Overview of California Children's Services (CCS) Medical Eligibility
And Medical Therapy Program (MTP) Eligibility

This brief summary document has been developed solely for the convenience and use in understanding the general medical eligibility criteria of the CCS program. It is not an authoritative statement of, and may not be cited as authority, for any decisions, determinations or interpretations under the CCS program.

Please refer to the California Code of Regulations, Title 22, Division 2, Part 2, Subdivision 7, CCS, Chapter 4, Medical Eligibility, Sections 41800-41872 for full description. The applicable medical eligibility section is noted with each category below.

A. Infectious Diseases (ICD-9-CM 001-139) (Section 41811)

In general, these conditions are eligible when they:

1. involve the central nervous system and produce disabilities requiring surgical and/or rehabilitation services;

2. involve bone;

3. involve eyes, lead to blindness;

4. are congenitally acquired and for which postnatal treatment is required and appropriate.

B. Neoplasms (ICD-9-CM 140-239) (Section 41815)

1. All malignant neoplasms, including those of the blood and lymph systems.

2. Benign neoplasms when they constitute a significant disability, visible deformity, or significantly interfere with function.

C. Endocrine, Nutritional, and Metabolic Diseases, and Immune Disorders (ICD-9-CM 240-279) (Section 41819)

In general, these conditions are eligible. Examples of eligible conditions include diseases of the pituitary, thyroid, parathyroid, adrenal, pancreas, ovaries and testes; growth hormone deficiency; diabetes mellitus; diseases due to congenital or acquired immunologic deficiency manifested by life-threatening complications; varied inborn errors of metabolism; cystic fibrosis.

Nutritional disorders such as failure to thrive and exogenous obesity are not eligible.

D. Diseases of Blood and Blood-Forming Organs (ICD-9-CM 280-289) (Section 41823)

In general, these conditions are eligible. Common examples of eligible conditions are: Sickle cell anemia, hemophilia and aplastic anemia.

Iron or vitamin deficiency anemias are only eligible when there are life-threatening complications.
E. Mental Disorders and Mental Retardation (ICD-9-CM 290-319) (Section 41827)

Conditions of this nature are not eligible except when the disorder is associated with or complicates an existing CCS-eligible condition.

F. Diseases of the Nervous System (ICD-9-CM 320-389) (Section 41831)

Diseases of the nervous system are, in general, eligible when they produce physical disability (e.g., paresis, paralysis, ataxia) that significantly impair daily function.

Idiopathic epilepsy is eligible when the seizures are uncontrolled, as per regulations. Treatment of seizures due to underlying organic disease (e.g., brain tumor, Cerebral Palsy, inborn errors of metabolism) is based on the eligibility of the underlying disease.

Specific conditions not eligible are those which are self-limiting and include acute neuritis and neuralgia; and meningitis that does not produce sequelae or physical disability. Learning disabilities are not eligible.

G. Diseases of the Eye (ICD-9-CM 360-379) (Section 41835)

Strabismus is eligible when surgery is required.

Chronic infections or diseases of the eye are eligible when they may produce visual impairment and/or require complex management or surgery.

H. Diseases of the Ear and Mastoid (ICD-9-CM 380-389) (Section 41839)

Hearing loss, as defined per regulations.
Perforation of the tympanic membrane that requires tympanoplasty.
Mastoiditis.
Cholesteatoma.

I. Diseases of the Circulatory System (ICD-9-CM 390-459) (Section 41844)

Conditions involving the heart, blood vessels, and lymphatic system are, in general, eligible.

J. Diseases of the Respiratory System (ICD-9-CM 460-519) (Section 41848)

Respiratory tract conditions are eligible if they are chronic, cause significant disability or complicate the management of a CCS-eligible condition.

Examples of eligible conditions include: chronic lung disease of infancy is eligible; asthma when it has produced chronic lung disease; respiratory failure requiring ventilatory assistance and chronic disorders of the lungs.

K. Diseases of the Digestive System (ICD-9-CM 520-579) (Section 41852)
Examples of eligible conditions are: diseases of the liver, chronic inflammatory disease of the gastrointestinal (GI) tract, most congenital abnormalities of the GI system and chronic intestinal failure. Gastroesophageal reflux is eligible, as per regulations.

Malocclusion is eligible when there is severe impairment of occlusal function and is subject to CCS screening and acceptance for care.

L. Diseases of the Genitourinary System (ICD-9-CM 580-629) (Section 41856)

Chronic genitourinary conditions and renal failure are eligible. Acute conditions are eligible when complications are present.

M. Diseases of the Skin and Subcutaneous Tissue (ICD-9-CM 680-709) (Section 41864)

These conditions are eligible if they are disfiguring, disabling, and require plastic or reconstructive surgery and/or prolonged and frequent multidisciplinary management.

N. Diseases of the Musculoskeletal System and Connective Tissue (ICD-9-CM 710-739) (Section 41866)

Chronic diseases of the musculoskeletal system and connective tissue are eligible. Minor orthopedic conditions such as toeing-in, knock knee, flat feet are not eligible. However, these conditions may be eligible if expensive bracing, multiple casting, and/or surgery is required. See Q. below for acute injuries.

O. Congenital Anomalies (ICD-9-CM 740-759) (Section 41868)

Congenital anomalies of the various organ systems are eligible if the anomaly limits a body function, is disabling or disfiguring, amenable to cure, correction, or amelioration, as per regulations.

P. Certain Causes of Perinatal Morbidity and Mortality (ICD-9-CM 760-779)

Neonates who have a CCS eligible condition and require care in a neonatal intensive care unit.

Critically ill neonates who do not have an identified CCS eligible condition but who between 0-28 days develop a disease or condition which requires one or more of the following services in a neonatal intensive care unit:

1. Invasive or non-invasive ventilatory assistance.

2. FiO2 greater than 60 percent for more than 24 hours duration.

3. Umbilical artery (UA) or peripheral arterial catheter (PAC) for monitoring arterial blood pressure or sampling blood for monitoring blood gases.

4. Central venous catheter for hyperalimentation.

5. Chest tube in place.
Neonates and infants who do not have an identified CCS-eligible condition but who develop a disease or condition which requires two or more of the following services in a NICU:

1. Ten or more episodes per day of apnea and bradycardia which require either external stimulation or treatment which medications such as theophylline or caffeine.

2. Pulmonary percussion, vibration, and suction every six hours or at least four times a day.

3. Supplemental inspired oxygen given for greater than 48 hours.

4. A peripheral intravenous (IV) line for administration of medications or IV fluids.

5. Peripheral hyperalimentation.

6. Tracheal suctioning every hour.

7. Continuous gavage feeding every two hours or less, or oral feeding requiring more than 30 minutes.

Q. Accidents, Poisonings, Violence, and Immunization Reactions (ICD-9-CM 800-899) (Section 41872)

Injuries of organ systems, which if left untreated can result in if they can result in permanent physical disability, permanent loss of function, disfigurement or death. Fractures of the spine, pelvis, or femur; some fractures of the skull; other fractures requiring open reduction, internal fixation or which involve joints or growth plates. Burns, foreign bodies, ingestion of drugs or poisons, lead poisoning, and snake bites may be eligible, as per regulations.
Medical Eligibility for the Medical Therapy Program (MTP) (Section 41832)

There are two separate groups of children served in the Medical Therapy Program.

A. Children with diagnosed neuromuscular, musculoskeletal, or muscular diseases are eligible, as follows:

1. Cerebral palsy, a gross nonprogressive neuromuscular disability of early onset, resulting from a pathological lesion in the brain, manifested by the presence of one of more of the following findings:
   a. rigidity or spasticity
   b. hypotonia with normal or increased DTRs and exaggeration of or persistence of primitive reflexes beyond the normal age
   c. involuntary movements (athetoid, choreoids, or dystonic)
   d. ataxia (incoordination of voluntary movement, dysdiadochokinesis, intention tremor, reeling or shaking of trunk and head, staggering or stumbling, and broad-based gait)

2. Other neuromuscular diseases that produce muscle weakness and atrophy, such as poliomyelitis, myasthenias, muscular dystrophies.

3. Chronic musculoskeletal diseases, deformities or injuries, such as osteogenesis imperfecta, arthrogryposis, rheumatoid arthritis, amputation, and contractures resulting from burns.

B. Children below three years of age who demonstrate neurological findings that suggest a high probability of a physical disability but who have no obvious or visible diagnosed neuromuscular, musculoskeletal, or muscular disease. These children are eligible when two or more of the following neurologic findings are present:

1. Exaggerations of or persistence of primitive reflexes beyond the normal age (corrected for prematurity).

2. Increased DTRs (3+ or greater)

3. Abnormal posturing

4. Hypotonicity with normal or increased DTRs in infants below one year of age. (Infants above one year must meet criteria described in A.1.)

5. Asymmetry of neurologic motor findings of trunk and/or extremities.
WHICH APPLICANTS/CLIENTS OR FAMILIES ARE REQUIRED TO PAY THE ANNUAL ASSESSMENT FEE?

Applicants/clients or families applying for the CCS program whose incomes exceed 100 percent of the federal poverty level are required to pay the annual assessment fee unless they are determined by the county CCS office to be exempt from paying the fee.

WHICH APPLICANTS/CLIENTS OR FAMILIES ARE NOT REQUIRED TO PAY THE ANNUAL ASSESSMENT FEE?

- Applicants/clients or families with full Medi-Cal benefits without a monthly share of cost.
- Applicants/clients receiving Medical Therapy Program therapy services as part of an Individualized education plan.
- Families with incomes less than 100 percent of the federal poverty level.
- Applicants/clients who are Healthy Families subscribers.

WHAT IF THE FAMILY CANNOT PAY THE ENROLLMENT FEE?

If a family is unable to pay the full fee because of undue hardship, the family may ask for an exemption. Undue hardship means, for example, the family now has either less income due to unemployment or change in job; or, unavoidable expenses that reduce the ability to pay. The family may formally appeal a county's decision and should ask the county how to file an appeal under CCS regulations.

TO APPLY: Write or telephone your county health or welfare department's California Children Services. It is listed in your local telephone directory. THEY CAN ANSWER YOUR QUESTIONS ABOUT CCS.

If you need help locating your county CCS program you may call or write to:

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
California Children Services
714 P Street, Room 323
Sacramento, CA 95814
(916) 654-0439
TDD/RELAY (916) 654-0476

CHILDREN'S MEDICAL SERVICES

California Children Services

Gray Davis
Governor

Gail B. Kemp, Secretary
Health and Human Service Agency
WHAT IS THE CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM?

California's medical program for treating children diagnosed with certain physically disabling medical conditions was started by the California Legislature in 1927. Many medical conditions, which are physically disabling are eligible for benefits under the CCS program. This tax supported program provides specialized medical care and rehabilitation for children whose families cannot provide all or part of the care.

WHAT ARE THE CCS PROGRAM GOALS?

- To locate California Children who may need CCS specialized medical care.
- To encourage California families who have children with physically disabling medical conditions to obtain the medical services necessary to bring about the maximum health of their children.

WHO IS ELIGIBLE FOR THE CCS PROGRAM?

The program is available to anyone who:

1. is under 21 years of age; and
2. is a California resident; and
3. has a physically disabling medical condition that is eligible for care under CCS; and
4. whose family income is less than $40,000 a year (State adjusted gross income). An individual whose family has a higher income may receive services if the estimated cost of medical care in one year is expected to exceed 20 percent of income. There is no financial eligibility required for diagnostic services, medical therapy program, high risk infant follow-up, and the children's HIV program.

WHAT SERVICES DOES THE CCS PROGRAM PROVIDE?

1. Diagnostic evaluations
   Children whose family doctor has documentation to support the suspicion of having one of the CCS eligible medical conditions are eligible for free diagnostic services.
2. Treatment Services
   for a CCS-eligible medical condition, including medical dental and surgical care, pharmaceuticals, physical and occupational therapy, laboratory tests, X-rays, appliances, equipment, and other needed services.
3. Physical and occupational therapy
   is provided in medical therapy units located in public schools to children who have a medical need for these treatment services. (These CCS services do not require financial eligibility)
4. Medical case management
   is provided by the CCS program. It includes: referrals to medical specialists and centers; follow-up with others involved with the care of the child such as schools, public health/school nurses, social workers and other agencies; transferring medical records; locating new facilities and services when families move; and assisting the family to cope with the child's condition.

HOW DO I FIND OUT IF MY CHILD HAS AN APPROVED CCS MEDICALLY ELIGIBLE CONDITION?

Anyone may refer a child to CCS – public health/school nurses, Healthy Families (HF) Plans, Medi-Cal Managed Care Plans, other agencies, or the family itself to determine if the child has an approved CCS medically eligible condition. Most children are referred by the family physician, specialist or hospital. The physician or hospital can supply important medical information necessary in making the CCS medically eligibility determination and may also participate in the child's CCS treatment program.

WHERE DO I APPLY FOR THE CCS PROGRAM?

You should apply for the CCS program at your local CCS office in the county where you live. This office should be contacted for assistance as requests for CCS coverage must be made on or before the day services are rendered, except for emergencies. Your county CCS office can tell you if your child may be eligible for the CCS program. CCS eligibility must be determined before services can be covered by CCS.

HOW WILL I KNOW IF MY CHILD IS ELIGIBLE FOR CCS PROGRAM BENEFITS?

Your county CCS office or the appropriate State Regional Office will consider your child's medical condition as well as the family's residential and financial status to determine CCS eligibility. This is accomplished by completing the necessary application forms and providing the required documentation. Based on this information and completed paperwork the CCS program will approve or deny your application. If your application is denied you have the right to appeal the decision.

WHAT IF MY CHILD HAS HEALTH INSURANCE COVERAGE WITH THE HEALTHY FAMILIES (HF) PROGRAM?

Your child's HF coverage does not provide payment for services to fully diagnose or treat a CCS-eligible medical condition. If your child is suspected of having a CCS-eligible medical condition you will be referred to a special CCS-paneled provider who is experienced in diagnosing and treating the suspected eligible medical condition. Upon approval by CCS, the diagnosis and treatment services will be covered by the CCS program. CCS is a partner with the HF program to provide your child with the specialized medical care needed to treat your child's CCS-eligible medical condition. You must accept the CCS referral to a CCS-paneled or approved provider in order to receive ALL the benefits of the CCS program. The HF plan remains responsible for providing your child's primary care prevention, and other treatment services not authorized by the CCS program. You must inform CCS at the time your child's HF coverage changes or is terminated.

WHAT IF I HAVE PRIVATE HEALTH INSURANCE COVERAGE FOR MY CHILD?

Your child can be eligible for the CCS program even though you have private health insurance coverage. If your child is a CCS applicant/eligible and has individual or group private health insurance coverage, you must report it to the county CCS office and to the child's health care provider. Private health insurance coverage is used to help reduce CCS program costs.

WHAT IF MY CHILD IS MEDI-CAL ELIGIBLE?

Children who are Medi-Cal eligible and have approved CCS medical conditions are usually eligible for CCS case management and other services not covered by Medi-Cal. This is also true for children who are enrolled in Medi-Cal managed care plans. This arrangement assures that all California children with complex, disabling medical conditions will receive appropriate specialized care.

WILL THERE BE ANY COST TO THE FAMILY OF A CCS-ELIGIBLE CHILD?

Some families may be required to pay an annual assessment fee and/or annual enrollment fee. These fees are used to help cover the cost of treatment, processing applications, telephoning hospitals, physicians and other caregivers, mailing authorizations to these caregivers, and coordinating care with other agencies. All of these services are provided by the CCS program to ensure that clients receive the best care possible from physicians and specialists who provide medical care to children. The annual assessment fee is $20 and the annual enrollment fee is calculated based on family size and income.