California Children's Services (CCS) Program

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This section provides an overview of the California Children's Services (CCS) program.

Program Overview

The California Children's Services (CCS) program provides health care services, including diagnostic, treatment, dental, administrative case management, physical therapy and occupational therapy services, to children from birth up to 21 years of age with CCS-eligible medical conditions. Examples of CCS-eligible medical conditions include, but are not limited to, cystic fibrosis, sickle cell disease, hemophilia, cerebral palsy, heart disease, cancer, infectious diseases producing major sequelae, traumatic injuries and handicapping malocclusion.

Applicants must meet age, residence, income and medical eligibility requirements to participate in the CCS program.

For specific eligibility requirements, refer to the *California Children's Services (CCS) Program Eligibility* section in this manual.

In fiscal year 2016 thru 2017, CCS authorized services for approximately 185,000 children served by a network of CCS-paneled specialty and subspecialty providers, hospitals and Special Care Centers (SCCs). Comprehensive administrative case management services are provided for all children enrolled in the program. Physical and occupational therapy services are benefits for children with specified CCS-eligible medical conditions and are provided by the CCS Medical Therapy Program at medical therapy units located in selected public schools. Refer to the *California Children's Services (CCS) Program Medical Therapy Program* section in this manual for more information.

‹‹The following spreadsheet contains CPT® and HCPCS codes in service code groupings (SCGs) that are authorized to a CCS-approved provider for the provision of a group of related health care services that are authorized through the Service Authorization Request (SAR) process. An SCG SAR enables the provider to render care to a CCS client without obtaining repeated procedure-specific SARs.

- *California Children's Services (CCS) Program Service Code Groupings*››

Organization

CCS functions as a partnership between local county health departments and the Department of Health Care Services (DHCS), Integrated Systems of Care Division (ISCD). Approximately 90 percent of CCS clients are Medi-Cal eligible. For these clients, the Medi-Cal program reimburses services authorized by CCS. The remaining ten percent are enrolled in CCS only. CCS-only clients are funded equally by the state and the client's county of residence.

The CCS program requires authorization for health care services related to a child's CCS-eligible medical condition. Providers must submit Service Authorization Requests (SARs) to a client's CCS county office of residence, except in an emergency. Only active Medi-Cal providers may receive authorization to provide CCS program services. Services may be authorized for varying lengths of time during the CCS client's eligibility period. Refer to the *California Children's Services (CCS) Program Service Authorization Request* (SAR) section in this manual for additional information.

Whether a child resides in a dependent or independent county, SARs are submitted to the CCS county office based on the child's county of residence. Refer to the *California Children's Services (CCS) Program County Office Directory* section in this manual for a complete list of CCS county offices.

ISCD staff provides administrative and medical consultation, technical assistance and oversight for independent and dependent counties, individual CCS-paneled providers, hospitals and SCCs within their region.

Independent Counties

CCS local county health department staff performs administrative case management for clients who reside in counties with populations greater than 200,000. These counties are known as CCS independent counties. Administrative management tasks include performing all phases of program eligibility determination, evaluating the medical need for specific services, and determining appropriate providers.

ISCD, Independent County Operations Section (ICOS) medical consultant staff provide technical assistance, consultation and are responsible for review and approval of specific and unique Early and Periodic Screening, Diagnostic and Treatment (EPSDT) skilled nursing services. Skilled nursing services consist of Pediatric Day Health Care (PDHC) and Private Duty Nursing (PDN).

For paper 50-1 *Treatment Authorization Requests* (TARs), providers must include "EPSDT PDHC" or "EPSDT PDN" in the *Specific Services Requested* field (Box 10A).

In addition to the TAR, the provider must also submit the following medical documentation:

- Plan of Treatment (POT) signed by a physician (within 30 days);
- Nursing assessment (within 30 days); and
- Medical information supporting the nursing services requested, for example, medication record, discharge summary notes and treatment notes.

For eTARs, providers must select the appropriate special handling code on the Patient Information page:

- EPSDT PDHC
- EPSDT PDN

For additional TAR information, providers contact PDNinquiries@dhcs.ca.gov.

Note: Any email sent containing protected health information (PHI) or personal information (PI) should be sent via a secure or encrypted email.

Refer to the *Pediatric Day Health Care (PDHC) – Early and Periodic Screening, Diagnostic and Treatment* section in this manual for more information.

Dependent Counties

ISCD, Dependent County Operations Section (DCOS) staff in Sacramento and Los Angeles share administrative case management tasks with local county health department staff in counties with populations less than 200,000. These counties are known as CCS dependent counties.

DCOS staff interact directly with staff of dependent counties who, in turn, interact with families to determine financial and residential eligibility, and coordinate services in the community. DCOS determines medical eligibility for all dependent counties. Refer to the *California Children's Services (CCS) Program County Office Directory* section in this manual for a complete list of CCS county offices.

Medi-Cal Fee-for-Service

The CCS program is responsible for administrative case management and authorization of services for Medi-Cal recipients as mandated by *California Code of Regulations* (CCR), Title 22, Section 51013 which states a beneficiary under age 21 who has a medical or surgical condition which would qualify for services under CCS, shall be referred to that program for administrative case management and authorization by the appropriate local or state administrative agency for CCS. Medical care not provided through CCS shall be provided through procedures established in these regulations.

The Medi-Cal fee-for-service program reimburses providers for medically necessary services that are authorized by CCS. If a child resides in an independent county, SARs are submitted to the CCS county office based on the child's county of residence. If a child resides in a dependent county, SARs are submitted to the appropriate CCS county office for initial review and then pended in the Children's Medical Services Network (CMS Net) system for medical review. The dependent counties then submit medical eligibility documentation to DCOS for medical review and SAR adjudication. Refer to the *California Children's Services (CCS) Program County Office Directory* section in this manual for a complete list of CCS county offices.

CCS may authorize the payment of Medi-Cal funds for Medi-Cal services provided to children with CCS-eligible medical conditions.

Medi-Cal Managed Care

DHCS has implemented several different Medi-Cal Managed Care Plans (MCPs) designed to meet the health care needs of Medi-Cal recipients who previously received services through a fee-for-service program. MCPs are responsible for providing prevention, primary care, and other medically necessary services that are not related to CCS-eligible medical conditions.

Reimbursement for medically necessary services to treat a child's CCS-eligible medical condition are "carved out" of most MCPs, which means the MCPs are not capitated to provide services for the child's CCS-eligible medical condition.

Requests for authorization of Private Duty Nursing (PDN) services that are related to the child's CCS-eligible medical condition will be referred to the CCS program for review and authorization of a Service Authorization Request (SAR) for a child enrolled in a MCP with "carved out" CCS services:

- Who has a CCS-eligible medical condition, and
- Who has been referred to the CCS program for case management and authorization of services.

Providers in Alpine, Amador, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Imperial, Inyo, Lake, Lassen, Mariposa, Modoc, Mono, Nevada, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne and Yuba counties must fax a SAR for PDN services to the Los Angeles Office – EPSDT Unit at (916) 440-5758.

For general SAR information, refer to the *California Children's Services (CCS) Program Service Authorization Request (SAR)* section of the Medi-Cal Provider manual. In addition to the SAR, the provider must also submit the following medical documentation:

- POT signed by a physician (within 30 days);
- Nursing assessment (within 30 days), and
- Medical information supporting the nursing services requested, for example, medication record, discharge summary notes and treatment notes

CCS clients who reside in Marin, Napa, San Mateo, Santa Barbara, Solano and Yolo counties who are enrolled in a County Organized Health System (COHS) may be eligible to receive services to treat a child's CCS-eligible medical condition through the MCP. Services generally are "carved in" and payment for those services is the responsibility of the MCP.

Note: Claims for services provided to CCS clients enrolled in COHS with "carved in" CCS services should not be sent directly to the California MMIS Fiscal Intermediary for payment. Payments will be denied.

Refer to the *MCP: An Overview of Managed Care Plans* and *MCP: County Organized Health System (COHS*) sections in the Part 1 manual for additional information.

CCS-Only Clients

CCS clients who are not eligible for Medi-Cal are referred to as CCS-only clients.

CCS Clients with Other Health Coverage (OHC)

Providers are required to bill a CCS client's Other Health Coverage (OHC) prior to billing the CCS program. Providers must submit an Explanation of Benefits (EOB) of the OHC with every claim. The EOB must include a glossary and definition of codes. A prior payment made by the OHC must be indicated in the appropriate fields on the claim. Providers should not reduce the charge amount or total amount billed because of any OHC payment. CCS will pay an additional amount only up to the Medi-Cal rate of payment, less the amount paid by the OHC.

When the provider has an agreement with an OHC carrier/plan to accept the carrier's contracted rate as a "payment in full," CCS will not pay the balance of the provider's bill.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.