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ARNOLD SCHWARZENEGGER  
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Date: March 20, 2009

CMS Information Notice No: 09-02

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)  
ADMINISTRATORS, CHILD HEALTH AND DISABILITY PREVENTION  
(CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, MEDICAL  
CONSULTANTS, STATE CHILDREN'S MEDICAL SERVICES (CMS)  
BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: UPDATED CCS PROGRAM REGULATIONS

The CMS Branch has been working on updating the CCS program regulations. The first phase of this process has been completed with the approval of Regulation Package Department of Health Care Service (DHCS) -02-018 by the Office of Administrative Law and the filing of the regulations with the Secretary of State on January 28, 2009.

These initial regulations do not alter any requirement, right, or responsibility that currently exists in the CCS program regulations. The changes reflect renumbering of the regulations and non-substantive changes in language. The renumbering of the sections provides the foundation for future substantive revisions of the program regulations.

In summary, DHCS-02-08 made the following changes:

- 1) Re-designation of current CCS regulation sections in order make numeric space for future promulgation of regulations;
- 2) Rearrangement, renaming and repeal of Sections, Chapters and Articles in Subdivision 7 that correlate with the re-designation of CCS Sections and in response to changes in statutory authority;
- 3) Amendment of language for consistency with established definitions/acronyms for California Children's Services, the Department of Health Care Services, and the Director of the Department of Health Care Services;

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- 4) Amendment of Authority and Reference citations to be consistent with the reorganization of the Health and Safety Code and statutory change; and
- 5) Change of the name of the Department of Health Services to the Department of Health Care Services pursuant to Health & Safety Code, Section 20.

A copy of the DHCS-02-08 regulation text along with a "Table of Regulations", which crosswalks each new regulation section with a corresponding old regulation section, as appropriate, are attached. If you have any questions, please contact your Regional Office Consultant.

**Original Signed by Harvey Fry for Luis R. Rico**

Luis R. Rico, Acting Chief  
Children's Medical Services Branch

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**Subdivision 7. California Children's Services  
Chapter 1. Definitions**

(1) Redesignate Section 41508 to 41401 and amend to read:

~~41508~~ 41401. Abnormal.

“Abnormal” means contrary to the usual structure, position, condition, behavior,  
or rule.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference:  
Sections 123830 and 123835, Health and Safety Code.

(2) Redesignate Section 41509 to 41407 and amend to read:

~~41509~~ 41407. Benign Neoplasm.

“Benign neoplasm” means an abnormal growth of tissue in a body part, organ, or skin which does both of the following:

- (a) Remains confined within the capsule or boundary of the specific body part, organ or skin; and
- (b) Does not seed to other noncontiguous areas of the body.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(3) Redesignate Section 41510 to 41410 and amend to read:

~~41510~~ 41410. California Children's Services (CCS).

“California Children's Services (CCS)” ~~is~~ means a State and County program providing medically necessary benefits as defined in Section ~~41510~~ 41452 to persons under 21 years of age with physically handicapping conditions who meet medical, financial, and residential eligibility requirements for the CCS program. ~~California Children's Services is abbreviated as “CCS”.~~

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~250.5~~ 123830, ~~250.6~~ 123835, ~~251.5~~ 123845, ~~254~~ 123865 and ~~255~~ 123870, Health and Safety Code.

(4) Redesignate Section 41511 to 41412 and amend to read:

~~41511~~ 41412. CCS Physician.

"CCS physician" means a physician who has been certified by an American Board of Medical Specialties, or whose eligibility for such certification is contingent upon passing the certification examination, and who provides services to CCS clients.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~255.5~~ 123880, ~~259~~ 123910 and ~~262~~ 123925, Health and Safety Code.

(5) Redesignate Section 41512 to 41414 and amend to read:

41512 41414. Client.

(a) "Client" means a person under 21 years of age who has been approved for California Children's Services CCS program benefits.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~250.5~~ 123830, Health and Safety Code.

(6) Redesignate Section 41514 to 41421 and amend to read:

41514 41421. Department.

(a) "Department" means the California Department of Health Care Services.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(7) Redesignate Section 41515 to 41422 and amend to read:

41515 41422. Director.

(a) "Director" means the Director of the California Department of Health Care  
Services.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~252~~ 123850, Health and Safety Code.

(8) Redesignate Section 41515.1 to 41423 and amend to read:

~~41515.1~~ 41423. Disability.

"Disability" means a limitation of a body function which includes both of the following:

(a) Compromises the ability to perform the usual and customary activities that a child of comparable age would be expected to perform; and

(b) Can be identified or quantified by a medical examination and standard tests for that body function.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(9) Redesignate Section 41515.2 to 41424 and amend to read:

~~41515.2~~ 41424. Disfiguring.

"Disfiguring" means a marring of form, appearance, or character.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(10) Redesignate Section 41516 to 41427.5 and amend to read:

~~41516~~ 41427.5. Expert Physician.

~~(a)~~ "Expert physician" means a physician and surgeon who is certified as a specialist by the American Board of Medical Specialists and has a faculty appointment at an accredited medical school.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~252~~ 123850, Health and Safety Code.

(11) Redesignate Section 41516.1 to 41431 and amend to read:

41516.1 41431. Full Medi-Cal Benefits.

"Full Medi-Cal benefits" means the CCS client as defined under Section 41512 41414 or applicant is eligible for the full range of Medi-Cal benefits without a share of cost.

NOTE: Authority cited: Sections ~~20, 208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~255~~ 123870, ~~257~~ 123900, ~~260~~ 123915 and ~~274~~ 123990, Health and Safety Code.

(12) Redesignate Section 41516.3 to 41432 and amend to read:

~~41516.3~~ 41432. Function.

"Function" means the specific activity performed to carry out the purpose of an organ or part of the body.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(13) Redesignate Section 41517 to 41437 and amend to read:

41517 41437. Hearing Officer.

(a) “Hearing Officer” means a person designated by the Director to conduct state hearings.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~252~~ 123850, Health and Safety Code.

(14) Redesignate Section 41517.3 to 41445 and amend to read:

~~41517.3~~ 41445. Life Threatening.

"Life threatening" means an injury or illness that could lead to death.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(15) Redesignate Section 41517.5 to 41448 and amend to read:

~~41517.5~~ 41448. Malignant Neoplasm.

"Malignant neoplasm" means a mass or growth in a body part, organ, or skin which does all of the following:

- (a) Is made up of abnormal cells as determined by histological examination;
- (b) Rapidly expands and grows;
- (c) Invades other adjacent body parts or organs; and
- (d) Invades other distant, noncontiguous body parts, or organs.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(16) Redesignate Section 41517.7 to 41450 and amend to read:

41517.7 41450. Medical Therapy Program.

"Medical Therapy Program" means the specific component of the ~~California Children's Services~~ CCS program located in public schools that provides physical therapy, occupational therapy, and physician consultations to children with specifically defined eligible medical conditions.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830, 123835 and 123950, Health and Safety Code.

(17) Redesignate Section 41518 to 41452 and amend to read:

41518 41452. Medically Necessary Benefits.

(a) "Medically necessary benefits" are those services, equipment, tests, and drugs which are required to meet the medical needs of the client's CCS-eligible medical condition as prescribed, ordered, or requested by a CCS physician and which are approved within the scope of benefits provided by the CCS program.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~254~~ 123840, ~~254.5~~ 123845 and ~~262~~ 123925, Health and Safety Code.

(18) Redesignate Section 41518.2 to 41453 and amend to read:

41518.2 41453. Mental Disorder.

"Mental disorder" means abnormal functioning of the mind manifested by difficulty or disorganization of thinking, inappropriate emotional response and instability, difficulty in expression and communication, and lack of self control resulting in abnormal behavior, or severe problems in relationships with other people.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(19) Redesignate Section 41518.3 to 41454 and amend to read:

~~41518.3~~ 41454. Mental Retardation.

"Mental retardation" means a disability with limitation of a person's thinking, memory, and reasoning ability, as determined by standardized psychological testing.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(20) Redesignate Section 41518.4 to 41455 and amend to read:

~~41518.4~~ 41455. Monitoring.

"Monitoring" means the use of equipment to observe and record physiological signs such as pulse, respiration, and blood pressure.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(21) Redesignate Section 41518.5 to 41461 and amend to read:

~~41518.5~~ 41461. Normal.

"Normal" means the usual state, amount, or degree.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(22) Redesignate Section 41518.7 to 41471 and amend to read:

~~41518.7~~ 41471. Physical.

"Physical" means pertaining to the body.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(23) Redesignate Section 41518.8 to 41472 and amend to read:

~~41518.8~~ 41472. Primitive Reflexes.

"Primitive reflexes" means those movements, including the sucking, palmar grasp, Moro, crossed extension, or automatic walking reflexes present in an infant beyond an age in which they disappear in 97 percent of all infants.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(24) Redesignate Section 41518.9 to 41478 and amend to read:

~~41518.9~~ 41478. Rehabilitation Services.

"Rehabilitation services" means those activities designed for the restoration of physical function after illness, injury, or surgery involving the neuromuscular or skeletal systems.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(25) Redesignate Section 41519 to 41479 and amend to read:

~~41519~~ 41479. Sliding Fee Scale.

"Sliding fee scale" means a scale determined by the ~~d~~Department which is based on family size and family income and shall be adjusted by the ~~d~~Department to reflect changes in the federal poverty level. The sliding fee scale is:

~~California Children Services~~ CCS Annual Enrollment Fee Schedule

Gross Income	Family Size				
	1 or 2	3	4	5	6 or more
\$ 0-24,999	0	0	0	0	0
\$25,000-29,999	120	60	0	0	0
\$30,000-34,999	180	120	60	0	0
\$35,000-39,999	240	180	120	60	0
\$40,000-44,999	360	300	240	180	120
\$45,000-49,999	480	420	360	300	240
\$50,000-54,999	600	540	480	420	360
\$55,000-59,999	720	660	600	540	480
\$60,000-64,999	840	780	720	660	600
\$65,000-69,999	960	900	840	780	720
\$70,000-74,999	1,080	1,020	960	900	840
\$75,000-79,999	1,200	1,140	1,080	1,020	960
\$80,000-84,999	1,320	1,260	1,200	1,140	1,080
\$85,000-89,999	1,440	1,380	1,320	1,260	1,200

\$90,000-94,999 1,560 1,500 1,440 1,380 1,320

\$95,000-99,999 1,680 1,620 1,560 1,500 1,400

For incomes over \$99,999, for each subsequent income increment of \$5,000, increase the above fees by \$120.00.

Note: Authority cited: Sections ~~20, 208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~255~~ 123870, ~~257~~ 123900, ~~260~~ 123915 and ~~274~~ 123990, Health and Safety Code.

**Chapter 2. Administration**  
**Article 1. General Provisions**

(26) Redesignate Section 41610 to 41510.2 and amend to read:

~~41610~~ 41510.2. Case Finding and Reporting.

The county shall conduct an active and continuous program of case finding of all persons under 21 years of age who are suffering from handicapping conditions. This function may be carried out by physicians and health and welfare agencies, public and voluntary. All cases in need of ~~California Children Services~~ CCS shall be referred to the local agency within the county which is administratively responsible for the program.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~253~~ 123855, Health and Safety Code.

(27) Redesignate Section 41611 to 41510.3 and amend to read:

~~41611~~ 41510.3. After-Care Services.

(a) The county shall provide the necessary after-care services for handicapped children as the attending specialist may direct. Health supervision in the home is the joint responsibility of the family physician, public health nurses, and such community agencies as are properly concerned.

(b) Social services shall be made available either through qualified medical social workers, child welfare workers or through such other social services workers as may be available in the county. The schools shall meet the special educational needs of handicapped children.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~254~~ and 1507.5 and 123865, Health and Safety Code.

## Article 5. Records and Reports

(28) Redesignate Section 41670 to 41510.4 and amend to read:

~~41670~~ 41510.4. Confidential Nature.

All information as to personal facts and circumstances obtained by the state or local staff administering the program shall constitute privileged communication, shall be held confidential and shall not be divulged without the individual's consent except as may be necessary to provide services to individual mothers and children, except when that information may be disclosed in summary, statistical, or other form which does not identify individuals.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~454~~ 123925, ~~455~~ 124980 and ~~262~~ 124995, Health and Safety Code.

(29) Redesignate Section 41671 to 41511 and amend to read:

~~41671~~ 41511. Maintenance of Records and Reports.

Adequate service records and administrative indexes shall be maintained and required reports of services rendered and the costs thereof shall be submitted to the ~~State Department of Health Services~~ Department by the agency administratively responsible for the program.

In counties with more than one organized health department, it is recommended that such records be maintained by the agency which is administratively responsible for the program and that such duplicate records be developed in other health departments as are necessary for effective services to handicapped children.

NOTE: Authority cited: Sections ~~20, 208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~262~~ 123925, Health and Safety Code.

(30) Redesignate Section 41672 to 41512 and amend to read:

~~41672~~ 41512. Patient Records.

Records indicating medical diagnosis and plans for treatment shall be kept for each patient.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~262~~ 123925, Health and Safety Code.

**Chapter 3. Client Application Process and Eligibility Requirements**  
**Article 1. General Provisions**

(31) Redesignate Section 41700 to 41514 and amend to read:

~~41700~~ 41514. Application for CCS Services.

(a) Anyone may make a referral to CCS including the patient or family.

(b) The parents, legal guardian of a minor child, or applicant 18 years of age or older shall submit a written application to the county.

(c) The county shall, upon receipt of a referral, within five calendar days, mail or deliver to the parents, legal guardian of a minor applicant or applicant 18 years of age or older, written notification of a minimum of information which shall include:

(1) The source and date of referral of the patient.

(2) A blank application form which is either provided by the State or prepared by the county and requests identifying information such as name and address of applicant and parents or legal guardian and a request for CCS coverage. The application form must contain a privacy notification meeting the requirements of Civil Code Section 1798.17.

(3) A statement that a completed application is required for CCS coverage.

(4) A statement that receipt of a completed and signed application by CCS within 20 calendar days of the mailing date of the notice is required for the referral date to be considered the application date.

(5) A brief description of CCS.

(d) If the county does not receive the application within 20 calendar days of the mailing date the county shall send a second notification with five more calendar days containing a minimum of information which shall include:

- (1) A statement that a completed application is required for CCS coverage.
- (2) A statement that the county has not received an application.

(e) If the county does not receive the application within ~~twenty~~ (20) calendar days after the second notice a third written notification shall be sent by the county within five (5) more calendar days after the second due date. That notice shall contain, at a minimum, the following information:

- (1) A statement that the county has not received a completed application to CCS.
- (2) A statement that the county has not opened the applicant's case and that no services shall be paid for by CCS.

(3) A statement that if the county receives a completed application within 20 calendar days of the date the county sent either the first or second notice, the referral date shall be considered the application date and that if the completed application is not received by the county within 20 calendar days after the second notice is mailed the date the application is received by the county shall be considered the application date.

- (f) A copy of the third and final letter shall be sent to the referral source.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~255~~ 123870, ~~257~~ 123900 and ~~274~~ 123990, Health and Safety Code.

**Chapter 4 Article 2. Medical Eligibility**  
**Article 1. General Provisions**

(32) Redesignate Section 41800 to 41515.1 and amend to read:

~~41800~~ 41515.1. Determination of Medical Eligibility.

Medical eligibility for the CCS program, as specified in Sections ~~41814~~ 41515.2 through ~~41876~~ 41518.9 shall be determined by the CCS program medical consultant or designee through the review of medical records that document the applicant's medical history, results of a physical examination by a physician, laboratory test results, radiologic findings, or other tests or examinations that support the diagnosis of the eligible condition.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(33) Redesignate Section 41811 to 41515.2 and amend to read:

~~41811~~ 41515.2. Infectious Diseases.

CCS applicants diagnosed with at least one of the following shall be medically eligible for participation in the CCS program:

(a) Infections of the bone, such as osteomyelitis and periostitis.

(b) Infections of the eye when the infection, if untreated, may result in permanent visual impairment or blindness.

(c) Infections of the central nervous system which have produced a neurologic impairment that results in physical disability requiring surgery or rehabilitation services to regain or improve function, such as movement or speech, which was limited or lost as a result of the infection.

(d) Infections acquired in utero and for which medically necessary postnatal treatment is required, such as toxoplasmosis, cytomegalovirus infection, rubella, herpes simplex, and syphilis.

(e) Human Immunodeficiency Virus (HIV infection), when confirmed by laboratory tests.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(34) Redesignate Section 41815 to 41516 and amend to read:

~~41815~~ 41516. Neoplasms.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

(a) All malignant neoplasms, including leukemia.

(b) A benign neoplasm when either of the following is present:

(1) The neoplasm is physically disabling or severely disfiguring; or

(2) The neoplasm is located contiguous to or within a vital organ or body part,

and its continued growth or lack of treatment would limit or eliminate the function of the organ or body part or lead to the death of the applicant.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(35) Redesignate Section 41819 to 41516.1 and amend to read:

~~41819~~ 41516.1. Endocrine, Nutritional and Metabolic Diseases, and Immune Disorders.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

- (a) Diseases of the pituitary, thyroid, parathyroid, thymus, and adrenal glands.
- (b) Growth hormone deficiency.
- (c) Diseases of the ovaries or testicles in which there is delayed onset of puberty primary amenorrhea after the age of 15 years, sexual development prior to the age of eight years for females and nine years for males, feminization of a male, or virilization of a female.
- (d) Diseases of the pancreas resulting in pancreatic dysfunction.
- (e) Diabetes mellitus.
- (f) Diseases due to congenital or acquired immunologic deficiency manifested by life-threatening infections, as determined from medical information about the applicant's clinical course and laboratory studies.
- (g) Inborn errors of metabolism such as phenylketonuria, homocystinuria, galactosemia, glycogen storage disease and maple syrup urine disease.
- (h) Cystic fibrosis.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(36) Redesignate Section 41823 to 41516.3 and amend to read:

~~41823~~ 41516.3. Diseases of Blood and Blood-Forming Organs.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

- (a) Anemias due to abnormal production of red cells or hemoglobin;
  - (b) Anemias resulting solely from a nutritional deficiency, such as inadequate intake of iron, folic acid or Vitamin B12 are eligible only when they present with life-threatening complications;
  - (c) Hemolytic anemias such as, but not limited to, congenital spherocytosis, sickle cell disease, the thalassemias and erythroblastosis fetalis;
  - (d) Hemolytic anemias resulting from infection are eligible only when they present with life-threatening complications;
  - (e) Pancytopenias, such as the congenital and acquired aplastic anemias;
  - (f) Disorders of leukocytes such as acquired and congenital neutropenia and chronic granulomatous disease;
  - (g) Hemorrhagic diseases due to:
    - (1) Coagulation disorders such as the hemophilias and von Willebrand disease;
- or
- (2) Disorders of platelets that are life threatening;

(h) Other disorders of blood and blood-forming organs that are life-threatening such as polycythemia, hypersplenism and hypercoagulable states.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(37) Redesignate Section 41827 to 41517 and amend to read:

~~41827~~ 41517. Mental Disorders and Mental Retardation.

(a) CCS applicants with a mental disorder, whose application is based upon such a disorder, shall not be medically eligible for the CCS program.

(b) CCS applicants with mental retardation, whose application is based upon such disease, shall not be medically eligible for the CCS program.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(38) Redesignate Section 41831 to 41517.3 and amend to read:

~~41831~~ 41517.3. Diseases of the Nervous System.

(a) CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

(1) Noninfectious diseases of the central and peripheral nervous system which produce a neurologic impairment that is life threatening or physically disabling.

(2) Cerebral palsy, a motor disorder with onset in early childhood resulting from a non-progressive lesion in the brain manifested by the presence of one or more of the following:

(A) Rigidity or spasticity.

(B) Hypotonia, with normal or increased deep tendon reflexes, and exaggeration of or persistence of primitive reflexes beyond the normal age range.

(C) Involuntary movements that are described as athetoid, choreoid, or dystonic.

(D) Ataxia manifested by incoordination of voluntary movement, dysdiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait.

(3) Seizure disorder when either of the following occur:

(A) It is a component of or secondary to a CCS-eligible condition; or

(B) It is of unknown origin and one of the following exists:

1. The frequency or duration of the seizures requires more than four changes in dosage or type of medications in the 12 months preceding the initial or subsequent determination of medical eligibility;

2. The frequency or duration of the seizures requires two or more types of seizure medications each day;

3. The frequency or duration of the seizures requires at least a monthly medical office visit for assessment of the applicant's clinical status and periodic blood tests for medication levels or presence of blood dyscrasia; or

4. The applicant has experienced an episode of Status Epilepticus in which case medical eligibility shall extend for one year following that event.

(4) Congenital anomalies of the nervous system which meet the criteria of section ~~41868~~ 41518.8.

(b) When the eligibility criteria listed in subsection (a)(3)(B) above have not been present for at least one year, eligibility shall cease.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(39) Redesignate Section 41832 to 41517.5 and amend to read:

~~41832~~ 41517.5. Medical Therapy Program.

(a) CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Medical Therapy Program:

(1) Cerebral palsy as specified in Section ~~41831(b)~~ 41517.3(a)(2).

(2) Neuromuscular conditions that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias, and muscular dystrophies.

(3) Chronic musculoskeletal and connective tissue diseases or deformities such as osteogenesis imperfecta, arthrogyrosis, rheumatoid arthritis, amputations, and contractures resulting from burns.

(4) Other conditions manifesting the findings listed in section ~~41831(b)~~ 41517.3(a) above, such as ataxias, degenerative neurological disease, or other intracranial processes.

(b) CCS applicants under three years of age shall be eligible when two or more of the following neurological findings are present:

(1) Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity);

(2) Increased Deep Tendon Reflexes (DTRs) that are 3+ or greater;

(3) Abnormal posturing as characterized by the arms, legs, head, or trunk turned or twisted into an abnormal position;

(4) Hypotonicity, with normal or increased DTRs, in infants below one year of age. (Infants above one year must meet criteria described in (a)(1)); or

(5) Asymmetry of motor findings of trunk or extremities.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(40) Redesignate Section 41835 to 41517.7 and amend to read:

~~41835~~ 41517.7. Diseases of the Eye.

CCS applicants with at least one of the following eye conditions shall be medically eligible for participation in the CCS program:

(a) Strabismus, when surgery is required and either until fusion is obtained, or a visibly abnormal deformity is corrected.

(b) Infections that produce permanent visual impairment or blindness, such as keratitis and choroiditis.

(c) Infections that require ophthalmological surgery, such as chronic dacryocystitis.

(d) Other diseases that can lead to permanent visual impairment such as:

(1) Cataract.

(2) Glaucoma.

(3) Retinal detachment.

(4) Optic atrophy or hypoplasia.

(5) Optic neuritis.

(6) Lens dislocation.

(7) Retinopathy of prematurity.

(8) Persistent hyperplastic primary vitreous.

(9) Ptosis.

(e) Congenital anomalies of the eye which meet the criteria of section 41868

41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(41) Redesignate Section 41839 to 41518 and amend to read:

~~41839~~ 41518. Diseases of the Ear and Mastoid Process.

(a) CCS applicants shall be eligible for participation in the CCS program for diagnostic services to determine the presence of a hearing loss when the applicant:

(1) Fails two pure tone audiometric hearing screening tests performed at least six weeks apart at levels not to exceed 25 decibels and at the minimum number of frequencies of 1000, 2000 and 4000 Hertz; or

(2) Fails to have normal auditory brain stem evoked response; or

(3) Fails otoacoustic emission or behavioral responses to auditory stimuli as determined by two tests performed at least six weeks apart; or

(4) Fails to pass hearing screening provided through the Newborn and Infant Hearing Screening, Tracking and Intervention Program, ~~as per~~ pursuant to Health and Safety Code Sections 123975 and 124115 through 124120.5; or

(5) Exhibits symptoms that may indicate a hearing loss such as poor speech for age or delay in age-appropriate behavioral milestones; or

(6) Has documentation of one of the risk factors associated with a sensorineural hearing or conductive hearing loss such as:

(A) A family history of congenital or childhood onset of hearing impairment.

(B) Congenital infection known or suspected to be associated with hearing loss.

(C) Craniofacial anomalies.

(D) Hyperbilirubinemia at a level exceeding the indication for an exchange transfusion.

(E) Ototoxic medications used for more than five days.

(F) Bacterial meningitis.

(G) Severe depression at birth, defined as:

1. Apgar score of three or less;
2. Failure to initiate spontaneous respirations by ten minutes of age; or
3. Hypotonia persisting to two hours of age.

(H) Prolonged mechanical ventilation for a duration of at least five days.

(I) Findings of a syndrome known to be associated with hearing loss.

(b) If either of the tests referenced in (a)(1) and (3) above are performed by an audiologist or otolaryngologist, only one exam shall be required for eligibility for diagnostic testing.

(c) CCS applicants shall be eligible for participating in the CCS program for treatment services when there is a hearing loss present as defined by the following criteria:

(1) In children over five years of age, a pure tone audiometric loss of 30 decibels or greater at two or more frequencies in the same ear tested at 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz or a loss of 40 decibels or greater at any one frequency between and including 500 through 8000 Hertz;

(2) In children from three to five years of age, a pure tone audiometric loss of 30 decibels or greater at any frequency tested at 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz; or

(3) In children unable to complete a pure tone audiometric test and whose auditory brain stem evoked response, or otoacoustic emission, or behavioral responses to auditory stimuli indicate hearing loss of 30 decibels or greater.

(d) CCS applicants shall be eligible for participation in the CCS program for treatment services when there is:

(1) Perforation of the tympanic membrane that requires tympanoplasty; or

(2) Mastoiditis; or

(3) Cholesteatoma.

(e) Congenital anomalies of the ear and mastoid process that meet the criteria of section ~~41868~~ 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830, 123835, and 123975, Health and Safety Code.

(42) Redesignate Section 41844 to 41518.2 and amend to read:

41844 41518.2. Diseases of the Circulatory System.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

- (a) Diseases of the endocardium, myocardium, or pericardium;
- (b) Cardiac dysrhythmias requiring medical or surgical intervention;
- (c) Diseases of blood vessels such as embolism, thrombosis, aneurysms, and periarteritis;
- (d) Cerebral and subarachnoid hemorrhage;
- (e) Chronic diseases of the lymphatic system;
- (f) Primary hypertension that requires medication to control; or
- (g) Congenital anomalies of the circulatory system that meet the criteria of section ~~41868~~ 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(43) Redesignate Section 41848 to 41518.3 and amend to read:

~~41848~~ 41518.3. Diseases of the Respiratory System.

CCS applicants with at least one of the chronic conditions of the respiratory tract, such as the following conditions, shall be eligible for participation in the CCS program:

(a) Chronic pulmonary infections such as abscess or bronchiectasis;

(b) Cystic fibrosis;

(c) Chronic Lung Disease (CLD) of infancy, such as Bronchopulmonary Dysplasia (BPD), when either (1) or (2) below is met:

(1) History of care in a neonatal intensive care unit that includes all of the following:

(A) Mechanical ventilation for more than six days;

(B) Concentration of oxygen greater than 60 percent for more than four of the days of ventilation; and

(C) Need for supplemental oxygen for more than 30 days; or

(2) The presence in an infant of at least one of the following:

(A) Radiographic changes characteristic of CLD such as areas of hyperinflation, areas of radiolucency, and areas of radio density due to peribronchial thickening or patchy atelectasis;

(B) Impaired pulmonary function, as manifested by one or more of the following during a stable phase: increased airway resistance, increased residual capacity, decreased dynamic compliance, arterial CO<sub>2</sub> tension (PaCO<sub>2</sub>) greater than 45 or arterial O<sub>2</sub> tension (PaO<sub>2</sub>) less than 80; or

(C) Cardiovascular sequelae such as pulmonary or systemic hypertension or right or left ventricular hypertrophy.

(d) Asthma, when it has produced chronic lung disease;

(e) Chronic disorders of the lung that are the result of chemical injury, metabolic disorders, genetic defects, or immunologic disorders other than asthma;

(f) Respiratory failure requiring ventilatory assistance;

(g) Hyaline membrane disease; or

(h) Congenital anomalies of the respiratory system that meet the criteria of section ~~41868~~ 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(44) Redesignate Section 41852 to 41518.4 and amend to read:

~~41852~~ 41518.4. Diseases of the Digestive System.

CCS applicants with at least one of the following conditions shall be eligible for participation in the CCS program:

(a) Diseases of the liver including:

(1) Acute liver failure;

(2) Chronic liver disease;

(b) Disorders of the gastrointestinal tract including:

(1) Chronic inflammatory diseases requiring complex ongoing medical management or surgical intervention such as pancreatitis, peptic ulcer, ulcerative colitis, regional enteritis, diverticulitis, and cholecystitis;

(2) Chronic intestinal failure; or

(3) Gastroesophageal reflux when:

(A) It is part of or complicates the management of a CCS-eligible condition; or

(B) It is an isolated condition with complications such as esophageal stricture or chronic aspiration pneumonia.

(c) Congenital anomalies of the digestive system that meet the criteria of section ~~41868~~ 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(45) Redesignate Section 41856 to 41518.5 and amend to read:

~~41856~~ 41518.5. Diseases of the Genitourinary System.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

(a) Acute glomerulonephritis in the presence of acute renal failure, malignant hypertension, or congestive heart failure;

(b) Chronic glomerulonephritis, chronic nephrosis, or chronic nephrotic syndrome;

(c) Chronic renal insufficiency;

(d) Obstructive uropathies;

(e) Vesicoureteral reflux, grade II or greater;

(f) Renal calculus; or

(g) Congenital anomalies of the genitourinary tract that meet the criteria of section ~~41868~~ 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(46) Redesignate Section 41864 to 41518.6 and amend to read:

~~41864~~ 41518.6. Diseases of the Skin and Subcutaneous Tissues.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

(a) Persistent or progressive diseases of the skin or subcutaneous tissue, such as pemphigus and epidermolysis bullosa, which;

(1) Are disabling or life-threatening; and

(2) Require multidisciplinary management;

(b) Scars when surgery is required and at least one of the following criteria is met:

(1) There is limitation of or loss of mobility of a major joint, such as the ankle, knee, hip, wrist, elbow, or shoulder; or

(2) They are disabling or severely disfiguring.

(c) Congenital anomalies of the skin or subcutaneous tissue that meet the criteria of section ~~41868~~ 41518.8.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(47) Redesignate Section 41866 to 41518.7 and amend to read:

~~41866~~ 41518.7. Diseases of the Musculoskeletal System and Connective Tissue.

(a) CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

(1) Acute and chronic suppurative infections of the joint;

(2) Chronic, progressive or recurrent inflammatory disease of the connective tissue or joints, such as rheumatoid arthritis, inflammatory polyarthropathy, lupus erythematosus, dermatomyositis, and scleroderma;

(3) Chronic, progressive, or degenerative diseases of muscles and fascia, such as myasthenias, myotonias, dystrophies, and atrophies that lead to atrophy, weakness, contracture and deformity, and motor disability;

(4) Intervertebral disc herniation;

(5) Scoliosis with a curvature of 20 degrees or greater;

(6) Other disease of the bones and joints, except fractures, resulting in limitation of normal function and requiring surgery, complex customized bracing, or more than two castings; or

(7) Congenital anomalies of the musculoskeletal system or connective tissue that meet the criteria of section ~~41868~~ 41518.8.

(b) Minor orthopedic conditions, such as tibia torsion, femoral anteversion, knock knees, pigeon toes, and flat feet, which only require special shoes, splints, and/or simple bracing are not eligible.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(48) Redesignate Section 41868 to 41518.8 and amend to read:

~~41868~~ 41518.8. Congenital Anomalies.

(a) CCS applicants with congenital anomalies shall be medically eligible for participation in the CCS program when the congenital anomaly is amenable to cure, correction, or amelioration; and

(1) Limits or compromises a body function based on a combination of factors such as its size, type and location; or

(2) Is severely disfiguring.

(b) The following conditions shall not be medically eligible for the CCS program when the application for eligibility is based solely on their presence:

(1) Inguinal and umbilical hernia;

(2) Hydrocele; or

(3) Unilateral undescended testicle.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

(49) Redesignate Section 41872 to 41518.9 and amend to read:

~~41872~~ 41518.9. Accidents, Poisonings, Violence, and Immunization Reactions.

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

(a) Injuries to organ systems or organs which, if left untreated, are likely to result in permanent physical disability, permanent loss of function, severe disfigurement or death;

(b) Fractures of the spine, pelvis, or femur;

(c) Fractures of the skull which, if left untreated, would result in Central Nervous System complications or severe disfigurement;

(d) All other fractures which require open reduction, internal fixation or which involve the joints or growth plates;

(e) Burns, when at least one of the following is present:

(1) Second and third degree burns of greater than ~~ten~~ 10 percent of the body surface area for children less than ~~ten~~ 10 years of age;

(2) Second and third degree burns of greater than ~~twenty~~ 20 percent of the body surface area for children greater than ~~ten~~ 10 years of age;

(3) Third degree burns of greater than five percent of the body surface area for any age group;

(4) Burns involving signs or symptoms of inhalation injury or causing respiratory distress;

(5) Second or third degree burns of the face, ear, the mouth and throat, genitalia, perineum, major joints, the hands and feet; or

(6) Electrical injury or burns, including burns caused by lighting;

(f) Presence of a foreign body when the object, if not surgically removed, would result in death or a permanent limitation or compromise of a body function;

(g) Ingestion of drugs or poisons that result in life threatening events and require inpatient hospital treatment;

(h) Lead poisoning as defined as a confirmed blood level of 20 micrograms per deciliter or above;

(i) Poisonous snake bites that require complex medical management and that may result in severe disfigurement, permanent disability or death;

(j) Other envenomation, such as spider bites, that require complex medical management and that may result in severe disfigurement, permanent disability or death;  
or

(k) Severe adverse reactions to an immunization requiring extensive medical care.

NOTE: Authority cited: Sections 20 and 100275, Health and Safety Code. Reference: Sections 123830 and 123835, Health and Safety Code.

**Chapter 5 Article 3. Residential Eligibility**  
**Article 1. General Provisions**

(50) Redesignate Section 41900 to 41519 and amend to read:

~~41900~~ 41519. Residential Eligibility Determination.

(a) The county shall determine residential eligibility based on information in the residential and family status sections of the residential and financial eligibility worksheet and from any other relevant information required to clarify residence in the county under provisions of Sections 243 and 244 of the Government Code.

(b) The county shall record eligibility determination in this section including the reason for denial of eligibility if so determined.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections 243 and 244, Government Code; and Sections ~~256~~ 123895 and ~~274~~ 123990, Health and Safety Code.

(51) Redesignate Section 42000 to 41610 and amend to read:

~~42000~~ 41610. CCS Residential and Financial Eligibility and Enrollment Fee Determination.

(a) The county shall conduct residential and financial eligibility and enrollment fee determination for applicants upon initial application to CCS for treatment services and shall annually thereafter redetermine financial eligibility and enrollment fees for clients continuing to receive treatment services under Sections ~~255~~ 123870 and ~~257~~ 123900 of the Health and Safety Code. Such determination shall be made within 30 calendar days of receipt by the county of the information needed to make the determination.

(b) The county shall submit written notification of financial eligibility and enrollment fee requirements to the parents, legal guardian of a minor applicant or applicant 18 years of age or older within five ~~(5)~~ calendar days of receipt of a completed application form or to the parents, legal guardian of a minor client or to a client 18 years of age or older a minimum of 30 calendar days before the annual redetermination is scheduled.

(1) The written notification at a minimum, shall include the following:

(A) A statement that the parents, legal guardian of a minor applicant or applicant/client 18 years of age or older must, within 30 calendar days of the date of written notification, provide the information needed for the county to determine residential and financial eligibility and enrollment fee.

(B) A list of documentation which must be provided, including:

1. Necessary income documents including:

a. California state income tax form (540 or 540A) and federal income tax form (1040 or 1040A) for the previous tax year.

b. Pay stubs, W-2 forms, copies of cash grant award letters or warrants, employee confirmation letters, and other substantiating documentation if the family did not file tax returns or the tax return forms are unavailable.

2. Residential eligibility information, if any, specified by the county.

3. Guardianship and custody information and documentation, if appropriate.

(C) Either:

1. The date, time, and place of a scheduled eligibility interview, or

2. Instructions for submitting the necessary documents by mail.

(c) If the county has not received a response to the first notification, the county shall, 15 calendar days after the first notification, send a second notification to the parents, legal guardian of a minor applicant/client or applicant/client 18 years of age or older. Such notification shall include the following information at a minimum.

(1) A statement that the county will not open an applicant's case or will close a client's case if the family does not appear at a rescheduled eligibility interview or submit necessary financial documents no later than the due date contained in the first notification.

(2) A request for information as set forth in ~~Section 41612~~ subsection (b)(1)(B).

(3) Either,

(A) The date of a rescheduled eligibility interview with instructions to submit required documents, or

(B) Instructions for submission of necessary income documents by mail.

(d) If the county has not received a response to the first or second notification the county shall send a third written notification to the parents, legal guardian of a minor applicant/client or applicant/client 18 years of age or older if these parties do not appear at a rescheduled interview or do not submit necessary documents. Such notification shall at a minimum include the following:

(1) A statement that the parents, legal guardian of a minor applicant/client or applicant/client 18 years of age or older has not appeared at a rescheduled interview or has not submitted necessary financial information.

(2) A statement of the disposition the county made of the case.

(e) The county shall use an eligibility worksheet which is either provided by the State or prepared by the county to determine residence in the county, financial eligibility and enrollment fee status and shall require at a minimum information covering the following areas:

(1) Residence, including current address, length of time at that address, previous address, address from which last year's state or federal taxes were filed, county of voter registration, if any.

(2) Insurance, including third-party coverage under Medi-Cal, Medicare, private or group insurance, type of coverage, name of carrier and description of covered benefits, including limitations, if any, on that coverage.

(3) Family status, including at a minimum:

(A) Name and address of parents and indication of which parent has legal custody, if applicable.

(B) Name and address of person, if any, with whom applicant/client resides other than the natural or adoptive parent(s).

(4) Income information including at a minimum:

(A) Income source for the mother, father and applicant/client.

(B) Family size as reported on each income tax form.

(C) Medi-Cal eligibility information.

(D) Adjusted gross income computation.

(E) Estimated out-of-pocket costs for care if Adjusted Gross Income is greater than \$40,000.

(5) Documentation of payment of the annual enrollment fee as required by Section ~~257~~ 123900(e) of the Health and Safety Code.

(6) Financial eligibility or annual enrollment fee exemption criteria as specified under Section ~~257~~ 123900(f) of the Health and Safety Code.

(7) Legal agreement, between the county and the parents, legal guardian, or applicant/client 18 years of age or older. At a minimum the agreement shall include:

(A) CCS eligibility determination.

(B) Annual enrollment fee determination.

1. Effective dates of annual enrollment fee.

2. Due date(s) of the annual enrollment fee.

3. Agreement to fully utilize any health insurance, and assign insurance rights.

4. Agreement to repay CCS costs if found not eligible.
5. Prompt notification of any change.
6. Repayment from lawsuit, etc.

(C) Statutory conditions under which CCS authorizes and pays for services and requires families to reimburse CCS for payments made to families by insurance or lawsuits, for services paid by CCS. The county shall determine the legal relationship of the person(s) with whom a minor applicant/client resides and who applies for CCS services on behalf of the child in order to determine residential and financial eligibility, and enrollment fee.

1. If the person is a legal guardian, the county shall specify on the agreement the county with legal jurisdiction and shall request verification of guardianship. If guardianship is verified the county shall determine the family is eligible to proceed with residential and financial eligibility and enrollment fee determination.

2. If the person is not a legal guardian, the county shall determine the family is not eligible to proceed with residential and financial eligibility and enrollment fee determination. The county shall give written notification to the person that only a parent, legal guardian, or persons legally designated to represent the client or applicant, may apply for CCS and the county shall give appropriate information regarding guardianship.

(D) Effective dates of the legal agreement.

(E) Privacy notification conforming to Civil Code Section 1798.17 requirements.

NOTE: Authority cited: Sections 20, ~~208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~254~~ 123865, ~~255~~ 123870, ~~256~~ 123895, ~~257~~ 123900, ~~263~~ 123930, ~~270~~ 123965 and ~~274~~ 123990, Health and Safety Code; and Section 1798.17, Civil Code.

**Article 4. Financial Eligibility**

(52) Redesignate Section 42050 to 41670 and amend to read:

~~42050~~ 41670. Financial Eligibility Determination.

(a) The county shall determine financial eligibility under provisions of Section ~~255~~ 123870 of the Health and Safety Code within 30 days of receipt of documentation needed.

(b) The county shall determine whether the family is exempt from financial eligibility determination for treatment services under provisions of Section ~~257~~ 123900(f) of the Health and Safety Code, and shall so enter in the exemption section of the eligibility worksheet.

(c) The county shall record the following information in the income source section of the eligibility worksheet as applicable to each applicant/client:

- (1) Name of the parent or party making application.
- (2) Income source documents used to determine financial eligibility.

(d) The county shall record the following information in the income for year section of the eligibility worksheet:

- (1) The adjusted gross income as reported in California tax form 540 or 540A or equivalent.
- (2) The number of persons dependent on the family income.
- (3) Whether the applicant/client is being referred to Medi-Cal.

(A) The county may extend the 30 day time limit during the Medi-Cal application process.

(B) If the county refers the applicant/client to Medi-Cal, such referral shall be in writing and shall include notice of section ~~275~~ 123995 of the Health and Safety Code.

(e) The estimated family out-of-pocket cost of care for the year for the applicant/client when the adjusted gross income exceeds \$40,000.

(1) The amount of 20 percent of the adjusted gross income.

(2) Anticipated services for the year and estimated out-of-pocket costs.

(f) Family's financial eligibility determination.

NOTE: Authority cited: Sections 20, ~~208~~ 100275, ~~249~~ 123805, ~~255~~ 123870 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~255~~ 123870, ~~257~~ 123900, ~~274~~ 123990 and ~~275~~ 123995, Health and Safety Code.

**Chapter 6. Financial Eligibility**  
**Article 2. Other Provisions**

(53) Redesignate Section 42075 to 41671 and amend to read:

~~42075~~ 41671. Eligibility Treatment Plans.

(a) Treatment plans within the program shall be developed for:

(1) Children whose parents or legal guardians cannot finance any part of the costs of the necessary care;

(2) Children whose parents or guardians are able to finance a part of the costs of the necessary care.

(b) Since the greatest need for assistance is found among the marginal groups who cannot afford the full costs of private care and are ineligible for completely free care, part-pay plans are necessary.

(c) When requested, families who are able to finance care privately, should be given advice in developing adequate treatment plans.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~255~~ 123870, ~~257~~ 123900 and ~~262~~ 123925, Health and Safety Code.

**Article 3. CCS Legal Agreement**

(54) Redesignate Section 42110 to 41672 and amend to read:

~~42110~~ 41672. CCS Legal Agreement Outline.

(a) The county shall notify the parent, legal guardian or applicant/client 18 years of age or older of the following information on the legal agreement part of the eligibility worksheet.

(1) Residential and financial eligibility determination including the reason for ineligibility if so determined.

(2) The amount of the annual enrollment fee.

(3) The beginning effective and termination effective dates of the annual enrollment fee for applicants shall be determined as follows:

(A) The beginning effective date is the application date as set forth in Section ~~41700~~ 41514(e)(3).

(B) The termination effective date is not later than one year after the beginning effective date of CCS coverage approved by the county.

(4) The effective beginning and termination dates of the enrollment fee for clients shall be determined as follows:

(A) Upon redetermination the effective beginning date is one day after the previous year's effective termination date.

(B) The effective termination date is one year after the effective beginning date.

(5) If the period of approved coverage is less than one year, and if the client reapplies for CCS within one year of the initial effective date, the county shall ask whether there have been any changes in the information on which the financial, residential, or enrollment fee determination was based.

(A) If there have been no changes the prior determination shall be reinstated and the next required annual redetermination shall be scheduled based on the prior determination.

(B) If there have been changes, a redetermination shall be done at the time of reinstatement and the next required annual redetermination shall be based on the reinstated date.

(6) The due date of enrollment fee is the date the parent, guardian or applicant/client is initially informed of the amount of the enrollment fee.

(7) A statement that there is a right to appeal the county's decision(s) using the appeals process under the provisions of Sections ~~42700~~ 42131 - ~~42720~~ 42700.

(8) Agreement to fully utilize any health insurance, and assign insurance rights.

(9) Agreement to repay CCS costs if found not eligible.

(10) Prompt notification of any change.

(11) The parent, legal guardian of a minor applicant/client or the applicant/client 18 years of age or older shall sign and date the worksheet's legal agreement as agreement to the conditions.

(12) A county representative shall sign and date the legal agreement part of the worksheet.

(13) The county shall submit a copy of the eligibility form and legal agreement to the parent, legal guardian or applicant/client 18 years of age or older.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~257~~ 123900, ~~260~~ 123915 and ~~274~~ 123990, Health and Safety Code.

**Article 4 5. Annual Enrollment Fee**

(55) Redesignate Section 42115 to 41674 and amend to read:

~~42115~~ 41674. Annual Enrollment Fee Determination.

(a) The county shall determine the applicant/client's annual enrollment fee under provisions of Section ~~257~~ 123900 of the Health and Safety Code.

(b) The county shall determine whether the family is exempt from the annual enrollment fee for treatment services and shall so record in the exemption section of the eligibility worksheet.

(c) The county shall enter the following information in the enrollment fee section of the eligibility form.

(1) The family's gross income, or total income as reported on federal income tax form 1040 or 1040A, or equivalent.

(2) Family size.

(3) The amount of the enrollment fee for family size and gross income according to the sliding fee scale of the CCS Annual Enrollment Fee Schedule in Section ~~41519~~ 41479.

(A) The family may request reconsideration if the family contends that it is unable to pay the enrollment fee because of undue family hardship.

1. The request for reconsideration must be in writing and shall include the name of the applicant/client, parent(s), legal guardian, and an explanation of a reduction in family income or unavoidable family expenditures.

2. The county agency director shall determine whether to reduce, waive or maintain the enrollment fee for the family and shall record in the applicant's or client's file the decision and the reasons the full enrollment fee would cause undue hardship.

NOTE: Authority cited: Sections 20, ~~208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~257~~ 123900 and ~~274~~ 123990, Health and Safety Code.

(56) Redesignate Section 42120 to 41676 and amend to read:

~~42120~~ 41676. Annual Enrollment Fee Reporting.

(a) Counties shall report annual enrollment fees due and collected on a quarterly basis on a hardcopy quarterly report form or electronic tape to the department.

(b) Counties which share program administration with state regional offices pursuant to Section ~~252~~ 123850 of the Health and Safety Code shall provide monthly lists to appropriate CCS state regional offices of all cases delinquent 30 or more days in enrollment fee payments.

(c) Counties which share program administration with state regional offices pursuant to Section ~~252~~ 123850 of the Health and Safety Code shall provide monthly lists to appropriate state CCS regional offices of all cases that are recommended for closure due to failure to pay the outstanding enrollment fees within 60 days of the due date.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~255~~ 123870, ~~257~~ 123900, ~~260~~ 123915 and ~~274~~ 123990, Health and Safety Code.

**Article 5. Annual Enrollment Fee Collection**

(57) Redesignate Section 42125 to 41684 and amend to read:

~~42125~~ 41684. Annual Enrollment Fee Collection.

(a) Counties shall retain the original of the legal agreement part of the financial eligibility and enrollment fee determination worksheets.

(b) A single, lump-sum annual payment shall be encouraged in order to simplify collection and reduce county administration costs.

(c) Periodic payments of specified amounts may be agreed upon if the family is unable to make a lump-sum payment.

(d) Accounting records of payment obligations and collections shall be maintained by counties.

(1) A tracking system shall be included to remind families of their outstanding fee obligations.

(2) Each billing statement sent to the parents, legal guardian of a minor applicant/client or applicant/client 18 years of age or older shall contain information about the total amount of the enrollment fee, the amount paid, amount due, and due date and shall include a statement about the termination of services for failure to pay the amount due within 60 calendar days of the due date.

(e) Families failing to pay the amount due by the 60th calendar day of the due date are financially ineligible and are disenrolled from treatment services on the 61st calendar day after the due date and shall be so notified.

(1) Notification to the families of case closure shall include:

(A) The reason for case closure.

(B) Reference to previous notices to family including notification of case closure as a consequence of non-payment.

(C) How to reapply to the program including the need to fully pay outstanding debts and the new effective date of coverage.

(D) The right to appeal under provisions of Sections ~~42700~~ 42131- ~~42720~~ 42700.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275, ~~249~~ 123805 and ~~274~~ 123990, Health and Safety Code. Reference: Sections ~~255~~ 123870, ~~257~~ 123900, ~~260~~ 123915 and ~~274~~ 123990, Health and Safety Code.

**Chapter 7 4. Program Benefits**  
**Article 3. Diagnostic Services**

(58) Redesignate Section 42130 to 41700 and amend to read:

~~42130~~ 41700. Availability.

Diagnostic services shall be readily available to all handicapped children in the county.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~253.5~~ 123860 and ~~262~~ 123925, Health and Safety Code.

(59) Redesignate Section 42131 to 41701 and amend to read:

42131 41701. Facilities.

Diagnostic services may be rendered in clinics conducted at regular intervals commensurate with the case load, or through the use of individual examinations, or a combination of both.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~253~~ 123855, Health and Safety Code.

(60) Redesignate Section 42132 to 41702 and amend to read:

42132 41702. Eligibility.

Diagnostic services shall be available to all handicapped children in the county.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~253.5~~ 123860, Health and Safety Code.

#### Article 4. Treatment Services

(61) Redesignate Section 42140 to 41740 and amend to read:

~~42140~~ 41740. Eligibility for Treatment Services.

Treatment meeting standards pursuant to Sections ~~42321~~ 42030 and ~~42400~~ 42110 through ~~42407~~ 42129 shall be provided for all handicapped children who are eligible.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~254~~ 123840, ~~255~~ 123870, ~~255.5~~ 123880, ~~255.6~~ 123885 and ~~262~~ 123925, Health and Safety Code.

(62) Redesignate Section 42160 to 41760 and amend to read:

~~42160~~ 41760. Bone Marrow Transplantation for Cancer.

Bone marrow transplantation for treatment of cancer in a CCS eligible child is reimbursable by CCS when the procedure has prior written approval by the CCS medical consultant in a county which, in the most recent U.S. Bureau of the Census decennial census, had a population of not more than 600,000 ~~or more~~. In all other counties prior written approval by the State CCS medical consultant is required, and it shall be attached to the county's quarterly invoice to the State.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~273~~ 123985, Health and Safety Code.

**~~Article 6. Authorization for Services~~**

(63) Redesignate Section 42180 to 41770 and amend to read:

~~42180~~ 41770. Prior Authorization.

(a) All services purchased for handicapped children shall be authorized by the State Department of Health ~~Services~~ or the local administering agency prior to the time service is provided and a record of such authorizations shall be retained as part of the individual's case record in the administering agency.

(b) Authorization for services provided during the hours when the offices of the administering agency are closed may be issued retroactively provided that

(1) the child meets the eligibility requirements of the program and

(2) the administering agency is notified by the physician, hospital, or other provider of service during the first day the agency's offices are open following the time the service was provided.

NOTE: Authority cited: Sections ~~20, 208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Section ~~254~~ 123865, Health and Safety Code; and Section 14103.8(a), Welfare and Institutions Code.

**Chapter 9. Professional Medical Care Providers**  
**Article 1. General Provisions**

(64) Redesignate Section 42305 to 42000 and amend to read:

~~42305~~ 42000. General Supervisions.

General supervision, for purposes of reimbursement by ~~the California Children Services (CCS) program~~ is the overall responsibility for the supervision of the total care for a CCS patient, and includes providing and/or arranging for necessary treatment and follow-up care as authorized by the CCS agency in accordance with Section ~~42180~~ 41770. A CCS panel podiatrist may provide general supervision only if all aspects of the patient's treatment program are within the scope of podiatric licensure.

NOTE: Authority cited: Sections ~~20 and 208~~ 100275, Health and Safety Code.  
Reference: Sections ~~255.5~~ 123880, ~~262~~ 123925 and ~~268~~ 123955, Health and Safety Code.

### Article 3. Physicians

(65) Redesignate Section 42320 to 42020 and amend to read:

~~42320~~ 42020. Diagnostic Services.

Physicians rendering diagnostic services shall be specialists who are certified by their respective specialty boards, except that physicians eligible by training for the certifying examinations may be allowed three years in which to complete the final certification, or the Director of ~~Health Services~~ may, upon the recommendation of an Advisory Credentials Committee, determine that an applicant physician possesses equivalent qualifications and may be permitted to participate as a physician specialist in the ~~California Children Services~~ CCS program. A Credentials Committee, composed of ten American Board certified specialists of outstanding professional and personal character shall be appointed by the Director of the ~~Department of Health Services~~ to review and advise upon the training, experience and professional ability of applicant physician specialists. This Committee shall convene for this purpose at least semiannually. Committee members will serve without compensation but shall be reimbursed for all expenses incidental to the performance of their responsibilities. This limitation does not apply to physicians on the panel as of the effective date of this regulation.

NOTE: Authority cited: Sections 20, ~~208~~ 100275, ~~249~~ 123805 and 1509, Health and Safety Code. Reference: Sections ~~254~~ 123840, ~~253.5~~ 123860, and ~~262~~ 123925, Health and Safety Code.

(66) Redesignate Section 42321 to 42030 and amend to read:

~~42321~~ 42030. Treatment Services.

Medical treatment shall be rendered by physicians who are certified by their respective specialty boards, except when in the opinion of the specialists, treatment may be delegated or shared with the family physician. Physicians who are not certified but who are eligible by training for the certifying examination may participate in the program for not more than three years. The Director of the Department of Health ~~Services~~ may determine that an applicant physician possesses equivalent qualifications and may be permitted to participate as a physician specialist in accordance with the provisions of Chapter 9, Article 3. This limitation does not apply to physicians on the panel as of the effective date of this regulation.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~255.5~~ 123880, ~~255.6~~ 123885 and ~~262~~ 123925, Health and Safety Code; and Section 7572, Government Code.

(67) Redesignate Section 42326 to 42050 and amend to read:

~~42326~~ 42050. Family Physician.

(a) A CCS Panel Family Physician is a physician who has been approved (in accordance with subsection (b) of this regulation) to provide services through the CCS program and who meets all of the following participating standards:

- (1) Is currently licensed by the California Board of Medical Quality Assurance.
- (2) Has been certified by the American Board of Family Practice.
- (3) Has expertise in the care of physically handicapped children as outlined in subsection (d) of this section.

(b) In order to be approved to provide services through the CCS program, a Family Physician must:

(1) Obtain a CCS Panel Application Form (MC 2100) from either the Department's California Children Services CCS Branch, State Department of Health Services or the county California Children Services CCS Agency.

(2) Submit the completed application form (MC 2100) to the Department's California Children Services CCS Branch, State Department of Health Services.

(c) The ~~Department of Health Services~~ shall acknowledge receipt of the CCS Panel Application within five work days and shall within ten working days, approve the application, or deny it, or return it for additional information. This five to ten day median is based upon a minimum of two days and a maximum of ten days actual experience in 1985 and 1986.

(d) Panel members required by Section ~~255.6~~ 123885 of the Health and Safety Code to have expertise in the care of children shall have at least five ~~(5)~~ years of experience treating physically handicapped children, or have treated 100 or more such children.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~255.5~~ 123880 and ~~255.6~~ 123885, Health and Safety Code.

#### Article 4. Other Health Care Professionals

(68) Redesignate Section 42330 to 42075 and amend to read:

~~42330~~ 42075. Podiatrists.

(a) A CCS Panel Podiatrist is a podiatrist who has been approved (in accordance with subsection (b) of this regulation) to provide services through the CCS program and who meets all of the following participating standards.

(1) Is licensed by the Podiatry Examining Committee of the California Board of Medical Quality Assurance.

(2) Has been certified by the American Board of Podiatric Surgery and/or the American Board of Podiatric Orthopedics.

(3) Has expertise in the care of physically handicapped children as outlined in subsection (d) of this section.

(b) In order to be approved to provide services through the CCS program; a podiatrist must:

(1) Obtain a CCS Panel Application Form (MC 2100) from either the Department's CCS Branch, ~~State Department of Health Services~~ or the county CCS Agency.

(2) Submit the completed CCS Panel Application form (MC 2100) to the Department's CCS Branch, ~~State Department of Health Services~~ for review.

(c) ~~The Department of Health Services~~ shall acknowledge receipt of the CCS Panel Application within five days and shall, within ten working days, approve the application, or deny it, or return it for additional information. This five to ten day medium is based upon a minimum of two days and a maximum of ten days actual experience during 1985 and 1986.

(d) Panel members required by Section ~~255.6~~ 123885 of the Health and Safety Code to have expertise in the care of children shall have at least five ~~(5)~~ years of experience treating physically handicapped children, or have treated 100 or more such children.

NOTE: Authority cited: Sections ~~20,~~ ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~255.5~~ 123880 and ~~255.6~~ 123885, Health and Safety Code.

**Chapter 10. Hospital Providers**  
**Article 1. General Provisions**

(69) Redesignate Section 42400 to 42110 and amend to read:

~~42400~~ 42110. Facilities.

Hospital care shall be provided in institutions licensed by the ~~California~~  
Department of ~~Health Services~~ after January 1, 1946, or in county hospitals meeting  
equivalent standards.

NOTE: Authority cited: Sections ~~20, 208~~ 100275 and ~~249~~ 123805, Health and Safety  
Code. Reference: Sections ~~254~~ 123840, ~~262~~ 123925 and 1254, Health and Safety  
Code.

(70) Redesignate Section 42401 to 42115 and amend to read:

42401 42115. Separate Facilities for Children.

Separate facilities for the exclusive use of children under ~~fourteen~~ 14 years of age shall be provided. Facilities for infants shall be separate from those of older children.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~252~~ 123850 and ~~262~~ 123925, Health and Safety Code.

(71) Redesignate Section 42402 to 42120 and amend to read:

42402 42120. Isolation.

Proper isolation facilities shall be provided for children who develop communicable diseases.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~254~~ 123840 and ~~262~~ 123925, Health and Safety Code.

(72) Redesignate Section 42403 to 42125 and amend to read:

42403 42125. Nursing Requirements.

The supervisor or head nurse of the facility where crippled children are cared for shall have had postgraduate training or experience in pediatric nursing.

There shall be sufficient staff to provide adequate nursing care. It is recommended that an average of 5.5 hours of nursing care per patient for infants and 4.3 hours for older children be provided during each 24 hours.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~254~~ 123840 and ~~262~~ 123925, Health and Safety Code.

(73) Redesignate Section 42404 to 42126 and amend to read:

42404 42126. Clinical Laboratories.

Clinical laboratories shall meet the standards outlined in the Division 2, Chapter 3 of the California Business and Professions Code.<sup>4</sup>

<sup>4</sup>~~Business and Professions Code, Division 2, Chapter 3~~

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~252~~ 123850 and ~~262~~ 123925, Health and Safety Code.

(74) Redesignate Section 42405 to 42127 and amend to read:

~~42405~~ 42127. Dietary Services.

Dietary service shall provide for the adequate nutrition of children.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~254~~ 123840 and ~~262~~ 123925, Health and Safety Code.

(75) Redesignate Section 42406 to 42128 and amend to read:

~~42406~~ 42128. Physical and Occupational Therapy.

(a) Hospitals treating orthopedic cases shall provide physiotherapy personnel and equipment adequate to carry out the recommended treatment.

(b) Hospitals providing long-time care to handicapped children shall offer adequate educational and occupational therapy services.

NOTE: Authority cited: Sections ~~20~~, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~254~~ 123840 and ~~262~~ 123925, Health and Safety Code.

(76) Redesignate Section 42407 to 42129 and amend to read:

42407 42129. Social Worker Services.

It is desirable that medical social services by qualified hospital personnel be available.

NOTE: Authority cited: Sections 20, ~~208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~251~~ 123840 and ~~262~~ 123925, Health and Safety Code.

#### Article 4. Special Hospital

(77) Redesignate Section 42420 to 42130 and amend to read:

~~42420~~ 42130. Special Hospital.

Where hospital care is required for certain limited or specialized types of cases, hospitals which do not meet all of the above requirements may be used, provided it has been determined by the ~~State Department of Health Services~~ that the hospital can provide adequate services to meet the special need.

NOTE: Authority cited: Sections ~~20, 208~~ 100275 and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~254~~ 123840 and ~~262~~ 123925, Health and Safety Code.

**Chapter 13. Resolution of Complaints and Appeals by CCS Clients or Applicants**  
**Article 1. Notice of Action**

(78) Redesignate Section 42700 to 42131 and amend to read:

~~42700~~ 42131. Written Notice of Action.

(a) "Notice of Action" is a written notice of the action taken by a CCS agency, which notice is to be sent pursuant to section ~~42704~~ 42132.

(b) The CCS Notice of a Action ~~must~~ shall include:

(1) A description of the action proposed.

(2) The basis of the action.

(3) The date of the notice of action.

(4) The effective date of the action.

(5) The law, regulation, or policy supporting the action.

(6) The business address, phone number and name of the program director of the CCS agency taking the action.

(7) Information explaining the applicant's or client's right of appeal, the right to request continuation of services during appeal, the right to review the medical record, the right to appoint a representative, how to initiate an appeal, appeal deadlines, and the address of where to obtain detailed information and assistance on the process.

NOTE: Authority cited: Sections ~~20, 208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(79) Redesignate Section 42701 to 42132 and amend to read:

~~42701~~ 42132. Reasons for Notice of Action.

(a) A written ~~n~~Notice of ~~a~~Action shall be sent to the applicant, client and/or legal guardian, or authorized representative within seven calendar days of the decision by the designated CCS agency when:

(1) The applicant is being denied financial, residential, or medical eligibility following completion of the written application to the CCS program.

(2) A request for a new medical service or program benefit not currently being provided to a client or when continuation of a CCS medical service or program benefit currently authorized is denied.

(3) The client's eligibility for the CCS program is discontinued.

(4) The amount the family must repay the program for treatment services is increased. However, if the family agrees with the new amount and signs a dated statement, which statement may be prepared by either the family or the agency, agreeing to the new amount, the family's copy of the statement constitutes written Notice of Action. No form is required.

(5) The request in subsection (a)(2) is approved, but is modified by the CCS program to reduce the frequency or duration, to change the place or provider of service, or to alter the nature of the medical services or benefit requested.

(b) The reduction, termination, or modification of current services or benefits does not require a written notice of action when:

(1) The reduction, termination, increase, or other modification is ordered by the CCS physician who is providing medical supervision of the client; or

(2) The reduction, termination or modification is with the consent of the client or person legally authorized to consent for the client; or

(3) Services or benefits were authorized for a limited duration as requested by the CCS provider, the client was so advised, and the date the service or benefit is to be terminated is the same as the termination date requested by the provider and approved by the CCS agency; or

(4) The client is in a licensed acute care or subacute medical care facility.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805, ~~250.6~~ 123835, ~~252~~ 123850, ~~254~~ 123865, ~~255~~ 123870, ~~258~~ 123905 and ~~262~~ 123925, Health and Safety Code.

## Article 2. Designated CCS Agency

(80) Redesignate Section 42702 to 42140 and amend to read:

~~42702~~ 42140. Right to Appeal.

(a) A CCS applicant or client who disagrees with a decision of the designated CCS agency has the right to appeal that decision except when the service under dispute has been ordered or terminated by a CCS physician with responsibility for the medical supervision of the client. If the client or person legally authorized to decide for the client disagrees with the CCS physician, the client shall be provided with names of three expert physicians from whom the client will choose one, who will evaluate the child at CCS expense. The opinion of the expert physician shall be final.

(b) The agency need not grant a hearing if the sole issue is a Federal or State law requiring an automatic change adversely affecting some or all recipients.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~252~~ 123850 and ~~262~~ 123925, Health and Safety Code.

(81) Redesignate Section 42703 to 42160 and amend to read:

~~42703~~ 42160. First Level Appeal.

(a) If the CCS client or applicant is not satisfied with a decision, he or she may submit a written appeal. Appeals in response to a Notice of Action ~~S~~shall be postmarked within 30 calendar days from the date of the Notice of Action.

(b) The written appeal shall describe the issues(s); shall provide available pertinent information to support the client or applicant's request, and the action, decision or relief sought, including any request for continuation of CCS services during the appeal process.

(c) Appeals shall be sent to the CCS program in the county of residence as designated below:

(1) In a county which administers CCS services "independently" in accordance with section ~~252~~ 123850 of the Health and Safety Code, the appeal shall be directed to the program director or designee of the county CCS agency.

(2) In all other counties, the appeal shall be sent to the State CCS Regional Office for that county.

(d) The designated CCS agency shall upon request assist the client or applicant to complete the request for an appeal. No form is required for requesting an appeal.

(e) Within 21 calendars days of receipt of the written appeal the designated CCS agency shall review the appeal and, if sufficient information is available, mail the written response with the basis for the decision, including pertinent facts and the supporting

statutes, or regulations, to the CCS client or applicant. If additional information is required to make the decision, the response to the appeal shall be mailed within 21 calendar days of receipt of the additional information.

(f) If the decision of the CCS agency does not resolve the issue(s) to the satisfaction of the CCS client or applicant, the issue(s) may be appealed to a CCS Fair Hearing as provided for in section ~~42705~~ 42180.

(g) The CCS agency shall maintain a copy of the appeal file in the claimant's case record.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~252~~ 123850 and ~~262~~ 123925, Health and Safety Code.

### Article 3. CCS Fair Hearing

(82) Redesignate Section 42705 to 42180 and amend to read:

~~42705~~ 42180. Request for CCS Fair Hearing.

(a) An applicant for or client of CCS whose appeal, submitted in accordance with section ~~42703~~ 42160, has been denied, may request a CCS Fair Hearing as follows:

(1) A written request shall be filed with the Director of the ~~Department of Health Services~~ within 14 calendar days of the date of the written appeal decision. The request for CCS Fair Hearing shall be submitted with the written decision rendered in accordance with section ~~42703~~ 42160, and shall be signed by the applicant or client or legal guardian.

(2) If the Department determines that the request is not specific or that necessary information is lacking, the Department shall notify the applicant or client within 14 calendar days. The applicant or client shall be granted 14 calendar days after the date of request for information to submit the additional information.

(3) If the information requested by the CCS agency is not provided by the appellant within 14 calendar days, the Hearing Officer may defer or deny the request for a Fair Hearing.

(4) The written request for a CCS Fair Hearing may be amended by the applicant or client any time during the 14 calendar day period.

(b) All late requests for a CCS Fair Hearing shall be denied and the decisions written in accordance with section ~~42703~~ 42160 shall be final unless the applicant or client upon receiving such denial establishes with the Department, in writing, good cause for the late filing. Decisions regarding good cause shall be made by the Hearing Officer.

(c) The CCS agency shall supply a copy of the discoverable appeal documents to the Department, the Hearing Officer, and the claimant upon request.

NOTE: Authority cited: Sections ~~20~~, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~252~~ 123850 and ~~262~~ 123925, Health and Safety Code.

(83) Redesignate Section 42706 to 42305 and amend to read:

~~42706~~ 42305. Notice of CCS Fair Hearing.

~~(a)~~ Written notice of the time and place of a CCS Fair Hearing shall be mailed to each party at least 30 calendar days before the date of hearing.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(84) Redesignate Section 42707 to 42320 and amend to read:

~~42707~~ 42320. Time and Place of Formal Fair Hearing.

~~(a)~~ The Hearing Officer shall determine the time and place of the Fair Hearing.

The Fair Hearing shall be reasonably accessible to the client or applicant requesting the hearing.

NOTE: Authority cited: Sections ~~20~~, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(85) Redesignate Section 42708 to 42321 and amend to read:

~~42708~~ 42321. Continuation.

(a) If the CCS client's request for appeal or CCS Fair Hearing includes a request for continuation or resumption of services previously authorized by the CCS agency, during the time the appeal is under active consideration, the medical decision regarding the need for continuation of medically necessary services shall occur as follows:

(1) If the appeal or Fair Hearing request concerns continuing financial or residential eligibility, the client's request for continuation of previously authorized medical services shall be decided by the prescribing physician.

(2) If the appeal or Fair Hearing request concerns medical eligibility or the need for the continuation of previously authorized medical services, the CCS agency director shall authorize that the client be evaluated by an expert physician whose specialty encompasses the client's medical condition and/or service at issue and who is not a CCS employee or under consultant contract with CCS.

Within five days of the receipt of the request for evaluation, the CCS agency shall provide the client, parent(s), and/or legal guardian with the names of three such physicians. Within five days of the receipt of the names of the three physicians the client, parent(s) and/or legal guardian shall choose one physician whom the CCS agency shall authorize to perform the evaluation.

Within five days of notification to CCS of the choice of physician the CCS agency shall contact the physician to set up an appointment for an evaluation. The evaluation shall be at a time mutually acceptable to the client and the physician. Medically necessary benefits shall continue until the evaluation has been completed and the physician's recommendation received by CCS.

(b) Benefits and services shall be continued or resumed pursuant to section ~~42708~~ 42321, pending the outcome of the administrative appeal, from the date of the first letter of appeal, if any of the following exists:

(1) The expert physician finds upon evaluation that a termination or change of the client's current medical services will result in:

(A) potential injury or loss of life to the client; or

(B) measurable, significant loss of physical functioning; or

(C) significant risk of deterioration of the client's condition if the medically necessary benefits are discontinued.

(2) No other reasonable alternative exists for the provision of such services.

(3) The service or benefit being appealed is an approved CCS program benefit.

(c) Failure of the client, parent(s) or representative to agree to an evaluation or failure to keep the appointment shall result in denial of continuation of services.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(86) Redesignate Section 42709 to 42326 and amend to read:

~~42709~~ 42326. Hearing Officer's Authority.

The Hearing Officer may, on his/her own motion or the motion of any party, as the Hearing Officer deems appropriate;

(a) Consolidate for hearing or decision any number of issues or appeals when the facts and circumstances are similar and no substantial right of any party will be prejudiced.

(b) Combine other related hearings to the extent confidentiality is not violated, grant continuances, and hold additional Fair Hearings as necessary to dispose of all issues.

NOTE: Authority cited: Sections ~~20~~, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(87) Redesignate Section 42710 to 42330 and amend to read:

~~42710~~ 42330. Discovery.

(a) When the request for a CCS Fair Hearing has been accepted, a party to the hearing, by a request in writing to the other party, is entitled to:

(1) Obtain the names and addresses of witnesses to the extent known to the other party, limited to those intended to be called to testify at the Fair Hearing.

(2) Inspect and make a copy of any records in accordance with the provisions of section 11507.6 of the Government Code.

(b) Nothing in this section shall authorize the inspection or copying of any writing or item which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

NOTE: Authority cited: Sections ~~20, 208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code; Section 11507.6, Government Code.

(88) Redesignate Section 42711 to 42400 and amend to read:

~~42711~~ 42400. Subpoenas.

(a) Prior to and during the hearing the Hearing Officer may issue subpoenas as deemed necessary.

(b) Where a witness is material and necessary but attendance presents undue hardship on a medical professional's time and practice commitments, testimony may be taken by telephone conferencing.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(89) Redesignate Section 42712 to 42401 and amend to read:

~~42712~~ 42401. Preparation for CCS Fair Hearing.

A party appearing at a CCS hearing shall have necessary evidence and witnesses present and be ready to proceed. Each party shall make available sufficient copies, as indicated by the Hearing Officer, of any documents to be introduced in evidence.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(90) Redesignate Section 42713 to 42402 and amend to read:

~~42713~~ 42402. Conduct of CCS Fair Hearing.

(a) Testimony shall be taken only on oath or affirmation.

(b) The proceedings at the CCS Fair Hearing shall be electronically recorded.

(c) The Fair Hearing need not be conducted according to the technical rules of evidence and those related to witnesses. Any relevant evidence shall be admitted. Hearsay evidence shall not be sufficient in itself to support a finding unless it would be admissible over objection in civil actions.

(d) The Hearing Officer may question any party or witness and may admit any relevant and material evidence.

(e) The Hearing Officer shall control the taking of evidence in a manner best suited for learning the facts and safeguarding the rights of the parties. Prior to taking evidence, the Hearing Officer shall set forth the order in which evidence will be received.

(f) The applicant or client shall present his or her findings and evidence at the hearing. The applicant or client has the responsibility of demonstrating that the appeal findings were not correctly made. Once the applicant or client has presented his or her case, the responsibility shifts to the Department to demonstrate that the Department's position regarding disputed issues is correct.

(g) The hearing shall be conducted in the English language. If a party to the hearing is not proficient in the English language and requests language assistance, the Hearing Officer shall require the Department to provide an interpreter.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and 249 123805, Health and Safety Code; and Section 11181, Government Code. Reference: Sections 249 123805 and ~~252~~ 123850, Health and Safety Code.

(91) Redesignate Section 42714 to 42403 and amend to read:

42714 42403. Office Official Notice.

~~(a)~~The Hearing Officer shall take official notice of those matters which must be judicially noticed by a court under section 451 of the Evidence Code. The Hearing Officer may take official notice of those matters set forth in section 452 of the Evidence Code.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code; and Sections 451 and 452, Evidence Code.

(92) Redesignate Section 42715 to 42404 and amend to read:

42715 42404. Continued Hearings.

A Hearing Officer may continue a CCS Fair Hearing to another time or place upon his or her initiative. Oral notice of the time and place of the continued CCS Fair Hearing shall be given to each party present at the CCS Fair Hearing. Such oral notice shall be confirmed in writing by the Hearing Officer subsequent to the CCS Fair Hearing and prior to the continued hearing.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(93) Redesignate Section 42716 to 42405 and amend to read:

42716 42405. Evidence.

(a) Notwithstanding any other provision of these regulations, and unless otherwise ordered by the assigned Hearing Officer, the parties shall exchange copies of all documents and other items to be offered into evidence at the hearing other than those for impeachment or rebuttal. Each proposed exhibit shall be premarked for identification.

(b) Prior to the commencement of the CCS Fair Hearing, any party proposing to object to the receipt in evidence of any proposed exhibit shall advise the opposing party of such objection. The parties shall confer with respect to any objections in advance of the CCS Fair Hearing and attempt to resolve the objections. Failure to comply with the requirements of (a) above shall constitute a ground for objection to the introduction of undisclosed documents and other items into evidence other than for impeachment or rebuttal.

(c) In all cases, the Hearing Officer, in order to obtain additional evidence necessary for the proper determination of the case may:

(1) continue the CCS Fair Hearing and hold the record open for either party to produce additional evidence;

(2) close the hearing and hold the record open in order to permit the introduction of additional documentary evidence. Any material submitted after the close of the CCS

Fair Hearing shall be made available to both parties and each party shall have the opportunity for rebuttal;

(3) order a further CCS Fair Hearing if the nature of the additional evidence or the refutation thereof makes a further hearing necessary.

NOTE: Authority cited: Sections 20, 208(a) 100275(a) and 249 123805, Health and Safety Code. Reference: Sections 249 123805 and 252 123850, Health and Safety Code.

(94) Redesignate Section 42717 to 42406 and amend to read:

~~42717~~ 42406. Representation at a CCS Fair Hearing.

(a) A Hearing Officer may refuse to allow any person to represent a party in any hearing when the person:

(1) engages in unethical, disruptive or contemptuous conduct; or

(2) intentionally fails to comply with the proper instructions or orders of the Hearing Officer or with the provisions of this article.

(b) This section shall not be construed to limit the right of a party or its representative to make evidentiary and procedural objections and state the reasons therefor.

NOTE: Authority cited: Sections ~~20~~, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(95) Redesignate Section 42718 to 42407 and amend to read:

42718 42407. Oral Argument and Briefs.

(a) The Hearing Officer shall grant oral argument and may grant written argument at the request of any party made prior to the close of the CCS Fair Hearing. The parties shall be advised as to the time and manner within which written argument is to be filed.

(b) The Hearing Officer may require any party to submit written memorandum pertaining to any or all issues raised in the CCS Fair Hearing.

NOTE: Authority cited: Sections ~~20, 208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(96) Redesignate Section 42719 to 42420 and amend to read:

~~42719~~ 42420. Disqualification of Hearing Officer.

(a) A Hearing Officer shall voluntarily withdraw from any proceedings in which he/she:

(1) cannot conduct a fair or impartial hearing; or

(2) has prior knowledge of or involvement with either party, or may benefit personally from the outcome of a hearing.

(b) A party may request the disqualifications of a Hearing Officer by filing a notarized statement with the Department stating in detail the grounds upon which it is claimed that a fair and impartial hearing cannot be given or that the Hearing Officer has an interest in the proceeding. The Department, through the Chief Hearing Officer or Chief Counsel of the hearing entity, shall:

(1) Investigate the allegations and advise the complaining party in writing of the decision granting or denying the request to disqualify the Hearing Officer. A copy of the decision shall be mailed to the other parties; or

(2) Provide for reassignment of the case to another Hearing Officer without investigation.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805 and ~~252~~ 123850, Health and Safety Code.

(97) Redesignate Section 42720 to 42700 and amend to read:

~~42720~~ 42700. Decision.

(a) ~~¶~~The Hearing Officer shall take the matter being appealed under submission at the conclusion of the hearing. A proposed decision, that may be adopted as the decision of the Director, shall be submitted to the Director.

(b) The Director shall take one of the following actions:

(1) adopt the proposed decision in its entirety; or

(2) reject the proposed decision and decide the matter himself or herself based upon the record including the transcript; or

(3) order a further hearing to take additional evidence. If the case is so assigned, the Hearing Officer shall prepare a proposed decision as provided in subsection (a), upon the additional evidence and the record of the prior hearing.

(c) The decision shall state the basis for the decision and the evidence relied upon, and shall be final upon adoption by the Director.

(d) ~~¶~~The Director shall issue a decision within 90 days of a request for a CCS Fair Hearing, when the request is made as specified in section ~~42705~~ 42180, subsections (a) through (c), except in those cases where the claimant waives the 90-day requirement, the claimant withdraws or abandons the request for hearing, the Hearing Officer or Director requires additional information to make a decision and such information is not made available to meet the 90-day period, a continuance is granted or the Director orders a further hearing. If the claimant conditionally withdraws the hearing

request, the 90-day period shall begin on the date the request for hearing is reinstated by the Hearing Officer. If the claimant waives the 90-day requirement or required information is not available to meet the 90-day requirement, a decision will be made by the Director within 45 days of the close of the record of the hearing.

NOTE: Authority cited: Sections 20, ~~208(a)~~ 100275(a) and ~~249~~ 123805, Health and Safety Code. Reference: Sections ~~249~~ 123805, ~~252~~ 123850 and ~~262~~ 123925, Health and Safety Code.

**~~Chapter 14. Other CCS Programs~~**  
**~~Article 1. Immunization Adverse Reaction Fund~~**

(98) Repeal Section 42800:

42800. Fund Administration.

~~The Immunization Adverse Reaction Fund shall be administered by the State Department of Health Services, California Children Services. All services shall be rendered in accordance with California Children Services rules and regulations except that:~~

~~(a) There shall be no financial screening and no liability for repayment by the parents or estate of the person for expenses reimbursed by the Immunization Adverse Reaction Fund.~~

~~(b) Age limit shall be under 18 years.~~

~~(c) Care services shall include medical, institutional, supportive and rehabilitative care.~~

~~(d) Medical eligibility shall be limited to State required immunizations resulting in severe adverse reactions.~~

~~(e) Severe adverse reactions are those requiring extensive medical and related care.~~

~~(f) "Extensive medical care" means care requiring inpatient hospitalization in a general acute care hospital for three or more consecutive days.~~

~~(g) Termination of benefits under this article shall occur when no further active medical, institutional, supportive or rehabilitative care is required.~~

~~(h) Decisions regarding eligibility for benefits under this article shall be made by the Chief of California Children Services after obtaining appropriate consultation.~~

NOTE: Authority cited: Sections 208 and 429.35, Health and Safety Code. Reference: Section 429.35, Health and Safety Code.

(99) Repeal Section 42801

42801. Use of Fund.

~~(a) The fund shall be used to pay the California Children Services expenditures, not to exceed twenty five thousand dollars (\$25,000) per person.~~

~~(b) Payments by the Fund to California Children Services shall be made upon the presentation of an itemized claim by California Children Services.~~

NOTE: Authority cited: Sections 208 and 429.35, Health and Safety Code. Reference: Section 429.35, Health and Safety Code.