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

MICHELLE BAASS
DIRECTOR

GAVIN NEWSOM
GOVERNOR

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TO: All California Children's Services Programs Participating in the Whole Child Model Program

SUBJECT: California Children's Services Program Whole Child Model (Revised)

I. PURPOSE

The purpose of this Numbered Letter (N.L.) is to provide guidance to local county California Children's Services (CCS) Programs about requirements pertaining to the CCS Whole Child Model (WCM) program. This N.L. aligns with All Plan Letter (APL) 21-005,[1] which provides guidance to participating Medi-Cal managed care health plans (MCP) on requirements pertaining to the implementation of the WCM.

The CCS Program publishes this N.L. under the program's authority to authorize services that are medically necessary to treat CCS-eligible conditions.[2,3,4]

II. BACKGROUND

Senate Bill (SB) 586 (Hernandez, Chapter 625, Statutes of 2016) authorized the Department of Health Care Services (DHCS) to establish the WCM program in designated County Organized Health System (COHS) or Regional Health Authority counties to incorporate CCS Program covered services for Medi-Cal eligible CCS Program members into Medi-Cal managed care.[5] MCPs operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive care coordination and integrated services to meet the needs of the CCS-eligible member, including both CCS-eligible and non-CCS conditions.

Integration of CCS Program administrative functions help retain or exceed CCS Program standards, safeguard beneficiary protections such as continuity of care (COC), improve transition of CCS youth to adult Medi-Cal managed care, and help make future CCS Program improvements.

The WCM program has been implemented in the following 21 counties (please see chart below):

WCM MCP	COHS Counties
Phase 1 – Implemented July 1, 2018	
CenCal Health	San Luis Obispo, Santa Barbara
Central California Alliance for Health	Merced, Monterey, Santa Cruz
Health Plan of San Mateo	San Mateo
Phase 2 – Implemented January 1, 2019	
Partnership Health Plan	Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity, Yolo
Phase 3 – Implemented July 1, 2019	
CalOptima	Orange

MCPs must implement the WCM program in compliance with Welfare & Institutions Code section 14094.11.[6]

This N.L. directs to participating CCS counties and WCM plans how to effectively administer the WCM program.

III. POLICY

Under the WCM, MCPs have the financial and administrative responsibility for the provision of CCS-covered services, including but not limited to, service authorization activities, claims processing and payment, comprehensive case coordination, and quality oversight. MCPs are required to comply with applicable CCS Program statutes, regulations, and standards as outlined in CCS N.L.s. The goal of the WCM program is to maintain access to high-quality specialty care for CCS-eligible conditions. MCPs must authorize care for CCS-eligible conditions that is consistent with CCS Program standards. Care must be provided by either CCS-paneled providers, CCS-approved Special Care Centers (SCCs), and/or approved pediatric acute care hospitals. Further, the WCM program must promote active parent/family participation in the child's CCS course of treatment. In addition, the WCM program must maintain an adequate network of CCS providers and ensure that their CCS providers meet quality performance standards.

A. CCS Program Responsibilities

Local county CCS Programs are responsible for performing all functions required under the WCM legislation (SB 586), and depending on whether the county operates as an independent or dependent county.[7] Independent CCS counties maintain responsibility for CCS Program medical eligibility

determinations for potential members, including responding to and tracking appeals relating to CCS Program medical eligibility determinations and annual medical eligibility redeterminations. DHCS conducts eligibility determinations and redeterminations for dependent counties.

MCPs are required to refer potential CCS-eligible Medi-Cal beneficiaries to the counties for CCS Program eligibility determination. Further, MCPs are responsible for providing all medical utilization and other clinical data for purposes of completing annual CCS medical redeterminations, and other medical determinations as needed for CCS-eligible beneficiaries.

MCPs are required to oversee the authorizations (including Pediatric Intensive Care Unit [PICU]/Neonatal Intensive Care Unit [NICU], and referrals arising from the Medical Therapy Conference/Medical Therapy Program [MTP]/Medical Therapy Unit [MTU] not otherwise the responsibility of the MTU [e.g., medical surgical, Durable Medical Equipment request]), benefits, case management, pharmaceutical, and/or program administration responsibilities normally performed by CCS counties. This includes beneficiaries who have other health coverage. To assist with this requirement, DHCS distributed a N.L. Index to all MCPs and Local county CCS Programs participating in the WCM program. The CCS N.L. Index provides a sortable view for CCS N.L. and Information Notice letters up to June 2018. All CCS Paneled Providers and MCPs should refer to the Letters for the CCS Program website for future letters posted after June 2018.[8]

The MTP is not impacted by the implementation of WCM program. However, MCPs must refer members to local county CCS Programs if there is diagnostic evidence that the member has a MTP eligible condition. WCM counties participating with the MTP continue to receive a separate allocation for the program, and are responsible for care coordination of MTP services.

MCPs must ensure CCS-eligible members have access to appropriate CCS SCCs and CCS-paneled providers for their medically necessary care. If the MCP does not have a contract with a CCS provider qualified to treat a member's CCS condition or the MCPs' contracted CCS provider is unable to provide the medically necessary services within the timely access standards, the MCP must authorize the member to secure their medically necessary services out-of-network. MCPs must ensure that CCS-eligible members requesting services from out-of-network providers are provided accurate information on how to request and seek approval for out-of- network services. MCPs cannot deny out-of-network services based on cost or location.

B. County CCS Program and MCP Coordination

1. Memorandum of Understanding (MOU)

In WCM model counties, the local county CCS Program and the MCP must execute a MOU, based on DHCS' WCM MOU template,[9] outlining their respective responsibilities and obligations under the WCM program. The purpose of the MOU is to explain how the local county CCS Program and the MCP coordinate care, conduct program management activities, and exchange information required for the effective and seamless delivery of CCS services to WCM members. The MOU between the local county and the MCP must ensure collaboration between the county and the MCP. The MOU must include, at a minimum, all of the provisions specified in the MOU template. However, the MOU can be customized, based on the needs of the local county and the MCP, consistent with the requirements of Article 2.985, Chapter 7, Part 3, Division 9, Welfare and Institutions Code (2016). All WCM MOUs must be submitted to DHCS for approval.

2. Transition Plan

   MCPs are required to develop a comprehensive transition plan to govern the transition of existing CCS beneficiaries into managed care for treatment of CCS-eligible conditions. The transition plan must describe collaboration between the two entities on the transfer of case management, care coordination, provider referral, and service authorization to the MCPs. The transition plan must also include communication with beneficiaries regarding, but not limited to, authorizations, provider network, case management, and ensuring COC and services for beneficiaries in the process of aging out of CCS. Local county CCS Programs are required to provide input and collaborate with MCPs on the development of the transition plan. MCPs must submit the transition plans to DHCS for approval.

3. Eligibility Determinations

   a. New CCS Referrals for Eligibility Review

      Independent CCS counties remain responsible for medical, financial, and residential eligibility determinations for potential CCS beneficiaries. MCPs will notify the local county CCS Program of cases where a member may have any newly identified potential CCS-eligible conditions, including infants with a potential CCS condition at time of discharge from the NICU as well as infants and children undergoing diagnostic evaluation for CCS conditions. Local county CCS Programs will direct providers to send their authorizations for services to the MCPs.

      For dependent counties, the county remains responsible for determining financial and residential eligibility, while DHCS remains responsible for determining medical eligibility for potential CCS beneficiaries.

b. Annual Redeterminations

Independent CCS counties are responsible for conducting annual CCS Program medical, financial, and residential eligibility redeterminations. In WCM counties, MCPs are responsible for providing necessary documentation, including all medical utilization and other clinical data, to the independent CCS County to assist with annual redeterminations. Independent county CCS Programs are responsible for obtaining any additional information (e.g., medical reports) required to complete annual redeterminations.

Dependent CCS counties are responsible for conducting financial and residential eligibility annual redeterminations. DHCS is responsible for conducting CCS medical eligibility annual redeterminations. In WCM counties, MCPs are responsible for providing necessary documentation, including medical records, to the dependent CCS county and DHCS to assist with their respective annual redeterminations. Dependent county CCS Programs are responsible for obtaining any additional information (e.g., medical reports) required to complete their annual redeterminations.

4. Referrals to the Local County CCS Programs

MCPs must refer potential CCS-eligible members to the local county CCS Program for a CCS eligibility determination if a member:

a. Has medical diagnosis, records, or history suggesting potential CCS condition(s) as outlined in the CCS Medical Eligibility Guide;[10]

b. Presents at the hospital emergency room, a provider office, or other health care facility for a non-CCS condition, and the medical evaluation identifies potential CCS condition(s);

c. Is an infant with a potential CCS-eligible condition at time of discharge from the neonatal intensive care unit (NICU); or

d. Is potentially MTP-eligible.

In WCM counties, the local county CCS Program and the MCP shall have procedures in place to streamline the referral process to determine whether a member has a CCS-eligible condition. If it is determined that a member may have a CCS-eligible condition, the MCP must promptly provide all of the member's medical records to CMS Net to ensure that the member receives the medically necessary care needed to address the member's CCS condition.

5. Inter-County Transfer (ICT)

   The Local county CCS Program and the WCM MCP's MOU must include policies and procedures to facilitate the exchange of ICT data to ensure that CCS-eligible members who relocate to another county can effectively transition their CCS benefits, including the provision of COC and the transfer of current service authorization requests (SAR). Please see CCS Program N.L. 09-1215, ICT Transfer Policy for more information.[11]

   Local county CCS Programs are responsible for transferring all CCS-eligible member data in its possession to the member's new county CCS Program. When a CCS-eligible member moves from a WCM county to a non-WCM county, the local county CCS Program must notify the WCM MCP and initiate the data transfer request. The WCM MCP is responsible for providing transfer data, including clinical and other relevant data, for the relocating CCS-eligible member. The originating county CCS Program must then coordinate the sharing of CCS-eligible member data to the new county of residence. Similarly when the beneficiary moves into a WCM county, the originating local CCS County must provide transfer data to the WCM MCP as applicable.

6. Dispute Resolution

   County CCS Program and MCP Disputes

   Disagreements between the local county CCS Program and MCP contractor concerning a member's CCS eligibility must be resolved by the local county CCS Program consistent with Welfare and Institutions Code (WIC) 14093.06(b).[12] Disputes between the local county CCS Program and the MCP that are unable to be resolved must be referred to DHCS via email at CCSRedesign@dhcs.ca.gov by either entity for review and final determination. The local county CCS Program, in consultation with DHCS, shall make an eligibility determination and timely communicate the determination to the MCP contractor in writing.

7. Beneficiary Grievance, Appeal and Fair Hearing Process

   The grievance, appeal and Fair Hearing process is available to CCS-eligible members or designated parents, legal guardians, or authorized representatives:

   a. CCS Program Eligibility:

      Independent CCS counties will continue to be responsible for determining program eligibility, while DHCS remains responsible for determining program eligibility for Dependent CCS counties. If the CCS-

eligible member is not satisfied with the CCS Program eligibility decision, the CCS-eligible member may appeal or request a fair hearing as specified in the CCS WCM Grievance, Appeal, and Fair Hearing Processes November 2016.[13] For more information, please refer to the CCS Program Appeal Guidelines.

b. Health Plan Grievance:

For grievances and appeals not associated with CCS Program eligibility, the CCS-eligible member must be able to file a grievance and appeal with their MCP through the MCP grievance and appeals process. CCS-eligible members enrolled in a MCP are provided the same grievance, appeal and fair hearing rights as provided in state and federal Medi-Cal law.

8. Provider Grievances, Appeals and Disputes

MCPs must implement formal processes to timely accept, acknowledge, and resolve provider disputes and grievances. A CCS provider may submit directly to the MCP a dispute or grievance concerning the authorization or denial of a service or a denial, deferral or modification of a prior authorization service request on behalf of a member. The CCS provider may file a dispute directly with the MCP for the incorrect processing of a payment or non- payment of a claim. Local county CCS Programs must refer any provider grievances to the MCP for resolution. The MCP must provide its dispute resolution process to all of the MCP's CCS providers.

9. Major Organ Transplant

MCPs are required to cover all medically necessary major organ transplants (MOTs) for CCS-eligible members as outlined in the Medi-Cal Provider Manual, including all updates and amendments to the Manual.[14] The MCP must refer CCS-eligible members to a CCS-approved SCC for an evaluation within 72-hours of the member's Primary Care Physician (PCP) or specialist identifying the CCS-eligible member as a potential candidate for a MOT. MCPs must authorize the request for the MOT after the SCC confirms that the member is a suitable candidate for the MOT.

10. Transportation

MCPs must provide the CCS Maintenance and Transportation (M&T) benefit for CCS-eligible members or the member's family seeking transportation to a medical service related to their CCS-eligible condition when the cost of M&T presents a barrier to accessing authorized CCS services. Services provided by M&T include meals, lodging, and other necessary costs (i.e. parking, tolls, etc.) in addition to transportation

expenses. In providing M&T, MCPs must comply with all requirements listed in N.L. 03-0810.[15] These services include, but are not limited to, M&T for out of county and out of state services. MCPs must also comply with all requirements listed in APL 17-010, including any superseding APLs.[16]

If the CCS-eligible member or the member's family paid for M&T expenses up front, MCPs must approve and reimburse the member or member's family no later than 60 calendar days following confirmation that all required receipts and documentation have been received.

The local county CCS Programs are responsible for M&T for non-WCM CCS-eligible members. Local county CCS Programs must refer members to the MCP for transportation services that the counties do not provide.

11. Continuity of Care (COC)

CCS-eligible members who are transitioning into a MCP have the right to request and receive COC in accordance with state law and MCP contracts. MCPs are required to establish and maintain a process to allow beneficiaries to continue to access their existing CCS provider(s) for up to 12 months.[17] MCPs, at their discretion, may extend the COC period beyond the 12-month period. Please refer to all applicable APLs related to COC requirements, including, but not limited to, APL 18-008, APL 17-007, etc.[18]

a. Case Management and Care Coordination:

MCPs must provide COC for their CCS-eligible members through case management, care coordination, service authorization, and provider referral services. MCPs must ensure that case management is provided by providers that have knowledge of, and receive adequate training on the CCS Program and have clinical experience with the CCS-eligible members and their complex medical needs.[19]

At the request of a CCS-eligible member, or their parent or legal guardian, the MCP must allow the MCP member to continue receiving care from their existing CCS public health nurse (PHN) during the COC period.[20] The MCP CCS-eligible member must elect to continue receiving case management from the PHN within 90 days of transitioning into the MCP. Local county CCS Programs must work with the MCPs to develop protocols for necessary information sharing when a member elects to continue to receive case management services from the PHN. If the CCS-eligible member's PHN is no longer available, the local CCS Program must notify the MCP immediately so the MCP can provide the member with a MCP case manager who has received adequate training on the CCS Program and who has clinical experience with the CCS population or pediatric patients with complex medical conditions.[21]

b. High Risk Infant Follow-up

MCPs are responsible for determining High Risk Infant Follow-Up (HRIF) Program eligibility, coordinating and authorizing HRIF services for members, and ensuring the provision of HRIF case management services for CCS referrals. MCPs must also notify the local county CCS Program in writing of all CCS-eligible neonates, infants, and children up to three years of age.

In the event that CCS-eligible member loses Medi-Cal Coverage, the MCP must notify the local county as soon as the MCP is made aware, but no later than 15 calendar days of being made aware, of a member no longer having Medi-Cal eligibility. This will ensure that the county CCS Program removes the member from the MCP's active member list.

12. Clinical Advisory Committee

The local county CCS Programs shall designate a medical director or designee to actively participate in the MCP's quarterly CCS Program Clinical Advisory Committee meetings. The CCS medical director or designee shall attend meetings and engage in discussions to offer feedback and recommendations on clinical issues relating to CCS conditions, including treatment authorization guidelines, and serve as a clinical advisor on other clinical issues relating to CCS conditions.

C. NICU Acuity Assessment, Authorization and Payment

MCPs in all WCM counties are responsible for conducting NICU acuity assessment, authorization and payment. MCPs are also required to assume responsibility of coverage for NICU/PICU eligible newborns through their second month of life when the newborn's mother is Medi-Cal eligible and enrolled in the MCP. Acuity assessments must be conducted in accordance with CCS Program guidelines. Independent and Dependent County CCS Programs are responsible for entering the medical eligibility information into CMS Net, and conducting residential and financial eligibility determinations for the CCS Program. The MCP must inform the local county CCS Program if a member is at any point subsequently identified as having a CCS-eligible condition. Upon the MCP's notification, independent CCS counties must determine CCS medical eligibility. DHCS will make the determination as to CCS medical eligibility on behalf of dependent CCS counties.

MCPs are required to report to the local county CCS Program all members identified as meeting the criteria for the NICU acuity assessment in order to identify CCS eligibility. MCPs are required to review authorizations and determine if services meet CCS NICU requirements.

D. Quality Assurance and Monitoring

Local county CCS Programs and MCPs must coordinate the delivery of CCS services to CCS-eligible members and must meet quarterly to discuss program improvements, including updating policies, procedures, and protocols, as appropriate, and to discuss activities related to the MOU and other WCM related matters.

For questions regarding this N.L., contact CCSProgram@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Richard Nelson
Division Chief
Integrated Systems of Care Division

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[1] CCS WCM APL 21-005 is available at: http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
[2] 22 Cal. Code Regs. § 41515.1 et. seq. Determination of Medical Eligibility https://govt.westlaw.com/calregs/Document/I28E30090D4B811DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=%28sc.Default%29
[3] 22 Cal. Code Regs. § 41700 Availability https://govt.westlaw.com/calregs/Document/I2F1A7E70D4B811DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1&ignorebhwarn=IgnoreWarns
[4] 22 Cal. Code Regs. § 41740 Eligibility for Treatment Services https://govt.westlaw.com/calregs/Document/I2FDD8050D4B811DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=StatuteNavigator&contextData=%28sc.Default%29
[5] Senate Bill 586 is available at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB586
[6] California Code, Welfare and Institutions Code - WIC § 14094.11 https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14094-11.html
[7] Division of responsibility charts are available at: http://www.dhcs.ca.gov/services/ccs/Pages/CCSWholeChildModel.aspx
[8] CCS Webpage Letters https://www.dhcs.ca.gov/services/ccs/Pages/Letters.aspx
[9] MOU template for WCM Program: https://www.dhcs.ca.gov/services/ccs/Documents/WCM-MOU-Template-REVISED-March2018.pdf
[10] CCS Medical Eligibility Guide: https://www.dhcs.ca.gov/formsandpubs/publications/Pages/CCSPubs.aspx
[11] CCS Program N.L. 09-1215 ICT Transfer Policy is available at: http://www.dhcs.ca.gov/services/ccs/Documents/ccsnl091215.pdf
[12] Welfare and Institution Code 14093.06(b) is available at: http://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14093-06.html
[13] CCS WCM Grievance, Appeal, and Fair Hearing Processes November 2016 https://www.dhcs.ca.gov/services/ccs/Documents/CCSGrievancesAFHP.pdf
[14] See Provider Manual-Transplants: https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/transplant.pdf
[15] Maintenance and Transportation of CCS Clients to Support Access to CCS Authorized Medical Services CCS N.L. 03-0810 is available at: http://www.dhcs.ca.gov/services/ccs/Documents/ccsnl030810.pdf
[16] APL 17-010 is available at: http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-010.pdf
[17] Welfare and Institution Code 14094.13 is available at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.13.&lawCode=WIC

[18] Medi-Cal Managed Care Plans All Plan Letters https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
[19] WIC Section 14094.11(a)
[20] WIC 14094.13(e), (f) and (g) is available at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.13.&lawCode=WIC
[21] WIC 14094.13(e) is available at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14094.13.&lawCode=WIC