



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Services for Children with Special Health Care Needs				POLICY #: 3.56-P	
DEPARTMENT: Utilization Management					
Effective Date: 2006-05	Review/Revised Date: <i>03/27/2015</i>	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward

 Douglas A. Hayward
 Chief Executive Officer

Date *3/27/15*

[Signature]

 Chief Medical Officer

Date *3/27/2015*

[Signature]

 Chief Operating Officer

Date *3/24/15*

Aborah L. Muen

 Administrative Director of Health Services

Date *3/23/15*

POLICY:

Kern Health Systems (KHS) has a program for Children with Special Health Care Needs (CSHCN), which includes the following elements:

- A. Standardized procedures for the identification of CSHCN, at enrollment.
- B. Methods for ensuring and monitoring timely access to pediatric specialists, sub-specialists, ancillary therapists, and specialized equipment and supplies.
- C. Consideration of assignment to a specialist to act as a PCP and standing referrals for services.
- D. Monitoring that each new member receives an initial health assessment that identified and specialized health care needs. A program for case management or care coordination for CSHCN, including coordination with other agencies which provide services for children with special health care needs (e.g., mental health, substance abuse, Regional Center, CCS, local education agency, child welfare agency); and,
- E. Methods for monitoring and improving the quality and appropriateness of care for children with special health care needs.

Services for CSHCN will be provided in accordance with the contractual requirements outlined in the following source:

- ❖ DHCS Contract Exhibit A – 11 (7)

DEFINITIONS:

Children with Special Health Care Needs (CSHCN)¹	Those who have or are at increased risk for a chronic physical, behavioral, developmental, or emotional conditions and who also require health or related services of a type or amount beyond that required by children generally.
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PROCEDURES:

1.0 IDENTIFICATION

Children under the age of 21 who may be identified to qualify for services:

- A. Have or are at an increased risk for a chronic physical, developmental, behavioral or emotional condition.
- B. May have a disability or chronic medical condition due to complications of prematurity, metabolic disorder, chromosomal abnormalities or congenital abnormalities.
- C. Require health and related services of a type or amount beyond that required by children generally.

2.0 PROVISION OF SERVICES

KHS requires it's contracted Primary Care Physicians (PCP) to identify their assigned members who are CSHCN and to manage their care and referrals. When a CCS eligible condition is identified the information is forwarded to CCS with appropriate documentation for review for care coordination by CCS. Treatment for CCS-eligible conditions is not covered under KHS' Medi-Cal plan for members less than 21 years of age, but is covered by the State of California under the CCS Program.

3.0 COORDINATION OF CARE

Upon identification of a CSHCN, the PCP will perform as the member's medical home and will be responsible for:

- A. Monitoring, care coordination , and case management requirements in relation to the member's ongoing special health care needs.
- B. Documentation of all tests, referrals to specialist, consultation notes, follow-up services and recommendations, pertaining to the member are to be filed as part of the member's medical record.

KHS Utilization Management (UM) Department will identify CSHCN through the following:

- A. Referral and authorization request submitted by the PCP or specialists with any qualifying diagnosis.
- B. Medical record review with documentation supporting the clinical indications for additional services.
- C. KHS' UM Health Services Department will forward any identified services that may be

provided through the KHS Health Education Case Management, Disease Management or Quality Improvement Department for coordination of care.

4.0 TRACKING AND MONITORING

KHS UM Health Services Department will evaluate the process on an ongoing basis to implement improvements to the identification, referral, care coordination processes and to identify potential quality improvement issues.

REFERENCE:

Revision 2015-03: Routine review initiated by Compliance Department. **Revision 2011-01:** Policy revised by Director of Health Services. **Revision 2005-11:** Created to comply with DHCS Contract 03-76165 (Effective 5/1/2004).
DHCS Contract A-11 (7)