

CALIFORNIA CHILDREN'S SERVICES PROGRAM
GUIDANCE RELATIVE TO 2019 CORONAVIRUS (COVID-19)
PUBLIC HEALTH EMERGENCY UNWINDING PLAN

Updated: June 22, 2023

Supersedes version from: April 25, 2023

The purpose of this updated guidance is to provide direction to county California Children's Services (CCS) programs and Special Care Centers (SCC) regarding the COVID-19 public health emergency (PHE) unwinding plan and to ensure that CCS beneficiaries can continue to access medically necessary services, without delay.

Since the federal declaration of the COVID-19 PHE, the Department of Health Care Services (DHCS) implemented flexibilities to minimize the impact of the PHE on the CCS program and its beneficiaries. These changes were implemented under a variety of federal and state authorities. While many of these programmatic flexibilities will terminate at the end of the federal PHE, some will continue due to their positive impact on the Medi-Cal and CCS programs observed during the PHE. In response to the end of the federal PHE on May 11, 2023, the CCS program developed this CCS Guidance to COVID-19 PHE Unwinding Plan to help inform counties, beneficiaries, providers, and other valued stakeholders of the upcoming changes. This guidance aligns with the DHCS' [Medi-Cal COVID-19 Public Health Emergency Operational Unwinding Plan](#), released March 7, 2023.

Information Regarding the End of the Public Health Emergency

The U.S. Department of Health and Human Services announced that the PHE ended on May 11, 2023.

CCS Continuous Coverage

The [Consolidated Appropriations Act of 2023](#) ended the continuous coverage requirement on March 31, 2023. When continuous coverage requirements expired, counties began to notify CCS beneficiaries of their upcoming annual review, however; any negative action shall be paused until the beneficiary's annual review is completed. For annual program re-determination process, refer to the [CCS Program Administrative Case Management Manual](#).

DHCS' goal is to minimize beneficiary burden and promote continuity of coverage for CCS beneficiaries. DHCS encourages County CCS programs to:

- Request beneficiary contract information (name, mailing address, phone number, email) at each point of contact with beneficiary or family.

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- Update CMS Net with beneficiaries contact information during contact with a beneficiary or family.
- Utilize CMS 39, Active Cases with Recently Terminated Medi-Cal Coverage report to identify recent Medi-Cal termination.
- In the event Medi-Cal is inactive counties shall refer the family to their local Medi-Cal eligibility office to reestablish Medi-Cal eligibility.
- If a CCS-eligible child no longer qualifies for Medi-Cal eligibility, counties shall begin the eligibility process for CCS state-only, if applicable.
- Whole Child Model counties shall collaborate with Medi-Cal Managed Care Health Plans (MCP) to identify children that have been terminated from Medi-Cal.

Annual Renewal- No Information Received

If a beneficiary has not returned the required annual renewal documents or has not otherwise provided all of the requested information during the 60 days after the first request, counties must undertake a good faith effort to contact the beneficiary using more than one modality such as phone or email to request the needed information. As a best practice, counties are encouraged to contact the beneficiary at least 30 days after sending the annual renewal notice when no information has been received.

CCS Program State Fair Hearing Options

Section 1902(e)(14)(A) of the Social Security Act allows for waivers “as necessary to ensure that states establish income and eligibility determinations systems that protect beneficiaries.” Under this authority, DHCS has been granted temporarily approval to:

- Allow an extension of the timeframe to take final administrative action on fair hearing request. As a condition of this authority, DHCS/CCS will:
 - Not delay resolving expediate fair hearing described.
 - Provide benefits pending the outcome of a fair hearing decision to all beneficiaries who request a fair hearing within 120 days of the notice of action and regardless of whether the beneficiary has requested benefits pending the outcome of their fair hearing.
 - If a beneficiary requests a fair hearing after the date of action and within the reasonable time provided by the state, reinstate benefits back to the date of action.
 - Take final administrative action within the maximum 90 days permitted under the regulation for fair hearing requests where benefits cannot be provided pending the outcome of the fair hearing, such as a fair hearing challenging a denial of eligibility for an applicant.
 - Not recoup from the beneficiary the cost of benefits provided pending final administrative action, even if the action is sustained by the hearing decision; and
 - Not use this authority as a justification to delay taking final action, and only

exceed the 90 days permitted for taking final action to the extent to which the State is unable to take timely final action on a given fair hearing request.

These flexibilities are also extended to CCS state-only population. This authority will terminate on March 31, 2025.

- Allow an extension of the timeframe for beneficiaries to request a fair hearing. This would allow beneficiaries to go beyond the current 90-day Medi-Cal timeframe and provide them the ability to request a fair hearing that does not exceed 120 days from the date when the notice of action was mailed. CCS state-only beneficiaries will also have the 120-day timeframe to request a fair hearing. The 120-day timeframe extension will terminate on October 31, 2024.

The suspension of negative actions following an adverse judicial determination during a fair hearing flexibility terminated at the end of the PHE on May 11, 2023.

All CCS hearings are conducted by the California Department of Social Services (CDSS). CDSS will continue to provide the option to hold hearings in-person, by phone, or by video.

Telehealth

DHCS implemented broad changes that will continue to allow additional Medi-Cal covered benefits and services to be provided via telehealth across delivery systems when clinically appropriate, pursuant to section 14124.12 of the Welfare and Institutions Code amended by [Assembly Bill \(AB\) 133](#) (Committee on Budget, Chapter 143, Statutes of 2021). The final result of this effort is DHCS' [Telehealth Policy Proposal](#) for the post-PHE period, which describes each major policy area of the future proposal, the proposed approach following the end of the PHE, and the rationale for DHCS' proposal. The CCS program will adopt DHCS' Telehealth Policy, which includes both synchronous video and audio-only visits for CCS beneficiaries' additional details will be included in a CCS Telehealth Numbered Letter (NL).

SCC Annual Team Conference (ATC)

During the PHE, many components of the ATC were able to be delivered via telehealth technology. Therefore, the in-person ATC requirement for SCCs was suspended for the duration of the PHE. In addition, DHCS waived the requirement for an ATC as a requirement for authorization or reauthorization of medically necessary services.

The waiver for an ATC as a requirement for authorization or reauthorization of medically necessary services was extended for a 6-month period after the end of the PHE, until November 11, 2023. The suspension of in-person ATC is indefinite. SCCs are allowed the option to deliver ATCs via telehealth technology, as medically appropriate or in-

person.

Prior Authorizations

DHCS obtained approval under the Section 1135 waiver authority to temporarily suspend some prior authorization requirements, including prior authorizations for Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) in instances where the DMEPOS is lost, destroyed, irreparably damaged, rendered unusable, or unavailable as a result of the COVID-19 PHE. These flexibilities terminated at the end of the PHE, May 11, 2023.

Provider Enrollment and CCS Paneling

DHCS established an Emergency Medi-Cal Provider Enrollment process, effective March 23, 2020, with a retroactive date to March 1, 2020. This includes the temporary enrollment of providers who are enrolled in Medicare or as Medicaid Providers in other states. This flexibility also allowed CCS to expedite CCS paneling in conformance with the Emergency Medi-Cal Provider Enrollment process. These flexibilities terminated at the end of the PHE, May 11, 2023.

High Risk Infant Follow-up (HRIF)

During the PHE, the HRIF age-out limit of 36 months of age was extended so that the third and final standard visit may be performed up to 42 months of age. This HRIF flexibility terminated at the end of the PHE, May 11, 2023.

Medical Therapy Program Services

The Medical Therapy Program (MTP) issued COVID-19 guidance [Step 1](#) on April 29, 2020; [Step 2](#) on September 17, 2020; and, [Step 3](#) on February 4, 2022. The flexibilities granted during the PHE include:

Teletherapy: This flexibility allowed Medical Therapy Unit (MTU) therapists to offer remote/virtual teletherapy services as an alternative to in-person visits. MTU therapists may continue to provide teletherapy, as appropriate and directed by the Medical Therapy Conference and directing physicians. DHCS will issue further guidance on this matter under the CCS Telehealth NL.

Medical Direction Leniency/SAR authorizations: During the PHE, county MTPs were instructed to authorize MTP-related medically necessary SARs, including Durable Medical Equipment (DME), as appropriate despite MTC or medical report status at the time of authorization. This applied to clientele with outdated face-to-face MTC/medical direction appointment documentation. This flexibility will extend six (6) months after the end of the PHE, until November 11, 2023, to allow counties and beneficiaries to obtain appropriate documentation, while maintaining continuity of care. After November 11,

2023, a current medical report is required to be on file for all MTP clients in order to receive MTP services.

- Off-Site Therapy: During the PHE, county MTPs were given the flexibility to offer MTP-related therapy services at non-school sites in an effort to improve client safety and access. This flexibility will terminate at the end of the PHE, May 11, 2023.

For any questions regarding this guidance, please contact the CCS program at CCSProgram@dhcs.ca.gov.