

COUNTY OF SAN DIEGO

Health and Human Services Agency

CALIFORNIA CHILDREN'S SERVICES FAMILY HANDBOOK



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California Children's Services (CCS)

The Administrative Office is located at:

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ccs.hhsa@sdcounty.ca.gov



[CCS Website](#) QR code



Office hours are Monday – Friday 8:00 a.m. – 5:00 p.m.
Closed on weekends and holidays.

What is CCS?

California Children's Services (CCS) is a statewide program that coordinates and pays for medical care and therapy services for children under the age of 21 with *certain* health care needs ("a CCS eligible condition").

San Diego County CCS is part of the County of San Diego Health and Human Services Agency, Public Health Services.

CCS is not a health insurance program. It will not meet all children's health care needs, only those related to the CCS eligible condition.

CCS is NOT Child and Family Well-Being, formerly known as CPS.

At CCS, you can expect Family Centered Care. We believe the best way to care for a child is to help the family.



CCS Works with...

Medi-Cal
Private Insurance
Medi-Cal Managed Care Plans

If your child is covered under Medi-Cal, California Health and Safety Code Law requires CCS to manage their CCS eligible condition. Be sure to let CCS or your Health Plan know of any questions regarding individual program benefits.



Click image to access DHCS website

CCS Staff Introductions

- **Human Services Specialist (HSS)** – Eligibility worker who assists families with the application process and determines financial and residential eligibility for the CCS program.
- **Nurse Case Manager** – Medical worker who determines medical eligibility for the CCS program.
- **Office Assistant (OA)** – Provides case management support to the HSS and Nurse Case Manager.
- **Social Worker** – Assists families in locating services needed to support your child's CCS condition. Assistance can include advocacy, counseling, health insurance information, transition planning, and community resources.
- **Office Support Specialist (OSS)** – Provides reception services at the MTU. Maintains patient records and data for therapy status and medical direction.
- **Occupational Therapist (OT)** – Evaluates your child's fine motor development, range of motion, strength of arms and hands, and self-care skills.
- **Physical Therapist (PT)** – Evaluates your child's overall gross motor development, range of motion, strength and functional mobility.

How does a child qualify for CCS?

CCS covers many serious health and physical conditions. If needed, the child's doctor will make a referral to CCS. At that time the CCS medical team will determine if a child has a CCS eligible condition.

To receive CCS services **all four** of the CCS eligibility rules must be met:

1. Age eligibility: the child must be under 21 years of age.
2. Medical eligibility: the child must have a physical disability or medical condition that is covered by CCS. For more information about medical conditions covered by CCS, [visit](#).



3. Residential eligibility: children receiving San Diego County CCS services must reside in the county. Each county in California has a CCS program. If you move to another county, we will help you transfer the child to that county's CCS program.
4. Financial eligibility: the child must have:
 - Medi-Cal
 - The family's adjusted gross income be less than \$40,000 **OR**
 - If your family earns more than \$40,000, it is estimated that more than 20% of your annual income (AGI) will be spent on medical services for the child's CCS eligibility condition.

CCS pays services for the eligible condition only

An HSS will assess the financial and residential eligibility. If further information is required, the HSS will contact you and request the following documents:

- Proof of address (utility bill, driver's license, etc.)
- Proof of income (Copy of CA tax return)
- Proof of any insurance

If you do not have Medi-Cal, you may be referred to apply if potentially eligible. If you do not qualify for Medi-Cal, you may qualify to sign a Program Service Agreement (PSA). This is your contract with CCS for the year and must be signed annually.

You may be required to pay:

- An annual assessment fee of \$20.00 **AND**
- An enrollment fee, using a sliding scale based on family income and size. Your HSS has a chart of the fees

You will not have to pay these fees if any of these apply to your child:

- Has full-scope Medi-Cal with \$0 Share of Cost (SOC).
- Seeking diagnostic services only.
- Requesting Medical Therapy Program (MTP) services only.
- Adopted with a known CCS eligible condition.

A family in need can request to waive or reduce fees by proving evidence of financial hardship. If your family earns less than \$40,000 but is 200% above the Federal poverty level, you will be required to apply for Medi-Cal.

Your Nurse Case Manager relies on the child's doctor's report to make decisions. With the information in the report, the Nurse Case Manager will authorize CCS paneled doctors to provide treatment and other services.

CCS can access the child's records electronically if your physician is part of UCSD, Rady Children's Hospital, Sharp, or Kaiser. CCS cannot authorize services without a doctor's report.

Remember to ask the doctor, therapist, or medical supplier for a copy of the doctor's report for your own records. If you have this information you can send a copy to CCS when it is requested. You will not have to wait for the doctor's office to send it.

Make sure your doctor's office knows you have CCS.

If we find that the child's condition has improved or is no longer CCS eligible, we will close your child's case. Your case can always re-open if your child's medical condition changes.

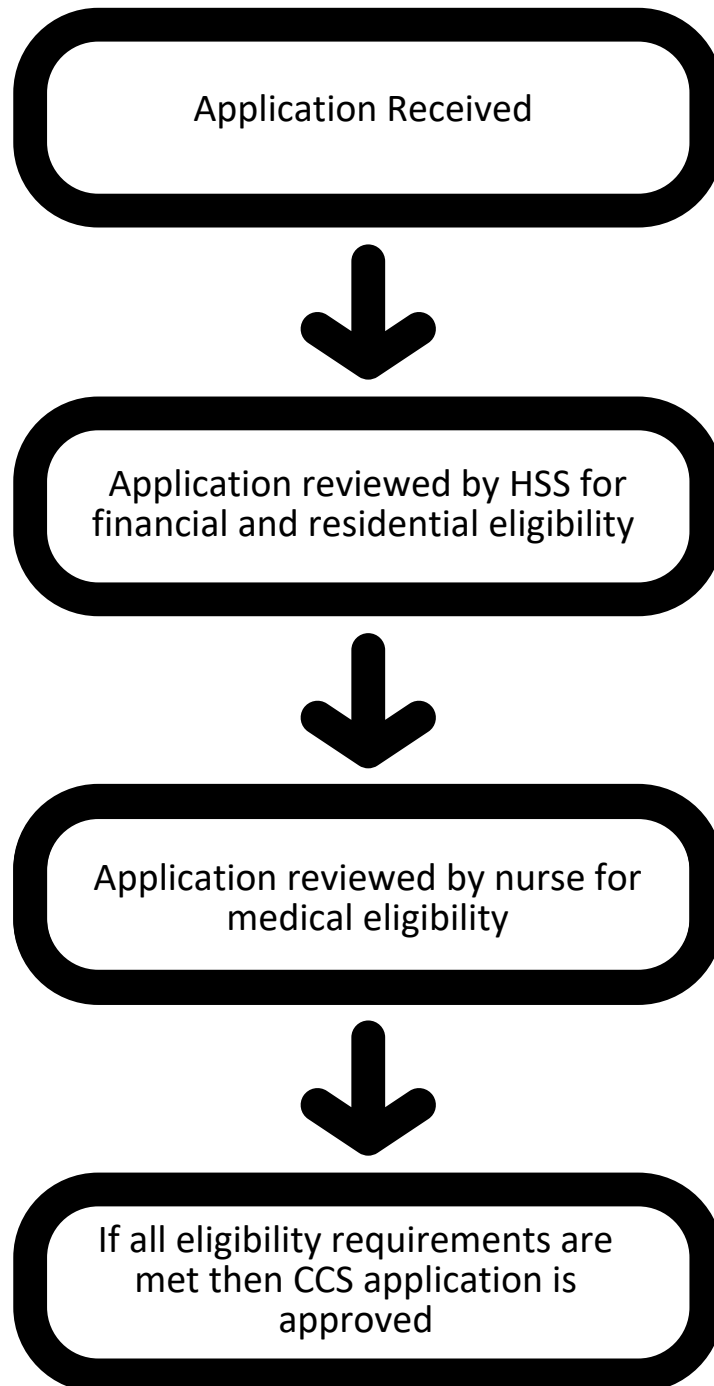
Closing your CCS case will not affect your child Medi-Cal benefits, if applicable.

If CCS is unable to provide services, we will do our best to help you find other agencies that may help.

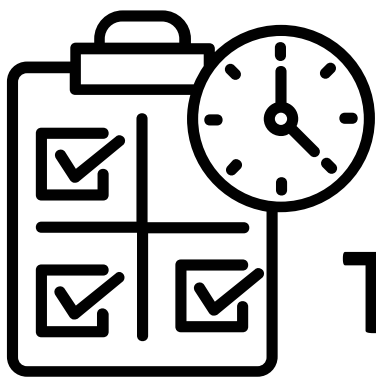
We cannot provide services if we cannot reach you, or if we have the wrong information. Please keep us updated with your contact information.



CCS Application Process



If your application does not meet financial or medical eligibility requirements, you may be referred to outside agencies.



Transition Planning

Youth with chronic medical conditions and disabilities must prepare for changes as they get older, particularly with regards to navigating the adult healthcare system. Upon their 21st birthday, young adults can no longer access CCS services.

Transition Planning services begin when clients turn 14 so they have plenty of time to prepare for their future after CCS services end at age 21. Social Workers conduct case reviews and make attempts to contact all clients turning 18 and 20 to offer individualized transitional planning resource assessments. CCS youth who are 16 years of age or older are invited to quarterly Transitional Planning Workshops.

For further transition planning information please scan QR code or visit our TP website.



Our Mission is to assist young adults as they maximize their independence on the transition to the adult medical system.

Types of Service

DIAGNOSTIC SERVICES

If there is a good chance that the child has a CCS eligible condition but more information is needed; CCS can pay for more doctor visits and testing.

TREATMENT SERVICES

Services required to treat the child's CCS eligible condition may include but are not limited to:

- Special Care Center Visits
- Emergency department care
- Hospital stays
- Surgery
- Medicines
- Special Equipment & Supplies
- Medical Therapy Program

LODGING AND TRANSPORTATION

In instances of economic hardship, CCS ***may*** be able to reimburse expenses related to transportation to CCS-covered medical appointments to the child's center of care and/or hospital stays. Please talk with your Nurse Case Manager.

Will your child need to change doctors?

CCS is only allowed to pay for doctors who are approved by the State CCS Program (“CCS paneled”).

Many doctors who treat children with special health care needs are already CCS paneled. You may ask your child’s doctor if they are CCS paneled or you can call us to find out if you need to change to another doctor. If you do not have a doctor or you need to change doctors, we will help you find one.

We will give you an authorization (SAR#) to see a CCS-paneled doctor. When possible, we will try to authorize the doctor of your choice.



What is an Authorization

A CCS authorization is known as a SAR# (Service Authorization Requested Number) and is used by providers to bill Medi-Cal or the State for medical services for the child.

A SAR# will be issued for services relating to the child's CCS condition when they need:

- Doctor visits
- Special X-ray, medication or laboratory test
- A stay in the hospital
- Treatment (medicine, x-ray, or surgery)
- Supplies (i.e. tracheotomy supplies or feeding pumps)
- Equipment (i.e. wheelchairs, orthotics or hearing aids)

The child's CCS authorized doctor, therapist, or medical supplier sends us a request. If it is found that the service is medically necessary, we can authorize the treatment, and you will get a copy of the authorization letter in the mail.

An authorization from CCS should take about a week once the request is received. **Emergency care** can be approved quickly with a telephone call from the child's doctor.

It is important for you to keep the authorization letter. You may need to show it to your doctor or pharmacist so they can refer to the SAR#.

Special Care Centers

A Special Care Center consists of a team of doctors, nurses, therapists and other professionals who work together with you and your child to provide the best medical care. Your child must be seen yearly to maintain CCS eligibility.

Special Care Centers are located at major hospitals in San Diego County.

Examples:

Cardiology Center

Craniofacial Center

Heart Surgery Center

Hematology/Oncology Center

Renal Dialysis and Transplant Center



Annual Review Process

Sixty days before the child's anniversary with us, we start to review the child's case for continued medical and financial eligibility.

The **Annual Review** has two parts:

Part 1: Medical Case Review:

The child's Nurse Case Manager will review all the medical reports received from the child's doctors to see if the child's condition is still medically eligible. If we are missing any current information, the Nurse Case Manager will call the child's doctors to ask for more information.

Part 2: Financial and Residential Review:

If you have private insurance, we will check to see if we provide services that your insurance does not. If your insurance covers all the services your child needs, and you do not need us at this time, the child's CCS case will close.

Changes in your income can affect your financial eligibility. An HSS will contact you annually if more information is needed.

If the child is adopted and has a known CCS medical condition there is no financial eligibility requirement. Please call your HSS for more details.

MTP Services

The physical and occupational therapy CCS provides through the Medical Therapy Program (MTP) is provided at no cost to you. It is not based on your family's income. There is no financial eligibility requirement for occupational and physical therapy services.

The MTP serves children with qualifying physical disabilities. Medical eligibility for MTP services is different than general CCS program services. The MTP provides physical and occupational therapy, and may include pediatric and orthopedic clinics. The MTP provides direct care, working one-on-one with your child.

The MTP provides different therapy than the child's school may provide. That is because we provide therapy for the child's eligible medical condition, while the school provides therapy for the child's educational needs and goals.

The MTP provides therapy services at Medical Therapy Units (MTU) located in 7 Public Schools throughout San Diego County.

Click or scan the QR code to review MTU locations:



The purpose of the CCS Medical Therapy Program is to help children/youth with physical disabilities achieve their maximum level of independence.

Our ultimate goal is to provide the appropriate services which are the best fit for the child/youth. At the evaluation the therapist works with the family and child/youth to determine the therapy goals.

Some examples of therapy goals would be to:

- Sit without support
- Roll over
- Drink from a sippy cup
- Crawl

The MTP provides several levels of therapy services. As the child's needs and/or goals change, therapy levels can change as well. Therapists are available for support at all service levels and will remain an important part of the child's team.



The Mission of the CCS MTP is to maximize functional independence of children with physical disabilities through family-centered care.

Service Levels Include:

Evaluation

- Initial evaluation to establish the level of services needed.
- Ongoing re-evaluation to assess the child's response to treatment and recommended level of service.
- Evaluation of equipment needs.
- Evaluation of home and/or school environment for accessibility.

Active Services

- Regularly scheduled visits with the therapist, weekly or more.
- Goals of active therapy treatment require on-going, frequent hands-on skilled intervention by the therapist.

Monitor Services

- Check-up appointments to assess changes in child's status, equipment/orthotic needs, or home exercise program.
- Utilized when the child has reached a steady functional state and does not require frequent hands-on skilled intervention by the therapist.

Episodic Treatment Services

- "Short bursts" of weekly therapy with intensive family/caregiver training (up to 12 weeks) mixed with longer periods of monitoring during a total 12 month plan of care.

Clinic Only Services

- When a child/youth has reached a stable functional state and no immediate therapy needs have been identified.
- The child/youth will only require appointments with physician annually, who may refer back to the MTP if indicated.

Consultation is a part of all service delivery models to help identify and address a child's or youth's needs through discussion with the child/youth, family, teachers, and other community providers.

Your therapist can offer advice and help with equipment and accessibility challenges as well as social, educational, and transition planning opportunities.



If you do not agree with a CCS decision

- A denial letter also known as a NOA (Notice of Action) is our way to deny a requested CCS service. If you disagree with a decision made by the CCS office you have the right to appeal.
- Instructions for an appeal will be included with your NOA. Please note you have 30 days from the date of the NOA to file an appeal.
- If CCS is changing or ending services and you want the services to continue during the appeal process, you need to ask for this in your appeal.
- We will respond to your appeal within 21 days.
- If you have a concern about the CCS program unrelated to a Notice of Action, you have the right to file a Formal Grievance. Ask to speak to a CCS Supervisor who can assist you.



Parent Orientations

Parent orientation offers a **general** overview of the CCS program. Join us to hear from our HSS, Nurse Case Manager, and Social Worker about their support for CCS clients. While we won't discuss individual cases, we can help you connect with your case managers.

Please join our next orientation so you can learn a little more about CCS by visiting our CCS website for our orientation schedule.

Click or scan the
QR code to join us on Zoom!



Parent Orientations are also available in-person and by phone. Call us at 619-528-4000 to schedule an in person or phone orientation.



Should you have any questions about your CCS coverage call the CCS office at 619-528-4000.

If you have questions about therapy services, you can call your child's occupational or physical therapist or the therapy supervisor.

Visit our website for more information.

