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

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The purpose of this 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 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, public health emergency 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 public health emergency. 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 public health emergency. 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: [Providing Care in Alternative Settings, Hospital Capacity, and Blanket 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 public health emergency.

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 [guidance](#) regarding flexibilities in the delivery of CCS MTU services during the COVID-19 public health emergency, 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 public health emergency, 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 public health emergency. 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 emergency declaration to allow SCCs adequate time to reschedule ATCs that could not be accommodated using telehealth services during the time of the COVID emergency declaration timeframe.

CCS State Fair Hearings Conducted via Phone or Video Conference

Pursuant to [Executive Order N-55-20](#), CCS State Fair Hearings may be conducted by phone or video conference. DHCS will include information about this process in each CCS Notice of Hearing.

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 public health emergency. 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 Treatment Authorization Requests (TARs) and Service Authorization Requests (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)

The telehealth and prior authorization provisions described above are applicable to DME. Telehealth may be used in place of a face-to-face visit related to a physician's order for DME, including repairs and supplies. Also, the need for a TAR/SAR should not negatively affect providing the covered benefit to the CCS client, as the TAR/SAR can be submitted retrospectively. As noted above, providers and suppliers must still provide and maintain documentation indicating the need for the benefit and in the instance of DME, indicate why the equipment must be replaced and whether the equipment was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency.

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 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. 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-19 | En Español](#)

[CDPH COVID-19 guidance](#)

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