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04-0618  
Index: Case Management

**TO:** All County California Children's Services Programs Participating in the Whole Child Model Program

**SUBJECT:** California Children's Services Whole Child Model Program

## **I. PURPOSE**

This Numbered Letter (NL) provides guidance to County California Children's Services (CCS) Programs about requirements pertaining to the County CCS Program's responsibilities in the CCS Whole Child Model (WCM) Program. This NL aligns with All Plan Letter (APL) 23-034,<sup>1</sup> or any superseding version of this APL, which provides guidance to participating Medi-Cal managed care plans (MCP) on the MCP's responsibilities pertaining to the WCM Program. Both WCM County CCS Programs and the WCM MCPs operating within such counties should use both the NL and the APL together to ensure compliance with their respective responsibilities.

## **II. BACKGROUND**

Senate Bill (SB) 586 (Hernandez) (Chapter 625, Statutes of 2016) authorized the Department of Health Care Services (DHCS) to establish the WCM Program in designated County Organized Health Systems (COHS) or Regional Health Authority counties to incorporate the CCS Program covered services for Medi-Cal eligible CCS Program members into Medi-Cal managed care.<sup>2</sup> Assembly Bill (AB) 2724 (Chapter 73, Statutes of 2022) added a new section to define an Alternate Health Care Service Plan (AHCSP) and to authorize DHCS to enter into one or more comprehensive risk contracts with an AHCSP as a primary MCP in specified geographic areas effective January 1, 2024.<sup>3</sup> AB 118 (Committee on Budget, Chapter 42, Statutes of 2023) authorizes the expansion of the WCM Program no sooner than January 1, 2025. MCPs operating in WCM Counties will integrate Medi-Cal managed care and provide comprehensive care coordination and case management to meet the needs of the CCS-eligible member, including both CCS-

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<sup>1</sup> [APL 23-034](#)

<sup>2</sup> [SB 586](#)

<sup>3</sup> [AB 2724](#)

eligible and non-CCS-eligible conditions.<sup>4</sup>

The goal of the WCM Program is to provide comprehensive diagnostic and treatment services, focusing on the whole child, including, the child's full range of medical needs rather than only the CCS eligible condition. This includes a patient and family centered approach, providing care coordination through an organized delivery system, and driving improvements in quality of care for WCM members.

The WCM has been implemented in the following counties and will expand effective January 1, 2025 (see the following chart for more details):

MCP	Counties <sup>5</sup>
<b>Phase 1 – Implemented July 1, 2018</b>	
CenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey, Santa Cruz
Health Plan of San Mateo	San Mateo
<b>Phase 2 – Implemented January 1, 2019</b>	
Partnership Health Plan	Del Norte,* Humboldt, Lake,* Lassen,* Marin, Mendocino, Modoc,* Napa, Shasta,* Siskiyou,* Solano, Sonoma, Trinity,* Yolo
<b>Phase 3 – Implemented July 1, 2019</b>	
CalOptima	Orange
<b>Implemented January 1, 2024</b>	
Kaiser Foundation Health Plan, Inc.	Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, Yolo
<b>Effective January 1, 2025</b>	
Central California Alliance for Health	Mariposa,* San Benito*
Partnership HealthPlan of California	Butte, Colusa,* Glenn,* Nevada,* Placer, Plumas,* Sierra,* Sutter,* Tehama,* Yuba*
Kaiser Foundation Health Plan Inc.	Mariposa,* Placer, Sutter,* Yuba*

This NL directs participating County CCS Programs in the effective administration of the WCM Program. MCPs must adhere to WCM APL 24-015, or any superseding version of this APL. This NL does not pertain to CCS eligible members that are not enrolled in a MCP (i.e., CCS State-only beneficiaries or Medi-Cal fee-for-service members).<sup>6</sup> For CCS beneficiaries that are not Medi-Cal eligible in WCM Counties, the CCS Program will continue to be responsible for program eligibility (including medical, financial, and residential), authorization, case management, and payment of services.

<sup>4</sup> For the purposes of this N.L., "WCM member" means any Medi-Cal member who is enrolled in a MCP. "Medi-Cal member" means any individual enrolled in Medi-Cal.

<sup>5</sup> Asterisk indicates Dependent Counties.

<sup>6</sup> For the purposes of this N.L., "CCS-eligible member" means a child/youth under the age of 21 enrolled into the CCS Program.

### III. POLICY

MCPs in WCM counties are responsible for performing all WCM functions including but not limited to: referrals, authorization, case management and payment of services needed to correct or ameliorate CCS-eligible conditions that are consistent with CCS Program standards.<sup>7, 8, 9, 10</sup> All care related to CCS-eligible conditions must be provided by either CCS-paneled providers, CCS-approved Special Care Centers, and/or CCS-approved pediatric acute care hospitals. In addition, the MCPs must maintain an adequate network of CCS providers and ensure that their CCS providers meet quality performance standards.<sup>11</sup> Further, the MCP must promote active parent/family participation in the child's approved course of treatment.<sup>12</sup>

#### A. County CCS Program Responsibilities

County CCS Programs are responsible for performing all functions required under the WCM legislation.<sup>13</sup> A county's designation as an Independent or Dependent County determines the County CCS Program's specific responsibilities. The Division of Responsibility chart details the administrative activities and responsibilities for the County CCS Program.<sup>14</sup> If a County CCS Program receives any requests for authorization of services for WCM members, the County CCS Program will direct the WCM provider to send their requests to the MCPs. If the authorization of services is for a CCS State- only beneficiary, the request must be sent to the County CCS Program only.

#### B. County CCS Program and MCP Coordination

##### 1. Memorandum of Understanding (MOU) Between MCPs and County CCS WCM Programs<sup>15</sup>

In WCM Counties, the County CCS Program and the MCP must execute an MOU, utilizing DHCS' WCM MOU template,<sup>16</sup> outlining their respective responsibilities and obligations under the WCM Program. The purpose of the MOU is to explain how the County CCS Program and the MCP coordinate WCM member care, conduct program management activities, and exchange information required for the effective and seamless delivery of CCS Program

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<sup>7</sup> [SB 586](#)

<sup>8</sup> [AB 2724](#)

<sup>9</sup> [AB 118](#)

<sup>10</sup> [22 California Code of Regulations \(CCR\) § 41452](#)

<sup>11</sup> [APL 23-001](#)

<sup>12</sup> [Welfare & Institutions Code \(W&I Code\) §14094.17](#)

<sup>13</sup> [H&S Code §123850](#)

<sup>14</sup> [California Children's Services Whole Child Model](#)

<sup>15</sup> [W&I Code § 14094.9](#)

<sup>16</sup> [WCM MOU](#)

services to WCM members. The MOU must ensure collaboration between the County CCS Program and the MCP. All provisions must be included as a minimum requirement and cannot be removed by the MCP or the County CCS Program. However, the MOU can be customized, based on the needs of the County CCS Program and the MCP. If the MCP or County CCS Program modifies any of the provisions of the MOU Template, the MCP must submit a redline version of the MOU to DHCS for review and approval prior to execution. WCM MCPs and County CCS Programs must review the MOU annually thereafter to determine whether any modifications, amendments, updates, or renewals of responsibilities and obligations outlined within are required. If requested by stakeholders, families and or other interested parties, WCM Counties may provide a copy of the MOU.

## 2. Transition Plan for Classic CCS Counties into WCM Program

Classic County CCS Programs transitioning to the WCM Program must provide input and collaborate with the receiving MCP on the development of a mutually agreeable transition plan, to govern the transition of existing CCS members into managed care for treatment and case management of CCS eligible conditions and ensure continuity of care for members.<sup>17</sup>

## 3. Eligibility Determinations

### a. New CCS Referrals for Eligibility Review

Under the WCM Program, the County CCS Program, DHCS, and the MCP each have responsibility for various administrative functions to support the CCS Program.<sup>18</sup> Responsibility for the CCS Program's eligibility functions under the WCM Program is determined by whether the County CCS Program operates as an Independent or Dependent County.

WCM Independent Counties are responsible for medical, financial, and residential eligibility determinations of a potential CCS member. This includes determining initial medical eligibility for potential WCM members. The exception to this is for Neonatal Intensive Care Unit (NICU) eligibility criteria evaluations and High Risk Infant Follow-up (HRIF) medical eligibility determinations,<sup>19, 20</sup> whereby the MCPs must conduct a first level review of these cases to determine potential CCS medical eligibility for NICU and/or HRIF. The MCP must refer all cases with a potential CCS-eligible medical condition, including all necessary documentation (e.g. admission/progress/discharge notes, laboratory test results, imaging/study results, specialist consults, etc.), to the County CCS Program for review.

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<sup>17</sup> [H&S Code § 123850\(b\)](#)

<sup>18</sup> [APL 23-034](#)

<sup>19</sup> [NL 05-1016](#)

<sup>20</sup> [NL 05-0502](#)

WCM Independent Counties are then responsible for final determinations of CCS medical eligibility for the NICU and/or HRIF.

WCM Independent Counties are also responsible for responding to and tracking first level appeals related to all CCS Program medical eligibility determinations regarding their individual county cases, including those related to NICU and HRIF.

For WCM Dependent Counties, the County CCS Program is responsible for determining financial and residential eligibility, while DHCS is responsible for determining medical eligibility for referred members. The exception to this is for NICU eligibility criteria evaluations and HRIF medical eligibility determinations, whereby the MCPs must perform a first level review of these cases to determine whether they meet CCS medical eligibility criteria for NICU and/or HRIF.<sup>21</sup> The MCPs must then refer all cases with a potential CCS-eligible medical condition, including all necessary documentation (e.g. admission/progress/discharge notes, laboratory test results, imaging/study results, specialist consults, etc.), to the County CCS Program. DHCS is responsible for adjudicating medical eligibility for all Dependent County CCS members.

DHCS is also responsible for responding to and tracking first level appeals related to all CCS Program medical eligibility determinations regarding their individual county cases, including those related to NICU and HRIF for Dependent Counties.

In WCM Counties, the MCP must refer all cases for program eligibility determination to the County CCS Program when a WCM member is suspected of having any newly identified or potential CCS eligible or MTP eligible condition; including infants with a potential CCS condition at time of discharge from the NICU, as well as infants and children undergoing diagnostic evaluation for CCS conditions.<sup>22</sup> The MCP's referral to County CCS Programs must be accompanied by appropriate medical records to complete medical eligibility determination. MCPs must provide the medical documentation for CCS or MTP medical eligibility determinations.

In addition, County CCS Programs will continue to accept referrals from other sources, including families, specialty and primary care medical providers, community organizations, and others. The County CCS Program must communicate with the MCP when a referral is submitted directly to the CCS Program. County CCS Programs will direct providers to send their authorizations for services to the MCPs.

#### b. Annual Redeterminations by County Type

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<sup>21</sup> [H&S Code § 123905](#)

<sup>22</sup> [WCM MOU](#)

## 1) WCM Independent Counties

WCM Independent Counties CCS Programs are responsible for conducting annual CCS Program medical, financial, and residential eligibility redetermination.<sup>23</sup> WCM Independent County CCS Programs must request medical records from the MCP for the annual medical review, three months in advance of the WCM member's program eligibility end date. WCM Independent County CCS Programs must begin the annual redetermination process no later than 60 calendar days before a WCM member's program eligibility end date.<sup>24</sup>

WCM Independent County CCS Programs must use the WCM member's most current medical records, provided by the MCP, that document the WCM member's medical history, results of a physical examination by a physician, physician's assistant or nurse practitioner acting within the scope of their licensing authority,<sup>25</sup> laboratory test results, radiologic findings, or other tests or examinations that support the diagnosis of the eligible condition(s),<sup>26</sup> including any MTP diagnosis to determine the WCM member's medical eligibility. If applicable, HRIF reports that determine the existence of the CCS-eligible condition(s) sent to the County CCS Program by the MCP, should also be reviewed.<sup>27</sup>

All documentation provided by the MCP must be, to the extent possible, dated within the last six months but no later than twelve months prior to the end of the WCM member's CCS Program eligibility end date.

## 2) WCM Dependent Counties

WCM Dependent County CCS Programs are responsible for conducting financial and residential eligibility annual redeterminations. WCM Dependent County CCS Programs and DHCS must begin the redetermination process no later than 60 calendar days before the WCM member's CCS Program eligibility end date.<sup>28</sup>

DHCS is responsible for conducting CCS medical eligibility annual redeterminations,<sup>29</sup> using the WCM member's most current medical

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<sup>23</sup> [H&S Code § 123850](#)

<sup>24</sup> [California Children's Services Publications](#)

<sup>25</sup> [NL 08-1023, NL 07-1023](#)

<sup>26</sup> [22 CCR § 41515.1](#)

<sup>27</sup> [H&S Code § 123875](#)

<sup>28</sup> [California Children's Services Publications](#)

<sup>29</sup> [H&S Code § 123850](#)

records, provided by the MCP, that document the WCM member's medical history, results of a physical examination by a physician, physician's assistant or nurse practitioner acting within the scope of their licensing authority, laboratory test results, radiologic findings, or other tests or examinations that support the diagnosis of the eligible condition(s),<sup>30</sup> including any MTP diagnosis,<sup>31</sup> to determine the WCM member's medical eligibility. If applicable, HRIF reports that determine the existence of the CCS-eligible condition(s) sent to DHCS by the MCP, should also be reviewed.

All documentation provided by the MCP must be, to the extent possible, dated within the last six months but no later than twelve months prior to the end of the WCM member's CCS Program eligibility end date.

- c. MCPs must have procedures in place regarding outreach attempts to the provider and WCM member to obtain the medical records, as well as appropriate actions if medical record recovery is unsuccessful. However, County CCS Programs and MCPs must notify and engage in a collaborative process to remedy any issues or challenges related to the timeliness and/or completeness of records provided by the MCP that are needed for the annual redetermination process. This can be done via monthly collaborative meetings or other venues that are deemed appropriate by both entities.

If a county or DHCS is not provided sufficient documentation despite engagement with the plan, counties are encouraged to follow the dispute resolution process outlined in this document.

#### 4. Referrals to the County CCS Programs

In WCM Counties, the County CCS Program and the MCP must have procedures in place to streamline the referral process for any members that may have a potential CCS medically eligible or MTP-eligible condition. If it is determined that a member may have a CCS-eligible condition or MTP-eligible condition, the MCP must provide all the member's medical records that confirm the member's potential CCS-eligible or MTP-eligible condition to the County CCS Program. Similarly, the County CCS Program must provide all the WCM member's medical records to the MCP when a child is transitioning from CCS-state only to a MCP in a WCM county, as well as when a child is transitioning to a new county that is a WCM county.

Counties must follow the procedures to determine the CCS Program eligibility of members referred by the MCP or from any other party outside of the MCP

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<sup>30</sup> [22 CCR § 41515.1](#)

<sup>31</sup> [H&S Code § 123875](#)



and for obtaining the documentation needed to make a medical eligibility determination for cases referred outside of the MCP as outlined in the CCS Administrative Case Management Manual.

## 5. CCS Case Management

CCS case management is a beneficiary and family centered care approach to ensure needed clinical and non-clinical services for the CCS eligible condition, are made available to each CCS beneficiary through comprehensive, interdisciplinary, and person-centered care management and care coordination to provide case finding, authorizations for services and care coordination to ensure that CCS children and young adults have access to CCS paneled providers, equipment, and services necessary for treatment of the CCS eligible condition. Additional information on CCS case management can be found in Attachment A: CCS Case Management Core Activities.

When WCM Members are eligible for and choose to receive both CCS Case Management and ECM services, the MCP may assign some or all CCS Case Manager functions to be delivered by qualified ECM Providers, as outlined in DHCS's ECM Policy Guide.<sup>32</sup> To be qualified for assignment of CCS Case Management functions, ECM Providers must meet all existing CCS and WCM requirements to provide Case Management services. In addition, these qualified ECM Providers must have previous experience directly providing CCS Case Management and/or CCS clinical services. This only applies when MCPs assign some or all CCS Case Manager functions to an ECM Provider. If these functions are not being assigned, an ECM provider does not need to meet these additional requirements.

## C. Medical Therapy Program

MTPs must submit referrals to MCPs for medically necessary specialty services, durable medical equipment, and follow-up treatment needed to correct or ameliorate the member's MTP-eligible condition, as prescribed by the Medical Therapy Conference (MTC) Team Physician or CCS-paneled physician who is providing the medical direction for occupational and physical therapy services.<sup>33</sup> MTP services rendered in a Medical Therapy Unit must not be duplicated by the MCP. WCM Counties participating with the MTP are responsible for the care coordination of MTP services.

County CCS Programs are responsible for care coordinating for a WCM member's MTP services, including receiving and processing referrals and providing MTC services related to their MTP diagnosis.

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<sup>32</sup> The ECM Policy Guide is available at: <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>.

<sup>33</sup> [H&S Code § 123850](#)



#### D. Inter-County Transfer (ICT)

The County CCS Program and the WCM MCP's must collaborate to facilitate the exchange of ICT data to ensure that CCS WCM members who relocate to another county can effectively transfer their CCS benefits without interruption, including the continuation of services and the transfer of current service authorization requests. Refer to W&I Code section 10003(c) and NL 10-1123 or any superseding version of this NL.<sup>34, 35</sup>

#### E. Dispute Resolution

##### County CCS Program and MCP Disputes

In accordance with the Dispute Resolution section of the County CCS Program and the WCM MCP's MOU agreement, disputes between the County CCS Programs and MCPs regarding CCS medical eligibility determinations must be resolved by the County CCS Program. The County CCS Program, in consultation with DHCS in Dependent Counties, must make a medical eligibility determination, and timely communicate the determination to the MCP in writing consistent with W&I Code section 14093.06(b).

DHCS encourages both County CCS Programs and MCPs to attempt to resolve all disputes collegially, effectively, and at the local level before submitting the dispute to the State for resolution. Disputes between the County CCS Program and MCP regarding a WCM member that cannot be reached by mutual agreement must be forwarded by either party to DHCS for review and final determination. The request for resolution must include:

- A summary of the disputed issue(s) and a statement of the desired remedies;
- A history of the attempts to resolve the issue(s);
- Justification for the desired remedy; and
- Any additional documentation that is relevant to resolve the dispute, if applicable.

Requests for resolution should be sent via email to [CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov).

If there is a dispute between the MCP and the County CCS Program, all parties are responsible for carrying out all their responsibilities under the MOU without delay, including providing WCM members with access to services under the MOU.

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<sup>34</sup> [NL 10-1123](#)

<sup>35</sup> [W&I Code § 10003\(c\)](#)

#### F. Member Grievance, Appeal, and State Hearing Process

A WCM member and/or representative has the right to file a Grievance verbally, in-person, via telephone, or in writing to DHCS, their County CCS Program, or to their MCP as outlined in APL 21-011, or any superseding version of this APL and outlined in NL 06-1023,<sup>36</sup> or any superseding version of this NL.

In WCM Independent Counties, County CCS Programs are responsible for program eligibility appeals and State Hearings. In WCM Dependent Counties, DHCS is responsible for County CCS Program eligibility appeals and State Hearings.<sup>37</sup>

MCPs must inform CCS members of their right to file an appeal and/or State Hearing for services. WCM MCPs are required to send a Notice of Action (NOA) to a WCM member for a denied, reduced, or modified service. NOAs are required to include clear information about Medi-Cal appeal rights. MCPs must adhere to all other grievance, appeal and hearing information outlined in APL 21-011 or any superseding version of this APL.<sup>38</sup>

#### G. Maintenance and Transportation (M&T)

MCPs must provide the M&T benefit for a WCM member or a WCM member's family seeking transportation to a medical service related to the WCM member's CCS-eligible condition when the cost of M&T presents a barrier to accessing authorized CCS services. These services include but are not limited to, meals, lodging, and other necessary costs (i.e., parking, tolls, etc.) in addition to transportation expenses for out of county and out of state services. A member can also contact their MCP if they have additional questions about transportation benefits in accordance with APL 23-034 or any superseding version of this APL.

The County CCS Programs are responsible for referring members to the MCP for transportation services, in accordance with Health and Safety Code Section 123840(j) and M&T NL 03-0810, or any superseding version of this NL.

#### H. Public Health Nurse (PHN) in WCM Counties

During the transition into WCM, if the CCS-eligible WCM member's PHN is no longer available, the County CCS Program must provide the MCP with reasonable notice of the PHN's last day, so the MCP can provide the CCS-eligible member with a MCP case manager who has received adequate training on the CCS Program and who has clinical experience with the CCS population or pediatric patients with complex medical conditions.<sup>39</sup>

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<sup>36</sup> [NL 06-1023](#)

<sup>37</sup> [NL 04-0424](#)

<sup>38</sup> [APL 21-011](#)

<sup>39</sup> [WCM MOU](#)

## I. High-Risk Infant Follow-up Program

MCPs are responsible for conducting a HRIF medical eligibility determination, as discussed in Section III.B.3.a. MCPs are also responsible for authorization, coordination and case management of HRIF services for WCM members in WCM Counties.

If the MCP notifies the County CCS Program that a CCS-eligible WCM member lost Medi-Cal Coverage, the County CCS Program must remove the WCM member from the MCP's active WCM member list and start the process of making the child eligible through the HRIF program eligibility process (refer to the HRIF NL 05-1016)<sup>40</sup> or any superseding version of this NL. Once the eligibility process is complete, the County CCS Program will provide the coordination of and authorization for HRIF outpatient diagnostic services in accordance with NL 05-1016 or any superseding version of this NL.<sup>41, 42</sup> The County CCS Program must notify the MCP when the County CCS Program becomes aware that a CCS eligible WCM member has lost Medi-Cal eligibility.

## J. CCS NICU Eligibility Review and Referrals

MCPs will be responsible for conducting the CCS NICU eligibility criteria assessment, authorization, and payment. MCPs will provide a timely referral with the appropriate medical records for CCS to determine CCS medical eligibility for NICU cases with a potential CCS eligible condition(s). The County CCS Program or DHCS must then conduct medical eligibility determinations for all NICU cases referred to the county with a potential CCS eligible condition(s) by the MCP. Documentation needed for a determination of CCS medical eligibility will be submitted by the MCPs to the County CCS Program and will include NICU discharge summary and lab results, studies, or specialist consults which pertain to the possible CCS condition. The following steps should be taken once the MCP has referred a NICU case to the county for determination of medical eligibility:

- County CCS Program staff must conduct residential and financial eligibility determinations for the CCS Program.
- WCM Independent County CCS Program clinical staff must confirm medical eligibility, and Dependent County CCS Program staff must defer this responsibility to DHCS.
- For infants with confirmed CCS Program medical eligibility, County CCS Program or DHCS staff must enter the medical eligibility information into Children's Medical Services Network database and open the case.

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<sup>40</sup> [NL 05-1016](#)

<sup>41</sup> [WCM MOU](#)

<sup>42</sup> [NL 05-1016](#)

- County CCS Program staff must report back to the MCP the results of the medical eligibility determination process.

K. Clinical Advisory Committee

County CCS Programs must designate a CCS Program administrator, medical director or designee, or County CCS Liaison to actively participate in the MCP's quarterly CCS Program Clinical Advisory Committee meetings.<sup>43</sup> The CCS Program administrator, medical director or designee must attend meetings and engage in discussions to offer feedback and recommendations on clinical issues relating to CCS conditions, including treatment authorization guidelines, and serve as a clinical advisor on other clinical issues relating to CCS conditions.

L. Quality Monitoring and Improvement Meetings

County CCS Programs and MCPs must coordinate the delivery of CCS approved services to CCS-eligible WCM members and must meet, at a minimum, quarterly to discuss program evaluation and improvements, including updating policies, procedures, and protocols, as appropriate, and to discuss activities related to the MOU and other WCM related matters.<sup>44</sup>

For questions regarding this NL, please contact [CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY**

Joseph Billingsley  
Assistant Deputy Director for Integrated Systems  
Health Care Delivery Systems  
Department of Health Care Services

Attachment A - CCS Case Management Core Activities

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<sup>43</sup> [W&I Code § 14094.17\(a\)](#)

<sup>44</sup> [WCM MOU](#)