

### 3.36.1 Infectious Diseases and Immunologic Disorders Centers General Information

#### A. Definition

An Infectious Diseases and Immunologic Disorders (IDID) Center cares for children with diseases due to congenital or acquired immune deficiency disorders or due to a CCS-eligible infectious disease, all of whom require comprehensive multidisciplinary, multispecialty care.

Children with the following CCS-eligible medical conditions shall be referred for evaluation and treatment recommendations to the IDID Centers:

- Chronic granulomatous disease
- Thymic hypoplasia (DiGeorge syndrome)
- Wiscott-Aldrich syndrome
- Severe combined immunodeficiency syndromes (SCIDS)
- Human Immunodeficiency Virus (HIV) infections
- Other congenital or acquired immunologic deficiency diseases that are manifested by life threatening infections

Infants and children at-risk for HIV disease (see Children's Medical Services (CMS)/CCS HIV Children's Program, Program Eligibility Guidelines) shall also be referred to the IDID SCC for HIV screening and coordination of medical care.

Children with other CCS-eligible infectious diseases or immunologic disorders may be referred for CCS IDID center care if they meet the following criteria:

1. The client has an additional medical condition that impacts the management of the CCS-eligible condition;
2. The family is unable to provide care for the client and/or the family system is unable to provide support;  
or
3. The CCS program or the IDID SCC identifies that the patient is in need of center services.

#### B. General Requirements and Procedures for Approval

1. The IDID SCC shall be located in a facility that has CCS approval as a tertiary hospital and shall operate in conjunction with the teaching programs at the hospital.
2. The IDID SCC shall operate as a functional identifiable team and/or service and shall provide care in the inpatient and outpatient departments of the hospital. The identified center team is responsible for the coordination of all aspects of patient evaluation and care (see Staffing Requirements below).
3. Changes in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to CCS whenever they occur. Updates of all core team members and designated consultants shall be submitted to CCS on an annual basis.

4. Both center and local professional staff providing care to CCS children shall be paneled according to the standards for panel participation established by the State CCS Program.
5. The center shall demonstrate there is a need for a IDID SCC based on geographic considerations and the existence of sufficient caseload to maintain proficiency in care.
6. A satellite to the IDID SCC may be established in a hospital outpatient department or a local health department under the sponsorship and medical direction of a CCS-approved tertiary care hospital. The purpose of this center is to extend expert interdisciplinary care to families in a community where there is an absence of specialty care and which is distant from a fully approved tertiary center. However, those clients identified by sponsoring center directors as having unique or complex health problems shall continue to receive special care, such as surgery, at the tertiary center while obtaining periodic center evaluations at the satellite and routine care within their own community. Satellite centers shall meet the basic standards, including those of the core team, required of sponsoring approved centers. In addition, the sponsoring core team shall provide consultation to local private physicians and to the satellite core team relative to teamwork activities, professional or technical assistance, clinical instruction and patient-specific care. A CCS site visit of the satellite is required for program approval.

C. Approval Procedure

1. Centers wishing to participate in the CCS program should apply to:

Children's Medical Services Branch  
California Children Services Program  
State of California Department of Health Services  
714 P Street, Room 398  
Sacramento, CA 95814

2. Centers whose application meets general and staffing requirements shall be scheduled for a site visit by appropriate State and consultant staff.
3. Approval shall be based on compliance with CCS standards, the on-site review of procedures, services, and patient charts, and the demonstration of community need.
4. The center shall be subject to re-evaluation at no less than five year intervals and more often if indicated.

3.36.2 CCS Program Participation Requirements

A. IDID SCC Professional Resources and Responsibilities

1. There shall be a core team which meets regularly to evaluate clients, to initiate or modify care plans, and to perform other functions needed to provide on-going, multi disciplinary care. Whenever possible the personnel on the core team should be consistently/permanently assigned to the team.
2. The Core Team and its responsibilities are as follows:
  - a. a center medical director, who shall be American Board certified or board eligible in Pediatric Infectious Disease or in Allergy and Immunology, who will be CCS-paneled in the specialty, who

- shall be responsible for the overall care provided in the center and for triaging referrals to assure that all CCS-eligible children are referred to the local CCS program in a timely manner. In addition, the Medical Director shall be responsible for ensuring that team conference reports and other periodic evaluation and treatment reports are submitted to the CCS program and to the patient's primary care provider.
- b. a center coordinator, who may be the center director or a nurse or a medical social worker, who shall be responsible for assuring that: CCS authorizations are obtained prior to services being rendered, needed consultations are arranged, case conferences are held, and team reports are prepared and distributed.
  - c. a paneled nurse specialist who has experience with the care of pediatric patients seen in the IDID center. It shall be the responsibility of the nurse specialist to: reinforce the medical plan with the family/patient, to develop a nursing plan of care, to perform and document the nursing assessments, and to facilitate and monitor compliance with such care.
  - d. a paneled medical social worker who shall be responsible for the psychosocial aspects of the patient's disease, for defining a case plan for each patient/family, and for coordinating care with other agencies.
  - e. a paneled pediatrician specializing in Infectious Diseases, if center medical director is not paneled in pediatric Infectious Disease specialty.
  - f. a paneled registered dietitian, shall be responsible for a baseline and ongoing nutritional assessments, medical nutrition therapy, nutrition and food safety education, and complete requests for nutritional products, when indicated. The registered dietitian shall inform the center director of the needs for consultation from allied health professionals as it affects intake and nutritional status.
3. In addition to the core team members there shall be available CCS-paneled consultant physicians in all specialties appropriate to the treatment of infectious diseases and immunologic disorders and complications thereof.
    - a. The CCS-paneled physicians shall include, but not be limited to, the following pediatric specialties: hematology/oncology, cardiology, endocrinology, neurology, gastroenterology, adolescent medicine, pediatric infectious disease (specialty), and pulmonology. Also, there shall be an available CCS-paneled internist specializing in infectious diseases. These physicians shall be listed in the center directory and shall participate in center activities as necessary.
    - b. In addition, there shall be available CCS-paneled physicians specializing in obstetrics/gynecology, ophthalmology, ENT, psychiatry, dermatology, radiation oncology, and all surgical specialties.
    - c. ~~Dental and oral surgery specialists shall be available for consultation and treatment.~~
  4. Allied health personnel shall also be available to the core team for consultation, counseling, and/or treatment. These professionals shall be listed on the center directories and shall participate in center activities as necessary. These health care professionals shall include:
    - a. a genetic counselor

- b. a psychologist who does developmental and neuropsychological examinations
- c. CCS-paneled occupational and physical therapists.

#### B. IDID SCC Facilities and Equipment

1. Adequate space shall be available for the provision of individual medical examinations, social work, nursing, nutrition, and other appropriate professional assessment, treatment, and counseling services. There shall also be space available for team, patient, and teaching conferences. There should be standardized and calibrated equipment appropriate for age and physical condition, to provide precise and accurate anthropometric measurements.
2. There should be adequate facilities for minimizing the spread of infection, including at least one patient room adaptable for use as an isolation area.
3. All routine tests necessary for differential diagnosis and treatment, as well as, specialized tests and procedures for infectious diseases and immunologic disorders, shall be available.
4. Adequate equipment should be immediately available to deal with all medical emergencies likely to arise in the care of the children seen in the IDID SCC.
5. There shall be housing arrangements available for parents and family members of children who come from long distances.

#### C. IDID SCC Patient Care Policies and Procedures

1. The center shall have written policies and procedures covering: (1) intake, including referral, initial family contact, appointments, and contact with the referring physician, (2) ongoing treatment by the center, including the scheduling of return visits on at least an annual basis, and (3) follow-up including a written plan for outreach, coordination of care and services, and training with the patient's local pediatrician.
2. The center shall be responsible for providing initial and periodic evaluations, at least annually, including chart review, by each discipline represented on the core team or as required by the child's medical condition.
3. The center shall have team conferences, including patient and parents or other caregivers, as appropriate whenever possible to coordinate decision making and health care services identified by team members as needed by each child. Planning should focus on developing a treatment plan that includes meeting patient-family needs and considers the adequacy and utilization of community resources for on-going care, and should lead to the delivery of comprehensive services for the affected child including active collaboration with the patient's local pediatrician.
4. Each team conference shall generate a composite report for CCS consisting of a summary of individual assessments and recommendations. In addition to the composite report, each consultant who bills for an individual assessment shall submit an individual report.

5. The center shall develop, with patient and parental or legal guardian or care giver input, a written treatment plan. The plan shall provide for continuity of care and services between individual team members, the center/team and community health care providers, and with other community agencies such as schools and regional centers. The plan shall also include the assignment of a case manager or persons responsible for given parts of the plan. A copy of the plan shall be provided to the patient or parents as appropriate.
6. Consultants and allied personnel shall be responsible for providing individual written reports when providing services beyond the initial and periodic team evaluations.
7. The team shall have written policies for transition:
  - a. of adolescent patients into appropriate adult settings.
  - b. to other appropriate care/resources if the family/patient becomes ineligible for CCS services, or relocates.

## 3.36. Attachment A: California Children Services Special Care Center Procedural Requirements

A. Referral

The initial referral for center services for patients under 21 years of age with CCS suspected or diagnosed medically eligible infectious and/or immunologic disease shall be directed to the CCS program in the county in which the patient resides for determination of program eligibility prior to rendering services.

B. Authorization for services

1. The center must have authorization from CCS prior to rendering any service for which a claim is to be submitted to CCS.
2. Written authorization to the center director for CCS diagnostic services will cover all outpatient evaluations by Center team members, and most laboratory services, necessary to establish a diagnosis. This authorization will remain effective only until a working diagnosis is achieved. Children with a known diagnosis would not be eligible for diagnostic services.
3. Once treatment is started, if care is authorized to a local physician in conjunction with the IDID SCC team, the child must be seen at least one time per year by the Center for a comprehensive evaluation and the development of a coordinated treatment plan by the authorized SCC.
4. Once diagnosis is established and medical and program eligibility for the CCS program has been determined by the local program, written authorization for ongoing SCC services the patient can be issued for treatment services. CCS program eligibility requires determination of residential, financial, and medical eligibility. Authorization for CCS treatment services includes:
  - a. initial and periodic comprehensive outpatient evaluations by the core team members. Comprehensive evaluations shall be provided at yearly intervals, and more often (but no more frequently than quarterly) when indicated by the child's condition.
  - b. medical services related to the management of the CCS medical condition, provided by CCS-paneled physician team members listed on the CCS IDID SCC Directory.
  - c. outpatient laboratory and/or radiology services related to the CCS medical condition as ordered by the physician team members. Note: Some services such as MRIs require prior authorization.
  - d. periodic assessment and services provided by the health care professionals who are listed as members of the core team (such as the nurse specialist, social work, nutritionist).
5. Additional services that are deemed medically necessary by the IDID SCC team require separate authorizations from the CCS program. The requests for services can be submitted as part of the periodic team report or as an individual request.
6. The center director or designee shall be responsible for routing copies of the authorization to the appropriate team member who will be involved in the patient's care.

7. Services provided by health care professionals listed on the center directory as consultants beyond the assessment and evaluation done at the time of the team conference, require prior authorization. These requests for authorization may be part of the team report. These requests shall specify services needed, number of visits and duration, and include a medical justification. Extensions may be granted when indicated based on submitted medical justification.
8. Providers not listed as team members **must obtain separate** prior authorization. Requests for such authorizations shall be made by the center director or designee prior to the delivery of services.
9. Prior authorization is required for elective surgical procedures.
10. Authorization for elective hospitalizations must be requested separately and prior to admission. Authorization for emergency hospitalizations must be requested on the next CCS working day following admission.

C. Required reports

1. The team conference report shall incorporate the findings of the individual team members and the treatment goals agreed to during the team conference. The conference report shall include documentation of the patient's/family's involvement in the care plan. The conference reports shall be submitted, following each comprehensive evaluation, to the local CCS program.
2. Individual reports for ongoing services by from allied health care professional team members and physicians who are providing authorized services in addition to those covered by the center authorization, shall be submitted on a biannual basis to the local CCS program.

## 3.36. Attachment B: CCS Payment for Services for IDID SCCs

A. General Information

1. Reimbursement for IDID Center services for eligible children requires that center care for the patient has been authorized by the appropriate county CCS program.
2. Reimbursable center services are those services provided on outpatient basis by IDID Center team members.
3. Claims for reimbursement shall be submitted using the appropriate claim form.

B. Reimbursable center services

Payment for services at this center will be made in accordance with Chapter 5.12 of the CCS Manual of Administrative Procedures and the State Schedule of Maximum Allowances.