



State of California
Department of Health Services



GRAY DAVIS
Governor

April 18, 2002

N.L.: 04-0402

Index: CCS Policy Implementation

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) STAFF

SUBJECT: CCS POLICY RELATED TO THE IMPLEMENTATION OF
SB 344; POSTING THE CCS APPLICATION ON THE
DEPARTMENT OF HEALTH SERVICES (DHS) WEBSITE

The purpose of this letter is to establish CCS program policy related to the implementation of Senate Bill (SB) 344 (Chapter 276, Statutes of 2001) which requires the CCS client application form to be posted on the DHS internet website. This policy is intended to clarify what is expected of the CCS program when a completed application is received by a county CCS Program on behalf of a child for whom a referral or initial request for service has not been received

BACKGROUND

On September 8, 2001, the Governor signed SB 344 into law. This legislation enacted Sections 11024 and 11024.3 of the Welfare and Institutions Code, which require DHS to place information related to enrollment in various programs on its internet website. Section 11024.3 specifically required the DHS department to post the application form for the CCS program. Having the CCS client application on internet website should make access to this form more convenient for families and providers. The application is now available on the DHS internet website at www.dhs.ca.gov >Services>Forms>Forms Index>Children's Medical Services>DHS 4480 or www.dhs.ca.gov/publications/forms/pdf/dhs4480.pdf



Do your part to help California save energy. To learn more about saving energy, visit the following web site:
www.consumerenergycenter.org/flex/index.html

714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400

Internet Address: www.dhs.ca.gov

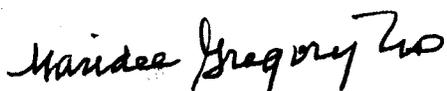
N.L.: 04-0402
Page 2
April 18, 2002

In order to implement this requirement, the CMS Branch revised the CCS client application and developed instructions for completing the form. CMS has also posted a list of County CCS offices and an information sheet about the CCS program on the internet website. These documents are enclosed for your information.

POLICY

County CCS programs shall accept and process any completed and signed CCS client application regardless of whether a referral or initial request for service has been received for the child. These applications shall be used to register the child in CCS and process according to the application requirements and timeframes specified in the CCS Case Management Procedure Manual Using CMS Net. If the application does not contain sufficient information or has not been signed, the applicant must be contacted to obtain the missing information or the application must be returned to the applicant for signature. Under no circumstances should a county CCS program disregard these applications. When one of these applications is received by a county CCS program, the program is required to begin the process of determining program eligibility.

If you have any questions regarding this CCS policy, please contact your designated Regional Office Consultant.



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

INFORMATION ABOUT CALIFORNIA CHILDREN'S SERVICES (CCS)

What is California Children's Services?

CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Services manages the CCS program. Larger counties operate their own CCS programs, while smaller counties share the operation of their program with state CCS regional offices in Sacramento, San Francisco, and Los Angeles. The program is funded with state, county, and federal tax monies, along with some fees paid by parents.

What does CCS offer children?

If you or your child's doctor think that your child might have a CCS-eligible medical condition, CCS may pay for or provide a medical evaluation to find out if your child's condition is covered.

If your child is eligible, CCS may pay for or provide:

- Treatment, such as doctor services, hospital and surgical care, physical therapy and occupational therapy, laboratory tests, X-rays, orthopedic appliances and medical equipment.
- Medical case management to help get special doctors and care for your child when medically necessary, and referral to other agencies, including public health nursing and regional centers; or a
- Medical Therapy Program (MTP), which can provide physical therapy and/or occupational therapy in public schools for children who are medically eligible.

Who qualifies for CCS?

The program is open to anyone who:

- is under 21 years old;
- has or is suspected of having a medical condition that is covered by CCS;
- is a resident of California; and
- has a family income of less than \$40,000 as reported on the adjusted gross income on the state tax form **or** whose out-of-pocket medical expenses for a child who qualifies are **expected** to be more than 20 percent of family income; or the child has Healthy Families coverage.

There are no financial eligibility requirements for children who:

- need diagnostic services to confirm a CCS eligible medical condition; or
- were adopted with a known CCS eligible medical condition; or
- are applying only for services through the Medical Therapy Program; or
- have Medi-Cal full scope, no share of cost; or
- have Health Families coverage; or
- live on an Indian reservation.

What medical conditions does CCS cover?

Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. Listed below are categories of medical conditions that may be covered and **some examples** of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Diseases of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Diseases of the genito-urinary system (serious chronic kidney problems)
- Diseases of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Diseases of the sense organs (hearing loss, glaucoma, cataracts)
- Diseases of the nervous system (cerebral palsy, uncontrolled seizures)
- Diseases of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)

- Complications of premature birth requiring an intensive level of care
- Diseases of the skin and subcutaneous tissue (severe hemangioma)
- Medically handicapping malocclusion (severely crooked teeth)

There also may be certain criteria that determine if your child's medical condition is eligible. Ask your county CCS office if you have questions.

What must the applicant or family do to qualify?

Families (or the applicant if age 18 or older, or an emancipated minor) must:

- complete the application form on page 3 and return it to their county CCS office;
- give CCS all of the information requested so CCS can determine if the family qualifies;
- apply to Medi-Cal if CCS believes that a family's income qualifies them for the Medi-Cal program. (If a family qualifies for Medi-Cal, the child is also covered by CCS. CCS approves the services; payment is made through Medi-Cal.)

How does CCS protect my privacy?

Your county CCS office is asking for the information on this application. CCS must keep this information confidential.¹ CCS may share information on the form with authorized staff from other health and welfare programs only when you have provided a signed consent form. You have the right to see your application and CCS records concerning you or your child. If you wish to see these records contact your county CCS agency. By law, the information you give CCS is kept by the program.² California law also requires that families applying for services be given the above information.³

Do I have a right to appeal a decision?

You have the right to disagree with decisions made by CCS.⁴ This is called an appeal. For information on the appeal process, contact your county CCS office.

Where can I get more information about CCS?

For more information, or help in filling out this application, please contact your county CCS office. Their phone number is usually listed in the government section of your local telephone directory. Look under California Children's Services or county Health Department.

Notes

1. In accordance with Section 41670, Title 22, California Code of Regulations and the California Public Records Act (Government Code Section 6250–6255)
2. Section 123800 et. seq. of the California Health and Safety Code
3. Civil Code, Section 1798.17
4. California Code of Regulations, Title 2, Chapter 13, Section 42702–42703

APPLICATION TO DETERMINE CCS PROGRAM ELIGIBILITY

This application is to be completed by the parent, legal guardian, or applicant (if age 18 or older, or an emancipated minor) in order to determine if the applicant is eligible for CCS services/benefits. The term **“applicant”** means the child, individual age 18 or older, or emancipated minor for whom the services are being requested. For instructions on completing this form, please see page 4. Please type or print clearly.

A. Applicant Information			
1. Name of applicant (last) (first) (middle)		Name on birth certificate (if different)	Any other name the applicant is known by
2. Date of birth ____/____/____		3. Place of birth—county and state	Country, if born outside the U.S.
4. Applicant's residence address (number, street) (do not use a P.O. box)		City	County ZIP code
5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Race/ Ethnicity	7. Social security number ____ - ____ - ____	
8. What is the applicant's suspected eligible CCS condition or disability?			
9. Name of applicant's physician		10. Physician's phone number ()	

B. Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)			
11. Name(s) of parent or legal guardian		12. Mother's first name (if not identified in 11)	Maiden name
13. Residence address (number, street) (do not use a P.O. box)		City	County ZIP code
14. Mailing address (if not listed in 13)		City	ZIP code
15. Day phone number ()	16. Evening phone number ()	17. Message phone number ()	18. What language do you speak best?

C. Health Insurance Information			
19. Does the applicant have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the applicant's Medi-Cal number?	Is there a share-of-cost? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what amount do you pay per month? \$
20. Is the applicant enrolled in the Healthy Families program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of the plan?		
21. Does the applicant have other health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the name of the insurance plan or company?		
Type of insurance plan or company <input type="checkbox"/> Preferred Provider (PPO) <input type="checkbox"/> Health Maintenance Organization (HMO) <input type="checkbox"/> Other: _____			
22. Does the applicant have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		23. Does the applicant have vision insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

D. Certification (Your signature below authorizes the CCS program to proceed with this application.)

I am applying to the CCS program in order to determine eligibility for services/benefits. I understand that the completion of this application does not assure acceptance of the applicant by the CCS program. I give my permission to verify my residence, health information, or other circumstances required to determine eligibility for CCS services/benefits.

I certify that I have read and understand the information or have had it read to me. I also certify that the information I have given on this form is true and correct.

Signature of person completing the application		Relationship to the applicant	Date
Signature of witness (only if the person signed with a mark)			Date

Mail this form to your county CCS office. See page 6 for a list of addresses.

INSTRUCTIONS FOR COMPLETING THE CALIFORNIA CHILDREN'S SERVICES APPLICATION FORM (DHS 4480)

Please print clearly so your application can be processed as quickly as possible.

Please fill out each section completely. If you do not provide all the information, CCS will not be able to proceed with your application. If you need help filling out this form, please contact your county CCS office.

Once the application is completed, mail it to your county CCS office (see page 6). Remember to sign and date the form.

Section A: Applicant Information ("Applicant" means the child, individual age 18 or older, or emancipated minor for whom the services are being requested.)

1. **Applicant's name:** Fill in the applicant's last, first, and middle name. In the next box, write the applicant's full name as it appears on his/her birth certificate if different from his/her name. If the applicant is known by any other name, please include that name in the last box.
2. **Applicant's date of birth:** Write the month, day, and year of the applicant's birth.
3. **Place of birth:** Write the county and state where applicant was born. Include the country if the applicant was born outside the U.S.
4. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of the applicant's current residence in this space. Please do not use a P.O. box.
5. **Applicant's gender:** Place a checkmark or an X in the correct gender box (male or female).
6. **Race/Ethnicity:** Please enter the category from the following list which best describes the applicant's primary race/ethnicity:
 - Alaskan Native
 - Amerasian
 - American Indian
 - Asian
 - Asian Indian
 - Black/African American
 - Cambodian
 - Chinese
 - Filipino
 - Guamanian
 - Hawaiian
 - Hispanic/Latino
 - Japanese
 - Korean
 - Laotian
 - Samoan
 - Vietnamese
 - White
 - Other
 - Unknown
7. **Applicant's social security number:** Please write the applicant's nine-digit social security number.
8. **Suspected CCS condition or disability:** Write down the applicant's disability or special health care need that would be treated by CCS. The enclosed description of CCS eligible conditions may help you (see "What medical conditions does CCS cover" on page 1). If you don't know, ask the applicant's doctor or leave the space blank. CCS will follow up with the applicant's physician if more information is needed.
9. **Name of applicant's physician:** Write the name of the applicant's physician.
10. **Physician's phone number:** Write the phone number for the physician listed in number 9.

Section B: Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)

11. **Parent/guardian name(s):** Write the name(s) of the applicant's parent(s) or the name(s) of the applicant's legal guardian(s).
12. **Mother's first name and maiden name:** Write the applicant's mother's first name and maiden name.
13. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of your current residence. Please do not use a P.O. box.
14. **Mailing address:** If this address is different from number 13, please write the street number, street name, city, and ZIP code.
15. **Daytime phone number:** Please write the phone number where you can be reached during the day.
16. **Evening phone number:** Please write the phone number where you can be reached during the evening.
17. **Message phone number:** Please write your message phone number if applicable.
18. **Language(s) spoken:** Write down the language you speak **best**.

Section C: Health Insurance Information

If CCS thinks you may qualify, they will ask you to apply for Medi-Cal if you are not currently receiving Medi-Cal health care benefits.

19. If the applicant does not receive Medi-Cal, check "No" and go to number 20. If the applicant receives Medi-Cal, check "Yes" and fill in the applicant's Medi-Cal number. If you pay a portion of the cost of your Medi-Cal insurance, check "Yes" and fill in the amount of your shared cost. If you don't, check "No" and go to number 20.
20. If the applicant receives health insurance from the Healthy Families program please check "Yes" and fill in the name of the plan. If the applicant does not, check "No." Healthy Families is a special health insurance program for moderate to low income families. If you think you might qualify, you can ask your county CCS program about how to apply for the Healthy Families program.
21. If the applicant does not have other health insurance, check "No" and go to number 22. If the applicant has health insurance, check "Yes" and fill in the name of the insurance plan or company. Then check the appropriate box depending upon what type of insurance it is. Your insurance forms will tell you what type of health insurance you have. If you are not sure, you can call your health insurance company and ask them.
22. If the applicant has dental insurance, check "Yes." If the applicant does not have dental insurance, check "No."
23. If the applicant has vision insurance, check "Yes." If the applicant does not have vision insurance, check "No."

Section D: Certification

Be sure to sign and date in ink. If signature is signed with a mark, please have a witness sign his or her signature and fill in the date.

Under "Relationship to the applicant," enter father, mother, legal guardian, or self (in the case of individuals age 18 or older, or emancipated minors).

Submitting Your Application

Find the county you live in on the list below. Mail your application to this address.

Alameda County CCS Program
1000 Broadway, Suite 500
Oakland, 94607

Alpine County CCS Program
75-B Diamond Valley Road
Markleeville, 96120

Amador County CCS Program
1003 Broadway, Suite 203
Jackson, 95642

Butte County CCS Program
1370 Ridgewood Drive, Suite 22
Chico, 95973

Calaveras County CCS Program
891 Mountain Ranch Road, Suite C2
San Andreas, 95249

Colusa County CCS Program
251 East Webster Street
Colusa, 95932

Contra Costa County CCS Program
597 Center Avenue, Suite 110
Martinez, 94553

Del Norte County CCS Program
880 Northcrest Drive
Crescent City, 95531

El Dorado County CCS Program
929 Spring Street
Placerville, 95667

Fresno County CCS Program
P.O. Box 11867
Fresno, 93775

Glenn County CCS Program
240 North Villa Avenue
Willows, 95988

Humboldt County CCS Program
317 Second Street
Eureka, 95501

Imperial County CCS Program
935 Broadway
El Centro, 92243

Inyo County CCS Program
207-A West South Street
Bishop, 93514

Kern County CCS Program
1800 Mount Vernon Avenue, Second Floor
Bakersfield, 93306

Kings County CCS Program
330 Campus Drive
Hanford, 93230

Lake County CCS Program
922 Bevins Court
Lakeport, 95453

Lassen County CCS Program
555 Hospital Lane
Susanville, 96130

Los Angeles County CCS Program
9320 Telstar Avenue, Suite 226
El Monte, 91731

Madera County CCS Program
14215 Road 28
Madera, 93638

Marin County CCS Program
555 Northgate Drive, Suite B
San Rafael, 94903

Mariposa County CCS Program
4988 Eleventh Street
Mariposa, 95338

Mendocino County CCS Program
890 North Bush Street
Ukiah, 95482

Merced County CCS Program
260 East 15th Street
Merced, 95340

Modoc County CCS Program
441 North Main Street
Alturas, 96101

Mono County CCS Program
P.O. Box 3329
Mammoth Lakes, 93546

Monterey County CCS Program
1441 Constitution Boulevard, Building 400,
Suite 200
Salinas, 93906

Napa County CCS Program
2261 Elm Street
Napa, 94559

Nevada County CCS Program
HEW Complex
10433 Willow Valley Road, Suite B
Nevada City, 95959

Orange County CCS Program
200 West Santa Ana Boulevard, Suite 100
Santa Ana, 92706

Placer County CCS Program
379 Nevada Street
Auburn, 95603

Plumas County CCS Program
1446 East Main Street
Quincy, 95971

Riverside County CCS Program
P.O. Box 7600
Riverside, 92513

Sacramento County CCS Program
9616 Micron Avenue, Suite 640
Sacramento, 95827

San Benito County CCS Program
439 Fourth Street
Hollister, 95023

San Bernardino County CCS Program
515 North Arrowhead Avenue
San Bernardino, 92415

San Diego County CCS Program
6160 Mission Gorge Road
San Diego, 92120

San Francisco County CCS Program
30 Van Ness Avenue, Suite 210
San Francisco, 94102

San Joaquin County CCS Program
511 East Magnolia, Third Floor
Stockton, 95202

San Luis Obispo County CCS Program
P.O. Box 1489
San Luis Obispo, 93406

San Mateo County CCS Program
225 37th Avenue
San Mateo, 94403

Santa Barbara County CCS Program
1111 Chapala Street, Suite 200
Santa Barbara, 93101

Santa Clara County CCS Program
720 Empey Way
San Jose, 95128

Santa Cruz County CCS Program
P.O. Box 962
Santa Cruz, 95061

Shasta County CCS Program
3499 Hiatt Drive
Redding, 96003

Sierra County CCS Program
P.O. Box 7
Loyalton, 96118

Siskiyou County CCS Program
806 South Main Street
Yreka, 96097

Solano County CCS Program
1735 Enterprise Drive,
Building 3, MS 3-110
Fairfield, 94533-0677

Sonoma County CCS Program
625 Fifth Street
Santa Rosa, 95404

Stanislaus County CCS Program
P.O. Box 3088
Modesto, 95353

Sutter County CCS Program
P.O. Box 1510
Yuba City, 95992

Tehama County CCS Program
1860 Walnut Street, Building C
Red Bluff, 96080

Trinity County CCS Program
P.O. Box 1470
Weaverville, 96093

Tulare County CCS Program
MCH Building
115 East Tulare Street
Tulare, 93274

Tuolumne County CCS Program
20111 Cedar Road North
Sonora, 95370

Ventura County CCS Program
2323 Knoll Drive
Ventura, 93003

Yolo County CCS Program
20 Cottonwood Street
Woodland, 95695

Yuba County CCS Program
6000 Lindhurst Avenue, Suite 601-B
Marysville, 95901