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Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

**DATE:** November 18, 2019

N.L.: 09-1119  
Index: Benefits

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

**SUBJECT:** Authorization of Out of State Service Requests

## I. PURPOSE

The purpose of this numbered letter (N.L.) is to describe the policy and process for California Children's Services (CCS) review and approval of Out of State (OOS) medical services.

## II. BACKGROUND

The CCS Program determines CCS Program-medical eligibility and authorizes services pursuant to Title 22 of the California Code of Regulations (CCR), Sections 41515.1 and 41770, and Title 42 of the United States Code, Section 1396d(r)(5). The CCS Program authorizes CCS-paneled physicians and approved facilities to provide medically necessary services for the clients' CCS Program-eligible conditions. The CCS Program authorizes services to CCS Program-paneled providers in California and in-states adjacent to California, if the client lives in a border community where it is customary for residents to receive these services outside California. In addition, the CCS Program may authorize clients to receive care from OOS providers when:

- A. Emergency services are required to treat the CCS Program-eligible condition.
- B. There are no in-state CCS Program-paneled physicians available to provide a medically necessary non-emergency service to treat the CCS Program-eligible condition.

## III. POLICY

- A. Emergency Services

1. CCS clients may receive emergency services, as defined under 22 CCR Section 51056, from any provider without prior authorization, if the emergency services are related to a CCS Program-eligible condition.

*For clients who require hospitalization for an emergency medical condition, the CCS Program will cover the entire hospital stay, as long as the client is maintained at or transferred to the appropriate level of care facility. If a CCS client requires emergency services from a non CCS-approved facility, then the CCS Program shall authorize services at the non CCS-approved facility until the client can be safely transferred to a CCS-approved facility at the appropriate level of care.*

2. Any facility requesting payment for services to CCS clients must be enrolled as a Medi-Cal provider.

#### B. Non-Emergency Services

1. The CCS Program may authorize an OOS provider to provide a medically necessary non-emergency medical treatment of a CCS-eligible condition, if there are no CCS-paneled physicians, or physicians willing to become paneled in California, available to provide a comparable treatment.

The CCS Program shall consider the following prior to issuing an authorization:

- a. The provider's qualifications and experience in treating the client's condition.
  - b. If the client is deemed psychologically prepared for OOS service by the referring physician.
  - c. The client's ability to travel to the provider.
  - d. The cost of travel and accommodation for the client and the client's family.
  - e. The cost of the service compared to cost of comparable medically necessary services.
2. All providers requesting payment from the CCS Program must be enrolled Medi-Cal providers. Providers and/or facilities who are not enrolled should be referred to the Medi-Cal Provider Enrollment Division for information on how to become a Medi-Cal provider.<sup>1,2</sup>

#### IV. POLICY IMPLEMENTATION

##### A. Emergency services

All requests for emergency services shall be reviewed and authorized by the County CCS program for clients residing in independent counties, and by the Integrated Systems of Care Division (ISCD) for clients residing in dependent counties.

##### B. Non-emergency services for clients residing in independent counties

1. For clients residing in independent counties, the CCS Program-paneled physician who is overseeing the treatment of the child's CCS Program-eligible condition (Referring Physician) at a CCS Program-approved Special Care Center shall submit a completed CCS Program Non-Emergency Service Referral Request Questionnaire (Attachment 1), along with supporting medical documentation, to the CCS County Medical Director (County MD) for first-level review. The County MD, working with State MD if necessary, will then arrange for the client to receive one or more second opinions from a CCS Program-paneled provider unaffiliated with the Referring Physician. The second opinion(s) may be based on a face-to-face evaluation of the client, or a clinical review of the client's medical records and consultation with the Referring Physician. When medical necessity dictates an urgent decision, the CCS County MD, in consultation with the state Integrated Systems of Care Division Medical Director, may make a decision to forego the second opinion in order to protect the safety of the child.
2. If the County MD determines that the requested services are medically necessary, and are only available from an OOS provider, the County MD shall submit the request to the ISCD Medical Director or designee for final approval at [ISCD-MedicalPolicy@dhcs.ca.gov](mailto:ISCD-MedicalPolicy@dhcs.ca.gov).

##### C. Non-emergency services for clients residing in dependent Counties

For clients residing in dependent counties, the Referring Physician shall submit a completed Non-Emergency Service Referral Request Questionnaire (Attachment 1), along with medical documentation, to the ISCD OOS coordinator at [CCS.OOS@dhcs.ca.gov](mailto:CCS.OOS@dhcs.ca.gov), who will then share with the ISCD Medical Director or designee.

##### D. Non-emergency services for clients in the Whole Child Model (WCM)

For clients residing in WCM counties, OOS services are reviewed and approved by the managed care plan.

E. Transportation

For clients who have been authorized to receive care for a CCS eligible condition from an OOS provider, the CCS Program shall authorize necessary maintenance and transportation for the CCS Program client and the client's parent(s) or legal guardian(s) to travel to the OOS provider.

F. Coverage of ongoing services while a client is receiving OOS non-emergency specialty services.

If an authorized OOS provider service requires a client to be away from the client's normal residence, the CCS Program shall authorize the client to receive medically necessary ongoing services, such as dialysis or infusion services, from easily accessible providers while the client is under the care of the non CCS Program provider.

G. Retroactive non-emergency OOS services are not a benefit of the CCS Program. This includes both requests to retro authorize transportation out of the state and preauthorization of requests for transportation returning to California.

H. ISCD will communicate approval or denial of OOS services to the CCS counties in a timely manner.

If you have any questions regarding this Numbered Letter, please contact the ISCD Coordinator at [CCS.OOS@dhcs.ca.gov](mailto:CCS.OOS@dhcs.ca.gov) or the ISCD Medical Director or designee at [ISCD-MedicalPolicy@dhcs.ca.gov](mailto:ISCD-MedicalPolicy@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY**

Roy Schutzengel  
Medical Director  
Integrated Systems of Care Division

Attachment 1: CCS Non-Emergency Service Referral Request Questionnaire

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<sup>1</sup> DHCS Provider Enrollment Division  
<https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx>

<sup>2</sup> Medi-Cal Provider Forms  
<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references/forms>

## CCS Non-Emergency Service Referral Request Questionnaire

**Directions:** This form allows the CCS Program to assess whether a CCS Program client is eligible to receive non-emergency services from non CCS Program-paneled providers. This form must be completed by a CCS Program-paneled physician, in collaboration with a non-CCS paneled provider, when appropriate.

1. CCS Client Name, Date of Birth, and CCS ID Number:

2. Diagnosis or condition requiring referral:

3. Requested service:

4. Requested provider name:

**CCS Non-Emergency Service Referral Request Questionnaire**

5. Requested provider address and phone number:

6. Describe the child's overall health:

7. Describe any previous treatment(s) that child has received for the condition(s), and the outcome(s):

8. Explain why the requested procedure(s) cannot be provided by a California provider physician (please include copies of published clinical studies or articles from peer-reviewed professional journals, if needed):

9. Describe the requested provider's experience in providing the requested service:

**CCS Non-Emergency Service Referral Request Questionnaire**

10. Describe the medical objectives and expected clinical outcome of the requested service:

11. Describe the child's prognosis with and without the requested treatment:

12. If applicable, please explain why the expected outcome of this case will be different from previous cases involving similar services:

13. Please provide the treatment plan. This plan should include the types of services required, estimated number of treatment days, stabilization process, outpatient procedures, and step down care. Please also include HIPAA compliant billing codes when applicable, and indicate which follow-up services can be performed in California.

**CCS Non-Emergency Service Referral Request Questionnaire**

14. When is the treatment expected to begin and when is the treatment expected to end?

15. Please add any other information relevant to the care of this child as related to an OOS referral.

\_\_\_\_\_  
Referring Physician Signature    Date

\_\_\_\_\_  
Referring Physician (Print Name)    Date