DEPARTMENT OF HEALTH SERVICES
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Index: Benefits

TO: COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) ADMINISTRATORS AND MEDICAL CONSULTANTS, AND STATE CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF

SUBJECT: CASE MANAGEMENT OF MEDI-CAL ELIGIBLE BENEFICIARIES WITH A CCS-ELIGIBLE CONDITION ENROLLED IN A MEDI-CAL MANAGED CARE PLAN

Background

The California Code of Regulations, Title 22, Section 51013, delegates to the CCS program the responsibility for case management and authorization of services for Medi-Cal eligible children with CCS-eligible conditions. Numbered letter 10-1096 was written to clarify this responsibility. One of the purposes of the letter was to restate CCS program policy that it was NOT necessary to delay authorization of Medi-Cal benefits pending the receipt of a CCS program application. The other intent of the letter, authorization of Medi-Cal benefits for children enrolled in Medi-Cal managed care plans, was apparently not clear and there has continued to be inconsistency regarding authorization of services from county to county.

Provision of health care services to treat the CCS-eligible medical condition of a Medi-Cal beneficiary enrolled in a Medi-Cal managed care plan is **NOT** the responsibility of the Medi-Cal managed care plan. These services are "carved out" of the managed care plan's contractual responsibilities with the Medi-Cal program and therefore the CCS program needs to authorize medically necessary services to treat the CCS eligible condition. At times, these services may not always be a CCS program benefit, as per CCS policies and guidelines.

However, there is **NO** method for these children to access these Medical benefits without the authorization by the CCS program. These benefits will then be paid on a fee-for-service by Medi-Cal.

Policy

A service requested by the CCS authorized provider for the treatment of the CCS-eligible medical condition (or a condition complicating the CCS-eligible medical condition) of a Medi-Cal eligible beneficiary enrolled in a Medi-Cal Managed Care Plan shall be authorized by CCS, even if the service is not a CCS program benefit, as long as:

- the service is medically necessary
- the service requested is a benefit of the Medi-Cal program
- the services are requested by the CCS authorized provider
- the services will be provided by a CCS paneled or approved provider (as per CCS program policy)

Examples of such services are diapers and formula.

Policy Guidelines

1. Requests for authorization of services related to the CCS eligible condition which are NOT CCS program benefits for Medi-Cal eligible beneficiaries enrolled in a Medi-Cal managed care plan in which CCS-services are "carved out" will be evaluated in the following manner.

    a. If the requested service is medically necessary, the CCS program medical consultant, or designee shall determine if the service is a Medi-Cal benefit and if it is, authorize the service.

    b. Requests for authorization of pediatric subacute or other long-term facility care or pediatric day health care must be discussed with the Regional Office Nurse Consultant.

    c. If the requested service is medically necessary and is not a benefit of the Medi-Cal program, it may meet the definition of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services (SS)

1) Determination of whether a requested service is a Medi-Cal benefit can be accomplished through the use of the Medi-Cal provider manuals; California Code of Regulations, Title 22, Division 3, Health Care Services, Sections 51000, et. Seq: and by obtaining consultation from the Regional Office Consultants.

2) The CCS program staff should notify the requesting or prescribing provider that the services will be processed as an EPSDT SS request through the State CMS EPSDT SS coordination.

2. If the request is submitted directly from a Home Health Agency or other provider that is not paneled or approved by the CCS program, the CCS program staff shall determine if **it** is part of the treatment plan of the authorized provider.

a. If the requested service is part of the treatment plan the service should be authorized if medically necessary.

b. If the requested service is not part of the treatment plan, the CCS program staff must communicate with the authorized provider to determine medical necessity.

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

ORIGINAL SIGNED BY

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