Thank you for joining us. We will begin the presentation shortly. This slide deck and webinar recording will be sent to you in a week.
Objectives

1. Identify the main components of three statewide children’s health programs in California: California Children’s Services, Department of Developmental Services (DDS) Regional Centers, and DDS’ Early Start program.

2. Describe the features and benefits of each program.

3. Describe the age, residential, medical, and financial eligibility criteria for each program.

4. Be able to preview services, eligibility, and intake procedures with patient families.
Today’s presenters and panelists

James Cruz, MD
Chief Medical Officer
Promise Health Plan

Ysobel Smith, BSBM, MHA
Senior Manager
Utilization and Medical Review

Jesse Brennan-Cooke
Senior Manager
Clinical Access Programs
Medi-Cal Programs

**California Children’s Services**
CCS is a state funded medical care coordination program for children under the age of 21 with chronic, disabling, or life-threatening CCS-eligible medical conditions that require specialty medical care.

**Regional Center**
Regional Centers are state funded facilities contracted with the Department of Developmental Services (DDS) to support individuals with developmental disabilities.

**Regional Center Early Start**
The Early Start program ensures early intervention services for infants and toddlers with developmental delays and disabilities are provided in a coordinated and family-centered system of services.
California Children's Services (CCS)
## CCS services for CCS-eligible conditions

<table>
<thead>
<tr>
<th>Service Description</th>
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<tr>
<td>CCS eligibility diagnostic testing</td>
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<td>High-risk infant follow-up</td>
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<tr>
<td>Home and school consultation</td>
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<td>Social worker services</td>
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<td>Special Care Centers</td>
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<td>Speech therapy</td>
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</tbody>
</table>
CCS eligibility

- Age
- Residential
- Medical
- Financial
CCS eligibility

Age

- CCS program-eligible patients must be less than 21 years of age.

- Blue Shield Promise coordinates transition planning:
  - Before age 18 to non-pediatric CCS specialty providers.
  - Before age 21 to non-CCS providers.
  - When there are changes in residential, medical, or financial eligibility.
CCS eligibility

- California residents must apply for services in their county of residence.
- Provider services should be within 30 miles of the patient’s home to be considered in-network.
Member has a CCS-eligible chronic, disabling, or life-threatening medical condition including:

- Accidents
- Congenital anomalies
- Diseases of:
  - Blood and blood-forming organs
  - Eye, ear, or mastoid
  - Musculoskeletal system and connective tissue
  - Nervous, circulatory, respiratory, digestive, or genitourinary systems
  - Skin and subcutaneous tissues
- Endocrine, nutritional, and metabolic diseases
- Infectious diseases
- Immune disorders
- Immunization reactions
- Neoplasms
- Perinatal morbidity and mortality
- Poisonings
- Violence
Children meet financial eligibility criteria when the family has:
- Full-scope or Share-of-Cost Medi-Cal
- An adjusted gross income of $40,000 or less, or
- Out-of-pocket costs are expected to exceed 20% of adjusted gross income for the eligible condition.

Income is not a factor when:
- Diagnostic services are required to confirm a CCS eligible medical condition; or
- A child is adopted with a known CCS eligible medical condition; or
- Only medically necessary occupational and/or physical therapy services are needed (Medical Therapy Program); or
- Full Medi-Cal benefits are received
The Medical Therapy Program (MTP) is a special program within California Children's Services (CCS) that provides physical therapy (PT) and occupational therapy (OT) services for children who have disabling conditions, generally due to neurological or musculoskeletal disorders.

### Eligibility criteria

<table>
<thead>
<tr>
<th>Ages three to 21 years</th>
<th>Under three years</th>
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<tbody>
<tr>
<td>At least one of the following conditions:</td>
<td>Two or more of the following:</td>
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<tr>
<td>• Cerebral palsy</td>
<td>• Exaggerations of, or persistence of, primitive reflexes beyond the normal age (corrected for prematurity)</td>
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<tr>
<td>• Neuromuscular conditions that produce muscle weakness and atrophy</td>
<td>• Increased deep tendon reflexes (DTRs) that are three or greater</td>
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<tr>
<td>• Chronic musculoskeletal and connective tissue diseases or deformities</td>
<td>• Abnormal posturing as characterized by the arms, legs, head, or trunk turned or twisted into an abnormal position</td>
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<td>• Ataxias, degenerative neurological disease, or other intracranial processes</td>
<td>• Hypotonicity, with normal or increased DTRs, in infants below one year of age</td>
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<td>• Asymmetry of motor findings of trunk or extremities</td>
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</tbody>
</table>
# CCS intake process

1. Doctor/parent/teacher/Blue Shield Promise (anyone) sends referral to County CCS office

2. Physician sends diagnosis report of potential CCS eligible medical condition to Blue Shield Promise or County CCS

3. County CCS approves medical condition eligibility

4. Family or youth fills out and signs application for CCS services

5. County CCS Nurse Manager, together with Blue Shield Promise Nurse Manager, coordinates care

6. Providers, parents, teachers, or Blue Shield Promise submit Service Authorization Request forms to County CCS

7. County CCS sends health care service approvals to providers, family’s home, and Blue Shield Promise

8. Family schedules appointments and gets medications and equipment

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All CCS eligible condition services, except emergencies or out-of-state services, must receive prior authorization by the local county CCS office. CCS requires that physicians are approved (paneled) prior to providing care.
Regional Centers
### Regional Center services ages 3 - 21

#### Ages 3 - 10 years
- Behavior intervention
- Crisis support
- Day care support
- Incontinence supplies
- IEP support
- In-home respite care
- Overnight/out of home respite
- Parent education classes
- Referrals
- Service coordination
- Social skills training
- Support groups
- Translation
- Transportation

#### Ages 11 - 17
- Behavior intervention
- Crisis support
- Day care support
- Incontinence supplies
- IEP support
- In-home respite care
- Overnight/out of home respite
- Parent education classes
- Referrals
- Residential homes
- Self-advocacy groups
- Service coordination
- Social skills training
- Some medical equipment
- Support groups
- Translation

#### Ages 18 - 21
- Adult day services
- Behavior intervention
- Crisis support
- Driver training
- Independent living training
- In-home respite care
- Overnight/out of home respite
- Referrals
- Residential homes
- Self-advocacy groups
- Service coordination
- Social skills training
- Some medical equipment
- Supported employment
- Supported living
- Translation
Regional Center eligibility

Age
Substantial disability
Diagnosis
A person may receive services at any age, but the developmental disability diagnosis must occur during the “developmental period” from birth to 18 years.
Regional Center eligibility

“Substantial disability” means:

1. A condition which results in major impairment of cognitive and/or social functioning, representing sufficient impairment to require interdisciplinary planning and coordination of services to assist the individual in achieving maximum potential; and,

2. The existence of significant functional limitations in three or more of the following areas of major life activity, as appropriate to the person's age:
   - Receptive and expressive language
   - Learning
   - Self-care
   - Mobility
   - Self-direction
   - Capacity for independent living
   - Economic self-sufficiency.
Regional Center eligibility

• The primary Department of Health Care Services (DHCS) diagnosis must be a developmental disability.

• Developmental disabilities include:
  – Autism spectrum disorder
  – Cerebral palsy
  – Epilepsy or seizure disorder
  – Intellectual disability
  – Other conditions closely related to intellectual disability that require similar treatment such as neurofibromatosis, tuberous sclerosis, or Prader-Willi syndrome

• Regional Centers don’t provide services to persons solely diagnosed with:
  – Deafness or blindness
  – A learning disability (dyslexia, etc.)
  – A mental illness (schizophrenia, bipolar disorder, etc.)
  – A speech disorder
Regional Center intake process

1. Local Regional Center “Intake” department contacted and phone screening completed
2. Potential client and family interviewed by Intake Service Coordinator (at office and/or home)
3. Available medical, psychological, and school records reviewed
4. School or community observation may be conducted
5. Other clinicians may also assess the potential client (physician, psychologist, OT/PT, etc.)
6. Psycho-social intake assessment completed (see below for details)
7. Clinician team makes eligibility determination (if ineligible, referred to other resources)
8. Eligible clients assigned a Service Coordinator
9. An Individual Program Plan is developed with the client, family, and Service Coordinator

The psycho-social assessment covers birth and developmental history, family constellation and functioning and the applicant's abilities in the following areas: cognitive, motor, communication, social, emotional, educational/vocational, and self-care/independent living skills.
Regional Center Early Start Program
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<td>Early identification assessment</td>
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<tr>
<td>Early intervention programs</td>
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<td>Family training</td>
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<td>Feeding therapy</td>
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<td>Incontinence supplies</td>
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<td>Translation</td>
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<td>Transportation</td>
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</table>
Regional Center Early Start eligibility

- Age
- Substantial delay
- High risk
Infants and toddlers from birth to 3 years of age (0-36 months)
Experiences a 33% delay in at least one developmental domain:

- Adaptive – daily activities, self help skills
- Cognitive – learning, problem solving
- Communication – speech, language
- Physical – gross motor, fine motor
- Social and emotional – interactions with others, managing emotions
Regional Center Early Start eligibility

Has a risk factor for developmental delays or disabilities such as:
• Prematurity of <32 weeks gestation and/or low birth weight.
• Prenatal substance exposure.
• A parent with a developmental disability.

Are born with a condition with a known probability of causing a developmental delay or disability such as:
• Genetic conditions (e.g., Down syndrome).
• Cerebral palsy.
# Blue Shield Promise support to age 21

## California Children’s Services

- Identifies and refers members to County CCS
- Authorizes and pays for non-CCS eligible conditions (primary care, specialty care, prescriptions, medical equipment, and other supplies)
- Facilitates referrals to CCS approved providers and facilities in our network
- Provides care coordination and case management
- Assists with coordination of transition planning to adult CCS providers before age 18 and non-CCS providers before age 21
- Assists with adult living arrangements, legal decisions, and educational, social, and recreational services

## Regional Centers

- Identifies and refers members to local Regional Center
- Authorizes and pays for medically necessary needs and prescriptions not provided by Regional Center
- Ensures members are referred for evaluation
- Provides care coordination and case management of medically covered services identified in the Individual Family Service Plan or Individual Program Plan
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## Resources

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Provider Education on Provider Connection

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