

## DEPARTMENT OF HEALTH SERVICES

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Management

TO:            All County California Children Services (CCS), State Children's Medical Services (CMS) Regional Offices, Genetically Handicapped Persons Program (GHPP), and State CMS Staff

SUBJECT:    CASE MANAGEMENT TIMELINES

### Background

The CMS Branch developed a CCS "Case Management Procedure Manual" early in 1997. This document was distributed to each of the CCS county programs. The initial intent of the document was to assist regional office staff and counties utilizing CMS Net in case management activities with specific procedures for a number of activities. However, at the time of the January 1997 distribution of the manual, ALL county CCS programs were encouraged to adopt consistent application of CCS policies through the development of and/or collection of written procedures and insertion of them into the appropriate manual sections.

The need for the program to consistently apply written procedures has been magnified with the implementation of the expansion of Medi-Cal Managed Care plans and the need for county CCS programs to coordinate their case management activities for children with CCS- eligible conditions enrolled in the plans. The vast inconsistencies among counties as to the length of time taken in decision making (for both medical eligibility and the approval of a request for service) have been identified as major barriers in coordinating services for these children. There is a need to clearly define the purpose of the CCS "Case Management Procedure Manual" and to disseminate additional administrative policies that have not been clearly articulated and are not now included in the manual.

### Program Policy

Effective the date of this letter, the CCS program shall adopt the use of the "CCS Case Management Procedure Manual" utilizing the case management principles identified in each of the chapters.

In addition, the following policy relating to the timelines for determination of medical eligibility and program benefits shall also be implemented. (Updated manual pages will be transmitted in the near future.)

1. A determination of medical eligibility shall be made-by the CCS program medical consultant/designee within five working days of the receipt by the CCS program of all the medical documentation necessary to determine whether a suspected CCS-eligible medical condition exists.
2. Within five working days from the receipt of a request for service by the CCS program, the medical consultant/designee must decide whether to approve, deny, or modify a request for CCS-eligible client or defer the request for additional information. (A request for service is defined as a request directed to the CCS program from a health care provider requesting authorization for specifically identified health care service(s) or equipment on behalf of a specific client/applicant.)

If you have any questions, please contact your Regional Office.

**ORIGINAL SIGNED BY**

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