PARTNERS FOR CHILDREN (PFC)
CCSNL Flowchart

Referral

Who May Refer a Child to CCSNL

- Special Care Center (SCC) - MD, SW, RN,
- Primary MD
- Self Referral
- Family Referral

CCSNL may also find potentially eligible children from existing CCS caseload

- Contact SCC to complete referral information

Eligibility

Who Is Eligible

CCSNL determine eligibility

- Medi-Cal: full scope, no share of cost
- Age: Birth - 20 years old
- Residence in participating county
- Medical condition
- Level of Care (LOC)

If eligible - contact Family

- Discuss waiver with family
  - Provide participant enrollment information/forms
  - Freedom of Choice and Client Agreement Forms
    - Signed by participant and parent/legal guardian

Statewide and County Waiting Lists

If eligible, but no slots or no local Care Coordinators are available

When slots or CCs become available, verify eligibility and interest in participating before proceeding to enroll

Enroll

Enrollment F-CAP/ SARs

CCSNL

- Enroll participant:
  - All forms signed, agency chosen
- Connect child/family to their Care Coordinator

Care Coordinator

- Meet with family
- Complete F-CAP and forward to CCSNL

CCSNL

- Review F-CAP
  - Sign and return to Care Coordinator
- Issue authorizations needed based on F-CAP

PFC Program

Case Management & Maintenance

CCSNL

- Authorize and monitor all services
- Review F-CAP sent by Care Coordinator at least every 60 days
- Contact family monthly about services received
- Participate in interdisciplinary team meetings with Care Coordinator (at least every 60 days)

PFC Services

- **Care Coordination**
  - PFC services
  - State Plan services
  - Community services
- **Expressive Therapies**
- **Family Training**
- **Respite Care**
- **Family Bereavement Counseling**
  - Family must meet with counselor at least once and provider must bill prior to participant's death

State Plan Services

- Authorized separate from PFC services

Dis-Enroll

Reasons for Dis-enrollment

- Age out (21)
- Death
- Moved to non-participating county/out of state
- Lost full-scope, no share of cost Medi-Cal
- No longer meets Level of Care

- Family does not wish to continue participation
- In hospital 30+ straight days
- Enrolled in another HCBS Waiver
- Admitted to a long term care facility

- Missed 3 appointments
- Safety Issues 30+ days

- **Discuss with Care Coordinator**
- **Dis-enroll participant**

To re-enroll, a child must start at the beginning again with eligibility determination