

7.9 Centers for Children with Endocrine and/or Metabolic Disorders

General Provisions

A. Medical Eligibility

Children with disorders as listed in Manual Section 2.5 may be referred to these centers for comprehensive diagnostic evaluation and/or treatment except that children with suspected or diagnosed PKU shall be referred to these centers.

B. Referral Information

1. The following information should be included with the authorization to the center coordinator:

- a. Appropriate medical information including laboratory and x-ray findings.
- b. Social work and/or PHN assessment
- c. Name, address, and telephone number of the child's local physician and his wishes regarding follow-up care.

C. Authorization for Diagnostic Evaluation

1. Authorization to the coordinator will cover:

- a. Coordinator's services, both administrative and medical.
- b. Consultation or evaluation by any of the specialists listed as members of, or consultants to, an individual center staff.
- c. Necessary laboratory and/or radiology services ordered by the coordinator or other panel specialist consultants.

2. Specialists not listed as members of an individual center staff will need to be issued prior individual authorizations. Requests for such authorizations shall be made in advance by the coordinator.

3. Authorization to the hospital or center will cover:

- a. Clerical and secretarial services
- b. Use of necessary space and equipment
- c. Services of a dietitian or nutritionist, nurse specialist, respiratory therapist, and social worker.

7.9.1 Continued

D. Authorization for Treatment at the Center

1. Authorization for treatment shall be issued to the coordinator or to a CCS panel physician designated by the coordinator.
2. Treatment authorization shall also be issued to the hospital or center for outpatient care for a specific length of time or number of visits as recommended by the coordinator or by the authorized treating physician. This authorization will cover services listed under C.3 above except that:

Upon the request of the coordinator or authorized treating physician an authorization may be issued for outpatient social work services and payment in accordance with CCS policy may be made for such services.

3. Any inpatient care must be requested in advance by the coordinator or the authorized treating physician and authorized in the normal manner.

E. Reports

1. Reports shall be provided as specified in Manual Section 3.21.5/B.
2. The county CCS agency will forward copies of reports from the center to the local authorized physician and to the family physician if he so desires. Copies of reports may also be furnished other appropriate professional personnel working with the child and family.
3. The CCS agency shall provide the center coordinator with summaries of local follow-up activities and copies of local physician reports.
4. The county CCS agency shall forward one copy of all medical and social service reports on PKU cases to:

Infant Health Unit (PKU Register)
Family Health Services Section
2151 Berkeley Way
Berkeley, CA 94704

F. Follow-up Care

1. Prior to, or during, the period of diagnostic evaluation, the authorizing CCS agency shall ascertain the wishes of the referring physician relative to continuing care.
2. If care is to be provided by the referring physician or other local physician, follow-up care at the center will be limited to an annual evaluation unless interim consultation is requested by the local authorized physician.

7.9.1/F Continued

3. Total care may be provided by the center if practicable and requested by the referring physician, including an annual complete re-evaluation.

G. Payment

Payment will be made in accordance with Manual Section 5.12.