

In addition to the specialty and subspecialty requirements outlined in this standard, all California Children's Services (CCS) Cleft Palate/Craniofacial Special Care Centers (SCC) are required to comply with [CCS Chapter 3.37 CCS Core SCC Standards](#).

A. Definitions

1. A Cleft Palate/Craniofacial SCC provides comprehensive outpatient and inpatient interdisciplinary services and diagnostic testing to children under 21 years of age who have CCS-eligible craniofacial conditions.
2. Children who have congenital anomalies that limit or compromise a body function or cause severe disfigurement are eligible to participate in the CCS Program under Title 22 of the California Code of Regulations, section 41518.8.¹ Children with craniofacial abnormalities resulting from trauma may also be eligible for services at the CCS-approved Cleft Palate/Craniofacial SCC.²
3. Craniofacial conditions that qualify for CCS services include, but are not limited to:

Cranial vault anomalies, velopharyngeal inadequacy, orbitocranial defects, maxillofacial anomalies, mandibular ankyloses, microtia and other anomalies of the external ear, cleft lip, cleft palate, nasal conditions, skeletal facial conditions such as mandibular hyper or hypoplasia, maxillary hypoplasia, alveolar clefts, associated nasal conditions and other conditions of the bones of the cranium, face, and dental apparatus.
4. The SCC staff shall operate as a distinct team responsible for coordinating all aspects of a CCS client's care, including comprehensive evaluation, treatment, and management of pediatric patients with craniofacial conditions, as defined in section A. These services include:
 - a. Surgical and post-surgical support for patients with craniofacial conditions.
 - b. Dental and orthodontic evaluation, repairs, restoration, and prostheses/functional appliances/implants.³ These services should accommodate for the patient's growth and development.
 - c. Screening and comprehensive clinical genetic evaluation, dysmorphology evaluation, and counseling.
 - d. Comprehensive speech and language pathology evaluation, and referrals for speech and language therapy.
 - e. Psychosocial evaluation.

- f. Evaluation of cognitive development, including formal cognitive assessment when indicated.
- g. Comprehensive nutrition and dietary evaluation.
- h. Referrals for diagnostic audiology, ophthalmology, otolaryngology, cardiopulmonary and other pertinent specialists.
- i. Assistance with transition to adult services when appropriate.

B. CCS Program Requirements

- 1. All Cleft Palate/Craniofacial SCCs shall be located within a CCS-approved tertiary hospital with a CCS-approved Pediatric Intensive Care Unit (PICU), or within a CCS-approved special hospital demonstrating equivalent expertise.
- 2. All surgeries related to the treatment of a craniofacial condition shall be performed by a surgical member of the Cleft Palate/Craniofacial SCC team, and must take place in a CCS-approved hospital.
- 3. Satellite centers for the Cleft Palate/Craniofacial SCC shall meet core team staffing standards described in CCS Provider Standards Chapter 3.3.1 H.2.⁴, and require separate CCS approval.
- 4. CCS participation: All SCC staff and consultants providing care to CCS-eligible children shall be CCS paneled or practice under the supervision of a CCS-paneled provider.
- 5. Provision of language and communication services: The SCC shall ensure compliance with all state and federal language and communication assistance requirements, including requirements governing the provision of interpreter and linguistic services.

C. SCC Core Team Members and Specialty Consultants

- 1. Staffing requirements:

The Cleft Palate/Craniofacial SCC core team shall consist of the following:

- a. A CCS-paneled surgeon specifically trained, qualified, and proficient in cleft palate and cranio-maxillofacial surgery, a pediatrician, a dentist, an orthodontist, a geneticist or genetic counselor, a speech language pathologist, a coordinator, a nurse, a social worker, and a registered dietician. Requirements for each listed below in items c. through k.

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- b. A SCC Medical Director who is a CCS-paneled pediatrician, a CCS-paneled surgeon, or an oral and maxillofacial surgeon enrolled in Medi-Cal Dental Services Program. In addition to the responsibilities set forth in the Core Standards for SCCs,⁵ the Medical Director shall also:
 - (1) Adhere to current recommendations, guidelines, and standards of the American Cleft Palate/Craniofacial Association and other relevant scientific bodies.
 - (2) Oversee quality improvement program as outlined in Chapter 3.37 CCS SCC Core Standards.⁵
- c. An oral and maxillofacial surgeon.
- d. A Coordinator who may be the SCC Director, or any member of the core team.⁶
- e. A CCS-paneled nurse with at least two years of experience as defined in the CCS Program Participation Requirements and one year in the field of cleft palate and craniofacial conditions.^{6,7}
- f. A CCS-paneled medical social worker.⁶
- g. A dentist enrolled in the Medi-Cal Dental Services Program.
- h. An orthodontist enrolled in the Medi-Cal Dental Services Program.
- i. A CCS-paneled registered dietitian or registered dietitian nutritionist with at least two years of experience as defined in the CCS Program Participation Requirements, with at least one year in the area of cleft palate and craniofacial conditions.^{6,7}
- j. A CCS-paneled speech language pathologist with at least two years of experience as defined in the CCS Program Participation Requirements, and at least one year in the field of cleft palate and craniofacial conditions who, when appropriate, will perform and document comprehensive assessments for speech, hearing, and language aspects of care, make treatment recommendations, teach patients and their family, and coordinate with other agencies and service providers.⁷
- k. A CCS-paneled geneticist or genetic counselor who, when appropriate, will perform comprehensive clinical genetic evaluations to include diagnosis, recurrence risk, counseling, genetic screening, and follow-up evaluations through puberty as issues emerge with delayed onset. The geneticist or genetic counselor shall also recommend specialty referrals for patients whose

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craniofacial findings are syndromic or associated with complex medical needs.⁷

2. A Cleft Palate/Craniofacial SCC team may also consist of non-core team members. Non-core team members shall support the care of patients seen at the Cleft Palate/Craniofacial 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, must be CCS-paneled or enrolled in the Medi-Cal Dental Services Program and must be available for in-person appointments or via live video to the SCC.
 - (1) Otolaryngologist who is:
 - (a) Board certified by the American Board of Otolaryngology-Head and Neck Surgery and has two years of pediatric clinical experience, or;
 - (b) Board certified in Complex Pediatric Otolaryngology, with one year of experience.⁸
 - (2) Audiologist who has at least two years of professional clinical experience providing audiology services, at least one of which focused on the treatment of infants, children, and adolescents.
 - (3) Plastic Surgeon.
 - (4) Neurological Surgeon.
 - (5) Ophthalmologist.
 - (6) Anesthesiologist who has at least two years of pediatric clinical experience.
 - (7) Pediatric Radiologist.
 - (8) Pediatric Endocrinologist.
 - (9) Pediatric Cardiologist.
 - (10) Pediatric Pulmonologist.

- (11) Prosthodontist.
- (12) Periodontist.
- (13) Endodontist.
- (14) Psychologist who has a minimum of two years of experience that includes counseling and performing tests on children with special health care needs. Psychologist must also have training and experience in neurodevelopmental and cognitive assessment.
- (15) Child and Adolescent Psychiatrist.

D. SCC Facility and Equipment

In addition to Chapter 3.37 of the CCS SCC Provider Core Standards requirements, SCCs must either have spaces available for audiologic and dental/orthodontic examinations, or provide ready access to an appropriate CCS-approved Communication Disorder Center Type C, or a provider facility approved by the Medi-Cal Dental Services Program.

E. SCC Patient Care

1. Only CCS-approved Cleft Palate/Craniofacial SCCs may submit Service Authorization Requests (SAR) to treat craniofacial conditions, as defined in section A.3 of this document.

SCCs shall have written policies and procedures as outlined in CCS Provider Standards Chapter 3.37.1.E, including policies and procedures related to intake, ongoing treatment, follow up, and core team reports as described in SCC Core Standards section E.1-3. **Error! Bookmark not defined.**

2. Children referred to the Cleft Palate/Craniofacial SCC may be seen for (1) ongoing management, (2) one-time consultations, (3) diagnostic procedures, or (4) a specified intervention. The CCS-authorization shall specify whether referral to the Cleft Palate/Craniofacial SCC is for ongoing management, consultation, testing, and/or a specific intervention. Types of referrals include ongoing, one-time, diagnostic, etc.
3. The SCC core team will provide appropriate information to the patient and their family verbally and in writing regarding treatment decisions that weigh the expected outcomes with related factors such as facial growth, ocular function, hearing, speech, dentition, and psychosocial impact.

4. The Cleft Palate/Craniofacial SCC team shall evaluate and address the psychological and social needs of the client and family related to the craniofacial condition.
5. The Cleft Palate/Craniofacial SCC team will conduct formal assessment of cognitive functioning when deemed necessary. Such testing will be performed, when necessary, on CCS clients whose age is four years or older, and who have a craniofacial condition requiring surgery of the cranial vault.⁹
6. The Cleft Palate/Craniofacial SCC team will promote early identification and support of children with craniofacial anomalies through educational programs designed to inform delivery room, neonatal care and general hospital personnel, and, if appropriate, primary care providers. The educational programs will address feeding and other critical aspects of early health care for children with craniofacial anomalies.
7. SCC core team members are responsible for post-surgical care and care coordination for services related to services provided by the Cleft Palate/Craniofacial SCC.
8. The Cleft Palate/Craniofacial SCC team shall implement a process for information exchange with schools, primary care professionals, outside agencies, and other professionals involved with the welfare of the patient.
9. Each Cleft Palate/Craniofacial SCC shall submit to the State CCS Program summary reports on an annual basis.

The report shall include, at a minimum:

- a. The number of patients for whom the SCC has submitted a SAR to the CCS Program.
- b. The number of patients seen.
- c. The types of surgical interventions performed, and the short and long-term outcomes for each type of intervention/surgery performed.
- d. Any critical incidents, such as those discussed at a Morbidity and Mortality conference that occurred at the SCC.

F. Quality Assurance/Quality Improvement

1. For review as part of the SCC approval or recertification process, the Cleft Palate/Craniofacial SCCs shall submit to the Integrated Systems of Care Division

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(ISCD) facility review team the most recent American Cleft Palate Association (ACPA) full Application as well as the most recent Annual Report.

2. Annually, the Cleft Palate/Craniofacial SCCs shall submit to the ISCD facility review team the most recent Annual Report shared with the ACPA.
3. The Cleft Palate/Craniofacial SCC team should be engaged in a minimum of one retrospective or prospective quality improvement project that includes data collection to align with nationally recognized American Cleft Palate-Craniofacial Association quality and outcome measures, to be detailed in the Annual Report.
4. The Cleft Palate/Craniofacial SCC should use a process to evaluate its own performance with regard to patient assessment, treatment, and patient/family satisfaction. Critical incidents should undergo a root cause analysis and a plan for mitigating future occurrences, to be included in the Annual Report.

¹ Cal. Code Regs., tit. 22, § 41518.8.

² Cal. Code Regs., tit. 22, § 41518.9.

³ Dental services and provider requirements are described in the Medi-Cal Dental Services Provider Handbook https://dental.dhcs.ca.gov/Dental_Providers/Denti-Cal/Provider_Handbook/

⁴ CCS Provider Standards 3.3.1

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

⁵ 3.37.1 CCS Special Care Centers (SCCs) General Information and Core Standards

<https://www.dhcs.ca.gov/services/ccs/Documents/Chapter-3.37-CSS.Core.Standards.pdf>

⁶ Chapter 3.37 Provider Core Standards

<https://www.dhcs.ca.gov/services/ccs/Documents/Chapter-3.37-CSS.Core.Standards.pdf>

⁷ Program Participation Requirements

<https://cmsprovider.cahwnet.gov/PANEL/provider-paneling-standards.jsp>

⁸ American Board of Otolaryngology

https://www.aboto.org/Complex_Pediatric_Otolaryngology.html

⁹ Standards for approval of cleft palate and craniofacial teams, American cleft palate craniofacial association

<https://acpa-cpf.org/wp-content/uploads/2019/04/Standards-2019-Update.pdf>