



# PARTNERS FOR CHILDREN - CCNSL Enrollment and Disenrollment Responsibilities



ID/Referral	Eligibility		Waiting Lists
<p><b>Referrals</b></p> <ol style="list-style-type: none"> <li>Process and document all referrals           <ul style="list-style-type: none"> <li>Referrals sent by PCP or SCC must be on the PFC Referral Form and signed by the referring physician.</li> <li>Referrals from a source other than the PCP or SCC:               <ul style="list-style-type: none"> <li>CCSNL documents source of referral in database</li> <li>CCSNL sends PFC Referral Form to PCP or SCC for signature and concurrence with referral</li> </ul> </li> </ul> </li> <li>Request supporting medical reports if not submitted with Referral Form or available in the CCS file.</li> <li>Identify potentially eligible children by searching the current CCS caseload.           <ul style="list-style-type: none"> <li>Contact family to inquire about interest in participating</li> <li>Fill out a Referral Form</li> <li>Send to PCP or SCC for signature and concurrence with referral</li> </ul> </li> </ol> <p>Enter all appropriate data into the PFC Database.</p>	<p><b>Eligibility Determination</b></p> <p>Review case record of each referral to ensure applicant meets eligibility.</p> <ol style="list-style-type: none"> <li>CCS eligibility           <ul style="list-style-type: none"> <li>Age</li> <li>Residential: participating county</li> </ul> </li> <li>Medi-Cal FS/NSOC</li> <li>PFC Medical eligibility</li> <li>Meets Level of Care</li> </ol> <p>Enter all appropriate data into the PFC Database.</p> <p><b>Initial Level of Care (LOC)</b> For applicants meeting eligibility requirements, an initial LOC determination is performed as follows:</p> <ol style="list-style-type: none"> <li>Review supporting documentation including referral form, medical reports sent and reports available to the CCS program.</li> <li>Complete Med Elig/LOC Form</li> <li>Notify participant and family that a referral was submitted for the PFC and the applicant meets the LOC criteria, and if interested begin the enrollment process.</li> </ol> <p>Enter all appropriate data into the PFC Database.</p>	<p><b>Annual LOC Evaluation</b></p> <p>Complete re-evaluation at the time of the CCS Annual program renewal, and whenever there is a significant change in needs or condition.</p> <p>Enter all appropriate data into the PFC Database.</p> <p><b>NOA</b></p> <p>Send a NOA when:</p> <ol style="list-style-type: none"> <li>A request for enrollment is denied.</li> <li>A waiver service has not been approved as requested, reduced, suspended, terminated, or denied.</li> <li>The waiver provider of choice is denied, except when the provider does not have the space or capacity to provide care.</li> </ol> <p>If the participant or family disagrees with the NOA decision they have the right to a Fair Hearing.</p> <p><b>Moving off of a Waiting List</b></p> <p>Before moving an applicant from the waiting list to enrollment, determine continued eligibility and applicant/family interest.</p>	<p><b>State-wide</b></p> <p>Check Enrollment Status report in the PFC Database to ensure there are open slots.</p> <ol style="list-style-type: none"> <li>If no slots are available, place the applicant on the State-wide waiting list, based on applicant eligibility date.</li> <li>Notify participant/family and State CMS Branch including effective date.</li> </ol> <p>Enter data into the PFC Database.</p> <p><b>County</b></p> <p>Check County Agency list for participating Agencies and Care Coordinators</p> <ol style="list-style-type: none"> <li>If none are available, place the applicant on the County waiting list.</li> <li>Notify participant/family of effective date.</li> <li>Notify local participating agencies there is a child on the county waiting list.</li> <li>Check with PFC agencies monthly regarding the number of new clients they would be able to accept.</li> </ol> <p>Enter data into the PFC Database.</p> <p><b>Slot Openings</b></p> <p>CMS will notify the appropriate county when a slot opens up to the applicant on the top of the State-wide list.</p>



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Enrollment		Dis-enrollment
<p><b>Enrollment Process</b> Check Enrollment Status report in the PFC Database to ensure there are open slots.</p> <ol style="list-style-type: none"> <li>Meet with applicant/family <ul style="list-style-type: none"> <li>Provide interpreter if necessary</li> </ul> </li> <li>Provide and discuss Participant Enrollment information. <ul style="list-style-type: none"> <li>PFC Flyer</li> <li>PFC Services available <ul style="list-style-type: none"> <li>Parent and/or Participant version as appropriate</li> </ul> </li> <li>F-CAP and Circle of Support <ul style="list-style-type: none"> <li>Parent and/or Participant version as appropriate</li> </ul> </li> <li>Health and Safety</li> <li>Directory of providers available.</li> </ul> </li> <li>Ensure Freedom of Choice. <ul style="list-style-type: none"> <li>Discuss with applicant/family the freedom to choose: <ul style="list-style-type: none"> <li>Participation in PFC Waiver</li> <li>A PFC provider</li> </ul> </li> <li>Have applicant/family read and sign FOC form.</li> </ul> </li> <li>If they choose to participate: <ul style="list-style-type: none"> <li>Discuss and ensure the Participant Agreement Form is read, completed, and signed</li> <li>Allow participant/family to select a provider</li> </ul> </li> <li>Provide the participant/family with copies of all signed forms.</li> </ol>	<ol style="list-style-type: none"> <li>Provide participant/family with both verbal and written instructions on the risk for abuse and exploitation, critical incidents, and a copy of the Complaint-Incident Intake Report.</li> <li>Provide training and education on the different types of abuse, neglect or exploitation; how to recognize and whom to contact to report incidents.</li> <li>Contact the provider of choice to determine if provider is willing and able to accept participant.</li> <li>If yes: <ul style="list-style-type: none"> <li>Assign the participant a CCS PFC aid code: 9V or 9W.</li> <li>Issue authorization for Care Coordination Services.</li> </ul> </li> <li>If provider is unable to accept the participant, contact family to choose another; if none are available, place on County waiting list.</li> <li>Document why participant is on waiting list, specific to awaiting an opening in certain provider's caseload.</li> <li>File all enrollment forms in the participant's file. <ul style="list-style-type: none"> <li>The State CMS branch will request a sample of LOC and Freedom of Choice forms regularly for reporting.</li> </ul> </li> </ol> <p>Enter all appropriate data into the PFC Database</p>	<p><b>Dis-enrollment Process</b></p> <p>A participant may be dis-enrolled for the following reasons:</p> <ul style="list-style-type: none"> <li>Significant positive change in health status and no longer meets LOC.</li> <li>Moved to a county not participating in the waiver.</li> <li>Participant/family does not want to participate any longer.</li> <li>Hospitalized for more than 30 consecutive days.</li> <li>Loss of full scope, no share of cost Medi-Cal eligibility.</li> <li>Child/family/home environment poses a health and safety risk to PFC agency providers, and attempts at remediation have not been successful over a 30 day period.</li> <li>Failure to be available for scheduled appointments three times.</li> <li>Enrolled in another 1915(c) Home and Community Based Waiver.</li> <li>Aged out - reached 21<sup>st</sup> birthday.</li> <li>Passed away.</li> </ul> <ol style="list-style-type: none"> <li>Discuss problem with Care Coordinator/PFC provider agency, participant/family, and physicians identified on the F-CAP as appropriate to determine if dis-enrollment is necessary.</li> <li>End-date the PFC aid code <ul style="list-style-type: none"> <li>Assign an appropriate existing CCS program aid code, if applicable</li> </ul> </li> </ol> <p>Enter all appropriate data into the PFC Database</p>