

## What is CCS?

California Children Service (CCS) is a statewide program that coordinates and pays for medical care and therapy services for children under 21 years of age with certain health care needs.

### CCS eligibility:

Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. There also may be certain criteria that determine if your child's medical condition is eligible. Listed below are categories of medical conditions that may be covered and **some examples** of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Disorders of the genito-urinary system (serious chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of the sense organs (hearing loss, glaucoma, cataracts)
- Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring an intensive level of care

\*For additional information about the CCS program please visit the website at:

<http://publichealth.lacounty.gov/cms/>

# CCS REFERRAL PROCESS

1. California Children Services (CCS) referral forms can be retrieved from:  
<http://www.dhcs.ca.gov/services/ccs/pages/Providerforms.aspx> or call (800) 288-4584 to obtain forms.
2. Complete all the sections of the Referral Form: NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR) (DHCS 4488) located at:  
<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4488.pdf>
3. Be sure to include all medical information such as any tests performed.
4. Fax the **Referral Form** and the **CCS Cover Sheet** to (855) 481-6821. The fax cover sheet can be retrieved at:  
<http://publichealth.lacounty.gov/cms/docs/CCSCSP.pdf>
5. CCS will conduct an evaluation and determine if the condition meets the criteria for eligibility. A financial screening may be needed.

