

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P. O. Box 942732
SACRAMENTO, CA 94234-7320



April 3, 1996

MMCD Letter No. 96-02

To: (X) Prepaid Health Plans (PHPs)
 (X) County Organized Health Systems (COHSs)
 () Primary Care Case Management (PCCM) Plans

SUBJECT: Managed Care Plans Whose Contracts Include California Children Services

BACKGROUND:

The California Children's Services (CCS) program provides medically necessary care and case management to children with physically handicapping conditions who meet program eligibility requirements. The care is delivered by providers in the local communities and tertiary care medical centers who meet CCS program standards. See enclosure 1 for more complete program description.

This policy letter applies to the following Medi-Cal managed care plans who have been in operation prior to August 1, 1994, and whose contracts include treatment of CCS eligible conditions:

1. Prepaid health plans (PHPs).*
2. County Organized Health Systems (COHS) in Santa Barbara, San Mateo and Solano Counties.

* All PHPs in the Sacramento Geographic Managed Care program have contracts that exclude treatment of CCS eligible conditions, except for Kaiser, whose contract does include treatment for CCS eligible conditions.

GOAL:

The goal of this policy is to ensure that plan members with emerging or identified CCS eligible conditions receive timely and appropriate diagnostic and treatment services that lead to optimum clinical outcomes.

POLICY:

Primary Care

The Plans must provide children with CCS eligible conditions with all appropriate preventive services and primary care, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) supplemental services. The primary care provider is responsible for early identification of CCS children and for coordinating care with specialists and or special care centers.

Specialty Care

Pursuant to Welfare and Institutions Code, Section 14093.05 (c), the Plans must maintain a panel of CCS approved specialists and special care centers in their provider network. If there are insufficient paneled providers willing to enter into contracts with the Plans, the CCS program will work with the Plans to establish new paneled providers.

CCS approved specialists are those who are certified by their respective boards. Board eligible physicians are allowed three years to complete final certification. Special care centers are approved by the State CCS program, whose Regional Office professional staff conduct on-site reviews in consultation with experts in their respective areas of specialty. The lists of CCS approved specialists and special care centers in a specific county are available from the county CCS program. See Enclosure II for list of county CCS programs and Regional Offices.

Provider Training

The Plan must ensure that network providers delivering care to children and the providers' support staff are knowledgeable about CCS eligibility criteria and CCS program services by training its providers and administrative staff. The Plan must also distribute to its providers the list of potentially eligible CCS conditions (see enclosure III), and updated CCS program policies and procedures transmitted to the Plan by the county CCS program.

Referral, Case Management and Coordination of Services

The Plan is responsible for providing children with CCS eligible conditions with all Medi-Cal benefits included in its contract, including EPSDT supplemental services. The Plan must ensure that appropriate and timely referrals are made to CCS approved specialists and special care centers. In addition, the Plan must develop and implement procedures for appropriate case management and coordination of services for these children.

The Plan must refer children in need of multispecialty and multidisciplinary services to receive care at a CCS approved special care center. Such children include, but are not limited to, those with congenital heart disease, inherited metabolic disorders, chronic renal disease, cystic fibrosis and other chronic lung diseases, malignant neoplasms, hemoglobinopathies and hemophilia, craniofacial anomalies, myelomeningocele and endocrine disorders.

Note: Children who are candidates for major organ transplants may be disenrolled from the plan, pursuant to contract terms.

Identification and Tracking of CCS Children

The Plan must implement procedures to identify children with CCS eligible conditions and track all services provided to these children.

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The Plan must also develop and implement procedures to provide timely information to the county CCS program regarding these children, for the following purposes:

1. To ensure that CCS services not covered by the Medi-Cal program are available to the child, (see below) and
2. To ensure continuity of care with a CCS paneled provider even when the child loses Medi-Cal eligibility.

Examples of services not covered by Medi-Cal but paid for by the CCS program are: lodging, food and transportation to assist the family in accessing authorized medical services, and case coordination activities of special care centers.

Long Term Care Services

Plan members with CCS eligible conditions who require long-term care services are subject to the same contract terms as non-CCS eligible members. PHP contracts generally require disenrollment of members who have been institutionalized for more than one full calendar month in a skilled nursing, sub-acute care, or intermediate care facility. Until the disenrollment is effective, the PHI is responsible for all services. In COHSs, members are not disenrolled regardless of length of stay in a long term care facility. Some COHs contracts allow for long term care services exclusion while the member remains enrolled in the plan.

Problem Resolution

The Plan must also establish procedures to coordinate problem resolution with the local CCS program. Issues such as CCS program eligibility, services for the CCS eligible condition and associated or complicating conditions, must be resolved cooperatively at the local level. However, if local resolution is not possible, the Plan must notify the Medi-Cal Managed Care Division contract manager and the County CCS program must notify the CCS Regional Office.

DISCUSSION:

In order to ensure that children with CCS eligible conditions receive appropriate care and achieve the optimum clinical outcome, the Plans need to establish a close working relationship with the county CCS program. The county CCS program must assist the Plans in the following:

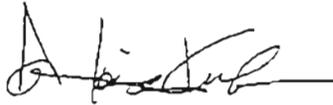
1. Training and consultation to the Plan's providers on various aspects of the CCS program.
2. On-going coordination with Plan's providers and authorize CCS services that are not Medi-Cal benefits for Plan's enrollees.
3. On-going assistance in establishing a CCS paneled provider network for the Plan, including but not limited to making the criteria and procedures for CCS approval available to the Plans.

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4. Timely information to the Plans of newly enrolled Plan members who are already identified with CCS eligible conditions and CCS paneled providers.
5. Provision of a list of current CCS approved specialists, hospitals and special care centers in the county and updating the list on a periodic basis.
6. Cooperative resolution of enrollees' complaints by designating a liaison with the Plan for problem resolution and for facilitating transmittal of program information to Plan and Plan providers.

Should there be any questions regarding these policies, please contact your contract manager.

Sincerely,



 Joseph A. Kelly, Chief
Medi-Cal Managed Care Division

Enclosures

cc: Maridee Gregory, M.D., Chief
Childrens Medical Services Branch
8/350

Marian Dalsey, M.D., Chief
Program Standards and Quality
Assurance Section
Children's Medical Services Branch
8/350

Darryl Nixon, Chief
Medi-Cal Benefits Branch
8/1640

CALIFORNIA CHILDREN SERVICES PROGRAM

A Brief Summary

The California Children Services (CCS) Program's goal is to assure that children with physically handicapping conditions receive necessary and appropriate health care to treat their eligible conditions at the appropriate time and place by CCS paneled health care practitioners. The program performs these assurance functions by defining those handicapping conditions requiring multispecialty, multidisciplinary care and by determining program eligibility. The program also performs other services which usually include:

- assessing the qualifications of and selecting the most appropriate providers and sites for care;
- case management activities;
- determining the appropriateness of treatment plans and
- authorizing funding for the services

Frequently, working with families and children with multiple problems may identify the need for extended services in the home and coordination with other community agencies.

STATE AND COUNTY PARTNERSHIP

The organization of the state's CCS programs have been a partnership between the local county health departments and the State of California. When Medi-Cal does not provide services for the CCS eligible condition, but the patient meets the other program eligibility criteria, the services are then funded equally between the state and the county

In the counties with populations of greater than 200,000 (independent counties), county staff perform all case management activities for eligible children residing in the counties. This includes determining all phases of program eligibility, evaluating needs for specific services and authorizing and paying for medically necessary care. For the smaller counties who do not have the staff available to provide case management and eligibility and benefits determination, the state assumes this role in the three Regional Offices. The latter "dependent" counties interact directly with the families and make decisions on financial and residential eligibility

The Regional Offices provide consultation, technical assistance and oversight to independent counties, individual CCS paneled providers, hospitals and the special care centers within their region.

PROGRAM COMPONENTS

The CCS program has four components, which are the following:

Diagnosis and Treatment Program

The Diagnosis and Treatment Program provides medically necessary care and case management to infants, children, and adolescents meeting program eligibility requirements. This care is delivered by providers who meet program standards in tertiary care medical centers and in local communities.

Medical Therapy Program

The Medical Therapy Program provides medically necessary physical therapy (PT).

occupational therapy (OT) and medical therapy conference (MTC) services to children who are medically eligible for the program. There are no financial eligibility requirements for the MTP. The MTC team physician(s) are specialists (usually an orthopedist or physiatrist and

examinations and prescribes PT, OT, durable medical equipment (DME), and any other necessary medical interventions required to treat the child's eligible diagnosis. PT's and OT's work for the county in medical therapy units (MTUs) that are located on public school grounds as part of an interagency agreement with the California Department of Education. PT's and OT's evaluate and treat patients as prescribed by the physician, participate as members of the MTC team, and provide consultative services to all entities involved with providing care for the child.

High Risk Infant Followup Program

The High Risk Infant Followup Program provides follow up to infants discharged from a CCS Neonatal Intensive Care Unit (NICU) who are at risk of developing a CCS eligible condition. These services include developmental testing, neurological, ophthalmological and audiological evaluations.

The Human Immunodeficiency Virus (HIV) Children's Screening Program

HIV Children's Screening Program provides a structured system for screening and monitoring infants, children, and adolescents, under the age of 21, at risk for HIV infection. Children at risk for, or suspected of having HIV infection, are eligible for screening, diagnostic evaluation or medical monitoring and follow-up services regardless of family income. The program is administered through a coalition between state, county, and community based providers.

AUTHORITY

Using regulatory and statutory authority and CCS program policies and procedures, professional program staff determine medical eligibility through the review of medical documentation submitted for an individual child.

CCS FINANCIAL ELIGIBILITY

Children who may subsequently lose their Medi-Cal eligibility may continue to retain CCS eligibility and access to necessary health care services as long as their families and/or legal guardians apply to the CCS program and maintain financial and residential eligibility. Financial eligibility for CCS is up to an Adjusted Gross Income of up to \$40,000. The program may also authorize care for children medically eligible for the CCS program, but who have other third party insurance coverage or no insurance benefits at all. In the case of the former, the insurance is billed first and CCS may pay beyond the insurance coverage, up to Medi-Cal reimbursement rates, but the provider cannot bill the family for any balance.

DELIVERY SYSTEM

The CCS program implements its statutory mandate to assure that eligible children receive appropriate high quality care by limiting authorization of such care to physicians, dentists and other health care providers with documented training and experience in either pediatrics and/or one of its subspecialties or in the care of children by other specialists, such as surgeons. The state CCS program enrolls, maintains and updates the lists of specialists that it authorizes. This process is called paneling. It also maintains a list of hospitals that have been reviewed and found to have met CCS program standards. These hospitals are described by the

level of, and types of services, provided to children. Local county CCS programs provide a listing of paneled providers in their community for the appropriate specialties and services. Likewise, information about hospitals which are CCS approved providers can be obtained by contacting your local CCS program.

CCS PROGRAM-SPECIAL CARE CENTER SERVICES

The CCS program's rationale for the development of Special Care Centers is that children with complex, handicapping conditions receive improved care and achieve better long-term outcomes when services are provided in a timely fashion and coordinated through special care centers. These centers are a construct of multidisciplinary, multispecialty teams who evaluate, treat and plan comprehensive, coordinated care for groups of illnesses, generally grouped by organ system. Such centers are usually located at tertiary medical centers throughout the state and their approval indicates review by the state program as having met CCS program standards.

The program requires that children with the following conditions be referred to a CCS approved special care center for evaluation and recommendation:

- congenital heart disease
- inherited metabolic disorders
- chronic renal disease
- chronic lung disease
- malignant neoplasms
- hemophilia and other coagulopathies
- hemoglobinopathies
- craniofacial anomalies
- myelomeningocele
- endocrine disorders, including diabetes

In addition, other children should be referred to CCS special care centers if the CCS client has another condition that

- impacts the management of the CCS eligible condition,
- the family is unable to provide care for the client and/or the family system is not able to provide support;
- or the CCS program or the approved CCS special care center identifies that the patient is in need of center services.

Historically in CCS, program professional staff performed the case management functions. The CCS staff review proposed treatment plans generated by the centers and/or individual practitioners to determine the appropriateness of the requests to meet the specific needs of the child. Questions of medical necessity for specific services and care are discussed with the requesting practitioner, and if after review, staff feels other referrals and/or care might be needed, such requests are initiated, whether to a health care practitioner or a community agency.

AUTHORIZATION OF SERVICES

Authorization of requested care is another component of the case management activities performed by CCS program staff. As per Title 22, Section 51013, the CCS program provides case management services for Medi-Cal-eligible beneficiaries with CCS-eligible conditions. Such activities included those previously identified, as well as the authority to authorize the payment of Medi-Cal funds for Medi-Cal services provided to these eligible children. The CCS program may authorize and pay for those necessary services that are CCS benefits, but not Medi-Cal benefits to Medi-Cal beneficiaries from CCS funds (a combination of state

general fund monies and local county allocations and appropriations).

The program requires prior authorization for ALL services, per Section 42180, Title 22, regardless of the eventual source of payment. It is most important that children with potentially eligible conditions be referred as soon as possible to the CCS program. Program policy is that services can only be authorized starting from the DATE OF REFERRAL, with specific criteria for referral of conditions arising from an emergency or services provided when the program offices are closed.

ROUTINE FLOW OF PATIENT SPECIFIC ACTIVITIES

The following descriptions attempt to define terms and clarify the way in which services are initiated and provided as a routine within the CCS program. Naturally emergency services for new and continuing patients will alter this pattern.

<u>Referral:</u>	The CCS program accepts referrals for eligibility determination from any source (health care provider, Child Health and Disability Prevention (CHDP) program, teacher, Regional Center or parent are examples); receipt of a referral by the county program triggers the sending of an
<u>CCS program Application:</u>	A form to be filled out by the client, parent and/or legal guardian, indicating an interest in participating in the CCS program and receiving all CCS program benefits (this would include non-Medi-Cal benefits for Medi-Cal-eligible clients); upon receipt of a completed application the CCS program completes
<u>Eligibility Determination:</u>	The CCS program determines whether there is there a medically eligible condition, whether the family is financially eligible; whether the child a resident of the county in which he/she applies for services; and when found eligible for the program, the client, parent and/or legal guardian signs a
<u>CCS Program Agreement:</u>	a document indicating the willingness to abide by CCS program policies and procedures and offering Medi-Cal recipients the full range of CCS program benefits beyond those available through the Medi-Cal program

After determination of CCS program eligibility,

<u>Requests for services:</u>	are reviewed by the CCS program for the determination of medical necessity and appropriateness, as all services are to be <u>prior authorized</u> . If a request is found to be medically necessary for the treatment of the CCS-eligible condition and/or for the treatment of an associated or complicating condition, then the CCS program issues an
<u>Authorization:</u>	document sent to a provider indicating that the provider can deliver and will be reimbursed for the approved medically necessary and appropriate services for the treatment of the client's CCS-eligible condition.

Contingencies for the authorization of emergency services for patients with CCS eligible conditions are available and necessarily do not follow the routine patient flow of services.

**This brief summary document has been developed solely for the convenience and use of contractors in understanding the general characteristics of the CCS program. It is not an authoritative statement of, and may not be cited as authority, for any decisions, determinations or interpretations under the CCS program. Managed Care Contractors and others must refer to the applicable provisions of the California Health and Safety Code, Title 22 of the California Code of Regulations and formal CCS policy documents of the Department of Health Services. The County or Regional CCS Office can provide you with assistance in this regard.*

CALIFORNIA CHILDREN SERVICES PROGRAM

Directory for Referrals and/or Requests for Services

Referrals and/or requests for services for patients who are medically eligible "independent" county in which the patient resides OR to the CCS state regional office responsible for those counties designated as "dependent" counties.

The following information on CCS program office locations throughout the State is provided to assist you in identifying the appropriate county or CCS state regional office to direct a referral/request for services. For counties designated as independent the referral/request for services is to go to the county CCS program listed below. Referrals/requests for services in counties identified as dependent are to be directed to the CCS state regional office listed as serving those specific counties (see last page).

Please familiarize yourself with the referral procedures of the county or counties in your catchment area since procedures vary.

Independent Counties and Addresses:

<u>COUNTY</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
ALAMEDA	499 Fifth Street Oakland, CA 94607	(510) 268-2666
BUTTE	695 Oleander Chico, CA 95926-3924	(916) 891-2738
CONTRA COSTA	595 Center Avenue, Suite 110 Martinez, CA 94553	(510) 313-6100
FRESNO	P.O. Box 11867 Fresno, CA 93775	(209) 445-3300
HUMBOLDT	712 Fourth Street Eureka, CA 95501	(707) 445-6212
KERN	1700 Flower Street Bakersfield, CA 93205	(805) 861-3657/3659
LOS ANGELES	19720 Arrow Highway Covina, CA 91724-1022	(818) 858-2100
MARIN	555 Northgate Drive, Suite 6 San Rafael, CA 94903	(415) 499-6877
MENDOCINO	895 N. Bush Street Court House Ukiah, CA 95482	(707) 463-4461
MERCED	240 East 15th Avenue P.O. Box 471 Merced, CA 95341-0471	(209) 385-7715
MONTEREY	1270 Natividad Road Salinas, CA 93906	(408) 755-4522
NAPA	2281 Elm Street Napa, CA 94559-3721	(707) 253-4391

6/9/95

ccs.ref

CCS State Regional Office and Corresponding Dependent Counties

SACRAMENTO REGIONAL OFFICE
714 P Street, Room 323

Sacramento, CA 94234-7520
(916) 653-8050
FAX: (916) 653-6251

ALPINE
AMADOR
CALAVERAS
COLUSA
EL DORADO
GLENN
LASSEN
MODOC
NEVADA

PLUMAS
SHASTA
SIERRA
SISKIYOU
SUTTER
TEHAMA
TRINITY
YOLO
YUBA

SAN FRANCISCO REGIONAL OFFICE
185 Berry Street, Lobby 6, Suite 255
San Francisco, CA 94107
(415) 904-9699
FAX: (415) 904-9698

DEL NORTE
KINGS
LAKE
MADERA
MARIPOSA

SAN BENITO
TUOLUMNE

SOUTHERN CALIFORNIA REGIONAL OFFICE
107 So. Broadway, Room 2011
Los Angeles, CA 90012-4403
(213) 897 3574
FAX: (213) 897-3548

IMPERIAL, INYO, AND MONO

OVERVIEW OF CCS MEDICAL ELIGIBILITY

Infectious and Parasitic Diseases (ICDA 000-139)

In general, these conditions are eligible when they:

- 1) involve the CNS and produce disabilities requiring surgical and/or rehabilitation services;
- 2) involve bone;
- 3) involve eyes, may lead to blindness and constitute a medically treatable condition;
- 4) are congenitally acquired which may result in physical disability, and for which postnatal treatment is available and appropriate.

Neoplasms (ICDA 140-208, 210-228)

- 1) All malignant neoplasms, including those of the blood and lymph systems;
- 2) Benign neoplasms when they constitute a significant disability or significantly interfere with function.

Endocrine, Nutritional, and Metabolic Diseases (ICDA 240-279)

In general, these conditions are eligible. Examples of eligible conditions include diseases of the pituitary, thyroid, parathyroid, adrenal, pancreas, ovaries and testes; growth hormone deficiency when certain specific criteria are met; diabetes mellitus when it is uncontrolled (per CCS criteria) and/or complications are present; varied inborn errors of metabolism; cystic fibrosis.

Nutritional disorders such as failure to thrive and exogenous obesity are not eligible.

Diseases of Blood and Blood-Forming Organs (ICDA 280-289)

In general, these conditions are eligible. Common examples of eligible conditions are: Sickle cell anemia, hemophilia and aplastic anemia

Iron or vitamin deficiency anemias are only eligible when there are life-threatening complications.

Mental Disorders (ICDA 290-315)

Conditions of this nature are not eligible except when the disorder is associated with or complicates an existing CCS-eligible condition. (Diagnosis and treatment under these conditions is limited.)

Diseases of the Nervous System and Sense Organs (ICDA 320-359)

Diseases of the nervous system are, in general, eligible when they produce physical disability (e.g., paresis, paralysis, ataxia) that significantly impair daily function.

Idiopathic epilepsy is eligible when the seizures are uncontrolled, per CCS criteria. Treatment of seizures due to underlying organic disease (e.g. brain tumor, Cerebral Palsy, inborn error of metabolism) is based on the eligibility of the underlying disease.

Specific conditions not eligible are self-limited and include acute neuritis and neuralgia; and meningitis that does not produce sequelae or physical disability. Learning disabilities are not eligible.

Sense Organs (ICDA 360-389)

A. Eyes

Strabismus is eligible when surgery is required.

Chronic infections or diseases of the eye are eligible when they may produce visual impairment and/or require complex management or surgery.

B. Ears

Hearing loss, as defined per CCS criteria.

Perforation of the tympanic membrane requiring tympanoplasty.

Mastoiditis.

Cholesteatoma.

Diseases of the Circulatory System (ICDA 390-458)

Conditions involving the heart, blood vessels, and lymphatic system are, in general, eligible.

Diseases of the Respiratory System (ICDA 460-519)

A. Upper respiratory tract conditions are eligible if they are chronic, cause significant disability, and respiratory obstruction; or complicate the management of a CCS-eligible condition.

B. Lungs: chronic pulmonary disease is eligible (as per CCS criteria).

Diseases of the Digestive System (ICDA 520-577)

Diseases of the liver, chronic inflammatory disease of the gastrointestinal tract and congenital abnormalities of the GI system are eligible; and gastroesophageal reflux, as per CCS criteria.

Malocclusion is eligible when there is severe impairment of occlusal function and is subject to CCS screening and acceptance for care.

Diseases of the Genitourinary System (ICDA 580-629)

Chronic genitourinary conditions and renal failure are eligible. Acute conditions are eligible when complications are present.

Complications of Pregnancy, Childbirth, and Puerperium (ICDA 630-678)

Prenatal care and delivery may be provided if the pregnancy complicates the management of the CCS-eligible chronic disease (e.g., cystic fibrosis, diabetes, chronic renal or cardiac disease.)

Diseases of the Skin and Subcutaneous Tissue (ICDA 680-709)

These conditions are eligible if they are disfiguring, disabling and require plastic or reconstructive surgery and/or prolonged and frequent hospitalizations.

Diseases of the Musculoskeletal System and Connective Tissue (ICDA 710-738)

These conditions are eligible if they are disabling. Minor orthopedic conditions such as toeing-in, knock knees, flat feet are not eligible. However these conditions may be eligible if expensive bracing, multiple casting, and/or surgery is required.

Congenital Anomalies (ICDA 740-759)

Congenital anomalies of the various systems are eligible if the condition is disabling or disfiguring, amenable to correction and requires surgery.

Certain causes of Perinatal Morbidity and Mortality (ICDA 760-779)

- A. Neonates who have a CCS eligible condition and require care in a neonatal intensive care unit.
- B. Critically ill neonates who do not have an identified CCS eligible condition but who between 0-28 days develop a disease or condition which requires one or more of the following services in a neonatal intensive care unit:
 - 1. Ventilatory assistance.
 - 2. CPAP (continuous positive airway pressure), including nasal CPAP.
 - 3. FiO₂ greater than 30%.
 - 4. UA (umbilical artery), UV (umbilical vein), PAC (Peripheral arterial catheter), or central lines.
 - 5. Apneic and/or bradycardic spells requiring stimulation ten times per day or more often.

6. Chest tube in place.
7. Multiple and frequent procedures, defined as two or more of the following:
 - frequent vital signs (every two hours or more often).
 - Frequent PVS (percussion, vibration, suction), PPDS (percussion, postural drainage, suction), CPT (chest physiotherapy).
 - Maintenance of IV line for medication.
 - Hyperalimentation.
 - Frequent suction (every hour or more frequently).
 - Frequent and/or lengthy feedings.

When conditions in A. and B. above are not applicable, the neonate is not eligible.

Accidents, Poisonings, Violence, and Immunization Reactions (ICDA 800-999)

These conditions are, in general, eligible when: they are of a serious nature, lead to significant deformity or disability, and/or require surgery.

Acute, self-limiting poisoning due to drugs/alcohol are not eligible. Similarly, simple fractures requiring casting are not eligible.

This brief summary document has been developed solely for the convenience and use in understanding the general medical eligibility criteria of the CCS program. It is not an authoritative statement of, and may not be cited as authority, for any decisions, determinations or interpretations under the CCS program.

MANAGED CARE OPERATIONS (MCOB) LETTER INDEX

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