



Resources and Links Relevant to Rights Of CCS eligible Medi-Cal Recipients whose Fee-for-Service CCS program services are being Transferred to Managed Care

CCS Statutes – Robert W. Crown California Children’s Services Act
Health & Safety Code sections (§§) 123800 through 123995

Go to California Statutes: <http://leginfo.legislature.ca.gov/faces/codes.xhtml>.

Click on “Health & Safety Code”, then click on “Division 106, then go to Part 2, Chapter 3, California Children’s Services or go directly to:

http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=106.&title=&part=2.&chapter=3.&article=5.

CCS Regulations

Title 22, Sections 41401 through 42720 – 22 CCR §§ 41401 through 42720

Go to www.oal.ca.gov to get to the website of the California Office of Administrative law. Then click in the left side column headed by “sponsored links,” click on “California Code of Regulations,” then “title 22,” then “Division 2” then “subdivision 7, CCS” under Part 2 or go directly to

<https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I21126C20D4B811DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=%28sc.Default%29>.

CCS DHCS Homepage: <http://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>

Here you will find under “Letters” CCS numbered letters and CCS information notices, CCS provider lists (physicians and other clinicians such as audiologists), special care center directory.

DHCS Medi-Cal Managed Care Division (MMCD) information page:

<http://www.dhcs.ca.gov/services/Pages/Medi-CalManagedCare.aspx>

Important MMCD All-Plan Letters (APLs):

- Managed Care Plans' obligation to children and youth under Age 21 to comply with the federal Medicaid mandate under Early and Periodic Screening, Diagnostic Treatment (EPSDT) services, APL No. 14-017, <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-017.pdf>
- Continuity of Care – that is, the right to continue seeing your current doctor after transition from CCS fee-for-service to CCS managed Care. APL No. 15-019, <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-019.pdf>.
- Wheelchairs and Seating and positioning components, APL No. 15-018, <http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2015/APL15-018.pdf>.

More information about continuity of care including “Frequently Asked Questions” <http://www.dhcs.ca.gov/services/Pages/ContinuityOfCare.aspx>

“Boiler Plate” contracts between DHCS and County Organized Health System (COHS):

<http://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>

Note – these contracts will be changed to reflect whatever protections end up protecting children with CCS eligible conditions being transitioned into managed care for their CCS services. Review the different attachments carefully because they incorporate to some degree the consumer protections set out in federal Medicaid managed care regulations and the Knox-Keene Act.

Medical Necessity Standards for Children and Youth Under Age 21:

Medi-Cal children whose CCS services are being transferred to CCS have a right to a level of services no lower than that provided under CCS. This is because those services are in fact Medi-Cal services. Every single service authorized by CCS for a full-scope Medi-Cal child is paid for by Medi-Cal.

In some cases children's right to Medi-Cal services under EPSDT is broader than the medical necessity standard under CCS: (a) the "ameliorate" criterion in the EPSDT medical necessity definition, (b) the fact that under EPSDT any medically necessary service or item that could be covered under federal Medicaid rules is coverable under the EPSDT standard, and (c) the criteria in 42 CFR § 440.130(c) covering services to prolong life, prevent disease, disability or other conditions or prevent their progression.

The state and federal regulations concerning the medical necessity standards relevant to children and youth are set out in the DHCS MMCD APL 14-017 above. For federal regulations go here: <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>. DHCS has agreed that the institutional dollar cap set out in State regulation 22 CCR 51340(m) and which had been applied to limit the amount of home nursing that could be authorized is no longer valid.

Look at the June 2014 guide from the Center for Medicare and Medicaid Services (CMS) to states on complying with their obligations under EPSDT: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT_Coverage_Guide.pdf. CMS is the federal agency that oversees California's compliance with federal Medicaid requirements

About the Current 1115 demonstration waiver and CCS

The 2016 through 2020 demonstration waiver initial Special Terms and Conditions or STCs are set out on this page:

<http://www.dhcs.ca.gov/provgovpart/Pages/medi-cal-2020-waiver.aspx>. It is searchable. Attachment KK is a blank placeholder for the outline of what will be the CCS pilot project. This page should be monitored because as the CCS pilot is developed, it will be incorporated into Attachment KK and the STCs will be amended just as the prior demonstration waiver was.

As part of the current 1115 demonstration waiver, DHCS has convened a CCS advisory committee:
<http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>. The website includes Stanford Policy Briefs among other important information.

Knox-Keene Act Consumer Protections

The Knox-Keene Act is administered by the California Department of Health Care Services, www.dhmc.ca.gov. Its webpage provides information on consumer protections and complaint procedures and includes the Health & Safety provisions of the KKA as well as the KKA regulations

The Health Consumer Alliance publication page includes information about consumer protections under the Knox-Keene Act and about Medi-Cal managed care generally under the caption “managed care.”

<http://healthconsumer.org/publications.htm>. See, particularly, the publication “Knox-Keene Protections” which provides the legislative authority for specific consumer protections. See, for example, the right to a second opinion in Health & Safety Code §§ 1383.1, 1383.15 and § 1383.15(b)’s definition for purposes of “appropriately qualified” as a “primary care physician or specialist who is acting within his or her scope of practice and who possesses a clinical background, including training and expertise, related to the particular illness, disease condition or conditions associated with the request for a second opinion.”

Federal Medicaid Managed Care Regulations

Found at 42 CFR part 438. Final rules amending the managed care regulations were issued May 6, 2016. The National Health Law Program explains some of the changes: <http://www.healthlaw.org/publications/browse-all-publications/Brief-5-MMC-Final-Reg-Repro-Health#.V5gnII3dWic>

Look particularly at these regulations:

438 CFR § 438.2 and its broad and inclusive definition of provider and Section 438.62(b)(1) which requires, when there would be a risk to health or institutionalization if any interruption, a transition plan from fee-for-service Medicaid to managed care that includes continued services from a provider if that provider is not part of the plan.

Section 438.206(b)(3) – right to a second opinion

Section 438.206(b)(4) – right to a timely referral to an out-of-network provider when medically necessary

Section 438.210(b)(3) – denial or reduction of request for authorization must be by someone with appropriate expertise

Section 438.406(b)(2)(ii) – person addressing grievance or appeal involving medical necessity or clinical issues must be someone with appropriate clinical expertise

DMHC’s financial analysis

See below for DMHC’s financial analysis of most of the Medi-Cal managed care plans here:

<http://www.dhcs.ca.gov/provgovpart/Documents/CCS%20eligible%20medical%20conditions.pdf>

Lucille Packard Foundation for Children website

See, also the Lucille Packard Foundation for Children website, www.lpfch.org for background information on the CCS program and services for children with special health care needs including the following:

http://www.lpfch.org/sites/default/files/ccs_ag_meeting_powerpoint_presentation_april_6.pdf

I recommend signing up for the LPFCH newsletter as well.