ALAMEDA Alliance FOR HEALTH

Health care you can count on.
Service you can trust.

POLICY AND PROCEDURE

Policy Number	UM-008
Policy Name	Coordination of Care – California Children's Services (CCS)
Department Name	Medical Services
Department Officer	Chief Medical Officer
Policy ~~Department~~ Owner	~~Medical Director~~Director Utilization
Lines of Business	Medi-Cal
Effective Date	11/21/2006
Subcommittee Name	Quality Improvement Health Equity Committee (QIHEC) ~~Health Care Quality Committee~~
Subcommittee Approval Date	~~5/19/2023~~TBD
Compliance Committee Approval Date	~~6/20/2023~~TBD

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POLICY STATEMENT

A. PCPs and specialists are responsible for:
   1. Early identification and referral of children with potentially eligible conditions to the California Children's Services (CCS) program.
   2. Notifying Alameda Alliance's Utilization Management Unit of Members referred to CCS.
   3. Administering medically necessary health care throughout the referral process, with the Alliance, regardless of whether or not the child is accepted into the CCS program. e.g., Medi-Cal for Kids & Teens, (formerly known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services for Medi-Cal Members.)

B. Alameda Alliance's Utilization Management Unit is responsible for:
   1. Entering into a Memorandum of Understanding (MOU) with the Alameda County CCS Program.
   2. Consult and coordinate CCS referral activities with the local CCS Program in accordance with the MOU.
   3. Facilitating referrals and tracking outcomes.
   4. Ensuring that plan providers:
      a. Are informed of the identity of CCS paneled providers and facilities.

b. Perform appropriate baseline assessments and diagnostic evaluations that provide sufficient clinical detail to establish or raise a reasonable suspicion that a member has a CCS eligible condition.

c. Refer potentially eligible children to the CCS program.

5. Ensuring that there is continuity of care between plan and CCS providers.

6. Submitting to the State required annual CCS reports on referrals accepted, denied, and pending with local CCS program by October 31st of each year.

7. Delivery of:

a. All covered medically necessary health care and case management services for a member referred to CCS until CCS Program eligibility is established.

b. Otherwise covered services not covered by the CCS program once eligibility is established.

c. All other medically necessary covered services other than those provided through the Pediatric Palliative Care Program (PPC) for the CCS eligible condition once CCS eligibility is established.

8. In collaboration with CCS, assure coordination of services among the plan, the plan's primary care providers (PCP), the CCS specialty providers, and the CCS Program.

9. Authorization of and payment of healthcare providers, including CCS paneled providers and approved facilities, for the delivery of medically necessary covered services that are unrelated to the member's CCS eligible condition

C. The CCS program is responsible for:

1. Diagnostic and treatment services for CCS eligible conditions.

2. Authorization of CCS paneled providers, Special Care Centers (SCCs) and approved facilities for the delivery of medically necessary covered services to treat the member's CCS eligible condition.

3. Covering Medi-Cal for Kids and Teens (EPSDT) Supplemental Services related to the CCS condition for Medi-Cal Members.

4. In collaboration with the plan, assure coordination of services among the plan's primary care providers (PCP), the CCS specialty providers, and the CCS Program.

5. Direct delivery of Physical Therapy (PT) and Occupational Therapy (OT) services for children eligible for the Medical Therapy Program (MTP)

PROCEDURE

Section I. Coordination of Care Process

A. PCPs and specialists are responsible for early identification of Members that may have eligible CCS conditions.

1. CCS Medical Eligibility criteria are outlined in Title 22, California Code of Regulation, Sections 41800-41872.

2. The CCS website also contains CCS Medical Eligibility criteria.

Alameda County CCS
CCS 1100 San Leandro Blvd., San Leandro CA 94577 Phone: (510) 208-5970 Fax: (510) 267-3254 http://dhs.ca.gov/pcfh/cms/ccs/

B. The identification can occur at any medical encounter including Well Child Visits, acute or chronic illness visits, and the Initial Health Assessment performed at a visit within 120-days of enrollment.

1. CCS referrals are documented in the Medical Record. Documentation must include:
   a. Appropriate and timely referrals for actual and potential cases (within 24 hours of identification of CCS case).
   b. Periodic management of medically necessary health care throughout the course of CCS eligibility.

C. Members with potential CCS conditions may also be identified in the following ways:

1. Alliance Utilization Management (UM) - identification can occur through review of specialty or diagnostic referrals that suggest a CCS condition. ~~Alliance UM is responsible for submitting the referral to the appropriate county CCS Program.~~
2. Alliance Case Management (CM) - may directly identify potential CCS cases during ~~concurrent review,~~ discharge planning or other CM activities.
3. Monthly reporting from CCS of members attributed to the MCP with the CCS benefit and CCS eligible diagnoses, but may or may not have an open Service Authorization Request (SAR)

D. CCS provides diagnostic services, medical treatment, Case Management, and transition services to children with conditions eligible for treatment under the CCS program. PCPs, the Alliance's UM/CM program or referral specialists identify children with potential CCS eligible conditions. CCS offers three program components:

1. Diagnosis and Treatment Program - Provides medically necessary care and Case Management to infants, children and adolescents meeting program eligibility requirements, complications of a CS eligible condition, or other conditions which complicate or interfere with the management of the CCS eligible condition. CCS may authorize diagnostic services necessary to confirm a suspected CCS eligible condition if the referring physician's medical records support a high probability of presence of the suspected CCS condition.
2. CCS Medical Therapy Program (MTP) - Provides medically necessary physical therapy, occupational therapy, equipment consultation, and durable medical equipment (DME) to children who are medically eligible for CCS. Please refer to the CCS MTP eligibility regulations at https://www.dhcs.ca.gov/servcies/ccs/Pages/medicaleligibility.aspx

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3. High Risk Infant Follow-up Program (HRIF) - If eligible, provides follow-up for infants discharged from a Neonatal Intensive Care Unit (NICU) for up to age 3

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who are at risk for developing a CCS eligible condition. These services include developmental testing, neurological, ophthalmologic, and audiological evaluations.

4. Transition Services – a transition specialist (social worker) leads the local CCS team in coordinating transition of care. Services are coordinated with Special Care Centers (SCC), pediatric and adult PCPs, families, DME vendors and family members. Multidisciplinary case conferences are held as needed to support transition planning.

E. CCS accepts referral forms from individuals or entities. Therefore, PCPs, specialists or the Alliance are responsible for the completion of referral forms. Applicable medical records and a request for CCS services should be submitted to CCS.

F. CCS sends a CCS program application and agreement to the Member, parent, or legal guardian. The PCP may assist with the completion of the forms. The Member, parent or legal guardian must sign the form in order to be eligible for benefits not covered by Medi-Cal.

G. CCS determines medical eligibility by evaluating medical records in order to determine whether the child has, or is likely to have, a CCS medically eligible condition. CCS reviews medical necessity and appropriateness of the requested service. All services require prior authorization by CCS.

H. Once CCS program eligibility is established and the request for service is approved, CCS issues an authorization for treatment and payment to a CCS approved practitioner, Special Care Center, or hospital.

I. The PCP continues to provide medically necessary care for the child in comprehensive fashion, including delivery of appropriate services, within their scope of practice, that are related to the CCS eligible condition and are provided in coordination with the CCS-authorized specialist or Special Care Center. CCS is responsible for Case Management of CCS eligible conditions and will collaborate with the PCP as needed to accomplish this.

1. A link to the CCS Paneled Provider Directory is available for Alliance PCPs and Specialists on the Alliance Provider portal.
2. An article on the CCS Program is published annually in the Alliance Provider Bulletin.
3. The Alliance Provider Manual includes contact information for the county CCS offices.

J. Members not accepted into the CCS Program receive all medically necessary covered services through the Alliance and its contracted specialists.

K. The Alliance must assist the PCP in coordinating available services and providing follow-up for Members requiring referral to CCS through the following methods:

1. Maintenance of continuity of care through coordination with case managers from the CCS programs.
2. Coordination with the PCP to ensure that medically necessary health care services are provided for conditions not eligible for the CCS program.

L. The Alliance and the local CCS program exchange enrollment data on a monthly basis in order to facilitate coordination of care. The local CCS program provides the Alliance with a list of its members who have been accepted into the program

1. Members aging out of the CCS program will be identified by the AAH UM Team 12 months prior to their 21st birthday. UM team member will assist the member in

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coordinating the transition back into the Alliance Network quarterly. Quarterly check ins will include:

a. Identifying the Member's CCS-Eligible Condition

b. Planning for the needs of the Member Transition from the CCS Program

c. A communication plan with the Member in advance of the transition

d. Identification and coordination of Primary Care and specialty care Providers appropriate to the Member's CCS Eligible Condition(s) and

~~a.~~ e. Continued assessment of the member through the first 12 months of the transition.

- If member is found to have extensive care coordination needs, a referral will be placed for the Complex Case Management team to assist member.

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Section II. Delegation Oversight

The Alliance adheres to applicable contractual and regulatory requirements and accreditation standards**.** All delegated entities with delegated utilization management responsibilities will also need to comply with the same standards. Refer to CMP-019 ~~Delegation Over~~Delegation Oversight.

DEFINITIONS

California Children's Services (CCS) - A state-county partnership with blended federal/state/county funding which covers medically necessary care and case management services related to certain diagnoses for children birth to age 21 years of age. CCS services are delivered by paneled providers and approved tertiary care medical centers in local communities.

AFFECTED DEPARTMENTS/PARTIES

All Alliance Departments

RELATED POLICIES AND PROCEDURES

UM-002 – Coordination of Care

CMP-019 Delegation Oversight

RELATED WORKFLOW DOCUMENTS OR OTHER ATTACHMENTS

Medical Service Workflow – CCS Referrals

REVISION HISTORY

1/1/2008 10/28/2009, 8/18/2011, 3/4/2014, 01/10/2016, 12/15/2016, 04/16/2019,5/20/2020, 3/22/2022, 6/20/2023, 04/24/2024

REFERENCES

1. Title 22, CCR, Section 41518.
2. DHCS Contract Exhibit A, Attachment 11. §9.
3. MRMIB Contract § A.IV.B.

MONITORING

The Compliance and Utilization Department will review this policy annually for compliance with regulatory and contractual requirements. All policies will be brought to the Quality Health Equity and Inclusion Committee ~~Healthcare Quality Committee~~ annually.