

CCS WCM Intercounty Transfer Check List

Acronyms used: CCS (California Children's Services), WCM (Whole Child Model), CIN (Client Index Number), DOB (Date of Birth), ICD (International Classification of Diseases), MEDS (Medi-Cal Eligibility Data System), MCP (Managed Care Plan)

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: _____

Receiving County Contact: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Sending County Contact: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

Date of last annual medical redetermination: _____

Section B: CCS Eligible Diagnosis (ICD 10)

Primary Condition: ICD 10 Code: _____ Description: _____

Secondary Condition: ICD 10 Code: _____ Description: _____

Section C: Health Plan Information

Health Plan Code listed in MEDS for current month _____

Health Plan Code listed in MEDS for pending month _____

Information on providers and services have been requested from the MCP on _____

Health Plan Contact Name: _____ Phone Number: _____

Instructions: Health Plan attaches the following items and provides to the Sending County within 10 business days of receiving this notice to the fax number above or send **secure** to the county contact's email address listed above:

1. Copies of current physical medical reports pertaining to CCS-eligible conditions since the most recent annual medical redetermination. (Do not need to send reports from Medical Therapy Conferences.)

2. List of current authorized or known providers/services pertaining to the CCS eligible condition including the previous 12 months (any information that will help the new county or new Health Plan know what to authorize).
3. Case management notes related to the CCS-eligible condition. If that is not possible, please provide a summary note of relevant case management activities.

Comments/Additional Information: