State of California—Health and Human Services Agency
Department of Health Care Services

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DIRECTOR

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DATE: December 18, 2015

N.L. 09-1215
Supersedes N.L. 15-1207
Revised N.L. 15-1207

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 "Children's Medical Services Network (CMSNet) 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 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 the 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 with SARs reissued 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:

    a. CCS Program Application (if applicable).

    b. Current PSA (if applicable). Most recent residential and financial eligibility documents (California State Income Tax Form, Federal Income Tax Form, Medi-Cal application, Health Insurance form, and Enrollment Fee Agreement).

    c. Other legal documents utilized to establish residential and/or financial eligibility (utility bills, divorce agreements, guardianship, or adoption documents).

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

e. 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.

(1) 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.

(2) 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.

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

f. 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 CMSNet Medical Therapy Program (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 Dependent and/or Independent 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 or his designee 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 N.L.

This FAQ is subject to regular revision and updates, which do not require an update to this N.L.

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

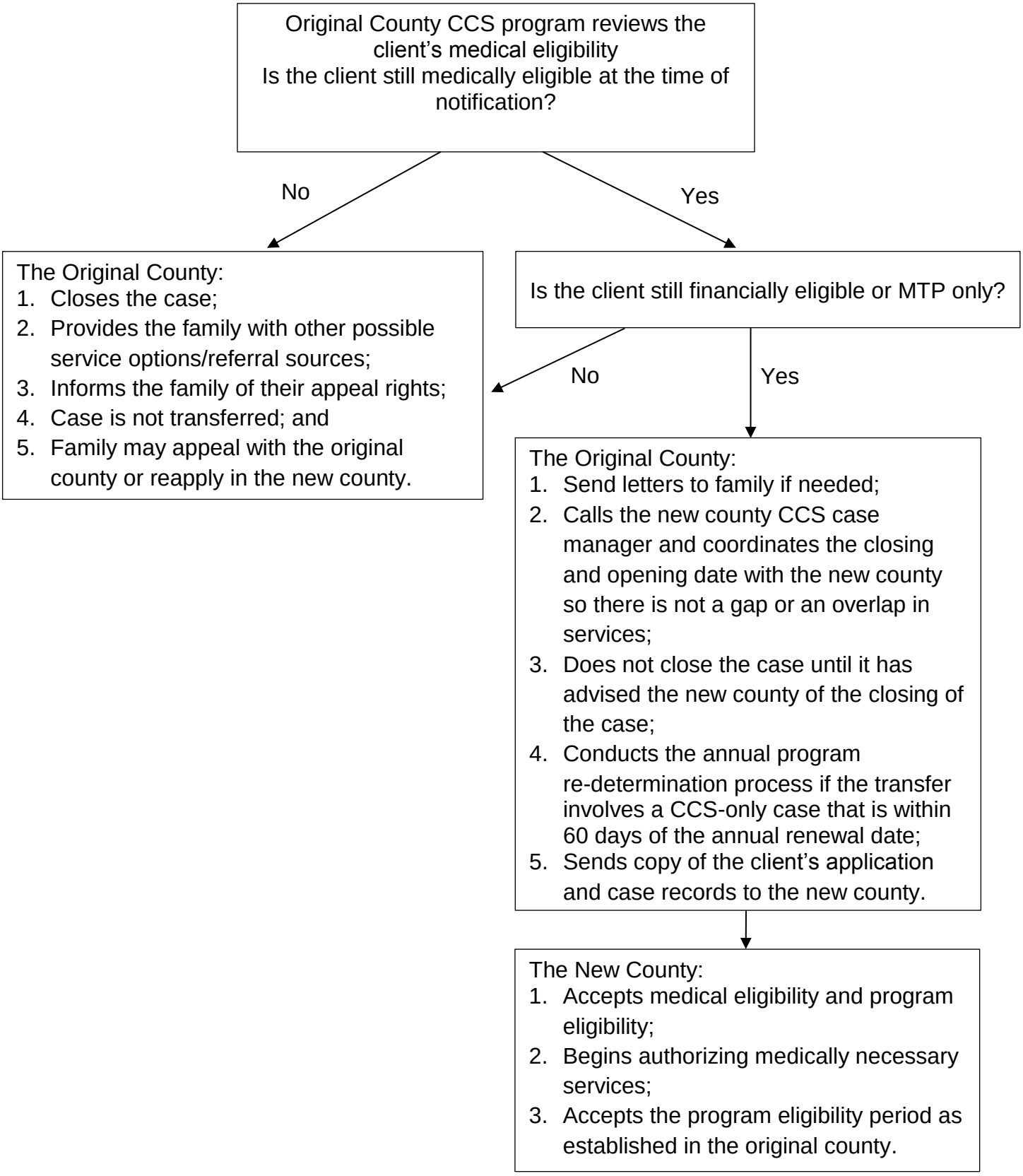
Attachments:

Attachment 1: County Transfer Process Flowchart
Attachment 2: FAQ
Attachment 3: Inter-County Transfer Checklist

Attachment 1

INTER-COUNTY TRANSFER GUIDELINES

Family/Provider/Agency/New County informs Original CCS program that family is moving or has moved to another 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 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. 09-1215, a transfer will be delayed, as a result of circumstances 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 with the local county Medi-Cal office.

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? (See A1) Or from a non-COHS county to a COHS county? (See A2)

   A1: Non-COHS counties have CCS services carved out of their managed care plans (MCPs). **For transfers from a COHS county (Original County) to a non-COHS county (New County)**, any Service Authorization Request (SAR) that is generated will be sent to the 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 (New County) will coordinate with the COHS county (Original County) to cover SARs until the client address and health plan code is updated in MEDS to reflect their correct health plan code and funds will be transferred accordingly from the non-COHS county to replace funds utilized by the COHS county.
   - The non-COHS county (New County) will coordinate with their local Medi-Cal office to update the client's health plan code and address in MEDS. MEDS updates occur on the 1st of every month, therefore changes made to a client's profile will not reflect until the following month.

   A2: COHS counties have CCS services carved into their managed care plans (MCPs). **For transfers from a non-COHS county (Original County) to a COHS county (New County)**, 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 COHS County (New County) will coordinate with the non-COHS county (Original County) to cover SARs until the client is entered into the COHS system and the client's health plan code and address is updated in MEDS. Funds will be transferred accordingly from the COHS County to replace funds utilized by the non-COHS county.
   - The COHS County (New County) will coordinate with their local Medi-Cal office to update the client's health plan code and address in MEDS. MEDS updates occur on the 1st of every month, therefore changes made to a health plan code will not reflect until the following month.

   Additional Instruction:
   - Counties will coordinate with SCD to transfer funds via the MR 0-940 process. For further details please reference FAQ #10 below or see NL 12-0914: "MR-O-940 REPORTS - Procedures for Requesting Shift of Claim Line Costs From One Funding Category to Another Funding Category."
   - *If an immediate update is required* where a health plan code must be updated in MEDS prior to the end of the month, counties can coordinate with SCD to request a manual update in MEDS of the client's health plan code.

PLEASE NOTE: This request for a health plan update is only temporary and will revert back to the previous health plan code the following month if not entered in MEDS by the counties. As such, the New County must still update the client's MEDS address and plan code in order for the change to be permanent within MEDS.

- MEDS 703 codes: These codes have no effect on county funding or overall client eligibility and are an additional identifier tied to pilot demonstration projects. Counties should not delay a transfer as a result of this code; which will be removed from MEDS shortly after a client has transferred into a New County.

7. **Q**: Is the transfer policy different between Independent and Dependent Counties?
   A: No.
   - Dependent counties will request medical documentation to be forwarded to Independent Counties from their respective supporting State offices. The State Offices will in turn, receive all medical documentation from Independent Counties.

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 and Xerox to process 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**

10. **Q**: How do counties move funds from one county to another, to cover inter-county transfers?
    A: This is handled at the quarterly invoice level. The two county programs must mutually agree in writing (email from the CCS administrators will suffice) that DX/RX charges for a transferred CCS child appear on the wrong county's MR-0-940 Report (charges must be identified by individual CCN and Report Date). The Original County will delete the charges from their quarterly DX/RX invoice and the New County will add the charges to their Quarterly DX/RX invoice. When the counties submit their invoices they must explain the deletion and addition in writing and attach a copy of the approval email to these invoices.
    - Please refer to N.L. 12-0914 "MR-O-940 REPORTS - Procedures for Requesting Shift of Claim Line Costs From One Funding Category to Another Funding Category" for further questions regarding transfer of funding utilizing the MR-O-940 process.

11. **Q:** What happens when a case has been closed by the Original County due to a lapse in the Annual Program Re-determination or when the Program Eligibility renewal process is incomplete by the client and the case needs to be reopened to the New County?
    A: If the case is being reopened within 30 days of closure, the process outlined in this N.L. will be followed by the Original and New Counties. The New County will reopen the case the day after the case was closed by the Original County.

For all other circumstances, the New County will handle reopening the case as outlined in Chapter 1, Section V of "The CCS Program Administrative Case Management Manual". The New County may request the medical records of the client from the Original County. Medical records should be received by the New County within 10 days of the request in these circumstances.

For more information on reopening cases, or the Program Eligibility renewal process or Annual Program Re-determination, please reference N.L. 16-1114 "The CCS Program Administrative Case Management Manual."

Attachment 3

CCS# _____

MTU: yes ☐ no ☐

CALIFORNIA CHILDREN'S SERVICES
TRANSFER CHECK LIST

Effective Closure Date: _____ Mail/Courier Company: _____ Tracking #: _____

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

Comments: _____