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TO: All County California Children’s Services Program Administrators, Medical Consultants and Staff, and Integrated Systems of Care Division Staff

SUBJECT: Intercounty Transfer Policy

I. PURPOSE

This Numbered Letter (NL) provides county California Children’s Services (CCS) Program staff with guidance regarding the intercounty transfer (ICT) process for CCS Program beneficiaries, including transfers to and from Whole Child Model (WCM) and Classic CCS counties. The goal of this guidance is to minimize the disruption of services to CCS beneficiaries when they move from one county to another.

II. BACKGROUND

Children with CCS-eligible conditions are medically vulnerable, and relocation from one county to another presents the risk of interrupting medically necessary services. The Department of Health Care Services (DHCS), Integrated Systems of Care Division (ISCD) is providing guidance to streamline the ICT process and reduce the burden to CCS beneficiaries.¹ Counties must facilitate the transfer of records and services for Medi-Cal recipients to ensure benefits continue seamlessly. Further, counties must ensure all CCS cases remain active throughout the ICT period without an interruption in benefits.²

III. DEFINITIONS

- A. **Intercounty Transfer:** An ICT is the process of formally transferring the administration of a CCS beneficiary’s benefits between counties within the State of California. An ICT is initiated when a sending CCS county or receiving CCS county is notified of a change of address to another county within California. The

¹ [Welfare and Institutions Code \(WIC\) section 10003\(b\)](#)

² [WIC section 10003\(b\)](#)

first county is responsible for initiating an ICT within ten (10) business days of receiving the notification of the change of address.³

- B. **Sending County:** The county from which a beneficiary is moving.
- C. **Receiving County:** The county to which a beneficiary is moving and in which they will claim residence.
- D. **ICT Notification Date:** The date the Sending or Receiving County receives notification from the beneficiary or another source regarding a change of address to another county. The CCS beneficiary is responsible for promptly notifying the Sending or Receiving County of their change of address.⁴
- E. **Transfer Date:** The date the Receiving County opens the CCS case. The Transfer Date must occur no later than the first day of the next available benefit month following thirty (30) calendar days after the Sending or Receiving County was notified of the change of address.⁵
- F. **Classic CCS County:** Beneficiaries who are not enrolled in a WCM managed care health plan (MCP) regardless of independent or dependent county status. All CCS services are coordinated by the county CCS program.
- G. **Whole Child Model County:** Counties participating in the CCS Whole Child Model. For Medi-Cal members enrolled in an MCP, all CCS and non-CCS services are coordinated by the MCPs. For CCS beneficiaries not enrolled in a MCP, the CCS program coordinates all CCS services.
- H. **Residential Eligibility**

For a CCS beneficiary who has had to leave their county of residence solely for the purpose of temporarily securing institutional or facility-based care not available to them in their county of residence, the county where they last maintained a living arrangement outside a medical facility is considered the beneficiary's county of residence.

For a CCS beneficiary currently located in 1) a state hospital or institution; 2) a voluntary, nonprofit, or proprietary facility; or 3) any other public or private institution, for any reason other than temporarily receiving care due to the lack of access in the

³ [WIC section 10003\(a\)](#)

⁴ [WIC section 10003\(a\)](#)

⁵ [WIC section 10003\(a\)](#)

beneficiary's own county, the county of residence is where the beneficiary was admitted.^{6, 7}

IV. POLICY

- A. The CCS Program is responsible for ensuring that CCS beneficiaries do not experience lapses or interruptions in CCS services due to the beneficiary's relocation from one county to another.^{8, 9}
- B. A CCS ICT process should occur as follows:
1. The first county notified or discovered of the change of address (either Sending or Receiving County) must initiate an ICT within ten (10) business days of the notification.
 2. Within five (5) business days of being notified of a change of address, the first county notified of the change of residence (either Sending or Receiving County) must note the change of address in a CMS Net (Children's Medical Services Network) case note.
 3. The Receiving County must ensure the beneficiary does not need to provide copies of documents that were previously provided to the Sending County, and there must be no interruption in benefits during the ICT process.¹⁰
 4. The Sending County must:
 - a. Confirm the CCS beneficiary's new residence by confirming with the Receiving County, the beneficiary's family, or through the Medi-Cal Eligibility Data System (MEDS). In cases where the beneficiary's Receiving County of residency is not accurately indicated in MEDS, the Sending County should obtain residency documentation from the beneficiary's family and provide a copy to the Receiving County. Residential eligibility determination is pursuant to Title 22 California Code of Regulations sections 41519; Residential Eligibility Determination; and 41610.^{11, 12}
 - b. Review the documentation of the CCS beneficiary's medical eligibility and qualifying diagnoses in the CMS Net Registration Module and in the

⁶ [WIC section 11102\(c\)\(1\)](#)

⁷ [WIC section 11102\(c\)\(2\)](#)

⁸ See Attachment 1, "Intercounty County Transfer Process Flowchart"

⁹ See Attachment 2, "Intercounty Transfer Frequently Asked Questions"

¹⁰ [WIC section 10003\(b\)](#)

¹¹ [Title 22 California Code of Regulations section 41519](#)

¹² [Title 22 California Code of Regulations section 41610](#)

Eligibility Program Module. Subsequent actions depend on the beneficiary's CCS Program medical eligibility status:

- 1) If the Sending County is a dependent county, ISCD will determine the transferring beneficiary's CCS medical eligibility and Medical Therapy Program (MTP) eligibility.
- 2) If the Sending County is an independent county, the Sending County will determine the transferring beneficiary's CCS medical eligibility and MTP eligibility.
 - a) "The medical eligibility determination will be entered as a case note in CMSNet, and should include:
 - i. Medically eligible condition(s).
 - ii. Services currently received by the beneficiary.
 - iii. Care coordination activities (actions taken by CCS to help children and families who have barriers to accessing care) and/or other significant issues (social services, foster care, etc.).
 - b) An annual medical review completed within the past 3 months of the transfer date can take the place of this transfer case note if it includes the information contained in a. i – iii.
- c. For beneficiaries found to be CCS Program eligible, the Sending County must:
 - 1) Send a transfer letter to the beneficiary or their family requesting confirmation within fifteen (15) business days from the date stated in the contact letter that the beneficiary continues to reside in the Sending County or has relocated to a residence in the Receiving County.¹³
 - a) If the Receiving County does not notify the Sending County that the beneficiary or their family has contacted the Receiving County, the Sending County must send a second transfer letter to the beneficiary's original address within five (5) business days after the due date of the first letter.
 - b) The Sending County is not responsible for sending the contact letter(s) if the Receiving County notifies the Sending County that the beneficiary and/or family has notified the Receiving County and

¹³ [CCS Program Administrative Case Management Manual - Chapter Two: Ongoing Case Management](#)

the Receiving County is requesting a Transfer Date. The beneficiary or their family is responsible for providing the information requested by the Receiving County to establish residency in the Receiving County.

- 2) Coordinate a Transfer Date with the Receiving County to avoid any gap or overlap in services. The Sending County and Receiving County must mutually agree on a Transfer Date.
- 3) Attach in CMS Net all of the following documentation (if applicable) to the Receiving County:
 - a) The beneficiary's original signed CCS Program application or an electronic copy of the original signed CCS Program application¹⁴; and
 - b) The most recent signed Program Services Agreement (PSA). PSAs are renewed by the beneficiary or parent/legal guardian based on the Annual Renewal Date established by the Sending County. The Sending County must save the PSA to the beneficiary's chart. The Sending County must update the registration field on CMS Net with the date the PSA was received. A PSA is not required for all cases, such as beneficiaries with full-scope no share of cost Medi-Cal, and the absence of a PSA should not delay a beneficiary's transfer. See Attachment 2, "Intercounty Transfer Frequently Asked Questions", for more details.
 1. The PSA must be renewed based on the annual renewal date established by the Sending County.
- 4) Ensure all of the following documentation is attached in CMS Net or sent to the Receiving County within ten (10) business days from the date that the Sending County and Receiving County agree on a Transfer Date:¹⁵
 - a) A completed copy of Attachment 3, "California Children's Services Intercounty Transfer Check List";
 - b) Most recent residential and financial eligibility forms (Income Statement Form, Parent's California State Income Tax Form, Federal Income Tax Form, Beneficiary's Medi-Cal application,

¹⁴ [California Children's Services \(CCS\) Program Application](https://www.dhcs.ca.gov/services/ccs/Pages/apply.aspx)
<https://www.dhcs.ca.gov/services/ccs/Pages/apply.aspx>

¹⁵ Instructions on how to use CMS Net, including how to attach documents may be found on [CMS Net's Training tab](#)

Health Insurance form, and Enrollment Fee Agreement, W-2, or paystubs, Assessment Fee Agreement, if applicable);

- c) Documents establishing the beneficiary's residence and financial eligibility (e.g., utility bills, divorce agreements, guardianship, and/or adoption documents, if applicable);
- d) Other health coverage information, if applicable, including copies of all Health Maintenance Organization (HMO) denials within the last 12 months;
- e) Copies of all medical reports for the previous 12 months, if applicable; and
 - i. When the beneficiary in the Sending County is enrolled in a WCM Managed Care Plan (MCP), the Sending County must request the medical reports from the WCM MCP and provide the WCM MCP a 10-business day deadline using Attachment 4, or an equivalent process agreed upon between the Sending County and the WCM MCP. The Sending County should also request case management notes and utilization information from the WCM MCP as this information will not be available in CMS Net. The Sending County should obtain the beneficiary's medical information even if the transfer is to the same WCM MCP in a Receiving County.
 - ii. If there are no copies of the reports within the last 12 months because the sending county does not save reports, the transfer case note should include the following:
 - 1. A written statement indicating that there are no physical copies of medical reports for the last 12-month period.
 - 2. A case notes entry documenting review of medical records containing:
 - a. Medically eligible condition(s).
 - b. Services currently received by the beneficiary.
 - c. Care coordination activities (actions taken by CCS to help children and families who have barriers to accessing care) and/or other significant issues (social services, foster care, etc.).

If the Sending County is a WCM County, the Sending County must send any information provided by the WCM MCP in subsection i. above, including a completed copy of Attachment 4, to the Receiving County.

- iii. If the Receiving County requires access or copies of the beneficiary's electronic medical records, the Receiving County should request this from the beneficiary's providers. The Receiving County may request assistance from the Sending County to obtain these records.
 - iv. If there are medical reports attached to Service Authorization Requests (SARs) that are effective at the time of transfer, the Sending County can mention these medical reports on Attachment 3 without sending those reports to the Receiving County.
 - v. Beneficiary record transfers must be completed in accordance with state and federal health privacy laws and regulations.
 - vi. The transfer of medical records should not delay or prevent a beneficiary's transfer to the Receiving County. ICT cases can be open to the MTU, but MTU treatment services are unable to begin until a current prescription or treatment plan is available.
 - vii. For beneficiaries who have received Medical Therapy Program (MTP) services, the Sending County must send the beneficiary's full Medical Therapy Unit (MTU) chart up to 21 years. Full MTU charts up to 21 years must be retained by Receiving Counties, even if the Receiving County does not have an MTU.
- 5) The Sending County utilizing the CMS Net MTP Module for Patient Therapy Record (PTR) billing must ensure that all PTR claims up to the date of transfer have been entered into the patient's therapy record, and entered in a batch, prior to the agreed upon closure date. This should not delay a transfer.
 - 6) The Sending County will close the beneficiary's case record and cease providing services the day before the agreed-upon Transfer Date.
- d. For beneficiaries found not to be CCS Program eligible, the Sending County must:
 - 1) Notify the Receiving County of the beneficiary's CCS ineligibility.

- 2) Close the case without initiating any further steps in the ICT process.
 - 3) Inform the beneficiary/family of their appeal rights and that the family can initiate an appeal in any county (the appeal will be defended by the county that denied the eligibility determination).
 - 4) Inform the family that they may reapply to the CCS Program in the Receiving County.
5. The Receiving County must:
- a. Confirm residential eligibility for the transferring beneficiary.
 - 1) For Medi-Cal beneficiaries, the Receiving County must:
 - a) Verify the address in the MEDS.
 - b) If the address change does not display in MEDS after the beneficiary has transferred to the Receiving County, the Receiving County must work with the beneficiary/family to contact the county Medi-Cal eligibility office to ensure this change is made in MEDS. See Attachment 2, "Frequently Asked Questions" for additional details.
 - 2) For non-Medi-Cal beneficiaries, the Receiving County must verify the beneficiary's residential eligibility with two forms of proof of residence.¹⁶
 - b. Must accept the Sending County's CCS medical and MTP eligibility determination(s).
 - c. For Medi-Cal beneficiaries receiving CCS Program services, the Receiving County must not delay the approval of the transfer because the beneficiary's address has not been updated in MEDS.
 - d. Open the case on the Transfer Date. The CCS Program Administrative Case Management Manual, Chapter 2, Section 4 provides detailed instructions for the Receiving County regarding case re-opening in CMS Net.¹⁷
 - e. Begin the adjudication of new SARs based on the eligibility determination of the Sending County immediately upon transfer. The Receiving County

¹⁶ [Title 22 California Code of Regulations section 41610](#)

¹⁷ [CCS Program Administrative Case Management Manual](#)

must activate appropriate SARs and establish the beneficiary's case record on the Transfer Date to ensure that previously authorized services continue without interruption.

- C. The ICT process must be completed no later than the first day of the next available benefit month following thirty (30) calendar days after the Sending or Receiving County is notified of the change of address.
- D. In circumstances where the Sending County, Receiving County, or the WCM MCP cannot agree on the transfer process, the counties or health plan should contact DHCS for assistance at CCSProgram@dhcs.ca.gov.

V. POLICY IMPLEMENTATION

A. Sending County Responsibilities by County Type

- 1. For Classic CCS Program independent counties, county CCS Program staff will review and complete ICT requests.
- 2. For Classic CCS Program dependent counties, county CCS Program staff must submit ICT requests to ISCD CCS Program staff at CCSDirectedReview@dhcs.ca.gov, or secure RightFax number, (916) 440-5768. ISCD CCS Program staff are responsible for ICT case review and completion.
- 3. For beneficiaries enrolled in the WCM MCP:
 - a. The Sending County must request the WCM MCP to complete the WCM Intercounty Transfer Form and packet (or the equivalent agreed upon between a county and its health plan) and forward these materials back to the Sending County no later than ten (10) business days so that the Sending County can review and complete the ICT request. The Sending County will forward the MCP's materials to the Receiving County. This process should not result in any gaps in coverage for a beneficiary.
 - b. The Sending County must collaborate with the MCP on the Transfer Date negotiations with the Receiving County so the MCP can adjudicate any out-of-network requests during the ICT process and close any outstanding SARs in accordance with the Transfer Date.
 - 1) If the beneficiary moves to another county and is still enrolled in a MCP in the county which they moved from and needs non-emergency care that same month in the new county, the beneficiary or either county may request an expedited disenrollment from their MCP to the Medi-Cal Managed Care Ombudsman at 888-452-8609.

- a) **PLEASE NOTE:** A request to the Medi-Cal Managed Care Ombudsman for immediate disenrollment from a MCP is only a temporary solution. If the beneficiary's new address change is not entered into MEDS by the county office, the beneficiary's address will revert to their original address, and they will remain enrolled in the WCM MCP. As such, the Receiving County still needs to assist the beneficiary in changing their MEDS address through their Medi-Cal county office.

B. Receiving County Responsibilities by County Type

1. **All Classic CCS Counties:** After transfer, if the Receiving County is a classic CCS county, the Receiving County (independent or dependent) should notify the family to contact the county Medi-Cal office to update the beneficiary's address in MEDS if address has not been changed to reflect current residence. If the child has Supplemental Security Income (SSI), the family needs to contact the SSI office in the child's Receiving County to update the address in MEDS.
2. **Classic CCS Independent Counties:** For Classic CCS independent counties, the Receiving and Sending County CCS Program staff will discuss and agree upon a Transfer date and the Receiving County will open the case. The Receiving County will accept the Sending County's medical eligibility determination. All current SARs will be automatically cancelled once the Sending County closes the case. The Receiving County will open the case and issue new SARs the following day after the case closure date to ensure that previously authorized services continue without interruption.
3. **Classic CCS Dependent Counties:** For Classic CCS dependent counties, receiving dependent counties will discuss and agree upon a Transfer date with the Sending County, regardless of whether the Sending County is an independent or dependent county, or a WCM or classic CCS county.¹⁸ The following day after the case closure date, the Receiving County will open the case, pend the new SARs, and notify DHCS of the SARs. The Receiving County will accept the Sending County's medical eligibility determination. Receiving dependent counties are responsible for opening the case. All current SARs will be automatically cancelled once the Sending County closes the case.
4. **WCM County:** For WCM counties, responsibilities differ depending on whether the child is enrolled in the MCP or Fee-for-Service (FFS CCS-Only):

¹⁸ WCM counties refer to counties in which Medi-Cal MCPs provide CCS services to beneficiaries enrolled in the MCP. Classic CCS counties refer to counties in which Medi-Cal MCPs do not provide CCS services.

- a. For beneficiaries enrolled in the WCM MCP, the Receiving County will collaborate with the MCP during their negotiations of a Transfer Date with the Sending County. This allows the MCP to adjudicate any necessary SARs on the Transfer Date, so the beneficiary does not experience any gaps in care.
- b. For beneficiaries that are eligible for Medi-Cal benefits but not yet enrolled in the WCM MCP, the Receiving County will issue authorizations until the child is enrolled in the MCP or for up to ninety (90) calendar days, whichever occurs first. The following Special Instructions should be printed on the SAR:

If the patient's eligibility shows FFS Medi-Cal on date of service, submit claim with this SAR # to the State Fiscal Intermediary. If patient's eligibility shows enrollment in the [Receiving County health plan name] on date of service, submit claim with this SAR to the [Receiving County health plan name].

If you have any questions regarding this NL, please contact DHCS at CCSProgram@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services

Attachment(s):

Attachment 1: Intercounty County Transfer Process Flowchart

Attachment 2: Intercounty Transfer Frequently Asked Questions

Attachment 3: California Children's Services Intercounty Transfer Check List

Attachment 4: California Children's Services Whole Child Model Intercounty Transfer Form¹⁹

¹⁹ Attachment 4 only applies to WCM counties. In WCM counties, it should be completed prior to the completion of Attachment 3 in the ICT process.