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## Division Overview

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

The System 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 fragile children and adults with special health care needs. The Division focuses on high risk high cost populations including Children's Medical Services (CMS) programs and Adult Care Management programs.

- California Children's Services (CCS)
- High Risk Infant Follow-up Program (HRIF)
- Medical Therapy Program (MTP)
- Child Health and Disability Prevention (CHDP) Program
- Health Care Program for Children in Foster Care (HCPCFC)
- Newborn Hearing Screening Program (NHSP)
- Genetically Handicapped Person Program (GHPP)
- Coordinated Care Management I & II
- Real Choices Grant Program
- Disease Management Program

The mission of SCD is to assure the health of California's adults and children with special healthcare needs particularly children with special health care needs.

The SCD is organized as follows:

### Information Technology Section (ITS)

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

- Information Technology Unit (ITU) - responsible for Division 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. ITU also performs IT needs assessments and procurements for the Division.

- 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.

### **Program Support Section (PSS)**

The Program Support Section is composed of two units and has responsibility for a variety of activities in support of Division operations. The units and functions are as follows:

- Administration Unit – responsible for fiscal, personnel, contracting, purchasing, and business services for the Division. Staff in the unit evaluate and monitor the Division's budget and prepare a variety of fiscal and budgetary reports; review, approve, and monitor CCS county programs and CHDP county/city budgets and expenditures; resolve county budgeting/invoicing issues; develop and implement administrative and fiscal procedures for new programs administered by the Division; develop and manage contracts and interagency agreements; process contract and county expenditure invoices; and maintain personnel and business services transactions for all Division staff. Unit staff also develop and participate in training programs for State and county program staff relating to the above areas of responsibility.
- Provider Services Unit (PSU) – responsible for enrolling providers for the CCS, CHDP, and GHPP programs and acts as a liaison between Division programs, their providers, the Fiscal Intermediary and Contracts Oversight Division (formerly Medi-Cal Payment Systems Division), and the State fiscal intermediary. The PSU works with individual providers, hospitals, and CCS/GHPP Special Care Centers to assist in resolving provider reimbursement issues. Staff in this unit also develop and conduct provider training to individual and group health care providers, hospitals, special care centers, 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. The section provides utilization review and management services for CCS-eligible clients residing in dependent counties (those with populations of less than 200,000). Utilization review and management services include, but are not limited to, determination of medical eligibility and authorizations for services, resolution of financial appeals,

determination of eligibility for Medical Therapy Unit services, and program consultation/technical assistance.

The Section's offices also have oversight responsibilities for local CCS program, including evaluating and monitoring county CCS program 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. The majority of Early and Periodic Screening, Diagnosis, and Treatment-Supplemental Services (EPSDT-SS) requests have been transitioned to the local counties for review and approval; however, the DCOS consultant staff will continue to provide technical assistance, consultation, and will be responsible for review and approval of specific and unique EPSDT-SS requests that may be received statewide.

Staff in the DCOS offices are responsible for coordinating and facilitating on-site reviews of dependent county programs including CHDP and medical therapy units for compliance with established program standards, policies, and procedures and for certifying outpatient rehabilitation centers located within CCS medical therapy units.

### **Independent County Operations Section (ICOS)**

The Independent County Operations Section (ICOS) is composed of two offices located in Oakland, and Los Angeles. The section provides utilization review and management oversight of program for CCS-eligible clients residing in independent counties (those with populations of more than 200,000). Independent county utilization review and management services include, but are not limited to, financial, residential and medical eligibility authorizations for services, resolution of appeals, eligibility for Medical Therapy Unit services, and program consultation/technical assistance.

The ICOS offices also have oversight responsibilities for local CCS program, 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. The ICOS consultant staff provide technical assistance, consultation, and will be responsible for review and approval of specific and unique EPSDT-SS requests that may be received statewide.

Staff in the ICOS offices are also responsible for coordinating and facilitating on-site reviews of local programs including Medical Therapy and CHDP Programs, hospitals, special care centers, neonatal and pediatric intensive care units for compliance with established program standards, policies, and procedures and for certifying outpatient rehabilitation centers located within CCS medical therapy units.

## **Statewide Programs Section (SPS)**

The Statewide Programs Section is responsible for administration of specialty programs with statewide responsibilities. There are two units within the section: Hearing and Audiology Services, and the Genetically Handicapped Persons Program.

The SPS also is responsible for implementation and monitoring of specialty programs under the purview of the Division such as the Health Care Program for Children in Foster Care and the Child Health and Disability Prevention (CHDP) Program. 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 eligible populations.

- 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.
- Genetically Handicapped Persons Program – provides all medical and administrative case management services for approximately 1,700 clients statewide with serious, often life threatening, genetic conditions (i.e., hemophilia, cystic fibrosis, sickle cell anemia).

## **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 Division and for provision of statewide consultation in a variety of professional health disciplines. The section consists of two units: Program Policy and Statewide Consultation Unit.

- The MPS develops and implements medical program policy and regulations for all programs administered by the Division. Staff develop provider and

facility standards for CCS; develop medical policies to assist in the implementation of Medi-Cal Managed Care and the Healthy Families program; 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.

- The 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. Staff in the unit are 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 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.

### **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 also is responsible for the maintenance of all databases in the Division 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.

- Research and Data Analysis Unit

This Unit coordinates the data collection and analysis for the CCS Waiver pilots and the entire Division, and provides the maintenance of databases including but not limited to correspondence with counties and provider databases, the PHI/PI database, the Division management information dashboard database, and others as needed. The unit is also responsible for research and program analysis functions of the pharmaceutical rebate program for CCS and GHPP.

- 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.

## 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 such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services that are 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 70 percent of CCS-eligible children are also Medi-Cal eligible. The Medi-Cal program reimburses their care. The cost of care for the other 30 percent 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 Division provides medical case management and eligibility and benefits determination through its offices located in Sacramento, Oakland, 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 Division's offices in determining medical eligibility and service authorization. The Division's offices also provide consultation, technical assistance, and oversight to independent counties, individual CCS paneled providers, hospitals, and the Special Care Centers within their region.

Children eligible for CCS must be residents of California, have CCS eligible conditions, and have family adjusted gross income of forty thousand dollars 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 20 percent 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)-enrolled child's CCS-eligible medical condition are excluded from the plan's responsibilities. The HF 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 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 Special Care Centers.

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

A child who is medically eligible for the MTP does not have to meet the CCS financial requirement 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 Healthy Families subscriber. Services must be prescribed by a CCS paneled physician who has seen and examined the child for the CCS eligible condition.

The Division maintains procedures to meet the regulatory requirements to certify eligible MTUs as Outpatient Rehabilitation Centers (OPRCs). In a Memorandum of Understanding (MOU) with CDHS Licensing and Certification Division, the Division 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 explicit legislative intent of the CCS program is to provide necessary medical services for children with CCS medically 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 handicapped children by cooperating with local public or private agencies and providers of medical care to bring eligible children to sources of expert diagnosis and treatment.

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 medically 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 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, and physical/ occupational therapy services and medical therapy conference services provided at public school sites. Funding for these medical services in current fiscal years must be at least equivalent to the actual CCS expenditures claimed by the county during FY 1990-91. The county Boards of Supervisors annually must appropriate 25 percent of this amount and allocate an additional 25 percent 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 program. Funding for services for children who are HF subscribers is covered by federal funds (65 percent), with the remaining cost shared by the county (17.5 percent) and the State (17.5 percent).

- 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. County CCS programs are responsible for 50 percent of the administrative cost for the straight CCS non-Medi-Cal caseload; 17.5 percent of administrative costs for the Healthy Families caseload with the State sharing an equal amount and 65 percent federal Title XXI funds; the State matches the costs to the extent funds are available in the State budget. Administrative costs incurred for the Medi-Cal portion of the CCS caseload are shared by the State and federal government by claiming Medi-Cal administrative reimbursement.

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 25 percent of the actual county CCS expenditures claimed during Fiscal Year 1990-91 (known as maintenance of effort [MOE]).
- B. The 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 state DHCS fiscal intermediary for payment prepare a "Report of Expenditure Invoice" and reimburse the Division for the county's share of diagnosis, treatment, and therapy services expenditures.

Funding for county CCS administrative and operational costs is based on an allocation of State General funds for each of the three CCS caseload payor categories (CCS, Healthy Families, and Medi-Cal) for the CCS Administrative Budget. Counties must prepare budgets and may not expend more General Funds than are allocated by caseload category. The following budgets are used to fund the administrative and operational costs of county CCS programs:

- A. The CCS Administrative Budget is based on CCS staffing standards and a caseload mix of CCS clients whose services are funded by a mix of county, state, Healthy Families Title XXI federal funds, and Medi-Cal Title XIX federal funds.
  - 1. County CCS programs are responsible for 50 percent of administrative costs incurred for the straight CCS non Medi-Cal caseload and 17.5

percent of administrative costs for the Healthy Families caseload with the State sharing an equal amount and 65 percent federal Title XXI funds.

2. Administrative costs incurred by counties to pay for services for Medi-Cal beneficiaries are shared by the State and federal government. These funds are identified in specific sections of the CCS Administrative Budget.
3. County programs must submit, by September 15 of each year for the subsequent fiscal year, an application known as an Administrative Budget Request for the county administrative cost of administration of the CCS program. Directions for budget completion are found in Section 6 – Budget Instructions.

### **Child Health and Disability Prevention 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. 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 200 percent of the federal income guidelines.

The CHDP program is financed and has standards established at the State level. The Program is operated at the local level by local health departments for each county and three cities. The CHDP program oversees the screening and follow-up components of the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for Medi-Cal eligible children and youth. The CHDP program 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 the 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 and medical, dental, and 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 Healthy Families 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 DHS 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 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." (Health and Safety Code, Section 124025).

- B. The 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).
- C. Local 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).
- D. The 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).
- E. 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 the Division (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 funded by state general and federal funds.
- D. Low-income children/youth under age 19 with family incomes up to 200 percent 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 Healthy Families (Title XXI) program.

- E. Low-income children/youth not eligible through the CHDP Gateway pre-enrollment process for the Medi-Cal or Healthy Families program receive CHDP services paid for by state general funds.

### **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:

- Charcot-Marie-Tooth Syndrome
- Cystic Fibrosis
- Disorders of carbohydrate transport and metabolism, i.e., Galactosemia
- Disorders of copper metabolism, i.e., Wilson's Disease
- Friedreich's Ataxia
- Hemophilia and other specific genetic coagulation defects
- Hereditary Spastic Paraplegia
- Huntington's Disease
- Inborn errors of metabolism including disorders of amino-acid transport and metabolism, such as Phenylketonuria (PKU)
- Joseph's Disease
- Refsum's Disease
- Rousy-Levy Syndrome

- Sickle Cell Disease including Thalassemia
- von Hippel-Lindau Syndrome

Referrals to the 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:

- Blood transfusions and blood derivatives
- Durable medical equipment
- Expert diagnosis
- Genetic and psychological counseling
- Home health care
- Hospital care
- Initial intake and diagnostic evaluation
- Inpatient/outpatient medical and surgical treatment
- Maintenance and transportation
- Medical and surgical treatment
- Physical therapy, occupational therapy, speech therapy
- Rehabilitation services, including reconstructive surgery
- Respite care
- Specified prescription drugs
- Treatment services

The GHPP has a system of Special Care Centers (SCC) 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**

- The Holden-Moscone-Garamendi Genetically Handicapped Persons Program (SB 2265 1975, 1976, 1977, 1980, 1982) was the enabling legislation for GHPP.
  - In 1975, the Program was enacted to pay for medical care and to provide medical case management for persons with Hemophilia.
  - In 1976, Cystic Fibrosis was added by legislation.
  - In 1977, Sickle Cell Disease was added to the 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.
  - 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**

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

## 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, and 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 to community resources to meet the health care services needs upon termination of foster care.

Since the HCPCFC is a program within the local 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, the California Department of Health Care Services (DHCS) through a Letter of Agreement with the California Department of Social Services (DSS) develops budget methodology, provides guidance on required program activities and performance measures, and recommends content of the local interdepartmental HCPCFC MOU.

## Legislative Authority

- The State Budget Act of 1999 appropriated State General Funds to the DSS for the purpose of increasing the use of PHNs in meeting the health care needs of children in foster care.
- These funds were transferred to DHCS for distribution through the local CHDP program as an augmentation to operate the HCPCFC.
- 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

- 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).
- The source of funds for the HCPCFC Administrative Budget is State General Funds matchable with up to 75 percent Federal Funds (XIX).
- The source of funds for the optional CHDP Foster Care Administrative Budget County/City Match is county/city funds matchable with up to 75 percent Federal Funds (XIX).
- Funding for county/city HCPCFC administrative and operational costs is based on budgets prepared by the local CHDP program and approved by the Division (see Section 6 – Budget Instructions). PHN and Supervising PHN Personnel, Operating and Internal Indirect costs are the budget categories.

## References

- [CHDP Program Letter 99-06](#) (October 21, 1999) regarding “Health Care Program for Children in Foster Care”
- CMS Correspondence and Attachments (October 25, 1999) regarding “Health Care Program for Children in Foster Care”
- [All County Letter 99-108](#) (December 21, 1999) regarding “Instructions Regarding Local Memorandum of Understanding for Health Care Program for Children in Foster Care”
- [All County Information Notice I-55-99](#) (September 2, 1999) regarding “New Foster Care Public Health Nurse Program in County Welfare Departments”

- [CHDP Program Letter 03-15](#) (July 25, 2003) regarding “Revisions to the HCPCFC Administrative Funding Methodology and Budget Format
- [CHDP Program Letter 06-05](#) (May 12, 2006) regarding “Revisions to the Health Care Program For Children in Foster Care (HCPCFC) Administrative Funding Methodology”

### **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 that they are linked to appropriate services. Each of the three HCCs (Miller Children's Hospital, Loma Linda University, and John Muir Health System) has a geographic service area for which they are responsible. The certification process for hospitals and NICUs is conducted by the HCC assigned to the particular geographic service area in which the hospital is located.

#### **Legislative Authority**

- 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.

- 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**

- The NHSP is funded through the State General Fund with matching funds from the Medi-Cal program.
- 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.
- 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.
- 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 System of Care Division and the Medi-Cal program partnered with the Centers for Medicare and Medicaid Services 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 (Level of Care); 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. 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. The 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 clients under 21 years of age, including those who do not meet the hospice eligibility requirement of 6 month life expectancy, and do not meet the waiver criteria, is to receive the palliative care services available through Medi-Cal which are outlined in CCS Numbered Letter 04-0207. Finally for children meeting hospice eligibility requirements, the third option is to enroll in hospice and receive 'curative' treatments concurrently with hospice care.

## History and Legislative Authority

The Nick Snow Children's Hospice and Palliative Care Act of 2006/ [Assembly Bill 1745](#) required the California Department of Health Care Services 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

- 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)"
- CCS N.L. 08-1109 ( November 18, 2009) regarding "Unique Aid Codes For Children Participating In The Pediatric Palliative Care Waiver"
- CCS NL 040207 Palliative Care Options for CCS Eligible Children and Codes Available for Authorization of Pediatric Palliative Care Services

- Medi-Cal Provider Manual, Hospice Care

### **Disease Management Pilot Program (DMPP) DM1**

#### **Program Description**

The Disease Management Program (DMPP) tested the effectiveness of providing a disease management benefit.

The Disease Management Pilot Program, aka DM1 was a three year pilot program designed to improve health outcomes for SPDs with Chronic medical conditions in a cost-effective manner. Disease Management (DM1) was an opt-out program operating in several Los Angeles County zip codes and all of Alameda County. The Disease Management Pilot Program (DMPP) – HIV/AIDS (DM2) was a three year pilot program designed to improve health outcomes for SPDs with HIV/AIDS in a cost-effective manner.

DM serves beneficiaries with the following chronic diseases:

- Advanced atherosclerotic disease syndrome
- Congestive heart failure
- Diabetes
- Asthma
- Coronary artery disease
- Chronic obstructive pulmonary disease
- HIV/AIDS

The Disease Management Program was designed to provide eligible individuals with a range of services that enable them to remain in the least restrictive and most homelike environment while receiving the medical care necessary to protect their health and well-being. Services provided included those available under the state plan, and may include, but are not limited to, medication management, coordination with a primary care provider, use of evidence-based practice guidelines, supporting adherence to a plan of care, patient education, communication and collaboration among providers, and process and outcome measures. Coverage for those services was limited by the terms, conditions, and duration of the contract.

Eligibility for the Disease Management Program is limited to those persons who were eligible for the Medi-Cal program as Aged, Blind, or disabled persons and those persons over 21 years of age who are not enrolled in a Medi-Cal managed care plan, or eligible for the federal Medicare program, and who are determined by the department to be at risk of, or diagnosed with, select chronic diseases, including, but not limited to, advanced atherosclerotic disease syndromes,

congestive heart failure, and diabetes. Eligibility was based on the individual's medical diagnosis and other criteria, as specified in the contract.

## **History and Legislative Authority**

The term of the DM1 program was February 1, 2007, August 1, 2007 through November 30, 2010. The term of the DM2 program was October 15, 2007 through May 15, 2011, February 1, 2009 through December 31, 2009.

The Department elected to implement pilot programs to test the disease management benefit through the administrative model, instead of through a waiver. The administrative model does not require CMS approval. The effectiveness of this benefit includes demonstration of the cost neutrality of the DM program. A disease management benefit shall include, but not be limited to, the use of evidence-based practice guidelines, supporting adherence to care plans, and providing patient education, monitoring, and healthy lifestyle changes.

### **Coordinated Care Management Program (CCMP) CCM1 and CCM2**

#### **Program Description**

The goal of the CCMP is to maintain access to medically necessary and appropriate services, improve health outcomes, and provide care in a more cost effective manner for two populations enrolled in the Fee for Service (FFS) Medi-Cal Program who are not on Medicare: (1) Seniors and Persons with Disabilities (SPDs) who have chronic conditions, or who may be seriously ill and near the end of life; and (2) persons with chronic health condition(s) and Serious Mental Illnesses (SMIs). This demonstration project offers the State the opportunity to test targeted approaches for meeting the needs of high-end users of the medical system in a cost effective manner. Because of their multiple chronic conditions and complex care needs, SPDs with chronic conditions or terminal illnesses and persons with SMIs and chronic health conditions, account for a significant portion of Medi-Cal program expenditures. In order to ensure that the Medi-Cal program is cost effective, it is critical to address the high medical costs of these beneficiaries.

Most of Medi-Cal's SPDs with chronic conditions, including persons seriously ill or near end of life, and persons with SMIs with chronic health conditions, receive care through the FFS system. These people typically have two or more chronic health conditions, which may include substance abuse disorders, requiring multiple treatment modalities. End-of-life costs may be exorbitant in this population, due to the over-utilization of tertiary healthcare resources. Likewise, persons with SMIs compounded by chronic medical conditions are often unable to successfully manage their illnesses. As a result, uncoordinated care for these vulnerable individuals may result in inappropriate utilization of services, inadequate care, and needlessly high Medi-Cal Program costs.

Coordinated Care Management Program (CCMP) CCM1 – Seniors and Persons with Disabilities (SPD) is a three year pilot program designed to improve health outcomes for SPDs with chronic conditions or those near the end of life in a cost-effective manner incorporating lessons learned from the DM programs.

Coordinated Care Management Program (CCMP) CCM2 – Serious Mental Illness (SMI) is a three year, pilot program designed to improve health outcomes for SPDs with chronic conditions and Serious Mental Illness in a cost-effective manner.

### **History and Legislative Authority**

The term of the CCM1 program is March 1, 2009 through December 31, 2012 March 31, 2012. The term of the CCM2 program is August, 20, 2009 through July 31, 2013, December 31, 2014.

The CCM Programs were authorized by the Budget Act of 2006-2007

### **Real Choice**

#### **Grant Description**

California has pursued a vigorous statewide course of change transformation. The State is sponsoring several substantive initiatives addressing improved access to the long-term services and supports system, consumer choice in how and where they receive long-term care services, and consumer-centered, coordinated entry points into the long-term support system.

With a three-year Person-centered Hospital Discharge Planning grant, DHCS conducted a predictive modeling analysis of Medi-Cal paid claims data. Through this coordinated and structured predictive modeling tool, DHCS evaluates beneficiary utilization and operational costs to identify how the department can become even more effective.

#### **History and Legislative Authority**

This is a multi-year (2009 – 2012) Centers for Medicare and Medicaid (CMS) Real Choice Systems Change (RCSC) Grant dedicated to increasing consumer access to home and community-based long-term support services and diverting persons with disabilities and older adults from unnecessary institutionalization through development of California's long-term care infrastructure.