

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Children’s Services – CCS Referral and Coordination of Care with County CCS Offices and CA Children’s Services – CCS Referrals (Utilization Management) – CA	
Effective Date 12/01/1995	Date of Last Review 02/06/2024	Date of Last Revision 06/09/2024	Dept. Approval Date 06/09/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Medicaid Medical Management (which includes both Utilization Management (UM) and Case Management (CM) and CCS team) Department staff members identify children with potentially CCS-eligible conditions and arrange for their timely referral to the local or dependent CCS office. California Children’s Services (CCS) are carved out services of the managed care health plan.

CCS-paneled physicians and approved tertiary care medical centers in the local communities that meet CCS Program standards deliver CCS Services. Members remain enrolled with Anthem Blue Cross for purposes of receiving primary care and other health care services unrelated to the CCS eligible condition(s).

DEFINITIONS:

California Children Services (CCS): those services authorized by the CCS program for the diagnosis and treatment of the CCS eligible conditions of a specific member.

California Children Services (CCS) Eligible Conditions: a physically handicapping condition defined in Title 22, California Code of Regulations (CCR) Section 41800. Examples of CCS-eligible conditions include, but are not limited to, chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major sequelae. CCS also provides medical therapy services that are delivered at public schools.

California Children’s Services (CCS) Program: the public health program which assures the delivery of specialized diagnostic, treatment, durable medical equipment, pharmacy and

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therapy services to financially and medically eligible children under the age of 21 years who have CCS eligible conditions.

CCS-Paneled Facility: All CCS paneled facility have been determined by the CCS program to meet the advanced education, training, and/or experience requirements for his/her provider type in order to render services to a CCS applicant or client.

CCS-Paneled Physician: A Board Certified or Board Eligible physician who is approved by CCS to treat persons with CCS eligible conditions.

Tertiary Medical Care: A level of medical care that would be available only in large medical care institutions. Included would be techniques involving methods of therapy and diagnosis involving equipment and personnel that would not be economically feasible to have in a smaller institution because of lack of utilization.

PROCEDURE:

I. Identification of Members for CCS Eligibility:

- A. The CCS Program has three (3) primary components in which member’s may be eligible to participate:
 - 1. **Approved Special Care Centers (SCC)** – For children who need multi-disciplinary, multi-specialty care are required by CCS to receive their care at an approved special care center provide comprehensive, coordinated health care to California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) clients with specific medical conditions. SCCs are organized around a specific condition or system. SCCs are comprised of multi-disciplinary, multi-specialty providers who evaluate the client's medical condition and develop a family-centered health care plan to facilitate the provision of timely, coordinated treatment.
 - 2. **Medical Therapy Program (MTP)** – MTP provides physical and occupational therapy and comprehensive team services to children with specific physical disabilities, such as cerebral palsy, that require rehabilitation. The team physicians are specialists experienced in the treatment of chronically handicapped children. The team performs examinations and prescribes physical therapy (PT), occupational therapy (OT), durable medical equipment (DME) and other interventions to treat the child’s eligible condition.
 - 3. **High Risk Infant Follow-up Program (HRIFP)** – HRIFP provides follow-up to infants up to three years of age who are discharged from a Neonatal Intensive

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Care Unit without a CCS-eligible condition but who are at risk for developing a CCS-eligible condition such as cerebral palsy. Follow-up services include developmental assessment, neurology, ophthalmology and audiology evaluations.

II. Deferral to CCS

- A. When a request for authorization is received by the Medical Management Department for a Medi-Cal member who is under the age of 21, the Medical Management Department staff member checks the member's diagnosis and the requested procedure against a list of possible CCS eligible diagnoses and procedures.
- B. If the member's diagnosis or the requested procedure is on the list of possible CCS eligible conditions, the Medical Management Department staff will:
 - 1. Defer request that are a carve out of Anthem managed care plan to CCS. The determination of status of request is changed to “Pending CCS Determination”. At this time deferral letters are generated and sent out to the member, servicing provider, and requesting facility of CCS deferral citing regulations.
 - 2. In addition to the mail notification, up to three calls are made to provider within three consecutive business days to confirm provider is avoiding delay in care pending CCS determination. If additional clinical is needed, request is made at the time for provider to send supporting records of request that are obtained by the nurse to forward to CCS. Documentation of each contact made to provider is noted in the case note.
 - 3. If provider confirms to avoid delay in care for member pending CCS determination the CCS liaison team will follow case until CCS determination is made by checking status of the request weekly with CCS.
 - 4. If provider will not render services until authorization is in place, CARN will notify Lead/Manager of potential delay in care. It is discussed if case is to be ran for medical necessity using Anthem criteria.
 - 5.
- C. If the member’s diagnosis or the requested procedure is not on the list of possible CCS eligible conditions, the Medical Management department staff will:
 - 1. Verify that the case does not meet CCS eligibility criteria.
 - 2. The request for services will be reviewed by the Anthem UM staff for medical necessity.

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- D. Anthem providers will ensure that all medically necessary covered services are provided to the member if the local CCS program does not approve CCS program medical eligibility. If the local CCS program denies medical eligibility, Anthem remains responsible for providing and reimbursing for the cost of the requested services if it is determined to be medically necessary.
- E. If medical eligibility for the CCS program is established, Anthem will continue to provide all covered services that are not authorized by the CCS program and must ensure the coordination of services and joint case management between the member’s PCP, CCS providers and the local CCS program. Anthem will, as necessary arrange for all in-home nursing hours authorized by the CCS program that a member desires to utilize.

REFERENCES:

- CA Health & Safety Code, Sections 123800-123995
- CA Medicaid Policy #CA_CAXX_004 “CA Children’s Services – CCS Referral and Coordination of Care with County CCS Offices and CA Children’s Services – CCS Referrals”
- CA Provider Manual 2023
- CCS Medical Eligibility Matrix
- Department of Health Care Services (DHCS): Central Valley/Bay Area, Tulare, Sacramento, and Tri-County (Fresno, Kings, and Madera) Contracts, Exhibit A, Attachment III, Section 4.3.15
- DHCS LA Care Contract, Exhibit A, Attachment III, Section 4.3.15
- Medi-Cal Member Services Guide/Evidence of Coverage, Effective 2023

RESPONSIBLE DEPARTMENTS:

Primary Department: Utilization Management (UM)

Secondary Department(s): None

EXCEPTIONS:

None

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REVISION HISTORY:

Review Date	Changes
06/09/24	<ul style="list-style-type: none"> • Off-Cycle Review • Updated policy name from “CA Children's Services - CCS Referral and Coordination of Care with County CCS Offices and CA Children's Services - CCS Referral (Utilization Management)” to “Children's Services - CCS Referral and Coordination of Care with County CCS Offices and CA Children's Services - CCS Referral (Utilization Management) – CA” • Updated Procedure section to reflect process for ensuring that care is not delayed once a case is deferred to CCS • Removed CM as a secondary department
03/27/24	<ul style="list-style-type: none"> • Annual Review • Updated Definitions and Procedure sections
05/31/23	<ul style="list-style-type: none"> • Off-Cycle Review • Updated Procedure section • Added language on CCS denials (section II, D) • Added language that once CCS eligibility is established, Anthem will ensure coordination of services and joint CM with PCP, CCS providers and CCS program (section II, E) • Added language that upon member’s request, Anthem will arrange for in-home nursing hours authorized by CCS that member wants to utilize (section II, E) • Updated References section
03/31/23	<ul style="list-style-type: none"> • Annual Review • Updated policy name from “CA Children's Services - CCS Referral and Coordination of Care with County CCS Offices and CA Children's Services - CCS Referral” to “CA Children's Services - CCS Referral and Coordination of Care with County CCS Offices and CA Children's Services - CCS Referral (Utilization Management)” • Updated dates under References section from 2022 to 2023 • Updated primary department from “Medical Management: Utilization Management (UM) & Case Management (CM)” to “Utilization Management (UM)” • Added “Secondary Department(s)” sub-header under Responsible Departments section to match template; added “Case Management (CM)” as a secondary departments

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Review Date	Changes
03/24/22	<ul style="list-style-type: none"> • Annual Review • Updated references and placed in alphabetical order
03/10/21	<ul style="list-style-type: none"> • Annual Review, no changes
03/11/20	<ul style="list-style-type: none"> • Annual review • Changed title from “California Children’s Services (CCS) – Identification and Referral to Case Management – CA” to “CA Children’s Services – CCS Referral and Coordination of Care with County CCS Offices and CA Children’s Services – CCS Referrals” • Updated references
03/06/19	<ul style="list-style-type: none"> • Annual Review • Updated References
03/20/18	<ul style="list-style-type: none"> • Annual Review • Updated references
03/31/17	<ul style="list-style-type: none"> • Added "carved out of the managed health care plan" • Added pharmacy • Updated EOC reference
04/29/16	<ul style="list-style-type: none"> • Annual Review. Updated EOC Date
05/30/15	<ul style="list-style-type: none"> • Deleted Healthy Families • Corrected High Risk Infant Follow-up program abbreviation • Changed date to provider manual
05/19/14	<ul style="list-style-type: none"> • Updated Company name as per a compliance directive • Removed reference to WMDS and replaced with medical management documentation system to be more general. • Updated References
06/10/13	<ul style="list-style-type: none"> • Expanded definition of CCS-paneled physician. • Added DME to CCS Definition • Updated references
08/30/12	<ul style="list-style-type: none"> • Changed reference from Anthem Blue Cross State Sponsored Business to Anthem Medicaid. • Updated format for improved flow • Updated definitions to match contract language and added definitions for CCS Eligible Conditions, and CCS • Corrected grammar/spelling errors • Updated references • Added revision history to policy

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