



Policy: GG.1302a
Title: **Coordination of Care for
Regional Center of Orange
County (RCOC) Members**
Department: Medical Management
Section: Case Management

CEO Approval: /s/ Michael Hunn 11/02/2023

Effective Date: 07/01/2007

Revised Date: 10/01/2023

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the guidelines for coordination of care by CalOptima Health or a Health Network for a Member who is eligible for services from the Regional Center of Orange County (RCOC).

II. POLICY

- A. The Regional Center of Orange County (RCOC) provides services to eligible individuals from birth to three (3) years of age under Early Intervention Services (Early Start Program), and to eligible individuals three (3) years of age and over, under the Lanterman Developmental Disabilities Services Act (Lanterman Act).
- B. RCOC provides support and services other than Covered Services to a Member who has a developmental disability that qualifies him or her for RCOC services, in accordance with the Memorandum of Understanding between CalOptima Health and RCOC (RCOC MOU).
- C. For OneCare, the RCOC services provided are a Medi-Cal benefit and are subject to Member eligibility.
- D. CalOptima Health or a Health Network shall identify and refer a Member with, or at risk for, developmental delay to RCOC for Early Start or Lanterman Act services.
- E. CalOptima Health and its Health Networks shall ensure adequate access and availability of services for members in accordance with CalOptima Health Policy GG.1600: Access and Availability Standards.
- F. CalOptima Health or a Health Network shall provide Covered Services to Members under twenty-one (21) years of age regardless of the Member's eligibility for RCOC services, in accordance with CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.

- G. CalOptima Health or a Health Network shall provide Intermediate Care Facility/Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), or ICF/DD-Nursing (ICF/DD-N) level of services in accordance with CalOptima Health Policy GG.1802: Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from an ICF/DD, ICF/DD-H, and ICF/DD-N.
- H. CalOptima Health or a Health Network shall provide Medically Necessary Behavioral Health Treatment (BHT) services to a Member less than twenty-one (21) years of age regardless of the Member's eligibility for RCOC services, in accordance CalOptima Health Policies GG.1548: Authorization and Monitoring of Behavioral Health Treatment, and CalOptima Health GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
- I. CalOptima Health shall designate a primary liaison or a case manager to work with RCOC to facilitate the coordination of comprehensive services and medical care for RCOC and Early Start eligible Members, including but limited to respite, out-of-home placement, and supportive living.

III. PROCEDURE

- A. CalOptima Health or a Health Network shall refer a Member to RCOC's Intake Department after determining that the Members may qualify for RCOC services including but not limited to respite, out-of-home placement, and supportive living
- B. A Member may be referred to RCOC by the following:
 - 1. Self-referral if the Member is eighteen (18) years of age or older;
 - 2. Member's parents, guardian, or conservator;
 - 3. CalOptima Health;
 - 4. Health Network; or
 - 5. Member's provider.
- C. RCOC shall notify CalOptima Health to coordinate a Member's care to ensure the:
 - 1. Provision of all Medically Necessary Covered Services, including out-of-network services if CalOptima Health or a Health Network is unable to provide Medically Necessary services;
 - 2. Provision of BHT services; and
 - 3. Identification and referral of eligible Members to Home and Community-Based Services (HCBS) waiver.
 - 4. Coordination with Primary Care Providers (PCP) for the provision of Medically Necessary Covered Services as identified in the Individualized Family Service Plan (IFSP) developed by the Early Start program.

D. CalOptima Health PCPs shall coordinate services for Members.

1. A Member's PCP shall examine the Member and identify any medical services that the Member requires after the Member is referred to RCOC.
2. A Member's PCP shall submit a request for authorization of medical services for the Member to the CalOptima Health Utilization Management Department, or the Health Network, in accordance with CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers, or the Health Network's authorization procedures.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract for Health Care Services
- B. CalOptima Health Contract with Department of Health Care Services (DHCS)
- C. CalOptima Health Memorandum of Understanding with Regional Center of Orange County (RCOC)
- D. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
- E. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
- F. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- G. CalOptima Health Policy GG.1548: Authorization and Monitoring of Behavioral Health Treatment (BHT) Services
- H. CalOptima Health Policy GG.1600: Access and Availability Standards
- I. CalOptima Health Policy GG.1802 Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from an ICF/DD, ICF/DD-H, and ICF/DD-N
- J. Department of Health Care Services All Plan Letter (APL) 18-009: Memorandum of Understanding (MOU) Requirements for Medi-Cal Managed Care Health Plans and Regional Centers
- K. Department of Health Care Services All Plan Letter (APL) 23-010: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (Supersedes APL 19-014)
- L. Title 42 Code of Federal Regulations § 438.210(a) and 440.230

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
08/18/2015	Department of Health Care Services (DHCS)	Approved as Submitted
02/23/2016	Department of Health Care Services (DHCS)	Approved as Submitted
02/13/2023	Department of Health Care Services (DHCS)	Approved as Submitted
10/10/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	07/01/2007	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal
Revised	01/01/2009	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal
Revised	05/01/2015	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal
Revised	11/01/2015	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	11/01/2016	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	11/01/2017	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	08/01/2018	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	04/01/2019	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	06/01/2020	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	08/01/2021	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	09/01/2022	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	03/01/2023	GG.1302a	Coordination of Care for RCOC Members	Medi-Cal OneCare
Revised	07/01/2023	GG.1302a	Coordination of Care for Regional Center of Orange County (RCOC) Members	Medi-Cal OneCare
Revised	10/01/2023	GG.1302a	Coordination of Care for Regional Center of Orange County (RCOC) Members	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Behavioral Health Treatment (BHT)	Services approved in the State Plan such as Applied Behavior Analysis (ABA) and other evidence-based behavioral interventions to prevent or minimize the adverse effects of ASD and promote, to the maximum extent practicable, the functioning of a Member. These services are interventions designed to treat ASD and include a variety of evidence-based behavioral interventions identified by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence that are designed to be delivered primarily in the home and in other community settings.
Covered Services	<p><u>Medi-Cal</u>: Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children’s Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program, to the extent those services are included as Covered Services under CalOptima Health’s Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Enhanced Care Management and Community Supports as part of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative (as set forth in the CalAIM 1115 Demonstration & 1915(b) Waiver, DHCS All Plan Letter (APL) 21-012: Enhanced Care Management Requirements and APL 21-017: Community Supports Requirements, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 5.51, beginning with section 14184.100), or other services as authorized by the CalOptima Health Board of Directors, which shall be covered for Members notwithstanding whether such benefits are provided under the Fee-For-Service Medi-Cal program.</p> <p><u>OneCare (Duals)</u>: Means reasonable and necessary medical 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 includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Early Intervention Services	Those services designed to meet the developmental needs of each eligible infant or toddler and the needs of the family related to the infant's or toddler's development. The services include but are not limited to assistive technology; audiology; family training; counseling and home visits; health services; medical services only for diagnostic or evaluation purposes; nursing services; nutrition services, occupational therapy; physical therapy; psychological services; service coordination; social work services; special instruction; speech and language services; transportation and related costs; and vision services. Early intervention services may include such services as respite and other family support services.

Term	Definition
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Home and Community-Based Services (HCBS)	Home and Community-Based Services (HCBS) benefit is defined by the services listed in Title 42, Code of Federal Regulations, Section 440.182(c).
Lanterman Developmental Disabilities Services Act	The California law that declares that persons with developmental disabilities have the same legal rights and responsibilities guaranteed all other persons by federal and state constitutions and laws, and charges the regional center with advocacy for, and protection of, these rights.
Medically Necessary or Medical Necessity	<p><u>Medi-Cal</u>: 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.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(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 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.</p> <p><u>OneCare</u>: Reasonable and necessary medical 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 includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p>
Member	A beneficiary enrolled in a CalOptima Health Program.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to patients; for initiating referrals; and for maintaining the continuity of patient care. A PCP may be a Primary Care Physician or Non-Physician Medical Practitioner.