California Children's Services Onboarding Training

Content

1. **Purpose and Goals of Onboarding Training**

2. Background

3. Administration of the California Children's Services (CCS) Program

4. CCS Program Activities

5. Key Stakeholder Meetings and Program Contact Information

6. Resources

Purpose of CCS Onboarding Training

» [Training Requirements (Numbered Letter (NL) 04-0723)](#) explains the training rules and expectations for the CCS program in order to:

- Make sure program staff are knowledgeable about the CCS program and follow its rules to keep the program running well throughout the county
- Keep CCS programs running the same way throughout California

» All new CCS program staff must complete this training within 180 days of their start date

- CCS program staff employed before the publication of this letter must finish all new onboarding training by the second quarter after the MOU starts (July 2025)

» Information in this training may change. Information and websites in this presentation are up-to-date as of March 2024.

Who Should Take this Training?

» **All** new and current CCS program staff must take this Onboarding Training

» This includes staff working in many areas, including:

- Clinical staff, like Medical Directors and other clinical professionals
- Program Administrators
- Support Staff

Goals of CCS Onboarding Training

» The goal of the Onboarding Training is to make sure all program staff understand the CCS program laws, rules, and operations

» In this training, you will learn about the CCS program's:

- History and laws governing it
- County funding
- Delivery systems and county models
- Basic rules and requirements
- Benefits and services provided
- Program eligibility
- Services and providers
- Referral and Service Authorization Request (SAR) processes
- Important program guidance, contact information, and abbreviations

Content

1. Purpose and Goals of Onboarding Training

2. **Background**

3. Administration of the CCS Program

4. CCS Program Activities

5. Key Stakeholder Meetings and Program Contact Information

6. Resources

California Children's Services (CCS) Overview

» Statewide program for children and young adults up to 21 years old who have certain diseases, physical limitations, or long-term health conditions, which is called the CCS eligible condition

» CCS coordinates and pays for medical care and therapy for the CCS eligible condition

» CCS also gives medical case management, diagnostic and treatment services, physical therapy, and occupational therapy for children with a CCS eligible condition

» CCS does not offer coverage for services unrelated to the CCS eligible condition, such as primary care

California Children's Services (CCS) Overview (continued)

» The CCS program helps more than 200,000* children across the state each year

» Over 80% of CCS beneficiaries* have Medi-Cal; those who do not have Medi-Cal are called "CCS only" beneficiaries

» CCS is managed by the Department of Health Care Services (DHCS), counties, and Medi-Cal Managed Care Plans (MCP), depending on where the CCS beneficiary lives

» To join CCS, the beneficiary must meet certain medical, financial, and residential rules

» Once someone joins CCS, they receive case management, care coordination, and medical services to treat their CCS eligible condition

* Data as of July 2023

History of the CCS Program

Year	Event
1927	• Crippled Children's Act was created between the state and counties
1935	• Federal Social Security Act Title V passed
1945	• CCS Medical Therapy Program (MTP) started
1982	• Program name changed to California Children's Services
2000	• Announcement of CCS medical eligibility laws
2018	• The Whole Child Model (WCM) for Medi-Cal CCS eligible children and youth was created for certain counties
2024	• Whole Care Model Kaiser Implementation

Governing Statutes and Regulations for the CCS Program

➤ The following laws govern the CCS Program:

- Title V of the Social Security Act was passed to support states that promised to improve the health and welfare of children and mothers

- The Welfare and Institutions Code (WIC) and California Code of Regulations Title 22, Division 2, Part 2, Subdivision 7 require the CCS Program

  - The main statute for the CCS program is California Health & Safety Code, §123800 et seq.

- California Code of Regulations, Title 22, § 51013

- California Code of Regulations, Title 22, § 41404 through 42700

CCS Medical Therapy Program (MTP)

» The Medical Therapy Program (MTP), which is part of CCS, gives children with serious long-term health conditions physical therapy, occupational therapy, durable medical equipment (DME), and medical therapy conference services.

» CCS-approved physicians and specialists oversee the MTP eligible conditions at the Medical Therapy Conference (MTC).

» Usually, children get MTP services at a Medical Therapy Unit (MTU), which is an outpatient therapy clinic located in public schools. If services are not available at an MTU, they may be given by a local CCS-approved provider.

CCS Medical Therapy Program (MTP) (continued)

» Referrals to a Medical Therapy Unit (MTU) can be made by anyone, including hospitals, clinical staff, parents, and teachers

» Every county, no matter its size, has a MTP and must give these services. However, not all California counties have an MTU

Funding

» The CCS Program is supported by Federal Funds, Federal and State Medi-Cal funds, State General Funds, and County General Funds

» Counties help pay for a share of the CCS program by using money given to them under a process called Realignment

» Costs for "CCS only" beneficiaries (those that are eligible for the CCS program but not for Medi-Cal) are paid for equally by DHCS and counties

» The amount of DHCS funds given to the CCS program is determined each year by the State of California Budget Act

Funding (continued)

» Counties must submit CCS program plans and budgets to DHCS each year to get funding

» Counties are responsible for managing and tracking their budgets

» DHCS reviews these budgets to decide how much money each county gets

Content

1. Purpose and Goals of Onboarding Training

2. Background

3. **Administration of the CCS Program**

4. CCS Program Activities

5. Key Stakeholder Meetings and Program Contact Information

6. Resources

Administration of the CCS Program

» The CCS Program is managed by the California Department of Health Care Services (DHCS), counties, and MCPs, depending on where the CCS beneficiary lives

» This section explains the different administrative roles, CCS delivery systems, policies, documents, and resources that guide the CCS program

Department of Health Care Services (DHCS)

» DHCS pays for health care services for more than 15.4 million Medi-Cal members*

» About one-third of Californians get health care services paid for or organized by DHCS, making DHCS the biggest health care buyer in California

» Besides running the Medi-Cal program, DHCS also runs several other programs that help vulnerable Californians

» CCS is one of the many programs administered and overseen by DHCS

*From DHCS Data and Stats

DHCS' CCS Role

» DHCS is responsible for the following activities to maintain the CCS Program:

- Approving beneficiary services (through SARs) for Dependent Counties
- Deciding medical eligibility for Dependent Counties
- CCS Compliance, Monitoring, and Oversight Program
- Policy development
- Electronic Visit Verification (EVV)
- Out of State requests

- Review and allocate county budget Provide technical assistance and clinical consultation
- Tracking CCS program activities
- Facility Site Reviews (FSR)
- CCS provider paneling and enrollment
- Appeals and State Hearing

Delivery Systems and County Model Types

Delivery Systems and Model Types

» The CCS program services are given and paid for through different health care delivery systems based on where the CCS beneficiary lives:

1. Medi-Cal Managed Care
2. Whole Child Model Medi-Cal Managed Care
3. CCS Classic or Medi-Cal Fee-for-Service (FFS)
4. Private Insurance

» The CCS program is run through two different county models that determine who is responsible certain administrative tasks

1. Independent
2. Dependent

Delivery Systems:
Medi-Cal Managed Care

» DHCS works with MCPs to give health care services

» Managed care is a delivery system for giving and paying for health care services

» Most Medi-Cal beneficiaries must enroll in an MCP, including beneficiaries who are in the CCS program

» CCS services for a CCS eligible condition are carved-out of managed care **in certain counties**

- "Carved-out" means that Medi-Cal MCPs do not pay for the services for an eligible CCS beneficiary's condition

» MCPs still provide primary care and other services **not related to** the CCS eligible condition for CCS beneficiaries

Delivery Systems:
WCM Medi-Cal Managed Care

» [Senate Bill (SB) 586](#) established the Whole Child Model (WCM), which allows DHCS to include CCS services in Medi-Cal managed care in certain counties

» The goal of WCM is to provide complete treatment that focuses on the child's full range of needs, not just the CCS health condition

» In WCM Counties, CCS beneficiaries who are in the MCP get their CCS-specific services through the MCP instead of the county CCS program

Whole Child Model

» Between July 2018 and July 2019, CCS services were added to be managed in 21 counties with Medi-Cal MCPs known as County Organized Health System (COHS)

1. Del Norte
2. Humboldt
3. Lake
4. Lassen
5. Marin
6. Mendocino
7. Merced
8. Modoc
9. Monterey
10. Napa
11. Orange
12. San Luis Obispo
13. San Mateo
14. Santa Barbara
15. Santa Cruz
16. Shasta
17. Siskiyou
18. Solano
19. Sonoma
20. Trinity
21. Yolo

2024 Whole Child Model: Kaiser Implementation

» Effective January 1, 2024, Assembly Bill (AB) 2724 created an alternate health care service plan (AHCSP), allowing DHCS to work with an AHCSP as a primary MCP in certain geographic areas

» DHCS selected Kaiser Permanente as the Department's AHCSP

» Kaiser Permanente will be responsible for providing care for Medi-Cal eligible CCS beneficiaries that are enrolled with them and will apply the WCM program in several counties where the program is already in use, including Marin, Napa, Orange, San Mateo, Santa Cruz, Solano, Sonoma, and Yolo

» Starting January 1, 2024, CCS is a service for members getting health care services through Kaiser Permanente in these counties

2025 Whole Child Model (WCM) Expansion

» Beginning January 1, 2025, AB 118 allows DHCS to extend the WCM program for Medi-Cal eligible CCS beneficiaries enrolled in a MCP served by a COHS, Regional Health Authority, or AHCSP in the following counties:

Medi-Cal MCP	Central California Alliance for Health	Partnership HealthPlan of California	Kaiser Permanente
County	Mariposa, San Benito	Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Yuba	Mariposa, Placer, Sutter, Yuba

Delivery Systems: Medi-Cal Fee-for-Service

» Classic CCS counties are Independent and Dependent Counties that do not currently use the Whole Child Model (WCM)

» In counties where MCPs do not pay for CCS programs, CCS services are paid through **DHCS' Medi-Cal Fee-For-Service (FFS) health care delivery system**

» FFS providers give services and then submit claims for payment that are checked, processed, and paid (or denied) by the Medi-Cal program's state payment system
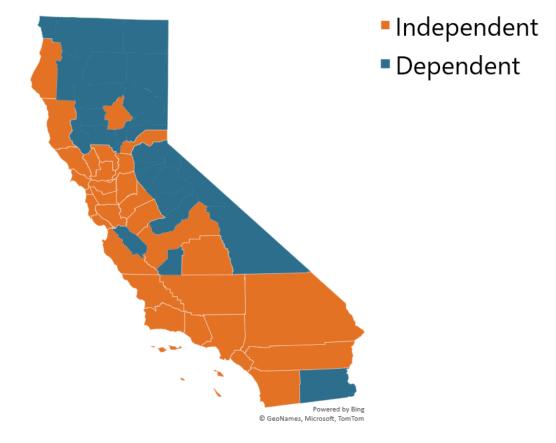
Delivery Systems: Private Insurance

» CCS beneficiaries covered by private health insurance can still be eligible for CCS services

» Private insurance must be billed first

» The CCS program is the payer of last resort

CCS County Model Types

» CCS is run in partnership with local county public health offices

» California's 58 counties are divided based on population size:

  • **Independent:** Counties with populations greater than 200,000

  • **Dependent:** Counties with populations under 200,00

» Whether a county is Independent or Dependent decides what administrative tasks the county and DHCS need to do
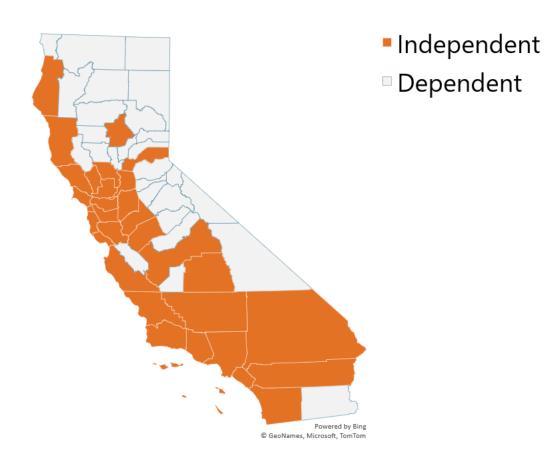
■ Independent
■ Dependent

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Independent
Dependent

Independent Counties

1. Alameda
2. Butte
3. Contra Costa
4. Fresno
5. Humboldt
6. Kern
7. Los Angeles
8. Marin
9. Mendocino
10. Merced
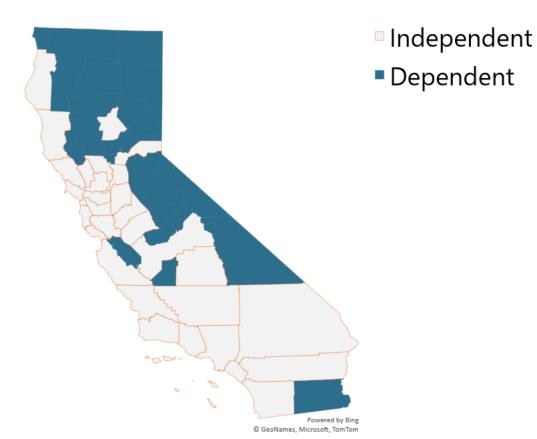11. Monterey
12. Napa
13. Orange
14. Placer
15. Riverside
16. Sacramento
17. San Bernardino
18. San Diego
19. San Francisco
20. San Joaquin
21. San Luis Obispo
22. San Mateo
23. Santa Barbara
24. Santa Clara
25. Santa Cruz
26. Solano
27. Sonoma
28. Stanislaus
29. Tulare
30. Ventura
31. Yolo

- Independent
- Dependent

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Dependent Counties

1. Alpine
2. Amador
3. Calaveras
4. Colusa
5. Del Norte
6. El Dorado
7. Glenn
8. Imperial
9. Inyo
10. Kings
11. Lake
12. Lassen
13. Madera
14. Mariposa
15. Modoc
16. Mono
17. Nevada
18. Plumas
19. San Benito
20. Shasta
21. Sierra
22. Siskiyou
23. Sutter
24. Tehama
25. Trinity
26. Tuolumne
27. Yuba

Independent
Dependent

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Independent and Dependent Counties

Independent Counties		
County staff are expected to do the following activities but are not limited to:		
Determine medical, residential, and financial eligibility	Adjudicate services	Conduct 1st level appeals and assist in state hearings

Dependent Counties*:		
County staff are expected to do the following activities but are not limited to:		
Make decisions on financial and residential eligibility	Provide case management/care coordination	Have direct family contact

DHCS, instead of the county, determines medical eligibility and adjudicates for services and treatment. In WCM Counties, DHCS determines medical eligibility; however, the MCP is responsible for adjudicating for services/treatment.

Governing Documents of the CCS Program

Governing Documents:
Policy and Operational Documents

The CCS program has many important documents that all CCS program staff should know about and use. These document include:

- **CCS Medical Eligibility Guide** explains the the eligible medical conditions established by California Code of Regulation, Title 22, Sections 41515.1-41518.9

- **CCS Numbered Letters** provide specific CCS program background, policy statements, and implementation direction and guidance

- **CCS Information Notices** (INs) provide informational CCS program updates

- **CCS Manual of Procedures** contains operative policies for the CCS program including for providers

  - Provider Core Standards

  - Provider Standards

- **CCS Administrative Case Management Manual** provides operational and administrative guidance to counties

Governing Documents: Policy and Operational Documents (continued)

- **Plan and Fiscal Guidelines (PFGs)** outline documents that are required for CCS county submission, including the Plan and Budget (Section 2) to determine **enhanced and non-enhanced** determinations of local program staff that qualify for Federal Financial Participation (FFP) and invoicing requirements (Section 7)

  - The Social Security Act gives variable federal matching rates for the administrative functions of the Medicaid (Title XIX) program, including:

    - **Enhanced designations:** The federal government pays 75% of the costs for skilled medical personnel (SPMP) and their direct support staff who help develop and run a medically sound program

    - **Non-enhanced designations:** The federal government pays 50% of the costs for most other expenses necessary to efficiently run the program

Note: DHCS is in the process of revising and/or transitioning some of these documents to more appropriately reflect current program operations. Be aware of updates and make sure you are referencing the current versions.

Governing Documents: Policy and Operational Documents (continued)

- **Administrative Procedures Due Process Manual** assists CCS staff with applying appeals regulations. This manual will be replaced by the Appeals and State Hearing NL on or before July 1, 2024

- **Medi-Cal Managed Care All Plan Letters** (APLs) give program direction and guidance information to MCPs to ensure the CCS counties and the MCPs are aligned with the WCM program

Note: DHCS is in the process of revising and/or transitioning some of these documents to more appropriately reflect current program operations. Be aware of updates and make sure you are referencing the current versions.

Governing Documents: Policy and Operational Documents (continued)

» CCS Program MOU

- Authorized by the Welfare & Institutions Code, Article 5.51, section 14184.600(b)

- Requires each county to enter into a Memorandum of Understanding (MOU) with DHCS to document each county's duties in running the CCS program.

- New MOU components include background, purpose, scope of work, organizational structure, oversight and monitoring (training, grievance process, CCS reporting and surveys, enforcement and corrective action), and MOU roles and responsibilities.

Governing Documents: Policy and Operational Documents (continued)

» Managed Care Plan Related MOUs

- Per APL 23-029, DHCS requires MCPs to execute MOUs with various third-party entities—including several local governments—to help define roles and responsibilities, support local engagement, facilitate care coordination, and improve referral processes

- DHCS has created a Base MOU Template that includes general requirements for all MOUs. This template can be used with custom MOUs that have program specific provisions

- Depending on CCS county type, there are two different MOUs :

    - For Classic Counties, MCPs must use the Local Health Jurisdiction MOU (Exhibit F)

    - For Whole Child Model Counties, MCPs must use the CCS WCM MOU

More information about required MOUs and policy can be found on DHCS' webpage Memoranda of Understanding Between Medi-Cal Managed Care Plans and Third Party Entities

Content

1. Purpose and Goals of Onboarding Training

2. Background

3. Administration of the CCS Program

4. **CCS Program Activities**

5. Key Stakeholder Meetings and Program Contact Information

6. Resources

Program Activities

» The next section gives an overview of key activities that make up the CCS program.

» You will learn more about the following:

- Program Eligibility: Medical, Financial, and Residential
- CCS Services and Providers
- Provider Electronic Data Interchange (PEDI) and Children's Medical Services (CMS) Net
- Referral Requirements and Process
- SARs
- Confidentiality Requirements

Program Eligibility:
Medical, Financial, and Residential

DHCS

Program Eligibility

» Children, from birth up to 21 years of age, who meet Medical, Financial, and Residential eligibility requirements

» CCS applicants diagnosed with at least one of the conditions listed on the [Overview of CCS Medical Eligibility website](#) are medically eligible to participate in the CCS program

Cal Code Regs., tit. 22, §§ 41515-41518.9

Medical Eligibility

» In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. However, only certain conditions are covered by CCS

» Children with conditions which fit within the medical eligibility criteria of **Title 22, California Code of Regulations, § 41401 through 41518.9**, include but are not limited to:

- Cystic Fibrosis
- Hemophilia
- Cerebral Palsy
- Sickle Cell Disease
- Heart Disease

- Cancer
- Diabetes
- Traumatic Injuries
- Sequelae
- Spina Bifida

DHCS determines medical eligibility for Dependent Counties' beneficiaries

Independent Counties determine medical eligibility for their own beneficiaries

Financial Eligibility

» All CCS applicants must apply for Medi-Cal

» Based on income and family size, assessment and enrollment fees may apply

» Financial eligibility is **not** required for the following beneficiaries:

- Medi-Cal beneficiaries, full scope, no share of cost

- Optional Targeted Low Income Children's Program beneficiary

- Adopted beneficiaries with a known CCS eligible medical condition

- Diagnostic-only cases; including High Risk Infant Follow-up (HRIF)

- MTP-only cases

Independent and Dependent Counties are responsible for determining financial eligibility.

44

Financial Eligibility (continued)

» CCS Medi-Cal

- Medi-Cal beneficiaries with full scope, no share of cost
- Family income with an adjusted gross income of $40,000 or less in the most recent tax year.

» CCS State-Only

- Family income above $40,000 and out-of-pocket medical expenses are expected to be more than 20% of the family's adjusted gross income.

» MTP Only

- There is no financial eligibility for MTP.

Determining Financial Eligibility: Whose Income to Use?

» For CCS beneficiaries who are under 18, the following questions should be considered:

- What is the CCS beneficiary's parent(s) marital status?
- Is there court-ordered custody for the CCS beneficiary?
  - o Stepparent(s) income will not be counted
  - o Income that is not taxable will not be counted (e.g., workers compensation, state disability, financial aid grants for school)
  - o Child support is not counted

» If a CCS beneficiary has a source of income, this should be counted and added to the parent(s) income

Determining Financial Eligibility: Applicants 18-21

» In the following cases, the income of the CCS beneficiary will be counted:

- Emancipated minors are considered adults
- When applicants are 18-21 years of age and are self-supported and NOT claimed as a dependent by a parent(s)

» If neither of the above applies to the beneficiary, CCS will use the income of the person who is claiming the CCS beneficiary as a dependent on their taxes

» CCS beneficiaries 18 years old or older who are not claimed as dependents on their parent(s) taxes shall be referred to apply for Medi-Cal

Financial Eligibility: Acceptable Documentation

» Current Year 540 or 540A State Tax Form

» Current Year 1040 or 1040A Federal Tax Form

» Current Year W-2 if taxes have not been filed and it is after the April deadline.

» If no taxes have been filed, W-2s are not available, or income has changed since the last taxes were filed, it is possible to use the last 3 months of paystubs.

  • If providing paystubs, the yearly average will be calculated by taking the average gross income of the last 3 months and multiplying

Residential Eligibility

» The CCS applicant must meet the following Residential Eligibility requirements:

- Verification of residence within county that the beneficiary has applied for CCS services in, including current address, length of time at that address, previous address, the address from which last year's state or federal taxes were filed, and county of voter registration, if any

- Name and address of parents, and indication of which parent has legal custody, if applicable

- If the applicant lives with someone other than the natural or adoptive parent(s), then that person's name and address must be submitted

Independent and Dependent Counties are responsible for validating residential eligibility.

CCS Services and Providers

Services

» Services provided by CCS include, but are not limited to:

- Diagnostic and Treatment Services
- Maintenance and Transportation (M&T) Assistance
- MTP Transition Planning
- Medical Case Management
- Physical Therapy
- Occupational Therapy

» The Case Manager ensures the CCS beneficiary gets appropriate medical care and follow-up services

» CCS may also refer beneficiaries to other agencies, such as public health nursing and regional centers

HSC, Sections 123840 and 123850

CCS Approved Service Providers

» CCS approved service providers include the following:

- Hospitals
- SCCs
- Paneled Pediatric Specialists
- Pharmacies
- Durable Medical Equipment (DME) Providers
- Other Provider Types

» For a full list of CCS service providers visit the CCS Provider Lists website

» SCCs provide comprehensive, coordinated health care to CCS beneficiaries with specific medical conditions

» SCCs provide specialized services to treat specific conditions

» SCCs are made up of multi-disciplinary providers who evaluate the beneficiary's medical condition and develop a family-centered health care plan to provide timely and coordinated treatment

CCS Approved Service Provider (continued)

» The following providers are paneled by DHCS to treat beneficiaries with a CCS eligible medical condition:

- Physicians
- Podiatrists
- Audiologists
- Certified Physician Assistants
- Dieticians
- Occupational Therapists
- Orthotists & Prosthetists
- Pediatric Nurse Practitioners

- Physical Therapists
- Psychologists
- Registered Nurses
- Respiratory Therapists
- Social Workers
- Speech Language Pathologists

» For the full list of CCS paneled providers requirements and application process visit the CCS Provider Paneling Portal

CCS Paneled Providers Purpose

» All CCS program providers are required to be CCS-paneled which shows that a provider is qualified to provide services for CCS beneficiaries*

» The goal of the paneling process is to ensure the CCS program uses providers who meet the advanced education, training, and/or experience requirements for their provider type to give services to CCS beneficiaries

» There are "Paneled Non-Provider Master File (PMF) Providers" who are required to be paneled, but not required to get a Medi-Cal provider number

» For a full list of CCS-Paneled and PMF providers visit the CCS Provider Lists website

* The one exception includes dentistry, DHCS does not panel dentists

CCS Paneled Providers Process

» To become paneled, the applying provider must meet the following requirements:

- Must have a National Provider Identifier (NPI)
- Must be enrolled as a Medi-Cal provider with the exception of PMF providers
- Submit a paneling application via DHCS' online portal

» For more information on [Becoming a CCS Paneled Provider](#) and exceptions, visit the linked website

Provider Electronic Data Interchange and CMS Net

DHCS

CMS Net

» CMS Net is an electronic case management system for the CCS program

» It is a web-based tool that allows approved counties and WCM MCPs to electronically access the status of SARs

» Counties and WCM MCPs can use CMS Net to view and print service authorizations, denial letters, and NOA letters

» For more information on how to use CMS Net, login to CMS Net and select "Manuals":

Provider Electronic Data Interchange

» The Provider Electronic Data Exchange (PEDI) is an online tool for providers to access the status of service authorization requests, as well as print authorizations, denials, and Notices of Action (NOA) letters

» For more information on PEDI and provider responsibilities, please visit the following landing pages:

- PEDI Provider Responsibilities
- PEDI Portal Login

Referral Requirements and Process

New Referral Process

» A referral to the CCS program is defined as a request made to the CCS program to authorize medical services or for a potential CCS beneficiary who:

- Is under 21 years of age;
- Is not a current beneficiary of the CCS program; and
- Has, or is suspected of having, a CCS program medically eligible condition.

New Referral Requirements

» A referral can come from any source, including health care providers, parents, legal guardians, school nurses, regional center counselors, or other interested parties

» A CCS referral may be submitted to the CCS county using any of the following communications:

- A New Referral CCS/GHPP Beneficiary SAR (form DHCS 4488)
- Medical report or a letter with a specific request for services
- A written or spoken request by a parent or legal guardian
- Electronic Service Authorization Request (eSAR)

New Referral Requirements (continued)

» A referral must include the following information:

- First and last name of referred individual

- Date of birth

- Address

- Telephone number

- First and last name of the applicant's parent(s) or legal guardian(s)

- Name and address of the individual, provider or agency requesting services

- Including medical documentation will speed up the process

Service Authorization Requests

Service Authorization Requests (SAR)

» A SAR allows providers to give and be reimbursed for specified services authorized by the CCS program

» The physician's authorization number (SAR number) may be shared, when appropriate, for reimbursement with other health care providers from whom the physician has requested ancillary services such as laboratory, pharmacy, radiology, or other physician specialty services

» **Adjudication:** The process by which the responsible party reviews the SAR and decides whether a service is approved or denied

» For more information on SARs and tools please visit the following landing pages:
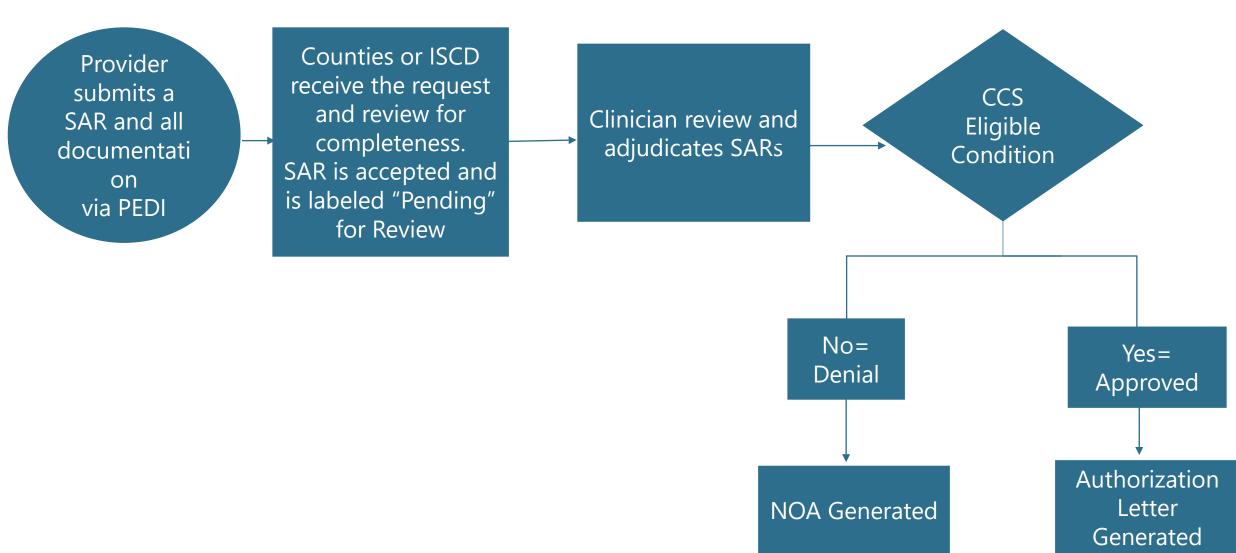
- SAR Tools

Independent Counties adjudicate their own SARs.

DHCS adjudicate SARs for Dependent Counties.

And in WCM Counties, MCPs are responsible for adjudicating services and treatments.

Service Authorization Requests Process for Classic Counties

Provider submits a SAR and all documentation via PEDI

→

Counties or ISCD receive the request and review for completeness. SAR is accepted and is labeled "Pending" for Review

→

Clinician review and adjudicates SARs

→

CCS Eligible Condition

No= Denial

↓

NOA Generated

Yes= Approved

↓

Authorization Letter Generated

Expedited Service Authorization Requests*

» In some cases, authorizations need to be reviewed in a shorter timeline for the CCS beneficiary's quality of care

» Expedited SARs should be submitted utilizing the [Form 4519](#)

» Expedited SARs are sent to the expedited review box CCSExpeditedReview@dhcs.ca.gov

» For more information on conditions, medications, or products that are eligible for an Expedited SAR refer to the [CCS website](#)

*This use of expediated service requests may vary depending on your county type.

Confidentiality Requirements

Confidentiality Requirements

» All CCS staff must follow [Health Insurance Portability and Accountability Act (HIPAA)](#) regulations to ensure the privacy of beneficiaries' health care information

» CCS staff must respect beneficiary privacy and be careful of how beneficiary information is used and communicated to all people other than the beneficiaries' authorized representatives or other agencies providing services, as outlined by Civil Code, Section 1798/17

» Review your organization's policies and procedures to make sure you are in compliance with HIPAA at all times

» County CCS program staff may report an incident/breach via the [DHCS Privacy Incident Reporting Portal](#)

Content

1. Purpose and Goals of Onboarding Training

2. Background

3. Administration of the CCS Program

4. CCS Program Activities

5. **Key Stakeholder Meetings and Program Contact Information**

6. Resources

CCS Stakeholder Meetings*

CCS Advisory Group

- **Attendees:** Advisory Group members and open to the public
- **Cadence:** Quarterly
- **Location:** Virtual/In-person hybrid
- Additional details may be found here: [CCS Advisory Group](#)

CCS County Bi-Monthly Monthly

- **Attendees:** All CCS staff including WCM/Classic and Independent/ Dependent Counties
- **Cadence:** Bi-monthly
- **Location:** Virtual

Dependent County Quarterly Meeting

- **Attendees:** Any and all Dependent county program staff
- **Cadence:** Quarterly
- **Location:** Virtual

WCM Coordination Meeting

- **Attendees:** WCM MCPs and WCM Dependent/ Independent Counties primary and secondary delegates
- **Cadence:** Quarterly
- **Location:** Virtual

*Stakeholder meetings led by DHCS

State Contact Information

» The CCS program can be contacted by phone at (916) 578-2074

» To direct specific questions to the right inbox:

Question Type	Source	Response Time
Any SAR submissions or questions that require immediate MD review	CCSPhysicianReview@dhcs.ca.gov RightFax: (916) 440-5308	2-3 business days
SAR-related questions that require expedited MD review	ISCD-MedicalPolicy@dhcs.ca.gov	2 business days
Utilized to process urgent/expedite SARs	CCSExpeditedReview@dhcs.ca.gov RightFax: (916) 440-5306	1 business day
Utilized to track SARs	CCSDirectedReview@dhcs.ca.gov	-

State Contact Information (continued)

Type	Source
CCS policy inquiries	CCSprogram@dhcs.ca.gov
CCS provider paneling inquiries	providerpaneling@dhcs.ca.gov
CCS fiscal related inquiries	ISCDFiscal@dhcs.ca.gov
Hearing and Appeals Unit (HAU) inquiries	ISCDHAU@dhcs.ca.gov
CCS Compliance, Monitoring, and Oversight Program inquiries	CCSMonitoring@dhcs.ca.gov
Claims related inquires	1-800-541-5555

Content

1. Purpose and Goals of Onboarding Training

2. Background

3. Administration of the CCS Program

4. CCS Program Activities

5. Key Stakeholder Meetings and Program Contact Information

6. **Resources**

Resources

» **In addition to** the resources listed throughout the presentation, here are foundational CCS documents:

- California Code of Regulations, title 22, division 2, subdivision 7
- Health and Safety Code, Chapter 3 of Part 2 (commencing with section 123800)
- CCS Administrative Case Management Manual
- CCS NLs

» Additional resources can be found here:

- CCS Landing Page
- CCS Manual of Procedures
- All Plan Letters
- CCS INs
- CCS Provider Standards

Acronyms

» Commonly used CCS program acronyms

Acronyms	Term/Phrase
APL	All Plan Letters
CCS	California Children's Services
CMS Net	Children's Medical Services Net
COHS	County Organized Health System
DHCS	Department of Health Care Services
DME	Durable Medical Equipment
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
eSAR	Electronic Visit Verification
EVV	Electronic Service Authorization Request
FFS	Fee-for-service
FSR	Facility Site Review

Acronyms (continued)

» Commonly used CCS program acronyms

Acronyms	Term/Phrase
HIPAA	Health Insurance Portability and Accountability Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
IN	Information Notice
ISCD	Integrated Systems of Care Division
MCP	Managed Care Plan
MOU	Memorandum of Understanding
MMCP	Medi-Cal Managed Care Plan
MTP	Medical Therapy Program
MTU	Medical Therapy Unit

Acronyms (continued)

» Commonly used CCS program acronyms

Acronyms	Term/Phrase
NL	Numbered Letter
NOA	Notice of Action
Non-PMF	Non-Provider Master File
NPI	National Provider Identifier
OTLICP	Optional Targeted Low Income Children Program
PDN	Private Duty Nursing
PMF	Provider Master File
SAR	Service Authorization Request
SCC	Specialty Care Center
SFTP	Secure File Transfer Protocol
SH	State Hearing
WCM	Whole Child Model

For additional questions contact
CCSProgram@dhcs.ca.gov

DHCS