

# CALIFORNIA CHILDREN’S SERVICES PROGRAM MANUAL OF PROCEDURES CHAPTER 3.37: CORE STANDARDS

## CHAPTER 3.37.1 – Special Care Center General Information and Core Standards

All California Children’s Services (CCS) outpatient special care centers (SCCs) are required to comply with general requirements outlined in this standard and applicable specialty-specific SCC standards that supplement this SCC Core Standards document. These core standards provide the minimum requirements for approval across all SCC types.<sup>1</sup>

### A. SCC Overview

The CCS Program SCC provides family-centered, coordinated, multidisciplinary, multispecialty, equitable, and culturally and linguistically appropriate medical, nursing, and allied health care, including procedures, for infants, children, adolescents, and young adults with CCS-eligible conditions that require care from designated CCS-approved specialties and subspecialties.<sup>2</sup>

In addition, the SCC must provide services in a manner that is understandable, respectful, and responsive to the patient and/or parent, legal guardian, or authorized representative’s (collectively referred to as “parent/guardian/representative” hereafter in this document) health literacy and other communication needs. The services must be provided without regard to race, color, religion, national origin, disability, age, sex, gender identity, or sexual orientation. Facilities must comply with all applicable federal, state, and local laws prohibiting discrimination.<sup>3, 4</sup>

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<sup>1</sup> Welf. & Inst. Code, § 14093.05(c)

<sup>2</sup> Cal. Health & Safety Code § 123805

<sup>3</sup> All County Welfare Directors Letter No.: 21-25: Interim Instructions for Collecting Applicant and Beneficiary Gender Identity [ACWDL 21-25 \(ca.gov\)](https://www.cdss.ca.gov/Programs/OPPS/ACWDL/ACWDL21-25)

<sup>4</sup> All County Welfare Directors Letter No.: No. 17-01: Statement of Citizenship, Alienage, and Immigration Status Form [ACWDL 17-01 \(ca.gov\)](https://www.cdss.ca.gov/Programs/OPPS/ACWDL/ACWDL17-01)

## B. CCS Program Requirements

1. The SCC must:
  - a. Provide outpatient comprehensive diagnostic evaluation, treatment, and follow-up care for patients with CCS-eligible conditions, as well as conditions directly related to their CCS-eligible diagnosis, consistent with Title 22 of the California Code of Regulations.<sup>5</sup>
  - b. Provide on-site or enable access to all CCS Program medical and pharmacy benefits. This includes necessary disease-modifying treatments and therapies, and referrals to SCCs that are qualified gene therapy treatment centers, as indicated.<sup>6, 7, 8, 9, 10, 11, 12</sup>
  - c. Comply with the CCS Program's Provider Standards, Numbered Letters (NLs), and Information Notices (INs) relevant to the specific SCC type.<sup>13, 14, 15, 16</sup>

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<sup>5</sup> Cal. Code Regs., tit. 22, §§ 41515.1-41518.9

<sup>6</sup> Also known as "activated treatment center" or "authorized treatment center". Access to gene therapy must be at a CCS-approved SCC that has been certified by a gene therapy manufacturer.

<sup>7</sup> Cal. Health & Safety Code § 123825

<sup>8</sup> Cal. Health & Safety Code § 123929

<sup>9</sup> Cal. Code Regs., tit. 22, § 41452

<sup>10</sup> For available CCS policy regarding gene therapy, please see Numbered Letters at: [CCS Numbered Letters \(ca.gov\)](#)

<sup>11</sup> Centers for Medicare & Medicaid Services [CMS] Cell and Gene Therapy Access Model [Cell and Gene Therapy \(CGT\) Access Model | CMS](#)

<sup>12</sup> CMS Cell and Gene Therapy Access Model Overview Factsheet [Cell and Gene Therapy \(CGT\) Access Model Overview Factsheet](#)

<sup>13</sup> California Children's Services (CCS) specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](#)

<sup>14</sup> CCS Numbered Letters can be found at: [CCS Numbered Letters \(ca.gov\)](#)

<sup>15</sup> CCS Information Notices can be found at: [CCS Information Notices \(ca.gov\)](#)

<sup>16</sup> For High Risk Infant Follow-Up Program SCCs, also see policy located in: [High Risk Infant Follow Up \(ca.gov\)](#)

- d. Be organizationally integrated (i.e., have the same physical address or identified as an off-site primary SCC) with a tertiary, community, or special hospital as delineated in the specialty-specific standards.<sup>17, 18, 19, 20</sup>
  - e. Have an appropriate number of clinics available (per week/month) to meet the needs of the specialty population for which it serves and minimize any delays in care.
  - f. Update their individual facility directories annually, or sooner as needed.<sup>21</sup> SCCs must also notify the CCS Facility Enrollment Unit (FEU) by email of any changes in clinical staff and/or clinic location to the FEU inbox at [CCSFacilityReview@dhcs.ca.gov](mailto:CCSFacilityReview@dhcs.ca.gov) within thirty (30) calendar days of the change.
2. For SCCs that require a CCS-approved hospital affiliation, the hospital must be:
- a. Licensed by the California Department of Public Health (CDPH);<sup>22, 23, 24, 25, 26, 27, 28</sup>
  - b. Enrolled in Medi-Cal;<sup>29, 30, 31, 32</sup> and

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<sup>17</sup> CCS Provider Standards. Chapter 3.3.1 [Provider Standards - Tertiary Hospitals](#)

<sup>18</sup> CCS Provider Standards. Chapter 3.3.2 [Provider Standards - Pediatric Community Hospitals](#)

<sup>19</sup> CCS Provider Standards. Chapter 3.3.3 [Provider Standards - General Community Hospitals](#)

<sup>20</sup> CCS Provider Standards. Chapter 3.3.4 [Provider Standards - Special Hospitals](#)

<sup>21</sup> [SCC Directories](#). The form for updating Directories (DHS 4507) can be accessed from [DHCS CCS webpage](#) by clicking on the tab for Forms, Laws, and Publications or by going directly at [SPECIAL CARE CENTER DIRECTORY UPDATE Fax Cover Sheet](#)

<sup>22</sup> 42 C.F.R § 482.11(a)-(c)

<sup>23</sup> Cal. Code Regs., tit. 22, § 51207(a)(3)

<sup>24</sup> Cal. Code Regs., tit. 22, § 51207(a)(2)

<sup>25</sup> Cal. Code Regs., tit. 22, § 42110

<sup>26</sup> Cal. Health & Safety Code § 1250

<sup>27</sup> Cal. Code Regs., tit. 22, § 42130

<sup>28</sup> Cal. Code Regs., tit. 22, § 42115

<sup>29</sup> Cal. Code Regs., tit. 22, § 51000.21

<sup>30</sup> Cal. Code Regs., tit. 22, § 51000.22

<sup>31</sup> Welf. & Inst. Code, §§ 14043 -14045

<sup>32</sup> Medi-Cal Provider Guidelines, Provider Enrollment [Provider Guidelines \(prov guide\) \(ca.gov\)](#)

- c. Accredited by The Joint Commission (TJC) or other accrediting organizations approved by the Centers for Medicare and Medicaid Services (CMS).<sup>33, 34, 35</sup>

3. CCS-approved outpatient satellite SCCs:

Hospitals may elect to conduct outpatient satellite SCCs, which must perform all the following:

- a. Submit a separate application to the CCS Program identifying the SCC as a satellite center;
- b. Receive the CCS Program's approval before operation as a CCS-approved satellite center; and
- c. Meet all requirements specified for a center type that permits satellite centers. (See Attachment A for the full policy document)<sup>36, 37, 38</sup>

4. Approvals and re-approvals:

- a. A center must be in continuous operation for at least six (6) months and meet these Chapter 3.37.1 CCS Core Standards and the appropriate SCC specialty-specific standards prior to approval by the Department of Health Care Services (DHCS) as a CCS Program SCC.
- b. SCC approval and re-approval will require a CCS Program administrative review. This requirement supersedes outpatient specialty-specific standards.<sup>39</sup>
  - i. For directions on how to submit a SCC approval application review the DHCS website [California Children's Services](#) under "Application to Become a CCS Approved Facility".

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<sup>33</sup> The Joint Commission [Our Standards for Hospital Accreditation | The Joint Commission](#)

<sup>34</sup> [Accreditation of Medicare Certified Providers & Suppliers | CMS](#)

<sup>35</sup> DHCS [Main Accreditation Organizations for U.S. Health Care Entities](#)

<sup>36</sup> [Accreditation of Medicare Certified Providers & Suppliers | CMS](#)

<sup>37</sup> Cal. Health & Safety Code § 1200

<sup>38</sup> Cal. Code Regs., tit. 22, § 51115.1(a)(2)

<sup>39</sup> Cal. Health & Safety Code § 1380

- ii. For CCS-approved SCCs requiring re-approval, contact the FEU via email at [CCSFacilityReview@dhcs.ca.gov](mailto:CCSFacilityReview@dhcs.ca.gov).
- c. SCCs may be re-evaluated by DHCS at any time and by whatever means deemed appropriate, with or without notice, to evaluate CCS Program compliance.<sup>40</sup>
- d. SCCs that fail to meet re-evaluation and re-approval by the DHCS will no longer be authorized to provide services to CCS Program patients.<sup>41, 42</sup>

## C. SCC Core Team Members and Specialty Consultants

1. The SCC core team must be multidisciplinary; comprised of a physician, registered nurse, medical social worker, registered dietitian, and other professionals as described below in this Section C., unless otherwise stated in the specialty-specific SCC standards or if the specialty-specific standards are not available.
2. The SCC professional staff must be CCS-paneled according to the standards for panel participation established by the CCS Program.<sup>43, 44, 45, 46, 47</sup>
3. All SCC core team members must be Basic Life Support (BLS)-certified.
4. The SCC must maintain staffing levels to ensure all core team members are available for at least the initial and annual team visits. SCCs must submit a detailed staffing plan to the CCS Program that ensures uninterrupted SCC operation during the absence of any core team member. The SCC must also notify the CCS Program by email at [CCSFacilityReview@dhcs.ca.gov](mailto:CCSFacilityReview@dhcs.ca.gov) within 24 hours of awareness if:

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<sup>40</sup> Welf. & Inst. Code, § 14087.1

<sup>41</sup> Cal. Health & Safety Code § 123805

<sup>42</sup> Cal. Health & Safety Code § 123925

<sup>43</sup> [Becoming a California Children's Services Provider](#)

<sup>44</sup> [Program Participation Requirements by Provider Type](#)

<sup>45</sup> CCS Program Provider Paneling Portal [CCS Panel Application \(cahwnet.gov\)](#)

<sup>46</sup> [CCS Program Individual Provider Paneling Application for Physicians and Podiatrists](#)

<sup>47</sup> [CCS Program Individual Provider Paneling Application for Allied Health Care Professionals](#)

- a. A core team physician is not available for more than two (2) consecutively scheduled clinic days, and coverage by another CCS-paneled physician with equivalent qualifications, as specified in the specialty-specific SCC standard, is not available. A nurse practitioner (NP) or physician assistant (PA) is not considered adequate coverage.
  - b. A non-physician core team member is not available for more than three (3) consecutively scheduled clinic days, and coverage by another CCS-paneled team member with equivalent qualifications as specified in the specialty-specific SCC standard is also unavailable.
5. SCC core team orientation and continuing education:
- a. The SCC must have a written plan for the orientation of all newly hired professionals who will be providing care in the SCC. This plan must define the required competencies, identify the personnel and methods used for competency assessment, and outline procedures for documenting and maintaining records of successful completion.
  - b. The SCC must have a written plan for annual continuing education for all professional staff, including in-house and external teaching, training, and evaluations.
6. The SCC must ensure that all core team members who perform medical procedures have completed the appropriate education, training, and have demonstrated ongoing proficiency, with documentation maintained by the hospital credentialing office.
7. Core team composition and role-related responsibilities:
- a. Medical director:<sup>48, 49, 50</sup>

This physician must:

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<sup>48</sup> Cal. Code Regs., tit. 22, § 42030

<sup>49</sup> Cal. Code Regs., tit. 22, § 42020

<sup>50</sup> Cal. Code Regs., tit. 22, § 41412

- i. Be board-certified with specialty training and certification as outlined in the specialty-specific SCC standards.<sup>51, 52, 53, 54</sup>
- ii. Have also obtained board certification in pediatrics by the American Board of Pediatrics, if required by the subspecialty. If the medical director has not maintained their board certification in pediatrics (or their specialty does not require it), the SCC must have a core team physician who is board certified in pediatrics.<sup>55, 56, 57</sup>
- iii. Be responsible for the overall quality of medical care for infants, children, adolescents, and young adults followed in the SCC and satellite SCC as indicated, including:
  - (1) Oversight of the process to screen and approve participation of patients with the disease(s) or related condition(s) for which the SCC is established;
  - (2) Ensuring specialty care provided is consistent with evidence-based practice and expert-informed clinical care, including leading all team case conferences;
  - (3) Coordination of care that is directly related to the CCS-eligible condition managed at the SCC, across disciplines (e.g., referral for a patient to receive other specialty care, behavioral health, and/or dental services; coordination with schools, regional centers, and/or other providers; and referral for participation in appropriate clinical trials);
  - (4) Ensuring that multidisciplinary team evaluations are comprehensive, with updated plans of care;

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<sup>51</sup> CCS specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](#)

<sup>52</sup> Welf. & Inst. Code, § 14255

<sup>53</sup> Welf. & Inst. Code, § 14093.06(a)(c)

<sup>54</sup> CCS specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](#)

<sup>55</sup> Welf. & Inst. Code, § 14093.06(a)(c)

<sup>56</sup> Welf. & Inst. Code, § 14255

<sup>57</sup> The American Board of Pediatrics [Home | The American Board of Pediatrics \(abp.org\)](#)

- (5) Ensuring there is 24/7 call coverage for the SCC (if not managed by the affiliated hospital) by the medical director or other core team physicians as specified in the specialty-specific SCC standard;<sup>58, 59, 60, 61</sup>
  - (6) Oversight and participation in the development, review, and implementation of SCC policies and procedures;
  - (7) Supervision of quality assurance and improvement activities;
  - (8) Ensuring the maintenance of the SCC database and/or vital statistics, if required; and
  - (9) Collaborating with and reporting data to national specialty associations or registries, as appropriate.
- b. Associate medical director and other CCS-paneled physicians:<sup>62, 63, 64, 65</sup>
- i. The associate medical director is optional. This individual must be board-certified or board-eligible in a specialty relevant to the care of SCC population. The associate medical director must be available to perform duties of the medical director when this provider is otherwise unavailable and provide oversight of core team functions at any satellite facilities as indicated.
  - ii. Other core team physicians must be board-certified or board-eligible in a specialty relevant to the care of SCC population.<sup>66</sup>

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<sup>58</sup> Cal. Code Regs., tit. 22, § 42030

<sup>59</sup> Cal. Code Regs., tit. 22, § 70225

<sup>60</sup> CCS specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](https://www.cdph.ca.gov/Programs/OPA/Pages/ProviderStandards.aspx)

<sup>61</sup> 42 C.F.R § 482.12(c)(3)

<sup>62</sup> CCS specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](https://www.cdph.ca.gov/Programs/OPA/Pages/ProviderStandards.aspx)

<sup>63</sup> Cal. Code Regs., tit. 22, § 42020

<sup>64</sup> Cal. Code Regs., tit. 22, § 41412

<sup>65</sup> Cal. Code Regs., tit. 22, § 42030

<sup>66</sup> Welf. & Inst. Code, § 14093.06(c)

- iii. In collaboration with the SCC medical director, the core team physicians must ensure there is clinic coverage and call coverage (if not managed by the affiliated hospital) with access to a SCC specialist physician.<sup>67, 68, 69</sup>
- c. Coordinator:
- i. The coordinator must be a CCS-paneled physician, registered nurse, or medical social worker, unless otherwise indicated in the specialty-specific standards. This position may be assumed by one of the core team members as a dual role.
  - ii. The responsibilities of the coordinator are to serve as the primary staff member coordinating services and follow-up care with the patient and/or parent/guardian/representative and any other professionals or agencies providing care to the SCC patient, as needed, to provide medically necessary services.<sup>70, 71, 72, 73</sup> This includes, at a minimum:
    - (1) Conferring with patient and/or parent/guardian/representative regarding services provided in the SCC, results of clinical evaluations and assessments as indicated, and providing referrals and resource information for other medical, social, and developmental services within the community, as needed;
    - (2) Coordinating with County CCS Program or Whole Child Model (WCM) managed care plan (MCP) staff, and other service providers such as primary care, behavioral health, dental services, local health agencies, home health providers, school, medical therapy program, and other service delivery systems such as Medi-Cal managed care and waiver programs;<sup>74</sup> and

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<sup>67</sup> 42 C.F.R § 482.12(c)(3)

<sup>68</sup> Cal. Code Regs., tit. 22, § 42030

<sup>69</sup> Cal. Code Regs., tit. 22, § 70225

<sup>70</sup> Cal. Code Regs., tit. 22, § 42020

<sup>71</sup> Cal. Code Regs., tit. 22, § 42000

<sup>72</sup> Cal. Code Regs., tit. 22, § 42030

<sup>73</sup> Cal. Health & Safety Code § 123840

<sup>74</sup> [CCS Whole Child Model](#)

- (3) Preparing a multidisciplinary team conference report based on individual patients' initial and annual visit medical, nursing, and allied health assessments.
- (4) Ensuring that a copy of the multidisciplinary team conference report is sent to the County CCS Program in accordance with the requirements listed below in Section E.7.d-e.

d. Registered nurse (RN):<sup>75</sup>

- i. The core team RN is responsible for carrying out the components of professional nursing practice related to nursing services provided to SCC patients.
- ii. A pediatric clinical nurse specialist (CNS), certified pediatric nurse practitioner (PNP), or family nurse practitioner (FNP) may be the core team RN if the CNS, PNP, or FNP meets the minimum qualifications for CCS Program pediatric RN functions. This core team member must function only within the RN role (i.e., not in a dual role or as an advanced practice RN).
- iii. The RN must:
  - (1) Hold a valid and current license to practice as a RN through the California Board of Registered Nursing;<sup>76</sup>
  - (2) Have a baccalaureate degree in nursing from a school of nursing approved by the National League of Nursing or equivalent accrediting body; and
  - (3) Have a minimum of one year of post-graduate clinical nursing experience, of which at least one year must be providing direct patient care as an RN for pediatric patients with the disease or condition specific to the SCC.<sup>77, 78</sup>

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<sup>75</sup> Cal. Code Regs., tit. 22, § 76139

<sup>76</sup> [California Board of Registered Nursing](#)

<sup>77</sup> Centers for Disease Control and Prevention. Direct patient care. See: definition in: [Key Terms](#)

<sup>78</sup> [Program Participation Requirements by Provider Type](#), Registered Nurses

- iv. The responsibilities of RN must include, but are not limited to:<sup>79</sup>
- (1) Development, implementation, and evaluation of a patient plan of care, which includes a description of the nursing process of assessment, diagnosis, education, and patient advocacy;
  - (2) Provision of case management in collaboration with the core team coordinator and social worker, including:
    - (a) Medical Home Assessment and Support:<sup>80, 81, 82, 83</sup>
      - (i) Determine whether the CCS member has an established medical home. If a medical home is not in place, the RN must assist in locating one that is appropriate to the member's age and medical needs. This may include pediatric or adult primary care services.
      - (ii) The Profile of Enrolled Medi-Cal Fee-for-Service (FFS) Providers portal may be used to support a CCS member who has Medi-Cal coverage and/or their parent, guardian, or representative in finding eligible primary care providers who may serve as a medical home within their area of residence: [Profile of Enrolled Medi-Cal Fee-for-Service \(FFS\) Providers - Enrolled Medi-Cal Fee-for-Service \(FFS\) Providers - California Health and Human Services Open Data Portal.](#)
      - (iii) Once a medical home is verified or recommended, the RN must document the name of the medical home (primary care provider), the location (city or address), and the name of the clinic (if affiliated with one) in the RN visit notes. If a new medical home is identified, include this information in the patient's after visit summary. This documentation supports care coordination and ensures continuity of services.

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<sup>79</sup> Bus. & Prof. Code § 2725

<sup>80</sup> DHCS Health Homes Program (for Managed Care Plans): [Health Homes Program](#)

<sup>81</sup> American Academy of Pediatrics [Medical Home – AAP Practice Management](#)

<sup>82</sup> AAP. What is a Medical Home? [AAP Definition and History of the Medical Home Model](#)

<sup>83</sup> AAP. Patient and Family-Centered Medical Home. [AAP Care Delivery Approaches](#)

- (b) Health and Psychosocial Needs Assessment: Assessing and monitoring the health and psychosocial needs of the patient and/or parent/guardian/representative;
  - (3) Participating in team conferences;
  - (4) Participating in quality assurance and quality improvement activities related to services provided to the patient and/or parent/guardian/representative by the SCC;
  - (5) Contributing to the development of written policies, procedures, and guidelines provided by the SCC; and
  - (6) Provision of education services to the patient and/or parent/guardian/representative about the CCS patient's medical condition(s), care and treatment, special needs, anticipated outcomes of care, and the systems of care and services available.
- e. Medical social worker (Med SW):<sup>84</sup>
- i. The Med SW must:
    - (1) Be responsible for carrying out the components of professional social work practice.
    - (2) Have familiarity with Americans with Disabilities Act accommodations, Individualized Education Programs, and 504 Plans.
    - (3) Be licensed as a Licensed Clinical Social Worker by the California Board of Behavioral Sciences;<sup>85</sup> **or**
    - (4) Have a master's degree in social work from a school accredited by the Council on Social Work Education;<sup>86</sup> **and**

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<sup>84</sup> Bus. & Prof. Code § 4996.9

<sup>85</sup> Board of Behavioral Sciences (BBS)- California <https://www.bbs.ca.gov/>

<sup>86</sup> [Council on Social Work Education | CSWE](#)

- (5) Have one year full-time social work experience, at a minimum, which must involve providing social work services to patients with CCS eligible medical conditions and their families.<sup>87</sup>
- ii. The responsibilities of the Med SW must include, but are not limited to:
- (1) Conducting a routine psychosocial assessment of the SCC patient and/or parent/guardian/representative on initial visit, all follow up visits, and at least annually. This includes the use of screening tools to assist in the identification of a patient's behavioral and/or mental health needs;
  - (2) Conducting a routine evaluation of health-related social needs on initial visit and at least annually;<sup>88</sup>
  - (3) Developing a social work plan with the patient and/or parent/guardian/representative;
  - (4) Educating the patient and/or parent/guardian/representative about services available to help nurture, support, and care for the patient;
  - (5) Ensuring integration of enhanced care management (ECM) services for support of ongoing case management and social service needs, as indicated;
  - (6) Participating in team conferences;
  - (7) Ensuring that their assessment and plan of care is documented in the chart and is accessible to other team members; and
  - (8) Being involved in transition planning, as indicated, which should include sources of medical, vocational, financial, support services, and safety planning for youth with disabilities.<sup>89</sup>
  - (9) Contributing to developing written policies, procedures or guidelines related to social work services in the SCC; and

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<sup>87</sup> [Program Participation Requirements by Provider Type](#), Social Workers

<sup>88</sup> [Social Determinants of Health \(SDOH\) | Agency for Healthcare Research and Quality](#)

<sup>89</sup> For more information on Got Transition visit: [Got Transition®](#)

- (10) Assisting in transportation and housing arrangements for patients and parent/guardian/representative, as needed.
- f. Registered dietitian (RD) or registered dietitian nutritionist (RDN):<sup>90, 91</sup>
- i. The RD/RDN must:
- (1) Be registered by the Commission on Dietetic Registration;<sup>92</sup> and
  - (2) Have a minimum of one year of pediatric clinical experience providing nutrition assessment, treatment, and counseling for patients with the disease(s) or related condition(s) for which the SCC is established.<sup>93, 94</sup>
- ii. The responsibilities of the RD/RDN must include, but are not limited to:
- (1) Carrying out the components of a professional clinical dietetic practice related to nutritional services provided to CCS Program patients in an outpatient setting.
  - (2) Conducting a nutrition assessment at the initial visit, annually, and when a nutrition screening identifies changes in a patient's health status that may impact the patient's nutrition needs;<sup>95</sup>
  - (3) Participating in team conferences regarding the nutritional needs of the patient, coordinating implementation of the nutrition recommendations, and completing requests for nutritional products when indicated; and
  - (4) Coordinating nutritional services provided by a nutritionist or care provider in the patient's community, as needed.

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<sup>90</sup> Cal. Code Regs., tit. 22, § 79023

<sup>91</sup> Bus. & Prof. Code §§ 2585-2586

<sup>92</sup> Commission on Dietetic Registration [www.cdrnet.org/](http://www.cdrnet.org/)

<sup>93</sup> RD/RDN experience equivalent to the "Board Certified Specialist in Pediatric Nutrition Eligibility Requirements". [Commission on Dietetic Registration \(cdrnet.org\)](http://www.cdrnet.org/)

<sup>94</sup> [Program Participation Requirements by Provider Type](#), Dietitians

<sup>95</sup> Journal of the Academy of Nutrition and Dietetics (2018). "Standards" [Academy of Nutrition and Dietetics: Revised 2017](#)

- g. Non-physician medical practitioners (NMPs) are optional core team members and may include CCS-paneled nurse practitioners (NPs) and physician assistants (PAs).<sup>96, 97, 98, 99, 100, 101</sup> Their qualifications and responsibilities for working in the CCS Program are delineated in the NLs related to NPs and PAs and in the specialty-specific SCC standards.<sup>102, 103, 104</sup>
- h. Additional core team members may include CCS-paneled physicians and/or allied health providers as described in the specialty-specific SCC standards.<sup>105</sup>
- i. The SCC must have the ability to consult and collaborate with CCS-paneled specialists, subspecialists, and support staff as delineated in specialty-specific SCC standards.<sup>106</sup>
- j. Consulting clinicians and support staff must be available to consult with the SCC multidisciplinary team, the patient, and/or the primary caregiver/guardian/representative as indicated, either face-to-face or via live and interactive telehealth conferencing. Visits with consultants must be completed within 90 days or sooner as ordered by the referring physician.<sup>107</sup>

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<sup>96</sup> Cal. Code Regs., tit. 22, § 51170

<sup>97</sup> Cal. Code Regs., tit. 22, § 51170.3

<sup>98</sup> Bus. & Prof. Code §§ 2834-2837

<sup>99</sup> Bus. & Prof. Code §§ 3500-3503.5

<sup>100</sup> Cal. Code Regs., tit. 22, § 51170.1

<sup>101</sup> [Non-Physician Medical Practitioners \(NMP\) \(non ph\)](#)

<sup>102</sup> [Nurse Practitioners Requirements CCS SCC NL 07-1023](#), or any superseding NL

<sup>103</sup> [Requirements for Certified Physician Assistants CCS SCC NL 08-1023](#), or any superseding NL

<sup>104</sup> CCS specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](#)

<sup>105</sup> CCS specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](#)

<sup>106</sup> CCS specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](#)

<sup>107</sup> Per Welf. & Inst. Code, § 14094.7: Quality measure to include Closed Loop Referrals as found in [CCS WCM MCP MOU TEMPLATE \(2024\)](#)

## D. SCC Facilities and Equipment

SCC facilities must have:

1. Designated areas available for the provision of medical, social work, nursing, and dietary assessment, management services, and other appropriate professional services.<sup>108</sup>
2. An identified isolation room or facility for patients who have or develop communicable diseases.<sup>109, 110</sup>
3. All routine services necessary for diagnostic evaluation and treatment of the SCC patient's CCS eligible condition(s) accessible on site at the facility for which the SCC is located. These may include, but are not limited to frequently utilized laboratory, imaging, procedural, rehabilitative, and infusion services.
4. Adequate and well-maintained equipment calibrated according to manufacturer guidelines.<sup>111</sup>
5. Medications, equipment, and an automated external defibrillator be immediately available to adequately address medical emergencies.
6. Appropriate storage and equipment including a refrigerator and freezer for medications and vaccines (if applicable).

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<sup>108</sup> 42 C.F.R § 482.41(d)

<sup>109</sup> Cal. Code Regs., tit. 22, § 42120

<sup>110</sup> 42 C.F.R § 482.42

<sup>111</sup> Cal. Health & Safety Code § 123840(j)

## E. SCC Patient Care Policies and Procedures

The SCC must have written policies and procedures including, but not limited to the following:<sup>112, 113, 114, 115</sup>

1. Intake:
  - a. Process for prioritizing patient referrals and ensuring timely access to care.
  - b. Initial patient and/or parent/guardian/representative contact and appointment scheduling of initial visit within 90 days of referral.<sup>116</sup>
  - c. Follow-up and rescheduling of missed appointments.
  - d. Privacy protection in accordance with the CCS Standards for hospitals.<sup>117</sup>
  - e. Consent Forms: following the principles outlined in the Code of Federal Regulations Section 482.13.<sup>118, 119, 120</sup>
  - f. Communication with the referring physicians and other specialists involved in the patient's care, including primary care, the agencies providing care to the patient, and the MCP (if applicable).
  - g. Interpreter services: To include how the SCC offers accessible interpreter services for all in-person and telehealth visits, as indicated.<sup>121, 122, 123, 124</sup>

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<sup>112</sup> Cal. Health & Safety Code § 1200

<sup>113</sup> Cal. Code Regs. Tit. 22, § 51115.1

<sup>114</sup> Cal. Code Regs. Tit. 22, § 70005

<sup>115</sup> Cal. Health & Safety Code § 1250

<sup>116</sup> Per Welf. & Inst. Code, § 14094.7: Quality measure to include Closed Loop Referrals as found in [CCS WCM MCP MOU TEMPLATE \(2024\)](#)

<sup>117</sup> Health Insurance Portability and Accountability Act of 1996 [PLAW-104publ191.pdf](#)

<sup>118</sup> 42 C.F.R § 482.13

<sup>119</sup> Cal. Health & Safety Code § 123930

<sup>120</sup> Cal. Code Regs., tit. 22, § 41510.4

<sup>121</sup> Cal. Health & Safety Code § 1259

<sup>122</sup> Cal. Code Regs. Tit. 28 § 1300.67.04

<sup>123</sup> Cal. Code Regs. Tit. 22, § 51098.5

<sup>124</sup> Cal. Health & Safety Code § 1367.03(4)



and must co-sign and provide an attestation indicating agreement with the visit documentation.<sup>129, 130, 131</sup>

- c. Telehealth visits may otherwise be offered as generally defined by the telehealth section of the Medi-Cal provider manual.<sup>132</sup> Telehealth visits must be scheduled in a manner that allows for a patient and their parent/guardian/representative, as indicated, to have a single continuous online clinical encounter, including all necessary SCC core team members, on the same day.

4. Family-centered treatment plans:<sup>133, 134</sup>

- a. The SCC core team must collaborate with the patient and/or parent/guardian/representative to develop a treatment plan and provide a treatment plan summary to the patient and/or parent/guardian/representative at the initial and all follow-up visits.
- b. The treatment plan summary must include how to contact the SCC, information related to upcoming appointments scheduled through the SCC, and a written emergency care plan with home emergency instructions for the patient and/or parent/guardian/representative.<sup>135</sup>
- c. The treatment plan must demonstrate the coordination of care and services between individual team members, the SCC as a team, other SCCs, the MCP (if applicable), the patient's primary care provider, community health care providers, and local agencies. It must also include an effective mechanism for

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<sup>129</sup> [Centers for Medicare & Medicaid Services \[CMS\] \(2023\). Updates for Split or Shared Evaluation and Management Visits. MM13592](#)

<sup>130</sup> [CMS Medicare Physician Fee Schedule Final Rule Summary: CY 2024. MM13452](#)

<sup>131</sup> [Medicare Claims Processing Manual](#). See Chapter 12, Section 30.6.1.B.

<sup>132</sup> Medi-Cal Medicine: Telehealth Policy [Medicine: Telehealth \(medne tele\) \(ca.gov\)](#)

<sup>133</sup> Cal. Code Regs., tit. 22, § 42000

<sup>134</sup> Cal. Health & Safety Code § 123840

<sup>135</sup> [Children and Youth with Special Healthcare Needs in Emergencies | CDC](#)

referrals for counseling and/or behavioral health service providers, as indicated.<sup>136, 137, 138, 139</sup>

5. Team Case Conferences:

- a. Multidisciplinary team case conferences must:
  - i. Be held with an established mechanism for scheduling and rescheduling and identifying the cases to discuss in advance.
  - ii. Be led by the SCC **medical director** and be comprised of **all** core team members meeting on a single day and held after the comprehensive evaluation has been completed to set coordinated treatment goals, plan for delivery of services, and ensure continuity of care.
- b. Family-centered team conferences, when performed, must:
  - i. Include, at a minimum, the patient and parent/guardian/representative, as appropriate;
  - ii. Ensure coordination of decision-making regarding delivery of health care services that team members, allied health professionals, and the patient and/or parent/guardian/representative have identified; and
  - iii. Have a documented summary of the meeting in the patient chart and any updates to the individualized treatment plan provided to the patient and/or primary caregiver.
- c. Team conferences may be performed in person or via interactive online conferencing.

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<sup>136</sup> Cal. Code Regs., tit. 22, § 41510.4

<sup>137</sup> Cal. Health & Safety Code § 123805

<sup>138</sup> Outpatient Mental Health Services as CCS Benefits CCS Numbered Letter 11-1002

<sup>139</sup> CCS Numbered Letters can be found at: [CCS Numbered Letters \(ca.gov\)](#)

6. Multidisciplinary team conference reports must:<sup>140</sup>
  - a. Include the relevant diagnoses, medical assessment, nursing assessment, nutrition assessment, and psychosocial assessment, including cognitive assessment with identification of any developmental disabilities.
  - b. Include recommendations and the treatment plan of all core team members for the next six (6) to twelve (12) months, including anticipated surgical procedures and hospitalizations.
  - c. Include individual summaries submitted by consultants and other health professionals, as indicated, for each patient encounter and/or consultation.
  - d. Be sent to the CCS county program in which the patient resides within ten (10) business days following the initial and annual visits. This report is used to complete the CCS medical eligibility determination and annual redetermination, and for case management, as indicated. Upon request, the report must also be submitted to the DHCS Integrated Systems of Care Division (ISCD) within five (5) business days from the date the request is received.<sup>141, 142</sup>
  - e. Be made available to the SCC consulting CCS-paneled physicians, the primary care provider, other parties participating in the patient's care, and the MCP for their patients residing in WCM counties as indicated.
7. Transition to adulthood:
  - a. The SCC must support adolescent and young adult patients between the ages of 14 and 20 years old in the transition into appropriate adult healthcare settings and services.<sup>143, 144, 145, 146</sup>

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<sup>140</sup> Cal. Health & Safety Code § 123925

<sup>141</sup> Welf. & Inst. Code, § 15842

<sup>142</sup> [CCS NL 10-1224: CCS WCM](#), or any superseding NL

<sup>143</sup> CCS Information Notice: Statewide Guidelines for Health Care Transition Planning [CCS info notice 10-02 Transition planning with attachments](#)

<sup>144</sup> Cal. Health & Safety Code §§ 125125-125191

<sup>145</sup> [Genetically Handicapped Persons Program](#)

<sup>146</sup> Cal. Code Regs., tit. 17, § 2931

- b. The SCC transition policy must include, but is not limited to:
  - i. Criteria for patients who require transition services;
  - ii. Delineation of roles and responsibilities of the team members in transition planning; and
  - iii. Timeline for transition planning.
- c. The SCC must have a documented transition plan of care that addresses patient needs, timeline, and assists patients and/or primary caregivers in coordinating next steps. This must be sent to the patient's primary care provider and adult provider for continuity of care.<sup>147</sup>
- d. The transition plan must be included in both the patient's treatment plan and multidisciplinary team conference report, which must be sent to the County CCS Program and made available to other parties participating in the patient's care, as discussed above in this section, E.7.d-e.<sup>148, 149, 150</sup>
- e. SCCs serving patients with Genetically Handicapped Persons Program (GHPP) eligible conditions must share information about the GHPP with each patient before their 21<sup>st</sup> birthday.<sup>151, 152, 153</sup>

## F. SCC Quality Improvement and Quality Assurance

1. SCC-specific Quality Improvement (QI) and Quality Assurance (QA) activities must be integrated into the SCC. The SCC must describe how opportunities for quality assurance and quality improvement are identified, implemented, and subsequently evaluated.<sup>154, 155</sup>

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<sup>147</sup> For more information on/examples for transition logs. See: [Got Transition®](#)

<sup>148</sup> County type can be found in the following: [County Offices](#)

<sup>149</sup> [CCS Program Transition of Care from Pediatric to Adult Health Care FAQ](#)

<sup>150</sup> [CCS Whole Child Model Webpage](#)

<sup>151</sup> Cal. Code Regs., tit. 22, § 2932

<sup>152</sup> [Genetically Handicapped Persons Program](#)

<sup>153</sup> Cal. Health & Safety Code §§ 125125-125191

<sup>154</sup> Cal. Health & Safety Code § 123925

<sup>155</sup> Cal. Code Regs., tit. 22, § 51207(a)(3)

2. QA may include tracking of specific services such as behavioral health, dental health, and durable medical equipment, including when referred and if/when attained.<sup>156, 157, 158</sup>
3. The SCC core team members must collaborate and conduct quality meetings, at minimum quarterly, to include the following:
  - a. Identification of opportunities to improve patient care by analyzing ways to prevent, detect, and correct issues in the quality of services provided;
  - b. Comparison of present practices to current evidence-based policies, guidelines, and care pathways;
  - c. Demonstration of a culture of continuous performance improvement;<sup>159</sup> and
  - d. Meeting minutes to be submitted with the initial SCC application, for CCS re-approvals, and when additional review is indicated due to quality concerns.
4. The SCC must submit annual QI and/or QA clinical outcome data and/or project reports to DHCS as described in specialty-specific SCC standards.<sup>160</sup>
5. The SCC must provide a QI/QA project report that includes a narrative articulating:
  - a. Current QI/QA processes and procedures, including but not limited to how QI/QA projects are developed, prioritized, and approved;
  - b. Identified need that the QI project addresses (stated problem);
  - c. Evaluation plan, projected outcomes, and timeline for project completion; and
  - d. Summary of data, analysis, discussion, and conclusions.

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<sup>156</sup> Outpatient Mental Health Services as CCS Benefits CCS Numbered Letter 11-1002

<sup>157</sup> Revised CCS Guidelines for Recommendations and Authorization of Rental or Purchase of Durable Medical Equipment- Rehabilitation [CCS NL 09-0703](#), or any superseding NL

<sup>158</sup> Changes in CCS Dental and Orthodontic Service Authorizations and Claims Processing [CCS NL 06-1004](#), or any superseding NL

<sup>159</sup> Cal. Code Regs., tit. 22, § 51207(a)(3)

<sup>160</sup> CCS specialty-specific SCC standards can be found at: [Provider Standards \(ca.gov\)](#)

6. The SCC may be required to submit additional data and cases for quality review.<sup>161</sup>
7. The SCC must submit required QI/QA data/reports to the CCS FEU inbox at: [CCSFacilityReview@dhcs.ca.gov](mailto:CCSFacilityReview@dhcs.ca.gov).

If you have any questions regarding this CCS policy document, please email the DHCS Integrated Systems of Care Division Medical Policy Branch team at [ISCD-MedicalPolicy@dhcs.ca.gov](mailto:ISCD-MedicalPolicy@dhcs.ca.gov).

**Attachment A** - California Children's Services Satellite Special Care Center Policy

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<sup>161</sup> Cal. Code Regs., tit. 22, § 51207(a)(3)