

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number:</b> MPCP2006 (previously CP100206)			<b>Lead Department:</b> Health Services Business Unit: Care Coordination	
<b>Policy/Procedure Title:</b> Coordination of Services for Members with Special Health Needs (MSHCNs) and Persons with Developmental Disabilities			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 06/20/2001		<b>Next Review Date:</b> 02/11/2027 <b>Last Review Date:</b> 02/11/2026		
<b>Applies to:</b>	<input type="checkbox"/> <b>Employees</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input checked="" type="checkbox"/> <b>Partnership Advantage</b>
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>		<input checked="" type="checkbox"/> <b>QUAC</b>
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>		<input type="checkbox"/> <b>COMPLIANCE</b> <input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b> <input checked="" type="checkbox"/> <b>PAC</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALS</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 02/11/2026	

**I. RELATED POLICIES:**

- A. MCCP2024 – Whole Child Model for California Children’s Services
- B. MCQG1015 – Pediatric Preventive Health Guidelines
- C. MCUP3126 – Behavioral Health Treatment (BHT) for Members Under the Age of 21
- D. MPCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children’s Services
- E. MPUP3039 – Direct Members
- F. MCCP2022 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- G. MCCP2035 – Local Health Department (LHD) Coordination
- H. MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities
- I. MCUG3038 – Review Guidelines for Member Placement in Extended Care Facilities (Custodial/Long Term Care, Skilled or Subacute)
- J. MPCP2014 – Continuity of Care
- K. MPCP2034 – Transitional Care Services (TCS)
- L. MPCD2013 – Care Coordination Program Description
- M. MPCP2007 – Complex Case Management
- N. MCAP7002 – CalAIM ECM
- O. MCBP8015 – Coordination of Care for Child Welfare-Involved Members

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services
- D. Provider Relations

**III. DEFINITIONS:**

- A. California Children’s Services (CCS): A state program for children up to 21 years of age, who have been determined eligible for the CCS program due to the presence of certain diseases or health problems.
- B. Direct Member: Direct Members are those whose service needs are such that Primary Care Provider (PCP) assignment would be inappropriate. Assignment to Direct Member status is based on the member’s aid code, prime insurance, demographics, or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered

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services. However, many specialists will still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP.

- C. ICF/DD: Intermediate Care Facilities for the Developmentally Disabled
- D. ICF/DD-H: Intermediate Care Facilities for the Developmentally Disabled/Habilitative
- E. ICF/DD-N: Intermediate Care Facilities for the Developmentally Disabled/Nursing
- F. Medicaid: A joint federal and state program that helps cover medical costs for some people with limited income and resources. Medi-Cal is California’s Medicaid health care program, supported by federal and state taxes.
- G. Medical Home: The provider identified as the Member’s medical home or primary care provider (PCP) is responsible for managing the Member’s primary care needs.
- H. Members with Special Health Care Needs (MSHCNs): are those who have, or are at increased risk for, chronic physical, developmental, behavioral or emotional conditions.
- I. Partnership Advantage: Effective January 1, 2027, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS) - approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage Enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.
- J. School-linked services: Behavioral health services offered either at a physical location associated with a school or services rendered elsewhere that are provided by school personnel or arranged by school personnel.
- K. Whole Child Model (WCM): A comprehensive program for the whole child encompassing providing comprehensive diagnostic and treatment services and care coordination in the areas of primary, specialty, and behavioral health for any pediatric Member with CCS eligible conditions insured by Partnership.

**IV. ATTACHMENTS:**

- A. N/A

**V. PURPOSE:**

To outline a process for the identification, assessment, case management and coordination of care for Members with Special Health Care Needs and Persons with Developmental Disabilities that encourages access to specialties, subspecialties, ancillary providers, and community resources.

**VI. POLICY / PROCEDURE:**

Partnership HealthPlan of California (Partnership) has a process for the identification, assessment, case management and coordination of care for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities. Partnership encourages timely access to specialties, subspecialties, ancillary providers, and community resources. The effectiveness of Partnership’s processes in serving MSHCNs is monitored on an annual basis to ensure best practices and identify opportunities for improvement. This quality review may be accomplished by utilizing Healthcare Effectiveness Data and Information Set (HEDIS®) measures, Member satisfaction surveys, Member grievances, inputs from community agencies, and data-driven measures that analyze clinical trends, access to care and specific utilization questions.

A. Identification

- 1. Partnership identifies MSHCNs in multiple ways including, but not limited to, the following:
  - a. Primary Care Providers (PCP) may identify children with special needs, including California Children’s Services (CCS) eligible conditions, and facilitate timely referrals to appropriate

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services/agencies.

- b. Partnership Health Services (HS) staff screen Treatment Authorization Requests (TARs) routinely to assess and identify Members with potential special needs/conditions; collaborating when necessary, with providers, Partnership Case Managers (CMs), CCS, and/or other community agencies to ensure Members are connected and referred appropriately.
- c. Nurse Coordinators (NCs) review all hospitalizations concurrently for early interventional opportunities.
- d. Health Services Care Coordination (CC) staff respond to requests from providers, families, and other agencies for case coordination assistance, and/or other intended departments.
- e. Partnership downloads the list of Regional Center (RC) enrollees from the California Department of Health Care Services (DHCS) monthly.
- f. Risk stratification reports include protocols for both adult and pediatric Members whereby Partnership’s membership is screened monthly for emergence of new conditions that may qualify for these benefits.

2. Assessment

Primary Care Providers (PCPs) are trained by Partnership’s Provider Relations department for the identification of MSHCN when they contract with Partnership. Our review addresses the following assessment:

- a. A History & Physical (H&P) is completed within 120 calendar days of the Member’s effective date of enrollment into the HealthPlan or documented within the 12 months prior to the plan enrollment. The H&P will assess and diagnose acute and chronic conditions.
- b. Health assessments containing Child Health and Disability Program (CHDP) age-appropriate content requirements are provided according to the most recent American Academy of Pediatrics (AAP) periodicity schedule for pediatric preventive health care. Assessments and identified problems are documented in the progress notes. Follow-up care or referral is provided for identified physical health problems as appropriate.

3. Direct Access to Specialists

Partnership allows certain populations of MSHCNs to be placed in a Direct Member category, which allows direct access to care without requiring a referral from a primary care provider. These populations include, but are not limited to, CCS-eligible Members, youth in Foster Care and Members in the Genetically Handicapped Persons Program (GHPP).

B. Case Management and Care Coordination

Partnership coordinates care with other agencies that provide services for MSHCNs as follows:

1. California Children Services (CCS) - Birth to age 21 years
  - a. Partnership Members who have a CCS-eligible condition participate in the Whole Child Model (WCM). As part of this model, Partnership provides case management and utilization management services for these Members. For more information, refer to policy MCCP2024 Whole Child Model for California Children’s Services (CCS).
2. High Risk Infant Follow-Up (HRIF) Services – Birth to age 3 years
  - a. In accordance with APL 24-015 California Children’s Services Whole Child Model Program (12/02/2024), Partnership is responsible for determining HRIF program eligibility, coordinating and authorizing HRIF services for Members, and ensuring the provision of HRIF case management services. Refer to policy MCCP2024 for more details.
3. Early Intervention (EI) Services - Birth to age 3 years
  - a. The Partnership provider network has primary responsibility for the identification of children less than 3 years of age who may be eligible to receive services from the Early Start Program and to make the referral to the RC, which coordinates those services. These include children where a developmental delay in either cognitive, communication, social, emotional, adaptive,

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- physical or motor development is suspected, or whose early health history places them at risk for delay.
- b. Partnership HS staff assist in identifying and referring children who may qualify for the Early Start Program.
  - c. Partnership HS staff collaborate with providers, RC(s), and/or the Early Start Program in resolving problems, determining medically necessary services, including diagnostic and preventive services and provide input to be considered in the treatment plans for Members participating in the Early Start Program. Children under age 21 who may benefit from Behavioral Health Treatment (BHT) services can be referred for screening and services. BHT services must be determined to be medically necessary to correct or ameliorate any physical or behavioral conditions and covered under Medicaid. Please see Partnership policy MCUP3126 Behavioral Health Treatment for Members Under the Age of 21 for details.
  - d. Partnership’s Care Coordination department and primary care providers provide case management (CM) and care coordination (CC) to the Member to ensure the provision of all medically necessary covered diagnostic, preventive and treatment services that are identified in the Individual Family Service Plan (IFSP) developed by the Early Start Program.
4. Services for Persons with Developmental Disabilities
- a. Partnership provides all screening, preventive, medically necessary, and therapeutic covered Medi-Cal services to Members & Medicare services for Partnership Advantage Enrollees with developmental disabilities. Children under 21 may be eligible for BHT services. Please see Partnership policy MCUP3126 Behavioral Health Treatment (BHT) for Members Under the Age of 21 for details.
  - b. Partnership Members who are also clients of a RC are referred to the RC for evaluation and access to non-Medi-Cal services provided through the RC(s) including, but not limited to, respite, day care, out-of-home placement, vocational training, financial management and supportive living.
  - c. Partnership Members who are not clients of a RC but who may meet their eligibility criteria for developmental disability, are advised to contact the RC for assessment and evaluation. Partnership is not able to make a direct referral to a RC without written consent of the Member or legal representative.
  - d. Upon request to Partnership by the Member, RC staff or other entities, Partnership HS staff will assist with identification and coordination of appropriate services for the Member.
5. Local Education Agency Services (LEA)
- a. Partnership is not contractually responsible for educationally necessary BHT services covered by a LEA and provided pursuant to a Member’s IFSP, IEP, or IHSP. However, if medically necessary and covered under Medicaid, Partnership must provide supplementary BHT services and must provide BHT services to address gaps in service caused when the LEA discontinues the provision of BHT services (e.g. during a Public Health Emergency [PHE]). Please see Partnership policy MCUP3126 Behavioral Health Treatment (BHT) for Members Under the Age of 21 for details.
  - b. Partnership assures a PCP is available to provide primary care management and care coordination to the Member to ensure the provision of all medically necessary Medi-Cal covered diagnostic, preventive and treatment services. Partnership encourages the Member’s PCP to collaborate and share pertinent medical and treatment information with the LEA to assist in the development of the Individual Education Plan (IEP) or Individual Family Service Plan (IFSP). For more information, see Partnership policy M CCP2022 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services.
  - c. LEA assessment services are services provided by the LEA as specified in Title 22 CCR Section 51360(b) and are provided to students who qualify based on Title 22 CCR Section 51190.1 and

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are provided pursuant to an IEP as set forth in Education Code, Section 56340 et seq. or an ISFP as set forth in Government Code, Section 95020.

6. Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), Intermediate Care Facilities for the Developmentally Disabled-Habilitative (ICF/DD-H) homes, and Intermediate Care Facilities for the Developmentally Disabled-Nursing (ICF/DD-N)
  - a. ICF/DD, ICF/DD-H, and ICF/DD-N are services offered to Members with intellectual and developmental disabilities who are eligible for services and supports through the Regional Center service system in accordance with APL 24-011 Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care For CCS-eligible Members under the age of 21, please refer to Partnership policy MCCC2024 Whole Child Model For California Children’s Services (CCS)for more details.
  - b. Partnership ensures that Members living in ICF/DD Homes have access to a comprehensive set of services based on their needs and preferences across the continuum of care, including Basic Population Health Management (BPHM), Transitional Care Services (TCS), care management programs, and Community Supports as appropriate in coordination with the Regional Center. Please refer to Partnership policy MPCD2013 Care Coordination Program Description for more details.
  - c. Transitional Care Services (TCS): High-risk individuals include individuals in all LTSS services, including LTC, as well as individuals that have a behavioral health diagnosis or a developmental disability. For more information on high-risk transitioning Members’ criteria, refer to MPCP2019 Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children’s Services Section VI.D.1. TCS is available when Members are in need of transitional support; refer to Partnership Policy MPCP2034 Transitional Care Services (TCS) for more details.
  - d. Complex Case Management (CCM): Members may need extra support to avoid adverse outcomes but who are not in the highest risk group. Refer to Partnership Policy MPCP2007 Complex Case Management for more details.
  - e. Continuity of Care (COC) Requirements: During the continuity of care period, MCPs must provide 12 months of continuity of care for the ICF/DD Home placement of any Member residing in an ICF/DD Home who is mandatorily enrolled into Partnership after January 1, 2024. Following their initial 12-month continuity of care period, Members or their authorized representatives may request an additional 12 months of continuity of care, pursuant to the process established by APL 23-022, Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-for-Service, on or after January 1, 2023. Refer to Partnership policy MPCP2014 Continuity of Care and MCUG3038 Review Guidelines for Member Placement in Extended Care Facilities (Custodial/Long Term Care, Skilled or Subacute) for more details.
  - f. Enhanced Care Management (ECM): Members living in ICF/DD are not currently eligible for ECM, if there are other individual care needs or concerns, their needs can be reviewed for consideration. If a Member will be transitioning out of an ICF/DD Home, the restriction of duplicative service is removed, and the Member must be assessed to determine need/eligibility for ECM services. Refer to Partnership Policy – MCAP7002 CalAIM ECM for more details.
  - g. Utilization Review for ICF/DD, ICF/DD-H, and ICF/DD-N facilities: Refer to Partnership policy MCUG3058 Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities for more details.

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7. School-Linked Children’s Health and Disability Prevention (CHDP) Services.  
Partnership does not currently have a school-linked CHDP program in its county service area. If a school-linked CHDP program site establishes within its county service area, Partnership will do the following:
- a. Maintain a “medical home” and ensure the overall coordination of care and case management of Members who obtain CHDP services through the local school districts or school sites.
  - b. Establish guidelines for the following:
    - 1) Sharing of critical medical information
    - 2) Coordination of services
    - 3) Reporting requirements
    - 4) Quality standards
    - 5) Processes to ensure services are not duplicated
    - 6) Processes for notification to Member/student /parent/guardian on where to receive initial and follow-up services
    - 7) Referral protocols/guidelines for the school sites which conduct CHDP screening only, to assure those Members who are identified at the school site as being in need of CHDP services receive those services within the required state and federal time frames
    - 8) Assure processes for appropriate follow-up and documentation of services provided to the Member
    - 9) Provide resources to support the provision of school-linked CHDP services
    - 10) This supersedes any contradicting information found within the Child Health and Disability Prevention (CHDP) Program guidelines, that ended July 1, 2024.

**VII. REFERENCES:**

- A. Department of Health Care Services (DHCS) Contract Exhibit A, Attachment III, Section 4.3.9
- B. Title 22, California Code of Regulations (CCR) Sections [51360\(b\)](#) and [51190.1](#)
- C. Department of Health Care Services All Plan Letter ([APL](#)) [23-010: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21](#) (Revised 11/22/2023)
- D. DHCS All Plan Letter ([APL](#)) [24-015 – California Children’s Services Whole Child Model Program](#) (12/02/2024)
- E. Department of Health Care Services All Plan Letter ([APL](#)) [23-005: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21](#) (03/16/2023)
- F. National Committee for Quality Assurance (NCQA) Health Plan Standards. Population Health Management 5 Complex Case Management
- G. DHCS High Risk Infant Follow Up <https://www.dhcs.ca.gov/services/ccs/pages/hrif.aspx>
- H. DHCS [APL 24-011 Intermediate Care Facilities for Individuals with Developmental Disabilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care](#) (09/16/2024)
- I. CalAIM Dual Eligible Special Needs Plan Policy Guide- Contract Year 2026 <https://www.dhcs.ca.gov/provgovpart/Documents/DHCS-CalAIM-D-SNP-Policy-Guide-26.pdf> (September 2025)

**VIII. DISTRIBUTION:**

- A. Partnership Department Directors
- B. Partnership Provider Manual

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**IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:** Chief Health Services Officer

**X. REVISION DATES:**

Medi-Cal

08/20/03; 04/20/05; 01/16/08; 05/19/10; 10/01/10; 09/19/12; 10/15/14; 09/16/15; 09/21/16; 09/20/17;  
\*06/13/18; 11/14/18; 03/13/19; 11/13/19; 09/09/20; 09/08/21; 09/14/22; 09/13/23; 06/12/24; 02/12/25;  
02/11/26

Partnership Advantage (Program effective January 1, 2027)

02/11/26

\*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

**PREVIOUSLY APPLIED TO:**

Healthy Kids MPCP2006 (Healthy Kids program ended 12/01/2016)

01/16/08; 05/19/10; 10/01/10; 09/19/12; 10/15/14; 09/16/15; 09/21/16 to 12/01/16

Healthy Families:

MPCP2006 - 10/01/2010 to 03/01/2013

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.