

In addition to the specialty and subspecialty requirements outlined in this standard, all California Children's Services (CCS) Endocrine Special Care Centers (SCC) are required to comply with CCS Chapter 3.37 "CCS Provider Core Standards."¹

A. Endocrine SCC Overview

The Endocrine SCC provides family-centered, coordinated, multidisciplinary, multispecialty, culturally and linguistically appropriate, and equitable care to CCS clients with endocrine conditions.

1. A CCS client shall be authorized to an Endocrine SCC when the client has an endocrine condition, or a disorder of the endocrine system. The endocrine system includes organs throughout the body that secrete hormones. The endocrine system affects growth and development, metabolism, sexual function, and mood. If hormone levels are too high or too low, or if the body does not respond to hormones in the normal manner, there is an endocrine disease or disorder.
2. An approved Endocrine SCC is staffed with a multidisciplinary team of specialists and staff who provide care to pediatric patients with complex endocrine conditions that require a multidisciplinary team approach.
3. The Endocrine SCC provides comprehensive evaluation and management services to clients with endocrine conditions as described in A.1. and A.2. The goal of Endocrine SCC care is to improve the client's health, safety, and quality of life. All Endocrine SCCs must conduct comprehensive endocrine evaluations, provide an interdisciplinary approach, safety protocols and quality measures, patient education, and provide medically necessary therapy and procedures, specified in 4.a. and 4.b. below.
4. Endocrine SCCs provide the following services:
 - a. Basic medical, laboratory, pharmacy, and psychosocial services needed to evaluate and treat clients with endocrine disorders.
 - b. Endocrine evaluation including:
 - (1) Dynamic proactive testing for endocrine conditions.
 - (2) Water deprivation testing.
 - (3) Imaging studies including:
 - (a) Specialized brain imaging including high quality magnetic resonance imaging (MRI) and other appropriate neuroimaging,

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- (b) Radioactive iodine (RAI) scanning for diagnosis and RAI treatment for thyroid disease. If center does not provide these services, the SC will refer the client to an affiliated SCC.
 - c. Psychological services or referral to psychological services.
 - d. Intravenous (IV) bisphosphonate therapy for bone loss.
- 5. Regional Endocrine SCCs, offer the services listed in A. 4, and:
 - a. Access to a high-volume thyroid surgeon or endocrine surgeon with pediatric experience.

B. CCS Program Requirements

In addition to the requirements described in Section B of the Core Standards, the Endocrine SCC is required to comply with the following:

1. The Endocrine SCC shall be located within a CCS-approved tertiary hospital² with a CCS-approved Pediatric Intensive Care Unit (PICU), or special hospital³ demonstrating equivalent expertise.
2. Satellite centers for the Endocrine SCC shall meet core team staffing standards described in CCS Provider Standards 3.3.1 H.2., and shall require separate CCS approval.
3. The Endocrine SCC shall provide comprehensive outpatient and inpatient interdisciplinary services and endocrine specific testing and services to children under 21 years of age who have a CCS-eligible endocrine disorder.
4. The Endocrine SCC shall operate as an identifiable team, which shall be responsible for the coordination of all aspects of patient endocrine evaluation and care, including coordination between the inpatient and outpatient departments of the hospital and with the county CCS program office.
 - a. All members of the team shall be paneled when applicable, according to the standards for panel participation established by the State CCS Program.⁴
 - b. Changes in professional staff whose qualifications are required in any portion of these standards shall be reported to CCS within 30 days of occurrence. Directory updates of all core team members and designated consultants shall be submitted to the CCS Program, at a minimum, on an annual basis.

C. Endocrine SCC Core Team Members and Specialty Consultants

In addition to the requirements described in Section C of the Core Standards, the Endocrine SCC is required to comply with the following:

1. There shall be a core team that meets regularly to evaluate patients, to initiate or modify care plans, and to perform other functions as needed to provide on-going, multidisciplinary care. The personnel on the core team shall be assigned to the team on a permanent basis. The core team and members responsibilities shall meet the criteria described in the CCS Core Standards, Section C.3., and shall meet the following additional criteria:
 - a. The Medical Director shall:
 - (1) Be a CCS-paneled pediatric endocrinologist with certification in pediatric endocrinology by the American Board of Pediatrics (ABP) with expertise and training in all aspects of pediatric endocrine practice.
 - (2) Have at least two years of experience in pediatric endocrine care post-fellowship.
 - (3) Oversee coordination of referrals to other endocrine centers or to appropriate clinical trials when medically necessary if necessary surgical or imaging services are not available at the Endocrine SCC.
 - (4) Oversee quality improvement projects consistent with recommendations of national organizations including the Pediatric Endocrine Society and the Endocrine Society.
 - b. A second board-certified, CCS-paneled endocrinologist shall be available as part of the core team or to provide coverage.
 - c. The SCC coordinator, who may be the Medical Director or any member of the core team, shall be responsible for functions described in CCS Core Standard, Section C.3.b. as well as contacting families after the visit to ensure that the family has obtained prescribed supplies and referrals.
 - d. A CCS-paneled nurse with pediatric endocrine experience who has received endocrine specific training, shall be responsible for:
 - (1) Responsibilities described in CCS Core Standards, Section C.3.c. and,
 - (2) Implementing protocols related to patient safety.

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- e. A CCS-paneled medical social worker (with responsibilities described in CCS Core Standards Section C.3.d.) who shall be responsible for coordinating the psychosocial aspects of the patient's disorder, for defining a care plan with each patient/family, and for coordinating the overall care of the patient with other agencies.
 - f. A Certified Diabetes Educator (CDE) shall be available as part of the core team.
 - g. A Registered Dietician with responsibilities described in CCS Core Standards, Section C.3.e., unless the CDE is a registered dietician.
2. The following pediatric subspecialists shall be on staff or accessible through the hospital network. Available subspecialists who are CCS-paneled (as applicable) shall include:
 - a. Pediatric critical care medicine;
 - b. Pediatric cardiology;
 - c. Pediatric gastroenterology;
 - d. Pediatric nephrology;
 - e. Pediatric hematology-oncology;
 - f. Pediatric pulmonology.
 3. The faculty shall have on staff or access through the hospital network the following specialties with substantial experience with pediatric endocrine problems:
 - a. Anesthesiology(s);
 - b. Child neurology(s);
 - c. Medical genetics(s);
 - d. Ophthalmology(s);
 - e. Psychologist, psychiatrist, or coordination with behavioral health provider through telehealth.
 4. Other essential allied health professionals include clinical pharmacists, psychologists, and school nurses and/or educational specialists. All clinical staff

shall maintain applicable licensure or accreditation. These allied health personnel shall be listed on the Endocrine SCC directory, and shall participate in the Endocrine SCC activities as necessary.

D. Endocrine SCC Facilities and Equipment

In addition to the requirements described in Section D of the Core Standards, the Endocrine SCC is required to comply with the following:

1. Facilities and equipment shall meet the standards described in CCS Core Standards, Section D, as well as the items listed below:
 - a. Stadiometer to accurately measure weight and height.
 - b. Equipment and staff trained to measure hemoglobin A1c (HbA1c) and to download HbA1c values and diabetes data from continuous glucose monitoring systems, glucometers, and insulin pumps.
 - c. Laboratory and imaging equipment for indicated radiologic and nuclear medicine evaluations including but not limited to:
 - (1) Dynamic proactive testing for endocrine conditions,
 - (2) Water deprivation testing,
 - (3) High quality magnetic resonance imaging (MRI),
 - (4) Radioactive Iodine (RAI) scanning for diagnosis and RAI treatment for thyroid disease. If center does not provide these services, the SCC will refer the client to an affiliated SCC.
 - (5) Other radiologic and nuclear medicine procedures as indicated.

E. Endocrine SCC Patient Care

In addition to the requirements described in Section E of the Core Standards, the Endocrine SCC is required to comply with the following:

1. The Endocrine SCC shall have policies and procedures related to intake, ongoing treatment, follow up, and core team reports as described in the CCS Core Standards, Section E.1-3.
2. Children referred to the Endocrine SCC may be seen for (1) ongoing management, (2) one-time consultation, (3) diagnostic procedures, or (4) a specified intervention. The CCS-authorization shall specify whether referral to the

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Endocrine SCC is for ongoing management, consultation, testing, and/or a specific intervention.

3. The Endocrine SCC shall provide individual or group visit services, as determined by the SCC.
4. The Endocrine SCC shall have policies to ensure that, when appropriate, the nationally accepted endocrine quality metrics are addressed for each client.
5. The Endocrine SCC comprehensive evaluation report shall be completed after each SCC team visit, and shall include parent input as described in CCS Core Standards, Section E.2.
6. The Endocrine SCC shall submit annual and periodic team reports to ISCD within 30 days of facility review.
7. The Endocrine SCC shall provide copies of medical records, individual and summary Endocrine SCC team reports, transition plans, statistical reports and other information within 30 days of request to the CCS Program authorizing the care.
8. The Endocrine SCC shall provide or coordinate with medically necessary psychological and behavioral health services when the need for those services is related to the endocrine condition.
9. The Endocrine SCC shall follow the transition policy outlined in SCC Core Standards, Section E.6.
10. The Endocrine SCC service code grouping (SCG) 02 authorization shall cover:
 - a. Initial and periodic comprehensive outpatient team evaluations and case conferences by CCS-paneled Endocrine SCC core team members and other specialty consultants listed in the Endocrine SCC directory.
 - b. Medically necessary outpatient services related to the management of the child's CCS-eligible endocrine conditions, except those that require specific prior authorization in accordance with CCS policy.
 - c. Outpatient laboratory and/or radiology services related to the endocrine conditions, except those requiring specific prior authorization in accordance with CCS policy in posted CCS Numbered Letters when ordered by an Endocrine SCC physician.⁵
11. Initial treatment must be authorized to the endocrine SCC. If follow-up endocrine care is authorized to a CCS-paneled local endocrinologist, the Endocrine SCC

must continue to co-manage until the child no longer requires the specific expertise of the Endocrine SCC. The delegation of care must be included in the annual SCC report outlining the plan of treatment.

12. Medically necessary services not covered by the Endocrine SCC SCG authorization require separate requests for each service. These include but are not limited to:
 - a. Services provided by health care professionals listed on the Endocrine SCC directory as consultants, beyond the assessment and services described in the team conference plan. These requests shall specify services needed, number of visits and duration, and include a medical justification. Extensions may be granted when indicated based on submitted medical justification.
 - b. Surgical procedures (done either on an inpatient or outpatient basis).
 - c. Durable medical equipment.
 - d. Medical supplies.
 - e. Physician administered drugs and diagnostic studies requiring specific prior authorizations (such as MRI and Positron Emission Tomography scans).
 - f. Inpatient hospital admissions.
 - g. Outpatient medications, which are approved and authorized through Medi-Cal Rx instead of through SCG, starting January 1, 2022.

F. Quality Assurance (QA) and Quality Improvement (QI)

In addition to the requirements described in Section F of the Core Standards, the Endocrine SCC is required to comply with the following:

1. The Endocrine SCC shall have a system of standardized data collection and data exchange so that diagnostic studies do not have to be repeated for referred patients.
2. Endocrine SCC quality improvement projects shall include data collection to align with nationally recognized endocrine quality measures. Process measures may include access to care or frequency of laboratory studies.
3. Endocrine SCCs shall make quality assurance data available for review as part of the Endocrine SCC approval or re-approval.

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4. Family satisfaction shall be assessed periodically for Endocrine SCC clients and families.

¹ CCS Chapter 3.37 "CCS Provider Core Standards"

<https://www.dhcs.ca.gov/services/ccs/Documents/Chapter-3.37-CSS.Core.Standards.pdf>

² CCS Provider Standards: Tertiary Hospitals

<https://www.dhcs.ca.gov/services/ccs/Documents/Tertiary.pdf>

³ CCS Provider Standards: Special Hospitals

<https://www.dhcs.ca.gov/services/ccs/Documents/Special.pdf>

⁴ CCS Program Participation Requirements

<https://cmsprovider.cahwnet.gov/PANEL/provider-paneling-standards.jsp>

⁵ CCS Program Policy: Numbered Letters

<https://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx>