



**California Children's Services (CCS) Redesign
Data Technical Workgroup (TWG)
Data/Information Request Form**

Personal and Organizational Information:

Name: _____

Email: _____

Phone No: _____

Organizational
Affiliation: _____

AG member? Yes No

TWG member? Yes No

 If yes, what TWG?: _____

This data request is meant only to provide you the opportunity to request specific data analyses from existing data (fiscal year 2010-2011 to fiscal year 2013-2014) on CCS Program paid claims, encounters, eligibility files, and other related data, with the goal of informing your TWG's activities in the CCS Redesign. The Data Workgroup will work to prioritize these requests and release findings publicly as soon as possible, but we cannot ensure a specific timeframe. We will also assure that the analyses adhere to existing data-use agreements, including IRB and HIPAA standards.

Data Request for Existing Eligibility and Paid Claims Data:

What is your specific question?

What are the policy implications/changes that this information could be used for? (How might this information be used to inform the CCS Redesign?)

What specific outcomes (e.g., length-of-stay, charge) are required to address this question?

For what population(s) of CCS children does this question apply (e.g., age, diagnosis, ethnicity, region, range of time)?

Anything else we should know?

Please return this completed request form to CCS-AdvisoryGroupDataRequests@dhcs.ca.gov with the subject heading "CCS Data TWG Information Request."

Thank you!