



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



ARNOLD SCHWARZENEGGER  
*Governor*

December 31, 2007

N.L.:15-1207

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS)  
ADMINISTRATORS, MEDICAL DIRECTORS AND MEDICAL  
CONSULTANTS, AND STATE CHILDREN MEDICAL SERVICES (CMS)  
BRANCH STAFF

SUBJECT: CALIFORNIA CHILDREN'S SERVICES (CCS) INTER-COUNTY  
TRANSFER POLICY

This Numbered Letter is to provide local CCS programs and CMS Regional Offices with updated policies for performing inter-county case transfers.

### **Background**

The CCS policies and procedures on transferring a client's case from one county to another were previously contained in Chapter 2, Section 4 of the "Case Management Procedure Manual Using CMS Net". The policy and information in this letter replaces the information in the manual and should be used in conjunction with the information on pending transfers in the "CMS Net Guide and User Manual". Using this information along with the flow chart attachments will facilitate transfers of CCS cases between counties.

Local CCS programs should collaborate on transfer issues to reach mutual agreement on the date of case closure and transfer. This will ensure that when a child's care is transferred from one CCS program to another there is no lapse in services for the child.

In this document "Original County" refers to the county which has an open CCS case and is notified that the client may have established residency in another county. "New County" refers to the county where the new address is located and where residence is established before the original county can cancel authorizations, close the CCS case and transfer the case to the new county.

### **Policy**

1. A CCS client receiving services is not to be denied or suffer an interruption of services because of relocation from one county to another in California.

2. All cases should be medically eligible at the time a case is transferred and should not be transferred if there is current documentation which indicates a client is no longer medically eligible.
3. The "original county" is responsible for sending out the contact letters when notified by client or his/her parent or legal guardian or it determines there is evidence indicating that a client or his/her parent or legal guardian may no longer reside in the county. The only exception to sending out the contact letters is if the "new county" contacts the "original county" that the family has notified them and the "new county" is requesting a closure date.
4. The CCS signed application (if applicable) and Program Services Agreement (if applicable) from the "original county" shall be accepted by the "new county" once county residence is established. The Program Services Agreement (if applicable) must be renewed by the client or parent/legal guardian based on the annual renewal date established by the "original county".
5. Transfer of a CCS client who is either a Medi-Cal, full scope, no Share of Cost (SOC) beneficiary or a HF subscriber should not be delayed as long as the address change shows in MEDS or has been confirmed through contact with MRMIB.
6. The two counties involved with the transfer shall coordinate and mutually agree on the date in which authorizations are to be canceled and the CCS case record closed in the "original county" and reopened in the "new county". The case in the "original county" shall be closed on one day and opened in the "new county" on the following day.
7. The "original county" shall transfer the client's CCS case within 10 working days from the date that the "original county" and "new county" agree on a closing and opening date.
8. The CCS case documents that must be photocopied and sent from the "original county" to the "new county" include:
  - a. CCS application;
  - b. current Program Services Agreement;
  - c. most recent program eligibility documents (e.g. CA state income tax form, Federal income tax form, health insurance form, Medi-Cal documents and enrollment fee agreement);

- d. most recent legal documents used to establish residency and/or financial eligibility (e.g. divorce agreements, guardianship/adoption papers, etc.);
- e. copy of current MEDS print-out (if Medi-Cal or Healthy Families);
- f. copy of current medical records (i.e. last 12 months) or documentation of their unavailability;
- g. copy of HMO denial for HMO clients, if available and has a date that is within the last 12 months; and,
- h. if the client is receiving Medical Therapy Program (MTP) services at a Medical Therapy Unit (MTU), the entire MTU chart should be sent to the “new county”.

9. A CCS case is not to be opened in two counties simultaneously.

### **Policy Implementation**

The following policy implementation guidelines are to be applied when transferring a CCS case from one county to another. The two common case transfer scenarios being addressed are 1) cases in which the “original county” is informed by the family provider/agency that a client receiving services is moving to a “new county”; and 2) cases in which the family moves to a “new county” without informing the “original county” that they have moved. In addition, instructions are provided for cases being transferred from a county with a County Organized Health System (COHS) where CCS services are “carved-in” and are the plan’s responsibility.

A. Family/Provider/Agency informs “original county” that family is moving to a “new county”

1. The “original county” reviews the child’s medical eligibility.

a. If the client is no longer medically eligible the “original county”:

(1) Closes the case;

(2) issues the client/client family an NOA/denial letter with appeal rights (“original county” is responsible for complying with the provisions of California Code of Regulations (CCR), Title 22, Sections 42700 through 42720); and

(3) assists the family by providing other possible service options\referral sources.

b. If the client is still medically eligible the “original county”:

- (1) Coordinates the closing and opening date with the “new county” so there is no gap or overlap in services;
  - (2) does not close the case until the “new county” has been advised that the case will be closed; and
  - (3) notifies the new county of the case transfer and mails a copy of the client’s application and case records to the “new county”.
2. The “new county”, following notification by the “original county” and once the counties reach agreement as to the closing and opening date of the case transfer:
  - a. Accepts the case without requiring the client/client family to complete program eligibility in the “new county” before authorizations can be issued;
  - b. begins issuing authorizations for medically necessary services;
  - c. establishes the case annual renewal date (ARD) as the same date as was established in the “original county”; (e.g., if the “original county” established 10/01/08 as the ARD and the family transfers to the “new county” on 4/01/08 the ARD for the family in the “new county” is 10/01/08.); and
  - d. starts the annual program re-determination contact letter process if the transfer case involves a CCS-only client whose ARD is within 60 days of the transfer. (Client’s/client’s families shall be given the opportunity to complete CCS annual program re-determination without a lapse in services).
- B. Family moves to a “new county” without informing the “original county” that they have moved.
  1. The “new county” checks CMS Net or MEDS/HAP to determine whether the child is already known to CCS and does the following:
    - a. If the child is determined not to have an open case in another county or has a closed case, the “new county” will proceed as usual with determining CCS program eligibility:
    - b. If the child is determined to already have an open case in another county the “new county”;

- (1) Contacts the "original county" to inform them that the client/client's family has moved to the "new county"; and
  - (2) requests the "original county" review the client's CCS medical eligibility;
2. The "original county" reviews the child's medical eligibility;
  - a. If the client is no longer medically eligible the "original county":
    - (1) Closes the case;
    - (2) issues the client/client family an NOA/denial letter with appeal rights ("original county" is responsible for complying with the provisions of California Code of Regulations (CCR), Title 22, Sections 42700 through 42720);
    - (3) informs the "new county" that client is no longer medically eligible; and
    - (4) assists the family by providing other possible service options\referral sources.
  - b. If the client is still medically eligible the "original county":
    - (1) Coordinates the closing and opening date with the "new county" so there is no gap or overlap in services;
    - (2) does not close the case until the "new county" has been advised that the case will be closed; and
    - (3) notifies the new county of the case transfer and mails a copy of the client's application and case records to the "new county".
3. The "new county", following notification by the "original county" and once the counties reach agreement as to the closing and opening date of the case transfer:
  - a. Accepts the case without requiring the client/client family to complete program eligibility in the "new county" before authorizations are issued;
  - b. begins issuing authorizations for medically necessary services;
  - c. establishes the case ARD as the same date as was established in the "original county"; and

- d. starts the annual program re-determination contact letter process if the transfer case involves a CCS-only client whose ARD is within 60 days of the transfer. (Client's/client's families shall be given the opportunity to complete CCS annual program re-determination without a lapse in services.)
- C. CCS case transfers from counties with a Medi-Cal COHS where CCS services are "carved-in"
1. There are currently five counties with a Medi-Cal COHS where CCS services are "carved-in". They are Napa, San Mateo, Santa Barbara, Solano and Yolo. Children who are Medi-Cal, full scope, no SOC, that are being transferred to a "new county" from one of these five counties must follow special procedures for ensuring that authorizations issued for these children will not result in denial of provider claims due to children retaining temporary enrollment in the COHS. Anytime a Medi-Cal, full scope, no SOC, child is being transferred from one of these five counties the "new county" should check MEDS to determine if the child is still showing enrollment in the COHS. If MEDS indicates that they are still enrolled in the COHS the steps identified below must be followed.
  2. When a client's case is being transferred from Napa, Solano, or Yolo Counties:
    - a. The "new county" authorizes needed services and instructs the provider via the SAR that if MEDS shows the child is enrolled on the date of service in plan code 504, 507, or 509, the claim, including a copy of the authorization, must be sent to Partnership Health Plan at the following address:

**P.O. Box 1368  
Suisun, CA 94585**
    - b. If the child's MEDS is not showing the Partnership Health Plan code on the date services are rendered, the provider shall send the claim to EDS as usual.
  3. When a client's case is being transferred from San Mateo County:
    - a. The "new county" authorizes needed services and instructs the provider via the SAR that if MEDS shows the child is enrolled on the date of service in plan code 503 to send claims with a copy of the authorization to:

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**Health Plan of San Mateo  
Attn: Mari Baca  
701 Gateway Blvd., Ste.400  
South San Francisco, CA 94080**

- b. If the child's MEDS is not showing the Health Plan of San Mateo plan code on the date services are rendered, the provider shall send the claim to EDS as usual.
4. When a client's case is being transferred from Santa Barbara County:
    - a. The "new county" authorizes needed services and instructs the provider via the SAR that if MEDS shows the child is enrolled on the date of service in plan code 502 to send claims with a copy of the authorization to:

**Santa Barbara Regional Health Authority Claims  
P.O. Box 37649  
Phoenix, AR 85069**

- b. If the child is not showing the Santa Barbara Health Initiative plan code on the date services are rendered, the provider shall send the claim to EDS as usual.

If you have any questions regarding this CCS Numbered Letter, please contact your designated Regional Office Consultant.

Sincerely,

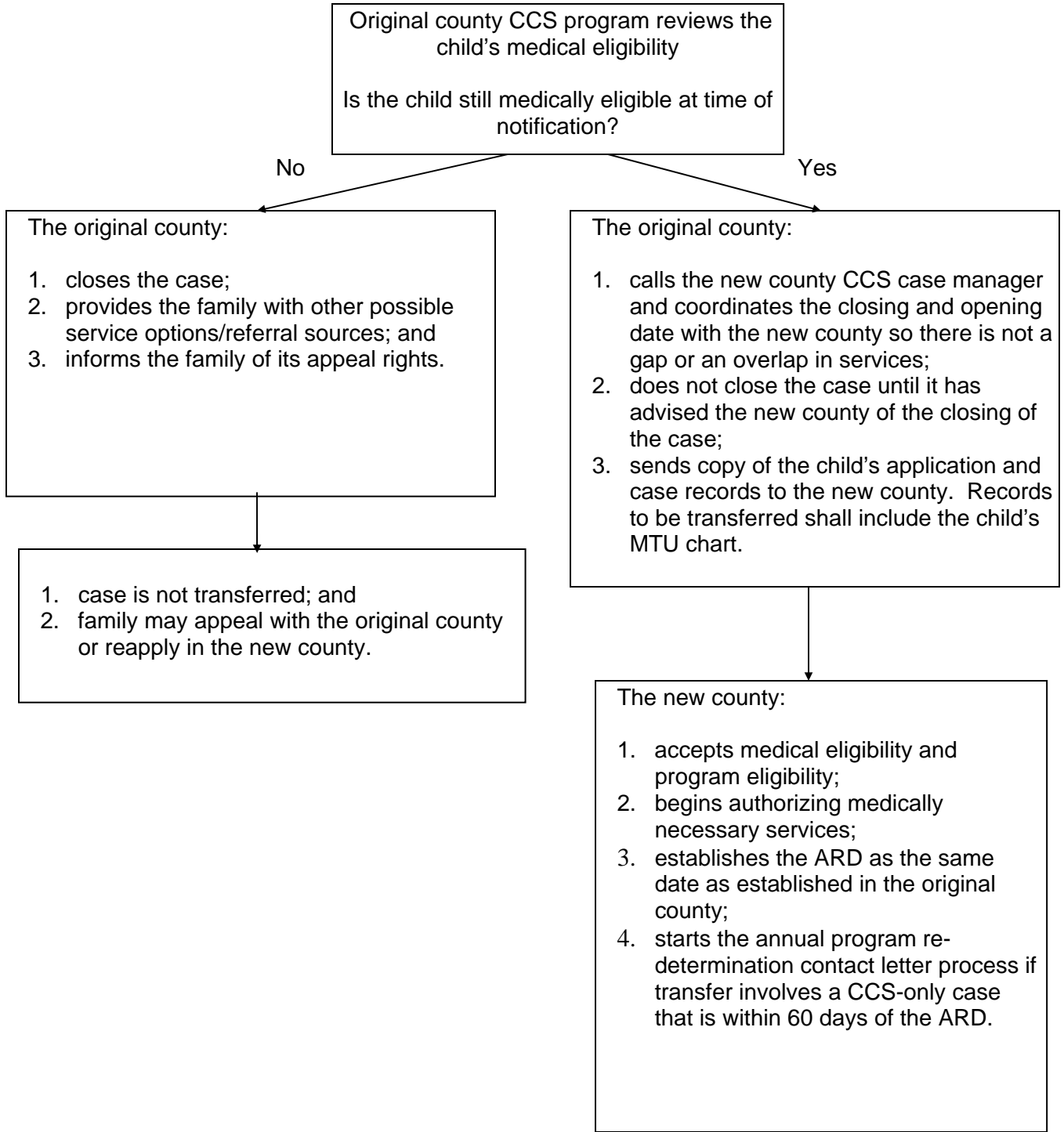
**Original Signed by Marian Dalsey, M.D., M.P.H.**

Marian Dalsey, M.D., M.P.H., Chief  
Children's Medical Services Branch

Enclosures

**INTER-COUNTY TRANSFER GUIDELINES**

**Part I: Family/Provider/Agency informs Original CCS program that family is moving to another county**





## INTER-COUNTY TRANSFER GUIDELINES

### Part II: Family moves to a new county without informing the original county that it has moved

