

## CCS Intercounty Transfer Check List

Acronyms used: CCS (California Children's Services), CIN (Client Index Number), DOB (Date of Birth), ICD (International Classification of Diseases), CMSNet (Children's Medical Services Net), WCM (Whole Child Model), MTU (Medical Therapy Unit), PSA (Program Services Agreement)

### Section A: Beneficiary Information

Date: \_\_\_\_\_ CCS Number: \_\_\_\_\_ CIN Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

English Speaking: \_\_\_ Yes \_\_\_ No Primary Language: \_\_\_\_\_

Alternative Language \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Legal Guardian: Last: \_\_\_\_\_ First: \_\_\_\_\_

Old Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Application: \_\_\_ Yes \_\_\_ No Current PSA (if applicable): \_\_\_ Yes \_\_\_ No

MTU: \_\_\_ Yes \_\_\_ No

### Section B: Health Plan Information if Applicable

\_\_\_\_\_ Classic CCS County: See CMS Net for providers and authorizations in effect

\_\_\_\_\_ WCM County: Current WCM Health Plan: \_\_\_\_\_

Information on providers and services have been requested from the MCP on \_\_\_\_\_

Health Plan Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Section C: CCS Eligible Diagnosis (ICD 10)

Primary Condition: ICD 10 Code: \_\_\_\_\_ Description: \_\_\_\_\_

Secondary Condition: ICD 10 Code: \_\_\_\_\_ Description: \_\_\_\_\_

Comments (Indicate the status of medical reports or if medical reports were submitted through CMS Net. Was a summary provided in Case Notes?)

Transferring County Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_