

In addition to the specialty and subspecialty requirements outlined in this standard, all California Children's Services (CCS) Aerodigestive Special Care Centers (SCC) are required to comply with CCS Chapter 3.37 CCS Provider Core Standards.¹

A. Aerodigestive SCC Overview

The Aerodigestive SCC provides family-centered, coordinated, multidisciplinary, multispecialty, culturally and linguistically appropriate, and equitable care to CCS clients with aerodigestive conditions.²

1. An Aerodigestive SCC patient is a child under 21 years of age with a known or suspected aerodigestive condition. These individuals have multiple and interrelated congenital and/or acquired conditions affecting airway, breathing, feeding, and swallowing, that require a coordinated interdisciplinary diagnostic and therapeutic approach to achieve optimal outcomes. Many Aerodigestive SCC patients have ongoing diagnostic uncertainty.
2. The Aerodigestive SCC evaluates and treats patients with the following conditions when anticipated to need multi-specialty care:
 - a. Conditions of the upper airway (larynx and trachea), such as airway obstruction, dysphonia, complex pediatric voice disorders, laryngeal cleft, laryngeal paralysis, laryngeal spasm, laryngeal web, posterior glottic diastasis, recurrent croup, severe laryngomalacia, subglottic stenosis, tracheal stenosis, tracheomalacia, tracheostomy dependence or malfunction, and complex vocal cord cysts, nodules and polyps, and vocal cord paralysis.
 - b. Conditions of the upper gastrointestinal tract, such as achalasia, aspiration and swallowing dysfunction, caustic ingestion, complex feeding disorders resulting from anatomic and physiologic abnormalities, diseases of the salivary glands, dysphagia, eosinophilic esophagitis, esophageal atresia, esophageal strictures, esophageal webs, tracheoesophageal fistula, and, when complex, sialorrhea and gastroesophageal reflux disease.
 - c. Pulmonary disorders, such as chronic cough, obstructive apnea, and pulmonary aspiration when complex.

Note that most, but not all, conditions treated at the CCS Aerodigestive SCC are CCS-eligible.

3. The Aerodigestive SCC provides services including but not limited to, the following:

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- a. Endoscopic diagnostic procedures to evaluate the airway and upper gastrointestinal tract.
- b. Instrumental assessment of pharyngeal dysphagia, specifically fiber optic endoscopic evaluations of swallowing (FEES), or videofluoroscopic swallow studies (VFSS).
- c. Open or endoscopic procedures to increase the diameter of the cartilaginous section of the airway.
- d. Endoscopic treatment of airway obstruction.
- e. Surgical procedures to treat aspiration.
- f. Surgical procedures for voice restoration.
- g. Gastrointestinal endoscopic procedures to diagnose and treat esophageal conditions, including treatment of esophageal strictures with dilation.

B. CCS Program Requirements

In addition to the requirements described in Section B of the Core Standards, the Aerodigestive SCC are required to comply with the following.

1. Aerodigestive SCC shall be located in tertiary hospitals approved by the CCS Program.³ Aerodigestive SCC shall not operate as satellite centers.
2. Aerodigestive SCC shall be located within a CCS approved hospital with CCS approved Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU).^{4, 5}
3. For applications, questions, or concerns please contact the CCS Program Facility Review mailbox at CCSFacilityReview@dhcs.ca.gov.

C. Aerodigestive SCC Core Team Members and Specialty Consultants

In addition to the requirements described in Section C of the Core Standards, the Aerodigestive SCC are required to comply with the following:

1. 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. The personnel on the core team shall be assigned on a consistent/permanent basis. All professionals listed must be approved by the CCS Program.

2. The following paneled core team members:
 - a. Medical Director/Physician
 - b. Otolaryngologist
 - c. Pulmonologist
 - d. Gastroenterologist
 - e. SCC Coordinator
 - f. Registered Nurse (R.N.)
 - g. Medical Social Worker (M.S.W.)
 - h. Registered Dietitian (R.D.)
 - i. Occupational Therapist or Speech-Language Pathologist
3. Core team member qualifications and responsibilities:
 - a. The Medical Director/Physician shall:
 - (1) Be a CCS-paneled Otolaryngologist certified by the American Board of Otolaryngology or a board-certified Pediatrician with American Board of Pediatrics (ABP) certification in Pediatric Pulmonology or Pediatric Gastroenterology.
 - (2) Be responsible for the overall quality of medical care for infants, children, and adolescents admitted to the Aerodigestive SCC.
 - (3) Lead the center in local, regional and/or national pediatric aerodigestive quality improvement activities.
 - b. A CCS-paneled Otolaryngologist must be a pediatric board certified in otolaryngology and specialize in the advanced endoscopic management of airway disorders, open surgical reconstruction of the airway, and complex aerodigestive disorders including swallowing and breathing problems.
 - c. A CCS-paneled Pulmonologist must be a pediatric board certified pediatric pulmonologist who specializes in children with aerodigestive disorders,

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- chronic cough, aspiration, chronic respiratory insufficiency, sleep disorders, and asthma.
- d. A CCS-paneled Gastroenterologist must be a pediatric board certified in pediatric gastroenterology with specialization in the diagnosis and treatment of children with complex swallowing and feeding disorders and congenital or acquired abnormalities of the gastrointestinal system.
 - e. The CCS-paneled SCC Coordinator, shall be a CCS Program approved physician, registered nurse, or social worker, who is responsible for functions described in the CCS Core Standards.¹
 - f. The registered nurse (R.N.) shall have at least two years of pediatric clinical nursing experience, at least one of which is in the treatment of pediatric patients with complex gastrointestinal, pulmonary or otolaryngological disorders.
 - g. A CCS-paneled social worker (M.S.W) (with responsibilities described in the Provider Core Standards,C.3.d.), shall be responsible for coordinating the psychosocial aspects of the patient's disorder, for defining a care plan with each patient/family, and for coordinating the overall care of the patient with other agencies.
 - h. A CCS-paneled registered dietician (R.D.) or Registered Dietitian Nutritionist (R.D.N.) must have responsibilities consistent with Chapter 3.37 Provider Core Standards, 3.37 Section C.3.e.
 - i. A CCS-paneled Occupational Therapist shall be licensed by the California Board of Occupational Therapy and have at least two years of clinical experience providing Occupational Therapy services, at least one of which must have in the treatment of infants, children, or adolescents with CCS-eligible medical conditions.

The Occupational Therapist shall have experience and expertise in clinical swallowing evaluations, instrumental assessments, and provision of direct feeding therapy.
 - j. A CCS-paneled Speech-Language Pathologist must be licensed by the California Speech/Language Pathology and Audiology Board (CSLPAB) and have at least two years of clinical experience providing speech/language pathology services, at least one of which must have been in the treatment of infants, children, or adolescents with CCS-eligible medical conditions.

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The Speech-Language Pathologist shall have experience and expertise in clinical swallowing evaluations, FEES, VFSS, and provision of direct feeding therapy.

- k. A SCC Pediatric Nurse Practitioner (PNP) (optional core team member) must:

Hold a valid and active license as a Nurse Practitioner in California, and, must possess a master's degree or doctorate in nursing, a master's degree in a clinical field related to nursing, or one of the following:

- (1) Successful completion of a nurse practitioner education program approved by the Board;
 - (2) National certification as a nurse practitioner in one or more categories – Pediatrics, primary or acute care.⁶
 - (3) Fulfill the criteria of the most current NL delineating Scope of Nurse Practitioners at Special Care Centers.
4. An Aerodigestive SCC team shall also include non-core specialists and health consultants. Non-core team members shall support the care of patients seen at the Aerodigestive SCC in the following manner:
- a. Specialty Consultants: shall be responsible for periodic evaluations and submission of treatment reports to the SCC Medical Director, including documentation of assessments and recommendations in the patient's medical record.
 - b. The following specialty and allied health consultants, who shall be CCS-paneled or enrolled in the Medi-Cal Dental Program, shall be available for in-person appointments or via live video to the SCC.
 - (1) Anesthesiologist
 - (2) Pediatric Surgeon
 - (3) Cardiothoracic Surgeon
 - (4) Sleep Medicine Specialist
 - (5) Immunologist
 - (6) Cardiologist

- (7) Developmental Pediatrician
- (8) Neurologist
- (9) General Pediatrics
- (10) Radiologist
- (11) Interventional Radiologist
- (12) Endocrinologist
- (13) Geneticist
- (14) Genetic counselor
- (15) Psychologist or licensed clinical social worker
- (16) Child Life Specialist
- (17) Physical Therapist
- (18) Dentist
- (19) Respiratory Therapist

D. SCC Facilities and Equipment

In addition to the requirements described in Section D of the Core Standards, the Aerodigestive SCC are required to comply with the following:

1. Have the space and equipment required to provide multispecialty care on the same date in a single clinic location.
2. Be able to coordinate with the operating room such that multiple diagnostic or therapeutic procedures requiring anesthesia can be performed on the same day.

E. SCC Patient Care

In addition to the requirements described in Section E of the Core Standards, the Aerodigestive SCC shall adhere to the following:

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1. An Aerodigestive SCC's core team specialists shall review recommendations and jointly develop care plans.
2. The Aerodigestive SCC shall, at a minimum, have written policies and procedures that address:
 - a. Referrals
 - b. Intake Process
 - c. Development of a treatment plan
 - d. Prescheduled team care planning
 - e. Multispecialty evaluation/care coordination
 - f. Team meetings to discuss patient evaluations
 - g. Discussions with patient and family including consent
 - h. Follow-up care and ongoing treatment
 - i. Coordination with family and CCS program
 - j. Core team reports
 - k. Referring to another facility, when appropriate
 - l. Transitioning out of the CCS program

F. Quality Assurance (QA) and Quality Improvement (QI)

In addition to the requirements described in Section F of the Core Standards, the Aerodigestive SCC are required to comply with the following:

1. The Aerodigestive SCC shall have a system of standardized data collection and data exchange so that diagnostic studies do not have to be repeated for referred patients.
2. Aerodigestive SCC quality improvement projects shall include data collection to align with nationally recognized endocrine quality measures. Process measures may include access to care or frequency of laboratory studies.

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3. Aerodigestive SCCs shall make quality assurance data available for review as part of the Aerodigestive SCC approval or re-approval.
4. Family satisfaction shall be assessed periodically for Aerodigestive SCC clients and families.

¹ Chapter 3.37 Provider Core Standards

https://www.dhcs.ca.gov/services/ccs/Documents/Chapter-3.37-CSS_Core_Standards.pdf

² For information on aerodigestive care, see Boesch RP Structural and Functions of Pediatric Aerodigestive Programs: A Consensus Statement. American Academy of Pediatrics, DOI: 10.1542/Peds. 2017-1701 originally published online February 7, 2018.

³ CCS Provider Standards

<https://www.dhcs.ca.gov/services/ccs/Pages/ProviderStandards.aspx>

⁴ Standards for Pediatric Intensive Care Units (PICU)

<https://www.dhcs.ca.gov/services/ccs/Documents/PICU.pdf>

⁵ Standards for Neonatal Intensive Care Units (NICU)

<https://www.dhcs.ca.gov/services/ccs/Documents/RegionalNICU.pdf>

⁶ Cal. Bus. & Prof. Code § 2725; Cal. Code Regs. tit. 16, §§ 1485(a) and 1481(a)(4); CCS Manual of Procedures, Chapter 3.37.C.3.c.