State of California—Health and Human Services Agency
Department of Health Care Services

WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

California Children's Services (CCS) Guidance Relative to 2019-Novel Coronavirus (COVID-19) Public Health Emergency

Updated: December 22, 2020
Supersedes version from April 28, 2020

The purpose of this updated guidance is to provide temporary direction to County California Children's Services (CCS) and Special Care Centers (SCC) during the COVID-19 public health emergency (PHE) and to ensure that CCS clients are able to access, without delay, medically necessary essential services.

In light of both the federal Health and Human Services (HHS) Secretary's January 31, 2020, PHE declaration, as well as the President's March 13, 2020, national emergency declaration, the Department of Health Care Services (DHCS) has issued policy guidance pertaining to provision of Medi-Cal covered benefits and services during the PHE. These policy letters are posted on the DHCS COVID-19 Response page. As DHCS continues to closely monitor the COVID- 19 situation, DHCS will provide updated guidance to CCS counties.

Policies issued by DHCS pertaining to Medi-Cal services are applicable to CCS, when Medi-Cal beneficiaries are seeking services from CCS paneled providers. In addition, federal and state flexibilities during this time support the safe provision of CCS services, including the option to offer services through telehealth whenever possible. These flexibilities apply to all CCS clients, whether they participate in both CCS and Medi-Cal, or only CCS. They also apply, as applicable, to CCS clients enrolled in Whole Child Model (WCM) counties.

Provision of CCS Services via Telehealth

DHCS has issued guidance regarding the use of telehealth as an alternate means of providing critical, medically necessary services during the PHE. All telehealth policies issued by DHCS pertaining to Medi-Cal services are applicable to the CCS Program, including the CCS annual medical review, when CCS clients are seeking services from CCS providers. These policies are described in the Medi-Cal Provider Manual, Telehealth services section, and in the following guidance: FFS and Managed Care Telehealth and Virtual Communication Guidance. For CCS clients receiving care in a Rural Health Clinic or Federally Qualified Health Center (FQHC), additional

telehealth flexibility and options are described in the following guidance: Provision of Care in Alternative Settings, Hospital Capacity, State Plan and Blanket Section 1135 Waiver Flexibilities.

Medically necessary services can be delivered by CCS providers and SCCs via an in-person visit or via telehealth, as deemed appropriate by the CCS provider or SCC. CCS providers and SCCs should seek to implement telehealth methods that provide remote consultation as an alternate means of providing critical, medically necessary services during the PHE.

DHCS recognizes that in addition to traditional telehealth/telemedicine modalities (i.e., synchronous two-way interactive, audio-visual communication, and/or asynchronous store and forward/e-consults), as outlined in existing Medi-Cal coverage policy (links above), there are extraordinary circumstances under which both face-to-face visits as well as traditional telehealth modalities are not an option. Under these limited and extraordinary instances (i.e., COVID-19), DHCS recognizes the need for Medi-Cal providers – including but not limited to physicians, nurses, mental health practitioners, substance use disorder practitioners, genetic counselors, FQHCs, RHCs, and Tribal 638 Clinics – to utilize other methods such as telehealth and virtual/telephonic communication to provide medically necessary health care services.

DHCS and Medi-Cal Managed Care Plans (MCPs), unless otherwise agreed to by the MCP and CCS provider, must reimburse CCS providers at the same CCS rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider's description of the service on the claim. DHCS and MCPs must provide the same amount of reimbursement for a service rendered via telephone or virtual communication, as they would if the service is rendered via video, provided the modality by which the service is rendered (telephone versus video) is medically appropriate for the CCS client. For more information, please refer to Section III in the document FFS and Managed Care Telehealth and Virtual Communication Guidance.

Discretion in Enforcement of Compliance with Health Insurance Portability and Accountability Act (HIPAA) Regulations

On March 17, 2020, the U.S. Department of HHS issued a limited waiver of certain HIPAA sanctions to improve data sharing and patient care during the pandemic. Similarly, on March 18, 2020, HHS' Office for Civil Rights announced it would not impose penalties for noncompliance with HIPAA regulations against providers leveraging telehealth platforms that may not comply with the privacy rule during the COVID-19 pandemic. DHCS recommends that providers review that guidance relative to providing services via telehealth and virtual/telephonic communications during the COVID-19 pandemic. Additional information is available at the following link: U.S. Department of Health & Human Services Health Information Privacy.

CCS Medical Therapy Unit (MTU) Services

DHCS has issued initial guidance and then follow up (step 2) guidance regarding flexibilities in the delivery of CCS MTU services during the COVID-19 PHE, to support the ability of MTU clients to access physical and occupational services delivered through the MTUs.

SCC Annual Team Conferences

Current CCS Policy (CCS Numbered Letter 01-0108) requires each CCS client followed at an SCC to have an Annual Team Conference (ATC) consisting of a multidisciplinary, multispecialty evaluation performed by core team members including physicians, nurses, social workers, and dieticians as a best practice in the management of complex patients. During the current PHE, many components of the ATC can be delivered via telehealth technology, as described above under "Provision of CCS Services via Telehealth." Therefore, the in-person ATC requirement for SCCs is temporarily suspended for the duration of the PHE. In addition, DHCS is waiving the requirement for an ATC as a pre-cursor for authorization of other medically necessary new or re-authorized services for CCS clients. This flexibility will extend for a 6 month period after the end of the COVID-19 PHE declaration to allow SCCs adequate time to reschedule ATCs that could not be accommodated using telehealth services during the time of the COVID-19 PHE declaration timeframe.

CCS State Fair Hearings

Pursuant to Executive Order N-55-20, CCS State Fair Hearings managed by both the DHCS' Office of Administrative Hearings and Appeals (OAHA) and the California Department of Social Services (CDSS) State Hearings Division may be conducted by phone or video conference. Beneficiaries will be informed of this option through both the Notice of Action as well as the Notice of Hearing from either OAHA or CDSS.

CDSS and DHCS' OAHA will, upon request, provide any documents related to the hearing in the beneficiary's preferred language.

Similar to Medi-Cal fee-for-service (FFS) beneficiaries, CCS beneficiaries who are concurrently enrolled in Medi-Cal will be granted the following flexibilities for the duration of the PHD:

1. An additional 120 days to request a CCS fair hearing, up to a total of 210 days from the date that a notice of action is mailed.

2. Suspension of negative actions following an adverse judicial determination during a fair hearing.

3. Access to aid paid pending until the resolution of a fair hearing for beneficiaries who do not show up to a fair hearing.

DHCS does not have authority under current state law to extend these flexibilities to CCS beneficiaries who are not enrolled in Medi-Cal.

CCS Program Continuous Coverage

For CCS beneficiaries who are concurrently enrolled in Medi-Cal, CCS counties should suspend the following eligibility protocols until the end of the PHE:

1. Processing annual redeterminations.

2. Disenrolling beneficiaries who do not provide documentation necessary to determine ongoing eligibility, including renewal documents and verifications requested by a CCS county following a change in the beneficiary's circumstances.

3. Disenrolling beneficiaries whose whereabouts are unknown.

Counties may continue to disenroll CCS/Medi-Cal beneficiaries in the following circumstances:

1. Individuals who are reported to be deceased.

2. Individuals who are no longer a resident of the state.

3. Individuals who request voluntary disenrollment from CCS.

4. Individuals who age out of the CCS program on their 21st birthday, noting that transition services will occur prior to disenrollment to ensure that these individuals will continue receiving medically necessary services through Medi-Cal.

Counties should process reinstatements to restore coverage for CCS/Medi-Cal beneficiaries who have been disenrolled, dating back to April 1, 2020. Individuals do not have to request the reinstatement of their CCS eligibility.

Please note that counties should track cases where these flexibilities have been extended, and apply the appropriate negative action once the PHE ends.

These flexibilities do not extend to CCS beneficiaries who are not enrolled in Medi-Cal, pending further notice from DHCS.

Prior Authorization

On March 23, 2020, DHCS received approval under federal Section 1135 authority to waive or modify prior authorization requirements for the duration of the PHE. As a result, for all Medi-Cal covered benefit categories in the State Plan which are currently subject to prior authorization, DHCS is temporarily suspending prior authorization requirements. Please note that TARs and SARs are still required, but may be

submitted after the date of service. Providers are instructed to incorporate the statement, "Patient impacted by COVID-19" within the Miscellaneous Information field on the TAR and the Freeform Message Text field on the SAR. TARs/SARs with this designation may be submitted after services have been rendered for an expedited adjudication. Providers must still submit supporting documentation to justify the need or medical necessity and maintain documentation of medical necessity in the client's medical file. For additional information, please see DHCS' guidance Medi-Cal Fee-For-Service Prior Authorization Section 1135 Waiver Flexibilities.

Durable Medical Equipment (DME)

Prior authorization requirements are temporarily suspended for Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) in instances where the DMEPOS is lost, destroyed, irreparably damaged, rendered unusable, or unavailable as a result of the COVID-19 PHE. CCS counties have the flexibility to waive replacement requirements such that the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required.

However, a TAR or SAR, as applicable, is still required and must include appropriate documentation. TARs/SARs may be submitted after the services have been rendered. In addition, providers and suppliers must still provide and maintain documentation indicating the need for the benefit, and in the instance of DME, indicate the equipment was lost, destroyed, irreparably damaged, rendered unusable, or unavailable as a result of the COVID-19 PHE.

Provider Enrollment and CCS Paneling

DHCS established an Emergency Medi-Cal Provider Enrollment process, effective March 23, 2020, with a retroactive date to March 1, 2020. For additional information, see Requirements and Procedures for Emergency Medi-Cal Provider Enrollment. This includes the temporary enrollment of providers who are enrolled in Medicare or as Medicaid Providers in other states.

CCS paneling will be expedited in conformance with the Emergency Medi-Cal Provider Enrollment process. Please note, the provider's National Provider Identifier (NPI) must be registered with Medi-Cal via the Provider Application and Validation for Enrollment (PAVE) database for expedited CCS paneling to occur. Submit your CCS paneling application electronically via the CCS Provider Paneling portal. Please notify the CCS Program's paneling team that expedited paneling is being requested, or if any submission errors occur, via e-mail at: Providerpaneling@dhcs.ca.gov and indicate in the subject line that the request is related to "Expedited COVID-19 CCS Paneling."

Well-Child Visits During COVID-19 Pandemic

On April 24, 2020, DHCS released guidance on conducting well-child visits and regular checkups during the COVID-19 pandemic, reflecting the American Academy of

Pediatrics (AAP) guidance on the provision of pediatric ambulatory services via telehealth during the pandemic. SCCs should consider this guidance for CCS clients.

High Risk Infant Follow-up (HRIF) Services

HRIF Numbered Letter N.L. 05-1016 and Program Letter P.L. 01-1016 provide guidelines for this program, which identifies infants who might develop CCS-eligible conditions after discharge from a CCS Neonatal Intensive Care Unit (NICU). DHCS is providing flexibility to HRIF clinics for individual approaches to follow-up services, in consultation with infection control staff and following CDC and local public health guidance. The age-out limit for HRIF is extended so that the third and final standard visit may be performed up to 42 months of age.

CCS Program Pharmacy Flexibility

DHCS Medi-Cal (including CCS) now allows up to a 100-day supply per dispensing of any covered drug, medical supplies, or prescription formulas and covered enteral supplements, including mail and home delivery by Medi-Cal enrolled pharmacies. Utilization limits on quantity, frequency, and duration of medications dispensed to CCS clients may be waived by means of an approved SAR if there is a documented medical necessity to do so. Pharmacies are advised to incorporate the statement "Patient impacted by COVID-19" within the Special Instructions section of the SAR. For more details, see the article titled "Fee-for-Service Pharmacy Benefit Reminders and Clarifications" posted to the NewsFlash area of the Medi-Cal website on March 12, 2020.

Procedures for Face-to-Face Visits

CCS providers and SCCs that see clients face-to-face during the state of emergency must follow all necessary infection control protocols established by the Centers for Disease Control and Prevention (CDC) and their county health department, including having all necessary preventative supplies. Current social distancing guidelines must be followed. For more information, the California Department of Public Health's COVID-19 website has detailed guidance for protecting yourself and others from the risk of contracting and transmitting COVID-19.

For any questions regarding this guidance, please contact the DHCS CCS Medical Policy team at ISCD-MedicalPolicy@dhcs.ca.gov.

Additional Resources

For additional COVID-19 information and resources, we encourage you to review the following resources:

Latest news from California Department of Public Health (CDPH) about COVID- 29 |En Español

CDPH COVID-19 guidance

Centers for Disease Control and Prevention (CDC) COVID-19 response | En Español