



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

DEBORAH ALLEN, ScD.
Deputy Director, Health Promotion Bureau

ANNA LONG, Ph.D., M.P.H.
Director, Children’s Medical Services
9320 Telstar Avenue, Suite 226
El Monte, CA 91731
TEL (626) 569-6001 • FAX (626) 569-1909

www.publichealth.lacounty.gov

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January 19, 2021 *(updated)*

Dear CCS Paneled Providers, Approved Facilities and Special Care Centers and Vendors,

While we had hoped that the COVID-19 pandemic would be over by now, it is not. In fact, it has become more acute and more complicated in recent months. In the face of an unparalleled surge in cases and mortality, LA County must now urgently mobilize additional public health staff and resources for county-wide vaccination efforts, in addition to their current essential roles in case investigation, contract tracing, outbreak management, and other aspects of the COVID response. Many additional clinical and non-clinical staff must be deployed from California Children’s Services (CCS), Child Health and Disability Prevention Program (CHDP), Health Care Program for Children in Foster Care (HCPFC) and the Child Welfare Public Health Nursing Program (CWPHN) for the mission-critical vaccine administration and COVID response functions.

We are sending you this letter to remind or inform you that California’s Department of Health Care Services (DHCS) has implemented, and continues to implement, COVID-19 flexibilities that will enable local jurisdictions to temporarily redeploy resources to critical COVID-19 healthcare and pandemic response functions. A number of these flexibilities will impact and are important to how you request and provide services for children and families in the CCS program.

Most significant for your day-to-day operations is the reminder that prior authorization for medically necessary care for CCS medically eligible conditions is *not* required. Service authorization requests (SARs) are still required, but they may be submitted after the date of service. All SARs will eventually be adjudicated, as the pandemic eases and as staff are able to address items in order of priority. **Therefore, do not delay provision of care due lack of an authorization.**

To assist the CCS case management teams as they prioritize their work to best serve patients and families in need of our attention, we are or have implemented the following flexibilities:

1. Existing SARs will be extended through the duration of the public health emergency.
 - *For patients followed in Medical Therapy Units (MTUs):* SARs for (1) OT/PT vending or (2) DME/orthotics relating to the Medical Therapy Program (MTP)-eligible condition will continue to be reviewed for prior authorization by MTP personnel.

2. Providers should continue to submit SARs electronically through the Children's Medical Services Network (CMS Net) Provider Electronic Data Interchange (PEDI).
3. Providers should check the PEDI system for questions about the status of the requests. Nurse case managers and clerical staff will not be able to check individual inquiries about the status of these requests for the duration of the public health emergency.
4. If you do not have access to the PEDI system, please contact cmshelp@dhcs.ca.gov to obtain access.
5. Do not FAX duplicate SARs once they have already been submitted electronically simply because you do not see a prior authorization in the system.
6. CCS Call Center operations will be suspended for the remainder of the public health emergency. In the meantime:
 - Clients and their families will be able to contact CCS administration with questions regarding their cases.
 - Providers with questions related to billing, claims and financial eligibility are instructed to contact CCS Provider Relations at 626.569.6092 or Financial Eligibility at 626.569.6146, as appropriate.
 - **The CCS Call Center will not be taking calls from providers about SARs or to verify receipt of documents;** as instructed above, providers should check PEDI or CMS Net.

If you have any questions about CCS programmatic changes in response to the public health emergency or for a full list of the approved waiver flexibilities that LAC CCS is following, please consult the DHCS website at <https://www.dhcs.ca.gov/Pages/COVID-19-Waivers.aspx>.

We are grateful for your continued service for the children and families of CCS. In addition, thank you for your support as we fulfill both our legal and healthcare obligations to California's and Los Angeles County's most vulnerable pediatric patients, and to the residents of Los Angeles County needing our help during this public health emergency. With your patience and understanding, we will sustain quality services to children and youth with special needs and emerge from the shadow of this pandemic in the coming months.

Cordially,



Anna L. Long, PhD, MPH
Director, Children's Medical Services
Los Angeles County Department of Public Health



Edward A. Bloch, MD, FAAP
Medical Director, Children's Medical Services
Los Angeles County Department of Public Health



WILL LIGHTBOURNE
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: December 21, 2020

TO: All County California Children's Services Administrators, Medical Consultants, State Integrated Systems of Care Division, and the California Children's Services Program Staff

SUBJECT: Flexibilities for County Staff during COVID Vaccine Administration

The Department of Health Care Services (DHCS or Department) recently received an inquiry requesting the State to allow the reassignment of its county program staff from the California Children's Services (CCS) program, the Child Health and Disability Prevention (CHDP) program, and the Health Care Program for Children in Foster Care (HCPCFC) to support COVID vaccine administration and related COVID response activities.

While DHCS recognizes the need for an all-hands-on-deck approach for this phase of the COVID public health emergency (PHE), counties are legally obligated to ensure that the most vulnerable pediatric patients in the state, particularly those enrolled in the CCS program and HCPCFC, continue to receive medical necessary services in a timely manner. These patients also require public health nurses (PHNs) to provide case management, which, in some cases, could be more complex during the PHE. In addition, the county CCS programs are legally obligated to provide assistance to beneficiaries in their primary language. As such, the counties are required to ensure appropriate access to telephone assistance, and sufficient staff to manage time-sensitive complex cases where an automated phone system would be inadequate.

In light of the severity of the PHE, counties may temporarily reassign PHNs to assist with the COVID response, as appropriate, as long as the county is able to maintain sufficient staffing to meet its obligations to the CCS, CHDP, and HCPCFC programs, including the timely provision of all medically necessary case management services, and the timely completion of eligibility determinations. Counties must also ensure adequate staffing to continue providing necessary telephonic assistance to CCS, CHDP, and HCPCFC beneficiaries, including beneficiaries with limited English proficiency.

Reassignment of County Nurses

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December 21, 2020

In addition, DHCS has implemented (or is in the process of implementing) many requested flexibilities during the PHE. Current [COVID flexibilities](#) waive:

- Prior authorization requirements to allow counties to automatically extend Service Authorization Requests (SARs) through the end of the PHE. In these cases, a SAR is still required, but may be submitted after the date of service.
- Case closures until the end of the PHE, in order to ensure access to medically necessary services.
- Requirements for clinical staff to approve all eligibility determinations. Non-clinical staff may be able to assist with eligibility determinations where program eligibility is straightforward, including cases in which children have cancer or diabetes.

Please refer to the Department's [CCS COVID 19 guidance](#) for additional information on our programmatic changes in response to the PHE.

DHCS is working on system upgrades that will assist with automation, where appropriate. DHCS will issue further guidance once these system upgrades take effect.

Thank you for your dedication and continued efforts to respond to the needs of California's vulnerable children during this PHE. If you have any questions about this letter, please contact the Department of Health Care Services at ISCD-MedicalPolicy@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Roy Schutzengel
Medical Director
Integrated Systems of Care Division



**California Children's Services Program
COVID-19 Policy Guidance
Frequently Asked Questions**

Updated December, 2020

This frequently asked questions (FAQ) document provides responses to questions received from California Children's Services (CCS) program stakeholders regarding programmatic flexibilities issued in response to the COVID-19 pandemic. The purpose of this guidance is to provide temporary direction during the COVID-19 public health emergency (PHE) and to ensure that CCS clients are able to access, without delay, medically necessary essential services.

A. Continuous Coverage

1. How will the Department address Medi-Cal and CCS Program coverage during the COVID-19 PHE?

Answer: The Department of Health Care Services (DHCS) has extended continuous coverage for CCS beneficiaries who are also enrolled in Medi-Cal, through the end of the COVID-19 PHE. Continuous enrollment means that CCS will not disenroll a CCS/Medi-Cal beneficiary, except in cases where an individual is reported to be deceased, an individual is no longer a resident of the state, an individual requests to be discontinued from CCS, or an individual turns 21 years old. Please note that CCS beneficiaries who are concurrently enrolled in Medi-Cal will continue to have access to medically necessary services through Medi-Cal, even if they are disenrolled from CCS.

These flexibilities do not extend to CCS beneficiaries who are not enrolled in Medi-Cal, pending further notice from DHCS.

2. How should CCS counties handle CCS reinstatements during the COVID-19 PHE?

Answer: Counties should process reinstatements to restore coverage for CCS/Medi-Cal beneficiaries who have been disenrolled, dating back to April 1, 2020. Individuals do not have to request the reinstatement of their CCS eligibility.

B. CCS State Fair Hearings and Appeals

1. Can CCS State Fair Hearings and Appeals be conducted via video conference or telephone during the COVID-19 PHE?

Answer: During the COVID-19 PHE, CCS State Fair Hearings and Appeals conducted by both the California Department of Social Services (CDSS) and DHCS' Office of Administrative Hearings and Appeals (OAHA) may be conducted via video conference or telephone.

- 2. Will CCS Notice of Hearing letters include information about video conference and telephone options during the COVID-19 PHE? What if the CCS beneficiary needs the documents related to their hearing in a language besides English?**

Answer: Notice of Hearing and Notice of Action letters from either CDSS or DHCS' OAHA now include video conference or telephone options. CDSS and DHCS' OAHA will, upon request, provide any document related to the hearing in the beneficiary's preferred language.

- 3. Will extensions be granted to request a CCS State Fair Hearing during the COVID-19 PHE?**

Answer: CCS beneficiaries who are concurrently enrolled in Medi-Cal will be allowed to request a fair hearing up to 210 days from the date the date that a notice of action is mailed. DHCS does not currently have authority to extend this action to CCS State-only beneficiaries.

- 4. How will negative actions occurring during the executive order period of a CCS State Fair Hearing be handled during the COVID-19 PHE?**

Answer: DHCS has suspended negative actions following a fair hearing for CCS beneficiaries who are concurrently enrolled in Medi-Cal. DHCS does not currently have authority to extend this action to CCS State-only beneficiaries.

- 5. Will aid paid pending continue for CCS beneficiaries who do not appear at their scheduled CCS State Fair Hearing during the COVID-19 PHE?**

Answer: Aid paid pending will continue for CCS/Medi-Cal beneficiaries who do not appear at a scheduled CCS fair hearing. DHCS does not currently have authority to extend this action to CCS State-only beneficiaries.

C. Durable Medical Equipment (DME)

- 1. What flexibilities have been applied to prior authorization for CCS beneficiaries who require DME during the COVID-19 PHE?**

Answer: DHCS has suspended prior authorization requirements temporarily for Durable Medical Equipment Prosthetics, Orthotics, and Supplies (DMEPOS) in instances where the DMEPOS is lost, destroyed, irreparably damaged, rendered unusable, or unavailable as a result of the COVID-19 PHE.

- 2. What flexibilities have been applied to replacement requirements for DME during the COVID-19 PHE?**

Answer: CCS counties have the flexibility to waive replacement requirements such as the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required.

3. Are there changes in the process for submitting requests for DME during the COVID-19 PHE?

Answer: No, there have not been any changes to the process for submitting requests for DME. A Treatment Authorization Request (TAR) or Service Authorization Request (SAR), as applicable, are still required for DMEPOS and must include appropriate documentation; however, TARs/SARs may be submitted after the services have been rendered. In addition, providers and suppliers must still provide and maintain documentation indicating the need for the benefit, and in the instance of DME, indicate if the equipment was lost, destroyed, irreparably damaged, rendered unusable, or unavailable as a result of the COVID-19 PHE.

D. CCS Program Pharmacy

1. Will flexibilities be provided for CCS approved prescription supplies during the COVID-19 PHE?

Answer: For the duration of the PHE, DHCS Medi-Cal (including CCS) will allow up to a 100-day supply per dispensing of any covered drug, medical supplies, or prescription formulas and covered enteral supplements, including mail and home delivery by Medi-Cal enrolled pharmacies. Utilization limits on quantity, frequency, and duration of medications dispensed to CCS clients may be waived by means of an approved SAR if there is a documented medical necessity to do so. Pharmacies are advised to incorporate the statement "Patient impacted by COVID-19" within the Special Instructions section of the SAR.

2. Will flexibilities be provided for CCS approved prescription delivery during the COVID-19 PHE?

Answer: The flexibilities described in item D.1 above apply to all CCS prescriptions, including those that are provided via mail and home delivery by Medi-Cal enrolled pharmacies.