



WILL LIGHTBOURNE
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: December 21, 2020

TO: All County California Children's Services Administrators, Medical Consultants, State Integrated Systems of Care Division, and the California Children's Services Program Staff

SUBJECT: Flexibilities for County Staff during COVID Vaccine Administration

The Department of Health Care Services (DHCS or Department) recently received an inquiry requesting the State to allow the reassignment of its county program staff from the California Children's Services (CCS) program, the Child Health and Disability Prevention (CHDP) program, and the Health Care Program for Children in Foster Care (HCPFC) to support COVID vaccine administration and related COVID response activities.

While DHCS recognizes the need for an all-hands-on-deck approach for this phase of the COVID public health emergency (PHE), counties are legally obligated to ensure that the most vulnerable pediatric patients in the state, particularly those enrolled in the CCS program and HCPFC, continue to receive medical necessary services in a timely manner. These patients also require public health nurses (PHNs) to provide case management, which, in some cases, could be more complex during the PHE. In addition, the county CCS programs are legally obligated to provide assistance to beneficiaries in their primary language. As such, the counties are required to ensure appropriate access to telephone assistance, and sufficient staff to manage time-sensitive complex cases where an automated phone system would be inadequate.

In light of the severity of the PHE, counties may temporarily reassign PHNs to assist with the COVID response, as appropriate, as long as the county is able to maintain sufficient staffing to meet its obligations to the CCS, CHDP, and HCPFC programs, including the timely provision of all medically necessary case management services, and the timely completion of eligibility determinations. Counties must also ensure adequate staffing to continue providing necessary telephonic assistance to CCS, CHDP, and HCPFC beneficiaries, including beneficiaries with limited English proficiency.

In addition, DHCS has implemented (or is in the process of implementing) many requested flexibilities during the PHE. Current [COVID flexibilities](#) waive:

- Prior authorization requirements to allow counties to automatically extend Service Authorization Requests (SARs) through the end of the PHE. In these cases, a SAR is still required, but may be submitted after the date of service.
- Case closures until the end of the PHE, in order to ensure access to medically necessary services.
- Requirements for clinical staff to approve all eligibility determinations. Non-clinical staff may be able to assist with eligibility determinations where program eligibility is straightforward, including cases in which children have cancer or diabetes.

Please refer to the Department's [CCS COVID 19 guidance](#) for additional information on our programmatic changes in response to the PHE.

DHCS is working on system upgrades that will assist with automation, where appropriate. DHCS will issue further guidance once these system upgrades take effect.

Thank you for your dedication and continued efforts to respond to the needs of California's vulnerable children during this PHE. If you have any questions about this letter, please contact the Department of Health Care Services at ISCD-MedicalPolicy@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Roy Schutzengel
Medical Director
Integrated Systems of Care Division