California Children’s Services Program
A guide for health care providers

Understanding the Interface between CCS and Medi-Cal Managed Care, Healthy Families and the Healthy Kids Program.
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Information excerpted from the State Department of Health Services CCS/GHPP Provider Manual, CMS Procedure Manual, MMCD Letter No. 96-10, and CCS Medical Eligibility Regulations. This document has been developed solely to help providers understand and use the CCS program. It is not an authoritative statement.
Introduction

Health Net would like to take this opportunity to provide you with important referral and reimbursement information for services you provide to children enrolled in Medi-Cal, Healthy Families Program or Healthy Kids Program plans who are eligible for care through the California Children’s Services (CCS) program.

The CCS program is a state and county-funded program that serves children and their families who have acute and chronic conditions such as cancers, congenital anomalies, cardiac, metabolic, and hematological conditions that may benefit from specialty case management. Other conditions such as prematurity and seizure disorders are eligible based on acuity. For a more detailed listing of eligible conditions, refer to the Medical Eligibility Summary section, review information found in Health Net's Operations Manual (available on the provider portal of the Health Net Web site, www.healthnet.com), or review regulations listed in Title 22, Sections 41508 through 42801, at http://www.oal.ca.gov/.

State statutes and contracts require that CCS program services are carved-out of all Healthy Families Program plans and most Medi-Cal Managed Care plans. Therefore, if you suspect a possible CCS-eligible condition, you must refer the child to the local CCS program or payment may not be made. Healthy Families Program statutes require prior authorization for children with CCS-eligible conditions; however, for emergency conditions, referral is required by the next business day.

After CCS determines medical, financial and residential eligibility, CCS will review and authorize CCS-related services. Children with medically eligible conditions are referred to CCS-paneled providers, Special Care Centers and approved hospitals. Hospitalization, if necessary, will only be authorized at CCS-approved facilities. Board-eligible specialty providers, board-certified pediatricians or internal medicine physicians may qualify to become CCS-paneled providers. Interested practitioners may contact Ana Clark, R.N., PHN, Manager Public Health Programs, or the local CCS program medical consultant for assistance in this area.

If you are interested in receiving training or more information on CCS and managed care, contact Ana Clark, R.N., PHN, at (909) 890-4151 or Ana.Clark@healthnet.com.

ACKNOWLEDGEMENTS

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California Children’s Services (CCS) Program Overview

WHAT IS THE CCS PROGRAM?

California Children's Services (CCS) is a statewide tax-supported program that pays for specialty health care services for eligible children and young adults with serious and/or chronic medical conditions. The CCS program is open to anyone under age 21 who meets the CCS program categorical eligibility requirements.

CCS SERVICES ARE CARVED-OUT

CCS services are “carved-out” of the plans’ responsibilities when a child is enrolled in Medi-Cal Managed Care, the Healthy Families Program or Healthy Kids Program. “Carved-out” means that the services to treat a child's CCS-eligible condition are excluded from the plan's financial responsibility. CCS services are authorized and paid by the CCS program, once CCS eligibility is determined. The member remains enrolled in the plan and the primary care physician (PCP) is responsible for providing primary care, preventive services and services not related to the CCS-eligible medical condition.

CCS PROGRAM ELIGIBILITY

The local county CCS medical consultant or designee determines medical eligibility for the CCS program. Once CCS eligibility is determined, the CCS program assumes case management responsibilities, including prior authorization and payment for services related to the CCS condition.

PRIOR AUTHORIZATION IS REQUIRED FOR ALL CCS SERVICES

Prior authorization is required for all CCS services. Services are authorized starting from the date of referral, with specific criteria for urgent and emergency referrals. CCS services are delivered by CCS-paneled providers, CCS-approved facilities and Special Care Centers.

Referral for emergency services or after-hours care must be made to the CCS program on the next business day and must include appropriate documentation substantiating emergency or urgent care. CCS providers are reimbursed at fee-for-service rates for the care of the CCS-eligible condition. The local CCS office handles authorization and payment for services.

WHO IS ELIGIBLE FOR CCS SERVICES?

Healthy Families and Medi-Cal Managed Care members are eligible for CCS services. Healthy Kids members may be eligible for CCS (see below). The program is also open to anyone who meets the following requirements:

1. Age
   Children from birth to their 21st birthday.

2. Medical Condition
   The child must have a medical condition that is covered by CCS. Refer to CCS Medical Eligibility Regulations on page 11

   • Complications of Premature Birth
     Examples: Serious illnesses of newborns, including respiratory distress syndrome

   • Congenital Conditions
     Examples: Metabolic diseases, birth defects such as congenital heart disease, cleft lip/palate, spinal defects, clubfeet
• **Complications Resulting from Accidents, Poisonings and Violence**
  Examples: Paralysis, burns, fractures, head injuries, near-drowning

• **Chronic Illnesses, Severe or Disabling Diseases**
  Examples: Diabetes, cancer, cerebral palsy, arthritis, cystic fibrosis, renal disease, inflammatory bowel disease

3. **Residential**
   The child must be a permanent resident of California and reside in the county where he or she is receiving CCS services.

4. **Financial**
   Healthy Families and Medi-Cal Managed Care members automatically meet CCS financial eligibility.

   Children enrolled in the Healthy Kids Program must meet the following financial eligibility criteria:
   - Annual family income of less than $40,000 (reported as adjusted gross income on state tax form)
   - Annual family income of greater than $40,000 but the estimated out-of-pocket expense for the treatment of the CCS condition exceeds 20 percent of the family’s adjusted gross income

   **Financial eligibility is not required for children in the following categories:**
   - Members enrolled in the Healthy Families Program and Medi-Cal Managed Care
   - Diagnostic evaluations to establish CCS medical eligibility diagnosis (a $20 assessment fee may apply in some situations)
   - High Risk Infant Follow-up Program
   - Medical Therapy Program limited to physical and occupational therapy
   - Adopted children with CCS-eligible conditions present at the time of adoption
   - Immunization adverse reaction

Children with private health insurance or no insurance may be eligible for the CCS program if they meet all the CCS criteria listed above. Parents or guardians of children enrolled in HMOs need to submit written denials from the HMO that are specific to the benefit or service requested from CCS. The HMO is the primary payer and CCS is the payer of last resort.

Medical, residential and financial eligibility is re-determined annually by the CCS program regardless of the continuation of the child’s Medi-Cal, Healthy Families or Healthy Kids eligibility.

Babies born to mothers enrolled in the Access for Infants and Mothers (AIM) program on or after July 1, 2004, are eligible to enroll in the Healthy Families Program. The newborn is covered from birth; however, the baby's coverage will not begin until the Healthy Families Program receives the required information and premium payment. CCS is responsible for authorizing and paying for health care services for infants born to AIM mothers who become Healthy Families Program subscribers and are CCS eligible. CCS services are carved-out from the health plans’ contracts for children enrolled in the Healthy Families Program. Health care services that are provided prior to referral to the CCS program are not denied on the basis of lack of timeliness; however, the services must be delivered by a CCS-paneled provider and/or approved facility (see CCS Numbered Letter 24-0905 for more information).

**WHAT SPECIFIC SERVICES DOES CCS AUTHORIZE FOR PAYMENT?**

1. **Diagnostic Services**
   Diagnostic services are provided upon evidence or suspicion that a CCS-eligible condition exists. Studies are necessary to establish the diagnosis of a CCS-eligible condition and to develop a treatment plan. These services may be completed on an outpatient or inpatient basis with prior authorization. Diagnostic services include examinations, laboratory tests and radiographs.
2. Treatment Services Require Prior Authorization

Treatment services by CCS-paneled physicians and CCS-approved facilities for CCS-eligible conditions require prior authorization. There are three different types of Service Authorization Request (SAR) forms used by providers to request authorization from the CCS program. The SAR forms are available online on the Children's Medical Services (CMS) Branch Web site: http://www.dhs.ca.gov/pcfh/cms/ccs/publications.htm.

a. California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) New Referral SAR form is used when referring a potential CCS member suspected of having a CCS-eligible medical condition to the CCS program with the initial service authorization request. The case may be opened by the CCS program for either diagnostic or treatment services.

b. CCS/GHPP Established Client SAR form is used when a CCS provider is requesting authorization for specific services related to the treatment of the child's CCS-eligible medical condition. An established client SAR should be completed for the following services:

- Hospital admissions
- Surgeries
- Transplants
- Extension of services (A new SAR number will be issued)
- Medical services related to the CCS-eligible medical condition
- The following prescription drugs require prior authorization when prescribed separately or included in a compound: Carnitine, Epogen, Procrit, GnRH-Agonists, RSV Immune Globulin, Nutropin, Somatrem (Protropin), Somatropin (Humatrope), Synagis, Intrathecal Baclofen, Pulmozyme, Botulinum Toxin Type A, Botulinum Toxin Type B, Factor VIII (Human), Factor VIII (Porcine), Factor VIII (Recombinant), Factor IX Complex, Other Hemophilia Clotting Factors, Antithrombin III (Human), Recombinant Antihemophilic Factor, Factor Vila Recominant (NovoSeven), Immune Serum Globulin

c. CCS/GHPP Discharge Planning SAR form is used when a CCS provider is requesting specific services for a child being discharged from an inpatient hospital stay. These services may include, but are not limited to:

- Home health agencies services
- Durable medical equipment (DME)
- Orthotics
- Medical supplies
- Community services
- Other medically necessary services related to the CCS-eligible medical condition

d. Inpatient Hospital Authorizations

For elective hospital admissions, submit written request to CCS prior to the scheduled date of admission. There are two components to authorizations for an inpatient hospital stay:

1. The CCS-paneled physician with primary responsibility for the care of the CCS member while the member is hospitalized is required to get authorization from the CCS program. For surgical procedures, the SAR must include all specific procedures anticipated for the surgery.

2. The CCS-approved hospital is also required to request authorization from the CCS program for the anticipated length of stay of the CCS-eligible member. If the CCS member requires additional time in the hospital, the hospital must request an inpatient hospital authorization extension.

e. Outpatient Surgery Authorizations

1. The CCS-paneled physician must request authorization for the surgery and include specific procedure codes for each anticipated service and the specific time period during which the surgery can take place.
2. The outpatient surgery facility must also request authorization for the same period of time as the physician.

f. Treatment Services by Allied Health Professionals

Authorized when the services are a CCS benefit and prescribed by a CCS-paneled physician. Examples of services include:

- Therapy services (physical, occupational and speech therapy)
- Social worker services
- Nutritionist consultations
- Laboratory tests, X-rays, prescriptions
- Home health services
- DME and medical supplies
- Prosthetics and orthotics
- Audiology services, hearing aids and batteries
- Pharmacy services, including prescription drugs and special nutrition products

3. Medical Therapy Program (MTP)

Physical and occupational therapy services are provided at Medical Therapy Units (MTU) located on public school campuses as part of an interagency agreement with the California Department of Education. Financial eligibility is not required for MTP services, but there are specific MTP medical eligibility criteria. Examples of eligible conditions are cerebral palsy, spinal defects and chronic arthritis. The MTP team performs examinations and prescribes physical therapy (PT) and occupational therapy (OT). For children who are also financially eligible for the general program, DME and other necessary medical interventions required to treat the child’s CCS-eligible condition will be authorized.

4. Orthodontic Screening Program

Orthodontic services are a benefit of the CCS program for children with severe disabling malocclusions who are evaluated by CCS-paneled orthodontists and who meet medical eligibility for orthodontic services as defined by CCS. Children with full-scope Medi-Cal must be referred to the fee-for-service Denti-Cal orthodontic program at (800) 423-0507.

5. Included Dental Services

Preventive and restorative dental services, including general anesthesia when administered in a CCS-approved facility for one of the following reasons:

- When specialized dental care is part of the treatment plan for the CCS-eligible condition. Examples: craniofacial anomalies, diabetes, anticonvulsant-related gingival disease, immunosuppression from primary immune deficiency or secondary to malignant neoplasms or organ transplants
- When routine dental care is complicated by the CCS-eligible condition. Examples: hemophilia, cerebral palsy or complex congenital heart disease

6. High Risk Infant Follow-Up Program

The High Risk Infant Follow-Up (HRIF) program provides outpatient diagnostic services for infants discharged from a CCS-approved NICU up to age three. Effective July 2006, the program has expanded diagnostic services and operates under the revised medical eligibility criteria. Refer to N.L.: 06-0403.

Entry into the HRIF program is for those infants who meet medical eligibility requirements and who met CCS medical eligibility criteria for NICU care or had a CCS-eligible medication condition during their stay in a CCS-approved NICU, even if they were never CCS clients during their NICU stay. The program is also available to infants who have a CCS-eligible medical condition at the time of discharge. Examples of infants at risk include those who have:

- Birth weight of less than 1,500 grams or the gestational age at birth was less than 32 weeks
- Assisted ventilation for more than 48 hours during the first 28 days of life
• History of seizure activity
• Prolonged perinatal hypoxemia, acidemia
• Neonatal hypoglycemia or repetitive apnea

Infants whose NICU medical care was not provided in a CCS-approved NICU are not eligible for HRIF services.

7. Special Requests to Access CCS-Authorized Medical Services

Maintenance (lodging and meals) and/or transportation for the CCS patient and parent(s) or legal guardian(s) may be approved when CCS determines that the family needs assistance to access CCS-authorized services and no other resources are available.

Examples:

• Meals and lodging for the child and one parent when extended stays out of town are required to treat the CCS condition
• Transportation for the child and one parent when needed to access authorized medical services not available locally
• Newly developed treatments that are considered investigational but not experimental may be authorized by the state CCS program consultant on a case-by-case basis
• Nutrition products when required as part of the medical management of a CCS-eligible condition

8. Early and Periodic Screening Diagnosis and Treatment (EPSDT) Supplemental Services

EPSDT supplemental services are additional services available to Medi-Cal members under age 21 and are subject to prior authorization by the local CCS program when prescribed for a CCS-eligible condition. Examples of these services include medically necessary equipment, nutritional and nursing services such as:

• Shift nursing
• Special hearing aid devices and batteries
• Polycarbonate safety glasses
• Dental implants
• Neuropsychologic tests
• Medical nutrition therapy

CCS Does Not Cover

• Subacute services
• Long term care (LTC)
• Hospice care

Out-of-State CCS Services Are Covered but Have Specific Criteria

Contact Health Net for assistance in coordinating subacute services, LTC, hospice care and out-of-state services (refer to Health Net’s phone list).
IDENTIFICATION, REFERRAL PROCESS AND REQUEST FOR SERVICES

The CCS program accepts referrals for eligibility determination from any source. Examples of people who may initiate a referral include:

- Health care providers (PCPs, specialists, office staff) and hospitals
- Parents or legal guardians
- School nurses
- Agencies such as Regional Centers

How Does a Child Receive CCS Services?
Follow these steps for a Medi-Cal, Healthy Families (Health Net plan code-9YA), or Healthy Kids (Health Net plan code-62E and 770) member:

Step 1 - Early identification of a child with a potential CCS-eligible medical condition
Health Net has a tool to help PCPs identify and appropriately refer children with potential CCS-eligible conditions or other special health care needs (see page 24 in References).

- What is the child’s suspected diagnosis or condition?
- Does the condition appear to be CCS-eligible?
- What is the requested service?
- Does the service treat a potential CCS-eligible condition?
- When the diagnosis is unclear, an initial evaluation must be completed by the practitioner to establish a baseline assessment prior to referring the child to CCS. If the baseline assessment is completed and it is unclear whether a CCS-eligible condition exists, refer the child to CCS for authorization for further diagnostic evaluation

Step 2 - Timely referral to the CCS program (within 24 hours of identification)

- Anyone can refer a child to the CCS program
- CCS requires prior authorization except for urgent, emergency, and services rendered after CCS office hours

For new cases the child must be referred to the local CCS program.

- Referral may be sent on a new referral CCS/GHPP client SAR form or in a letter with the following information:
  - Date of referral
  - Child’s name
  - Date of birth
  - Member’s ID number from the Health Net ID card
  - Home address and phone number
  - Parent/legal guardian first and last name and daytime phone number
  - Medical condition or diagnosis
  - Pertinent medical information
  - Statement of services requested
  - CCS-paneled provider and phone number, if known
  - Name and phone number of referral source
  - Insurance information, health plan and PCP name
Mail elective referrals and fax urgent referrals (see detail below). Submit CCS referral form with relevant medical reports that legibly document the CCS-eligible findings (for a list of county CCS offices, see http://www.dhs.ca.gov/pcfh/cms/ccs/directory.htm). The medical reports are necessary for the CCS program to determine medical eligibility.

Step 3 - Does the child have an open CCS case?
If the child has an open case, a new referral is not needed. If the requested service is to treat the existing CCS condition or is related to the CCS-eligible medical condition, contact the CCS program to request authorization for the service (see established CCS/GHPP SAR form).

Step 4 - Determination of appropriate providers
- Is the physician CCS-paneled?
The CCS program requires that all physicians (except for emergency room physicians and, in most cases, anesthesiologists) be part of the CCS panel in order to be authorized to provide services for a CCS-eligible child.
- Is the facility CCS-approved (including hospitals and special care centers)?
The CCS program also requires that the hospital be CCS-approved. The five types of hospitals are described on page 9 of this packet. The CCS provider directory is online at http://www.dhs.ca.gov/pcfh/cms/ccs/paneled.htm.

Step 5 - Follow-Up
- Call CCS to determine the status of the referral (CCS turnaround time is five working days to determine medical eligibility if sufficient medical information was submitted with the referral).
- If the case is accepted, is it recommended that the office flag the child's chart.
- Flag the case in your system with the status of the case, i.e.:
  - Approved
  - Pending
  - Denied
  - Closed

Step 6 - Inform the family of the member's referral to the CCS program
The CCS program will send the family:
- The CCS application, which is available at http://www.dhs.ca.gov/publications/forms/pdf/dhs/4480/pdf
  The family is encouraged to complete and return the program application to CCS for the following reasons:
  - A signed application gives the parent/legal guardian the legal right to appeal a decision made by the CCS program.
  - If the child loses Medi-Cal, Healthy Families or Healthy Kids eligibility, he or she can continue to receive CCS services for the eligible condition.
- A program service agreement (PSA), which is similar to a consent form. A PSA is signed by the client, parent or legal guardian to indicate the child's enrollment in the CCS program and agreement to abide by CCS guidelines (see PSA copy).
- The CCS brochure.

Step 7 - Authorizations
Authorizations are written approvals for the services requested to treat the child's CCS-eligible condition. Every authorization includes the service provider, scope of service, effective date, and expiration date. Every child is assigned a permanent CCS case number. The CCS program conducts an annual eligibility review. Authorization for medical services cannot be issued until CCS program staff make a CCS eligibility determination (except for emergency services and services rendered after CCS office hours).
Step 8 - Care coordination

Care coordination is a proactive process that involves teamwork with families and providers because CCS services are carved-out from the plans’ coverage. As such, children require services from multiple providers in separate care delivery systems. Coordination between CCS and contracting health plan providers presents the following opportunities:

- Effective communication with CCS, other providers and the child’s family enhances care coordination
- Reduction of duplication and fragmentation of care
- Promotion of continuity of care while maximizing resources
- Improved access to quality care and improved outcomes
- Increased family satisfaction
- Coordination of care and referrals to other agencies such as Regional Centers
- Shifting of responsibilities to CCS for the following:
  - Determination of medical eligibility and identification of appropriate CCS providers
  - Review and authorization of services for the CCS-eligible condition
  - Provision of medical case management for the CCS-eligible condition

Step 9 - Enter referrals on a CCS log, computer, etc.
Submit a monthly log of all CCS referrals to Health Net at:

Email:  UMQIMR@healthnet.com
Fax number:  (818) 676-8840
Address:  Jessica Astorga
            Program Accreditation Dept.
            Compliance Analyst
            Health Net of California
            21281 Burbank Blvd., LNR-B, 5th Floor
            Mailstop code: CA-900-05-03
            Woodland Hills, CA 91367

Emergency Referrals
- Fax emergency hospital admissions within 24 hours of admission
- Emergency treatment services provided after CCS office hours, on a holiday or a weekend may be authorized for the date of service, if CCS is notified on the next business day of the following:
  - Child's demographic information
  - Face sheet or admission registration form
  - Admitting diagnosis and all secondary diagnoses
  - Relevant medical reports
- For specific criteria related to authorization of emergency services related to trauma, refer to N.L.: 10-0806

If the facility is not CCS-approved and the provider is not CCS-paneled, it must communicate with CCS and coordinate the transfer of the child to a CCS-approved facility. Contact the Health Net Health Care Services Department for assistance (see Health Net’s phone list).

Elective Hospital Admissions
Submit written request to CCS prior to the scheduled date of admission. The following information must be included with the referral/request for service:
• Child's demographic information
• Attending CCS-paneled provider
• Name of CCS-approved hospital
• Admitting diagnosis
• Operative or diagnostic procedure with appropriate CPT codes
• Estimated length of stay
• Health plan name (specify if Medi-Cal, Healthy Families Program or Healthy Kids member)

A request to extend a previously authorized hospital admission requires ongoing timely notification and medical reports justifying continued acute care. Submit interim progress reports during the duration of the hospital stay along with the discharge summary.

**CCS does not pay for services rendered prior to the date of referral,** even though the child may have a CCS-eligible condition (except for children with full scope Medi-Cal). For retroactive payment, the services must have been provided by a CCS-paneled provider in a CCS-approved facility.

**Medical Reporting Requirement**
Relevant medical reports should be regularly submitted to the CCS program for children receiving ongoing medical care for their CCS-eligible conditions. The following are examples of the reports that should be submitted to the CCS program:

• New referrals – submit sufficient medical documentation specific to the CCS condition for CCS to determine medical eligibility
• Diagnostic report – documentation should illustrate whether or not the child has a CCS-eligible condition that requires treatment
• Treatment services – submit special care center and physician reports that illustrate the child's treatment plan and continuing need for medical treatment
• Hospital admissions – submit copies of the admitting history and physical exam, interim progress reports for the duration of the hospital stay and the discharge summary

**WHO PROVIDES CCS SERVICES?**
CCS has its own network of providers and hospitals. The list of CCS-paneled providers and approved facilities is on the CCS Web site at www.dhs.ca.gov/pcfh/cms/ccs/paneled.htm. The State CMS Branch is responsible for paneling medical providers and approving all facilities. Health care providers interested in participating in the program can call (916) 322-8702 or visit the Web site. CCS only authorizes services that are provided by the following:

1. **CCS-Paneled Providers**
   Refer to the CCS program individual provider paneling application for criteria.

2. **CCS-Approved Hospitals**
   There are five types of CCS hospitals, plus special care centers:

   a. **Tertiary Hospital**
      A CCS-approved tertiary hospital that provides comprehensive, multidisciplinary pediatric care to children from birth to age 21. This includes the provision of a full range of medical and surgical care for severely ill children with 24-hour CCS-paneled pediatrician coverage. Length of stay is for a period that may exceed 21 days. This approval covers teaching hospitals, children's and university hospitals, and their major affiliates with approved residency programs in pediatrics and all other major specialties.

   b. **Pediatric Community Hospital**
      A CCS-approved pediatric community hospital with licensed pediatric beds that provides services for children from birth up to their 21st birthday. The length of stay must not exceed 21 days, with the exception of care provided in a CCS-approved community or intermediate NICU.
c. General Community Hospital
A CCS-approved community-based hospital without licensed pediatric beds in which care may be provided only for adolescents from age 14 to their 21st birthday. The length of stay cannot exceed 21 days, with the exception of care provided in a CCS-approved community or intermediate NICU.

d. Special Hospital
A CCS-approved hospital licensed as an acute care hospital that meets one of the following conditions:
- Licensed perinatal unit/service and intensive care newborn nursery (ICNN) service and meets the CCS NICU standards as a community NICU or an intermediate NICU
- Licensed under special permit for rehabilitation services and meets CCS standards as a rehabilitation facility
- Hospital provides services in a specialized area of medical care and acts as a regional referral center for that specialized type of care, e.g., eye surgery, ear surgery or burn center

e. Limited Hospital
A hospital in a rural area where there are no community or tertiary hospital services available. These hospitals do not have licensed pediatric beds and only provide limited services to children and adolescents for acute short-term conditions for which the length of stay does not exceed five days.

f. Special Care Centers
Special Care Centers provide a full range of medical services to children that need multidisciplinary, multi-specialty care. The following are examples of conditions that require center care:
- Endocrine disorders, including diabetes
- Craniofacial anomalies, such as cleft palate
- Chronic renal disease, including dialysis and kidney transplant
- Juvenile rheumatoid arthritis
- Malignant neoplasms

The centers are located at tertiary medical facilities. Multidisciplinary teams evaluate, treat and coordinate both inpatient and outpatient care for CCS-eligible conditions. The center is authorized by CCS to conduct an initial evaluation and periodic case conferences and coordination of care. Components of the child's treatment plan may be delegated or shared with the child's PCP, if under the direction of the center.

3. CCS-Approved Pediatric Intensive Care Unit (PICU)
A PICU is a unit within a CCS-approved tertiary or pediatric community hospital. It has the capability to provide definitive care for a wide range of complex, progressive, rapidly changing, medical, surgical and traumatic disorders that require a multidisciplinary approach to care for patients between 37 weeks gestation and those under age 21 who meet CCS medical eligibility criteria.

4. CCS-Approved Neonatal Intensive Care Unit (NICU)
   a. Regional NICU
Unit within a CCS-approved tertiary hospital that has the capability to provide a full range of neonatal care services (intensive, intermediate and continuing care), including neonatal surgery, for severely ill neonates and infants.

   b. Community NICU
Unit within a CCS-approved pediatric community, general community or special hospital that has the capability to provide a full range of neonatal care services (intensive, intermediate and continuing care) for severely ill neonates and infants. Some community NICUs are approved for neonatal surgery.

   c. Intermediate NICU
Unit within a CCS-approved pediatric community, general community or special hospital that provides care for sick neonates who do not require intensive care, but do require care at a level higher than that provided in a general well-baby nursery. Types of care include, but are not limited to, IV medication, exchange transfusion, feedings by nasal gastric (NG) tube, parenteral nutrition, oxygen therapy, and short-term ventilator assistance (less than or equal to four hours).
California Children’s Services (CCS): Medical Eligibility Regulations Summary

The CCS program’s medical eligibility regulations, Title 22, Section 41800 through 41872, received final approval from the Office of Administrative Law and were filed with the Secretary of State on July 7, 2000. The regulations apply to all new CCS referrals on or after July 7, 2000.

A. Infectious Diseases (ICD-9-CM 001-139) (Section 41811)
CCS applicants diagnosed with at least one of the following shall be medically eligible for participation in the CCS program:

1. Infections of the bone, such as osteomyelitus and periostitis.
2. Infections of the eye when the infection, if untreated, may result in permanent visual impairment or blindness.
3. Infections of the central nervous system, which have produced a neurologic impairment that results in a physical disability requiring surgery or rehabilitation services to regain or improve function, such as movement or speech, which was limited or lost as a result of the infection.
4. Infections acquired in utero for which medically necessary postnatal treatment is required, such as toxoplasmosis, cytomegalovirus infection, rubella, herpes simplex, and syphilis.
5. Human Immunodeficiency Virus (HIV infection), when confirmed by laboratory tests.

B. Neoplasms (ICD-9-CM 140-239) (Section 41815)
CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

1. All malignant neoplasms, including leukemia.
2. A benign neoplasm when either of the following is present:
   a. The neoplasm is physically disabling or severely disfiguring; or
   b. The neoplasm is located contiguous to or within a vital organ or body part, and its continued growth or lack of treatment would limit or eliminate the function of the organ or body part or lead to the death of the applicant.

C. Endocrine, Nutritional and Metabolic Diseases and Immune Disorders (ICD-9-CM 240-279) (Section 41819)
CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

1. Diseases of the pituitary, thyroid, parathyroid, thymus, and adrenal glands.
2. Growth hormone deficiency.
3. Diseases of the ovaries or testicles in which there is delayed onset of puberty, primary amenorrhea after the age of 15 years, sexual development prior to the age of eight years for females and nine years for males, feminization of a male or virilization of a female.
4. Diseases of the pancreas resulting in pancreatic dysfunction.
6. Diseases due to congenital or acquired immunologic deficiency manifested by life-threatening infections, as determined from medical information about the applicant’s clinical course and laboratory studies.
7. Inborn errors of metabolism such as phenylketonuria (PKU), homocystinuria, galactosemia, glycogen storage disease, and maple syrup urine disease.
8. Cystic fibrosis.

D. Diseases of the Blood and Blood Forming Organs (ICD-9-CM 280-289) (Section 41823)
CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:
1. Anemias due to abnormal production of red cells or hemoglobin;
2. Anemias resulting solely from a nutritional deficiency, such as inadequate intake of iron, folic acid or vitamin B12 is eligible only when they present with life-threatening complications;
3. Hemolytic anemias such as, but not limited to, congenital spherocytosis, sickle cell disease, the thalassemias and erythroblastosis fetalis;
4. Hemolytic anemias resulting from infection are eligible only when they present with life-threatening complications;
5. Pancytopenias, such as the congenital and acquired aplastic anemias;
6. Disorders of leukocytes such as acquired and congenital neutropenia and chronic granulomatous disease;
7. Hemorrhagic diseases due to:
   a. Coagulation disorders such as hemophilias and von Willebrand disease; or
   b. Disorders of platelets that are life-threatening;
8. Other disorders of blood and blood-forming organs that are life-threatening such as polycythemia, hypersplenism and hypercoagulable states.

E. Mental Disorders and Mental Retardation (ICD-9-CM 290-319) (Section 41827)
1. CCS applicants with a mental disorder, whose application is based upon such a disorder, shall not be medically eligible for the CCS program.
2. CCS applicants with mental retardation, whose application is based upon such disease, shall not be medically eligible for the CCS program.

Conditions of this nature are not eligible except when the disorder is associated with or complicates an existing CCS-eligible condition.

F. Diseases of the Nervous System (ICD-9-CM 320-389) (Section 41831)
CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:
1. Noninfectious diseases of the central and peripheral nervous system, which produce a neurologic impairment that is life-threatening or physically disabling.
2. Cerebral palsy, a motor disorder with onset in early childhood resulting from a non-progressive lesion in the brain manifested by the presence of one or more of the following:
   a. Rigidity or spasticity
   b. Hypotonia, with normal or increased deep tendon reflexes, and exaggeration of or persistence of primitive reflexes beyond the normal age range
   c. Involuntary movements that are described as athetoid, choreoid, or dystonic
   d. Ataxia manifested by incoordination of voluntary movement, dysdiadochokinesia, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait
3. Seizure disorder when either of the following occur:
   a. It is a component of or secondary to a CCS-eligible condition; or
   b. It is of unknown origin and one of the following exists:
      1. The frequency or duration of the seizures requires more than four changes in dosage or type of medications in the 12 months preceding the initial or subsequent determination of medical eligibility;
      2. The frequency or duration of the seizures requires two or more types of seizure medications each day;
3. The frequency or duration of the seizures requires at least a monthly medical office visit for assessment of the applicant's clinical status and periodic blood tests for medication levels or presence of blood dyscrasia; or

4. The applicant has experienced an episode of Status Epilepticus in which case medical eligibility shall extend for one year following that event.

4. Congenital anomalies of the nervous system, which meets the criteria of section 41868

When the eligibility criteria listed in (3, B, Seizure disorder above) have not been present for at least one year, eligibility shall cease.

**G. Medical Therapy Program (Section 41832)**

There are two separate groups of children served in the Medical Therapy Program.

1. CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS Medical Therapy Program:
   
   a. Cerebral palsy as specified in Diseases of the Nervous System above, section 41831.
   
   b. Neuromuscular conditions that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias, and muscular dystrophies.
   
   c. Chronic musculoskeletal and connective tissue diseases or deformities such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputations, and contractures resulting from burns.
   
   d. Other conditions manifesting the findings listed in Diseases of the Nervous System, section 41831 above such as, ataxias, degenerative neurological disease, or other intracranial processes.

2. CCS applicants under three years of age shall be eligible when two or more of the following neurological findings are present:
   
   a. Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity);
   
   b. Increased deep tendon reflexes (DTRs) that are 3 + or greater;
   
   c. Abnormal posturing as characterized by the arms, legs, head or trunk turned or twisted into abnormal position;
   
   d. Hypotonicity, with normal or increased DTRs, in infants below one year of age. (Infants above one year must meet criteria described in Diseases of the Nervous system, Cerebral palsy, section 41831above); or
   
   e. Asymmetry of motor findings of trunk or extremities.

**H. Diseases of the Eye (ICD-9-CM 360-379) (Section 41835)**

CCS applicants with at least one of the following eye conditions shall be medically eligible for participation in the CCS program:

1. Strabismus, when surgery is required and either until fusion is obtained, or a visibly abnormal deformity is corrected.

2. Infections that produce permanent visual impairment or blindness, such as keratitis and choroiditis.

3. Infections that require ophthalmological surgery, such as chronic dacryocystitis.

4. Other diseases that can lead to permanent visual impairment such as:
   
   a. Cataract
   
   b. Glaucoma
   
   c. Retinal detachment
   
   d. Optic atrophy or hypoplasia
   
   e. Optic neuritis
f. Lens dislocation

g. Retinopathy of prematurity

h. Persistent hyperplastic primary vitreous

i. Ptosis

j. Congenital anomalies of the eye, which meet the criteria of Congenital Anomalies, section 41868.

I. Diseases of the Ear and Mastoid Process (ICD-9-CM 380-389) (Section 41839)

A. CCS applicants shall be eligible for participation in the CCS program for diagnostic services to determine the presence of a hearing loss when the applicant:

1. Fails two pure tone audiometric hearing screening tests performed at least six weeks apart at levels not to exceed 25 decibels and at the minimum number of frequencies of 1000, 2000, and 4000 Hertz; or

2. Fails to have normal auditory brain stem evoked response; or

3. Fails otoacoustic emission or behavioral responses to auditory stimuli as determined by two test performed at least six weeks apart; or

4. Fails to pass hearing screening provided through the Newborn and Infant Hearing Screening, Tracking and Intervention Program, as per Health and Safety Code Sections 123975 and 124115 through 124120.5; or

5. Exhibits symptoms that may indicate a hearing loss such as poor speech for age or delay in age-appropriate behavioral milestones; or

6. Has documentation of one of the risk factors associated with a sensorineural hearing or conductive hearing loss such as:

   a. A family history of congenital or childhood onset of hearing impairment.

   b. Congenital infection known or suspected to be associated with hearing loss.

   c. Craniofacial anomalies.

   d. Hyperbilirubinemia at a level exceeding the indication for an exchange transfusion.

   e. Ototoxic medications used for more than five days.

   f. Bacterial meningitis.

   g. Severe depression at birth, defined as:

      1. Apgar score of three or less; or

      2. Failure to initiate spontaneous respirations by ten minutes of age; or

      3. Hypotonia persisting to two hours of age.

7. Prolonged mechanical ventilation for the duration of at least five days.

8. Finding of a syndrome known to be associated with hearing loss.

   a. If either of the tests referenced in (A) (1) and (3) above are performed by an audiologist or otolaryngologist, only one exam shall be required for eligibility for diagnostic testing.

B. CCS applicants shall be eligible for participation in the CCS program for treatment services when there is a hearing loss present as defined by the following criteria:

1. In children over five years of age, a pure tone audiometric loss of 30 decibels or greater at two or more frequencies in the same ear tested at 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz or a loss of 40 decibels or greater at any one frequency between and including 500 through 8000 Hertz;

2. In children from three to five years of age, a pure tone audiometric loss of 30 decibels or greater at any
frequency tested at 500, 1000, 2000, 3000, 4000, 6000, 8000 Hertz;
3. In children unable to complete a pure tone audiometric test and whose auditory brain stem evoked response, or otoacoustic emission, or behavioral responses to auditory stimuli indicate hearing loss of 30 decibels or greater;
4. CCS applicants shall be eligible for treatment services when there is:
   a. Perforation of the tympanic membrane that requires tympanoplasty; or
   b. Mastoiditis; or
   c. Cholesteatoma.
5. Congenital anomalies of the ear and mastoid that meet the criteria of Congenital Anomalies, section 41868.

J. Diseases of the Circulatory System (ICD-9-CM 390-459) (Section 41844)
CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:
1. Diseases of the endocardium, myocardium or pericardium;
2. Cardiac dysrhythmias requiring medical or surgical intervention;
3. Diseases of blood vessels such as embolism, thrombosis, aneurysms and periarteritis;
4. Cerebral and subarachnoid hemorrhage;
5. Chronic diseases of the lymphatic system;
6. Primary hypertension that requires medication to control; or
7. Congenital anomalies of the circulatory system that meet the criteria of Congenital Anomalies, section 41868.

K. Diseases of the Respiratory System (ICD-9-CM 460-519) (Section 41848)
CCS applicants with at least one of the chronic conditions of the respiratory tract, such as the following conditions, shall be eligible for participation in the CCS program:
1. Chronic pulmonary infections such as abscess or bronchiectasis;
2. Cystic fibrosis;
3. Chronic Lung Disease (CLD) of infancy, such as Bronchopulmonary Dysplasia (BPD), when (A) or (B) below is met:
   A. History of care in a neonatal intensive care unit that includes all of the following:
      1. Mechanical ventilation for more than six days;
      2. Concentration of oxygen greater than 60 percent for more than four of the days of ventilation; and
      3. Need for supplemental oxygen for more than 30 days; or
   B. The presence in an infant of at least one of the following:
      1. Radiographic changes characteristic of CLD such as hyperinflation, areas of radiolucency, and areas of radio density due to peribronchial thickening or patchy atelectasis;
      2. Impaired pulmonary function, as manifested by one or more of the following during a stable phase: increased airway resistance, increased residual capacity, decreased dynamic compliance, arterial CO₂ tension (PaCO₂) greater than 45 or arterial O₂ tension (PaO₂) less than 80; or
      3. Cardiovascular sequelae such as pulmonary or systemic hypertension or right or left ventricular hypertrophy.
      4. Asthma, when it has produced chronic lung disease;
5. Chronic disorders of the lung that are the result of chemical injury, metabolic disorders, genetic defects, or immunologic disorders other than asthma;

6. Respiratory failure requiring ventilatory assistance;

7. Hyaline membrane disease; or

8. Congenital anomalies of the respiratory system that meets the criteria of Congenital Anomalies, section 41868.

L. Diseases of the Digestive System (ICD-9-CM 520-579) (Section 41852)

CCS applicants with at least one of the following conditions shall be eligible for participation in the CCS program:

1. Diseases of the liver including:
   a. Acute liver failure;
   b. Chronic liver disease;

2. Disorders of the gastrointestinal tract including:
   a. Chronic inflammatory diseases requiring complex ongoing medical management or surgical intervention such as pancreatitis, peptic ulcer, ulcerative colitis, regional enteritis, diverticulitis, and cholecystitis;
   b. Chronic intestinal failure; or
   c. Gastroesophageal reflux when:
      1. It is part of or complicates the management of a CCS-eligible condition; or
      2. It is an isolated condition with complications such as esophageal stricture or chronic aspiration pneumonia.
   3. Congenital anomalies of the digestive system that meet the criteria of Congenital Anomalies, section 41868.

M. Diseases of the Genitourinary System (ICD-9-CM 580-629) (Section 41856)

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

1. Acute glomerulonephritis in the presence of acute renal failure, malignant hypertension, or congestive heart failure;

2. Chronic glomerulonephritis, chronic nephrosis, or chronic nephrotic syndrome;

3. Chronic renal insufficiency;

4. Obstructive uropathies;

5. Vesicoureteral reflux, grade II or greater;

6. Renal calculus; or

7. Congenital anomalies of the genitourinary tract that meet the criteria of Congenital Anomalies, section 41868.

N. Diseases of the Skin and Subcutaneous Tissues (ICD-9-CM 680-709) (Section 41864)

CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

1. Persistent or progressive diseases of the skin or subcutaneous tissue, such as pemphigus and epidermolysis bullosa, which:
   a. Are disabling or life-threatening; and
   b. Require multidisciplinary management;
2. Scars when surgery is required and at least one of the following criteria is met:
   a. There is limitation of or loss of mobility of a major joint, such as the ankle, knee, hip, wrist, elbow, or shoulder; or
   b. They are disabling or severely disfiguring.
3. Congenital anomalies of the skin or subcutaneous tissue that meet the criteria of Congenital Anomalies, section 41868.

O. Diseases of the Musculoskeletal System and Connective Tissue (ICD-9-CM 710-739) (Section 41866)
CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

1. Acute and chronic suppurative infections of the joint;
2. Chronic, progressive, or recurrent inflammatory disease of the connective tissue or joints, such as rheumatoid arthritis, inflammatory polyarthropathy, lupus erythematosus, dermatomyositis, and scleroderma;
3. Chronic, progressive, or degenerative diseases of muscles and fascia, such as myasthenias, myotonias, dystrophies, and atrophies that lead to atrophy, weakness, contracture and deformity, and motor disability;
4. Intervertebral disc herniation;
5. Scoliosis with a curvature of 20 degree or greater;
6. Other diseases of the bones and joints, except fractures, resulting in limitation of normal function and requiring surgery, complex customized bracing, or more than two castings; or
7. Congenital anomalies of the musculoskeletal system or connective tissue that meet the criteria of Congenital Anomalies, section 41868.

Minor orthopedic conditions, such as tibial torsion, femoral anteversion, knock knees, pigeon toes, and flat feet, which only require special shoes, splints, and/or simple bracing are not eligible.

P. Congenital Anomalies (Section 41868)
1. CCS applicants with congenital anomalies shall be medically eligible for participation in the CCS program when the congenital anomaly is amenable to cure, correction, or amelioration; and
   a. Limits or compromises a body function based on a combination of factors such as its size, type and location; or
   b. Is severely disfiguring.
2. The following conditions shall not be medically eligible for the CCS program when the application for eligibility is based solely on their presence:
   a. Inguinal and umbilical hernia;
   b. Hydrocele; or
   c. Unilateral undescended testicle.

Q. Accidents, Poisonings, Violence, and Immunization Reactions (ICD-9-CM 800-999) (Section 41872)
CCS applicants with at least one of the following conditions shall be medically eligible for participation in the CCS program:

1. Injuries to organ systems or organs, which, if left untreated, are likely to result in permanent physical disability, permanent loss of function, severe disfigurement or death;
2. Fractures of the spine, pelvis, or femur
3. Fractures of the skull, which if left untreated, would result in central nervous system complications or severe disfigurement;
4. All other fractures which require open reduction, internal fixation, or which involve the joints or growth plates;
5. Burns, when at least one of the following is present:
   a. Second and third degree burns of greater than ten percent of the body surface area for children less than ten years of age;
   b. Second and third degree burns of greater than twenty percent of the body surface area for children greater than ten years of age;
   c. Third degree burns of greater than five percent of the body surface area for any age group;
   d. Burns involving signs or symptoms of inhalation injury or causing respiratory distress;
   e. Second or third degree burns of the face, ear, the mouth and throat, genitalia, perineum, major joints, the hands or the feet; or
   f. Electrical injury or burns, including burns caused by lightning;

6. Presence of a foreign body when the object, if not surgically removed, would result in death or a permanent limitation or compromise of a body function;

7. Ingestion of drugs or poisons that result in life threatening events and require inpatient hospital treatment;

8. Lead poisoning as defined as a confirmed blood level of 20 micrograms per deciliter or above;

9. Poisonous snake bites that require complex medical management and that may result in severe disfigurement, permanent disability or death;

10. Other envenomation, such as spider bites, that require complex medical management and that may result in severe disfigurement, permanent disability or death; or

11. Severe adverse reactions to an immunization requiring extensive medical care

MEDICAL ELIGIBILITY FOR CARE IN A CCS-APPROVED NEONATAL INTENSIVE CARE UNIT (NICU)

(N.L.: 05-0502 and N.L.: 03-0206)
Effective May 1, 2006, the following criteria are used to determine CCS medical eligibility for NICU admissions.

A. Medical Eligibility for Care in a CCS Approved NICU

1. An infant shall be medically eligible for care in a CCS approved NICU when there is the presence of a CCS-eligible medical condition as per Title 22, California Code of Regulations (CCR), Section 41800-41872 and the hospital stay is medically necessary because of the CCS eligible condition;

or

2. An infant shall be medically eligible for care in a CCS approved NICU based on requiring either at least one service from section A.2.a or at least two of the services listed from Section A.2.b. The infant shall be medically eligible ONLY during the time period the service(s) described below is (are) delivered.

a. Medical eligibility for care in a CCS-approved NICU is determined by the need for at least one of the following services:
   1. Positive pressure ventilatory assistance that is invasive or non-invasive; the latter includes, but is not limited to, continuous positive airway pressure (CPAP) by nasal prongs, nasal cannula, or face mask;
   2. Supplemental oxygen concentration by hood of greater than or equal to 40 percent;
   3. Maintenance of an umbilical arterial catheter or peripheral arterial catheter for medically necessary indications including, but not limited to, monitoring blood pressure, sampling of blood for monitoring blood gases, and exchange transfusions;
4. Maintenance of an umbilical venous catheter or other central venous catheter for medically necessary indications including, but not limited to, pressure monitoring, cardiovascular drug infusions, hypertonic solutions, and exchange transfusions;

5. Maintenance of a peripheral line for intravenous pharmacologic support of the cardiovascular system;

6. Central or peripheral hyperalimentation;

7. Chest tube; or

b. Medical eligibility for care in a CCS-approved NICU is determined by the need for at least two of the following services:

1. Supplemental inspired oxygen;

2. Maintenance of a peripheral intravenous line for administration of intravenous fluids, blood, blood products, or medications other than those agents used in support of the cardiovascular system;

3. Pharmacologic treatment for apnea and/or bradycardia episodes;

4. Tube feedings.

B. Termination of Medical Eligibility for Care in a CCS Approved NICU

Medical eligibility for CCS shall cease:

1. When infants no longer meet the criteria in sections A.2.a. or A.2.b., and

2. When infants do not have a CCS-eligible condition as defined in section A.1.
DEFINITIONS

Access for Infants and Mothers (AIM) Program – The AIM Program provides low-cost health coverage for pregnant women and their newborns. It is designed for middle-income families who don’t have health insurance and whose income is too high to qualify for no-cost Medi-Cal. Effective July 2004, babies born to mothers enrolled in the AIM program are eligible to enroll in the Healthy Families Program and must do so if they want to maintain health care coverage.

Healthy Families Program – California’s version of the State Children’s Health Insurance Program (SCHIP). Healthy Families provides health coverage to children in families with incomes between 100 and 250 percent of the federal poverty level (FPL) who do not qualify for Medi-Cal and do not have private insurance. Services covered are similar to those in the benefits package for California state employees and requirement payment of a monthly premium.

Healthy Kids – A new health insurance product for children in low-income families who are not eligible for Medi-Cal or Healthy Families. The target population for Healthy Kids programs is generally children who do not qualify for Medi-Cal or Healthy Families due to their immigration status or who are in the income range above Healthy Families but below 300 percent of FPL.

Medi-Cal Managed Care – There are several Medi-Cal managed care models operating in counties in California as an alternative to traditional fee-for-service (FFS) Medi-Cal:

- **Geographic Managed Care (GMC)** – GMC is a Medi-Cal managed care model designed to provide a comprehensive program of managed care with maximum access by allowing Medi-Cal beneficiaries to choose among several competing commercial health maintenance organizations. Enrollment in the GMC is mandatory for most families and children who are eligible for Medi-Cal without a share-of-cost. Other beneficiaries may enroll voluntarily. In 2007 there are two GMC counties.

- **Two-Plan Model** – A Medi-Cal managed care model where Medi-Cal beneficiaries are enrolled into one of two managed care entities (one commercial and one public) within the county. The local initiatives are operated or sponsored by a public entity such as a health authority or county-initiated organization. Some counties have not established a public plan and have contracts with two commercial health plans. Like the GMC model, enrollment in the Two-Plan Model is mandatory for most families and children who are eligible for Medi-Cal without a share-of-cost. Other beneficiaries may enroll voluntarily. In 2007 there are 12 Two-Plan counties.

- **County Organized Health System (COHS)** – Quasi-governmental organizations that contract with the state Medi-Cal agency to become risk-assuming intermediaries and negotiate capitation rates for all Medi-Cal beneficiaries in a county. Each COHS administers a capitated, comprehensive, case-managed health care delivery system. It is possible for a county to make a special arrangement with DHS for some services, such as nursing home care, to remain FFS. In 2007 there are COHSs that provide services to members in eight counties.

# HEALTH NET CONTACT INFORMATION

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<td>Medi-Cal</td>
<td>(800) 675-6110</td>
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<td>Healthy Families, Healthy Kids and AIM</td>
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<td>• Inquiries regarding claims, benefits and provider grievances and appeals</td>
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<td><strong>Inpatient Admission Notification Unit</strong></td>
<td>(800) 995-7890</td>
<td>Receives notification of inpatient admissions for all lines of business</td>
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<td>Medi-Cal:</td>
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<td>Fresno and Sacramento counties</td>
<td>(559) 447-6103</td>
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<td>Kern, Los Angeles, San Diego, Riverside and San Bernardino counties</td>
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<td>Tulare County</td>
<td>(559) 622-8550</td>
<td>• Prior authorizations for non-CCS-related services</td>
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<td>Stanislaus County</td>
<td>(209) 521-5453</td>
<td>• Care coordination</td>
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<td>Healthy Families, Healthy Kids and AIM:</td>
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<tr>
<td>Northern California</td>
<td>(559) 447-6103</td>
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<td>Southern California</td>
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<td><strong>Public Health Programs</strong></td>
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<td>(800) 867-6564</td>
<td>Prior authorization and other pharmacy services</td>
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<td>Healthy Families, Healthy Kids and AIM</td>
<td>(800) 548-5524</td>
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CHILDREN WITH SPECIAL HEALTH CARE NEEDS CARE COORDINATION AND REFERRAL TOOL

Health Net has a screening tool to help primary care physicians (PCPs) identify children with special health care needs (CSHCN). CSHCN are children who have or are at an increased risk for chronic physical, developmental, behavioral, or emotional conditions, which result in a broad spectrum of health care needs. Identification is a necessary first step to ensure quality care for CSHCN. Early identification allows for early intervention, enhances care coordination in the PCP’s office and facilitates the creation and maintenance of the medical home. Health Net recognizes that the PCP is in the best position to identify CSHCN who may require referral to carved-out services provided by state or other publicly funded agencies and programs.

The first side of this two-sided form contains a series of simple yes/no questions to assess whether the member’s needs would be served through public health program services. The questions are linked to the appropriate referral program, such as California Children’s Services (CCS), CCS medical therapy units, Local Education Agency, Regional Centers, behavioral health, drug and alcohol services, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The second side contains partial lists of eligibility criteria for each of the referral programs, information required for referral and contact information.

Use of the CSHCN Care Coordination Referral Tool

Health Net strongly encourages PCPs to incorporate the CSHCN tool into their child assessment protocols in a manner that is most beneficial for their patients. Health Net recommends the use of the tool at the initial office visit for each new member under age 21 as part of the initial health assessment protocol. In addition, Health Net recommends that PCPs use the CSHCN tool on all existing child members when they present for an office visit, especially on members who have not had a visit with the PCP in over six months.

The CSHCN tool may be administered by any of the office’s clinical personnel, including the PCP, nurse, nurse practitioner, or physician assistant. The completed tool should be reviewed and the findings addressed by the PCP.
### Health Net®

**Children with Special Health Care Needs – Care Coordination Referral Tool**

1. Does the patient have any **CONGENITAL CONDITIONS** that could be characterized as seriously disabling or disfiguring? (i.e. cleft palate, hydrocephalus, cardiac)
   - No
   - Yes ⇒ CCS
     - Sec. 1a

2. Has the patient had a **SEVERE TRAUMA** or accident that has;
   - Affected internal organs?
   - Broken bones that have involved a growth plate, joint, femur, pelvis, spine, required an open reduction or an internal fixation? (i.e. supracondylar fracture)
   - Resulted in a head injury, near drowning, or gun shot wound?
   - Produced burns on greater than 10% of their body?
   - Ingested or been exposed to a toxic substance or poison?
   - No
   - Yes ⇒ CCS
     - Sec. 1a

3. Does the patient have a **DISABLING DISEASE OR A CHRONIC CONDITION** that impacts the body systems or internal organs? (i.e. diabetes, cholecystitis, growth hormone deficiency)
   - No
   - Yes ⇒ CCS
     - Sec. 1a

4. Does the patient have a **CHRONIC DISABLING CONDITION** that could benefit from prolonged PT or OT that either:
   - Affects the nervous system
   - Is a chronic musculoskeletal disease or deformity
   - No
   - Yes ⇒ MTU (CCS)
     - Sec. 1b

5. Does the child experience **HEARING LOSS** that exceeds 30 decibels or **VISION PROBLEMS** that require more than corrective lenses?
   - No
   - Yes ⇒ CCS
     - Sec. 1a

6. Does the child have **VISION, HEARING OR LANGUAGE PROBLEMS** that adversely affect their performance in school?
   - No
   - Yes ⇒ LEA (IEP)
     - Sec. 2

7. Does the patient have a mental or physical condition that could benefit from **SPECIAL EDUCATION** services? (i.e. speech therapy and individual education program)
   - No
   - Yes ⇒ LEA (IEP)
     - Sec. 2
   - (b) If **SPEECH THERAPY** is an option for treatment, how old is the child?
     - No
     - <3 yrs ⇒ Reg. Ctr.
       - Sec. 3
     - >3 yrs ⇒ LEA (IEP)
       - Sec. 2

8. Does the child have a **DEVELOPMENTAL DELAY** that results in impairment in the following areas; cognitive, physical, emotional, adaptive, or communication? (i.e self care, school functioning, family relationships, ability to function in the community)
   - No
   - Yes ⇒ Reg. Ctr.
     - Sec. 3
   - ⇒ LEA (IEP)
     - Sec. 2

9. Does the child have a **BEHAVIORAL CONDITION** that is beyond the management scope of a primary care physician?
   - No
   - Yes ⇒ Behavioral Health
     - Sec. 4

10. Is the patient **UNDER 5 YEARS** of age?
    - No
    - Yes ⇒ WIC
      - Sec. 6

11. Does the patient misuse or abuse **DRUGS OR ALCOHOL** (CAGE questions, Drug Use Questionnaire, and Red Flags for Alcohol or Drug Abuse)?
    - No
    - Yes ⇒ Alcohol & Drug
      - Sec. 5

12. Could the patient benefit from a **VOLUNTARY PROGRAM** such as Refugee Medical Assistance, the AIDS waiver, in-home operations or the foster care program?
    - No
    - Yes ⇒ Sec. 7

13. Is the child currently enrolled in any of the following **PROGRAMS**?
    - CCS (California Children Services)
    - Special Ed/LEA
    - WIC (Women, Infants, and Children)
    - Regional Center
    - Medical Therapy Unit (MTU)
    - Behavioral Health
### Section 1a – CCS
#### Eligibility (partial list):
- Blood or Blood Forming Organ – life-threatening or congenital conditions, anemias (see regulations)
- Circulatory System – thrombosis, cerebral hemorrhage, cardiac dysrhythmias, heart disease
- Digestive System – chronic inflammatory diseases, pancreatitis, peptic ulcer, diverticulitis
- Ear and Eye – strabismus (surgery required), infections that may lead to blindness, glaucoma, retinopathy, mastoiditis
- Musculoskeletal and Connective Tissue – infected joints, disc herniation, scoliosis (>20°), serious inflammatory diseases, dystrophies and atrophies

#### Common Conditions:
- Nervous System – infections that produce neurological impairment, cerebral palsy
- Respiratory (chronic) – cystic fibrosis, respiratory failure
- Infectious and Parasitic Diseases – involving the eye (leading to blindness), CNS or bone

#### Other Conditions:
- Renal failure and GU conditions that are chronic or may lead to complications
- Skin disorders that are disabling or disfiguring
- Birth defects
- Cancer and other tumors
- Endocrine and metabolic disorders
- HIV+
- Neonatal complications

### Section 1b – Medical Therapy
#### Unit (CCS)
#### Eligibility (partial list):

#### Common Conditions:
- Cerebral palsy
- Post menigitis, encephalitis with residual
- Muscular dystrophy
- Spina bifida
- Ataxias
- Neuromuscular conditions – that produce weakness – poliomylitis
- Chronic musculoskeletal and connective tissue diseases or deformities – amputees, burns with contractures
- Children under 3 are eligible with specific neurological findings (see regulations)

### Section 2 – School System (LEA)
#### Eligibility (partial list):
- Autism
- Orthopedic impairment
- Hearing impairment

#### Information for Referral:
- Serious emotional disturbance
- Specific learning disability
- Visual impairment
- Mental retardation
- Multiple disabilities
- Speech and language impairment
- Traumatic brain injury

### Section 3 – Regional Centers
#### Eligibility (partial list):
- A developmental disability that originates before age 18
- The disability can be expected to continue indefinitely
- The disability presents a substantial handicap

#### Information for Referral:
- Reason for referral
- Complete medical history and physical exam, including developmental screens
- Results of developmental assessments, psychological evaluations and other diagnostic tests

### Section 4 – Behavioral Health
#### Eligibility (partial list):
- Dissociative disorders
- Paraphilias
- Eating disorders
- Impulse-control disorders
- Adjustment disorders
- Personality disorders (antisocial personality disorder excluded)
- Medication-induced movement disorders
- Pervasive developmental disorders (autistic disorder excluded)
- Feeding and eating disorders of infancy or early childhood
- Elimination disorders

#### Information for Referral:
- To find a list of Regional Centers and the areas they serve, visit http://www.dhs.ca.gov/rc/rcist.cfm

### Section 5 – Drug and Alcohol
#### Who is Eligible:
A patient with a clearly documented pattern of substance abuse or dependence that is severe enough to interfere markedly with social and occupational functioning and cause significant impairment in activities of daily living.

#### Information for Referral:
- Provide all preliminary testing and procedures necessary to come to a diagnosis
- Include the appropriate medical records supporting the diagnosis and the required demographic info

### Section 6 – Women, Infants and Children (WIC)
#### Who is Eligible:
- Pregnant women
- Breastfeeding women (up to age one after childbirth)
- Postpartum women (up to six months after childbirth)
- Children under age five who are determined by a health professional to be at nutritional risk

#### Additional Info:
WIC is a temporary program that provides nutrition education and specific foods for low-income families.

#### Information for Referral (Complete one of the following):
- WIC forms
- Child Health and Disability Prevention (CHDP) program form PM-160 INF
- Photocopy of completed page 7 of the CPS/P Assessment/Reassessment
- Physician prescription pad
- Federal WIC regulations require hemoglobin or hematocrit test values at initial enrollment and when participants are recertified.

### Section 7 – Other Programs
For information about foster care programs, refugee medical assistance or the AIDSS waiver program, contact your county health or social services department.

### Contact:
http://www.dhs.ca.gov/pcf/fin/cps/cpsp/

### Health Net, Inc.
- Member & Provider Services: (800) 675-6110 (Medi-Cal) (888) 231-9473 (Healthy Families & Healthy Kids)
June 20, 2003

CMS Information Notice No.: 03-07

TO: ALL CALIFORNIA CHILDREN’S SERVICES (CCS) ADMINISTRATORS, MEDICAL CONSULTANTS, CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM DIRECTORS, DEPUTY DIRECTORS, STATE CHILDREN’S MEDICAL SERVICES (CMS) BRANCH STAFF AND REGIONAL OFFICE STAFF

SUBJECT: CMS ONLINE ARCHIVE FOR POLICY LETTERS AND INFORMATION NOTICES

The CMS Branch is pleased to announce the availability of Policy Letters and Information Notices on our website. As we develop strategies to enhance our productivity and communication with our partners, the Internet has become an avenue of communication we can all benefit from. In early April 2003, the CMS Branch unveiled the CMS Online Archive – a web-based system for distributing and archiving Policy Letters and Information Notices. The concept was first put forth in 2001 (see CMS Information Notice No.: 01-05) and designed over the last year.

This CMS Information Notice will describe the archive’s benefits, software requirements, basic instructions, and the posting and notification schedule.

Benefits of the CMS Online Archive

There are several benefits resulting from the implementation of the CMS Online Archive:

- State and local program staff, as well as the general public, will have instant access to new and historical Policy Letters and Information Notices. Users will be able to browse through documents or perform full-text searches. When an existing Policy Letter has been superceded, users will be redirected to its replacement.

Do your part to help California save energy. To learn more about saving energy, visit the following web site: www.consumerenergycenter.org/flex/index.html

Children’s Medical Services Branch
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400
Internet Address: http://www.dhs.ca.gov/pcfh/cms
The archive is less wasteful as users can either “bookmark” or print those documents of interest. It is also less expensive as postage and labor costs have been greatly reduced. Printing cost will be incurred for only those documents printed by the user.

Policy Letters and Information Notices will be issued faster as the time it takes to photocopy, package, and mail them has been eliminated.

**Software Specifications**

In order to access the archive, users will need:

- access to the Internet (preferably with Internet Explorer 5.0 or higher), and
- Adobe Acrobat Reader 5.0 (or higher) to view and print these documents. The Adobe Acrobat Reader can be downloaded for free at: [www.adobe.com/prodindex/acrobat/readstep.html](http://www.adobe.com/prodindex/acrobat/readstep.html).

If software problems are encountered, local programs should consult their information technology staff before contacting the CMS Branch. If the problem has not been resolved, you may contact Karl Halfman for assistance, at 916-327-2670.

**Implementation**

Since April 2003, the CMS Branch has e-mailed notices to local CMS programs when new Policy Letters and Information Notices have been placed online. Hardcopies of these documents followed by U.S. mail. Effective July 1, 2003, the CMS Branch will cease the mailing of Policy Letters and Information Notices via U.S. mail. Local programs are expected to obtain policy letters and information notices via the CMS Online Archive (see below for more details).

The CMS Branch will mail hardcopies of those Policy Letters or Information Notices, which have enclosures that cannot be posted on the web. Such enclosures may include copyrighted materials, bound reports and publications, posters, or computer diskettes or CD-ROMs.

**General Instructions**

Users can access the archive by clicking on the “Letters and Notices” link on most CMS webpages or by going directly to [www.dhs.ca.gov/pcfh/cms/onlinearchive](http://www.dhs.ca.gov/pcfh/cms/onlinearchive). To navigate through the archive, use the links on gray column on the left-hand side of the screen.
To get more detailed directions on using the archive, click on the “Instructions” link.

To find out which Policy Letters and Information Notices were posted in the last week, click on the “What’s New?” link.


To find Policy Letters from other state and federal agencies, click on the “Other Policy Resources” link.

Posting Schedule and E-Mail Notification

Typically, documents that are finalized during the workweek will be available the first workday of the following week. The following groups will receive an e-mail message notifying them that new Policy Letters and Information Notices have been added to the archive: CCS Administrators and Medical Consultants, CHDP Directors and Deputy Directors, Local Health Officers, County Health Executive Association of California (CHEAC) Members, and State CMS Branch staff.

The names and e-mail addresses for these individuals have been generated from the Children’s Medical Services Directory. It is important for local programs to notify the CMS Branch of changes in personnel (including acting Administrators and Deputy Directors) and e-mail addresses. To submit updates or changes to the Children’s Medical Services Directory, go to the online version of the directory: (www.dhs.ca.gov/pcfh/cms/publications/pdf/directory.pdf) and enter the case-sensitive password: CMS#directory. Follow the instructions on page one to submit updates or changes (refer to CMS Information Notice No.: 02-10 for more information).

Other Methods of Notification

At this point, the CMS Branch is only e-mailing notices to those groups identified above. We anticipate installing “mailing list” software which will allow anyone to “subscribe” to e-mail notifications. The timeline for installation is as yet unknown. In the interim, here are some options for notifying your staff when new letters or notices have been posted:

Instruct staff to bookmark the “What’s New?” webpage and check it once a week for the latest documents (see the enclosure for instructions on bookmarking).
Create your own distribution list and forward the above e-mail notices to that list.

Print off a hardcopy of the document and route it through the office.

Program Specific Instructions

Local CHDP programs are still required to distribute CHDP Provider Information Notices to their provider community. Upon completion of this task, CHDP Programs must mail a completed “Report of Distribution” to the CMS Branch. The “Report of Distribution” has been assigned the form number DHS 4505. It can be obtained in the “Forms and Publications” section of the CHDP website (www.dhs.ca.gov/chdp) beginning August 1, 2003. Note that this self-addressed form is designed to fit in a number ten windowed envelope.

CMS Net Users may use their personal computers (PC) to access the archive by connecting to the Internet using their web browsers (e.g., Internet Explorer, Netscape Navigator). Users are required to have Internet Explorer Version 5.0 or higher or Netscape Navigator Version 4.7 or higher installed on their PCs. Users must also have Adobe Acrobat Reader Version 5.0 or higher installed on their PC to view or print letters. If users who do not have these software applications or the required version(s), they should contact their county information technology staff for assistance.

CMS Net Users using Terminals/Thin Clients are currently unable to use the archive at this time.

Feedback

The CMS Branch will be making improvements to the archive in the coming year, including fine-tuning the search engine capabilities and installing mailing list software. We welcome your feedback. Please direct non-policy-related comments, questions, and suggestions to Karl Halfman, at 916-327-2670 or khalfman@dhs.ca.gov. As always, policy-related questions should be directed to staff identified in Policy Letters and Information Notices.

Original Signed by Harvey Fry for Maridee Gregory, M.D.

Maridee A. Gregory, M.D., Chief
Children’s Medical Services Branch

Enclosure
Bookmarks in Internet Explorer (4.0 or Higher)

You can “bookmark” a webpage (or specific policy letter or information notice) that you want to go back to frequently. To bookmark a letter or webpage in Internet Explorer:

1. Go to the letter or webpage desired.
2. Click on “Add to Favorites…” under the Favorites menu.
3. Customize the name of the letter or webpage and/or the folder location.
4. Click “OK” when completed.

Now, to access the bookmarked letter or webpage in the future,

1. Either click on the Favorites menu or button on the toolbar.
2. Scroll down the list until you find the letter or webpage you bookmarked. Note it will be titled what name you gave it in step three above.
3. Click once on the letter or webpage. It should automatically pop-up in your browser.

Netscape navigator has a similar feature. Find the Bookmark option under the Communicator menu.

CCS Provider Directory
The CCS panel provider directory can be found at http://www.dhs.ca.gov/pcfh/cms/ccs/

Directions:
1. Click on Paneled Provider/Approved Hospital Directory on the gray area on the left side
2. Click on one of the links under Paneled Providers or Approved Hospitals to be taken to a document listing all the paneled providers or approved hospitals currently in CMS Net:
   - Paneled Providers
     - Look up by Paneled Provider County
     - Look up by Paneled Provider Last Name
     - Look up by Paneled Provider Specialty
   - Approved Hospitals
     - Look up by Approved Hospital Approval Level
     - Look up by Approved Hospital County
     - Look up by Approved Hospital Name

Find a provider or hospital in one of two ways:
1. Scroll through the file to find the name of the provider or hospital you are interested in, or
2. Click on the binoculars just below the address bar, type in search criteria in the space provided (provider or hospital name, specialty, etc.) and click the Find button.

Note: These documents can be over 1400 pages long and over 3 megabytes in size. Please be careful when printing any pages from this document.

CCS Approved Hospitals, Standards and Definitions

The CCS hospital definitions can be found in the hospital standards located on the Children’s Medical Services website at http://www.dhs.ca.gov/pcfh/cms/ccs/scc/

Once you are at the Special Care Center Directory page:
- Click on the “CCS Manual of Procedures” link in the introduction paragraph.
- Chapter 3.3 (Hospital Standards) contains a listing of the types of CCS hospitals and a definition and the standards for each type.
# NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

## Provider Information
1. **Date of request**
2. **Provider name**
3. **Medi-Cal provider number**

4. **Address (number, street)**
   - City
   - State
   - ZIP code

5. **Contact person**
6. **Contact telephone number**
7. **Contact fax number**

## Client Information
8. **Client name—last first middle**
9. **Alias (AKA)**
10. **Gender**
    - Male
    - Female
11. **Date of birth (mm/dd/yy)**
12. **CCS/GHPP case number**
13. **Contact phone number**
14. **Medical record number (hospital or office)**
15. **Residence address (number, street) (DO NOT USE P.O. BOX)**
   - City
   - State
   - ZIP code
16. **Mailing address (if different) (number, street, P.O. box number)**
   - City
   - State
   - ZIP code
17. **County of residence**
18. **Language spoken**
19. **Name of parent/legal guardian**
20. **Mother’s first name**
21. **Primary care physician (if known)**
22. **Primary care physician telephone number**

## Insurance Information
23.a. **Enrolled in Medi-Cal?**
    - Yes
    - No
23.b. **If yes, client index number (CIN)**
23.c. **Client’s Medi-Cal number**
24. **Enrolled in Healthy Families**
    - Yes
    - No
25. **Enrolled in commercial insurance plan**
    - Yes
    - No
    - If yes, name of plan
    - Type of commercial insurance plan
    - Name of plan

## Diagnosis
26. **Diagnosis (DX)/ICD-9:**

## Requested Services
27.* **CPT-4/HCPCS Code/NDC**
28. **Specific Description of Service/Procedure**
29. **From (mm/dd/yy)**
30. **To (mm/dd/yy)**
31. **Frequency/Duration**
32. **Units**
33. **Quantity (Pharmacy Only)**

*A specific procedure code/NDC is required in column 27 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.

## Inpatient Hospital Services
34. **Enter facility name (where requested services will be performed, if other than office).**

## Additional Services Requested from Other Health Care Providers
38. Provider’s name
   - Medi-Cal provider number
   - Telephone number
   - Contact person
   - Address (number, street)
     - City
     - State
     - ZIP code
   - Description of services
     - Procedure code
     - Units
     - Quantity
   - Additional information

39. Provider’s name
   - Medi-Cal provider number
   - Telephone number
   - Contact person
   - Address (number, street)
     - City
     - State
     - ZIP code
   - Description of services
     - Procedure code
     - Units
     - Quantity
   - Additional information

40. **Signature of physician/provider or authorized designee**
41. **Date**
Instructions

1. Date of the request: Date the request is being made.

Provider Information

2. Provider’s name: Enter the name of the provider who is requesting services.
3. Medi-Cal provider number: Enter Medi-Cal billing number (no group numbers).
4. Address: Enter the requesting provider’s address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider’s office or contact person.

Client Information

8. Client name: Enter the client’s name—last, first, and middle.
9. Alias (AKA): Enter the patient’s alias, if known.
10. Gender: Check the appropriate box.
11. Date of birth: Enter the client’s date of birth.
12. CCS/GHPP case number: Enter the client’s CCS/GHPP number. If not known, leave blank.
13. Contact phone number: Enter the phone number where the client or client’s legal guardian can be reached.
14. Medical record number: Enter the client’s hospital or office medical record number.
15. Residence address: Enter the address of the client. Do not use a P.O. Box number.
16. Mailing address: Enter the mailing address if it is different than number 15.
17. County of residence: Enter residential county of the client.
18. Language spoken: Enter the client’s language spoken.
19. Name of parent/legal guardian: Enter the name of client’s parent/legal guardian.
20. Mother’s first name: Enter the client’s mother’s first name.
21. Primary care physician: Enter the client’s primary care physician’s name. If it is not known, enter NK (not known).
22. Primary care physician telephone number: Enter the client’s primary care physician phone number.

Insurance Information

23a. Enrolled in Medi-Cal? Mark the appropriate box. If the answer is yes, enter the client’s index number in box 23.b. and the client’s Medi-Cal number in box 23.c.
24. Enrolled in Healthy Families: Mark the appropriate box. If the answer is yes, enter the name of the plan.
25. Enrolled in a commercial insurance plan? Mark the appropriate box, if the answer is yes, mark the type of insurance plan and enter the name of the commercial insurance plan on the line provided.

Diagnosis

26. Diagnosis and/or ICD-9: Enter the diagnosis or ICD-9 code, if known, relating to the requested services.

Requested Services

27. CPT-4/HCPCS code/NDC: Enter the CPT-4, HCPCS code or NDC code being requested. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.
28. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.
29. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
30. Frequency/duration: Enter the frequency or duration of the procedures/service being requested.
31. Units: For NDC, enter total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
32. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
33. Other documentation attached: Check this box if attaching additional documentation.
34. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

Inpatient Hospital Services

35. Begin date: Enter the date the requested inpatient stay shall begin.
36. End date: Enter the end date for the inpatient stay requested.
37. Number of days: Enter the number of days for the requested inpatient stay.

Additional Services Requested from Other Health Care Providers

38. and 39. Provider’s name: Enter name of the provider you are referring services to.
Medi-Cal provider number: Enter the provider’s Medi-Cal provider number.
Telephone: Enter provider’s telephone number.
Contact person: Enter the name of the person who can be contacted regarding the request.
Address: Enter address of the provider.
Description of services: Enter description of referred services.
Procedure code: Enter the procedure code for requested service other than ongoing physician services.
Units: For NDC, enter total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
Additional information: Include any written instructions/details here.

Signature

40. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.
41. Date: Enter the date the request is signed.
# ESTABLISHED CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR)

## Provider Information

<table>
<thead>
<tr>
<th>1. Date of request</th>
<th>2. Provider name</th>
<th>3. Medi-Cal provider number</th>
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<th>4. Address (number, street)</th>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
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<th>5. Contact person</th>
<th>6. Contact telephone number</th>
<th>7. Contact fax number</th>
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## Client Information

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<th>8. Client name—last</th>
<th>First</th>
<th>Middle</th>
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<th>9. Gender</th>
<th>10. Date of birth (mm/dd/yyyy)</th>
<th>11. CCS/GHPP case number</th>
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<tr>
<td>Male</td>
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<tr>
<td>Female</td>
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<th>12. Client index number (CIN)</th>
<th>13. Client’s Medi-Cal number</th>
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## Diagnosis

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<th>14. Diagnosis (DX)/ICD-9:</th>
<th>DX/ICD-9:</th>
<th>DX/ICD-9:</th>
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<tr>
<th>15. Service Authorization Request for (Check one)</th>
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<tbody>
<tr>
<td>a. CCS/GHPP New SAR</td>
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<td>b. Authorization extension (If checked, enter authorization number: )</td>
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## Requested Services

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* A specific procedure code/NDC is required in column 16 if services requested are other than ongoing physician authorizations, hospital days, or special care center authorizations.

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<tr>
<th>22. Other documentation attached</th>
<th>23. Enter facility name (where requested services will be performed, if other than office)</th>
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<td>Yes</td>
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## Additional Services Requested from Other Health Care Providers

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<tr>
<th>30. Provider’s name</th>
<th>Medi-Cal provider number</th>
<th>Telephone number</th>
<th>Contact person</th>
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<th>Address (number, street)</th>
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<th>State</th>
<th>ZIP code</th>
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<th>Description of services</th>
<th>Procedure code</th>
<th>Units</th>
<th>Quantity</th>
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<tr>
<th>31. Provider’s name</th>
<th>Medi-Cal provider number</th>
<th>Telephone number</th>
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DHS 4509 (2/05)
INSTRUCTIONS

1. Date of the request: Date the request is being made.

Provider Information

2. Provider’s name: Enter the name of the provider who is requesting services.
3. Medi-Cal provider number: Enter Medi-Cal billing number (no group numbers).
4. Address: Enter the requesting provider’s address.
5. Contact person: Enter the name of the person who can be contacted regarding the request; all authorizations should be addressed to the contact person.
6. Contact telephone number: Enter the phone number of the contact person.
7. Contact fax number: Enter the fax number for the provider’s office or contact person.

Client Information

8. Client name: Enter the client’s name—last, first, and middle.
9. Gender: Check the appropriate box.
10. Date of birth: Enter the client’s date of birth.
11. CCS/GHPP case number: Enter the client’s CCS/GHPP number. If not known, leave blank.
12. Client index number (CIN): Enter the client’s CIN number. If not known, leave blank.
13. Client’s Medi-Cal number: Enter the client’s Medi-Cal number. If number is not known, leave blank.

Diagnosis

14. Diagnosis and/or ICD-9: Enter the diagnosis or ICD-9 code, if known, relating to the requested services.

Requested Services

15. a. CCS/GHPP New SAR: Check if requesting a new authorization for an established CCS/GHPP client.
   b. Authorization extension: Check if requesting an extension of an authorized request. Please enter the authorization number on the line.
16. CPT-4/HCPCS code/NDC: Enter the requested CPT-4, HCPCS code, or NDC code. This is only required if services requested are other than ongoing physician authorizations or special care center authorizations. Also not required for inpatient hospital stay requests.
17. Specific description of procedure/service: Enter the specific description of the procedure/service being requested.
18. From and to dates: Enter the date you would like the services to begin. Enter the date you would like the services to end. These dates are not necessarily the dates that will be authorized.
19. Frequency/duration: Enter the frequency or duration of the procedures/services being requested.
20. Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
21. Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
22. Other documentation attached: Check this box if attaching additional documentation.
23. Enter facility name: Complete this field with the name of the facility where you would like to perform the surgery you are requesting.

Inpatient Hospital Services

24. Begin date: Enter the date the requested inpatient stay will begin.
25. End date: Enter the date the requested inpatient stay will end.
26. Number of days: Enter the number of days for the requested inpatient stay.
27. Extension begin date: Enter the date the requested extension of authorized inpatient stay will begin.
28. Extension end date: Enter the date the requested extended stay will end.
29. Number of extension days: Enter number of days for the requested extension inpatient stay.

Additional Services Requested from Other Health Care Providers

30. and 31. Provider’s name: Enter name of the provider you are referring services to.
   Medi-Cal provider number: Enter the provider’s Medi-Cal provider number.
   Telephone: Enter provider’s telephone number.
   Contact person: Enter the name of the person who can be contacted regarding the request.
   Address: Enter address of the provider.
   Description of services: Enter description of referred services.
   Procedure code: Enter the procedure code for requested service other than ongoing physician services.
   Units: For NDC, enter the total number of fills plus refills. For all other codes, enter the total number/amount of services/supplies requested for SAR effective dates.
   Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
   Additional information: Include any written instructions/details here.

Signature

32. Signature of physician or provider: Form must be signed by the physician, pharmacist, or authorized representative.
33. Date: Enter the date the request is signed.
## CCS/GHPP DISCHARGE PLANNING SERVICE AUTHORIZATION REQUEST (SAR)

### Hospital Information

1. **Date of request**
2. **Hospital name**
3. **Medi-Cal provider number**

4. **Address (number, street)**
   | City | State | ZIP code |
5. **Contact person/discharge planner**
6. **Telephone number**
7. **Fax number**

### Client Information

8. **Client name—last first middle**
9. **Alias (AKA)**
10. **Gender**
    - ☐ Male
    - ☐ Female
11. **Date of birth (mm/dd/yyyy)**
12. **CCS/GHPP case number**
13. **Contact phone number**
14. **Medical record number (hospital or office)**
15. **Residence address (number, street) (DO NOT USE P.O. BOX)**
   | City | State | ZIP code |
16. **Mailing address (if different) (number, street, P.O. box number)**
   | City | State | ZIP code |
17. **County of residence**
18. **Language spoken**
19. **Name of parent/legal guardian**
20. **Mother’s first name**
21. **Primary care physician (if known)**
22. **Primary care physician telephone number**

### Insurance Information
23.a. **Enrolled in Medi-Cal?**
    - ☐ Yes
    - ☐ No
23.b. **If yes, client index number (CIN)**
23.c. **Client’s Medi-Cal number**
24. **Enrolled in Healthy Families?**
    - ☐ Yes
    - ☐ No
    | If yes, name of plan |
25. **Enrolled in commercial insurance plan?**
    - ☐ Yes
    - ☐ No
    | ☐ PPO
    | ☐ HMO
    | ☐ Other
    | Name of plan |
26. **Diagnosis**

### Plan to discharge to:
- ☐ Home
- ☐ Transfer to (specify):

### Specific Discharge Planning Services Requested

28. **Provider’s name**
29. **Provider’s name**

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30. **Signature of discharge planner**
31. **Title**
32. **Name of discharging physician**
33. **Date**
### Specific Discharge Planning Services Requested (continued)

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40. Signature of discharge planner

41. Title

42. Name of discharging physician

43. Date
### INSTRUCTIONS

1. and 35. Date of request: Date the request is being made.

#### Hospital Information

2. Hospital name: Enter the legal name of the hospital requesting the services.
3. Medi-Cal provider number: Enter inpatient Medi-Cal billing number.
4. Address: Enter the hospital's address.
5. and 36. Contact person: Enter the name of the person who can be contacted regarding the request.
6. and 37. Contact person telephone number: Enter the phone number of the contact person.
7. Fax number: Enter the fax number of the hospital or contact person.

#### Client Information

8. and 34. Client name: Enter the client's name, last, first, and middle.
9. Alias (AKA): Enter patient's alias, if known.
10. Gender: Check the appropriate box.
11. Date of birth: Enter the client's date of birth.
12. CCS/GHPP case number: Enter the client's CCS/GHPP number. If number not known, leave blank.
13. Contact phone number: Enter the phone number where the client's parent/legal guardian can be reached.
14. Medical record number: Enter the patient's hospital or office medical number.
15. Residence address: Enter the client's address. Do not use a P.O. Box number.
16. Mailing address: Enter mailing address if different than 15.
17. County of residence: Residential county of the client.
18. Language spoken: Enter the client's language spoken.
19. Name of parent/legal guardian: Enter the name of client's parent/legal guardian.
20. Mother's first name: Enter the client's mother's first name.
21. Primary care physician: Enter client's primary care physician's name; if it is not known, enter NK (not known).
22. Primary care physician telephone number: Enter client's primary physician's phone number.

#### Insurance Information

23. Enrolled in Medi-Cal? Check the appropriate box. If the answer is yes, enter the client's index number in box 23.b. and the client's Medi-Cal number in box 23.c.
24. Enrolled in Healthy Families? Check the appropriate box. If the answer is yes, enter the name of the plan.
25. Enrolled in a commercial insurance plan? Check the appropriate box. If the answer is yes, check type of commercial insurance plan and enter the name of the insurance plan on the line provided.

#### Diagnosis/Discharge Plan

26. Diagnosis: Enter the diagnosis, if known, relating to the requested services.
27. Plan to discharge: Check the appropriate box. If “transfer to” is checked, please specify where on line provided.

#### Specific Discharge Planning Services Requested

28., 29., 38., and 39. Provider's name: Enter name of the provider who will be performing the services requested.
   - Medi-Cal provider number: Enter the provider's Medi-Cal provider number.
   - Telephone number: Enter phone number of the provider.
   - Contact person: Enter name of contact person at the provider's office.
   - Address: Enter provider's address.
   - Description of services: Describe service that is being requested.
   - EPSDT SS?: Check appropriate box. If yes, contact the State for prior authorization.
   - Procedure code: Enter the procedure code for the service being requested.
   - Units: For NDC, enter total number of fills plus refills. For all other codes enter the total number/amount of services/supplies requested for SAR effective dates.
   - Quantity: Use only for products identified by NDC. For drugs, enter the amount to be dispensed (number, ml or cc, gms, etc.). For lancets or test strips, enter the number per month or per dispensing period.
   - Additional information: Include any written details/instructions here.
   - Frequency/duration: Enter the frequency or duration of the procedures/services being requested.

#### Signature

30. and 40. Signature of discharge planner: Discharge planner signs here.
31. and 41. Title: Enter the title of person signing the document.
32. and 42. Name of discharging physician: Enter the name of the discharging physician.
33. and 43. Date: Enter the date signed.
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INFORMATION ABOUT CALIFORNIA CHILDREN’S SERVICES (CCS)

What is California Children’s Services?
CCS is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases. CCS can authorize and pay for specific medical services and equipment provided by CCS-approved specialists. The California Department of Health Services manages the CCS program. Larger counties operate their own CCS programs, while smaller counties share the operation of their program with state CCS regional offices in Sacramento, San Francisco, and Los Angeles. The program is funded with state, county, and federal tax monies, along with some fees paid by parents.

What does CCS offer children?
If you or your child’s doctor think that your child might have a CCS-eligible medical condition, CCS may pay for or provide a medical evaluation to find out if your child’s condition is covered.

If your child is eligible, CCS may pay for or provide:
- Treatment, such as doctor services, hospital and surgical care, physical therapy and occupational therapy, laboratory tests, X-rays, orthopedic appliances and medical equipment.
- Medical case management to help get special doctors and care for your child when medically necessary, and referral to other agencies, including public health nursing and regional centers; or a
- Medical Therapy Program (MTP), which can provide physical therapy and/or occupational therapy in public schools for children who are medically eligible.

Who qualifies for CCS?
The program is open to anyone who:
- is under 21 years old;
- has or may have a medical condition that is covered by CCS;
- is a resident of California; and
- has a family income of less than $40,000 as reported on the adjusted gross income on the state tax form or whose out-of-pocket medical expenses for a child who qualifies are expected to be more than 20 percent of family income; or the child has Healthy Families coverage.

Family income is not a factor for children who:
- need diagnostic services to confirm a CCS eligible medical condition; or
- were adopted with a known CCS eligible medical condition; or
- are applying only for services through the Medical Therapy Program; or
- have Medi-Cal full scope, no share of cost; or
- have Healthy Families coverage.

What medical conditions does CCS cover?
Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. There also may be certain criteria that determine if your child’s medical condition is eligible. Listed below are categories of medical conditions that may be covered and some examples of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Disorders of the genito-urinary system (serious chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of the sense organs (hearing loss, glaucoma, cataracts)
- Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring an intensive level of care
Disorders of the skin and subcutaneous tissue (severe hemangioma)
Medically handicapping malocclusion (severely crooked teeth)

Ask your county CCS office if you have questions.

What must the applicant or family do to qualify?
Families (or the applicant if age 18 or older, or an emancipated minor) must:

- complete the application form on page 3 and return it to their county CCS office;
- give CCS all of the information requested so CCS can determine if the family qualifies;
- apply to Medi-Cal if CCS believes that a family’s income qualifies them for the Medi-Cal program. (If a family qualifies for Medi-Cal, the child is also covered by CCS. CCS approves the services; payment is made through Medi-Cal.)

How is my privacy protected?

California law requires that families applying for services be given information on how CCS protects their privacy.1

To protect your privacy:

- CCS must keep this information confidential.2
- CCS may share information on the form with authorized staff from other health and welfare programs only when you have signed a consent form.

You have the right to see your application and CCS records concerning you or your child. If you wish to see these records contact your county CCS office. By law, the information you give CCS is kept by the program.3

Do I have a right to appeal a decision?

You have the right to disagree with decisions made by CCS.4 This is called an appeal. The appeal process gives the parent/legal guardian or applicant a way to work with the CCS program to find solutions to disagreements. For information on the appeal process, contact your county CCS office.

Where can I get more information about CCS?

For more information, or help in filling out this application, please contact your county CCS office. Their phone number is usually listed in the government section of your local telephone directory. Look under California Children’s Services or county Health Department.

Notes
1 Civil Code, Section 1798.17
2 In accordance with Section 41670, Title 22, California Code of Regulations and the California Public Records Act (Government Code, Sections 6250–6255)
3 Section 123800 et. seq. of the California Health and Safety Code
4 California Code of Regulations, Title 2, Chapter 13, Sections 42702–42703
APPLICATION TO DETERMINE CCS PROGRAM ELIGIBILITY

This application is to be completed by the parent, legal guardian, or applicant (if age 18 or older, or an emancipated minor) in order to determine if the applicant is eligible for CCS services/benefits. The term “applicant” means the child, individual age 18 or older, or emancipated minor for whom the services are being requested. For instructions on completing this form, please see page 4. Please type or print clearly.

A. Applicant Information

1. Name of applicant (last) (first) (middle) Name on birth certificate (if different) Any other name the applicant is known by

2. Date of birth (month, day, year)

3. Place of birth—county and state Country, if born outside the U.S.

4. Applicant’s residence address (number, street) (do not use a P.O. box) City County ZIP code

5. Gender
   - Male
   - Female

6. Race/ Ethnicity

7. Social security number (optional)

8. What is the applicant’s suspected eligible CCS condition or disability?

9. Name of applicant’s physician

10. Physician’s phone number

B. Parent/Legal Guardian Information  (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)

11. Name(s) of parent or legal guardian

12. Mother’s first name (if not identified in 11) Maiden name

13. Residence address (number, street) (do not use a P.O. box) City County ZIP code

14. Mailing address (if different from 13) City ZIP code

15. Day phone number

16. Evening phone number

17. Message phone number

18. What language do you speak at home?

C. Health Insurance Information

19. Does the applicant have Medi-Cal? If yes, what is the applicant’s Medi-Cal number? Is there a share-of-cost? If yes, what amount do you pay per month?
   - Yes
   - No

20. Is the applicant enrolled in the Healthy Families program? If yes, what is the name of the plan?
   - Yes
   - No

21. Does the applicant have other health insurance? If yes, what is the name of the insurance plan or company?
   - Yes
   - No

   Type of insurance plan or company
   - Preferred Provider (PPO)
   - Health Maintenance Organization (HMO)
   - Other:

22. Does the applicant have dental insurance?

23. Does the applicant have vision insurance?
   - Yes
   - No

D. Certification (Initial and sign below. Your signature authorizes the CCS program to proceed with this application.)

___ I am applying to the CCS program in order to determine eligibility for services/benefits. I understand that the completion of this application does not assure acceptance of the applicant by the CCS program.

___ I give my permission to verify my residence, health information, or other circumstances required to determine eligibility for CCS services/benefits.

___ I certify that I have read and understand the information or have had it read to me.

___ I also certify that the information I have given on this form is true and correct.

Signature of person completing the application Relationship to the applicant Date

Signature of witness (only if the person signed with a mark) Date

Mail this form to your county CCS office.
Please print clearly so your application can be processed as quickly as possible.

Please fill out each section completely. If you do not provide all the information, CCS will not be able to proceed with your application. If you need help filling out this form, please contact your county CCS office.

Once the application is completed, mail it to your county CCS office (see page 6). Remember to sign and date the form.

Section A: Applicant Information ("Applicant" means the child, individual age 18 or older, or emancipated minor for whom the services are being requested.)

1. **Applicant's name:** Fill in the applicant’s last, first, and middle name. In the next box, write the applicant’s full name as it appears on his/her birth certificate if different from his/her name. If the applicant is known by any other name, please include that name in the last box.

2. **Applicant's date of birth:** Write the month, day, and year of the applicant’s birth.

3. **Place of birth:** Write the county and state where applicant was born. Include the country if the applicant was born outside the U.S.

4. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of the applicant’s current residence in this space. Please do not use a P.O. box.

5. **Applicant's gender:** Place a checkmark or an X in the correct gender box (male or female).

6. **Race/Ethnicity:** Please enter the category from the following list which best describes the applicant’s primary race/ethnicity:
   - Alaskan Native
   - Amerasian
   - American Indian
   - Asian
   - Asian Indian
   - Black/African American
   - Cambodian
   - Chinese
   - Filipino
   - Guamanian
   - Hawaiian
   - Hispanic/Latino
   - Japanese
   - Korean
   - Laotian
   - Samoan
   - Vietnamese
   - White
   - Other

7. **Applicant's social security number (optional):** Please write the applicant’s nine-digit social security number.

8. **Suspected CCS condition or disability:** Write down the applicant’s disability or special health care need that would be treated by CCS. The enclosed description of CCS eligible conditions may help you (see “What medical conditions does CCS cover” on page 1). If you don’t know, ask the applicant’s doctor or leave the space blank. CCS will follow up with the applicant’s physician if more information is needed.

9. **Name of applicant’s physician:** Write the name of the applicant’s physician.

10. **Physician’s phone number:** Write the phone number for the physician listed in number 9.

Section B: Parent/Legal Guardian Information (Applicants age 18 or older, or emancipated minors skip items 11 and 13.)

11. **Parent/guardian name(s):** Write the name(s) of the applicant’s parent(s) or the name(s) of the applicant’s legal guardian(s).

12. **Mother's first name and maiden name:** Write the applicant’s mother’s first name and maiden name.

13. **Address:** Write the street number, street name, apartment number, city, county, and ZIP code of your current residence. Please do not use a P.O. box.

14. **Mailing address:** If this address is different from number 13, please write the street number, street name, city, and ZIP code.

15. **Daytime phone number:** Please write the phone number where you can be reached during the day.

16. **Evening phone number:** Please write the phone number where you can be reached during the evening.

17. **Message phone number:** Please write your message phone number if applicable.

18. **Language(s) spoken:** Write down the language you speak at home.
Section C: Health Insurance Information

If CCS thinks you may qualify, they will ask you to apply for Medi-Cal if you are not currently receiving Medi-Cal health care benefits.

19. If the applicant does not receive Medi-Cal, check “No” and go to number 20. If the applicant receives Medi-Cal, check “Yes” and fill in the applicant’s Medi-Cal number. If you pay a portion of the cost of your Medi-Cal insurance, check “Yes” and fill in the amount of your shared cost. If you don’t, check “No” and go to number 20.

20. If the applicant receives health insurance from the Healthy Families program please check “Yes” and fill in the name of the plan. If the applicant does not, check “No.” Healthy Families is a special health insurance program for moderate to low income families. If you think you might qualify, you can ask your county CCS program about how to apply for the Healthy Families program.

21. If the applicant does not have other health insurance, check “No” and go to number 22. If the applicant has health insurance, check “Yes” and fill in the name of the insurance plan or company. Then check the appropriate box depending upon what type of insurance it is. Your insurance forms will tell you what type of health insurance you have. If you are not sure, you can call your health insurance company and ask them.

22. If the applicant has dental insurance, check “Yes.” If the applicant does not have dental insurance, check “No.”

23. If the applicant has vision insurance, check “Yes.” If the applicant does not have vision insurance, check “No.”

Section D: Certification

Be sure to sign and date in ink. If signature is signed with a mark, please have a witness sign his or her signature and fill in the date.

Under “Relationship to the applicant,” enter father, mother, legal guardian, or self (in the case of individuals age 18 or older, or emancipated minors).

Submitting Your Application

Mail or deliver your application to your county CCS office. To find your county CCS office, go to www.dhs.ca.gov/ccs or look in the government section of your local telephone directory under California Children’s Services or county health department.
INFORMACIÓN SOBRE LOS SERVICIOS PARA LOS NIÑOS DE CALIFORNIA (CCS)

¿Qué son los Servicios para los Niños de California?

CCS es un programa estatal que trata a niños con ciertas limitaciones físicas y con problemas y enfermedades de salud crónicas. CCS puede autorizar y pagar el costo de servicios y equipos médicos específicos provistos por especialistas aprobados por CCS. El Departamento de Servicios de Salud de California administra el programa CCS. Los condados de mayor tamaño operan sus propios programas CCS, mientras que los condados de menor tamaño comparten la operación de su programa con las oficinas regionales estatales de CCS en Sacramento, San Francisco y Los Ángeles. El programa está financiado con fondos provenientes de impuestos estatales, del condado y federales, y con algunos honorarios que pagan los padres.

¿Qué ofrece CCS a los niños?

Si usted o el médico de su hijo piensa que su hijo puede tener un problema médico que cumple con los requisitos de CCS, es posible que CCS pague o provea una evaluación médica para determinar si el problema de su hijo está cubierto.

Si su hijo cumple con los requisitos, CCS podrá pagar o brindar:

- Tratamiento, como servicios médicos, cuidados en el hospital y de cirugía, fisioterapia y terapia ocupacional, pruebas de laboratorio, radiografías, aparatos ortopédicos y equipo médico.
- Manejo de casos médicos para ayudar a obtener médicos especialistas y cuidados para su hijo si son necesariamente necesarios, así como remisión a otros organismos, incluyendo enfermería de salud pública y centros regionales.
- Programa de Terapia Médica (MTP, por sus siglas in inglés), que puede prestar servicios de fisioterapia y/o de terapia ocupacional en escuelas públicas para niños que cumplen con ciertos requisitos médicos.

¿Quiénes cumplen con los requisitos para CCS?

El programa está a disposición de todos los que:

- son menores de 21 años de edad;
- tienen o pueden tener un problema médico cubierto por CCS;
- son residentes de California y
- tienen un ingreso familiar de menos de $40,000, según se informe en el ingreso bruto ajustado del formulario impositivo del estado o se espera que tendrán gastos médicos de bolsillo, para un niño que cumple con los requisitos, de más del 20 por ciento del ingreso familiar; o bien, el niño tiene cobertura de Healthy Families.

El ingreso familiar no es un factor determinante en el caso de los niños que:

- necesitan servicios diagnósticos para confirmar un problema médico que cumple con los requisitos de CCS; o
- fueron adoptados con conocimiento de que tenían un problema médico que cumple con los requisitos de CCS; o
- sólo están solicitando servicios mediante el Programa de Terapia Médica; o
- tienen Medi-Cal completo, sin compartir el costo; o
- tienen cobertura de Healthy Families.

¿Qué problemas médicos cubre CCS?

Sólo ciertos problemas están cubiertos por CCS. En general, CCS sólo cubre problemas médicos que causan impedimentos físicos o requieren servicios médicos, quirúrgicos o de rehabilitación. También puede haber ciertos criterios que determinan si el problema médico de su hijo cumple con los requisitos. La lista a continuación contiene las categorías de problemas médicos que pueden estar cubiertos y algunos ejemplos de cada uno de ellos:

- Problemas del corazón (enfermedad cardiaca congénita)
- Neoplasmas (cánceres, tumores)
- Enfermedades de la sangre (hemofilia, anemia de células falciformes)
- Enfermedades endocrinas, de nutrición y metabólicas (problemas de tiroides, PKU [fenilcetonuria], diabetes)
- Enfermedades del sistema genito-urinario (problemas crónicos serios de los riñones)
- Problemas del sistema gastrointestinal (enfermedad inflamatoria crónica, enfermedades del hígado)
- Defectos de nacimiento serios (paladar hendido, labio leporino, espina bifida)
- Enfermedades de los órganos sensoriales (pérdida del oído, glaucoma, cataratas)
- Enfermedades del sistema nervioso (parálisis cerebral, ataques no controlados)
- Enfermedades del sistema musculoesquelético y de los tejidos conectivos (artritis reumatoide, distrofi muscular)
- Enfermedades graves del sistema inmune (infección por el VIH)
• Problemas que causan impedimentos o intoxicaciones que requieren cuidados intensivos o rehabilitación (lesiones graves de la cabeza, el cerebro o la médula espinal, quemaduras graves)
• Complicaciones del nacimiento prematuro que requieren cuidados intensivos
• Enfermedades de la piel y del tejido subcutáneo (hemangioma grave)
• Mala oclusión que causa impedimentos médicos (dientes muy torcidos)

Si tiene preguntas, la oficina CCS de su condado se las puede responder.

¿Qué tiene que hacer el solicitante o la familia para cumplir con los requisitos?
Las familias (o el solicitante, si cumplió los 18 años o es un menor de edad emancipado) deben:
• completar el formulario de solicitud en la página 3 y enviarlo a la oficina CCS de su condado;
• dar a CCS toda la información solicitada, para que CCS pueda determinar si la familia cumple con los requisitos;
• solicitar Medi-Cal si CCS cree que el ingreso de la familia la habilita para registrarse en el programa Medi-Cal. (Si una familia califica para Medi-Cal, el niño también está cubierto por CCS. CCS aprueba los servicios y los pagos se efectúan mediante Medi-Cal).

¿Cómo se protege mi privacidad?
La ley de California requiere que se dé a las familias que soliciten servicios información sobre cómo CCS protege su privacidad.¹

Para proteger su privacidad:
• CCS tiene que mantener esta información confidencial.²
• CCS puede compartir la información que figura en el formulario con personal autorizado de otros programas de salud y bienestar únicamente si usted firmó un formulario de consentimiento.

Usted tiene derecho a ver su solicitud y los datos de CCS relativos a usted o a su hijo. Si desea ver estos datos, póngase en contacto con la oficina CCS de su condado. Por ley, la información que usted da a CCS es archivada por el programa.³

¿Tengo derecho a apelar una decisión?
Tiene derecho a estar en desacuerdo con las decisiones que tome CCS.⁴ Esto se llama hacer una apelación. El proceso de apelación permite que el padre, el tutor o el solicitante trabaje con el programa CCS para encontrar soluciones a los desacuerdos. Para información sobre el proceso de apelación, póngase en contacto con la oficina CCS de su condado.

¿Dónde puedo obtener más información sobre CCS?
Para más información o ayuda para llenar esta solicitud, póngase en contacto con la oficina CCS de su condado. Por lo general, el número de teléfono de dicha oficina figura en la sección de gobierno del directorio telefónico local. Busque bajo California Children’s Services (Servicios para los Niños de California) o County Health Department (Departamento de Salud del condado).

Notas
1 Código Civil, Sección 1798.17
2 De conformidad con la Sección 41670, Título 22, Código de Reglamentaciones de California y la ley de Datos Públicos de California (Código de Gobierno, Secciones 8250–8255)
3 Sección 123800 et. seq. del Código de Salud y Seguridad de California
4 Código de Reglamentaciones de California, Título 2, Secciones 42702–42703
SOLICITUD PARA DETERMINAR SI EL SOLICITANTE PUEDE PARTICIPAR EN EL PROGRAMA CCS

Esta solicitud debe ser completada por el padre, el tutor o el solicitante (si cumplió los 18 años de edad o es un menor de edad emancipado) para determinar si el solicitante cumple con los requisitos para recibir servicios y beneficios de CCS. El término “solicitante” significa el niño, la persona de 18 años de edad o más o el menor de edad emancipado para el que se solicitan los servicios. Para obtener instrucciones sobre cómo completar este formulario, consulte la página 4. Escriba a máquina o claramente en letras de molde.

**A. Información sobre el solicitante**

<table>
<thead>
<tr>
<th>Nro.</th>
<th>Detalle</th>
<th>Información</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nombre del solicitante (apellido) [nombre]</td>
<td>Nombre en el certificado de nacimiento (si es diferente)</td>
</tr>
<tr>
<td>2</td>
<td>Fecha de nacimiento (mes, día, año)</td>
<td>Lugar de nacimiento, condado y estado</td>
</tr>
<tr>
<td>3</td>
<td>Dirección del solicitante (número y calle) (no usar casilla postal)</td>
<td>Ciudad</td>
</tr>
<tr>
<td>5</td>
<td>Género</td>
<td>Raza/étnica</td>
</tr>
<tr>
<td>8</td>
<td>¿Cuál es el problema o la discapacidad del solicitante que se sospecha que cumple con los requisitos de CCS?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Nombre completo del médico del solicitante</td>
<td>10. Número de teléfono del médico</td>
</tr>
</tbody>
</table>

**B. Información sobre el padre o tutor (los solicitantes de 18 años de edad o mayores o los menores emancipados saltean los números 11 y 13).**

<table>
<thead>
<tr>
<th>Nro.</th>
<th>Detalle</th>
<th>Información</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Nombre(s) del padre(s) o tutor(es)</td>
<td>Nombre de la madre (si no se identificó en 11)</td>
</tr>
<tr>
<td>13</td>
<td>Dirección (número y calle) (no usar casilla postal)</td>
<td>Ciudad</td>
</tr>
<tr>
<td>14</td>
<td>Dirección postal (si no es la misma que la del 13)</td>
<td>Ciudad</td>
</tr>
<tr>
<td>15</td>
<td>N° de teléfono diurno</td>
<td>N° de teléfono nocturno</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>¿Qué idioma se habla en su casa?</td>
</tr>
</tbody>
</table>

**C. Información sobre el seguro de salud**

<table>
<thead>
<tr>
<th>Nro.</th>
<th>Detalle</th>
<th>Información</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>¿Tiene Medi-Cal el solicitante?</td>
<td>Si, ¿cuál es el número de Medi-Cal del solicitante?</td>
</tr>
<tr>
<td>20</td>
<td>¿Está inscrito el solicitante en el programa Healthy Families?</td>
<td>Si, ¿cómo se llama el plan?</td>
</tr>
<tr>
<td>21</td>
<td>¿Tiene el solicitante otro seguro de salud?</td>
<td>Si, ¿cómo se llama el plan o la compañía de seguros?</td>
</tr>
<tr>
<td>22</td>
<td>¿Tiene seguro dental el participante?</td>
<td></td>
</tr>
</tbody>
</table>

**D. Certificación (Coloque sus iniciales y firme a continuación. Su firma autoriza al programa CCS a proceder con esta solicitud).**

- Solicito el programa CCS para determinar el cumplimiento de requisitos para obtener servicios y beneficios. Entiendo que completar esta solicitud no garantiza la aceptación del solicitante en el programa CCS.  
- Doy permiso para que se verifique mi dirección, información sobre la salud u otras circunstancias que se requieran para determinar el cumplimiento de requisitos para recibir servicios y beneficios CCS.  
- Certifico que he leído y comprendo la información que me han leído.  
- También certifico que la información que escribí en este formulario es verdadera y correcta.

Firma de la persona que llenó la solicitud  
Relación con el solicitante  
Fecha

Firma del testigo (sólo si la persona firmó con una marca)  
Fecha

Envíe este formulario por correo a la oficina CCS de su condado. Consulte la página 6 para obtener una lista de direcciones.
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INSTRUCCIONES PARA COMPLETAR EL FORMULARIO PARA SOLICITAR SERVICIOS PARA NIÑOS DE CALIFORNIA (DHS 4480)

Escriba claramente en letras de molde para que su solicitud se pueda tramitar lo más rápidamente posible.

Llene cada sección completamente. Si no da toda la información, CCS no podrá proceder con su solicitud. Si necesita ayuda para llenar este formulario, póngase en contacto con la oficina CCS de su condado.

Después de completar la solicitud, envíela por correo a la oficina CCS de su condado (consulte la página 6). No olvide firmar el formulario y colocarle la fecha.

Sección A: Información sobre el solicitante (“Solicitante” significa el niño, la persona de 18 años de edad mayor, o el menor de edad emancipado para el que se solicitan los servicios).

1. **Nombre del solicitante:** Escriba el apellido, el nombre y el segundo nombre del solicitante. En la casilla que sigue, escriba el nombre completo del solicitante como aparece en su certificado de nacimiento si no es igual a su nombre. Si el solicitante se conoce por cualquier otro nombre, escriba ese nombre en la última casilla.

2. **Fecha de nacimiento del solicitante:** Escriba el mes, el día y el año del nacimiento del solicitante.

3. **Lugar de nacimiento:** Escriba el condado y el estado en los que nació el solicitante. Si el solicitante nació fuera de EE.UU., escriba el país.

4. **Dirección:** En este espacio, escriba el número de la calle, el nombre de la calle, el número del departamento, la ciudad, el condado y el código postal del lugar donde vive ahora el solicitante. No use ninguna casilla de correo.

5. **Género del solicitante:** Ponga una marca √ o una X en la casilla que corresponda al género (masculino o femenino).

6. **Raza o etnia:** Ponga la categoría de la lista que aparece más abajo que mejor describa la raza o etnia principal del solicitante:

   - Nativo de Alaska
   - Amerasiático
   - Indígena norteamericano
   - Asiático
   - Indio asiático
   - Negro/afronorteamericano
   - Camboyano
   - Chino
   - Filipino
   - Guaymeyño
   - Hawaiano
   - Hispano/latino
   - Japonés
   - Coreano
   - Laosiano
   - Samoano
   - Vietnamita
   - Blanco
   - Otro

7. **Número del seguro social del solicitante (optativo):** Escriba el número de nueve cifras del seguro social del solicitante.

8. **Problema o discapacidad que se sospecha que cumple con los requisitos de CCS:** Escriba la discapacidad o la necesidad especial de atención de la salud del solicitante que trataría el CCS. La descripción adjunta de los problemas que cumplen con los requisitos de CCS lo puede ayudar (consulte “¿Qué problemas médicos cubre CCS?” en la página 1). Si no sabe, pregunte al médico del solicitante o deje el espacio en blanco. Si hace falta más información, CCS se pondrá en contacto con el médico del solicitante.

9. **Nombre completo del médico del solicitante:** Escriba el nombre completo del médico del solicitante.

10. **Número de teléfono del médico:** Escriba el número de teléfono del médico que puso en el número 9.

Sección B: Información sobre el padre o tutor (Los solicitantes de 18 años de edad o mayores o los menores de edad emancipados saltean los números 11 y 13).

11. **Nombres completo(s) del/de los padre(s) o tutor(es):** Escriba el/los nombre(s) del/de los padre(s) del solicitante o del/de los tutor(es) del solicitante.

12. **Nombre y apellido de soltera de la madre:** Escriba el nombre y el apellido de soltera de la madre del solicitante.

13. **Dirección:** Escriba el número de la calle, el nombre de la calle, el número del departamento, la ciudad, el condado y el código postal del lugar en que usted vive ahora. No use ninguna casilla de correo.

14. **Dirección postal:** Si la dirección es diferente de la del número 13, escriba el número de la calle, el nombre de la calle, la ciudad y el código postal.

15. **Número de teléfono diurno:** Escriba el número de teléfono al que se lo puede llamar durante el día.

16. **Número de teléfono nocturno:** Escriba el número de teléfono al que se lo puede llamar durante la noche.

17. **Número para mensajes telefónicos:** Si corresponde, escriba el número de teléfono para dejarle mensajes telefónicos.
18. **Idioma(s) que habla:** Escriba el idioma que usted habla en su casa.

**Sección C: Información sobre el seguro de salud**

Si CCS cree que usted puede cumplir con los requisitos de participación, le pedirán que solicite Medi-Cal si en la actualidad no está recibiendo beneficios Medi-Cal para la atención de la salud.

19. Si el solicitante no recibe Medi-Cal, marque “No” y pase al número 20. Si el solicitante recibe Medi-Cal, marque “Sí” y escriba el número de Medi-Cal del solicitante. Si usted paga una parte del costo de su seguro Medi-Cal, marque “Sí” y escriba la cantidad del costo que comparte. De lo contrario, marque “No” y pase al número 20.

20. Si el solicitante recibe seguro de salud del programa Healthy Families, marque “Sí” y escriba el nombre del plan. Si el solicitante no recibe ese seguro, marque “No”. Healthy Families es un programa de seguro especial para las familias de ingresos moderados a bajos. Si le parece que puede cumplir con los requisitos, pregúntele al programa CCS de su condado cómo puede solicitar participar en el programa Healthy Families.

21. Si el solicitante no tiene otro seguro de salud, marque “No” y pase al número 22. Si el solicitante tiene seguro de salud, marque “Sí” y escriba el nombre del plan o de la compañía de seguros. Después marque la casilla que corresponda, dependiendo de la clase de seguro que sea. Sus formularios de seguros le indican la clase de seguro de salud que tiene. Si no está seguro puede llamar a su compañía de seguros y preguntarles.

22. Si el solicitante tiene seguro dental, marque “Sí”. Si el solicitante no tiene seguro dental, marque “No”.

23. Si el solicitante tiene seguro de la vista, marque “Sí”. Si el solicitante no tiene seguro de la vista, marque “No”.

**Sección D: Certificación**

Asegúrese de firmar y poner la fecha con tinta. Si firma con una marca, pida a un testigo firme y ponga la fecha.

En la sección “Relación con el solicitante”, coloque padre, madre, tutor o sí mismo (en el caso de las personas de 18 años de edad o mayores, de los menores de edad emancipados).

**Presentación de su solicitud**

Envíe por correo o entregue su solicitud a la oficina CCS de su condado. Para encontrar la oficina CCS de su condado visite [www.dhs.ca.gov/ccs](http://www.dhs.ca.gov/ccs) o busque en la sección de gobierno del directorio telefónico local bajo California Children’s Services (Servicios para los Niños de California) o County Health Department (Departamento de Salud del condado).
CALIFORNIA CHILDREN'S SERVICES (CCS)  
PROGRAM SERVICES AGREEMENT (PSA)

This PSA outlines CCS program requirements and shows the effective dates on which the CCS client is eligible for CCS services. Your signature on this PSA indicates that you understand and agree to all of the following and will follow CCS program requirements.

Name of Client/Applicant:
C.C.S.#:
CIN#:
Date of Birth:

1. I am a resident of [County Name] County, California.

2. I understand that the Program Services Agreement (PSA) is only in effect if my family meets the medical, residential and financial eligibility requirements of CCS.

3. I understand that CCS will cover medically necessary services when they are related to [Child Name]’s CCS-eligible condition.

4. I understand that CCS will be responsible only for the medical services that CCS authorizes.

5. I will notify my CCS case manager promptly of any emergency or scheduled hospitalization.

6. I will notify my CCS case manager immediately of changes in any of the following:
   a. [Child Name], address or telephone number;
   b. health insurance coverage including private health insurance;
   c. Medi-Cal, Medicare, or Healthy Families coverage.

7. I understand that CCS pays for medical services for CCS-eligible conditions only when other insurance does not. Therefore, I will
   • Assign insurance rights to CCS for services provided to [Child’s Name] (i.e., CCS or its agents can bill any operative health insurance or other health coverage for services provided to [Child’s Name] by CCS).
   • inform providers of current health insurance status.
   • agree to use health insurance or other health coverage whenever possible.
   • ask my child’s provider to bill my insurance to pay for a service before billing CCS;

8. I have discussed the assessment and enrollment fees with my eligibility worker. I understand that __________ I will be required to pay fees.

Visit the CCS website: www.dhs.ca.gov/pcfh/cms
I will not be required to pay fees.

9. I understand that I have to repay CCS if I receive payment from insurance, a lawsuit, public fundraising, or any other source for services provided to [Child’s Name] previously paid for by CCS. I will tell CCS of steps taken to recover expenses paid by CCS.

10. I certify that the information I have provided to CCS is true and correct to the best of my knowledge.

11. I will follow the statutes and regulations of the CCS Program.

12. I understand that I have the right to appeal CCS decisions using the Appeals Process.

13. I have read this agreement (or had it read to me).

14. I understand this agreement and have been given a copy.

This PSA is effective from [Date] to [Date]. (The PSA is reviewed annually)

Signature – Parent Applicant Client Legal Guardian: __________________________
Date: __________________________

Signature – CCS Representative: __________________________
Date: __________________________
How do we apply?
Fill out a CCS application and return it to your county CCS office. You can get an application from your county CCS office or download from: www.dhs.ca.gov/ccs

Fill out your application carefully so CCS will have all the information they need to see if you qualify.

Can a child apply for CCS?
If your child is 18 or older, or an emancipated minor they can apply on their own.

What if I need more information about CCS?
For more information, or help in filling out your application, contact your county CCS office. Find their address and phone number in the government section of your phone book. Look under California Children’s Services or County Health Department.

Or, look for your CCS local office at: www.dhs.ca.gov/ccs
What is California Children’s Services (CCS)?

CCS is a state program that helps children with certain diseases, physical limitations, or chronic health problems.

Can our child get CCS?

If you or your child’s doctor think that your child has a medical problem that CCS covers, CCS can pay for an exam to see if CCS can cover your child’s problem.

If CCS covers your child’s problem, CCS pays for or provides services like:

- Doctor visits
- Hospital stays
- Surgery
- Physical and occupational therapy
- Lab tests and X-rays
- Orthopedic appliances and medical equipment

What else can CCS do for our child?

CCS can manage your child’s medical care. This means CCS can get the special doctors and care your child needs.

Sometimes, CCS refers you to other agencies, like public health nursing and regional centers so you can get the services your child needs.

CCS also has a Medical Therapy Program (MTP). MTPs are in public schools and give physical and occupational therapy to eligible children.

Are there other requirements?

To get CCS, your child must:

- Be under 21 years old; and
- Have or may have a medical problem that CCS covers; and
- Be a resident of California; and
- Have a family income under $40,000 (your adjusted gross income on the state tax form).

What if my family’s income is more than $40,000?

You can still get CCS if:

- You have Medi-Cal (full scope, no cost);
- You have Healthy Families insurance;
- Your out-of-pocket medical expenses for your child’s care is more than 20% of your family income;
- You only want MTP services;
- You need to see a doctor to see if your child is eligible for CCS; or
- You adopted your child with a known medical problem that made them eligible for CCS.

What medical problems does CCS cover?

CCS doesn’t cover all problems. CCS covers most problems that are physically disabling or that need to be treated with medicines, surgery, or rehabilitation. There are other factors, too.

CCS covers children with problems like:

- congenital heart disease
- cancers, tumors
- hemophilia, sickle cell anemia
- thyroid problems, diabetes
- serious chronic kidney problems
- liver or intestine diseases
- cleft lip/palate, spina bifida
- hearing loss, cataracts
- cerebral palsy, uncontrolled seizures
- rheumatoid arthritis, muscular dystrophy
- AIDS
- severe head, brain, or spinal cord injuries, severe burns
- problems caused by premature birth
- severely crooked teeth
- broken bones

Can we use any doctor or provider we want?

No. CCS must approve the provider, services and equipment first.
¿Cómo solicitamos?
Llene una solicitud CCS y envíela a la oficina CCS de su condado. Puede obtener una solicitud en la oficina CCS de su condado o bajándola de:
www.dhs.ca.gov/ccs
Llene su solicitud con cuidado, para que CCS tenga toda la información que necesite para ver si su hijo califica.

¿Puede un niño solicitar CCS?
Si su hijo tiene 18 años de edad o más, o es menor de edad emancipado, puede presentar su propia solicitud.

¿Cómo obtengo más información sobre CCS?
Para más información o ayuda para llenar su solicitud, póngase en contacto con la oficina CCS de su condado. Busque la dirección y el número de teléfono en la sección de gobierno de su directorio telefónico. Busque bajo California Children’s Services o County Health Department.
O busque su oficina local de CCS en:
www.dhs.ca.gov/ccs

Servicios para los niños de California

Atendiendo a niños con necesidades médicas especiales

Arnold Schwarzenegger
Governor, State of California
¿Qué problemas médicos cubre CCS?

CCS cubre a niños con problemas como:
- enfermedad congénita del corazón
- cánceres, tumores
- hemofilia, anemia de células falciformes
- diabetes
- enfermedades del hígado o del bazo
- labio leporino, hendidura palatina, espina bífida
- parálisis cerebral, ataque no controlado
- artritis reumatoide, disfagia muscular
- SIDA

¿Hay otros requisitos?

Para obtener CCS, su hijo tiene que:
- tener un ingreso familiar de menos de $40,000 (su ingreso bruto ajustado en la declaración de impuestos del estado).
- ser residente de California.
- no tener un problema médico que cubre CCS.

¿Qué pasa si el ingreso de mi familia es de más de $40,000?

Si tiene un ingreso familiar de menos de $40,000, puede obtener CCS. Si su ingreso familiar es de $40,000 o más, puede obtener los servicios de Medicare o Medicaid.

¿Cómo puedo obtener servicios para mi hijo?

Para obtener servicios para su hijo con problemas de salud, debe llevarlo al médico. El médico puede proporcionar la información necesaria para el proceso de solicitud de CCS.

¿Qué más puede hacer CCS por nuestro hijo?

CCS puede proporcionar una variedad de servicios para niños con problemas de salud, incluyendo:
- Visitas al médico
- Hospitalización
- Terapias ocupacionales
- Terapias ocupacionales
- Pruebas de laboratorio y radiografías
- Hospitalización y equipo médico

¿Podemos usar cualquier médico o proveedor que elijamos?

No. CCS debe aprobar primero el proveedor, los servicios y los equipos. Esto significa que su hijo debe usar los médicos y los cuidados especiales que necesita su hijo.
California Children's Services (CCS) Program
INDIVIDUAL PROVIDER PANELING APPLICATION FOR PHYSICIANS AND PODIATRISTS

IMPORTANT:
• Fields 1–10 are mandatory and must be completed; enter N/A if not applicable.
• See attached instructions to complete this form.
• Type or print legibly.

Return completed form to:
California Department of Health Services
Children's Medical Services Branch
Provider Services Unit
MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413
(916) 322-8702

Provider Type (Check one.) (See last page of instructions for CCS program participation requirements by Provider Type.)
Physician   Podiatrist

1. Legal name of applicant (last name) (first name) (middle initial) 2. Gender
   □ Male   □ Female

3. Business address (office/hospital) (number, street)
   City County State ZIP code

4. Business telephone number
   ( )

5. Medi-Cal provider number

6. Professional license number (attach a copy) Expiration date

7. a. Specialty(s)
   b. Currently Practicing Yes No
      c. Board Certified Board Eligible
         d. Name of Issuing Board(s)
            Attach a copy of each board certificate. If board eligible, attach a copy of board eligibility documentation.

8. a. Subspecialty(s)
    b. Currently Practicing Yes No
       c. Board Certified Board Eligible
          d. Name of Issuing Board(s)
             Attach a copy of each board certificate. If board eligible, attach a copy of board eligibility documentation.

9. Additional Subspecialty and/or Pediatric Subspecialty Training
   a.
   b.
   c.
   d.
   Indicate any additional fellowship or pediatric fellowship training or experience for your subspecialty that does not currently have a certificate issued by the American Board of Medical Specialties, e.g., Ophthalmology, Cornea and External Disease, Pediatric Anesthesiology. Attach a copy of fellowship completion certificate.

10. Specify the hospital(s) where you have active admitting privileges. If you do not have active admitting privileges, list the health plan(s) in which you are currently credentialled and enrolled. Attach an additional sheet if necessary and label as number 10.

<table>
<thead>
<tr>
<th>Name of Hospital/Health Plan</th>
<th>City</th>
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11. This item applies only to Family Practice Physicians and Podiatrists. Submit documentation of experience. (See last page of instructions for CCS program participation requirements for your provider type.)

For State Use Only

Reviewed by
Date
Panel effective date
I agree to:
A. Be enrolled as a provider in the Medi-Cal program with an active Medi-Cal provider number.
B. Accept referrals, as my medical practice allows, of CCS applicants or clients who are Medi-Cal beneficiaries whose services are authorized by the CCS program.
C. Abide by the laws, regulations, and policies of the Medi-Cal and CCS programs.
D. Request prior authorization for services from the CCS program.
E. Accept payment from the Medi-Cal or CCS programs for medically necessary services as payment in full.
F. Not submit a claim to, or demand or otherwise collect reimbursement from, the CCS applicant or client or persons acting on behalf of the CCS applicant or client for any services authorized by the CCS program.
G. Obtain prior authorization (as applicable) from and bill the CCS applicant’s or client’s other health care coverage for services requested from CCS prior to billing the Medi-Cal or CCS programs whenever such other health care coverage exists.
H. Provide timely copies of written documentation for CCS authorized services rendered as requested by the CCS program.
I. Serve CCS applicants and clients regardless of race, religion, age, sex, color, national origin, or physical or mental disability.

I hereby affirm that the information submitted on this application, and any attachments, are true, accurate, and complete to the best of my knowledge and belief and is furnished in good faith.

Printed name of the applicant:
(First name) (Middle initial) (Last name)

Signature of the applicant in ANY COLOR OTHER THAN BLACK INK (first, middle initial, last) Date signed

Privacy Statement
(Civil Code Section 1798 et seq.)

Any information provided will be used to verify eligibility to participate as a provider in the CCS program. Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, the Department of Corporations, or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare fiscal intermediaries, Health Care Financing Administration, Office of the Inspector General, and Medicaid and licensing programs in other states. For more information or access to records containing your personal information maintained by this agency, contact the California Department of Health Services, CMS Branch, Provider Services Unit, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413, (916) 322-8702.

Did you remember to enclose (as applicable):
☐ Copy of Curriculum Vitae
☐ Copy of American Board of Medical Specialties certificate(s) or letter verifying board eligibility, if not board certified
☐ Copy of Professional License
☐ Copy of Fellowship Completion Certificate (if applicable)
INSTRUCTIONS FOR COMPLETING THE APPLICATION

Physicians and Podiatrists require paneling by the CCS program to obtain an authorization to provide services for CCS clients.

Omission of any information or documentation on this application or the failure to appropriately sign this application may result in delays in or inability to process this application. You may be contacted if additional information and documentation is needed.

**Provider Type:** Check the appropriate box that describes the profession for which you are applying to be paneled by the CCS program.

1. Legal name of applicant means the name under which you are applying for paneling by the CCS program.

2. Check the appropriate box for your gender.

3. Business address means the office location where you render services, including the street name and number, room or suite number or letter, city, county, state, and 5-digit ZIP code. A post office box or commercial box is not acceptable.

4. Business telephone number means the primary business telephone number used at your business address. A beeper number, answering service, answering machine, pager, facsimile machine, or cellular phone is not acceptable as the business telephone number.

5. Provide all of your active individual Medi-Cal provider billing number(s).

6. Provide your California professional license number and expiration date. Attach a clearly legible copy to the application.

7. a. Provide the name of your specialty(s).
   b. Indicate yes or no as appropriate to identify the specialty you are currently practicing. Your information will be utilized for case management purposes on the paneled provider listing.
   c. Check the appropriate box if you are board certified or board eligible in the specialty.
   d. Indicate the name(s) of the Issuing board(s) and attach a clearly legible copy of the board certificate(s) or residency completion certificate or board eligibility documentation to the application.

8. a. Provide the name of your subspecialty(s).
   b. Indicate yes or no as appropriate to identify the subspecialty you are currently practicing. Your information will be utilized for case management purposes on the paneled provider listing.
   c. Check the appropriate box if you are board certified or board eligible in the subspecialty.
   d. Indicate the name(s) of the Issuing board(s) and attach a clearly legible copy of the board certificate(s) or residency completion certificate or board eligibility documentation to the application.

9. Indicate any additional fellowship or pediatric fellowship training or experience for your subspecialty that does not currently have a certificate issued by the American Board of Medical Specialties. PLEASE ATTACH A COPY OF THE CERTIFICATE OF FELLOWSHIP COMPLETION.

10. List the name and city of hospitals at which you have full, current, unrevoked, and unsuspended privileges at a Joint Commission for Accreditation of Healthcare Organizations or American Osteopathic Association accredited general acute care hospital. If you do not have hospital privileges, provide the names of the health plans with which your are credentialed and are currently enrolled as an active provider. Attach a separate sheet of paper to this application and label as item 10 if additional space is needed.

11. This item applies only to Family Practice Physicians and Podiatrists. On a separate sheet of paper attached to this application and labeled as number 11, provide the required documentation of pediatric experience as indicated for your Provider Type located on the last page of these instructions.

**Signature Page**
Print the first name, middle initial, and last name of the individual indicated in number 1.

Signature of the Applicant means the first name, middle initial, and last name of the individual indicated in number 1. An original signature **IN ANY COLOR OTHER THAN BLACK INK** is required. Indicate the date the application is signed.
CCS PROGRAM PARTICIPATION REQUIREMENTS
BY PROVIDER TYPE

Physicians
1. Physicians must be:
   a. Licensed as a physician and surgeon by the Medical Board of California or by the Osteopathic Medical Board of California; and
   b. Certified by a member board of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists.
   c. Physicians who are not board certified but who are eligible for the certifying examination may participate in the CCS program for not more than three years. A verification letter of eligibility from the applicable member board is required. If the physician does not have a board verification letter, he or she shall submit other evidence regarding eligibility to take the board examination such as a letter from the Medical Director of his or her residency program verifying satisfactory completion of training.

2. Family practice physicians must meet the requirements of number 1 above and have documented experience treating children with CCS eligible medical conditions for at least five years, or have treated 100 or more such children.

   Documented experience means providing the CCS program with a list of cases indicated by a numeric value instead of a name, their CCS-eligible medical condition and the range of dates during which services were rendered. Do not provide the names of the children or any other specific identifiers in your report.

Podiatrists
Podiatrists must meet all of the following requirements:
1. Be licensed to practice podiatric medicine by the California Board of Podiatric Medicine;
2. Be certified by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedics; and
3. Have documented experience treating children with CCS-eligible medical conditions for at least five years, or have treated 100 or more such children.

   Documented experience means providing the CCS program with a list of cases indicated by a numeric value instead of a name, their CCS eligible medical condition, and the range of dates during which services were rendered. Do not provide the names of the children or any other specific identifiers in your report.
California Children’s Services Program

A guide for health care providers

Understanding the Interface between CCS and Medi-Cal Managed Care, Healthy Families and the Healthy Kids Program.