

California Children's Services (CCS) Program INDIVIDUAL PROVIDER PANELING APPLICATION FOR ALLIED HEALTH CARE PROFESSIONALS

Return completed form to:

Department of Health Care Services
Children's Medical Services Branch
Provider Services Unit
MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413
(916) 322-8702

IMPORTANT:

- Fields 1–11 are **mandatory** and must be completed; enter N/A if not applicable.
- See attached instructions to complete this form.
- Type or print legibly.

Provider Type (Check one.) (See last page of instructions for CCS program participation requirements by Provider Type and *key to asterisk (*)*.)

<input type="checkbox"/> Audiologist	<input type="checkbox"/> Orthotist	<input type="checkbox"/> Prosthetist	<input type="checkbox"/> <u>Respiratory Care Practitioner</u> *
<input type="checkbox"/> Dietitian	<input type="checkbox"/> <u>Pediatric Nurse Practitioner</u> *	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> <u>Registered Nurse</u> *	<input type="checkbox"/> Speech/Language Pathologist
<input type="checkbox"/> Other: _____			

1. Legal name of applicant (last name) _____ (first name) _____ (middle initial) _____			2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
3. Business address (office/hospital) (number, street) _____		City _____	County _____	State _____	ZIP code _____
4. Business telephone number () _____	5. List active provider number(s) (see instructions)		6. Social security number (required if provider has no active billing number registered with Medi-Cal)		
7. Professional license, certification, or registration number (attach a copy)			Expiration date		
8. Are you a member of a health care team providing multidisciplinary, multispecialty services in a hospital or outpatient department/clinic to children with CCS-eligible medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following:					
Name of hospital _____		City _____	State _____	Name of specialty clinic _____	

Numbers 9 and 10—Complete these items according to your Provider Type. See the last page of instructions for CCS program participation requirements. A curriculum vitae (CV) may be attached to this application in lieu of filling in the information requested. The CV *MUST* contain all the requested information.

9. Qualifying Professional and Post-Graduate Education

Professional School	State	Country	Degree Received	Graduation Date

10. Post-Graduate Training and Experience

	Name of Institution	State	Country	Type of Training	From/To Dates
Internship					
Residencies, Preceptorships (indicate clinical or academic)					

For State Use Only

Reviewed by _____	Date _____	Panel effective date _____
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11. Employment History (Begin with most recent job.)

Start date	Total worked (years/months)	Name of hospital/business, including city and state	
Hours per week	Total worked (years/months)		

Duties performed—Include the types of medical conditions of the clients to whom you have provided services

Start date	Total worked (years/months)	Name of hospital/business, including city and state	
Hours per week	Total worked (years/months)		

Duties performed—Include the types of medical conditions of the clients to whom you have provided services

12. This item applies only to Audiologists. Complete all items as indicated.

- Yes No a. Do you dispense hearing aids? If yes, complete 12b; if no, skip to 12c.
- Yes No b. Do you want to be considered for participation in the CCS program as an audiologist **and** a hearing aid dispenser?
 If yes, provide hearing aid license number and expiration date: _____ (attach copy)
 This application will be used for both provider types.
- Yes No c. Are you located in a health care provider office or facility in which audiological services are provided to children? If yes, provide the following information:

Name of office/facility _____

Address (number, street)	City	State	ZIP code
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Age of children served

All ages Age range (specify): _____

13. This item applies only to Orthotists and Prosthetists. Submit documentation of experience. (See the last page of instructions for CCS program participation requirements for your Provider Type.)

I agree to:

- A. Be enrolled as a provider in the Medi-Cal program with an active provider number.
- B. Accept referrals, as my practice allows, of CCS applicants or clients who are Medi-Cal beneficiaries whose services are authorized by the CCS program.
- C. Abide by the laws, regulations, and policies of the Medi-Cal and CCS programs.
- D. Request prior authorization for services from the CCS program.
- E. Accept payment from the Medi-Cal or CCS programs for medically necessary services as payment in full.
- F. Not submit a claim to, or demand or otherwise collect reimbursement from, the CCS applicant or client or persons acting on behalf of the CCS applicant or client for any services authorized by the CCS program.
- G. Obtain prior authorization (as applicable) from and bill the CCS applicant's or client's other health care coverage for services requested from CCS prior to billing the Medi-Cal or CCS programs whenever such other health care coverage exists.
- H. Provide timely copies of written documentation for CCS authorized services rendered as requested by the CCS program.
- I. Serve CCS applicants and clients regardless of race, religion, age, sex, color, national origin, or physical or mental disability.

I hereby affirm that the information submitted on this application, and any attachments, is true, accurate, and complete to the best of my knowledge and belief and is furnished in good faith.

Printed name of applicant (first, middle, last)	Signature of applicant in other than black ink	Date
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Privacy Statement

(Civil Code Section 1798 et seq.)

Any information may also be provided to the State Controller's Office, the California Department of Justice, the Department of Consumer Affairs, the Department of Corporations, or other state or local agencies as appropriate, fiscal intermediaries, managed care plans, the Federal Bureau of Investigation, the Internal Revenue Service, Medicare fiscal intermediaries, Center for Medicare and Medicaid Services, Office of the Inspector General, and Medicaid and licensing programs in other states. For more information or access to records containing your personal information maintained by this agency, contact the Department of Health Care Services, CMS Branch, Provider Services Unit, MS 8100, P.O. Box 997413, Sacramento, CA 95899-7413, (916) 322-8702.

Did you remember to enclose (as applicable):

- Copy of social security card (required only if provider does not have an active provider number).
- Copy of professional license, registration, certification or other approval.
- Letter required for social worker applicants.
- Letter required for orthotist or prosthetist applicants.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

**For assistance, please call Children's Medical Services Branch, Provider Services Unit
(916) 322-8702**

The individual health care professionals listed under **Provider Type** on the first page of this application require paneling by the CCS program and must complete this application in order to provide authorized services to CCS applicants or clients **and** bill the CCS program. This application must also be completed when the individual health care professional is a rendering provider of a provider group.

Omission of any information or documentation on this application or the failure to appropriately sign this application may result in delays in or inability to process this application. You may be contacted if additional information and documentation is needed.

Provider Type: Check the appropriate box that describes the profession for which you are applying to be paneled by the CCS program. A separate application must be completed if you wish to be paneled under more than one profession/provider type except audiologists/hearing aid dispensers (see number 12).

1. Legal name of applicant means the name under which the applicant is applying for paneling by the CCS program.
2. Check the appropriate box for the gender of the applicant.
3. Business address (office/hospital) means the office or hospital location where the applicant renders services, including the street name and number, room or suite number or letter, city, county, state, and 5-digit ZIP code. A post office box or commercial box is not acceptable.
4. Business telephone number means the primary business telephone number used at the applicant's business address. A beeper number, answering service, answering machine, pager, facsimile machine, or cellular phone is **not** acceptable as the business telephone number.
5. Provide all of your **active** provider number(s) if you are enrolled as a provider in the Medi-Cal program. Provide only the active provider number(s) associated with the Provider Type for which this application is made
6. Provide the social security number of the individual named in number 1. This is only required if the provider does not have an active provider number. Attach a clearly legible copy of the social security card if this number is being provided.
7. Provide your professional license, registration, certification number, or other approval to provide health care services and the expiration date. Attach a clearly legible copy to the application.
8. Indicate Yes or No if you are working in a hospital outpatient department or clinic providing multidisciplinary, multispecialty health care services to children with CCS-eligible medical conditions. If yes is indicated, provide the name, city, and state of the hospital and the name of the specialty clinic in which you work.

For numbers 9 and 10, a CV may be attached to this application in lieu of filling in the information requested in these sections of the application. However, the CV **must** contain all the requested information.

9. Provide your professional and post-graduate educational background. Refer to the last page of these instructions for the requirements appropriate to your Provider Type. Indicate the name of the professional school, the state, country, degree received, and the graduation date for each educational entry.
10. Provide your post-graduate training and experience. Indicate the name of the institution, state, country, type of training, specialty, and from/to dates. Refer to the last page of these instructions for the requirements appropriate to your Provider Type.
11. Provide your employment history. Refer to the last page of these instructions for the requirements appropriate to your Provider Type. Indicate the start and end dates, job title/classification, hours per week, total years/months worked, name of employer (hospital/business), and city and state. Begin with the most recent job. **IMPORTANT:** Include the types of CCS-eligible medical conditions of the clients to whom you have provided services and document experience with infants, children, and adolescents 0–21 years of age.
12. This item applies only to Audiologists. Indicate yes or no if you dispense hearing aids. If yes is checked, indicate yes or no if you want to be considered for participation in the CCS program as an Audiologist **and** a Hearing Aid Dispenser (HAD). If yes is checked, provide your HAD license number and expiration date. Attach a clearly legible copy of the HAD license to the application. Indicate yes or no if you are located in a health care provider's office or facility in which audiological services are provided to children. If yes is checked, provide the name of the office/facility, address, city, state, and ZIP code. Provide the age range of the children served.
13. This item applies only to Orthotists and Prosthetists. Provide the required documentation of experience as indicated for your Provider Type located on the last page of these instructions.

SIGNATURE PAGE

- ⦿ Print the first name, middle initial, and last name of the individual indicated in number 1.
- ⦿ Signature of the applicant means the first name, middle initial, and last name of the individual indicated in number 1. An original signature **IN ANY COLOR OTHER THAN BLACK INK** is required. Indicate the date the application is signed.

CCS PROGRAM PARTICIPATION REQUIREMENTS BY PROVIDER TYPE

Note: *Provider Types with an asterisk (*) have program participation limitations. Refer to the Provider Type for details.*

Audiologists

Audiologists must be licensed by the California Speech/Language Pathology and Audiology Board (CSLPAB) and have two years of professional clinical experience providing audiology services, one of which must have been with infants, children, and adolescents. The experience may include the supervised Required Professional Experience (RPE) required for licensure by the CSLPAB as specified in Business and Professions Code, Section 2532.2(d).

Dietitians

Dietitians/Nutritionists must:

1. Be registered by the Commission on Dietetic Registration of the American Dietetic Association;
2. Have at least two years of fulltime or equivalent clinical nutrition/diet therapy experience participating as a Registered Dietitian/Nutritionist as part of a multidisciplinary team providing nutrition assessment and counseling for acute or chronically ill patients; and
3. Have one year of the required clinical experience specified in 2 must include providing services to infants, children, or adolescents with one or more CCS-eligible medical condition.

Occupational Therapists (OTs)

OTs must:

1. Be certified by the National Board for Certification in Occupational Therapy; or
2. Be licensed by the California Board of Occupational Therapy; and
3. Have at least one year of paid clinical experience, beyond fieldwork, that meets either or a combination of the following requirements:
 - a. Experience in any setting providing occupational therapy services directly to infants, children, or adolescents who have any medical condition that qualifies for the Medical Therapy Program; or
 - b. Experience in an acute care hospital providing occupational therapy services directly to infants, children, or adolescents who require rehabilitation services as an adjunct to their medical care and who have any CCS eligible medical condition, except a medical condition that qualifies for the Medical Therapy Program.
4. Fieldwork means the supervised fieldwork experience that is part of an occupational therapy education program that is accredited by the American Occupational Therapy Association, the World Federation of Occupational Therapy, or another nationally recognized accrediting agency.

Orthotists

Orthotists must meet all of the following requirements:

1. Be certified by the American Board for Certification in Orthotics and Prosthetics or the Board for Orthotist/Prosthetist Certification; and
2. Submit a letter from a CCS paneled physician specializing in physical medicine and rehabilitation or orthopedics that documents the orthotist's experience providing orthotics to infants, children, or adolescents with a CCS eligible medical condition.

***Pediatric Nurse Practitioners (PNPs)**

1. Participation in the CCS program as a PNP is limited to serving as a designated core member of a multidisciplinary, multispecialty team in an outpatient department or clinic of an acute care hospital providing services to children with CCS eligible medical conditions.
2. A PNP must meet all of the following requirements:
 - a. Be certified as a nurse practitioner by the California Board of Registered Nurses;
 - b. Be certified as a PNP by the National Certification Board of Pediatric Nurse Practitioners and Nurses or the American Nurses Association; and
 - c. Have a minimum of two years of experience as a PNP which shall include providing services to children with CCS eligible medical conditions. The required experience may be obtained prior to being certified as a PNP. In this case, the individual must have been, for a minimum of two years, a designated registered nurse core member of a multidisciplinary, multispecialty team in an outpatient department or clinic of an acute care hospital providing care to children with CCS eligible medical conditions.

Physical Therapists (PTs)

PTs must meet the following requirements:

1. Be licensed by the Physical Therapy Board of California; and
2. Have at least one year of paid clinical experience, beyond internship, that meets either or a combination of the following requirements:
 - a. Experience in any setting providing physical therapy services directly to infants, children, or adolescents who have any of the medical conditions that qualifies for the Medical Therapy Program; or
 - b. Experience in an acute care hospital providing physical therapy services directly to infants, children, or adolescents who require rehabilitation services as an adjunct to their medical care and who have any CCS eligible medical condition, except a medical condition that qualifies for the Medical Therapy Program.
3. Internship means the clinical internship that is part of a physical therapy education program.

Prosthetists

A prosthetist must meet all of the following requirements:

1. Be certified by the American Board for Certification in Orthotics and Prosthetics or the Board for Orthotist/Prosthetist Certification; and
2. Submit a letter from a CCS-paneled physician specializing in physical medicine and rehabilitation or orthopedics that documents the prosthetist's experience providing orthotics to infants, children, or adolescents with a CCS-eligible medical condition.

Psychologists

Psychologists must be:

1. Licensed by the California Board of Psychology; and
2. Have a minimum of two years of experience which shall include counseling or testing children with special health care needs.
3. Individuals who are licensed as an educational psychologist by the California Board of Behavioral Sciences may be considered for participation in the CCS program as a psychologist. Such individuals shall also possess the experience specified in this section.

***Registered Nurses (RNs)**

1. Participation in the CCS program as an RN is limited to serving as a designated core member of a multidisciplinary, multispecialty team in an outpatient department or clinic of an acute care hospital providing services to children with CCS-eligible medical conditions.
2. An RN must meet all of the following requirements:
 - a. Be licensed by the California Board of Registered Nursing;
 - b. Have a minimum preparation of a baccalaureate degree in nursing from a program having requirements equal to or greater than a baccalaureate level nursing program approved by the California Board of Registered Nursing;
 - c. Have a minimum of two years of clinical nursing experience of which one year shall be in pediatrics; and
 - d. Currently be a designated core member of a multidisciplinary, multispecialty team as specified in 1. The RN's responsibilities in the outpatient clinic must include nursing assessment and intervention related to the implementation of the team care plan for outpatient services such as coordination of the patient's care between hospitalizations, community services, and team conferences. Responsibilities related to routine outpatient care are not valid for meeting the requirements of this section. Routine outpatient care must include, but not be limited to, regularly scheduled blood draws, monitoring of vital signs, administration of medication and scheduling return appointments.

***Respiratory Care Practitioners (RCPs)**

1. Participation in the CCS program as a respiratory care practitioner shall be limited to serving as a designated core member of a multidisciplinary, multispecialty team in an outpatient department or clinic of an acute care hospital providing services to children with CCS-eligible medical conditions.
2. An RCP must meet all of the following requirements:
 - a. Be licensed by the Respiratory Care Board of California;
 - b. Have a current Registered Respiratory Therapist credential issued by the National Board for Respiratory Care;
 - c. Have a minimum of two years of respiratory care experience of which one year shall be in pediatrics; and
 - c. Currently be a designated core member of a multidisciplinary, multispecialty team as specified in 1 and have responsibilities in the outpatient clinic that include individualized diagnostic and therapeutic respiratory care procedures, and patient education, related to the implementation of the team care plan for outpatient services.
3. An RCP may also be referred to as a respiratory therapist or inhalation therapist.

Social Workers

1. Social workers must:
 - a. Be licensed as a clinical social worker by the California Board of Behavioral Sciences; or
 - b. Have a master's degree in social work from a school accredited by the Council on Social Work Education and five years of fulltime social work experience that shall include providing social work services to children with CCS-eligible medical conditions and their families.
2. Individuals who have less than the required five years of experience specified in 1b of this section shall submit either of the following:
 - a. A certificate from the California Board of Behavioral Sciences verifying registration as an Associate Clinical Social Worker; or
 - b. A written letter on the letterhead of the individual's employer, signed by the individual's supervisor or social work department director and containing verification of all of the following requirements:
 - (1) That the individual shall receive weekly supervision if he or she has less than two years of post-master's degree experience providing social work services.
 - (2) That the individual shall receive monthly supervision if he or she has at least two years of post-master's degree experience but less than the required five years of experience specified in 1b of this section.
3. Supervision of the work of the individual specified in 2 of this section shall be provided by a social worker who meets the requirements of 1a or 1b of this section.

Speech-Language Pathologists

Speech/language pathologists must be licensed by the California Speech/Language Pathology and Audiology Board (CSLPAB) and have two years of clinical experience providing speech/language pathology services, one year of which must have been with infants, children, or adolescents with CCS-eligible medical conditions. The experience may include the supervised Required Professional Experience (RPE) for licensure by the CSLPAB as specified in Business and Professions Code, Section 2532.2(d).

Other

Provider Types not listed require professional and/or business licensure, certification, registration, or other approval to provide health care services.