February 19, 2013

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS AND MEDICAL CONSULTANTS, AND STATE CHILDREN'S MEDICAL SERVICES (CMS) STAFF

SUBJECT: CRITERIA FOR ASSIGNMENT OF CCS UNIQUE AID CODES TO CCS ELIGIBLE CHILDREN

Background

In 2001, the Client Eligibility component of Children's Medical Services Network (CMS Net) was completed for all CCS children residing in counties participating in CMSNet. This conversion was an automated process that included the assignment of unique CCS aid codes to CCS eligible children. All CCS eligible children, including those who already had aid codes reflecting their Medi-Cal or Healthy Families (HF) eligibility, had CCS unique aid codes assigned.

Subsequent to the completion of this one time automated Client Eligibility conversion process, county CCS programs began using CMS Net assign CCS unique aid codes to children determined eligible for CCS. The aid codes are used by providers and programs to verify client eligibility in the Medi-Cal Eligibility Data System (MEDS), the Point of Service (POS) System, the Automated Eligibility Verification System (AEVS), and at the Medi-Cal Internet Site.

This Numbered Letter has been corrected on two occasions:

1. In March 2012, to conform to the assignment of CCS unique aid codes to children who are the Healthy Families Program (HFP) subscribers as specified In N.L 12-1006.

2. In February 2013, to provide for the assignment of CCS unique aid codes to children who make the transition from the HFP to Medi-Cal and to new Medi-Cal beneficiaries who in the past would have enrolled the HFP.
Note on the February 2013 Correction

The HFP was established as California’s federal title XIX State Children's Health Insurance Program in 1997. The 2012 Budget Act, AB 1464 (Chapter 21, Statutes of 2012), the HFP Budget Act Trailer Bill, AB 1494 (Chapter 28, Statutes of 2012), and the HFP “Clean-Up” Trailer Bill, AB 1468 (Chapter 468, Statutes of 2012), eliminate the HFP and expand Medi-Cal for Children to provide for the transition of HFP subscribers to full scope, no share of cost Medi-Cal and for the prospective enrollment of new beneficiaries in full scope, no share of cost Medi-Cal who in the past would have enrolled in the HFP.

Policy

The following criteria shall be utilized for the assignment of a unique CCS aid code when a child’s CCS case record is opened or as otherwise indicated:

Aid Code 9K

Assigned to all children referred to the CCS program when they have completed a CCS program application and the child’s case is being opened for diagnosis only.

Assigned to all CCS-only children, Medi-Cal eligible children, including children assigned Medi-Cal Presumptive Eligibility (PE) aid codes 5C and 5D and Medi-Cal Targeted Low Income Children’s Program (TLICP) aid codes H1, H2, H3, H4, and H5, and children enrolled in HFP when they are determined to be medically eligible for the CCS program and have completed the CCS program residential/financial eligibility process, except as otherwise indicated below.

Aid Code 9M

Assigned to children who have been determined to be medically eligible for the CCS medical therapy program, but are not eligible for CCS treatment services because they don't meet program financial eligibility requirements.

Aid Code 9N

Assigned to children who are eligible for full scope/no share of cost Media-Cal, excluding children assigned Medi-Cal PE aid codes 5C and 5D and Medi-Cal TLICP aid codes H1, H2, H3, H4, and H5, and are medically eligible for CCS, but have not completed the CCS program residential/financial eligibility process, including a signed program services agreement.
Aid Code 9R
Assigned to children who are medically eligible for the CCS program and are enrolled in HFP or are assigned Medi-Cal PE aid codes 5C or 5D or Medi-Cal TLICP aid codes H1, H2, H3, H4, and H5, but are from families with adjusted gross incomes of over $40,000 per year.

Aid Code 9U
Assigned to children who are medically eligible for the CCS program and are enrolled in HFP or are assigned Medi-Cal PE aid codes 5C or 5D or Medi-Cal TLICP aid codes H1, H2, H3, H4, and H5, but have not completed the CCS program residential/financial eligibility process.

Implementation
Effective January 1, 2013, the criteria delineated above shall be utilized by county CCS programs in the assignment of CCS unique aid codes.

If you have any questions, please contact your Regional Office Administrative Consultant.

ORIGINAL SIGNED BY LOUIS RICO, CHIEF

Louis Rico, Chief
Systems of Care Division