DEPARTMENT OF HEALTH SERVICES

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December 30, 1998

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TO:

California Children Services (CCS) Administrators and Medical

Consultants and State Children Medical Services (CMS) Branch Staff

SUBJECT:

CCS RESPONSIBILITIES FOR CASE MANAGEMENT OF SHARED

MEDI-CAL-ELIGIBLE BENEFICIARIES WHO ARE RECEIVING

EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND

TREATMENT (EPSDT) SUPPLEMENTAL LONG-TERM NURSING SERVICES THROUGH MEDI-CAL IN-HOME OPERATIONS (IHO)

The purpose of this numbered letter is to delineate the CCS program's case management responsibilities for those eligible children who are receiving long-term nursing services through Medi-Cal IHO in the home as an EPSDT supplemental service benefit.

As a result of a two-year collaborative effort to build a coordinated system of service delivery to these children, a Memorandum of Understanding is being signed by both CMS Branch and IHO to ensure that care is provided in a collaborative manner. IHO staff have been directed to refer all Medi-Cal-eligible children with a CCS-eligible condition (as per Title 22, Section 51013) for whom they have been asked to provide long-term nursing services in the home to CCS for case management and authorization of those medically necessary services that treat the eligible condition, other than the nursing care.

The IHO staff will continue to determine and authorize the intensity and frequency of nursing services, as well as medical transportation. In some instances—where a child is enrolled in a Medi-Cal Managed Care plan—the county CCS program will also authorize the nursing services, after IHO has determined the necessity for the services (the "work-around" system).

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For services <u>not</u> related to the CCS-eligible condition, either IHO or the Medi-Cal Managed Care plan will have the responsibility to authorize medically necessary care.

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

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