Department of Health Care Services
California Children's Services (CCS) Redesign Proposed Statutory Changes
July 17, 2015 Proposed Language in Black Text, Bold Underline
August 20, 2015 Additional Language in Red Text, Bold Underline

WELFARE AND INSTITUTIONS CODE

§ 14093.05.

(a) The director shall enter into contracts with managed care plans under this chapter and Chapter 8 (commencing with Section 14200), including, but not limited to, health maintenance organizations, prepaid health plans, and primary care case management plans; counties, primary care providers, independent practice associations, private foundations, children's hospitals, community health centers, rural health centers, community clinics, and university medical center systems, or other entities for the provision of medical benefits to all persons who are eligible to receive medical benefits under publicly supported programs. The director may also amend existing Medi-Cal managed care contracts to include the provision of medical benefits to persons who are eligible to receive medical benefits under publicly supported programs. Contracts may be on an exclusive or nonexclusive basis.

(b) Contractors pursuant to this article and participating providers acting pursuant to subcontracts with those contractors, shall agree to hold harmless the beneficiaries of the publicly supported programs if the contract between the sponsoring government agency and the contractor does not ensure sufficient funding to cover program benefits.

(c) Any managed care contractor serving children with conditions eligible under the California Children's Services (CCS) program shall maintain and follow standards of care established by the program, including use of paneled providers and CCS-approved special care centers and shall follow treatment plans approved by the program, including specified services and providers of services. If there are insufficient paneled providers willing to enter into contracts with the managed care contractor, the program shall seek to establish new paneled providers willing to contract. If a paneled provider cannot be found **within the managed care contractor's network for a specific CCS eligible child**, the managed care contractor shall **first make a good-faith effort to enter into an agreement with an out of network CCS paneled provider to provide treatment to the child. A plan must demonstrate good-faith efforts to contract with paneled providers prior to** seek**ing** program approval to use a specific non-paneled provider with appropriate qualifications.

(d) (1) Any managed care contractor serving children with conditions eligible under the CCS program shall report expenditures and savings separately for CCS covered services and CCS eligible children.

(2) If the managed care contractor is paid according to a capitated or risk-based payment methodology, there shall be ~~**separate**~~ actuarially sound rates for CCS eligible children.

(3) Notwithstanding paragraph (2), a managed care pilot project may, if approval is obtained from the State CCS program director, utilize an alternative rate structure for CCS eligible children.

(e) This article is not intended to and shall not be interpreted to permit any reduction in benefits or eligibility levels under the CCS program. Any medically necessary service not available under the managed care contracts authorized under this article shall remain the responsibility of the state and county.

(f) To assure CCS benefits are provided to enrollees with a CCS eligible condition according to CCS program standards, there shall be oversight by the state and local CCS program agencies for both services covered and not covered by the managed care contract.
(g) Any managed care contract which will affect the delivery of care to CCS eligible children shall be approved by the state CCS program director prior to execution. The state CCS program shall continue to be responsible for selection of CCS paneled providers and monitoring of contractors to see that CCS state standards are maintained. **The department shall make publicly available on the department's website the boilerplate CCS provisions of the managed care contract between managed care plans and the state.**

§ 14093.06.
(a) When a managed care contractor authorized to provide California Children's Services (CCS) covered services pursuant to subdivision (a) of Section 14094.3 expands to other counties, the contractor shall comply with CCS program standards including, but not limited to, referral of newborns to the appropriate neonatal intensive care level, referral of children requiring pediatric intensive care to CCS-approved pediatric intensive care units, and referral of children with CCS eligible conditions to CCS-approved inpatient facilities and special care centers in accordance with subdivision (c) of Section 14093.05.
(b) The managed care contractor shall comply with CCS program medical eligibility regulations. Questions regarding interpretation of state CCS medical eligibility regulations, or disagreements between the county CCS program, and the managed care contractor regarding interpretation of those regulations, shall be resolved by the local CCS program, in consultation with the state CCS program. The resolution determined by the CCS program shall be communicated in writing to the managed care contractor.
(c) In following the treatment plan approved by the CCS program, the managed care contractor shall ensure the timely referral of children with special health care needs to CCS-paneled providers who are board-certified in both pediatrics and in the appropriate pediatric subspecialty.
(d) The managed care contractor shall report expenditures and savings separately for CCS covered services and CCS eligible children, in accordance with paragraph (1) of subdivision (d) of Section 14093.05.
(e) All children who are enrolled with a managed care contractor who are seeking CCS program benefits shall retain all rights to ~~**CCS program**~~ appeals and fair hearings of denials of medical eligibility or **denials, reductions or modifications** of service authorizations. Information regarding the number, nature, and disposition of appeals and fair hearings shall be part of an annual report to the Legislature on managed care contractor compliance with CCS standards, regulations, and procedures. This report shall be made available to the public.
(f) The state, in consultation with stakeholder groups, shall develop unique pediatric plan performance standards and measurements, including, but not limited to, the health outcomes of children with special health care needs.

§ 14094. CCS
For purposes of this article "CCS" means California Children's Services.

§ 14094.1. Managed care contractors; standards of care; use of paneled providers; report of expenditures and savings; payment according to capitated payment methodology

(a) The director shall investigate and to the extent feasible require any managed care contractor serving children with conditions eligible under the CCS program, to maintain and follow standards of care established by the program, including use of paneled providers and CCS approved special care centers and to follow treatment plans approved by the program, including specified services and providers of services. If there are insufficient paneled providers willing to enter into contracts with the managed care contractor, the program shall seek to establish new paneled providers willing to contract. If a paneled provider cannot be found **within the managed care contractor's network for a specific CCS eligible child**, the managed care contractor shall **first make a good-faith effort to enter into an agreement with an out of network CCS paneled provider to provide treatment to the child. A plan must demonstrate good-faith efforts to contract with paneled providers prior to** seek**ing** program approval to use a specific non-paneled provider with appropriate qualifications.

(b) The director shall investigate and to the extent feasible require any managed care contractor serving children with conditions eligible under the CCS program, to report expenditures and savings separately for CCS covered services and CCS eligible children.

(c) (1) ~~**If**~~ **The** managed care contractor is **at full financial risk and** paid according to a capitated or risk-based payment methodology.~~**, there shall be a separate actuarially sound rate for CCS eligible children.**~~

(2) Notwithstanding paragraph (1), a managed care pilot project may, if approval is obtained from the state CCS program director, utilize an alternative rate structure for CCS eligible children.

§ 14094.2. Medically necessary services not available under managed care contracts; state and county responsibility [this section displayed for reference only; no proposed changes]

(a) This article is not intended, and shall not be interpreted, to permit any reduction in benefits or eligibility levels under the CCS program. Any medically necessary service not available under the managed care contracts authorized under this article shall remain the responsibility of the state and county.

(b) In order to ensure that CCS benefits are provided to enrollees with a CCS eligible condition according to CCS program standards, there shall be oversight by the state and local CCS program agencies for both services covered and not covered by the managed care contract.

§ 14094.3. Incorporation of CCS covered services into Medi-Cal managed care contracts; time; fee-for-service billing prior to incorporation; pilot projects

(a)**(1)** Notwithstanding this article or Section 14093.05 or 14094.1, CCS covered services shall not be incorporated into any Medi-Cal managed care contract entered into after August 1, 1994, pursuant to Article 2.7 (commencing with Section 14087.3), Article 2.8 (commencing with Section 14087.5), Article 2.9 (commencing with Section 14088), Article 2.91 (commencing with Section 14089), Article 2.95 (commencing with Section 14092); or either Article 2 (commencing with Section 14200), or Article 7 (commencing with Section 14490) of Chapter 8, until January 1, ~~**2016**~~ **2019 or until the completion and submission to the Legislature of an evaluation as specified in paragraph (f) (2)**, except for contracts entered into for county organized health systems **(COHS)** or Regional Health Authority in the Counties of San Mateo, Santa Barbara, Solano, Yolo, Marin, and Napa**, or as specified in paragraph (2).**

(2)(A) No earlier than January 1, 2017, and upon department review and certification that the COHS meets the readiness criteria specified in paragraph (C), the Department

may incorporate CCS covered services into Medi-Cal managed care contracts for a COHS or a Regional Health Authority in the following counties: Del Norte, Humboldt, Lake, Lassen, Mendocino, Merced, Modoc, Monterey, ~~Orange,~~ San Luis Obispo, Santa Cruz, Shasta, Siskiyou, Sonoma, and Trinity.

(B) No earlier than July 1, 2017, and upon department review and certification that the COHS meets the readiness criteria specified in paragraph (C), the Department may incorporate CCS covered services into Medi-Cal managed care contracts for the COHS in Orange County.

(~~B~~C) No earlier than July 1, 2017, and upon department review and certification that the Medi-Cal managed care health plan meets the readiness criteria specified in paragraph (C), the Department may incorporate CCS covered services into Medi-Cal managed care contracts in up to four counties that do not have a COHS or a Regional Health Authority. The director shall determine those counties, based on an application of interest to the department, which may include demonstration of support from local family, county, hospital and provider representatives. Based on the application of interest, the director may also determine that CCS covered services will be incorporated into only one Medi-Cal managed care health plan in a county even though more than one Medi-Cal managed care contractor operates in the county.

(~~C~~D) The director shall assess and verify the readiness of the managed care health plans to address the unique needs of CCS eligible beneficiaries including, but not limited to, requirements set forth in paragraphs (1) to (8), inclusive, of subdivision (b) of Section 14087.48 and Section 14094.4.

(~~D~~E) Paragraph (2) shall be implemented only to the extent that all necessary federal approvals and waivers have been obtained and only if and to the extent that federal financial participation is available for children eligible for Medicaid or S-CHIP.

(b) Notwithstanding any other provision of this chapter, providers serving children under the CCS program who are enrolled with a Medi-Cal managed care contractor but who are not enrolled in a pilot project pursuant to subdivision (c) shall continue to submit billing for CCS covered services on a fee-for-service basis until CCS covered services are incorporated into the Medi-Cal managed care contracts described in subdivision (a).

(c) (1) The department may authorize a pilot project in Solano County in which reimbursement for conditions eligible under the CCS program may be reimbursed on a capitated basis pursuant to Section 14093.05, and provided all CCS program's guidelines, standards, and regulations are adhered to, and CCS program's case management is utilized.

(2) During the time period described in subdivision (a), the department may approve, implement, and evaluate limited pilot projects under the CCS program to test alternative managed care models tailored to the special health care needs of children under the CCS program. The pilot projects may include, but need not be limited to, coverage of different geographic areas, focusing on certain subpopulations, and the employment of different payment and incentive models. Pilot project proposals from CCS program-approved providers shall be given preference. All pilot projects shall utilize CCS program-approved standards and providers pursuant to Section 14094.1.

(d) For purposes of this section, CCS covered services include all program benefits administered by the program specified in Section 123840 of the Health and Safety Code regardless of the funding source.

(e) Nothing in this section shall be construed to exclude or restrict CCS eligible children from enrollment with a managed care contractor, or from receiving from the managed care contractor with which they are enrolled primary and other health care unrelated to the treatment of the CCS eligible condition.

(f) (1) Notwithstanding Section 10231.5 of the Government Code, the department shall conduct a review to assess health plan performance and the outcomes and the experience of CCS eligible children served by managed care contractors in the counties specified in paragraph (a) (2), and shall provide a report to the Legislature after all CCS services have been incorporated into managed care contracts for all CCS eligible children in counties specified in paragraph (a) (2). A report submitted to the Legislature pursuant to this subdivision shall be submitted in compliance with Section 9795 of the Government Code. The department shall consult with stakeholders regarding the scope and structure of the review.

(2) The Department shall conduct an evaluation of the incorporation of CCS services into managed care contracts in the County Organized Health System or Regional Health Authority counties specified in paragraph (a) (1) and other counties specified in paragraph (a)(2). This evaluation, at a minimum, shall collect appropriate data to evaluate the inclusion of CCS services in a managed care delivery system and describe the following:
(A) access to specialty care and location of CCS services provided in-network compared to out-of-plan network;
(B) utilization rates of inpatient admissions, outpatient services, durable medical equipment, behavioral health services, home health, pharmacy, and other ancillary services;
(C) patient and family satisfaction;
(D) appeals, grievances and complaints;
(E) authorization of CCS eligible services; and
(F) network and provider participation.

(g) The director shall solicit stakeholder and CCS family participation in advisory groups for the planning and development activities related to incorporating CCS covered services into Medi-Cal managed care contracts.

(h) The director may enter into exclusive or nonexclusive contracts on a bid, non-bid, or negotiated basis and may amend existing managed care contracts to provide or arrange for services provided under this section. Contracts entered into or amended pursuant to this section shall be exempt from the provisions of Chapter 2 (commencing with Section 10290) of Part 2 of Division 2 of the Public Contract Code and Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, and shall be exempt from the review and approval of any division of the Department of General Services.

(~~hi~~) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section and any applicable federal waivers and state plan amendments by means of all-county letters, plan letters, CCS numbered letters, plan or provider bulletins, or similar instructions, without taking regulatory action. The department shall notify stakeholders and the fiscal and appropriate policy committees of the Legislature of its intent to issue plan letters, numbered letters or other similar instructions prior to issuance.

Proposed New § 14094.4. Consumer protections for CCS covered services in Medi-Cal managed care contracts

(a) To provide the care coordination and integration of health care services for CCS eligible children, the Department shall develop and implement CCS program monitoring and oversight standards for managed care plans, including access monitoring, quality measures, and ongoing public data reporting.

(b) Before the department contracts with managed care contractors to furnish CCS services, pursuant to paragraph (a) (2) of section 14093.2, and effective January 1, 2017 on an ongoing basis for managed care contractors specified in paragraphs (a) (1) and (a) (2) of section 14093.2, the department shall work with stakeholders to develop and implement consumer protection guidelines and standards as determined by the department that address the following:

(1) Timely and appropriate communications with affected CCS eligible children and their parents or guardians.

(2) That managed care contractors demonstrate the availability of an appropriate provider network, including primary care physicians, specialists, professional, allied, and medical supportive personnel, and an adequate number of accessible facilities within each CCS service area. Maintain an updated and accessible listing of providers and make it available to CCS eligible children and their parents or guardians, at a minimum, by phone, written material, and Internet Web site.

(3) That managed care contractors have entered into agreements with county CCS programs or the state as necessary to reflect the role, if any, of counties or the state for the provision of CCS care coordination and service authorization, and any transition plan for that role, in accordance with paragraph (b) of Health and Safety Code section 123850.

(4) That managed care contractors serving children with CCS eligible conditions under the CCS program:

(A) Comply with continuity of care requirements in Section 1373.96 of the Health and Safety Code and Section 14185 of Welfare and Institutions Code.

(B) Maintain a liaison to coordinate with each regional center operating within the plan's service area to assist CCS eligible children with developmental disabilities and their families in understanding and accessing services and act as a central point of contact for questions, access and care concerns, and problem resolution.

(C) Create and maintain a clinical advisory committee composed of the managed care contractor's Chief Medical Officer, the county CCS medical director and at least four (4) CCS paneled providers to review treatment authorizations and other clinical issues relating to CCS conditions.

(~~C~~D) Maintain a liaison and provide access to out-of-network CCS providers, for up to 12 months, for CCS eligible children receiving CCS services through managed care contractors under the following conditions:

(i) The CCS eligible child has an ongoing relationship with a provider who is a CCS approved provider;

(ii) The provider will accept the health plan's rate for the service offered or the applicable Medi-Cal CCS fee-for-service rate, whichever is higher;

(iii) The managed care health plan determines that the provider meets applicable CCS standards and has no disqualifying quality of care issues in accordance with guidance

from the department, including all-plan letters and CCS numbered letters or other administrative communication.

(iv) The provider must provide treatment information to the health plan, to the extent authorized by state and federal patient privacy provisions.

(v) This subparagraph shall apply to out-of-network primary care and specialist providers.

(vi) A plan, at its discretion, may extend the continuity of care period beyond 12 months.

(~~D~~E) Facilitate communication among a CCS child's health care and personal care providers, including In-Home Supportive Services and behavioral health providers when appropriate with the CCS eligible child, parent, or guardian.

(~~E~~F) Facilitate timely access to primary care, specialty care, medications, and other health services needed by the CCS child, including referrals to address any physical or cognitive barriers to access.

(~~F~~G) Provide a mechanism for CCS eligible children to request a specialist or clinic as a primary care provider. A specialist or clinic may serve as a primary care provider if the specialist or clinic agrees to serve in a primary care provider role and is qualified to treat the required range of CCS eligible conditions of the CCS child.

(~~G~~H) Provide that communication to and services for CCS eligible children and their families are available in alternative formats that are culturally, linguistically, and physically appropriate through means, including, but not limited to, assistive listening systems, sign language interpreters, captioning, written communication, plain language, and written translations.

(~~H~~I) Provide that materials are available and provided to inform CCS children and their families of procedures for obtaining CCS specialty services and Medi-Cal primary care and mental health benefits, including grievance and appeals procedures that are offered by the plan or are available through the Medi-Cal program.

(~~I~~J) Provide timely processes for accepting and acting upon complaints, grievances, and disenrollment requests, including procedures for appealing decisions regarding coverage or benefits. The grievance process shall comply with Section 14450, and Sections 1368 and 1368.01 of the Health and Safety Code.

(~~J~~K) Perform an assessment process that, at a minimum, does all of the following:

(i) Assesses each CCS eligible child's risk level and needs by performing a risk assessment process using means such as telephonic, or in-person communication, or review of utilization and claims processing data, or by other means as determined by the department. The risk assessment process shall be performed in accordance with all applicable federal and state laws.

(ii) Assesses, in accordance with the agreement with the county CCS program specified in paragraph (b) (3), the care needs of CCS eligible children and coordinates their CCS specialty services, Medi-Cal primary care services, mental health and behavioral health benefits, and regional center services across all settings, including coordination of necessary services within, and, when necessary, outside of the managed care health plan's provider network.

(iii) Reviews historical CCS fee-for-service utilization data for CCS eligible children upon transition of CCS services to managed care contractors so that the

managed care health plans are better able to assist CCS eligible children and prioritize assessment and care planning.

(iv) Follows timeframes for reassessment and, if necessary, circumstances or conditions that require redetermination of risk level, which shall be set by the department.

(L) Perform, at a minimum, and in addition to, other statutory and contractual requirements, care coordination, and care management activities as follows:

(i) Reflect a CCS child/family-centered, outcome-based approach to care planning.

(ii) Adhere to the CCS child or the CCS child's family's determination about the appropriate involvement of his or her medical providers and caregivers, according to the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(iii) Develop care management and care coordination for the CCS child across CCS specialty services, Medi-Cal primary care services, mental health and behavioral health benefits, regional center services, and In-Home Supportive Services (IHSS) including transitions among levels of care and between service locations.

(iv) Develop individual care plans for CCS eligible children based on the results of the risk assessment process with a particular focus on CCS specialty care.

(v) Consider behavioral health needs of CCS eligible children and coordinate those services with the county mental health department as part of the CCS child's individual care plan when appropriate and facilitate a CCS child's ability to access appropriate community resources and other agencies, including referrals as necessary and appropriate for behavioral services, such as mental health services.

(M) Incorporate into the CCS child's plan of care patterns and processes:

(i) A primary or specialty care physician who is the primary clinician for the CCS eligible child and who provides core clinical management functions.

(ii) Care management and care coordination for the CCS eligible child across the health care system including transitions among levels of care, and interdisciplinary care teams.

(iii) Provision of referrals to qualified professionals, community resources, or other agencies for services or items outside the scope of responsibility of the managed care health plan.

(iv) Use of clinical data to identify CCS eligible children at the care site with chronic illness or other significant health issues.

(v) Timely preventive, acute, and chronic illness treatment of CCS eligible children in the appropriate setting.

(vi) Use of clinical guidelines or other evidence-based medicine when applicable for treatment of the CCS eligible child's health care issues or timing of clinical preventive services.

(5) In implementing this section, the department may alter the medical home elements described in paragraph (b) (4) (M) as necessary to secure the increased federal financial participation associated with the provision of medical assistance in conjunction with a health home, as made available under the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), and codified in Section 1945 of Title XIX of the federal Social Security Act. The department shall notify the appropriate policy and fiscal committees of the Legislature of its intent to alter medical home elements under this section at least five days in advance of taking this action.

(c) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section and any applicable federal waivers and state plan amendments by means of all-county letters, plan letters, CCS numbered letters, plan or provider bulletins, or similar instructions, without taking regulatory action. The department shall notify stakeholders and the fiscal and appropriate policy committees of the Legislature of its intent to issue plan letters, numbered letters or other similar instructions prior to issuance.

HEALTH AND SAFETY CODE

§ **123850.**
(a) The board of supervisors of each county shall designate the county department of public health or the county department of social welfare as the designated agency to administer the California Children's Services Program. Counties with total population under 200,000 persons may administer the county program independently or jointly with the department. Counties with a total population in excess of 200,000 persons shall administer the county program independently. Except as otherwise provided in this article, the director shall establish standards relating to the local administration and minimum services to be offered by counties in the conduct of the California Children's Services Program.

(b) In counties specified in Welfare and Institutions Code section 14094.3, where the California Children's Services Program covered services specified in section 14103.8 of the Welfare and Institutions Code and this article are incorporated into Medi-Cal managed care contracts, the county shall delegate the case management, care coordination, provider referral, and service authorization functions for the CCS program to the Medi-Cal managed care health plan, in accordance with a transition plan and written agreement approved by the county agency designated in paragraph (a) of this section and the Medi-Cal managed care health plan identified in section 14094.3. The written agreement shall provide that the Medi-Cal managed care health plan is responsible for fulfillment of the requirements of sections 123855, 123925, and 123960.

(c) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section and any applicable federal waivers and state plan amendments by means of all-county letters, plan letters, CCS numbered letters, plan or provider bulletins, or similar instructions, without taking regulatory action. The department shall notify stakeholders and the fiscal and appropriate policy committees of the Legislature of its intent to issue plan letters, numbered letters or other similar instructions prior to issuance.

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Additional Code Sections Displayed Below for Reference Only, No Changes Proposed

Health and Safety Code 123855.
The department or designated county agency shall cooperate with, or arrange through, local public or private agencies and providers of medical care to seek out handicapped children, bringing them expert diagnosis near their homes. Case finding shall include, but not be limited to, children with impaired sense of hearing. This section does not give the department or designated agency power to require medical or other form of physical examination without consent of parent or guardian.

H&S 123905.
A county of under 200,000 population, administering its county program jointly with the department, shall forward to the department a statement certifying the family of the handicapped child as financially eligible for treatment services. The department shall authorize necessary services within the limits of available funds. Payment for services shall be made by the department, with reimbursement from the county for its proportionate share as specified in this article.

H&S 123929.
(a) Except as otherwise provided in this section and Section 14133.05 of the Welfare and Institutions Code, California Children's Services program services provided pursuant to this article require prior authorization by the department or its designee. Prior authorization is contingent on determination by the department or its designee of all of the following:
(1) The child receiving the services is confirmed to be medically eligible for the CCS program.
(2) The provider of the services is approved in accordance with the standards of the CCS program.
(3) The services authorized are medically necessary to treat the child's CCS-eligible medical condition.
(b) The department or its designee may approve a request for a treatment authorization that is otherwise in conformance with subdivision (a) for services for a child participating in the Healthy Families Program or the AIM-Linked Infants Program pursuant to clause (ii) of subparagraph (A) of paragraph (6) of subdivision (a) of Section 12693.70 of the Insurance Code or Chapter 2 (commencing with Section 15810) of Part 3.3 of Division 9 of the Welfare and Institutions Code, received by the department or its designee after the requested treatment has been provided to the child.
(c) If a provider of services who meets the requirements of paragraph (2) of subdivision (a) incurs costs for services described in paragraph (3) of subdivision (a) to treat a child described in subdivision (b) who is subsequently determined to be medically eligible for the CCS program as determined by the department or its designee, the department may reimburse the provider for those costs. Reimbursement under this section shall conform to the requirements of Section 14105.18 of the Welfare and Institutions Code.
(d) (1) By July 1, 2016, or a subsequent date determined by the department, requests for authorization of services, excluding requests for authorization of services submitted by dental providers enrolled in the Medi-Cal Dental program, shall be submitted in an electronic format determined by the department and shall be submitted via the department's Internet Web site or other electronic means designated by the department. The department may implement this requirement in phases.

(2) The department shall designate an alternate format for submitting requests for authorization of services when the department's Internet Web site or other electronic means designated in paragraph (1) are unavailable due to a system disruption.
(3) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may, without taking regulatory action, implement, interpret, or make specific this subdivision and any applicable waivers and state plan amendments by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions. Thereafter, the department shall adopt regulations by July 1, 2017, in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. The department shall consult with interested parties and appropriate stakeholders in implementing this subdivision.

H&S 123985.
(a) A bone marrow transplant for the treatment of cancer shall be reimbursable under this article, when all of the following conditions are met:
(1) The bone marrow transplant is recommended by the recipient's attending physician.
(2) The bone marrow transplant is performed in a hospital that is approved for participation in the California Children's Services program.
(3) The bone marrow transplant is a reasonable course of treatment and is approved by the appropriate hospital medical policy committee.
(4) The bone marrow transplant has been deemed appropriate for the recipient by the program's medical consultant. The medical consultant shall not disapprove the bone marrow transplant solely on the basis that it is classified as experimental or investigational.
(b) The program shall provide reimbursement for both donor and recipient surgery.
(c) Any county that has a population of not more than 600,000, as determined by the most recent decennial census conducted by the United States Bureau of the Census, shall be exempt from complying with the 25-percent matching requirement provided for under this article, for any bone marrow transplant reimbursable under this section.

Insurance Code 12693.62.
Notwithstanding any other provision of law, for a subscriber who is determined by the California Children's Services Program to be eligible for benefits under the program pursuant to Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, a participating plan shall not be responsible for the provision of, or payment for, the particular services authorized by the California Children's Services Program for the particular subscriber for the treatment of a California Children's Services Program eligible medical condition. Participating plans shall refer a child who they reasonably suspect of having a medical condition that is eligible for services under the California Children's Services Program to the California Children's Services Program. The California Children's Services Program shall provide case management and authorization of services if the child is found to be medically eligible for the California Children's Services Program. Diagnosis and treatment services that are authorized by the California Children's Services Program shall be performed by paneled providers for that program and approved special care centers of that program in accordance with treatment plans approved by the California Children's Services Program. All other services provided under the participating plan shall be available to the subscriber.

WIC 14103.8.
(a) Medi-Cal services for beneficiaries who are eligible for services under the California Children's Services Act (Article 5 (commencing with Section 123800) of Chapter 3 of Part 2 of Division 106 of the Health and Safety Code) as well as the Medi-Cal program shall be subject to prior authorization by the director.

(b) Claims for payment of prior authorized services shall be reviewed by postpayment audit conducted by the department, and shall not be subject to prepayment review under the California Children's Services Act prior to submission to the Medi-Cal fiscal intermediary.
(c) The California Children's Services program may require all applicants who are potentially eligible for cash grant public assistance to apply for Medi-Cal eligibility prior to becoming eligible for funded services.