Policy:	GG.1101
Title:	**California Children's Services (CCS)/Whole-Child Model – Coordination with County CCS Program**
Department:	Medical Management
Section:	Utilization Management
CEO Approval:	*/s/ Michael Hunn 02/27/2025*
Effective Date:	10/01/1995
Revised Date:	01/01/2025
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the guidelines for coordination of care between CalOptima Health or a Health Network and the County California Children's Services (CCS) program.

II. POLICY

A. CalOptima Health is responsible for California Children's Services (CCS) program-eligible Members who have transitioned into the Whole Child Model (WCM) program, newly CCS-eligible members, or new CCS members enrolling in CalOptima Health, including the identification and referral of Members with CCS-Eligible Conditions.

B. Continuity of Care shall be provided to CCS Members who have transitioned into CalOptima Health or a Health Network, in accordance with CalOptima Health Policy GG.1325 Continuity of Care for Members Transitioning into CalOptima Health Services.

C. With respect to the WCM program, CalOptima Health and the Health Networks shall ensure compliance with applicable statutory, regulatory, and contractual requirements, as well as the California Department of Health Care Services (DHCS) guidance, including, but not limited to, All Plan Letter (APL) 21-005 (Revised): California Children's Services Whole Child Model Program, or any superseding APL. Without limiting the foregoing, CalOptima Health and the Health Networks shall:

1. Use all current and applicable CCS program guidelines, including CCS program statutes, regulations, CCS program information notices, and CCS numbered letters in developing criteria for use by their respective medical director or the equivalent, and other care management staff.

2. Use evidenced-based guidelines or treatment protocols that are medically appropriate given the Member's CCS-Eligible Condition in cases in which applicable CCS clinical guidelines do not exist.

D. CalOptima Health shall enter into a memorandum of understanding (MOU), or other agreement, with the County CCS program for the coordination of CCS services to Members.

E. At least quarterly, CalOptima Health shall convene a meeting between CalOptima Health and the County CCS program in accordance with CalOptima Health Policy GG.1330: Case Management - California Children's Services Program / Whole-Child Model.

F. CalOptima Health or a Health Network shall assume responsibility for the WCM program as follows:

1. Authorization and payment of CCS-eligible medical services, including authorization activities, claims processing and payment, Case Management, and quality oversight and coordination of all Medi-Cal and CCS-covered services, as well as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services, and Dyadic Services and Family Therapy Benefit for enrolled Members. This shall include, but may not be limited to:

    a. Authorization activities for Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU) and referrals arising from Medical Therapy Conference, Medical Therapy Program (MTP), and Medical Therapy Unit (MTU) that are not otherwise the responsibility of the MTU; and

    b. Responsibility for NICU acuity assessment, authorization, and payment function activities in Orange County.

    c. Responsibility for the delivery of Major Organ Transplant (MOT) benefit and all Medically Necessary Covered Services associated with MOT's and to ensure that all MOT surgeries are performed in CCS approved Specialty Care Centers (SCCs) as outlined in Section III.R. of this Policy and in accordance with CalOptima Health Policy GG.1105: Coverage of Organ and Tissue Transplants and the Department of Health Care Services.

    d. Responsible for services needed to correct or ameliorate CCS-Eligible Conditions that are consistent with CCS Program standards.

2. Providing all supporting medical documentation and information needed for CCS annual medical eligibility redetermination and other medical determinations.

3. Providing all Member information in a Transfer Packet to the County CCS program to facilitate inter-county transfer in accordance with CalOptima Health Policy GG.1330: Case Management – California Children's Services Program / Whole-Child Model.

4. High Risk Infant Follow-Up (HRIF) program, including determination of HRIF program acuity assessment, HRIF eligibility criteria, coordination, and authorization of HRIF services for Members in accordance with DHCS CCS Numbered Letter (NL) 05-1016: High Risk Infant Follow-Up (HRIF) Program Services, or any superseding DHCS CCS NL, and ensuring the provision of HRIF Case Management services in accordance with CalOptima Health Policy GG.1330: Case Management - California Children's Services Program /Whole-Child Model.

G. County CCS program WCM responsibilities include but are not limited to:

1. CCS program eligibility determination including:

a. Obtaining any additional information (*e.g.*, medical reports) required to complete annual redeterminations;

b. As part of the CCS eligibility review, reviewing and determining MTP eligibility, if applicable; and

c. Responding to and tracking appeals related to CCS program medical eligibility determinations and redeterminations.

2. Care Coordination for MTP services, receiving and processing referrals to the MTP (except for review and authorization of durable medical equipment, including custom and specialized durable medical equipment, and related supplies), physical and occupational therapy services provided at the MTUs, medical therapy conference services, and financial assistance to Members under the age of twenty-one (21) who are eligible for MTP.

3. The MTP shall submit referrals to CalOptima Health for Medically Necessary specialty services and follow-up treatment, as prescribed by the MTU conference team physician.

4. Notify CalOptima Health of a new CCS-eligible inter-county transfer Member via a Transfer Packet.

H. DHCS WCM responsibilities include but are not limited to the review and final determination of unresolved disagreements between CalOptima Health and the County CCS program relative to CCS medical eligibility.

I. If a Member has Other Health Coverage (OHC), CalOptima Health or a Health Network shall consider the OHC plan as the Member's primary health plan. CalOptima Health or a Health Network shall remain the secondary health plan and payer of last resort in accordance with CalOptima Health Policy FF.2003: Coordination of Benefits.

III. PROCEDURE

A. A Practitioner shall perform appropriate baseline health assessments and diagnostic evaluations to identify potential CCS-Eligible Conditions in accordance with CalOptima Health Policy GG.1116: Pediatric Preventive Services.

B. CalOptima Health or a Health Network shall provide:

1. Training and resources to Primary Care Physician and other Primary Care Providers (PCP) to ensure timely identification of Members with potential CCS-Eligible Conditions and notification to the County CCS program;

2. Provision and payment of Medically Necessary Covered Services related to the identification, evaluation, and diagnosis of a CCS-Eligible Condition;

3. Medically Necessary Covered Services whether related or unrelated to a Member's CCS-Eligible Condition;

4. Authorization and reimbursement of only CCS-paneled physicians and CCS-approved facilities for the treatment of CCS-Eligible Conditions, in accordance with CCS program requirements and CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and

CalOptima Health Community Network Providers, GG.1508: Authorization and Processing of Referrals and GG.1650: Credentialing and Recredentialing of Practitioners.

a. Proactively check the DHCS CCS- paneled provider list online website to ensure accurate active panel status.

b. Providers who need to be paneled shall be directed to the CCS provider paneling website.

5. CalOptima Health or a Health Network shall identify Members who may have a CCS-Eligible Condition through various means, including but not limited to:

a. Screening of all requests for service authorizations for Medi-Cal Members under the age of twenty-one (21) by a trained team of nurses and medical authorization assistants;

b. Screening of all Members referred for Case Management, Disease Management, and/or Population Health Management services or who are currently enrolled in a Case Management, Disease Management, or Population Health Management program; and

c. Review of pharmacy data.

C. CalOptima Health shall refer a Member to the County CCS program for initial and annual medical eligibility determination after identifying that the Member's medical condition may qualify him or her for CCS. Such referral of potential CCS-eligible Members shall also be made if the Members:

1. Demonstrate potential CCS-Eligible Condition(s) as outlined in the CCS Medical Eligibility Guide, including Members who are suspected of having possible CCS-Eligible Condition(s) resulting from diagnostic services or who are undergoing diagnostic services for CCS;

2. Present at the emergency department, provider, or facility for other primary conditions, and demonstrate potential CCS-Eligible Condition(s); or

3. Are potentially MTP eligible.

D. A Health Network shall refer a Member for initial and annual CCS medical eligibility determination through CalOptima Health, as described in Section III.C. of this Policy, by:

1. Completing a Service Authorization Request (SAR) form and submitting the request to CalOptima Health; and

2. Ensuring the submission of all supporting medical documentation and information needed to determine CCS medical eligibility and to determine the Medical Necessity of the services requested.

3. CalOptima Health shall facilitate the CCS medical eligibility determination by the County CCS program by submitting the New Referral CCS GHPP Client Service Authorization Request (SAR) and supporting medical documentation to the County CCS program.

E. CalOptima Health shall refer a Member to CalOptima Health Case Management program within twenty-four (24) hours, or the next working day, after determining that the Member may have a CCS-Eligible Condition, as described in Section III.D. of this Policy.

F. CalOptima Health, a Health Network, or a Practitioner shall refer all Members, including new Members, newly CCS-eligible Members, and WCM transition Members who may have developed a new CCS-Eligible Condition, immediately to CalOptima Health for transmittal to the County CCS program for CCS eligibility determination, as set forth in Section III.D. of this Policy, and not wait until the annual CCS medical eligibility determination period.

G. CalOptima Health or the Health Network must conduct, at least quarterly, a review of the inpatient data to assess whether all potential WCM Members have been appropriately referred to the County CCS program. If CalOptima Health or the Health Network identifies any Members that have a potential CCS Eligible-Condition and a referral has not been made to the County CCS Program, CalOptima Health or the Health Network must promptly refer the Member, providing the most recent medical records.

H. CalOptima Health shall report to the County CCS program all Members identified as meeting the criteria for the NICU eligibility assessment criteria and HRIF acuity assessments in order to capture the CCS referral.

1. To ensure accurate and complete reporting to the County CCS program, Health Networks shall report their respective assigned Members identified as meeting the criteria for NICU eligibility assessment criteria to CalOptima Health in accordance with CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting.

    i. Health Networks shall include additional information to CalOptima Health for determination of NICU CCS eligibility (e.g. Discharge summary and lab results, studies, or specialist consultation which pertain to possible CCS condition).

2. CalOptima Health or a Health Network, as applicable, shall review authorizations and determine if services meet CCS NICU requirements for their respective assigned Member.

I. CalOptima Health shall report to the County CCS program all Members identified as HRIF in order to capture the CCS referral.

1. To ensure accurate and complete reporting to County CCS program, Health Networks shall report their respective assigned Members identified as HRIF to CalOptima Health in accordance with CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting.

J. CalOptima Health or a Health Network shall proactively coordinate transition services for a WCM Member who loses Medi-Cal eligibility to the County CCS program for ongoing health care and Case Management services.

1. CalOptima Health or a Health Network shall notify the County CCS program in writing of CCS-eligible neonates, infants, and children up to three (3) years of age, that lose Medi-Cal coverage for HRIF services. Such notification shall occur as soon as CalOptima Health or a Health Network is made aware, but no later than fifteen (15) calendar days of being made aware, of its assigned Member no longer having Medi-Cal eligibility.

2. CalOptima Health or a Health Network shall notify the County CCS Program of all CCS- eligible Members who are no longer Medi-Cal eligible within fifteen (15) days of being made aware, of its assigned Member no longer having Medi-Cal benefits.

K. The County CCS program will provide confirmation or adverse determination of CCS medical eligibility to CalOptima Health in accordance with CCS program eligibility requirements.

1. CalOptima Health shall ensure notification of the CCS medical eligibility determination to the requesting Health Network within twenty-four (24) hours of receipt of the County CCS program CCS medical eligibility determination.

L. Disagreements between CalOptima Health and the County CCS program regarding CCS medical eligibility determinations must be resolved by the County CCS program, in consultation with DHCS. The County CCS program shall communicate all resolved disputes in writing to CalOptima Health in a timely manner. Disputes between CalOptima Health and the County CCS program that are unable to be resolved will be referred by either entity to DHCS.

1. In the event of a disagreement between CalOptima Health and the County CCS program, both are responsible for carrying out all assigned responsibilities under the MOU, including providing Members with access to services, without delay.

M. Members appealing a CCS eligibility determination must appeal to the County CCS program.

N. Member Grievances

1. CalOptima Health shall ensure Members are provided information on and are provided with the same grievances, appeals and state fair hearing rights as provided under state and federal law and in accordance with CalOptima Health Policies HH.1102: Member Grievance, HH.1108: State Hearing Process and Procedures, and GG.1510: Member Appeal Process.

O. Provider Grievances

1. CalOptima Health or a Health Network shall address and resolve CCS provider complaints, including but not limited to disputes or grievances concerning the processing of a payment or non-payment of a claim by CalOptima Health or Health Network in accordance with CalOptima Health Policy HH.1101: CalOptima Health Provider Complaint. CalOptima Health or a Health Network shall communicate the resolution process to all of its CCS providers.

P. CalOptima Health or a Health Network shall proactively coordinate services for a WCM Member reaching twenty-one (21) years of age, including but not limited to those Members eligible for services with the Genetically Handicapped Persons program (GHPP), in accordance with CalOptima Health Policy GG.1330: Case Management – California Children's Services Program / Whole-Child Model.

Q. CalOptima Health or a Health Network shall ensure the development of an Individual Care Plan (ICP), Case Management, Care Coordination, and risk stratification in accordance with CalOptima Health Policy GG.1330: Case Management – California Children's Services Program / Whole-Child Model.

R. CalOptima Health or a Health Network shall ensure access to out-of-network providers for eligible Members in order to obtain Medically Necessary services in accordance with CalOptima Health Policies GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services and GG.1539: Authorization for Out-of-Network and Out-of-Area Services.

S. CalOptima Health or a Health Network shall ensure the provision of all Medically Necessary major organ transplants for CCS-eligible Members and shall refer a CCS-eligible Member to a CCS-approved Specialty Care Center for an evaluation within seventy-two (72) hours of the Member's PCP or specialist identifying the CCS-eligible Member as a potential candidate for a Major Organ Transplant in accordance with CalOptima Health Policies GG.1105: Coverage of Organ and Tissue Transplants and GG.1508: Authorization and Processing of Referrals.

T. CalOptima Health or a Health Network shall ensure the provision of the Maintenance and Transportation benefit for CCS-eligible Members or the Member's family seeking transportation to a medical service related to the Member's CCS-Eligible Condition in accordance with CalOptima Health Policy GG.1547: Maintenance and Transportation.

U. CalOptima Health and its Health Network shall provide appropriate preventive, mental health, developmental, and specialty EPSDT medical services, including Dyadic Services and Family Therapy Benefit, under the scope of the CalOptima Health program to eligible children under age twenty-one (21) years in accordance with CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.

V. CalOptima Health shall ensure oversight of the functions and responsibilities, processes, and performance of a Health Network, including compliance with the requirements of the WCM program and network adequacy standards in accordance with CalOptima Health Policies GG.1619: Delegation Oversight and GG.1600: Access and Availability Standards.

W. CalOptima Health shall designate a CCS liaison who is the primary point of contact responsible for CCS Member Care Coordination and has knowledge of or adequate training on the CCS program and clinical experience with either the CCS population or pediatric patients with complex medical conditions, in accordance with CalOptima Health Policy GG.1330: Case Management – California Children's Services Program / Whole-Child Model.

IV. ATTACHMENT(S)

A. Application to Determine CCS Program Eligibility
B. New Referral CCS GHPP Client Service Authorization Request (SAR)

V. REFERENCE(S)

A. CalOptima Health Contract for Health Care Services
B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
C. CalOptima Health Coordination and Provision of Public Health Care Services Contract with Orange County Health Care Agency
D. CalOptima Health Memorandum of Understanding with Orange County Health Care Agency for Whole Child Model
E. CalOptima Health Policy FF.2003: Coordination of Benefits
F. CalOptima Health Policy GG.1105: Coverage of Organ and Tissue Transplants
G. CalOptima Health Policy GG.1116: Pediatric Preventive Services
H. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
I. CalOptima Health Policy GG.1330: Case Management – California Children's Services Program / Whole-Child Model
J. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers

K. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
L. CalOptima Health Policy GG.1510: Member Appeal Process
M. CalOptima Health Policy GG.1539: Authorization for Out-of-Network and Out-of-Area Services
N. CalOptima Health Policy GG.1547: Maintenance and Transportation
O. CalOptima Health Policy GG.1600: Access and Availability Standards
P. CalOptima Health Policy GG.1619: Delegation Oversight
Q. CalOptima Health Policy HH.1101: CalOptima Health Provider Complaint
R. CalOptima Health Policy HH.1102: Member Grievance
S. CalOptima Health Policy HH.1108: State Hearing Process and Procedures
T. CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting
U. Department of Health Care Services (DHCS) California Children's Services (CCS) Medical Eligibility Guide
V. Department of Health Care Services (DHCS) California Children's Services (CCS) Numbered Letter (NL) 05-0502: Medical Eligibility for Care in a CCS Approved Neonatal Intensive Care Unit (NICU)
W. Department of Health Care Services (DHCS) California Children's Services (CCS) Numbered Letter (NL) 05-1016: High Risk Infant Follow Up (HRIF) Program Services
X. Department of Health Care Services (DHCS) California Children's Services (CCS) Numbered Letter (NL) 10-1224: California Children's Services Whole Child Model Program (Revised) (Supersedes NL: 12-223)
Y. Department of Health Care Services (DHCS) California Children's Services (CCS) Numbered Letter (NL) 02-0413: Neonatal Intensive Care Unit (NICU) Authorizations
Z. 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 (Revised 10/14/2022)
AA. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-029: Dyadic Services and Family Therapy Benefit (Revised 03/20/2023)
BB. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Requirements for Coverage of Early and Periodic Screening Diagnostic and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
CC. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-015: California Children's Services Whole Child Model Program (Supersedes APL 23-034)
DD. Title 22, California Code of Regulations (CCR), §§ 41401 through 41518.9
EE. Welfare and Institutions Code §§14093.06(b),14094.11, and 14094.15(d)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
12/10/2015	Department of Health Care Services (DHCS)	Approved as Submitted
11/02/2018	Department of Health Care Services (DHCS)	Approved as Submitted
03/11/2019	Department of Health Care Services (DHCS)	Approved as Submitted
12/19/2019	Department of Health Care Services (DHCS)	Approved as Submitted
03/22/2022	Department of Health Care Services (DHCS)	Approved as Submitted
07/03/2023	Department of Health Care Services (DHCS)	Approved as Submitted
05/02/2024	Department of Health Care Services (DHCS)	Approved as Submitted
02/21/2025	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTIONS

Date	Meetings
10/04/2018	Regular Meeting of the CalOptima Board of Directors
10/03/2019	Regular Meeting of the CalOptima Board of Directors

Date	Meetings
05/05/2022	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program
Effective	05/01/1999	GG.1101	California Children's Services	Medi-Cal
Revised	05/01/2000	GG.1101	California Children's Services	Medi-Cal
Revised	04/01/2007	GG.1101	California Children's Services	Medi-Cal
Revised	08/01/2009	GG.1101	California Children's Services	Medi-Cal
Revised	09/01/2014	GG.1101	California Children's Services	Medi-Cal
Revised	09/01/2015	GG.1101	California Children's Services	Medi-Cal
Revised	10/01/2016	GG.1101	California Children's Services	Medi-Cal
Revised	11/01/2017	GG.1101	California Children's Services	Medi-Cal
Revised	10/04/2018	GG.1101	California Children's Services (CCS)/Whole-Child Model - Coordination with County CCS Program	Medi-Cal
Reinstated	11/01/2017	GG.1101	California Children's Services	Medi-Cal
Revised	10/03/2019	GG.1101	California Children's Services (CCS)/Whole-Child Model - Coordination with County CCS Program	Medi-Cal
Revised	10/01/2020	GG.1101	California Children's Services (CCS)/Whole-Child Model - Coordination with County CCS Program	Medi-Cal
Revised	05/05/2022	GG.1101	California Children's Services (CCS)/Whole-Child Model - Coordination with County CCS Program	Medi-Cal
Revised	04/01/2023	GG.1101	California Children's Services (CCS)/Whole-Child Model - Coordination with County CCS Program	Medi-Cal
Revised	12/01/2023	GG.1101	California Children's Services (CCS)/Whole-Child Model - Coordination with County CCS Program	Medi-Cal
Revised	04/01/2024	GG.1101	California Children's Services (CCS)/Whole-Child Model - Coordination with County CCS Program	Medi-Cal
Revised	01/01/2025	GG.1101	California Children's Services (CCS)/Whole-Child Model - Coordination with County CCS Program	Medi-Cal

IX. GLOSSARY

Term	Definition
California Children's 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's 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.
Case 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, intervention monitoring, and documentation.
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, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health 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: 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal 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 the DHCS contract

Term	Definition
	for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health 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, CalOptima Health 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, CalOptima Health 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 III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments;

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	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 DHCS 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 DHCS APL 22-012.
Disease Management	A multi-disciplinary and continuum-based approach to health care delivery that proactively identifies populations with, or at risk for, established medical conditions and that: 1. Supports the physician/Member relationship; 2. Emphasizes prevention of exacerbation and complications utilizing cost-effective and evidence-based practice guidelines and Member empowerment strategies such as self-management; and 3. Continuously evaluates clinical, humanistic, and economic outcomes with the goal of improving health.
Dyadic Services	A family and caregiver-focused model of care intended to address developmental and behavioral health conditions of children as soon as they are identified.
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	A comprehensive and preventive child health program for individuals under the age of twenty-one (21) years. EPSDT is defined by law in the Federal Omnibus Budget Reconciliation Act of 1989 and includes periodic screening, vision, dental, and hearing services. In addition, section 1905(r)(5) of the Federal Social Security Act (the Act) requires that any Medically Necessary health care service listed in section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.
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.
Individual Care Plan (ICP)	A plan of care developed after an assessment of the Member's social and health care needs that reflects the Member's resources, understanding of his or her disease process, and lifestyle choices.
Maintenance	The cost(s) for lodging (such as motel room, etc.) and food for the Member, parent(s), or legal guardian(s) when needed to enable the Member to access authorized services for a CCS-Eligible Condition.
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 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

Term	Definition
	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.
Other Health Coverage	The responsibility of an individual or entity, other than CalOptima Health or a Member, for the payment of the reasonable value of all or part of the health care benefits provided to a Member. Such OHC may originate under any other state, federal, or local medical care program or under other contractual or legal entitlements, including but not limited to, a private group or indemnification program. This responsibility may result from a health insurance policy or other contractual agreement or legal obligation, excluding tort liability.
Population Health Management (PHM)	A model of care that strives to address patients' health needs at all points along the continuum of care, including the community setting, by increasing patient participation and engagement and targeting interventions.
Practitioner	A licensed independent Practitioner including, but not limited to, a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), or Speech and Language Therapist, furnishing Covered Services.
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to members and serves as the medical home for members. The PCP is a general Practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For members who are Seniors or Persons with Disabilities, or eligible for the Whole Child Model program, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a non-physician Practitioner (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a specialist or clinic.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to Members; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a Primary Care Physician or Non-Physician Medical Practitioner.
Transportation	For purposes of this Policy, the cost(s) for the use of a private vehicle or public conveyance to provide the Member access to authorized services.

Term	Definition
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) 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.