

Steps to Receiving CCS Services

Step 1: Referral

Anyone can refer a child or youth to CCS, such as the child or youth themselves, parents, caregivers, doctors, and schools.

Step 2: Diagnosis

A doctor identifies that the child or youth may have an [eligible medical condition](#). Examples may include sickle cell disease, cerebral palsy, hearing loss, diabetes, leukemia, and many other serious conditions and disabling injuries. The doctor sends a report to CCS for review by the nurse case manager.

Step 3: Application

Family/youth downloads, completes, and signs an application for CCS services, which can be submitted electronically via fax, [email](#), in person at 6160 Mission Gorge Rd, Ste 400, San Diego, CA 92120 or by mail.

Click here to view and complete the [application](#).

The application packet will include a CCS Application, a Financial Questionnaire, and an Insurance Questionnaire that need to be completed and returned as quickly as possible. Additionally, CCS will include a [Notice of Privacy Practices](#) so that the client and/or family are aware of their rights and responsibilities under the [Health Insurance Portability and Accountability Act \(HIPAA\)](#). This Act is the federal law that establishes standards to protect the privacy and security of health information.

California Children's Services

6160 Mission Gorge Rd. Ste 400

San Diego, CA 92120

Fax: (858) 514-6514

[Email: CCS.HHSA@sdcounty.ca.gov](mailto:CCS.HHSA@sdcounty.ca.gov)

Step 4: Case Management and Care Coordination

Once the referral and medical reports are received the CCS nurse case manager begins reviewing the information to determine if the client is medically eligible for CCS services.

Once the application is received the Human Services Specialist begin reviewing the information to determine if the client is residentially and financially eligible for CCS Services.

Step 5: Treatment

CCS approves health care services to treat the child's or youth's eligible medical condition.

How this works is each time the child or youth needs to see a new doctor, get new medication, or equipment, their medical provider will fill out a Service Authorization Request (SAR) and send it to CCS. All SARs are usually reviewed by CCS within 5 days of receipt. Once approved, a copy of SAR approval is then mailed to the home of the child or youth. Then the family/youth can schedule an appointment for the care that was approved. Some SARs can be used to access many different medical services using the same SAR approval number. You can contact CCS to find out the status of a SAR or if you have any questions about a SAR. If eligible for Medical Therapy Services, you will receive a phone call from the Medical Therapy Program.

If a request, application, or a service is denied, the family/youth will receive a Notice of Action (NOA) by mail explaining the reason for the denial and instructions on how a family can appeal the decision.

Click to view a [sample SAR \(English/ Spanish\)](#)

Step 6: Payment for Services

CCS authorizes services related to a child's or youth's medical condition. CCS is not a health insurance program; however, CCS coordinates with Medi-Cal/Manage Care programs and may cover certain services that are not otherwise covered by Medi-Cal or private insurance. Claims for services that have been authorized by CCS are to be submitted directly to the State's fiscal intermediary (currently Xerox) for payment. The County of San Diego CCS does NOT pay medical providers directly. See the State Website - [Authorization and Claims for more information.](#)

There is no financial eligibility for the CCS Medical Therapy Program (MTP).

The Following Forms Are Available For Your Use

Forms are mailed to clients when they are required, but if you have misplaced a form or need a new copy, you can print them from here.

Forms Required to Apply for CCS Services

[CCS Application \(English/ Spanish/Arabic\)](#)

[CCS Health Insurance Worksheet \(English/ Spanish\)](#)

The following are privacy/HIPPA forms related to permission to share information, requesting copies of records or requesting alternative communication.

[Authorization to Use of Disclose PHI \(English/Spanish\)](#)

[Authorization to Use of Disclose PHI - Records Request \(English/Spanish\)](#)

[Notice of Privacy Practices](#)

[Privacy Policies and Procedures \(HHSA\)](#)