

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
POLICY / PROCEDURE**

<b>Policy/Procedure Number:</b> MPCP2002 (previously CP100202 & KK CC401)		<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> California Children's Services		<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 04/25/1995 – 12/31/2018 <b>Archived Effective:</b> 01/01/2019 – 12/31/2023 <b>Reinstated Effective Date:</b> 01/01/2024		<b>Next Review Date:</b> 03/13/2025 <b>Last Review Date:</b> 03/13/2024	
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input type="checkbox"/> <b>Employees</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>CREDENTIALING</b>	<input type="checkbox"/> <b>DEPT. DIRECTOR/OFFICER</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 03/13/2024

**I. RELATED POLICIES:**

- A. MCCP2031 – Private Duty Nursing under EPSDT
- B. MPCP2006 – Coordination of Services for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities
- C. MCCP2019 – Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services
- D. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- E. MCCP2014 – Continuity of Care
- F. MCCP2024 – Whole Child Model For California Children's Services (CCS)
- G. MPCD2013 – Care Coordination Program Description
- H. MCCP2035 – Local Health Department (LHD) Coordination
- I. MCCP2002 – Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- J. MCUG3058 – Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities
- K. MCUP3039 – Direct Members

**II. IMPACTED DEPTS:**

- A. Health Services
- B. Claims
- C. Member Services

**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. ICF/DD: Intermediate Care Facilities for the Developmentally Disabled
- C. ICF/DD-H: Intermediate Care Facilities for the Developmentally Disabled/Habilitative
- D. ICF/DD-N: Intermediate Care Facilities for the Developmentally Disabled/Nursing
- E. 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
- F. Medi-Cal Rx: The program title established by the State of California Department of Health Care Services (DHCS) for the new system of administering Medi-Cal pharmacy benefits through the fee-for-services (FFS) delivery system effective Jan. 1, 2022. Refer to All Plan Letter (APL) 22-012 Revised for more information.
- G. Memorandum of Understanding (MOU): Where no reimbursement is to be made, PHC shall negotiate in good faith an MOU for services provided by said agency. MOU shall describe the scope and responsibilities of both parties in the provision of services to

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Members; billing and reimbursements; reporting responsibilities; and how services are to be coordinated.

- H. Direct Members: are those whose service needs are such that Primary Care Provider (PCP) assignment would be inappropriate. Assignment to Direct Member status may be based on the member’s medical condition, prime insurance, demographics or administrative eligibility status. Direct Members do not require a Referral Authorization Form (RAF) to see a specialist.
- I. Whole Child Model (WCM): A comprehensive program for the whole child encompassing care coordination in the areas of primary, specialty, and behavioral health for pediatric members insured by PHC in participating counties: Lake, Marin, Mendocino, Napa, Solano, Sonoma, Yolo, Del Norte, Humboldt, Lassen, Modoc, Shasta, Siskiyou, and Trinity.

**IV. ATTACHMENTS:**

A. N/A

**V. PURPOSE:**

Beginning January 1, 2024, the collaboration between the California Children's Services (CCS) program and the Partnership HealthPlan of California (PHC) is an adjunct to the county specific Memorandum of Understanding (MOUs). The counties included are Tehama, Plumas, Glenn, Butte, Colusa, Sutter, Yuba, Sierra, Nevada, and Placer. For the remaining counties within PHC’s coverage, please refer to MCCP2024 – Whole Child Model For California Children’s Services (CCS) for details.

**VI. POLICY / PROCEDURE:**

- A. CCS Program Responsibilities:
  1. Provide consultation to PHC regarding CCS regulations, policies and guidelines concerning CCS procedures, benefits, and criteria for authorizations and medical eligibility.
  2. Determine eligibility of a PHC member for the CCS program.
  3. Develop and implement a case management plan based on the CCS guidelines for the CCS eligible condition(s).
  4. Authorize services for care related to the CCS eligible condition(s) and make available documentation of such authorization to PHC.
- B. PHC Responsibilities:
  1. Provide consultation to CCS regarding PHC benefits and policies and post regular updates to the online PHC Provider Manual.
  2. Assure that PHC/CCS members are assigned Direct Member ) status from date of CCS eligibility determination through the last month of CCS eligibility. CCS medical eligibility cannot be earlier than PHC’s effective date. (Commercial coverage takes precedence over CCS as primary payor).
  3. Work collaboratively with CCS and member to establish a medical home based on the complexity of the member’s condition.
- C. Primary Care Provider Responsibility:
  1. The provider identified as the child’s medical home is responsible for managing the child’s primary care needs and coordinating the child’s care for both the CCS eligible condition(s) and the non-CCS eligible condition(s).
  2. For CCS eligible condition(s), a Service Authorization Request (SAR) from CCS is required. It is the responsibility of the provider of service to obtain the authorization.
  3. CCS children, as Direct Members, do not require a Referral Authorization Form (RAF) to see a specialist, for either the CCS eligible condition(s) or the non-CCS eligible condition(s).
  4. For non-CCS eligible conditions, CCS children require a Treatment Authorization Request (TAR)

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for services that are on PHC’s TAR Requirement List (see PHC policy MCUP3041 Treatment Authorization Request (TAR) Review Process. It is the responsibility of the provider of service to obtain the authorization.

D. Inter-county CCS Authorizations:

1. PHC works in collaboration with respective CCS offices and providers as needed to transition a child into and out of their county of residence to ensure care is coordinated and that there are no barriers to accessing care.
2. PHC does not honor CCS authorizations from counties outside the PHC network. TARs must be submitted directly to PHC.

E. Continuity of Care (COC)

1. For members transitioning to new Managed Care Plans (MCPs) on January 1, 2024, refer to policy MCCP2014 Continuity of Care (Medi-Cal) for more details on COC processing requests.

F. Care Coordination:

1. PHC shall execute an MOU outlining respective responsibilities and obligations under CCS (see PHC policy MCCP2035 – Local Health Department (LHD) Coordination for details).
2. PHC and CCS must coordinate with 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) to ensure members who are individuals with developmental disabilities receive all medically necessary covered services in accordance with APL 23-023, please refer to MCUG3058 Utilization Review Guidelines ICF/DD, ICF/DD-H, ICF/DD-N Facilities for more details.
3. PHC in collaboration with the county CCS program must ensure 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 MPCD2013 Care Coordination Program Description for more details.
4. Representative staff from PHC and CCS meet on a quarterly or as needed basis to collaborate and discuss coordination of services and benefits between the CCS program and PHC / Medi-Cal and review case specific issues when necessary.

**VII. REFERENCES:**

- A. Department of Health Care Services (DHCS) 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))
- B. DHCS [APL 23-029: Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Third-Party Entities](#) (10/11/2023)
  - [Local Health Department Memorandum of Understanding Template](#)
- C. DHCS [All Plan Letter 23-018: Managed Care Health Plan Transition Policy Guide](#) (06/23/2023)
- D. DHCS [All Plan Letter 22-012 Governor’s Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx](#) (Revised 12/30/2022)
- E. DHCS [All Plan Letter 23-023 \(Revised\): Intermediate Care Facilities for Individuals with Developmental Disabilities – Long Term Care Benefit Standardization and Transition of Members to Managed Care](#) (Revised 11/28/2023)

**VIII. DISTRIBUTION:**

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

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

**X. REVISION DATES:**  
**POLICY REINSTATED 03/13/24 as MPCP2002 Effective 01/01/2024** for the following counties:  
Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, and Yuba

**PREVIOUSLY APPLIED TO:**

Medi-Cal (10/13/1995 to 12/31/2018)  
10/13/95; 10/10/97 [name change only]; 06/02/00; 11/27/00, 12/20/00, 08/15/01, 04/16/03; 04/20/05;  
01/16/08; 09/16/09; 09/19/12; 05/21/14; 01/20/16; 09/21/16; 09/20/17; Reviewed 11/14/2018 for ARCHIVE  
Effective 01/01/2019 due to Whole Child Model Program (*see policy MCCP2024*)

Partnership Advantage:

MPCP2002 - 01/16/2008 to 01/01/2015

Healthy Kids - MPCP2002 (Healthy Kids program ended 12/01/2016)

01/16/08; 09/16/09; 09/19/12; 05/21/14; 01/20/16; 09/21/16 to 12/01/2016

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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 PHC 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 PHC.