DATE: January 8, 2015

N.L. 01-0115

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE SYSTEMS OF CARE DIVISION (SCD) STAFF

SUBJECT: INTER-COUNTY TRANSFER POLICY

I. PURPOSE

This revised Numbered Letter (N.L.) provides local county CCS programs and State SCD staff with guidance for inter-county CCS program case transfers.

II. BACKGROUND

The CCS Program’s policies and procedures on transferring a client’s case from one county to another were previously contained in N.L. 15-1207. The policy and information in this letter supersedes N.L. 15-1207 and should be used in conjunction with the information on pending transfers in the “CMS Net Guide and User Manual” and the CCS Case Management Manual, Chapter 2, Section 4. Use of this information, along with the Flow Chart (Attachment 1) and Frequently Asked Questions (FAQ) (Attachment 2), and Transfer Checklist (Attachment 3) will facilitate transfer of cases between counties.

In this document, “Original County” refers to the county which has an open CCS Program case and is notified that the client may have established residency in another county. “New County” refers to the county where the new address is located and where residence is claimed.

III. POLICY

A. A CCS Program client receiving services is not to be denied because of relocation from one county to another in California.

B. There is to be no lapse in services or interruption of services when an eligible client transfers from one county to another.
C. Transfer of a CCS Program client who is a Medi-Cal beneficiary should not be delayed even if the address change does not show in Medi-Cal Eligibility Data Systems (MEDS). A CCS Program client may submit documentation demonstrating residency to the New County CCS Program office. No Active Client shall have their transfer delayed.

D. Medical eligibility must be current at the time of transfer and is determined by the Original County and documented in the case notes of Children’s Medical Services Network (CMSNet) including the CCS Program medical condition prior to transfer. It shall be accepted by the New County.

E. The CCS Program’s signed application (if applicable) and Program Services Agreement (PSA) (if applicable) from the Original County shall be accepted by the New County once residence is established. The PSA should be renewed by the client or parent/legal guardian based on the Annual Renewal Date (ARD) established by the Original County. A PSA is not required for all cases and its absence will not delay a transfer. See FAQ for more specific details.

F. The two counties involved in the transfer will coordinate and mutually agree on a transfer date in which authorizations are to be canceled and the CCS Program case records closed in the Original County and reopened in the New County. The case in the Original County shall be closed on one day and opened in the New County on the following day.

G. The Original County will securely transfer the client’s CCS Program’s case and all related records within 10 working days from the transfer date including a completed transfer checklist (Attachment 3). This will not delay or prevent a transfer.

1. Transfer documents sent from the Original County to the New County within 10 days must include:

   (1) CCS Program Application (if applicable).

   (2) Current PSA (if applicable). Most recent residential and financial eligibility documents (CA State Income Tax Form, Federal Income Tax Form, health insurance form, Medi-Cal documents, and Enrollment Fee Agreement).
(3) Other legal documents utilized to establish residential and/or financial eligibility (utility bills, divorce agreements, guardianship, or adoption documents).

(4) Other health coverage information, including a copy of all Health Maintenance Organization (HMO) denials (within the last 12 months).

(5) Copies of physical medical reports for the previous 12 months (minimum) or documented review of electronic medical records. Discharge summaries or medical specialist reports may be sent in lieu of complete records when appropriate.

(a) Documented review of electronic medical records will suffice for transfer of medical reports and be indicated as a case note in CMSNet. If the New County requires access or copies of electronic medical records, the New County shall request this from the providers. If there are difficulties in obtaining this, the Original County may be contacted for assistance.

(b) If there are no hard copies of the medical reports within the last 12 months, a statement must be made in the transfer case note indicating that there are no hard copy medical reports for the last 12-month period.

(c) The Medical Therapy Unit (MTU) chart.

(6) Hard copy or electronic transfer of protected health information (PHI) shall be done in compliance with all governing Health Insurance Portability and Accountability Act (HIPAA) standards, sharing the information with appropriate security protections.

H. The Original Counties utilizing CMS Net MTP Module for Patient Therapy Record (PTR) billing shall ensure that all PTR claims have been entered into a batch prior to the agreed upon closure date.

I. In the event that counties are unable to negotiate an agreeable transfer date or disagree on the transfer process, the matter will be brought to the Dependent County Operations Section (DCOS) Chief for resolution.
IV. POLICY IMPLEMENTATION

A. Please refer to Attachment 1 for policy implementation guidelines to be applied when transferring a CCS Program case from one county to another. The two common case transfer scenarios being addressed are:

1. Cases in which the Original County is informed by the family/provider/agency that a client receiving services is moving to a New County; or

2. Cases in which the family moves to a New County without informing the Original County that they have moved.

Additionally, you may refer to the CCS Program Case Management Manual, Chapter 2, Section 4 for detailed instructions on closing and reopening cases in CMSNet for Original County and New County staffs.

V. Frequently Asked Questions (FAQ)

A FAQ document (Attachment 2) has been attached to address special situations or common issues arising from county transfer cases that require more detailed guidance from the core policy and intent of this NL.

This FAQ is subject to regular revision and updates that do not require an update to this NL.

Exceptions may be made to the policy outlined above on a case by case basis when approved by the SCD Medical Director or designee.
For any questions about the content of this letter, please contact James Delgado, Chief, Dependent County Operation Section, at (916) 327-1220 or via e-mail at james.delgado@dhcs.ca.gov.

Sincerely,

**ORIGINAL SIGNED BY LOUIS R. RICO**

Louis R. Rico, Chief
Systems of Care Division

Attachments:

Attachment 1: County Transfer Process Flowchart
Attachment 2: FAQ
Attachment 3: Inter-County Transfer Checklist
INTER-COUNTY TRANSFER GUIDELINES

Family/Provider/Agency/New County informs Original CCS program that family is moving or has moved to another county

Original county CCS program reviews the client’s medical eligibility
Is the client still medically eligible at the time of notification?

No

The original county:
1. Closes the case;
2. Provides the family with other possible service options/referral sources;
3. Informs the family of its appeal rights;
4. Case is not transferred; and
5. Family may appeal with the original county or reapply in the new county.

Yes

Is the client still financially eligible or MTP only?

No

The original county:
1. Send letters to family if needed;
2. Calls the new county CCS case manager and coordinates the closing and opening date with the new county so there is not a gap or an overlap in services;
3. Does not close the case until it has advised the new county of the closing of the case;
4. Conducts the annual program re-determination process if the transfer involves a CCS-only case that is within 60 days of the annual renewal date;
5. Sends copy of the client’s application and case records to the new county.

Yes

The new county:
1. Accepts medical eligibility and program eligibility;
2. Begins authorizing medically necessary services;
3. Accepts the program eligibility period as established in the original county
Frequently Asked Questions (FAQ)

1. **Q:** Is a signed Program Services Agreement (PSA) required for the transfer?
   **A:** Depending on client’s status:
   - For clients with Full Scope, No Share of Cost Medi-Cal, a signed PSA is not required in order to execute a transfer between counties.
   - For clients with a Share of Cost Medi-Cal who have not met their share of cost and straight California Children’s Services (CCS) cases:
     - A PSA is required and the Original County will complete a financial review prior to the transfer **OR**;
     - The client must meet their share of cost and have it updated in MEDS prior to transferring to the New County.

2. **Q:** Can a county refuse/deny a transfer from another county?
   **A:** No. Under certain circumstances as outlined in N.L. 15-1207, a transfer will be delayed, as a result of circumstance surrounding the client. However, no county may refuse to accept a transfer if a client resides in their county.

3. **Q:** Does the medical documentation for a transferring client need to be received by the New County prior to a transfer?
   **A:** No. The medical eligibility review is conducted by the Original County. If medically-eligible, the findings are annotated into CMSNet by the Original County prior to case closure by the Original County. The New County will accept the determination of the Original County. If there are circumstances that require a review of the medical documentation by the New County, this will occur after the case has been transferred to the New County.

4. **Q:** Can a case for the client be opened simultaneously in both counties?
   **A:** No. A case should be closed by the Original County and reopened the next day by the New County in order to ensure continuity of coverage.

5. **Q:** What if the new address does not accurately reflect the client’s county of residence? Will this delay a county transfer?
   **A:** No. As long as the client can produce acceptable residency documentation demonstrating their county of residence, the transfer will occur. The New County will work with the client to update their address in the MEDs system.
6. **Q**: What happens if a client transfers from a County Organized Health Systems (COHS) county to a non-COHS county and is still listed in the COHS system for coverage? Or from a non-COHS county to a COHS county?  
**A**: COHS counties have CCS services carved into their managed care plans. Any Service Authorization Request (SAR) that is generated will be sent to the non-COHS county’s point of contact address. This will not delay or prevent a transfer from occurring between the two counties.  
- The non-COHS county will coordinate with the COHS county to cover SARs until the client is entered into the COHS system and funds will be transferred accordingly from the COHS county to replace funds utilized by the non-COHS.  
- Counties will coordinate with SCD to transfer funds via the MR 0-940 process.

7. **Q**: Is the transfer policy different between Independent and Dependent Counties?  
**A**: No. All associated case documentation (application, medical, and supporting documents) will be transferred to the New County per the N.L., regardless if they are Independent or Dependent.  
- Dependent counties will request medical documentation to be forwarded to the New County from their respective supporting field offices. They will in turn, receive all medical documentation from Original Counties and forward them to the respective supporting field offices upon request.

8. **Q**: Does receiving Early and Periodic Screening, Diagnosis, & Treatment - Private Duty Nursing (EPSDT-PDN) services affect a county transfer?  
**A**: For clients receiving EPSDT-PDN services, transfers to and from counties are carried out in the same manner as any other transfer. Inter-county transfers (ICTs) involving CCS Program clients receiving EPSDT-PDN services must include ICT communication and collaboration with PDN Providers and/or the EPSDT-PDN Unit at (855) 347-9227 or via e-mail at EPSDT@dhcs.ca.gov.

9. **Q**: How do county transfers work if a CCS Program client is an inpatient at a hospital?  
**A**: Counties shall make every effort to avoid transferring cases while clients are hospitalized. In the event that a transfer must occur during a hospitalization, the following process will ensure that the hospital is paid for all eligible inpatient days.
Inpatient Hospital stays for non-Diagnosis-Related Group (DRG) hospitals

- For clients with Full-Scope, No Share of Cost (SOC), Medi-Cal, who are inpatient (except Neonatal Intensive Care Unit [NICU]), the Original County shall retain the case in their county until the day after the client is discharged from the hospital, giving only the total number of authorized days. Transferring a case while the client is an inpatient will preclude the hospital from payment for one day; the day that the Original County closes the case.
- For all other clients, CCS-Only, Emergency or Restricted Medi-Cal (except NICU), the counties shall agree on a transfer date. The Original County will authorize the day prior to the admit date through the agreed upon date of closure in that county, allowing the hospital to bill for a total number of eligible days. The New County will then authorize from the date of agreed upon transfer to the discharge date giving the total number of eligible days.
- For NICU clients covered by Full Scope, No SOC, Medi-Cal, the Original County shall keep the case open until after the client no longer meets NICU criteria or is discharged. Then both counties shall agree on a transfer date.
- For all other NICU clients covered by CCS-Only, Emergency or Restricted Medi-Cal, the Original County shall authorize from the date of eligibility to the agreed upon date of transfer. The New County will authorize until the day after the client no longer meets NICU criteria or is discharged to allow the total number of eligible days.

Inpatient Hospital stays for DRG hospitals

- Total number of days authorized is one day for DRG hospitals. Both counties will negotiate a transfer date for the client as required during the admission. The Original County will authorize the one day and work with the hospital to receive all associated claims.
- Reference This Computes! #426, #430, #440, CCS Information Notice #14-14, NL 02-0413, and NL 05-0502 for further DRG related information.
- Other questions or issues with DRGs should be sent to DRG@dhcs.ca.gov
CALIFORNIA CHILDREN’S SERVICES
TRANSFER CHECK LIST

Effective Closure Date: ____________________
Mail/Courier Company: ________________ Tracking #: ____________________

Client’s Name ____________________ Later ___________ First ___________ MI _______

Client’s Date of Birth: ________________ Primary Language: ____________________

Old Address: ____________________________

New Address: ____________________________

Parent/Legal Guardian: ____________________ Phone: _______________ Relationship: ____________

Caregiver: ____________________________ Phone: _______________ Relationship: ____________

Original County: ________________________ New County: ________________________

Contact Name: ________________________ Contact Name: ________________________

Phone: ____________________________ Phone: ____________________________

Transfer Records Included:

☐ CCS Application ☐ Financial Eligibility Documents
☐ Current PSA ☐ Current MEDS Print-Out
☐ Residential Eligibility Documents ☐ Medical Report(s), minimum of 12 months
☐ Additional Legal Documents ☐ No Medical Reports available
☐ Copy of HMO Denial/Health Insurance Information ☐ See Case Note of ____________ (date)

Comments: _______________________________________________________________
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