

California Children's Services Age Out and Transition overview

Presented by Blue Shield of California Promise Health Plan



Promise Health Plan

Our goal today

New ways Blue Shield of California Promise Health Plan (Blue Shield Promise) can support California Children's Services (CCS) Aging Out and Transitioning members when they approach age 21.



Agenda

- 
- CCS overview
 - Age Out and Transition Definition
 - Member identification
 - How Blue Shield Promise can support you
 - Helpful resources

Today's presenters



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California Children's Services (CCS) overview

What is California Children's Services?

California Children's Services (CCS):

- Is a statewide program that treats children with certain physical limitations and chronic health conditions or diseases.
- Authorizes and pays for specific medical services and equipment provided by CCS-approved specialists.
- Is managed by the California Department of Health Care Services (DHCS).
- Is administered as a partnership between county health departments and the DHCS.

Who participates?



Children under 21 with a CCS-qualified health condition enrolled in CCS.



MDs, ODs, DPMs, and other health professionals paneled by CCS.



CCS paneled facilities that provide care for CCS patients.

How does CCS partner with Blue Shield Promise?

- The CCS county program authorizes and pays for treatment of eligible conditions
- CCS manages delivery of all CCS-related services.
- CCS and the MCP coordinate delivery of non-CCS services.
- CCS patients remain enrolled in their Medi-Cal MCP.

What services does the CCS program provide?

Medical case management

Medical treatment

Medical therapy program

Medical case management

Blue Shield Promise offers comprehensive care management and care coordination including:

- Diagnostic services and programs
- Care plans
- Authorized services coordination
- Prior authorizations and ongoing case review
- Resource identification
- Social services
- Transition planning

What services does the CCS program provide?

Medical case management

Medical treatment

Medical therapy program

Medical treatment

- Physician services
- Hospital and surgical care
- Physical and occupational therapy
- Lab tests and X-rays
- Orthopedic and medical equipment
- Private duty nursing
- CCS palliative and hospice care

What services does the CCS program provide?

Medical case management

Medical treatment

Medical therapy program

Medical Therapy Program (MTP)

Occupational, physical, and speech therapies for long-term physical disabilities generally due to:

- Neurological disorders
- Musculoskeletal disorders

Additional CCS Services include

- High Risk Infant Follow-up (HRIF)
- Newborn Hearing Screening Program (NHSP)

Age Out and Transition definition

Age-related eligibility criteria

- **CCS program-eligible patients must be less than 21 years of age**
- Blue Shield Promise will assist CCS eligible members that are **aging out** or **transitioning out** of CCS Services.
 - Aging out happens when member turns 21.
 - Transitioning out may happen in several ways.
- At age 17, Blue Shield Promise will assist CCS eligible members to find non-pediatric specialty providers
- At age 18, members may transition to non-pediatric providers while remaining eligible to receive CCS benefits.

What is Healthcare Transition?

Health care transition is the process of moving from a **child/family-centered** model of health care to an **adult/patient-centered** model of health care, with or without transferring to a new clinician.

It involves planning, transfer, and integration into adult-centered health care.

The goals of health care transition are:

- To improve the ability of youth and young adults with and without special health care needs to manage their own health care and effectively use health services
- To ensure an organized process in pediatric and adult health care practices to facilitate transition preparation, transfer of care, and integration into adult-centered health care.

(Source: <https://www.gottransition.org/six-core-elements/>)

Member identification

How members are identified

- Blue Shield Promise Health Plan coordinators run monthly reports for all members turning 17 and 21 within 60 days
- Verification of active Medi-Cal eligibility and enrollment status are completed
- Coordinators reach out to the member/parent/caregiver by phone to provide notification of CCS age-out
- Discuss available case management (CM) and care coordination (CC) with member
- If member is interested in case management, the CCS CM will reach out to family to discuss transition planning.
- Age out transition letters are sent to members within 30-60 days prior to members 21st birthday

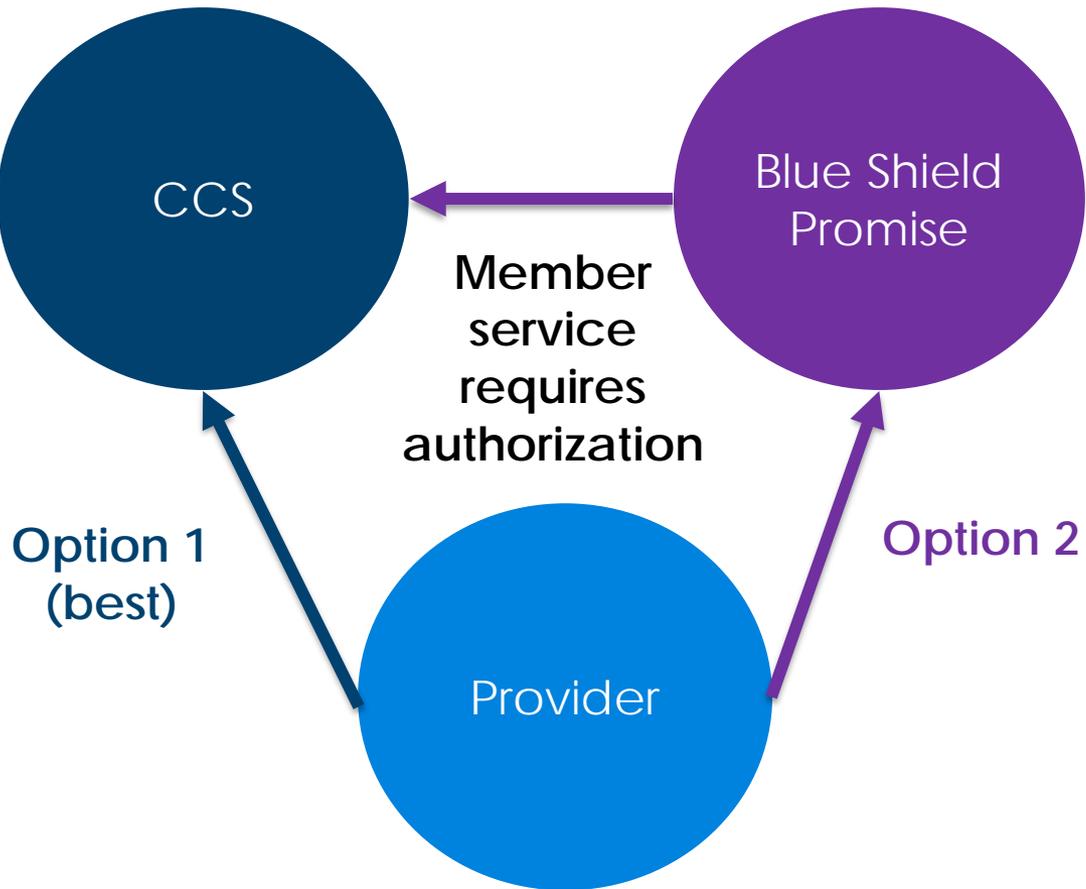
**How Blue Shield Promise
can support you**

Blue Shield Promise support for paneled providers: Wholistic care coordination

Blue Shield Promise offers wholistic care coordination to:

- Assist with the age out and/or transition processes when a member no longer becomes eligible for CCS
- Perform case management, care coordination, and continuity of services
- Perform care coordination with both internal and external organizations (for example, Regional Centers)

Submit service authorization requests directly to CCS



Important Transition Questions

- When will my current doctor stop seeing me? Or can they continue to see me as an adult?
- Who will be my adult Primary Care Doctor?
- How well do I understand my medical conditions and treatment?
- Who will be my adult specialist?
- What medications, supplies, DME will I need? How do I obtain them?
- What is my health insurance plan?
- How will I support myself financially?

Helpful resources

CCS resources round-up

Below find all resource links included in this deck:

- [California Children's Services](#)
- [CCS county offices list](#)
- Additional CCS services include [High Risk Infant Follow-up \(HRIF\)](#) and the [Newborn Hearing Screening Program \(NHSP\)](#)
- [Medical Therapy Program \(MTP\)](#)
- [New Referral CCS/GHPP Client Service Authorization Request \(SAR\) DHCS 4488](#)
- [Established CCS/GHPP Client Service Authorization Request \(SAR\) DHCS 4509](#)
- Application to Determine CCS Eligibility ([English](#)) and ([Spanish](#))
- [CCS pamphlet for potential clients](#)
- [CCS Medical Eligibility](#)
- [Paneling Standards](#)
- [Paneling Application](#)

Adult Transition Resources

Below find all resource links included in this deck:

- [California Children's Services](#)
- [CCS county offices list](#)
- [Got Transition®](#)
- [Regional Centers - CA Department of Developmental Services](#)

Appendix

Getting and making referrals

CCS requires that all physicians are paneled* and most facilities are approved prior to providing care to CCS-eligible patients.

- Blue Shield Promise Health Plan can refer CCS-eligible patients to your practice once you are paneled.
- CCS can also refer – your name will be placed on its [online paneled provider list](#). The list is searchable by county, last name, or specialty.
 - Remember, you can contact the Blue Shield Promise CCS Department for assistance in making referrals to CCS-paneled providers and approved facilities in our network.
- There is a CCS process you can use to assess and refer potentially eligible children who are new to or currently in your practice.
 - In general, all children age 0 to 21 years of age should be assessed for the potential inclusion in the CCS program.

* Does not apply to emergency room physicians when care is related to a trauma and/or to out-of-state providers.

What is the CCS referral process?

- A CCS Program referral is defined as a request directed to the CCS program to authorize medical services for a potential program client.
- The CCS program receives referrals using a referral Service Authorization Request (SAR) form.
 - [New Referral CCS/GHPP Client Service Authorization Request \(SAR\) DHCS 4488](#)
 - [Established CCS/GHPP Client Service Authorization Request \(SAR\) DHCS 4509](#)
- Referral processes and requirements differ by county, but in general, SARs should be submitted with patient medical records including prescriptions, labs, etc., and these records must be signed off on by a CCS-paneled provider.

- Application to Determine CCS Eligibility ([English](#)) and ([Spanish](#))
- [CCS pamphlet for potential clients](#)

Referrals and authorizations – how it works

CCS authorizes and pays for services related to a patient's CCS-eligible condition.

- Treatment services provided by CCS-paneled physicians and CCS-approved facilities for CCS-eligible conditions require prior authorization.
- CCS uses a Service Authorization Request (SAR) form for this purpose. There are three types of SARs you will submit:
 - Referral request to the CCS program
 - Authorization request for services related to the CCS-eligible condition
 - Discharge planning request after an inpatient hospital stay

Blue Shield Promise and/or the IPA/MG will continue to authorize and pay for primary and preventive care for a CCS patient, and for services not related to their CCS-eligible condition.

- [Authorizations and Claims](#)
- [Service Authorization Request \(SAR\) Tools](#)
- [SAR Authorization Request Form](#)

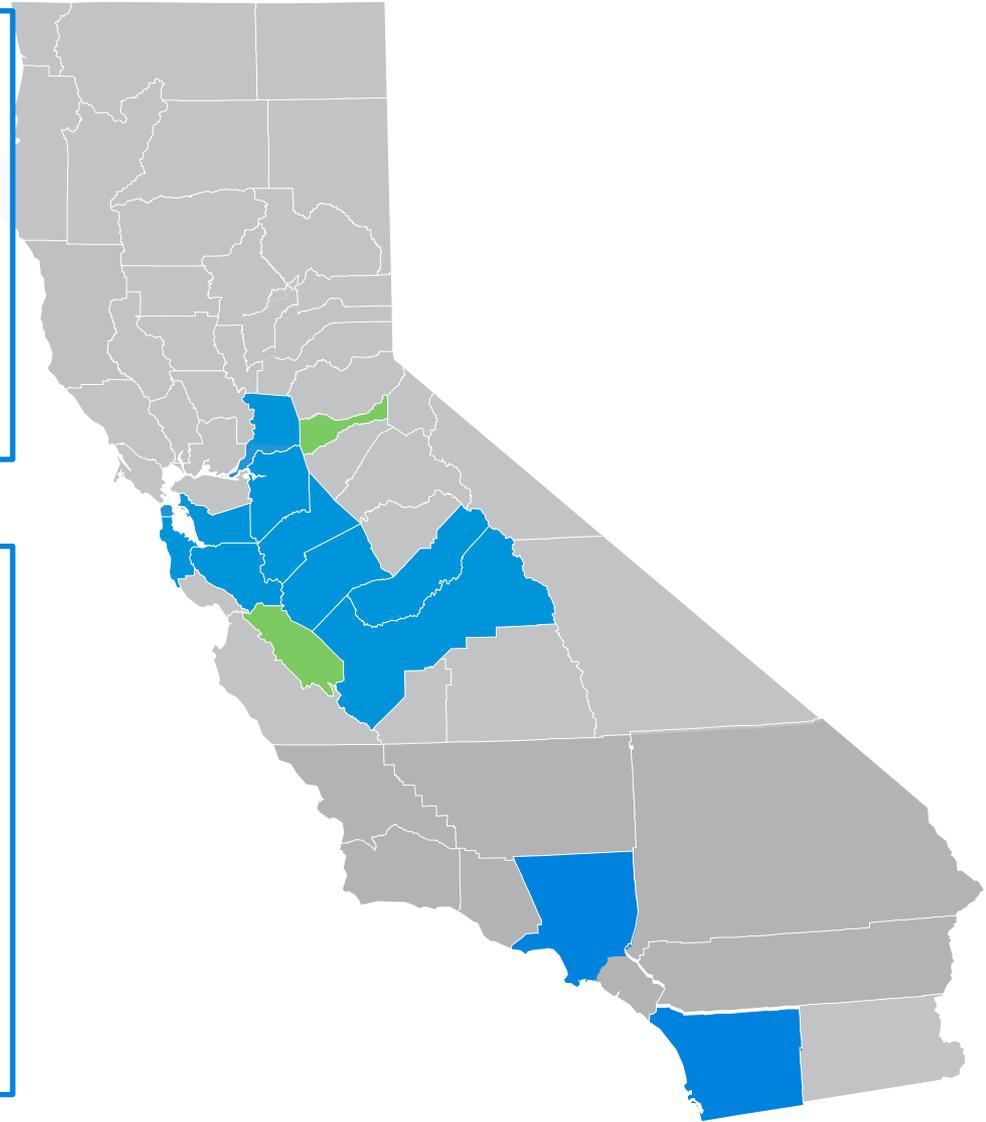
How is the CCS program administered in my county?

Independent counties

- Populations > 200,000
- County staff provides medical case management for eligible children residing within their county.
- Examples: San Diego and Los Angeles counties

Dependent counties

- Populations < 200,000
- Children's Medical Services (CMS) branch provides medical case management through regional offices located in Sacramento, San Francisco, and Los Angeles.
- Examples: Amador and San Benito counties





Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.