may request assistance from the Alliance.
 - b. Providers must continue to provide all Covered Services to members until CCS Program eligibility is confirmed.
2. Authorization requests received by the Alliance are screened for potential CCS medically eligible conditions. Potential cases are internally routed to the Alliance Pediatric Complex Case Management (CCM) team for referral of the member to the appropriate county CCS office. These cases are monitored by the Pediatric CCM team until a case is opened by CCS or there is a determination that the member is not eligible for the CCS program.
3. Inpatient admissions received by the Alliance are screened by the Concurrent Review Nurses for potential CCS eligibility, and case management staff at the facilities are advised to make CCS referrals. Additionally, all post-service and out-of-area inpatient authorization requests are screened for CCS referral. Potential cases are internally routed to the Alliance Pediatric Complex Case Management (CCM) team for referral of the member to the appropriate county CCS office. These cases are monitored by the Pediatric CCM team until a case is opened by CCS or there is a determination that the member is not eligible for the CCS program.

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4. The Alliance, and contracted providers, will enable initial referrals of Members with suspected CCS-Eligible conditions using same-day modalities accepted by the local CCS Program. The initial referral shall include available supporting medical documentation to help facilitate eligibility determination by the local CCS program.
 - a. Per State regulations, CCS medically eligible conditions may only be treated by CCS paneled providers. Hospital care must take place at CCS approved Special Care Centers (SCCs).
5. The Alliance follows all CCS members under the CCS/WCM program and provides all medically necessary covered services, as outlined in Alliance Policy 404-1112 - Medical Necessity.
 - a. Members may be redirected to a CCS paneled provider or CCS Special Care Center upon identification of a potential CCS-eligible condition to ensure continuity of care with an appropriate provider.
 - b. The Alliance ensures that all Medically Necessary covered services are provided to the member if the local CCS Program does not approve CCS Program eligibility. If the local CCS Program denies authorization for any service, the Alliance remains responsible for providing and reimbursing the cost of the service, if it is determined to be Medically Necessary.
6. The Alliance will refer members to local county CCS programs if members are suspected of having an MTP eligible condition. As a part of the CCS eligibility review, local county CCS programs review and determine MTP eligibility. Referrals for medically necessary specialty services and follow-up treatment, as prescribed by the MTU Conference Team Physician are submitted by the MTP.
7. The Alliance will directly refer pediatric members or authorize referrals to a transplant program for an evaluation within 72 standard hours of the member's PCP or specialist identifying the member as a potential candidate for the Major Organ Transplant (MOT).
8. The Alliance assumes responsibility of coverage for PICU/NICU eligible newborns through their second month of life when the newborn's mother is Medi-Cal eligible and an enrolled member. The Alliance reviews authorizations and determines if services meet CCS NICU requirements.

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9. Screening and Referrals: The Alliance provides screening, diagnostic, and treatment services in accordance with APL 23-005 Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21, or any superseding APL, to identify potential CCS-eligible members. The Alliance also refers potential CCS-eligible members to the county CCS program for a CCS eligibility determination if the members:
 - a. Demonstrate potential CCS condition(s) as outlined in the CCS Eligibility Manual, including members who are suspected of having possible CCS condition(s) resulting from diagnostic services or who are undergoing diagnostics for CCS;
 - b. Present at the Emergency Department, provider, or facility for other primary conditions, and demonstrate potential CCS condition(s); or
 - c. Are potentially MTP eligible.

References:

Alliance Policies:

- 404-1112 - Medical Necessity - The Definition and Application of Medical Necessity Provision to Authorization Requests
- 404-1723 – Major Organ Transplant Authorization Process

Impacted Departments:

- Claims
- Member Services
- Pharmacy
- Provider Services
- Utilization Management

Regulatory:

Legislative:

- Senate Bill, SB-586 Whole Child Model – Children's Services

Contractual (Previous Contract):


- DHCS Medi-Cal Contract Exhibit A, Attachment 11, Provision 10A, items 1, 2, 3, 4, 5 and Provision 10C
- Medi-Cal Contract Exhibit A, Attachment 18, Provision 11F
- Medi-Cal Contract Exhibit E, Attachment 3, Provision 5

Contractual (2024):

- Medi-Cal Contract, Exhibit A, Attachment 3, Provision 4.3.15.A

DHCS All Plan or Policy Letter:

- APL 23-034 Whole Child Model

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APL 21-015 Benefit Standardization and Mandatory Managed Care Enrollment Provisions of the California Advancing and Innovating Medi-Cal Initiative

NCQA

Supersedes:

Policy 405-1305 Identifying and Referring Medically Eligible Children to the Local California Children's Services (CCS) Program

Other References:

DHCS AIR 10/14/2014

Attachments

Lines of Business This Policy Applies To

- ☒ Medi-Cal
- ☒ Alliance Care IHSS

LOB Effective Dates

(01/01/1996 – present)
(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
03/29/2019	03/29/2019	DeAnna Leamon UM Manager-Operations	UMWG
03/23/2021	03/23/2021	Tammy Brass, RN UM/CCM Manager	UMWG
08/23/2021	08/23/2021	Tammy Brass, RN UM/CCM Manager	UMWG
10/11/2021	10/11/2021	Tammy Brass, RN UM/CCM Manager	UMWG
07/26/2022	07/26/2022	Paige Harris Regulatory Reporting Supervisor	UMWG
12/11/2023	12/11/2023	Kelsey Riggs, RN Pediatric Complex Case Management, Manager	UMWG