

**SECTION 1 – DIVISION OVERVIEW, AND PROGRAM DESCRIPTIONS**

**DIVISION OVERVIEW**

*Information Technology Section (ITS)* ..... 2

*Office of Administrative Services and Special Projects* ..... 2

*Dependent County Operations Section (DCOS)* ..... 3

*Independent County Operations Section (ICOS)*..... 3

*Statewide Programs Section (SPS)* ..... 4

*Medical Policy Section (MPS)* ..... 5

*Waiver and Research Section (WARS)*..... 5

*Transition of Healthy Families Program (HFP) Subscribers to Medi-Cal* ..... 6

**CALIFORNIA CHILDREN'S SERVICES OVERVIEW** ..... 6

*Program Description* ..... 6

*Legislative Authority*..... 8

*Funding Description*..... 8

**CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM OVERVIEW**..... 10

*Program Description* ..... 10

*Legislative Authority*..... 11

*Funding Description*..... 11

**HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE OVERVIEW**..... 12

*Program Description* ..... 12

*Legislative Authority*..... 13

*Funding Description*..... 13

*References* ..... 13

**GENETICALLY HANDICAPPED PERSONS PROGRAM OVERVIEW** ..... 14

*Program Description* ..... 14

*Legislative Authority*..... 15

*Funding Description*..... 16

**NEWBORN HEARING SCREENING PROGRAM OVERVIEW** ..... 16

*Program Description* ..... 16

*Legislative Authority*..... 17

*Funding Description*..... 17

**PEDIATRIC PALLIATIVE CARE WAIVER PROGRAM**..... 17

*Program Description* ..... 17

*History and Legislative Authority*..... 18

*References* ..... 18

## I. Division Overview

Website: <http://www.dhcs.ca.gov/services/Pages/CMS.aspx>

The Systems of Care Division (SCD) of the California Department of Health Care Services (DHCS) is responsible for the administration and oversight of programs that focus on children and adults with special health care needs. SCD focuses on high risk high cost populations including Children's Medical Services (CMS) programs and Adult Care Management programs.

- A. California Children's Services (CCS)
- B. High-Risk Infant Follow-up Program (HRIF)
- C. Medical Therapy Program (MTP)
- D. Child Health and Disability Prevention (CHDP) Program
- E. Health Care Program for Children in Foster Care (HCPCFC)
- F. Newborn Hearing Screening Program (NHSP)
- G. Genetically Handicapped Person Program (GHPP)
- H. Palliative Care Waiver Program

The mission of SCD is to assure access to health care services for children and adults with special healthcare needs. SCD consists of the major program areas described below.

### Information Technology Section (ITS)

The Information Technology Section is composed of two units and responsible for all aspects of information technology support for the SCD and CMS Net, SCD's automated case management system.

- A. Information Technology Unit (ITU) - responsible for SCD client, server and LAN/WAN support. This unit establishes network connectivity between county CCS offices and CMS Net application, located at the Office of Technology Services (Otech) data center. This unit also provides maintenance of SCD databases including, but not limited to, correspondence with counties and provider databases.
- B. Information Systems Unit (ISU) - responsible for change management activities to the CMS Net application. This unit has contract oversight of nine onsite consultants performing maintenance and operational tasks to the CMS Net application. ISU also manages the CMS Net Help Desk operation, supporting statewide users of the CMS Net application.

### Office of Administrative Services and Special Projects

The Office of Administrative Services and Special Projects is composed of two Sections responsible for a variety of activities in support of SCD operations. The two sections are Special Projects and the Program Support Section.

The Special Projects Section mainly focuses on future developments for SCD and DHCS. This section provides leadership over assignments that have overall SCD impact, ranging from program reform, business reengineering, out-of-state provider processes, and assessment and analysis of changes initiated by or impacting DHCS, such as the Affordable Care Act (ACA) Medi-Cal Managed Care Expansion, ACA Medi-Cal Eligibility and Enrollment Simplification, transition of Healthy Families to Medi-Cal, and implementation of Diagnostic Related Groups (DRG) for hospital inpatient services.

The Program Support Section is responsible for various administrative and program support functions including budgets, human resources, accounting functions, contract administration, business services, and provider enrollment. The Section is composed of two units whose distinct functions are as follows:

- A. Fiscal Unit – Staff evaluate and monitor SCD’s budget and prepare a variety of fiscal and budgetary reports; review, approve, and monitor county CCS and CHDP budgets and expenditures; resolve county budgeting and invoicing issues; develop and implement administrative and fiscal procedures for new programs administered by SCD; develop and manage contracts and interagency agreements; process contract and county expenditure invoices.
- B. Administrative Services Unit - Staff are responsible for all issues associated with human resources including processing of personnel hiring documents, recruitment efforts to fill vacant positions; enrolling providers for CCS, CHDP, and GHPP programs. Staff work with individual providers, hospitals, and CCS/GHPP Special Care Centers (SCC) to assist in resolving provider reimbursement issues. Staff also develop and conduct provider training to individual and group health care providers, hospitals, SCCs, clinics, etc., in statewide formal training seminars.

#### Dependent County Operations Section (DCOS)

The Dependent County Operations Section (DCOS) is composed of two offices located in Sacramento and Los Angeles. DCOS provides administrative management services for CCS-eligible clients residing in dependent counties (those with populations of less than 200,000). Administrative case management services include, but are not limited to, determination of medical eligibility, authorizations for services, and resolution of financial appeals.

DCOS offices also have oversight responsibilities for 27 local CCS programs in dependent counties. Oversight responsibilities include, but are not limited to, evaluating and monitoring county CCS programs for compliance with federal and State regulations and local policies and procedures, program development, review and approval of annual budget allocations and work plans, provision of technical assistance and program consultation.

#### Independent County Operations Section (ICOS)

The Independent County Operations Section (ICOS) is composed of two offices located in Sacramento and Los Angeles. ICOS provides program consultation/technical assistance and oversight of administrative management services provided by local independent county CCS operations including, but not limited to, financial, residential and medical eligibility, authorizations for services and resolution of appeals.

ICOS offices also have oversight responsibilities for local CCS programs, including evaluating and monitoring county CCS programs for compliance with federal and State regulations, and local policies and procedures. Oversight responsibilities include, but are not limited to, program development, review and approval of annual budgets and work plans, provision of technical assistance and program consultation. ICOS consultant staff provide technical assistance and consultation, and is responsible for review and approval of specific and unique Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT SS) (Pediatric Day Health Care and Private Duty Nursing) Treatment Authorization Requests (TARs) that may be received statewide.

Staff in ICOS offices are also responsible for coordinating and facilitating on-site reviews of local programs including hospitals, special care centers, neonatal and pediatric intensive care units, for compliance with established program standards and policies.

### Statewide Programs Section (SPS)

The Statewide Programs Section (SPS) is responsible for administration of specialty programs with statewide responsibilities. SPS is composed of two offices located in Sacramento and Oakland. There are two units and two specialty programs within the SPS: the Hearing and Audiology Services Unit, the Genetically Handicapped Persons Program (GHPP) Unit, the Child Health and Disability Prevention (CHDP) Program, and the Health Care Program for Children in Foster Care (HCPCFC). SPS staff is also responsible for administration and monitoring of the CHDP Program.

The specific Unit and Specialty Program responsibilities include the following:

- A. Genetically Handicapped Persons Program (GHPP) Unit– Provides all medical and administrative case management services for approximately 1,700 clients statewide with serious, often life threatening, genetic conditions (The majority of the eligible clients have hemophilia, cystic fibrosis, and sickle cell anemia ~~genetic conditions~~).
- B. Hearing and Audiology Services Unit –Responsible for implementation and administration of the Newborn Hearing Screening Program (NHSP) and for the review and approval of outpatient infant screening providers and CCS audiology providers and facilities. The Unit provides technical assistance and consultation to providers and local CCS programs regarding NHSP and CCS Program policies and procedures relating to hearing services and assists in the resolution of unpaid provider claims for services. The Unit staff compile and report NHSP data and monitor contracts with NHSP Hearing Coordination Centers which provide infant tracking and monitoring to ensure infants with suspected hearing loss receive needed services. The Unit provides technical assistance for the CHDP providers on the audiometric testing of hearing and fulfills the DHCS component of the mandated statewide school hearing testing program. The latter includes the compilation, review and reporting of school testing data, and the review and certification of school audiometrists.
- C. The Child Health and Disability Prevention (CHDP) Program and the Program for Children in Foster Care (HCPCFC) staff are responsible for collaboration efforts with local programs in implementation activities and to ensure that providers, hospitals, Special Care Centers, other State programs, local agencies, community-based organizations, and the general public are informed and assisted in the process of providing services to children under the age of 21 for the early detection and

prevention of disease and disabilities, and public health nursing expertise to children and youth in out-of-home placement or foster care.

#### Medical Policy Section (MPS)

The Medical Policy Section is responsible for the development and implementation of program policy, regulations, and procedures for the programs administered by the SCD and for the provision of statewide consultation in a variety of professional health disciplines. MPS consists of two units: Program Policy and Statewide Consultation Unit.

- A. The MPS develops and implements medical program policy and regulations for all programs administered by SCD. Staff develop provider and facility standards for CCS, develop medical policies to support all program areas, review and approve/deny all requests for organ transplants for children covered by CCS and Medi-Cal, and provide pediatric consultation to Medi-Cal and other DHCS programs.
- B. MPS provides statewide consultation expertise in the disciplines of medicine, nursing, social work, nutrition, dentistry, dental hygiene, health education, occupational therapy, and physical therapy and participates in the evaluation and monitoring of county CCS and local CHDP programs for compliance with federal and state regulations and local policies and procedures. MPS staff is also responsible for ensuring that all providers who deliver services to children are qualified and in good standing with the appropriate board under the Department of Consumer Affairs (DCA) and for assisting with on-site reviews of hospitals, special care centers, neonatal and pediatric intensive care units, and medical therapy units for compliance with established program standards, policies, and procedures and for certifying outpatient rehabilitation centers. MPS is also responsible for research and program analysis functions of the pharmaceutical rebate program for CCS and GHPP.

#### Waiver and Research Section (WARS)

The Waiver and Research Section is responsible for the development, implementation and monitoring of the 1115 Bridge to Reform Waiver (CCS Pilots). This section is also responsible for the maintenance of all databases in the SCD, collecting data to provide summary reports and data analysis as required. The section consists of two units: Research and Data Analysis Unit and Waiver Implementation Unit.

- A. Research and Data Analysis Unit - This Unit coordinates the data collection and analysis for the CCS Waiver pilots and SCD, the PHI/PI database, SCD management information dashboard database, and others as needed. This unit also assembles and analyzes data and writes annual reports for the State and Centers for Medicare and Medicaid (CMS).
- B. Waiver Implementation Unit- This Unit is directly responsible for planning, organizing, implementing, developing, monitoring, analyzing, and evaluating the 1115 Demonstration Waiver functions for quantity, quality assurance, and efficiency. This unit ensures that the Program's laws, regulations, and/or policies are interpreted correctly to properly administer the 1115 Demonstration Waiver Program and its expansion to ensure effectiveness of the program statewide. It also acts as the liaison to public and private organizations, institutions, agencies, and individuals regarding the 1115 Demonstration Waiver.

## **Transition of Healthy Families Program (HFP) Subscribers to Medi-Cal**

The 2012 Budget Act, AB 1464 (Chapter 21, Statutes of 2012), the Budget Act Trailer Bill AB 1494 (Chapter 28, Statutes of 2012), and the HFP Clean-Up Trailer Bill AB 1468 (Ch.438, Statutes of 2012) eliminate HFP and provide for the transition of existing HFP subscribers to the Medi-Cal program where they will receive full scope, no share of cost Medi-Cal benefits. Prospectively, children and adolescents who in the past would have enrolled in HFP, will be eligible for full scope, no share of cost Medi-Cal under a new Medi-Cal Targeted Low Income Children's Program (TLICP). These children and adolescents will have full entitlement to Medi-Cal state plan benefits, including the comprehensive Early and Periodic Screening Diagnosis and Treatment (EPSDT) benefit.

HFP subscribers will be assigned one of two new Presumptive Eligibility (PE) aid codes when they make the transition to Medi-Cal; one for no-cost, full scope Medi-Cal, eligible without premiums for children with income determined at or below 150 percent (150%) of the Federal Poverty Limit (FPL), and one for full scope Medi-Cal eligible with premiums for children with income determined above 150 percent (150%) up to 250 percent (250%) of FPL. The FPL limits of the Medi-Cal program have been expanded from 200 percent (200%) to 250 percent (250%) of the FPL for children ages zero to 19 years of age. Medi-Cal for children will be expanded to 250 percent (250%) of the FPL under the new Medi-Cal TLICP. At the time of their annual eligibility redetermination, children and adolescents who have made the transition from HFP to Medi-Cal will be assigned one of five new Medi-Cal\_TLICP codes as appropriate. Effective January 1, 2013, children and adolescents, who in the past would have been new HFP subscribers, will now be eligible for Medi-Cal and will be assigned one of these Medi-Cal TLICP aid codes when they complete determination of Medi-Cal eligibility.

AB 1494 also provides for a county share of cost for the Medi-Cal 5C and 5D PE beneficiaries and the Medi-Cal TLICP beneficiaries analogous to the county share of cost for HFP subscribers. Sections 6 and 7 of the CMS Plan and Fiscal Guidelines, and the Quarterly CCS Invoices have been revised to reflect this change.

More information on this transition is available in CMS Information Notice 12-04. Detailed information on the Medi-Cal TLICP is available in the All County Welfare Director's Letter (ACWDL) 12-33.

### **California Children's Services Overview**

Website: <http://www.dhcs.ca.gov/services/ccs>

### **Program Description**

The CCS program provides diagnostic and treatment services, medical case management, and physical and occupational therapy services to children under age 21 with CCS-eligible medical conditions. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions including but not limited to, cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services delivered at public schools.

The CCS program is administered as a partnership between county health departments and the California Department of Health Care Services (DHCS). Currently, approximately seventy-five percent (75%) of CCS-eligible children are also Medi-Cal eligible and funded with Title XIX

funds. The HF transition to Medi-Cal will consist of approximately fifteen percent (15%) of CCS-eligible children and funded with Title XXI funds and State and county funds. The cost of care for the remaining ten percent (10%) of children served by the program is funded equally between the State and counties.

In counties with populations greater than 200,000 (independent counties), county staff perform all case management activities for eligible children residing within their county. This includes determining all phases of program eligibility, evaluating needs for specific services, determining the appropriate provider(s), and authorizing for medically necessary care. For counties with populations under 200,000 (dependent counties), the SCD provides medical case management and eligibility and benefits determination through its offices located in Sacramento and Los Angeles. Dependent counties interact directly with families and make decisions on financial and residential eligibility. Some dependent counties have opted to participate in the Case Management Improvement Project (CMIP) to partner with SCD offices in determining medical eligibility and service authorization. SCD offices also provide consultation, technical assistance, and oversight to independent counties, individual CCS paneled providers, hospitals, and the SCCs within their region.

Children eligible for CCS must be residents of California, have CCS eligible conditions, and have family adjusted gross income of \$40,000 or less in the most recent tax year. Children in families with higher incomes may still be eligible for CCS if the estimated cost of care to the family in one year is expected to exceed twenty percent (20%) of the family's adjusted gross income. In addition, the CCS program is responsible for authorization of medically necessary services and medical case management of Medi-Cal beneficiaries with no share of cost who meet CCS medical and age criteria.

Services authorized by the CCS program to treat a Healthy Families (HF)/Medi-Cal enrolled child's CCS-eligible medical condition are excluded from most health plan's responsibilities. The HF/Medi-Cal health plan remains responsible for providing primary care and prevention services not related to the CCS-eligible medical condition to the plan subscriber as long as they are within the HF/Medi-Cal program scope of benefits. The health plan is also responsible for children who are referred to but not determined to be eligible for the CCS program.

CCS currently provides services to approximately 182,000 children through a network of CCS paneled specialty and subspecialty providers and SCCs.

The CCS Medical Therapy Program (MTP) provides physical therapy, occupational therapy, and Medical Therapy Conference (MTC) services to children who meet specific medical eligibility criteria. These services are provided in an outpatient clinic setting known as a Medical Therapy Unit (MTU) that is located on a public school site. Licensed physical therapists and occupational therapists provide evaluation, treatment, consultation services and case management to children with conditions such as cerebral palsy and other neurologic and musculoskeletal disorders. Services in the MTP require:

- A. A prescription for the physical and occupational therapy services to be delivered at an MTU and provided under the supervision of physicians (MTC, Special Care Centers, or private medical doctors).
- B. Coordination of services in the MTU under the medical management of a physician/therapy team. This is done through the MTC which is conducted at an MTU to plan for an individual child's need for, and level of, therapy services or through the prescription of a private medical provider.

- C. Participation from the child's family, school personnel, and other health care professional staff.

A child who is medically eligible for the MTP is not required to meet the CCS financial requirements to receive therapy or conference services through the MTP. However, if the MTC team recommends a service that is not provided by the MTP, the child must meet CCS financial eligibility, be a full scope Medi-Cal beneficiary with no share of cost, or be a HF/Medi-Cal subscriber. Services must be prescribed by a CCS paneled physician who has seen and examined the child for the CCS-eligible condition.

SCD maintains procedures to meet the regulatory requirements to certify eligible MTUs as Outpatient Rehabilitation Centers (OPRCs). In a Memorandum of Understanding (MOU) with California Department of Public Health, Licensing and Certification Division, SCD was given the responsibility for certifying MTUs. Certified MTUs can receive Medi-Cal provider numbers and bill for physical therapy and occupational therapy services provided to Medi-Cal eligible beneficiaries in the MTUs.

### **Legislative Authority**

Health and Safety Code, 123800 et seq. is the enabling statute for the CCS program. The legislative intent of the CCS program is to provide necessary medical services for children with CCS-eligible conditions whose parents are unable to pay for these services, wholly or in part. The statute also requires the DHCS and the county CCS program to seek out children who may qualify for the CCS program by cooperating with local public or private agencies and providers.

The CCS program is mandated by the Welfare and Institutions Code and the California Code of Regulations (Title 22, Section 51013) to act as an "agent of Medi-Cal" for Medi-Cal beneficiaries with CCS-eligible conditions. Medi-Cal is to refer all CCS-eligible clients to CCS for case management services and prior authorization for treatment. The statute also requires all CCS applicants who may be eligible for the Medi-Cal program to apply for that program.

### **Funding Description**

The funding source for a county CCS program is a combination of monies appropriated by the county, State General Funds, and the federal government. AB 948, the realignment legislation passed in 1992, mandated that the State and county CCS programs share in the cost of providing specialized medical care and rehabilitation to physically handicapped children through allocations of the State General Fund and county monies. The amount of State money available for the CCS program is determined annually through the Budget Act.

CCS program funds are categorized in two parts:

- A. Funding for payment for diagnostic and treatment services provided to eligible children with physically handicapping conditions, physical or occupational therapy services, and medical therapy conference services provided at public school sites. Funding for these medical services in current fiscal years (FYs) must be at least equivalent to the actual CCS expenditures claimed by the county during FY 1990-91. The county Board of Supervisors must appropriate twenty five percent (25%) of this amount annually and allocate an additional twenty five percent (25%) from the County Social Services Trust Account. The State is mandated to match these funds within available State General Funds. Funding for children who are Medi-Cal beneficiaries and are case managed by the CCS program is covered by the Medi-Cal program. Federal Financial Participation (FFP) under Title XXI of



the Social Security Act may be claimed for CCS-eligible children enrolled in the HF/Medi-Cal program. Funding for services for children who are HF/Medi-Cal subscribers is covered by federal funds at sixty five percent (65%), with the remaining cost shared equally by the state and the counties for the non-federal share.

- B. Reimbursement for administrative and operational costs of county CCS programs is shared between the State and county programs (Health and Safety Code, Section 123955 [a]). The 1991-92 realignment legislation developed the system of allocating administrative funds, including FFP for CCS Medi-Cal eligible children. Funding for administrative costs is based on CCS staffing standards and the caseload mix of CCS clients. The specific county / state share of administrative expenditures for the CCS State-Only population, the CCS Healthy Families (Title XXI) population and the CCS Medi-Cal (Title XIX) population is provided below:

**CCS Healthy Families**

65% Federal Fund

17.5% State General Fund

17.5 County Fund

**CCS State-Only**

50% State General Fund

50% County Fund

The funding process for the cost of medical care for diagnosis, treatment, and MTP services is based on an allocation to each county and is accomplished as follows:

- A. Each fiscal year the county CCS program must allocate a sum equal to twenty five percent (25%) of the actual county CCS expenditures claimed during FY 1990-91, generally referred to as maintenance of effort (MOE).
- B. DHCS matches the MOE with State funds on a dollar-for-dollar basis to the extent that State funds are available.
- C. To secure the funds for CCS costs of care, a county must submit, on an annual basis, a letter of certification stating the amount of county funds that DHCS will be asked to match.
- D. Counties that submit authorized medical service claims for individual CCS clients to the DHCS fiscal intermediary for payment prepare a "Report of Expenditure Invoice" and reimburse SCD for the county's share of diagnosis, treatment, and therapy services expenditures.

## **Child Health and Disability Prevention (CHDP) Program Overview**

Website: <http://www.dhcs.ca.gov/services/chdp>

### **Program Description**

The CHDP program provides complete health assessments for the early detection and prevention of disease and disabilities in children and youth. In California, the CHDP program provides the early and periodic screening component of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for Medi-Cal recipients. A health assessment consists of a health history, physical examination, developmental assessment, nutritional assessment, dental assessment, vision and hearing tests, a tuberculin test, laboratory tests, immunizations, health education/anticipatory guidance, and referral for any needed diagnosis and treatment. The eligible population for the CHDP program includes all Medi-Cal eligible children/youth under age 21 and low-income non-Medi-Cal eligible children/youth under age 19 with family incomes at or below two hundred percent (200%) of the federal income guidelines.

The CHDP program is financed and has standards established at the State level. CHDP is administered at the local level by local health departments. CHDP oversees the screening and follow-up components of the federally mandated EPSDT for Medi-Cal eligible children and youth, and also provides preventive health assessments for non-Medi-Cal eligible children/youth. In the past, the program was responsible for monitoring the first grade entry program, which requires that all children entering first grade or kindergarten have either a certificate of health examination or a waiver on file at their school. Due to legislative changes, AB 2855, Chapter 895, Statutes of 2004, included amendments to the Health and Safety (H&S) Code Section 124100. This amended H&S Code no longer requires every public school district and private school in California to report data on the number of children receiving health screening examinations at school entry. Therefore, public school districts and private schools are NOT required to submit the CHDP Annual School Report (PM 272) to the CHDP program within the local health department. Private schools and public school districts may continue to gather and share this information at their discretion. (CHDP Program Letter No: 05-01.)

The CHDP program is responsible for resource and provider development to ensure that high quality services are delivered and available to eligible children/youth. In addition, the program informs the target populations to increase their participation; and community agencies and residents to increase the knowledge and acceptance of preventive services.

Local CHDP programs are also responsible for carrying out community activities which include planning, evaluation and monitoring, care coordination, informing, providing health education materials, provider recruitment, quality assurance, and client support services such as assistance with transportation, medical, dental, mental health appointment scheduling, and encouraging the completion of an application for ongoing health care coverage. Local CHDP programs are also responsible for oversight of the Health Care Program for Children in Foster Care (HCPCFC).

In July 2003, the CHDP program began the CHDP Gateway using an automated pre-enrollment process for non Medi-Cal, uninsured children, serving as the entry point for these children to enroll in ongoing health care coverage through Medi-Cal or the HF/Medi-Cal program. The CHDP Gateway is based on federal law found in Titles XIX and XXI of the Social Security Act that allows states to establish presumptive eligibility programs for children/youth.

When a child/youth seeks CHDP services at a provider's office, CHDP providers enter the client's information through the Internet or a Point of Service (POS) Device using the CHDP Pre-Enrollment Application (DHCS 4073) (see sample in Section 10, Page 66.) In accordance with the CHDP periodicity schedule and age and income requirements, the CHDP program pre-enrolls the child/youth into full scope, no-cost, temporary Medi-Cal for the month of their CHDP health assessment and the following month. Children/youth who are not eligible for either program continue to receive CHDP services in accordance with the CHDP periodicity schedule. Parents or legal guardians may indicate on the DHCS 4073 that they want to receive an application for continuing health care coverage for their child beyond the pre-enrollment period. For more information, refer to the CHDP Provider Manual located at [http://files.medi-cal.ca.gov/pubsdoco/chdp\\_manual.asp](http://files.medi-cal.ca.gov/pubsdoco/chdp_manual.asp) .

### **Legislative Authority**

The CHDP program enabling statute (Health and Safety Code, Section 124025.) provides the following authority:

- A. "...[C]hild health and disability prevention programs shall make maximum use of existing health care resources and shall utilize, as the first source of screening, the child's usual source of health care so that health screening programs are fully integrated with existing health services, that health care professionals be appropriately represented and utilized in these programs, that outreach programs be developed to stimulate the use of preventive health services, and that services offered pursuant to this article be efficiently provided and be of the highest quality." B. DHCS is given the authority to develop and implement the format and procedures that local CHDP programs utilize to prepare and submit a multi-year base plan on or before September 15 of each year. Each county program director submits an update to the multi-year base community CHDP plan as well as a budget update for the subsequent fiscal year. (Health and Safety Code, Section 124060.)
- B. Local county CHDP programs are reimbursed from the appropriation made for the fiscal year when the expenses on which the claim is based are incurred. (Health and Safety Code, Section 124070.)
- C. DHCS is given the statutory authority to develop a schedule and method of reimbursement at reasonable rates for services rendered. The reimbursement schedule shall include provisions for well child examinations as well as for administrative expenses incurred by providers. (Health and Safety Code, Section 124075.)
- D. State and local CHDP programs maximize the use of federal funds and use state and/or county/city funds to match funds claimable under Title XIX of the Social Security Act. Services and administrative support costs claimable under federal law may include, but are not limited to, outreach, health education, case management, resource development, and training at state and local levels. Any federal funds received are used to augment, not replace, funds appropriated from State General Funds. (Health and Safety Code, Section 124075.)

### **Funding Description**

- A. Target population, health assessments, and active CHDP providers form the basis for each CHDP local program's fiscal year funding from the annual State appropriation for CHDP (see Section 4 - Data Forms).

- B. Funding for county/city CHDP administrative and operational costs is based on budgets prepared by the CHDP local program and approved by SCD (see Section 6 - Budget Instructions).
- C. Medi-Cal children/youth under age 21 receive services under the Federal Title XIX program known as the EPSDT program. The EPSDT program is part of the Medi-Cal program and is federally funded.
- D. Low-income children/youth under age 19 with family incomes up to two hundred percent (200%) of the federal income guidelines, and without preventive health care coverage, are temporarily enrolled through the CHDP Gateway process into full scope, no-cost, temporary Medi-Cal for the month of their CHDP health assessment and the following month. These services are funded by State general and federal funds under the EPSDT and HF/Medi-Cal (Title XXI) program.
- E. Low-income children/youth under age 19 not eligible through the CHDP Gateway pre-enrollment process for the Medi-Cal or HFP receive CHDP services paid for by state general funds.

### **Health Care Program for Children in Foster Care Overview**

Website: <http://www.dhcs.ca.gov/services/hcpcfc>

#### **Program Description**

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program administered by local public health department Child Health and Disability Prevention (CHDP) programs to provide public health nursing expertise in meeting the medical, dental, mental and developmental health needs of children and youth in out-of-home placement or foster care. The public health nurses (PHNs) work with the child's social worker or probation officer as a team member to ensure that children in foster care receive needed health services. PHNs provide health care oversight of the medical, dental, behavioral, and development needs and services, including those placed "out-of-county" and "out-of-state". The PHNs assist the social worker and probation officer in the entry and update of the child's medical and health information in the required record known as the Health and Education Passport (HEP). The PHNs collaborate with the foster care team in the provision of training programs for foster parents, health care providers, child welfare, probation, and juvenile court staff.

In their role as consultants to child welfare workers and probation officers, PHNs assist in meeting the challenges of delivering health care to children and youth in foster care by coordinating services with multiple caregivers, health care providers, agencies, and organizations. The PHNs participate in interdisciplinary team conferences and they assist with the transition from foster care by linking the child or youth to community resources to meet the health care services needs upon termination of foster care.

Since the HCPCFC is a program within the CHDP program, the required administrative activities of budget preparation and management, nursing supervision, and implementation of the HCPCFC Memorandum of Understanding (MOU) are the responsibility of the CHDP program. Collaboration among the local health, welfare, and probation departments in the development and implementation of the MOU is recognized as being fundamental to the success of the HCPCFC.

To assist and monitor local program implementation of the HCPCFC DHCS through a Letter of Agreement with the California Department of Social Services (DSS), develops local program allocations, provides guidance on required program activities and performance measures, and ensures local interdepartmental HCPCFC MOUs are in effect.

### **Legislative Authority**

- A. The State Budget Act of 1999 appropriated State General Funds to DSS for the purpose of increasing the use of PHNs in meeting the health care needs of children in foster care.
- B. These funds were transferred to DHCS for distribution through the local CHDP program as an augmentation to operate the HCPCFC.
- C. The legal authority for the HCPCFC is the Welfare and Institutions Code, Section 16501.3 (a) through (e). This section was amended in 2009 to mandate the implementation of the HCPCFC in each county.

### **Funding Description**

- A. Caseload data for children and probation youth in foster care from the Child Welfare System/Case Management System (CWS/CMS), maintained by the CDSS form the basis for each CHDP local program's fiscal year funding from the annual state appropriation for HCPCFC (see Section 6 – Budget Instructions).
- B. The source of funds for the HCPCFC Administrative Budget is State General Funds matchable with up to seventy five percent (75%) Federal Funds (XIX).
- C. The source of funds for the optional CHDP Foster Care Administrative Budget County/City Match is county/city funds matchable with up to seventy five percent (75%) Federal Funds (XIX).
- D. Funding for county/city HCPCFC administrative and operational costs is based on budgets prepared by the local CHDP program and approved by SCD (see Section 6 – Budget Instructions). PHN and Supervising PHN Personnel, Operating and Internal Indirect costs are the budget categories.

### **References**

- A. [CHDP Program Letter 99-06](#) (October 21, 1999) regarding “Health Care Program for Children in Foster Care”
- B. [CMS Correspondence and Attachments](#) (October 25, 1999) regarding “Health Care Program for Children in Foster Care”
- C. [All County Letter 99-108](#) (December 21, 1999) regarding “Instructions Regarding Local Memorandum of Understanding for Health Care Program for Children in Foster Care”
- D. [All County Information Notice I-55-99](#) (September 2, 1999) regarding “New Foster Care Public Health Nurse Program in County Welfare Departments”
- E. [CHDP Program Letter 03-15](#) (July 25, 2003) regarding “Revisions to the HCPCFC Administrative Funding Methodology and Budget Format”

- F. [CHDP Program Letter 06-05 \(May 12, 2006\) regarding "Revisions to the Health Care Program For Children in Foster Care \(HCPCFC\) Administrative Funding Methodology"](#)

### **Genetically Handicapped Persons Program Overview**

Website: <http://www.dhcs.ca.gov/services/ghpp>

#### **Program Description**

The GHPP provides medical and administrative case management and funds medically necessary services for California residents over the age of 21 with GHPP-eligible medical conditions. Persons under age 21 with GHPP-eligible conditions may also be eligible for GHPP if they have first been determined financially ineligible to receive services from the CCS program. Examples of GHPP-eligible conditions include, but are not limited to, genetic conditions such as:

- A. Charcot-Marie-Tooth Syndrome
- B. Cystic Fibrosis
- C. Disorders of carbohydrate transport and metabolism, i.e., Galactosemia
- D. Disorders of copper metabolism, i.e., Wilson's Disease
- E. Friedreich's Ataxia
- F. Hemophilia and other specific genetic coagulation defects
- G. Hereditary Spastic Paraplegia
- H. Huntington's Disease
- I. Inborn errors of metabolism including disorders of amino-acid transport and metabolism, such as Phenylketonuria (PKU)
- J. Joseph's Disease
- K. Refsum's Disease
- L. Rousy-Levy Syndrome
- M. Sickle Cell Disease including Thalassemia
- N. von Hippel-Lindau Syndrome

Referrals to GHPP come from a variety of sources including hospital staff, physicians' offices, community health care providers, school nurses, public health departments, family members, and self-referrals. The GHPP is responsible for authorization of medically necessary services and medical case management of Medi-Cal beneficiaries not in managed care plans. Currently, there are approximately 1,700 clients enrolled in GHPP.

Program service benefits require prior authorization by GHPP. These benefits include services such as:

- A. Blood transfusions and blood derivatives
- B. Durable medical equipment
- C. Expert diagnosis
- D. Genetic and psychological counseling
- E. Home health care
- F. Hospital care
- G. Initial intake and diagnostic evaluation
- H. Inpatient/outpatient medical and surgical treatment
- I. Maintenance and transportation
- J. Medical and surgical treatment
- K. Physical therapy, occupational therapy, speech therapy
- L. Rehabilitation services, including reconstructive surgery
- M. Respite care
- N. Specified prescription drugs
- O. Treatment services

GHPP has a system of Special Care Centers (SCCs) that provide comprehensive, coordinated health care to clients with specific genetic GHPP medically eligible conditions. The GHPP SCCs are multi-disciplinary, multi-specialty teams that evaluate the GHPP client's medical condition and develop a comprehensive, family-centered plan of healthcare that facilitates the provision of timely, coordinated treatment.

### **Legislative Authority**

- A. The Holden-Moscone-Garamendi Genetically Handicapped Persons Program (SB 2265 1975, 1976, 1977, 1980, 1982) was the enabling legislation for GHPP.
- B. In 1975, the Program was enacted to pay for medical care and to provide medical case management for persons with Hemophilia.
- C. In 1976, Cystic Fibrosis was added by legislation.
- D. In 1977, Sickle Cell Disease was added to GHPP. In subsequent years, conditions such as Huntington's Disease, Joseph's Disease, Friedreich's Ataxia, von Hippel-Lindau Syndrome, PKU, and other metabolic conditions were included.

- E. The legal authority for GHPP is the Health and Safety Code, Chapter 2, Section 125125 et. seq. Effective July 1, 2009 Sections 125155.1, 125157, 125165, and 125166 of the Health and Safety Code were either added or amended to
1. Change the annual GHPP enrollment fee methodology;
  2. Implement a cost containment feature for GHPP clients to maintain employer-sponsored health care coverage; and
  3. Implement payment of GHPP clients' employer-sponsored health insurance premiums.

### **Funding Description**

- A. GHPP is a State-funded program which receives funds annually through the State Budget Act.
- B. GHPP also generates funds from enrollment fees that some clients, depending on their financial resources, are required to pay.
- C. Medi-Cal funds are utilized for GHPP clients who are Medi-Cal beneficiaries, but who are not in a Medi-Cal Managed Care Plan. GHPP clients who have other healthcare insurance must utilize their other healthcare insurance first before funding is available from the State General Fund. GHPP is the payer of last resort.

### **Newborn Hearing Screening Program Overview**

Website: <http://www.dhcs.ca.gov/services/nhsp>

### **Program Description**

The Newborn Hearing Screening Program (NHSP) has established a comprehensive, coordinated system of early identification and provision of appropriate services for infants with hearing loss. The goal of NHSP is to identify newborns and infants with a hearing loss prior to three months of age and to implement audiology and early intervention services by six months of age. The program offers parents of all infants born in these hospitals the opportunity to have their babies screened for hearing loss in the hospital at the time of birth; tracks and monitors all infants who need follow-up testing and diagnostic evaluations; and provides access to medical treatment and other appropriate educational and support services.

Every general acute care hospital in California with licensed perinatal services must provide a hearing screening test for the identification of hearing loss to every newborn, in accordance with the requirements of the NHSP. A newborn hearing screening test cannot be performed without the written consent of the parent. A parent or guardian may object to the newborn screening test based on any belief and not just religious beliefs. If the parent/guardian refuses the hearing screening, a hospital shall have the parent/guardian sign a waiver form.

The NHSP utilizes three contracted Hearing Coordination Centers (HCCs) to assist hospitals in developing their screening programs, certify and monitor the screening programs, and track those infants who require further screening and intervention to assure they are linked to appropriate services. Each of the three HCCs (Miller Children's Hospital, Loma Linda University, and Natus Medical Inc.-Neometrics) has a geographic service area for which they are responsible. The certification process for hospitals and Neonatal Intensive Care Units (NICUs)



is conducted by the HCC assigned to the particular geographic service area in which the hospital is located.

### **Legislative Authority**

- A. The enabling legislation for the NHSP was Assembly Bill 2780, Chapter 310, Statutes of 1998. This legislation defined the components of the program, amended Health and Safety Code Section 123975, and added Sections 124115-124120.5 to the Health and Safety Code.
- B. Assembly Bill 2651 (Chapter 335, Statutes of 2006) extended the NHSP by requiring that all birthing hospitals participate in the program. In addition, as of January 1, 2008, all general acute care hospitals with licensed perinatal services must provide, rather than offer, a hearing screening test for the identification of hearing loss to every newborn.

### **Funding Description**

- A. The NHSP is funded through the State General Fund with matching funds from the Medi-Cal program.
- B. Reimbursement for inpatient and outpatient screenings is available to certified providers for infants whose care is paid for by the Medi-Cal program and those infants who have no evidence of a third party payer.
- C. Medi-Cal reimbursement is paid on a fee-for-service basis outside of the hospital per diem rate, regardless of whether the child is enrolled in a Medi-Cal Managed Care plan or has fee-for-service Medi-Cal.
- D. Reimbursement for uninsured children is available through the State CCS program using State General Funds.

### **Pediatric Palliative Care Waiver Program**

#### **Partners for Children**

Website: <http://www.dhcs.ca.gov/services/ppc>

### **Program Description**

Partners for Children (PFC) is a waiver program designed to provide home and community-based palliative care services to eligible children who have life threatening or life-limiting conditions. The PFC program aims to improve quality of life for children with life limiting or life threatening conditions and their family members.

In accordance with [AB 1745](#), the SCD and the Medi-Cal program partnered with the Centers for Medicare and Medicaid Services (CMS) to develop a pediatric palliative care waiver for the children of California. The goal of PFC is to promote the development of comprehensive Pediatric Palliative Care demonstration programs that allow for the provision of care coordination, expanded hospice-type services and curative care concurrently.

Participants in PFC are required to be under age 21, reside in a participating county, have full-scope, no share-of-cost Medi-Cal, meet CCS medical eligibility criteria and not be enrolled in any other 1915c waiver. The waiver offers expanded funding to support a set of services that

would not otherwise be covered by the State Medicaid (Medi-Cal) program. The waiver requires that: participants are offered a choice between waiver services and institutional care (Freedom of Choice); participants have a life-threatening medical condition and that the program be cost neutral. PFC serves children who would, in the absence of this waiver and as a matter of medical necessity, be expected to require acute inpatient hospital services for at least 30 days during the year (Level of Care). Waiver participants can continue to receive medically necessary services already available as state plan services.

Services available in the PFC Program are provided by participating hospice and home health agencies. The services include care coordination, expressive therapies, family training, respite care, family counseling and pain and symptom management. County California Children Services Nurse Liaisons (CCSNL) are responsible for enrollment, service authorization, utilization management, and data reporting for children enrolled in PFC. SCD is responsible for oversight of the administration and evaluation of PFC.

The Pediatric Palliative Care program is one of three ways to receive palliative care that are currently available to CCS or Medi-Cal clients under 21 years of age. A second option for all CCS clients under 21 years of age, including those who do not meet the hospice eligibility requirement of a six month life expectancy, and do not meet the waiver criteria, is to receive the palliative care services available through Medi-Cal outlined in CCS Numbered Letter 04-0207. Finally for children meeting hospice eligibility requirements, the third option for children who meet the hospice eligibility requirement is to enroll in hospice through the Medi-Cal hospice benefit, and receive 'curative' treatments concurrently with hospice care.

### **History and Legislative Authority**

[AB 1745](#), the Nick Snow Children's Hospice and Palliative Care Act of 2006, required DHCS to submit a waiver to the federal government that allows children with life limiting or life threatening conditions to receive concurrent curative and palliative care.

### **References**

- A. CCS N.L. 07-1109 (November 4, 2009) regarding "Policy Relating To CCS Nurse Liaison Position In Partners For Children (Pediatric Palliative Care Waiver Program)"
- B. CCS N.L. 08-1109 ( November 18, 2009) regarding "Unique Aid Codes For Children Participating In The Pediatric Palliative Care Waiver"
- C. CCS NL 040207 Palliative Care Options for CCS Eligible Children and Codes Available for Authorization of Pediatric Palliative Care Services
- D. Medi-Cal Provider Manual, Hospice Care