



Family HandBOOK

**What Parents/Guardians
Should Know About
California Children's
Services**



**CALIFORNIA CHILDREN'S SERVICES
CHILDREN'S MEDICAL SERVICES BRANCH
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**



Family HandBOOK

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About California Children's Services**

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Please Note: This Handbook was developed to give families and guardians general information about the California Children's Services program. It does not contain specific details that may be found in law, regulations, or other written materials. Since each child's medical condition is different, the general information in this book may not apply to your child. Rules do change, so please confirm current policies with your local California Children's Services office.

OVERVIEW OF CALIFORNIA CHILDREN'S SERVICES



What is the California Children's Services program?

California Children's Services (CCS) is a statewide program that arranges, directs, and pays for medical care, equipment, and rehabilitation when these services are authorized by the program. Services can be authorized for children and young adults under 21 years of age who have CCS-eligible medical conditions and whose families are unable to pay for all or part of their care. CCS defines eligibility and selects the most qualified professionals to treat the child's CCS-eligible condition. However, it is important for you to know that CCS is not a health insurance program and will not meet or pay for all of your child's health care needs. CCS covers only those health care needs related to your child's CCS-eligible condition.

What does the CCS program offer children?



CCS pays for or provides treatment, such as doctor services, hospital and surgical care, physical and/or occupational therapy, laboratory tests, X-rays, orthopedic appliances, and medical equipment as needed for your child's CCS-eligible condition.

CCS may also provide help for your child to see special doctors who will care for your child when medically necessary. The CCS program can make referrals to other agencies, including public health nursing, regional centers, or to the Medical Therapy Program (MTP), which can provide physical and/or occupational therapy in some public schools for children who are medically eligible for these special services.

If you or anyone else thinks that your child may have a medical condition that is CCS eligible, you or anyone (i.e., doctor, teacher, family member) can make a referral to CCS. The CCS program may pay for or provide a medical evaluation to find out if your child's medical condition is covered.

How is the CCS program organized?

The California Department of Health Care Services, Children's Medical Services Branch, manages the CCS program. In larger counties, local county health department staff carry out all program activities. Smaller counties share the operation of their program with the State CCS regional offices. There is a CCS office in every California county health department.

How is the CCS program funded?

The program is financed from state, county, and federal tax monies, along with some fees paid by parents.

Who is eligible for CCS?

Your child may be eligible if he/she meets all four of the following requirements:

1. Age — Your child must be under 21 years of age.
2. Residence — Your child must be a permanent resident of the California county where you apply. (Your child's residence is usually where you live.)
3. Income — If your child is not already enrolled in Medi-Cal or the Healthy Families Program your family income must be less than \$40,000 per year, according to the adjusted gross income on your California income taxes. A child may be eligible when the family income is more than \$40,000 if medical care for the child's CCS condition is expected to cost the family more than 20 percent of the family's yearly income. If your child is adopted and had a CCS-eligible condition at the time of adoption, your income will not matter. There is no financial eligibility requirement for CCS diagnostic services or the CCS Medical Therapy Program.
4. Medical conditions — Only certain medical conditions are eligible for CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. Ask your local CCS office if you have questions about your child's medical condition.



Examples of Medical Conditions that May Be Covered by CCS



Conditions involving the heart (*congenital heart disease, rheumatic heart disease*)

Neoplasms (*cancers, tumors*)

Diseases of the blood (*hemophilia, sickle cell anemia*)

Diseases of the respiratory system (*cystic fibrosis, chronic lung disease*)

Endocrine, nutritional, and metabolic diseases (*thyroid problems, PKU, or diabetes that is hard to control*)

Diseases of the genito-urinary system (*serious kidney problems*)

Diseases of the gastrointestinal system (*liver problems such as biliary atresia*)

Serious birth defects (*cleft lip/palate, spina bifida*)

Diseases of the sense organs (*hearing loss, eye problems leading to loss of vision such as glaucoma and cataracts*)

Diseases of the nervous system (*cerebral palsy, uncontrolled epilepsy/seizures*)

Diseases of the musculoskeletal system and connective tissue (*rheumatoid arthritis, muscular dystrophy*)

Severe disorders of the immune system (*HIV infection*)

Disabling injuries and poisonings requiring intensive care or rehabilitation (*severe head, brain, or spinal cord injuries, and severe burns*)

Complications of premature birth requiring an intensive level of care

Diseases of the skin and subcutaneous tissue (*severe hemangioma*)

Medically handicapping malocclusion (*severely crooked teeth*)

More specific criteria may be used to determine if your child's medical condition is eligible for CCS coverage.



STEPS TO CCS SERVICES

STEP 1.

Child's condition found

STEP 2.

Referral made

STEP 3.

Application completed

STEP 4.

Eligibility determined

age • residency • financial • medical

STEP 5.

Services given

medically necessary • prior authorization

How can my child receive CCS services?

First, a “referral” must be made and an application completed. Anyone can refer a child to CCS, including parents. Ask your child’s doctor if your child may have any of the medical conditions listed. If so, either you or the doctor can refer your child to the CCS office at your county health department.

If your child needs to be referred because he/she is in a hospital, ask the attending doctor or hospital social worker to refer your child within 24 hours after admission. You, your doctor, or other hospital staff must ask CCS for authorization on the first working day after the service began.

If your child is treated by a doctor or admitted to a hospital that is not approved by CCS, your child's treatment may be authorized only until his/her medical condition is stabilized and arrangements have been made for transfer to a CCS-approved hospital.

After the referral to CCS, parents must sign and complete an application and/or financial eligibility form, and meet all four eligibility requirements. If CCS determines that your child is eligible, your child can then receive services.

About the steps to CCS services

REFERRAL AND APPLICATION

- ☞ After a referral is received by CCS, the program will mail you an application that you will need to complete, sign, and mail back as soon as possible to begin the CCS eligibility determination process.
- ☞ The CCS program will ask your medical provider for your child's medical reports. If you have them, you can mail them with the application.
- ☞ If your child is in the hospital, you should be able to complete the application during the hospital stay.
- ☞ If your child has no-cost Medi-Cal or is enrolled in the Healthy Families Program, you do not need to sign the application for your child to receive services. However, it is recommended that you do complete and sign the application, as it will help your child receive care if they lose their Medi-Cal or Healthy Families coverage.

CCS RECEIVES THE APPLICATION

- ☞ CCS will ask for your child's medical reports if they have not already received them.
- ☞ If your child does not already have no-cost Medi-Cal, CCS will ask you to make an appointment to complete financial and residential information.

To help CCS determine if your child is eligible, you may need to bring papers to the county CCS office to show your child's age, where you live, and how much income you had in the past year.

Examples of papers you might need to determine your child's eligibility:

- 👤 Social Security Card
- 👤 Driver's License
- 👤 Rent and/or Utility Receipts/Bills
- 👤 Paycheck Stubs
- 👤 Birth or Baptismal Certificates
- 👤 School Enrollment forms
- 👤 Military Identification
- 👤 Health Insurance Information (private health insurance coverage, Medi-Cal card, or Healthy Families Program member identification)
- 👤 State and Federal Income Tax Returns

Check with your local CCS office to make sure you are bringing the correct papers to your appointment.

ELIGIBILITY DETERMINATION

- 👤 If your child does not have Medi-Cal but your family meets Medi-Cal financial eligibility, you will be asked to complete the Medi-Cal application.
- 👤 Once CCS receives all of the requested material, CCS eligibility will be determined.

CCS MEDICAL SERVICES ARE AUTHORIZED

- 👤 All services must be approved ahead of time by CCS and be medically necessary.

Are there any costs to me?

Based on income and health insurance coverage, some families may be required to pay an annual assessment fee and/or enrollment fee. There are no fees for CCS clients who have full-scope no share-of-cost Medi-Cal or Healthy Families. Ask the CCS office if you have any questions regarding fees or costs.

COMMENTS • QUESTIONS • NOTES

CALIFORNIA CHILDREN'S SERVICES BENEFITS



What are CCS benefits?

The benefits of CCS are medical care services that the CCS program provides directly or arranges to pay the cost of for eligible children.



CASE MANAGEMENT

Case management is determining medical eligibility, deciding your child's medical needs, and helping you see special doctors and receive services to meet your child's special health care needs. This includes help to coordinate your child's medical care and referrals to other agencies, such as the county health department, schools, and agencies that serve children and adults with disabilities. Every CCS client receives case management.

If your child has Medi-Cal or Healthy Families health care coverage and a CCS-eligible condition, CCS can coordinate your child's medical care. This way, decisions about who will provide care and payment can be made faster and by a person who is familiar with your child's health care needs.

If you have Medi-Cal or Healthy Families and are enrolled in a managed care plan, case management services may not be the same in all counties. In most counties, your child's CCS-eligible condition is still the responsibility of CCS, but in some counties, it is the responsibility of the managed care plan.

You should ask your local CCS office if the case management of your child's CCS-eligible condition is covered by a managed care plan or the CCS program.

DIAGNOSTIC SERVICES

Once CCS receives a signed application and residential eligibility is determined, CCS may authorize a diagnostic evaluation to establish the presence of a CCS-eligible condition. Residential eligibility is not required if your child has Medi-Cal or Healthy Families or is a newborn who requires a diagnostic evaluation to determine if he/she has a hearing loss.



Diagnostic services may include medical examinations, laboratory tests, and X-rays. Diagnostic services will only be provided until CCS determines whether your child has a CCS-eligible condition.

TREATMENT SERVICES

Treatment services include medical services, medicines, equipment, or supplies that are medically necessary to treat your child's CCS-eligible condition.

Treatment services are provided when they are prescribed by a CCS-approved doctor and authorized by the CCS program.

Most of the time, these medical services can be provided close to your home, however, sometimes CCS needs to refer your child to specialty doctors or a Special Care Center located a long distance from your home.

Services from a Doctor

The CCS program refers your child to doctors and clinics that are CCS approved. Doctor's services may include consultations, office visits, surgery, anesthesiology, radiology, and other medical services needed to treat your child's CCS-eligible condition.

Emergency Services

Emergency services, including doctor, laboratory, or hospital services to treat a CCS-eligible condition may be a benefit of the CCS program. You, your doctor, or other hospital staff must ask CCS for authorization on the first working day after the emergency service began. If your child is treated by a doctor or admitted to a hospital that is not approved by CCS, your child's treatment may be authorized for a short time until treatment by a CCS-approved doctor or hospital can be arranged or your child is discharged.

Hospital Services

CCS only covers hospital services for your child's CCS-eligible condition. Overnight hospital care can be authorized by CCS only if the doctor and hospital are approved by CCS and your child's condition is severe enough to require overnight hospital services.





Home Health Care Services

In some cases, home health care services such as nursing, occupational therapy, physical therapy, or medical social services may be provided in your home to treat your child's CCS-eligible condition. If your child's CCS-authorized doctor prescribes the service and CCS agrees that your child needs the service at home, it may be authorized.

High-Risk Infant Follow-Up Services

CCS provides high-risk infant follow-up services for eligible infants discharged from a CCS-approved neonatal intensive care unit. The purpose of these services is to prevent or reduce problems that may develop because of the child's medical condition. Benefits include case coordination, diagnostic evaluation, and other services that Special Care Centers provide.

Other Medical Services

Following are additional services that may be authorized only when CCS determines that they are medically necessary to treat your child's CCS-eligible condition.

This list may not be complete. Ask the CCS office about any services not on this list.

- 👉 Medicines, including prescription drugs and special nutrition products
- 👉 Home infusion therapy
- 👉 Dental services
- 👉 Nutrition services
- 👉 Social work services
- 👉 Durable medical equipment such as wheelchairs and braces
- 👉 Medical supplies
- 👉 Eyeglasses, prostheses, and orthotics
- 👉 Dialysis
- 👉 Organ transplants and donor services
- 👉 Audiology services and hearing aid services
- 👉 Rehabilitation services, including occupational and/or physical therapy and speech therapy
- 👉 Medical transportation
- 👉 Genetic counseling

SPECIAL CARE CENTERS

Special Care Centers provide comprehensive, coordinated health care to CCS clients with specific medical conditions. Special Care Center teams of providers evaluate the child's medical condition and develop a family-centered health care plan to ensure timely and coordinated care.

The CCS program requires that children with certain medical conditions receive care through Special Care Centers. Your child may be referred to a Special Care Center to receive the best medical care from a team of specialists, such as doctors, social workers, nurses, therapists, and nutritionists. The team of specialists is there to assist you with your child's health care management.

It is a requirement that all children referred to a Special Care Center be taken to the Special Care Center at least once a year for evaluations and team meetings. These evaluations are to measure your child's progress and to hold team meetings to discuss and/or change medical treatments, as your child's needs change.

Special Care Centers are not for every child enrolled in CCS. These centers are only for children who have special medical conditions that require care from many specialists working together.

Examples of conditions that may require a referral to a Special Care Center:

- 👤 Complex congenital heart diseases
- 👤 Inherited metabolic disorders
- 👤 Chronic renal diseases
- 👤 Chronic gastrointestinal diseases
- 👤 Chronic lung diseases
- 👤 Malignant neoplasms (cancers)
- 👤 Blood problems such as hemophilia or sickle cell disease
- 👤 Severe immunologic disorders





☞ Problems in the way the skull and face were formed

☞ Spina bifida

☞ Endocrine disorders including diabetes

MEDICAL THERAPY PROGRAM IN SCHOOLS

The Medical Therapy Program (MTP) provides medically necessary physical and/or occupational therapy services to eligible children. These services are provided in Medical Therapy Units (MTUs) located in public schools.

Eligibility for the MTP is determined by CCS after your child's medical record is sent and reviewed by the CCS program. Your child must meet both medical and residential eligibility requirements to receive MTP services. There are no financial eligibility requirements to receive MTP services.


Two groups of children are served in the MTP:

1. Children with a neuromuscular, musculoskeletal, or muscular disease. For example, some types of cerebral palsy, poliomyelitis, myasthenias, muscular dystrophies, osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputation, and contractures resulting from burns.
2. Children under 3 years old without a clear medical diagnosis, but with symptoms that indicate a high chance that they may have an MTP-eligible physical disability.

After medical and residential eligibility is determined, there is an initial evaluation of your child by a Medical Therapy Team. This team includes doctors and therapists who specialize in treating children with disabilities and who will determine the most appropriate medical care and treatments your child may receive from the MTP. The team can prescribe medically necessary physical and/or occupational therapy as well as durable medical equipment and other medical services.

☞ Occupational Therapy is provided for the main purpose of improving self-help skills or activities of daily living; for example: feeding, eating, dressing, play skills, and improving independence.

☞ Physical Therapy is provided for the main purpose of improving mobility, such as sitting, standing, and walking.

 Medical Therapy Conferences may be held one to two times a year and are a good time for parents/guardians, therapists, and clinic doctors to talk about your child's progress and plan for continued care. These conferences are usually held in the MTU. Children enrolled in the MTP who are enrolled in a health maintenance organization (HMO) or have private insurance will be required to use their HMO or other insurance coverage for their Medical Therapy Conference.

OTHER SERVICES TO HELP PARENTS OR GUARDIANS AND CHILDREN

Families caring for a child with a CCS-eligible condition sometimes need additional services. These additional services are available on a limited basis and require prior approval by the CCS program.

Additional services may include:

Skilled Nursing Services in Your Home

In-home skilled nursing services may be authorized by CCS if medically necessary. Licensed nursing personnel provide these services and all services require prior approval. Since there are specific rules about your child receiving nursing services in the home, you should ask your CCS office whether they can be authorized.

Counseling to Help with Stress and Worry

Being the parent of a child with special health care needs or being a child with special health care needs can cause anger, worry, or sadness. Sometimes you or your child might need help with these feelings. Talking to a trained professional may help you or your child feel better. This kind of help may be a CCS benefit when CCS agrees that the stress and worries affect the treatment of your child's CCS-eligible





condition. If another insurance program covers your child, you should request their assistance before asking CCS for help.

Transportation, Lodging, and Meals

The kind of special medical treatment that your child may need might not be available near your home. CCS may be able to help with travel expenses (mileage, bus transportation, eating out, and the cost of staying at a motel) if you cannot afford them and no other resources are available. This help is available when the distance from your home to the CCS-approved provider is so far away that you cannot make the trip in one day or if you have to stay at the hospital to learn how to care for your child. For CCS to pay you back, you must have prior authorization and save all of your receipts. You will be required to submit all documentation, including receipts, to the CCS office for repayment. Before you make any trip for medical services out of your area, ask your local CCS office if you are eligible for “Maintenance and Transportation” services.

How do I use CCS services?

Authorizations for medical services are provided only for your child's CCS-eligible condition. Authorizations are provided for CCS-approved doctors, hospitals, physical and/or occupational therapists, etc. These people or groups are called “providers.” Only services determined by CCS to be medically necessary to treat the CCS-eligible condition will be authorized. Authorizations allow a provider to be reimbursed (paid) for the service provided to your child.

Prior authorization by your local CCS office must happen before a service is given. Authorization means a written approval by



the CCS office for a specific provider to give specific service(s). The authorization will name the service, the provider, and when the service must be provided. Each service requires a separate CCS authorization. For example, if CCS authorizes a provider to treat your child, the provider may decide that additional services are needed. You should be aware that a separate authorization is required for additional services. It is especially important to know this when your child is receiving services at a hospital or when he/she is discharged to home care.

If a service is provided without authorization or exceeds the service that was authorized, CCS may not pay for it. You may then have to pay for the service yourself. If the doctor or hospital cannot get an authorization for emergency or urgent services because the CCS office is closed, CCS should be contacted for authorization on the next working day. Parents can call the doctor or CCS to be sure this was done.

YOU MUST USE A CCS PROVIDER

CCS wants to be sure that your child receives the best possible medical care. Therefore, hospitals and other medical providers must meet strict standards before they may treat CCS clients. CCS providers must be specialists in the care of children with special health care needs. Doctors must be experts in their specialty and members of the staff of a CCS-approved hospital. They must also agree to coordinate the care related to the CCS-eligible condition, to accept CCS payment as payment in full, and to keep the CCS program informed about your child's progress.

SERVICES MUST BE MEDICALLY NECESSARY

"Medically necessary benefits" means that the service, equipment, test, or drug has been ordered by the doctor approved to provide care for your child and is a benefit of the CCS program. Approved and qualified CCS providers provide all services.



WHEN CCS WILL NOT PAY FOR A SERVICE

CCS will not pay for services for your child if any of the following things happen:

- 1. The service was not authorized or the authorization has expired.
- 2. You did not use a CCS-approved provider.
- 3. It is not a CCS covered service.
- 4. Your child is not or is no longer eligible for CCS.
- 5. You or your child did not follow the treatment plans or keep scheduled appointments.
- 6. The service is not for an approved CCS-eligible condition.
- 7. You have not paid the required CCS fees.
- 8. The medical treatment has been completed.
- 9. The service your child needs is fully covered by another health insurance plan, which is not Medi-Cal or Healthy Families.

COMMENTS • QUESTIONS • NOTES

FAMILY AND CCS PROGRAM EXPECTATIONS



What can families expect from the CCS program?

All families and children should expect to be treated with respect and dignity and be able to get information about other resources that may be helpful to them. Families can also expect the confidentiality of their personal records and information, and to have their child's eligibility determined and authorizations processed in a timely manner.

What about CCS confidentiality?



The CCS program is required to keep information about the children they serve private. Confidentiality means that your CCS records are private and can generally only be given to you or someone else with your permission. However, CCS program staff and other authorized staff may see your records, but they must maintain confidentiality. This includes information about eligibility for CCS and all personal medical information. CCS is required to provide all CCS clients with a copy of the Department of Health Care Services Notice of Privacy Practices brochure.

You have a right to see your child’s personal medical information. A copy of your child’s CCS records may be available to you at little or no cost. A scheduled appointment is needed to see your child’s CCS medical record.

Information about the CCS confidentiality policies and procedures can be found at the CCS website www.dhcs.ca.gov/services/ccs under Notice of Privacy Practices/Health Insurance Portability and Accountability Act (HIPAA).

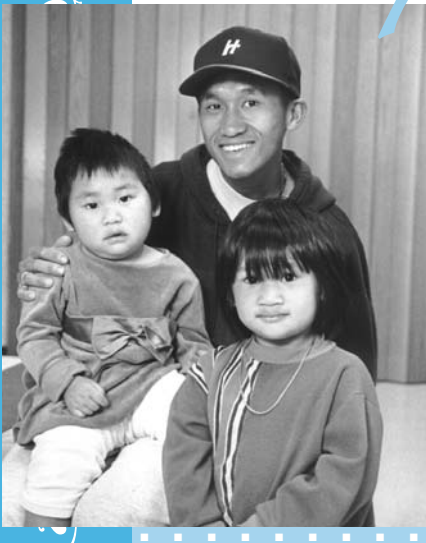
What is family-centered care?



Family-centered care means that families are involved as equal partners in the care of their child with special health care needs. Families are more likely to receive this type of care if they let the CCS program know that they want to be involved. Family-centered care is based on an equal relationship between family members and service providers.

The following describes what service providers should provide in the context of family-centered care.

- Providers should use their understanding of the special needs of children of different ages in how they provide health care. Your child should also be asked his or her opinion and feelings about their treatment. Your teen should generally receive the same full explanation that you receive.



- 👤 Providers should invite you to work together with doctors and other staff in the care of your child. You should be included in planning the treatment for your child before decisions are made, not just be given a consent form to sign.
- 👤 Providers should encourage you to talk with other families of children with similar conditions. Parents can help other parents in a way that no doctor can. No one knows what you are going through better than another parent who has gone through it. Information should be available about how to contact other parents of children with special health care needs.
- 👤 Providers should try to make health care flexible, convenient, and meet the family's changing needs. Providers should develop and provide transition plans if you and your child are moving out of the area or State, or if your child will soon be 21.
- 👤 Service providers should develop an emergency plan with you so you know what to do when the CCS office is closed.



What does the CCS program expect from families?



The following is what the family, legal guardian, or emancipated minor must do to receive CCS services.

- Complete and sign the CCS forms, including the application form, program services agreement, the yearly financial eligibility redetermination, and medical Release of Information forms. *(If you have difficulty filling out these forms, CCS staff will be able to assist you.)*
- Be determined eligible for CCS services and comply with all of the program requirements, policies, and procedures.
- Notify CCS program staff and providers of any health insurance coverage at the time of application and agree to ask your health insurance to pay for a service before asking CCS.
- Apply for and cooperate with Medi-Cal when asked to do so by the CCS program staff.
- Inform CCS right away if your child has any changes that might affect eligibility, such as additional health insurance, Medi-Cal or Healthy Families coverage, residence, income, employment status, or a child's legal guardianship.
- Pay any required program fees. If you have a financial hardship, you can appeal the fee payment.





- 🔔 Notify CCS when your child is receiving services from a medical provider that CCS is not aware of.
- 🔔 Keep all appointments or call the provider if you need to change an appointment.
- 🔔 Follow all treatment plans.
- 🔔 Notify CCS immediately about any financial settlements, payments, or awards received in connection with the child's CCS-eligible condition. Repay CCS for money spent for your child when required to do so.
- 🔔 Promptly inform CCS of a medical emergency or a non-scheduled hospitalization.
- 🔔 Remind the provider to request prior authorization for all medical services.
- 🔔 Ask your child's health care provider to notify CCS of any changes in the treatment plan or termination of medical treatment, and to send reports of the services to the local CCS office.



COMMENTS • QUESTIONS • NOTES

WHAT YOU SHOULD KNOW ABOUT CCS APPEALS



General rules about the CCS appeals process

Once you have applied for CCS services, you will get a written decision regarding your child's eligibility for CCS services.

If CCS services have been denied, reduced, or stopped you will receive a denial letter in the form of a "Notice of Action," which will explain the reason for the action taken. The Notice of Action letter explains what action has been taken by CCS and why the action was necessary.

If you do not agree with the decision by CCS, you have the right to appeal it. Before you decide to appeal, you should contact the CCS office at the number listed on the Notice of Action letter to discuss your disagreement. Often, disagreements can be resolved without asking for an appeal. However, do not wait too long because there are time limits for filing



appeals. If you decide to appeal, you must show that the decision by CCS was not right for your child.

The appeal process begins when a family *requests an appeal of a decision*. The process has two steps. You must make a request in writing for each level of appeal. Both steps give applicants or clients a way to share information and settle differences.

The first step is the First Level Appeal

The first level appeal must be made in writing to the CCS office. The first level appeal is an informal review of all the information about your disagreement by an experienced health care professional of the CCS program. You will be notified in writing of the decision.

If you do not agree with the result, you may go to the second step and request a Fair Hearing.

What is a Fair Hearing?

A Fair Hearing is a formal meeting where you are given a chance to present evidence to a hearing officer. A hearing officer is an attorney required by the State of California to make a fair decision about your disagreement. To do this, the hearing officer will review your child's records and must keep all information confidential.



Will services be continued during the appeal process?

Your child's services may continue during the appeal process if all of the following things have taken place:

- CCS already authorized the service.
- You requested (in your written appeal) that the service continue.
- Your request was determined to be medically necessary by a CCS-authorized physician.

The length of time that services can be continued will vary, depending on the length of the appeal process.



Where can I get help with my appeal?

The best way to find out about getting help with your child's appeal is to contact CCS. CCS can help by explaining the complete appeals process and allowing you to review the information in your child's case file. Copies of your records and the regulations and policies upon which decisions are made will be made available to you upon request for little or no charge.

How do I ask for an appeal or a Fair Hearing?

You must make an appeal in writing within 30 calendar days of the date of the Notice of Action letter. The appeal must tell CCS what your disagreement is about and why you disagree with the decision by CCS, and what you want CCS to do about it. CCS will notify you in writing if the appeal has been approved or denied. If you disagree with the appeal decision, you may request a Fair Hearing.

Your request for a Fair Hearing must be made in writing within 14 calendar days of the date of the written decision and include a copy of the first level appeal decision.

Both types of requests must be signed by you and must provide enough information to show exactly why you disagree with the CCS decision. You may write the appeal in a personal letter, get help with it, or have someone write it for you.

Can I have an interpreter at the Fair Hearing?

If you need an interpreter or special accommodation for the Fair Hearing, these services will be provided for you at no cost. You must ask for an interpreter or special accommodation when you make your Fair Hearing request.

Are there services that cannot be appealed?

Sometimes a CCS-approved doctor will not prescribe a CCS service that you want for your child. In addition, the provider may not continue prescribing a CCS service that was previously authorized. You cannot appeal either decision. For example, medical therapy services can be stopped by a CCS-approved physician or by a physician in the Medical Therapy Program. If this happens and you disagree with the decision, there



is a different process that you can use to settle the disagreement. You may request through CCS a second medical opinion from an expert physician. You will be able to choose the doctor from a list of three experts that CCS will give you. The opinion of that expert physician is final.



What are the laws relating to CCS?

California state law and regulations govern the CCS program. The state laws are found in the Health and Safety Code, Welfare and Institutions Code, and the Government Code. The regulations are found in the California Code of Regulations. These laws and regulations can be found in a county law library and on the Internet. All written decisions will tell you which laws and regulations apply to your child's case.



OTHER RESOURCES

You are not required to have legal representation to appeal a decision made by CCS. However, help or legal representation may be available through private attorneys, legal clinics, and non-profit legal organizations if you need it. You may also have an advocate from another organization who knows your child, such as a regional center for developmental disabilities, a family resource center, or an organization that gives information about your child's CCS-eligible condition. These organizations may be listed in the white or yellow pages of your telephone book.

Is there more information about the appeal process?

The CCS appeal process has more requirements than described in this handbook. For a complete description of the appeal process, you may contact your local CCS office. A copy of the appeal regulations may be available for free or at little cost.

COMMENTS • QUESTIONS • NOTES

OTHER SERVICES



What other kinds of services are available?

A variety of services may be available from other agencies to help you and your family. The CCS program may suggest which services may be of help, but you will need to contact the agencies directly to apply for services. These other agencies may have different eligibility requirements such as age, income, residency, or disability. Only a few of the services available are described here. You may also want to look in the community services section of your telephone book.

Child Health and Disability Prevention Program

The Child Health and Disability Prevention (CHDP) program is a preventive health program that provides periodic health assessments (check-ups) and preventive health services to income eligible children and youth. This program also helps children and their families find the best way to use health resources to keep them healthy. The CHDP health assessment (a complete physical examination) includes vision and hearing screening, laboratory tests, necessary shots, and a nutrition evaluation. The CHDP program also offers health education about good health habits, how children grow, and what they need to maintain good health.

CHDP serves:

1. Children up to 21 years old who are enrolled in Medi-Cal. Children enrolled in a Medi-Cal managed care plan receive these services from their health care plan.
2. Income eligible children up to 19 years of age who do not have Medi-Cal or other health insurance.

You may ask your doctor about CHDP or you can contact your local County Health Department CHDP program for more information and a referral to a CHDP provider in your area.



CalWORKs

Because of the Welfare Reform Act of 1997, the Aid to Families with Dependent Children program has been replaced by the Temporary Assistance to Needy Families. In California, it is called the California Work Opportunity and Responsibility to Kids (CalWORKs) program. The CalWORKs program can provide money to income eligible families to live on and help a parent find work. Families will also receive Medi-Cal to pay for their child's medical care that is not covered by CCS. To be eligible for CalWORKs, one parent must be absent, disabled, or unemployed, and there is a limit on family income and property. If you think your child may be eligible for CalWORKs, call your County Welfare Department or Department of Social Services at the number listed in the county government listings in the front of your telephone book.

Golden State Advantage Card (Food Stamp Program)

This program provides funds that can be used to buy food for you and your family. People who are on the CalWORKs program and others with low income may be eligible for this program.

The Golden State Advantage Card is an electronic debit card that distributes the federal Food Stamp Program benefits. The federal government mandated the replacement of the paper-based food stamps with debit cards (Golden State Advantage Card).

Applications for the Golden State Advantage Card are available at your local County Welfare Department. For more information about California's Golden State Advantage Card, visit the California Department of Social Services website at www.dss.cahwnet.gov/foodstamps/default.htm.

Social Security Administration

The Social Security Administration has two different programs that may provide money for your child to live on and may pay for your child's medical care:

Supplemental Security Income

Your child might be eligible for Supplemental Security Income (SSI) if your child is disabled, is a legal resident of California, and your family meets certain income and resource requirements. If your child receives SSI, your child will also get Medi-Cal to pay for medical care.

Old Age, Survivors, Disability Insurance

Old Age, Survivors, Disability Insurance (OASDI) is a program that the parent paid into while employed. If one of a child's parents receives OASDI money, additional money may be available for the care of the child. If this money continues for more than two years, the child may be eligible for Medicare, a federal health insurance program that may cover some of the child's health care needs. Medicare may also help families whose child needs renal dialysis. It is different than Medi-Cal in that it is only for children of parents who paid into the Social Security system long enough to get retirement, disability, or survivors benefits.

You can get more information and apply for OASDI or SSI by calling the Social Security Administration at 1.800.772.1213. CCS may send medical reports to Social Security with your consent.

Medi-Cal

Medi-Cal is the state health insurance program that pays for medical care for eligible people. Anyone who receives SSI or CalWORKs will also receive Medi-Cal. If your family's income is more than CalWORKs or SSI will allow, you may still be able to get Medi-Cal if you meet other requirements. In this case, you might have to pay part (a "Share of Cost") of your child's medical bills before Medi-Cal will pay anything. If you think that you or your child may be eligible for Medi-Cal, call your County Welfare Department or Department of Social Services.

Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services

If either you or your child are under age 21 years and have Medi-Cal no share-of-cost, you may be able to get more or different services than persons who are over 21, if the services are medically necessary. This is so children and young adults under 21 years of age can get all the health care services that they need to make sure health problems are found and treated early.

Through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Supplemental Services program, children and young adults under age 21 are examined by doctors and other health care staff to determine their health care needs during regularly scheduled visits or more often if necessary. If Medi-Cal agrees that different services are needed, the doctors or other health care staff may provide them or may refer you or your child to another qualified provider.



These extra services, however, need prior approval from Medi-Cal or CCS if the Supplemental Services are related to you or your child's CCS-eligible condition. You will be notified if the services are not approved.

If you or your doctor think that health care services not usually covered by Medi-Cal may be needed, you can ask your doctor to talk to representatives of:

- The local California Children's Services (CCS) program
- The local Child Health and Disability Prevention (CHDP) program
- The Medi-Cal Managed Care Plan or private insurance plan you are currently enrolled in
- The local Medi-Cal Field Office
- The local Mental Health Plan

Healthy Families

Healthy Families is a low-cost, health, dental, and vision insurance program for children from birth to 19 years of age. Children with low family income, who live in California, can qualify for this insurance. The program gives your family choices of health, dental, and vision insurance plans in your community. The cost to you is low. The lowest monthly

premium is \$4 per child in 2008 and the highest it could be is \$45 a month, no matter how many children are covered. Healthy Families covers children who do not have health insurance and cannot have Medi-Cal, or who can only get Medi-Cal with a share-of-cost. You can use a mail-in application to apply for Healthy Families or Medi-Cal. You can get an application and the name,

telephone number, and address of places that can help you with the application by calling 1.800.880.5305 or by visiting the Healthy Families website at www.healthyfamilies.ca.gov.

Regional Centers

Regional Centers provide services to eligible children and adults with developmental disabilities and special needs, such as a person with cerebral palsy, seizures that cannot be controlled, developmental delay or mental retardation, autism, etc. Services are planned to help as many of these children as possible to be able to live on their own or with very little help when they grow up. Services to children and adults are generally non-medical and vary depending on program eligibility and on the developmental needs of each person.

Regional Centers also provide early intervention services as part of California Early Start for infants and toddlers younger than 3 years of age. These children must have a significant developmental delay or a condition that is expected to cause a developmental delay, or be otherwise at high risk for having a significant developmental disability. A listing of Regional Centers is available at www.dds.ca.gov/earlystart.

Regional Centers evaluate the needs of each child and work with the family to plan, coordinate, and, if no other resource is available, pay for needed services and supports.

School/Education Programs

All school-age children from 3 up to 22 years of age who have disabilities have the right to a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for employment and independent living. Special education is specially designed instruction to meet the needs of a child or young adult with a disability. Related services consist of transportation and developmental, corrective, and other supportive services required to assist the child or young adult to benefit from special education.



Early intervention services and supports are available to infants and toddlers under 3 years of age who are eligible for California Early Start and their families. In general, school-based programs are responsible for infants and toddlers with vision, hearing, or severe orthopedic (bone/muscle) problems, or any combination of these. Infants and toddlers with other special developmental needs are also served by some school districts.

A Head Start/State Preschool Program also serves children from low-income families, including children with disabilities and special health care needs. They provide the following services for children from 3 to 5 years of age: education, healthy meals, child care, well-child health check-ups, parent involvement, and referral to other helpful services.

Early Start Family Resource Centers

Early Start Family Resource Centers (FRCs) work with Regional Centers and educational agencies to provide services and supports to parents and families whose children are eligible for Early Start. Services include parent-to-parent support, education, training, counseling, outreach, referral, and transition assistance from early intervention into school-age services. For more information about Early Start Family Resource Centers, visit www.dds.ca.gov/earlystart/FamilyResources.cfm.

The Women, Infants, and Children Supplemental Nutrition Program

The Women, Infants, and Children (WIC) program provides coupons for food, nutrition education, and referrals to other services for eligible women and children. Women who are pregnant, postpartum, or breastfeeding and children from birth to 5 years of age may be eligible for WIC if they are low income. Ask your doctor for a referral or call the WIC information line at 1.888.942.9675 to locate a WIC office near your home or to make an appointment.

County Mental Health Plan

Each county has a Mental Health Plan that may provide a mental health evaluation, medications, and counseling for children, adolescents, and adults with mental health issues. You can find the telephone number for mental health services in the County Government Offices listing in the front of the white pages of your telephone book.

California Department of Rehabilitation

The California Department of Rehabilitation provides job counseling, planning, and help getting a job for people who have a disability and are over 16 years of age. The California Assistive Technology System program provides assistive devices for adults who need them. There is also help for adults who choose to live independently through the centers for independent living.

If you think you or your child may be eligible, call the Department of Rehabilitation at 916.324.1313 or visit their website at www.dor.ca.gov.



Maternal, Child, and Adolescent Health Services

The California Department of Public Health, Maternal, Child, and Adolescent Health Program uses federal money to support activities to help pregnant women and their children receive adequate health care. Some of these dollars go to local county health departments to pay for services to women and children. Services may be different from county to county, but usually include the services listed below.

- Outreach to high-risk pregnant women to help them find health care and other needed services.
- Programs for teen parents to help them have healthy babies, stay in school, and become good parents.
- Referral to the Comprehensive Perinatal Services Program providers for health education, counseling, nutrition services, and prenatal care for pregnant women on Medi-Cal.
- Case management services to pregnant and parenting African-American women to help their babies to be born healthy and stay healthy.
- Referral to programs that provide special services to pregnant women who have diabetes.

To find out which services are available in your county, contact the local public health department or call the Baby-Cal information line at 1.800.BABY.999.

The Genetically Handicapped Persons Program

The Department of Health Care Services, Children's Medical Services Branch administers the Genetically Handicapped Persons Program (GHPP), which provides medical and administrative case management and funds medically necessary services for California residents over the age of 21 with GHPP-eligible medical conditions. Persons under age 21 may also be eligible for GHPP if they have first been determined financially ineligible to receive services from the CCS program. Examples of GHPP-eligible conditions include, but are not limited to, genetic conditions such as cystic fibrosis, PKU, hemophilia, sickle cell disease, and other inherited diseases that may appear later in life. If your child has one of these conditions, he/she may transition to care through GHPP at age 21. There is no income limit, however, there may be an enrollment fee. For more information regarding GHPP eligibility, please contact GHPP at 1.800.639.0597.

In addition to all of the above agencies, you may want to check with your nearest parent resource center, your child's special care center, or in the "Community Services" section in the yellow pages of the telephone book for other support services that may be available in your community. •



Family Handbook: What Parents/Guardians Should Know About California Children's Services

2nd Edition June 2008 by the California Department of Health Care Services, Children's Medical Services Branch, assisted by the WestEd Center for Prevention and Early Intervention.

The Family Handbook is available in English at:

www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub387.pdf

The Family Handbook is available in Spanish at:

www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub388.pdf



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