

**3.37.1 Special Care Centers (SCCs) General Information and Core Standards**

In addition to the specialty and subspecialty requirements outlined in this standard, all CCS outpatient SCCs are required to comply with CCS Chapter 3.37 “CCS Core Special Care Center Standards available at <https://www.dhcs.ca.gov/services/ccs/Documents/Chapter-3-37/CCS-Core-Standards.pdf>.

**A. Definition**

The California Children’s Services (CCS) Program SCCs provide comprehensive, multi-disciplinary, and multi-specialty care, including surgical procedures for children, adolescents, and young adults with conditions specified in their comprehensive medical evaluation.

**B. General Requirements and Approval Procedure**

1. The SCC shall be affiliated with a CCS Program approved hospital.
2. The SCC shall have been in continuous operation for at least six months prior to approval by the State CCS Program.
3. In addition to meeting the core standards requirements outlined in this CCS Program document, all SCCs facilities must also meet the specific SCCs specialty or subspecialty standards.
4. The SCC shall operate with a functional identifiable team and provide care to the inpatient and outpatient departments of the hospital. The identified core team is responsible for the coordination of all aspects of patient evaluation and development of a plan of care.
5. Changes to professional staff, whose qualifications are included in these standards, shall be reported to the Integrated Systems of Care Division (ISCD) CCS Program within thirty days of the change. A current SCC directory, including all core team members and designated consultants, shall be submitted to the CCS Program annually. This list shall be accompanied by a copy of the most current hospital license and The Joint Commission certification. Updates and annual submissions shall be done by following the instructions available at:  
<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4507.pdf>

6. Professional staff providing care to the CCS Program children, adolescents, and young adults, shall be paneled according to the standards for panel participation established by the state CCS Program. Refer to the following website for specific requirements and forms DHCS 4514 and DHCS 4515: Physician and Podiatrist:  
<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4514.pdf>  
Allied Health Professionals:  
[https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/580740A8-C497-4B25-B561-0FA8503D73BD/calchildpanelfrm4515.pdf?access\\_token=6UyVkJRRfByXTZEWlh8j8QaYyIPyP5ULO](https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/assets/580740A8-C497-4B25-B561-0FA8503D73BD/calchildpanelfrm4515.pdf?access_token=6UyVkJRRfByXTZEWlh8j8QaYyIPyP5ULO)
7. SCCs interested in participating in the state CCS Program should request an electronic application from the CCS Program Facility Mailbox at:  
[CCSFacilityReview@dhcs.ca.gov](mailto:CCSFacilityReview@dhcs.ca.gov)
8. New CCS Program SCC applications that meet general and staffing requirements will be scheduled for a site visit by the state CCS Program review team. Approved CCS Program SCC will undergo periodic review and recertification, as determined by the CCS Program.
9. Approval as a CCS Program facility shall be based on compliance with CCS Program standards, or any relevant CCS Program Numbered Letters, for the specific SCC; and upon facility review of policies and procedures, services provided, patient chart review, the demonstration of community need, and patient outcome data.
10. Approval as a CCS Program facility may be withheld if there is no community need, based on geographic considerations; and lack of sufficient caseload that is necessary to maintain proficiency in the care of children, adolescents, and young adults with CCS Program eligible conditions.
11. The following types of approval actions may be taken by the state CCS Program:
  - a. Full Approval is granted when all CCS Program Standards for the SCCs are met.
  - b. Provisional Approval may be granted when all CCS Program Standards for the SCC are met, however, additional documentation is required by the state CCS Program. This type of approval may not exceed one year.

- c. Conditional Approval for a period not to exceed six months may be granted when there are readily remediable discrepancies with program standards. The SCC must present a written plan for achieving compliance with program standards, and must be approved by the State CCS Program. If the discrepancies are not corrected within the period specified by the state CCS program, approval shall be terminated.
  - d. Denial is based upon failure of the hospital to meet the state CCS Program Provider Standards.
12. The SCCs shall be subject to re-evaluation at no less than five-year intervals and more often if indicated. At a minimum, re-evaluation will require a CCS Program SCC recertification and administrative review and possible site visit.
13. General guidelines for SCC services are found in N.L. 01-0108: <https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-01-0108.pdf>

**C. SCC Core Team Roles and Responsibilities**

1. There shall be a core team, which meets regularly to evaluate patients, to initiate or modify the plan of care, and to perform other functions needed to provide on-going, multi-disciplinary care. All professionals listed must be approved by the CCS Program.

If possible, the personnel on the core team should be consistently/permanently assigned to the team. In addition to the core team requirements, please also refer to the specific CCS Program SCC specialty or subspecialty standards that outline other SCC specialists and subspecialist requirements. The responsibilities of the specific CCS Program specialty or subspecialty standards are in the corresponding SCC-specific Standard.

2. The paneled core team is as follows:
- a. Medical Director/Physician
  - b. SCC Coordinator
  - c. Registered Nurse
  - d. Medical Social Worker
  - e. Registered Dietitian

3. Qualifications and responsibilities of core team members are:

a. Medical Director/Physician

1) The Core Team CCS Program-paneled Medical Director/Physician:

- a) Is responsible for the overall quality of medical care for infants, children, and adolescents admitted to the SCC.
- b) Shall ensure the proper credentialing and re-credentialing of all CCS Program team members as set forth by the discipline's specialty boards, professional associations, state licensing boards and other credentialing agencies.
- c) Shall ensure that the CCS Program team members keep current in their specific specialties and encourage participation in continuing education activities and attendance at professional meetings.

2) The Physician shall:

- a) Be certified by the American Board of Pediatrics and certified by the American Board of Pediatrics in the subspecialty of the specific SCC; or
- b) Be eligible for the certifying examination, if not board certified, and may participate in the CCS Program for not more than three years; and
- c) Be a full-time CCS Program-paneled pediatrician with specialty training relevant to the specific SCC, and outlined in the specific CCS Program SCC specialty standard.

3) The SCC shall maintain written documentation of the responsibilities of the SCC Medical Director which may include, but not be limited to, the following:

- a) Participation in development, review, and implementation of SCC policies and procedures;
- b) Screen and approve participation of clients with the diseases(s) or related condition(s) for which the SCC is established;

- c) Overall responsibility for quality of medical care and supervision of quality control and quality assessment activities;
- d) Responsibility for assuring ongoing SCC staff education in critical care medicine; and
- e) Assuring the maintenance of SCC database and/or vital statistics.

**b. SCC Coordinator**

**1) Coordination**

Each SCC must designate one of its team members as the SCC Coordinator. The SCC Coordinator shall be a CCS Program-approved physician, registered nurse, or social worker. The Coordinator has the key role in follow-up and coordination of services for eligible infants and children and their families.

**2) The specific responsibilities of the SCC Coordinator are:**

- a) Serve as the primary person coordinating services among the local county CCS programs, other SCC Programs located in CCS Program-approved facilities, local health agencies, clients/families, and others in matters related to the client's SCC services.
- b) Gather medical reports and assessments for review by team members, and prepare a summary report.
- c) When requested, ensure that a copy of the summary report is sent to the local county CCS program or State ISCD Office.
- d) Confer with parents regarding services provided and results of clinical evaluations and assessments of their infant or child.
- e) Assist families in establishing a medical home for the child, adolescent, or young adult.
- f) Assist clients/families in making linkages to necessary medical and social services.

- g) Ensure there is a system in place to follow up with families including those who have missed appointments. Collect documentation of the reason for missed appointments, and
- h) develop a plan of action for improving SCC adherence for evaluations and assessments.
- i) Coordinate SCC services with the local county CCS program and State ISCD Offices and other local programs.
- j) Provide referral and resource information for other social and developmental programs within the community, as required.

### 3) Education Services

- a) Provide education and outreach about the SCC services, clinical care, required documentation on transfer, and referral options.
- b) Develop and provide education to parents and family members about the high-risk infant's medical condition(s), care and treatment, special needs and expected outcome of care.
- c) Provide education to parents and family members about the system of care and services (including social services) available to help them nurture, support, and care for the patient.

### c. Registered Nurse (R.N.)

The Core Team CCS Program-paneled R.N. is responsible for carrying out the components of a professional nurse practice related to nursing services provided to patients in an outpatient setting.

#### 1) The R.N. shall:

- a) Hold a valid and current license to practice as a R.N. in California;
- b) Have a baccalaureate degree in nursing from a school of nursing approved by the National League of Nursing or equivalent accrediting body; and

- c) Have a minimum of one-year pediatric clinical experience providing nursing care for patients with the disease (s) or related condition(s) for which the SCC is established.
- 2) Responsibilities assigned to the R.N. shall include duties such as:
  - a) Development, implementation, and evaluation of a patient plan of care, which includes a description of the nursing process of assessment, nursing diagnosis, education, patient advocacy; and
  - b) Provision of case management, including but not limited to:
    - i. Assessment and monitoring of health and psychosocial needs of the patient and family;
    - ii. Coordination of services and follow up;
    - iii. Monitoring of all services received and evaluation of the outcome;
    - iv. Provision of patient and family/caregivers teaching and education;
    - v. Family advocacy;
    - vi. Coordination of home visits by other health care professional staff as appropriate;
    - vii. Participation in team conferences;
    - viii. Participation in quality assurance and quality improvement activities as they relate to nursing services and other services provided to the patient and family by the SCC;
    - ix. Contribution to or responsibility for, the development of written policies, procedures, and guidelines provided by the SCC; and
    - x. Coordination of services between outpatient and inpatient departments.

**d. Medical Social Worker (M.S.W.)**

The core team CCS Program-paneled M.S.W. is responsible for carrying out the components of professional social work practice.

**1) The M.S.W. shall:**

- a) Be licensed as a clinical social worker by the California Board of Behavioral Sciences; or
- b) Have a master's degree in social work from a school accredited by the Council on Social Work Education and five years of fulltime social work experience that shall include providing social work services to children with CCS Program-eligible medical conditions and their families.

**2) M.S.W. must be allowed to case-find.****3) M.S.W. coverage must be adequate to ensure that social work services, as specified below, are provided to each client and participates in all team conferences.****4) There shall be at least one M.S.W. assigned to the SCC.****5) The M.S.W.'s responsibilities are to:**

- a) Conduct a psychosocial assessment of the CCS Program client and caregivers on initial visit and at least annually and when there are major changes in psychosocial factors affecting a client and/or the family, and refer as necessary;
- b) Develop, with the family/caregivers and client, a social work plan;
- c) Ensure that the assessment and plan of care is documented in the chart and is accessible to other team members;
- d) Begin planning for the transition of youth to adult services by the age of 14 including sources of medical, vocational, financial, and support services and safety planning for youth with disabilities;



- e) Participate in quality assurance and community improvement as they relate to social work services or needs of clients and families served by the SCC; and
  - f) Contribute to developing written policies, procedures or guidelines related to social work services in the SCC.
- e. Registered Dietitian (R.D.) or Registered Dietitian Nutritionist (R.D.N.)

The CCS Program-paneled R.D.(includes R.D.N.) is responsible for carrying out the components of a professional clinical dietetic practice related to nutritional services provided to CCS Program clients in an outpatient setting.

1) The R.D. shall:

- a) Be registered by the Commission on Dietetic Registration, American Dietetic Society; and
- b) Have a minimum of one-year pediatric clinical experience providing nutrition assessment, treatment, and counseling for patients with the disease(s) or related condition(s) for which the SCC is established.

2) The responsibilities of the R.D. shall include, but are not limited to:

- a) Development of a plan for nutrition services which includes the SCC process for initial and ongoing nutritional assessment and identification of nutritional risks of patients; protocols for referral to the nutritionist and treatment protocols for nutritional services for patients with disease(s) or related conditions(s) related, for which the SCC is established and standards for anthropometric measurement equipment and calibrations;
- b) Participation in team conferences and discharge planning regarding the patient; coordinates implementation of the nutrition recommendations; and completion of requests for nutritional products when indicated;
- c) Provision of medical nutrition therapy and food safety education to family/caregivers and the patient and;

- d) Coordination of nutritional services provided by a nutritionist in a CCS Program clients local community.
- 4. There shall be consultation and collaboration between essential specialty, subspecialty, and support staff: The SCC shall have the ability to consult with essential specialists, subspecialists, and support staff. These clinicians and support staff shall be available, either face to face, or by telehealth conferencing, at the time of the client's SCC visit.

The consulting specialists and/or subspecialists are further delineated in the SCC specific specialty or subspecialty standards.

**D. SCC Facilities and Equipment:**

1. Adequate area shall be available for the provision of individual medical examinations, social work, nursing, dietary, and other appropriate professional assessment, treatment, and counseling services as required caring for the conditions appropriate to the category.
2. There shall be an identified room to isolate patients with potentially contagious diseases.
3. There shall be compliance with the American with Disabilities Act . Accessible restrooms shall be available for patients and families that allow for needs of infants, toddlers, children and adults.
4. There shall be a designated area available for team conferences, teaching, and confidential patient and family conferences.
5. There shall be a reception area with adequate seating for patients and families that contains toys appropriate for the ages of patients served and reading material for patients and for parents/caretakers.
6. All routine tests necessary for differential diagnosis and treatment of children with the conditions seen shall be available on site. Specialized tests and procedures shall be available either on site or at specific identified facilities.
7. Adequate, well-maintained equipment, calibrated yearly when appropriate. Medications shall be immediately available to adequately address any medical emergencies. The SCC shall follow the most recent American Academy of Pediatrics policy on Preparation for Emergencies in the Offices of Pediatricians and Pediatric Primary Care Providers.

8. There shall be appropriate storage facilities for medications and vaccines including a refrigerator and separate freezer. Daily temperature logs for freezer and refrigerator shall be maintained.
9. Assist in housing arrangements for parents and family members of children as needed.

**E. SCC Patient Care Policies and Procedures**

The SCC shall have written policies and procedures related, but are not limited, to:

**1. Intake**

- a. Documentation of CCS Program client initial assessment and plan of care;
- b. How referrals to the SCC are generated;
- c. How initial family contact is initiated;
- d. How appointments are scheduled;
- e. How missed appointments are followed-up;
- f. Identifying, establishing, and maintaining care coordination of primary care provider/medical home provider, and other specialists involved in the child's care, and;
- g. Identification of agencies involved in the child's care such as CCS general program, CCS Medical Therapy Program, Regional Center, and/or Department of Mental Health.

**2. Ongoing treatment**

- a. Providing initial and periodic reassessments, at least annually, including chart review by each discipline; represented on the core team and the required specific SCC standard specialists and/or subspecialists; or more frequently as required by the child's medical condition;
- b. Scheduling of return visit as needed and annually, at a minimum;
- c. Team conferences, including patient and parents, or other caregivers, as appropriate, to coordinate decision making and delivery of health care services identified by team members, allied

health professionals and parent/caregiver as needed by each child;

- 1) Planning should focus on developing a treatment plan that includes meeting patient/family needs and consider the adequacy and utilization of community resources for on-going care, and should lead to the delivery of comprehensive services for the affected child including active collaboration with the patient's local medical doctor and dentist.
  - 2) Where appropriate, the treatment plan should address identifying any transition related resources for clients, as outlined in Number six: "Transition"; below.
- d. Each team conference generating a core team conference report;
- 1) This report shall include the assessments and recommendations of all core team members, and shall include the anticipated
  - 2) Treatment plan for the next six to twelve months, including anticipated surgical procedures and hospitalizations.
- e. Developing, with patient and parental, legal guardian, or caregiver input, a written treatment plan;
- 1) The plan shall provide for continuity of care and services between individual team members, the SCC team and community health care providers, and with other community agencies such as local county and state CCS Program, schools and Regional Centers.
  - 2) A copy of the plan shall be provided to the patient/parents or caregivers as appropriate.
- f. Consultants and allied health personnel, who shall be responsible for providing individual written reports when providing services beyond the initial and periodic team evaluations.
3. Patient follow-up

Both in-patient and out-patient follow-up, including a written plan for outreach, coordination of care and services, referral for counseling, when needed, training and/or communication with and coordination of care with the patient's local pediatrician or primary care physician, dentist, local agencies such as schools, and regional centers as appropriate.

**4. Patient and family teaching**

The CCS Program team should actively solicit family participation and collaboration in the plan of care. When the child is mature enough to do so, he/she should participate in treatment decisions. Ensure that appropriate interpreters are available to assist in both verbal and written communications.

**5. Multidisciplinary comprehensive team assessments shall include:**

- a. Documentation of initial assessment and reassessments, including but not limited to the relevant diagnoses, psychosocial assessment, including cognitive assessment, and identification of any developmental disabilities.
- b. Provision of a written emergency care plan to be given to families/caregivers and a procedure for ensuring it is updated periodically. This shall include management of medical emergencies in the SCC.
- c. Family-centered, culturally and linguistically competent care. CCS Program services shall be provided without regard to race, color, religion, sex, national origin, disability, age, sexual orientation, or status as parent/caregiver. Teams must comply with all applicable federal, state, and local laws prohibiting discrimination.
- d. The SCC team will treat patients and families/caregivers in a non-discriminatory manner. Services are provided without regard to race.
- e. Referrals to the CCS Program.

**6. Transition**

Adolescent patients should transition into appropriate adult healthcare settings that include:

- a. Timelines for transition planning.
- b. Criteria for patients who require transition services, and
- c. Roles and responsibilities of the team members in transition planning that include assessment of patient and family readiness, provision of referral, and resource information.
- d. Consultants and allied health personnel, who shall be responsible for, providing individual written reports when providing services beyond the initial and periodic team evaluations.

F. Quality Improvement

At the time of a facility SCC site visit or recertification, SCCs are required to submit any available recent SCC related quality improvement/quality assurance reports and data dashboards.

For any requests for applications, questions, or concerns please contact the CCS Program Facility Review mailbox: [CCSFacilityReview@dhcs.ca.gov](mailto:CCSFacilityReview@dhcs.ca.gov).