

<p style="text-align: center;"><b>Seaside Health Plan Policies and Procedures</b></p>	<p><b>Effective Date:</b> May 17,2013</p> <p><b>Note: For origination date see History at the end of Policy</b></p>
<p><b>SUBJECT:</b>  CALIFORNIA CHILDREN'S SERVICES (CCS)</p>	<p><b>Approval Signature:</b>  Barry Smith, MD Chief Medical Officer</p>
<p><b>Manual:</b> Utilization Management</p> <p><b>Policy/Procedure #</b> UM-250</p> <p><b>Section:</b> Carve Out</p>	<p><b>Sponsor Signature:</b>  Kimberly Ward, RN Director Utilization Management</p>
<p><input checked="" type="checkbox"/> <b>COMMERCIAL</b>    <input checked="" type="checkbox"/> <b>HEALTHY FAMILIES</b>    <input checked="" type="checkbox"/> <b>MEDI-CAL</b>    <input type="checkbox"/> <b>MEDICARE</b></p>	

**AUTHORITY**

CCR Title 22, Section 41510 and 51013  
CCR Section 123800

**POLICY**

The California Children Service (CCS) Program provides medically necessary services and case management for Medi-Cal beneficiaries with: CCS-eligible conditions or diagnoses who meet program eligibility requirements.

CCS services are excluded (“carved-out”) to Medi-Cal. Seaside participating providers are responsible for performing preliminary baseline health assessments and diagnostic evaluations to ascertain evidence or suspicion of a CCS-eligible condition or diagnosis. Potentially eligible members are referred to the local CCS Program for eligibility determination, comprehensive case management and prior authorization of services.

Seaside coordinates care with CCS and participating providers, who continue to provide primary and specialty care services until eligibility is established with the CCS program. Once CCS eligibility has been established, CCS services are carved out. The member's PCP continues to be responsible for all health care needs and services unrelated to the specific CCS-eligible condition or diagnosis, coordinating care with the CCS case manager. There is documentation in the medical record that the PCP is aware of members CCS status, or that the PCP was the referring MD to CCS.

CCS services are authorized from the date the referral is made to the county CCS program, except for emergency services and services rendered after hours. CCS authorized services

must be provided by CCS paneled providers and/or in CCS approved facilities or special care centers. All potential or actual CCS cases are referred to CCS and the Health Plan within 24 hours of identification. The Seaside CCS Case Manager is responsible for notifying the Utilization Management staff of the CCS referral/case and the outcome.

Seaside will comply and submit CCS logs as required by health plans.

## **PROCEDURE**

### **I. Public Health Coordination**

A. Seaside UM Staff collaborate with the County CCS Program to:

1. Communicate with CCS, as stipulated in the county's Public Health Agreement, in order to facilitate optimal data and information exchange;
2. Provide in-service training to Seaside internal staff and participating providers;
3. Provide reports to Seaside Quality Council;
4. Provide website for staff and providers to educate regarding current CCS changes; <http://www.dhs.ca.gov/pcfh/cms/ccs/>

### **II. Member Identification**

A. Seaside participating providers identify members with CCS eligible conditions based on CCS criteria (listed in the Provider Manual) and arrange for their timely referral to the county CCS Program.

B. Seaside members who are potentially CCS eligible may be identified by any of the following resources:

1. Members
2. During initial health assessments
3. PCPs and Specialists
4. Inpatient admissions (concurrent review)
5. UM Dept. referral/authorization data
6. Claims data
7. School-based programs
8. Regional Centers
9. Member Service (interface with health plan partner)

### **III. Referral Process**

A. Referrals to the CCS program are accepted from any source (PCP, other medical providers, family members or any of the above sources)

B. Seaside PCPs and UM staff identify and refer, in a timely manner (within 24 hours of notification/identification), potentially eligible children to the local CCS office. They inform the family and encourage their participation in the application process and program. Seaside UM staff is available to assist PCPs with the referral process.

- C. A complete referral from Seaside UM- CCS Case Manager to CCS includes:
1. CCS referral form or letter with required demographic information
  2. Diagnosis or explanation of medical condition for which the child is being referred
  3. Current, relevant medical records
  4. Delineation of service(s) being requested
  5. Treating physician, if known (name of the CCS paneled provider)
  6. Referral source's name, address and telephone number
  7. Name of Health Plan
  8. Application for services (if available, completed by the parent or legal guardian)
- D. If the member does not meet CCS program eligibility criteria, Seaside Case Managers assist the PCP or specialist in evaluating the availability of other programs and services, as needed.
- When services are not covered by CCS eligible members, there is documentation in the medical record of appropriate specialty provider referral.
- E. The PCP or specialist is responsible for ensuring continuity of care during the time the local CCS Program is determining eligibility status.
- F. If a member is identified with a CCS eligible condition but has not been referred to CCS and is not currently in the program, Seaside CCS Case Manager facilitates the CCS referral, in collaboration with the PCP and office staff, within 24 hours and 48 hours of identification, for Healthy Families and Medi-Cal, respectively.
- G. If the member is currently in the CCS Program, but the PCP is not aware that the member is receiving services through the CCS program, Seaside CCS Case Manager notifies the PCP for coordination of care with the approved CCS provider.
- H. For those members who are directly referred to CCS by other sources, Seaside requests that the CCS liaison notify the CCS Case Manager within 48 hours, to promote the coordination of services.

#### **IV. Acceptance into the CCS Program and Authorizations**

- A. When members are accepted into the CCS Program, CCS initiates contact with the child's family/legal guardian to request completion of the program application.
- B. Once CCS eligibility is determined by the county CCS program, CCS assumes case management, including prior authorization of all services related to the CCS condition.
- C. All CCS services require prior authorization, with the exception of emergency services and services rendered after CCS office hours. The CCS program must be notified, within 24 hours that an emergency service was rendered, in order for CCS to cover emergency services rendered on that day.
- D. All CCS services must be rendered by CCS paneled providers, CCS approved facilities and/or special health care centers.

- E. The CCS Program reviews requests for medical services and mails written notification of authorization or denial to the CCS paneled provider, the child's family/legal guardian and Seaside.

#### **V. Case Review after CCS Denial**

- A. When CCS determines that a referred member is ineligible for CCS services, the CCS program sends a *Notice of Action* to the member's legal guardian and notifies Seaside of that decision.
  - 1. If the PCP, or the Seaside Medical Director, determines that the eligibility decision was appropriate, the PCP or specialist collaborates with the UCMG assigned case manager to develop a care management plan.
  - 2. If the PCP, or Seaside Medical Director, disagrees with CCS regarding their decision, he/she attempts to resolve the issue at the local level with the CCS Medical Consultant.
    - a. In the case where no resolution is obtained between the Seaside CCS Case Manager and CCS PHN the issue is referred to the Seaside Medical Director and the CCS Medical Consultant for review and action. If resolution still does not occur, Seaside initiates the problem resolution process.
    - b. In the absence of a PCP, Seaside Medical Director attempts to resolve the issue with the local CCS Medical Consultant. If resolution does not occur at this level, Seaside initiates the problem resolution process.

#### **VI. Case Management**

- A. Seaside Case Managers:
  - 1. Confer with local CCS Case Managers to facilitate coordination of services and continuity of care.
  - 2. Assist the PCP/specialist with coordination of care for non-CCS-related conditions, CCS services and additional services as appropriate.

#### **VII. Out-of-Area CCS Case Management Coordination**

- A. Seaside Case Managers are available to coordinate care for CCS-related conditions when CCS Case Managers authorize services out of the member's local service area.
- B. Seaside Case Managers coordinate with CCS Case Managers and the member's PCP when CCS-eligible members access out of area emergency services.

#### **VIII. PCP Responsibilities**

- A. Seaside participating PCPs are responsible for the following:

1. Identify children with CCS eligible conditions;
2. Provide a complete baseline health assessment and diagnostic evaluation sufficient to ascertain the evidence or suspicion of a CCS-eligible condition;
3. Refer children with CCS-eligible conditions to the county CCS program in a timely manner;
4. Forward documentation pertaining to the identified CCS condition or diagnosis to the county CCS program;
5. Provide information about CCS to the member's family and or legal guardian, and assist them with the CCS program application, as needed;
6. Provide all medically necessary services to the enrolled child until CCS program eligibility is determined;
7. Provide primary care services, referral and coordination of necessary specialty care not related to the CCS-eligible condition, once CCS eligibility has been determined;
8. Notify Seaside of all CCS referrals in order to ensure coordination of services between the PCP, the CCS panel providers and the county CCS program.
9. Develop and implement procedures for tracking the identified children and the services provided to them in order to ensure coordination and continuity of care.
10. Ensure appropriate documentation in the member's medical records relating to the diagnosis and care of the CCS-eligible condition.
11. Respond to requests from CCS Case Managers to coordinate and provide necessary medical records relating the CCS diagnosis or condition.
12. Communicate and coordinate services with the CCS panel provider.
13. If services are covered by CCS eligible members there is summary and/or documentation from CCS Paneled Physician on medical record or notes by PCP documentation discussion or results from CCS provider.
14. Indication that the child is receiving routine PCP health services:
  - a. A complete Physical Examination/periodic care
  - b. Preventive Health Services (e.g. Immunization, screenings)

**History:** New

**Origination Date:** May 17, 2013