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DATE: March 16, 2022

CCS Information Notice: 22-01

TO: All County California Children Services Program
Administrators and Integrated Systems of Care Division Staff

SUBJECT: Implementation of Assembly Bill 959, Statutes of 2015 – The
Lesbian, Gay, Bisexual, and Transgender Disparities
Reduction Act

The purpose of this California Children’s Services (CCS) Program Information Notice (IN) is to provide all county CCS programs and Integrated Systems of Care Division (ISCD) staff with information and instructions for implementing the provisions of Assembly Bill (AB) 959 (an act to add Section 8310.8 to the Government Code, relating to data collection, Chapter 565, 2015), Lesbian, Gay, Bisexual, and Transgender (LGBT) Disparities Reduction Act in the CCS program.¹

BACKGROUND:

AB 959 requires four specific state departments: The California Department of Social Services, Department of Health Care Services (DHCS), Department of Public Health, and Department of Aging, to begin collecting voluntary, self-identification information pertaining to sexual orientation and gender identity when collecting, directly or by contact, other required demographic data. This information will be used only for demographic analysis, quality improvement, conducting approved research, fulfilling reporting requirements, and guiding policy for funding decisions as described in the LGBT Disparities Reduction Act. The intent of collecting this demographic data is to gather accurate information to understand, compare, report, and apply that data to enhance and improve public services for all Californians.

Implementation of AB 959 began July 1, 2018.

AB 959 requires the state to collect voluntary information about applicants’ sexual orientation and gender identity. To comply with this bill, the state will collect this new demographic information through a variety of sources, including the Children’s Medical Services Network (CMS Net) and the case management system used by the CCS Program.

CHANGES TO THE APPLICATION TO DETERMINE CCS ELIGIBILITY

To comply with this bill, the state will collect demographic information through the CCS Program application to determine CCS Program Eligibility (DHCS 4480) form.² Changes have been made to the application to appropriately capture this new information. The terminology on the CCS Program application for sexual orientation and gender identity is consistent with the terminology used by DHCS for the application for Medi-Cal benefits.³

Collection of this new information will only apply to applicants who applied for CCS Program services beginning July 1, 2018, and will be collected as applicants renew their eligibility. Counties will not be required to collect this information from recipients currently receiving CCS benefits until annual eligibility renewal. All information collected by DHCS is done in compliance with DHCS' Privacy Policy Statement.⁴

COUNTY RESPONSIBILITIES

When determining eligibility, counties shall use the revised CCS Program application (DHCS 4480) to ask the parent, legal guardian, authorized representative, or any applicant 18 years of age or older, questions regarding the applicant's sexual orientation and gender identity. Counties have the responsibility to inform all applicants that responses to questions regarding sexual orientation and gender identity sections of the application are:

- A. Optional,
- B. Confidential,
- C. Used for statistical purposes only; and
- D. Will not affect an applicant's CCS eligibility determination.

FORMS ACCESS

Counties can access the revised application (DHCS 4480) on the CCS ["How to Apply" webpage](#).

Thank you for your assistance and the service you provide to the state's medically fragile population. For questions regarding this IN please contact CCSProgram@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Richard Nelson
Division Chief
Integrated Systems of Care Division

Attachment

Attachment 1: Assembly Bill 959 Questions

¹ AB 959 is available at:
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB959

² DHCS 4480
<https://www.dhcs.ca.gov/formsandpubs/forms/Documents/DHCS-4480.pdf>

³ Covered California – Single Streamlined Application
<https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx>

⁴ DHCS Privacy Policy Statement
<https://www.dhcs.ca.gov/Pages/Privacy.aspx>



Implementation of Assembly Bill 959 Questions

<p>Optional</p>	<p>What is the applicant's gender? <i>(check the box that best describes your current gender identity)</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Female<input type="checkbox"/> Male<input type="checkbox"/> Transgender: Male to female<input type="checkbox"/> Transgender: Female to male<input type="checkbox"/> Non-Binary (neither male nor female)<input type="checkbox"/> Another gender identity
<p>Optional</p>	<p>What sex was listed on the applicant's original birth certificate?</p> <ul style="list-style-type: none"><input type="checkbox"/> Female<input type="checkbox"/> Male
<p>Optional</p>	<p>Does the applicant think of themselves as:</p> <ul style="list-style-type: none"><input type="checkbox"/> Straight or heterosexual<input type="checkbox"/> Gay or lesbian<input type="checkbox"/> Bisexual<input type="checkbox"/> Queer<input type="checkbox"/> Another sexual orientation<input type="checkbox"/> Unknown