



California Public Benefits for Kids with Disabilities



Undivided's Guide
for Parents



Undivided's Guide to California Public Benefits for Kids with Disabilities

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Overview

Many families raising children with disabilities in California seek government assistance to help cover the health care and living expenses associated with their child's disability. There are a variety of programs that can help, but it can be overwhelming to decide which avenues are best for your family. Check out this brief overview of the options available to families in the state, and when you're ready to dive in, the rest of this packet will help you learn more about eligibility and the services offered.

Regional Centers are a statewide network of local agencies tasked with serving children and adults with developmental disabilities as defined by California law. Clients are assigned to their local Regional Center by zip code. Each Regional Center operates independently, so services offered (as well as eligibility criteria for specific services) may vary slightly.

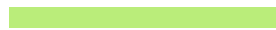
Medi-Cal is California's Medicaid program. Eligibility for Medi-Cal is usually based on household income. However, children who have developmental disabilities may be eligible for a special waiver program that grants full Medi-Cal coverage without regard to family income. Medi-Cal will always be secondary coverage for children with private primary insurance, but it can help fill some of the funding gaps when your child sees Medi-Cal-contracted providers.

In-Home Supportive Services (IHSS) are personal care and related services that Medi-Cal may fund so that people with disabilities can remain safely in their homes. Children with disabilities may be eligible for IHSS to the extent that their disability-related care needs exceed those of a typically developing child of the same age. In addition, a parent may be eligible to be paid as an IHSS provider.

California Children's Services (CCS) funds services for children with certain significant medical disabilities. Eligibility is diagnosis-specific and income-based. CCS may be an avenue of assistance for children with significant medical needs who are not Regional Center clients.

Supplemental Security Income (SSI) is a need-based cash benefit for children and adults with disabilities who have very low household income and/or insufficient work history to qualify for retirement or disability insurance benefits. SSI may also be available to children who reside in institutions (e.g. a child undergoing a months-long hospitalization). A person who receives SSI is automatically eligible for Medi-Cal.

Regional Center



Regional Center at a glance:

What is it?	What does it provide?	Who is eligible?
Statewide support network for individuals with developmental disabilities	Funding and services once all other resources have been used	Individuals with a diagnosed developmental disability that constitutes a "substantial" disability

[Regional Centers](#) are a statewide network of local agencies that serve children and adults with developmental disabilities as defined by California law. Clients are assigned to their local Regional Center by zip code.

Each Regional Center operates independently, so services offered (as well as eligibility criteria for specific services) may vary slightly, but all Regional Centers are governed by the same set of statutes and regulations.

Who is eligible for Regional Center services?

For children under age three, Regional Center provides [early intervention services](#) to children with a diagnosed developmental disability and to children who are at risk of developmental delay.

[After age three](#), eligibility requires a diagnosed developmental disability that constitutes a substantial disability for that child or adult. A developmental disability under California law is a disability that meets the following three criteria:

1. Started before a child turns eighteen
2. Continues, or can be expected to continue, indefinitely
3. Constitutes a substantial disability for that child or adult

Qualifying developmental disability diagnoses for Regional Center include:

- [Intellectual disability](#)
- [Cerebral palsy](#)
- [Epilepsy](#)
- [Autism](#)
- Conditions that are closely related to intellectual disability or require treatments similar to what's provided for intellectual disability Note that these diagnoses do not include solely physical disabilities. This is usually referred to more broadly as the "fifth category."

Note regarding the fifth category: [Disability Rights CA](#) reports that the law is not clear on exactly what falls into the fifth category, saying, "An example might be a person whose IQ is too high for a diagnosis of intellectual disability, but who has significant deficits in adaptive skills that result in functioning like a person with intellectual disability." Sometimes, children may be assessed under this category if they have a diagnosis that is directly linked to intellectual impairments, such as Down syndrome.

What's a "substantial disability"?

This is a disability that results in “significant functional limitations” in three or more of the following areas, as determined by a Regional Center and as compared to a child or young adult’s same-age typically developed peers:

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

What services do Regional Centers provide?

Each Regional Center provides a list of the services it will fund in a document on their website, which is usually called “Service Standards” or “Purchase of Service Standards.” (Again, services may vary slightly from center to center.)

Common services may include:

- [Early intervention services](#) such as physical and occupational therapy, speech therapy, and center-based social-adaptive development programming for children under age three
- [Medi-Cal](#) eligibility for children who are diagnosed with a qualifying developmental disability but do not meet the criteria for coverage based on family income
- [Respite care](#), which provides caregivers with relief so they can work, run errands, or take breaks
- [Specialized supervision](#) for children with working parents if daycare costs are higher than the costs for a typically developing child of the same age
- Social skills classes
- Behavioral interventions (such as parent training)
- Educational support

- [Assistance with insurance copays](#) for families under 400% of the federal poverty level, or for families who have extenuating circumstances such as extraordinary medical expenses
- Funding for [durable medical equipment \(DME\)](#), including accessibility modifications such as ramps and bath bars, as well as other medical supplies
- [Social, recreational, and camping services](#)
- Transitional services beginning at age 14, in conjunction with IEP planning for the [transition to adulthood](#)
- Independent living skills for older youth and adults
- Adult day programs

You can find a more detailed description of potential Regional Center services in [this chart](#) provided by the CA Department of Developmental Services.

Depending on circumstances, your specific Regional Center, and a little luck, Regional Centers might also provide:

- Conference fees (parent education)
- [Toilet-training](#) assistance (help with behavioral and adaptive skills)
- Adaptive and life skills training, especially around the transition to adulthood
- 1:1 aide for after-school programs or child care so the parent can work
- 1:1 aide for [summer camp](#) and social-recreational activities
- Parent support groups and counseling, if all other funding sources fail
- Daycare for children of working parents who qualify for [specialized supervision](#)
- Personal assistant
- Curb-to-curb transportation (for clients age eighteen and older)
- [AAC](#) assessment services to facilitate AAC use in the community
- Specialized transportation
- Family support through Family Resource Center
- Classes, workshops, and presentations to support families (such as learning ASL)

How does Regional Center funding work?

Regional Center is the “payer of last resort,” which means that they will only pay for a service if no other agency is responsible for providing that service.

Regional Center refers to other potential funding sources as “generic resources,” and families must prove that they’ve exhausted all generic resources before Regional Center will agree to fund a service.

These “generic resources” include things like private insurance, [California Children’s Services \(CCS\)](#), [Medi-Cal](#), and Local Education Agencies (LEA; usually the school district).

Before it approves funding, Regional Center will require you to provide written denials from private insurance (and sometimes from Medi-Cal) for the specific services you’re trying to access.

How to find your Regional Center

Which Regional Center you apply to is determined by your zip code. To look up your nearest Regional Center, use the [California Department of Developmental Services \(DDS\) website](#). If you’re in LA County, click the blue “Los Angeles County” tab, enter your zip code, and press the search icon. If you’re outside Los Angeles, click the “California” tab before entering your zip code.

How to apply to Regional Center

When you reach out to your Regional Center, an intake counselor or service coordinator will gather some basic information from you and send you an application form to complete either online or in paper.

After your Regional Center receives the completed application form, the intake counselor will call and make an appointment to meet with you.

Now is a good time to gather the following documents, which you will need during the intake meeting:

- Your child's birth certificate and Social Security number
- Insurance and/or Medi-Cal information
- Copies of your child's medical records (You will be asked to sign a HIPAA release so that the Regional Center can request records from your child's providers, but providing copies directly to your Regional Center will expedite the intake process.)
- Names and addresses of all the medical professionals/service providers who have already seen your child

Within fifteen days, the intake counselor will meet with you to learn about your child's developmental history. At this meeting, the Regional Center should have some materials about the services they can offer, what the intake process is like, and what the future next steps are.

The intake staff will look at your paperwork and any existing evaluations to determine whether they need to conduct their own assessment of your child to determine eligibility. If an assessment is needed, it must be completed within [60 to 120 days](#) of your initial contact. (Learn more about what to expect from the assessment process [in this article](#).) Once it's complete, you will receive a phone call and letter from the intake counselor informing you whether or not your child has been found eligible to receive ongoing Regional Center services.

If your child is eligible, a counselor assigned to work with you will contact you within thirty days to schedule a meeting to develop your child's [Individualized Family Service Plan](#) (IFSP) for Early Start or [Individualized Program Plan](#) (IPP) for children ages three and older. If your child is found not eligible, Regional Center can refer you to other resources in your community. You have the right to appeal a finding of ineligibility.



Regional Center Application Timeline

Reach out to your local Regional Center and request an application to begin the intake process.

Once your Regional Center receives the completed application form, the intake counselor will call and make an appointment to meet with you.

within 15 days

The intake counselor will meet with you to learn about your child's developmental history and look at your paperwork to determine whether they need to conduct their own assessment of your child to decide eligibility.

within 60-120 days

Any necessary assessments will be completed. You will receive a phone call and letter from the intake counselor informing you whether your child has been found eligible to receive ongoing Regional Center services.

within 30 days

If your child is eligible, a counselor assigned to work with you will schedule a meeting to develop your child's IFSP or IPP.

OR

If your child is found not eligible, you have the right to appeal within 30 days of receipt of the decision.

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What's next?

Once your child has received approval for Regional Center eligibility, the next step will be to meet with a service coordinator to develop an IFSP or IPP to document your child's needs and goals and establish which services your child will receive. You can learn more about this in our article [What to Expect at Your First Individualized Program Plan \(IPP\) Meeting](#).

What if your Regional Center application is denied?

If your application to Regional Center is denied because your child is deemed ineligible, [you can appeal](#) the decision or contact the [Office of Clients Rights Advocacy](#). For children ages 0 to 36 months, we cover this process in detail in our article, [How to Appeal a Regional Center Denial for Early Intervention](#).

If you initially received a denial from one Regional Center but have since moved and are now in another zip code, you can apply to the new Regional Center you're zoned for. If circumstances have changed since your first application, you could be found eligible for services.

Children with and without an official diagnosis may receive early intervention services, but Regional Center eligibility is more narrow for children over age three, and a formal diagnosis is required. If your child is over the age of three and you've received a denial for services, read more about the [Regional Center appeal process](#).

What is the Self-Determination Program?

The [Self-Determination Program \(SDP\)](#) offers an alternative, more flexible way to receive Regional Center services. Participants can choose the supports and services they want, and pay for them using a budget agreed upon with their local Regional Center. Anyone who is eligible for Regional Center services under the Lanterman Act is also eligible for SDP.

SDP participants are required to create a [person-centered plan \(PCP\)](#) that outlines their short- and long-term goals, and the services and supports needed to reach them. They must also create a spending plan that details how the budget will be spent.

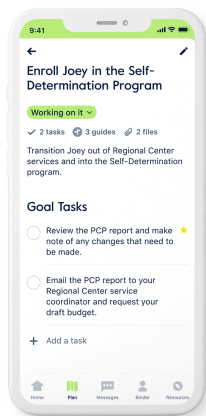
The whole process can be complicated, so Regional Center provides funding to use toward an Independent Facilitator, who can act as an advocate and help with budget planning, developing the IPP, and finding and coordinating services and supports.

Your budget can be used to pay for a [wide array of services and supports](#), as long as they are tied to a goal in the PCP. For example:

- Specialized medical equipment and supplies that are not available under Medi-Cal or via generic resources
- Home accessibility adaptations such as ramps, grab bars, and accessible doorways
- Computers, communication devices, GPS tracking devices, and other electronics
- Recreational activities such as swimming, horseback riding, karate, music, and drama

“Participant-directed goods and services” can also be included in the plan. This refers to any services, equipment, or supplies that aren’t available through another funding source (such as insurance or your child’s school) and are not otherwise provided through the SDP waiver or Medi-Cal. You don’t need to use pre-approved providers or vendors, which allows room for creative planning in the spending plan and the IPP.

It’s easier to find providers because they get paid better. There is more freedom in who you can use; you can find someone without a waiting list, and you can use SDP for services that are not traditionally approved by the Regional Center.



Need help applying for Regional Center, updating your child’s IPP, or getting more out of the services your child qualifies for? Find step-by-step guides, expert resources, organizational tools, and more on the Undivided platform! Get started at undivided.io/app/join.

Medi-Cal

Medi-Cal at a glance:

What is it?	What does it provide?	Who is eligible?
State-funded health plan	Health coverage for certain medical treatments, equipment, and supplies	Individuals under a certain income OR who obtain a waiver

[Medi-Cal](#) is California's Medicaid program, which provides health care coverage to many Californians based on a variety of factors including income, adoption/foster care status, and disability. Medi-Cal will always be secondary coverage for children with private primary insurance, but it can help fill some of the funding gaps by eliminating copays and many other out-of-pocket expenses when your child sees Medi-Cal-contracted providers. Medi-Cal may also fund medical supplies (such as diapers and feeding-tube formula) and durable medical equipment.

Some services that are not available to adults with Medi-Cal may be available to children under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

What services does Medi-Cal provide?

Common Medi-Cal services include (but are not limited to):

- Medical coverage
- Physical, occupational, and speech therapy when medically necessary
- [Applied Behavioral Analysis](#) (ABA) therapy

- Equipment and supplies
- Incontinence supplies
- Home nursing care
- [In-Home Supportive Services \(IHSS\)](#)

Who is eligible for Medi-Cal?

Eligibility for Medi-Cal is usually based on household income. However, California offers several programs that allow people with disabilities to obtain Medi-Cal if their income is too high to qualify based solely on financial need.

The program most often utilized by the families of children with developmental disabilities is the institutional deeming waiver, or [HCBS-DD waiver](#). This program allows many children who are [Regional Center](#) clients to receive Medi-Cal without regard to family income. For children with private health coverage, Medi-Cal coverage will be considered secondary insurance, and may cover out-of-pocket expenses when you see a provider who accepts Medi-Cal.

How do I know if my child is eligible for the Medi-Cal waiver?

To qualify for the Home and Community-Based Services for the Developmentally Disabled (HCBS-DD) "institutional deeming" waiver, your child must:

- ✓ Be a Regional Center client under age 18
- ✓ Live at home with their family
- ✓ Have a valid Social Security number
- ✓ Be ineligible for Medi-Cal due to family income
- ✓ Be diagnosed with a developmental disability
- ✓ Have two or more qualifying conditions in the areas of self-help, motor functioning, social/emotional functioning, special health care conditions, or extensive medical needs
- ✓ Receive at least one funded Regional Center service (such as respite) and utilize that service at least once per year

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If your child is not a Regional Center client but does have complex medical needs, they may be eligible for Medi-Cal via the [HCBA waiver](#).

Types of Medi-Cal

Medi-Cal as a Primary Provider

Most children with Medi-Cal as primary coverage will be enrolled in a Medi-Cal managed care plan. For Los Angeles County, those managed care plans include [HealthNet](#) and [LA Care](#) or a contracted plan under LA Care, such as [Anthem Blue Cross](#), [Blue Shield of California Promise Health Plan](#), and [Kaiser Permanente](#).

These plans operate like any other managed care plan. You will receive an enrollment packet and both a Benefits Identification Card (BIC) and a managed care health plan card, along with instructions for finding in-network providers. New Medi-Cal recipients are encouraged to call Health Care Options and select a plan. If they fail to do so, one will be chosen for them.

Medi-Cal as a Secondary Provider

If a child has multiple insurance plans, Medi-Cal is always the last provider to be billed. If there are remaining costs or copayments after the primary insurance pays its share, Medi-Cal can be billed for the amount not covered by the primary insurance, up to the Medi-Cal reimbursable rate, as long as the provider is contracted with the specific form of Medi-Cal that the child receives.

In practice, this will look like presenting your primary insurance card along with your Medi-Cal card to a provider and asking them to bill Medi-Cal after the private insurance pays its portion.

For services or supplies that aren't completely covered by your primary insurance, you will need a written denial of coverage from your primary insurance as well as a prescription or order from your doctor showing that the service, medication, or supplies are medically necessary.

You can read all about using Medi-Cal as secondary health coverage in [this article](#).

How to apply for Medi-Cal

If you're looking for your local Medi-Cal office, you can find office listings by county on the [DHCS website](#).

- If your child is not currently enrolled in Medi-Cal, you can create an account on [BenefitsCal](#) to start an application for your child.
- If your child is a Regional Center client, there are a few extra steps to enrolling via the HCBS-DD waiver, so be sure to [see our article](#) with instructions and tips.
- If your child is not a Regional Center client but does have complex medical needs, [see this article for enrolling in Medi-Cal via the HCBA waiver](#).

The Undivided app has step-by-step guides for applying for Medi-Cal benefits via each of these methods, so [create an account](#) if you haven't already to get started.

In-Home Supportive Services

IHSS at a glance:

What is it?	What does it provide?	Who is eligible?
A Medi-Cal program to help individuals with disabilities live safely at home	Funding for an in-home caregiver (which might be a child's parent)	Individuals who need more care than a typically developing child of the same age due to their disability

[In-Home Supportive Services \(IHSS\)](#) is a [Medi-Cal](#) program that provides home-based personal care and related services so that people with disabilities can remain safely in their communities instead of institutions. Part of a broader network of Medi-Cal-funded supports, the IHSS program will help pay for certain services for an eligible child with a disability to remain safely in their own home.

Your child must be enrolled in Medi-Cal before you apply for IHSS.

What services are provided by IHSS?

Authorized services may include:

- Personal care services
- Meal preparation
- [Paramedical services](#)
 - These are services prescribed and supervised by a medical professional, such as the administration of meds, home therapy programs, tube-feeding, blood sugar monitoring, and wound care.
- Accompaniment to your child's disability-related medical appointments
- [Protective supervision](#)
 - This is for children whose severely impaired judgment, orientation and/or memory puts them at risk of self-injury or injuring others.
 - Protective supervision cannot be provided to monitor for spontaneous medical emergencies, such as seizures or blood sugar crashes. However, it may be awarded to avoid a medical emergency caused by the recipient's cognitive impairments - for example, when a recipient uses life-sustaining medical equipment (IV, port, trach, g-tube, oxygen, etc.) and is at risk of interfering with the equipment due to their cognitive impairment.

View the [CDSS guide](#) to see the full variety of services that IHSS will fund. It's important to note that hours will only be awarded for services that exceed what a parent would usually be expected to provide to a typically developing child of the same age.

Who is eligible for IHSS?

Children with disabilities may be eligible for IHSS to the extent that their disability-related care needs exceed those of a typically developing child of the

same age. See [this article](#) for more information on the eligibility criteria and how many hours your child might receive if eligible.

Where are IHSS services provided?

IHSS services generally must be provided in the recipient's home (aside from exceptions such as accompaniment to doctor visits). However, IHSS recipients are not required to remain in their homes at all times. If your child is allotted a certain amount of time for diapering or g-tube feeding, for example, that doesn't mean that every single diaper change or tube-feeding you carry out must take place in the home. However, you will not be awarded additional time to allow these tasks to take place outside the home, with the exception of accompaniment and wait time for doctor visits in some cases.

IHSS providers cannot be paid for services rendered at the recipient's home while the recipient is away on vacation, out of the country, or in the hospital. IHSS providers also cannot be paid for providing direct care to the recipient during a hospitalization. If your child is hospitalized, you should notify your child's caseworker. You cannot bill for IHSS services on a day that your child spent fully inpatient, but you can bill for services performed at home on the day of admission and for services performed at home on the day of discharge.

How do I get started with IHSS?

Find your local IHSS office

You can apply for IHSS by phone or by submitting a paper application to your local IHSS office. If you don't know the contact information for your county's office, there is a [complete list of IHSS offices on the CDSS website](#). For Los Angeles County, you can view your [application options on the LA Department of Public Social Services IHSS website](#).

Submit the application and all relevant paperwork

Submitting the initial application for IHSS is a fairly straightforward process. The first step is to complete the [SOC 295](#), the application for IHSS. Confirm with your local IHSS office your options for submitting this application by mail, phone, or fax. If you are in Los Angeles County, see [this site](#) to find submission information.

Make a note of the date you submit the initial application, whether on paper or by phone. This is your protected date of eligibility, and if your child is found to be eligible, payments should be made retroactively to this date. This remains true if your application is delayed; for example, if paperwork is lost and you have to resubmit or if you have to request a state hearing because your child was denied services.

The Health Care Certification Form, [SOC 873](#), must be completed by your child's doctor.

Tip: It is not allowed for IHSS to deny a recipient based solely on age without assessing their specific need for services, and there is no such thing as a "denial by telephone." When a family tells us, "I tried to apply by phone, and the agent denied me," what that really means is that the agent talked the family out of applying and thereby denied them the opportunity to appeal. If you call to apply and the agent tells you that they don't provide services to young children because you have a parental responsibility to care for your child, politely let them know that you'd like to proceed with the application anyway. If they tell you that you will be denied because your child is too young, tell them that you'd like to submit the application and receive a formal denial in writing.

Additional forms and documentation may be requested throughout the application process, particularly if you are seeking [paramedical services or protective supervision](#). Typically, you will submit the forms and documentation for these services after your initial home visit.

Confirm that IHSS received your paperwork

The IHSS office usually will not let you know if required documentation is missing or lost; they will often simply issue a denial letter. To ensure a smooth application process, confirm that IHSS received all paperwork submitted on your child's behalf,

including documentation and forms submitted by medical providers. Have your child's case number available whenever you call to confirm receipt of documents. Repeat this step every time you submit a new batch of documents.

Tip: Keep copies of everything you submit, along with the date you submitted the documents. You should also ask your doctor to provide you with a copy of any documents they send to IHSS, so you have a copy on hand should it need to be resubmitted.

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TIPS FOR APPLYING FOR IN-HOME SUPPORTIVE SERVICES

- DON'T GET TALKED OUT OF APPLYING**
If an IHSS representative tells you over the phone that your child is probably ineligible, apply anyway so that you have a paper trail of the date of your initial application. If you successfully appeal a written denial, benefits are retroactive!
- FOLLOW UP ON ALL PAPERWORK YOU SUBMIT**
Keep copies of everything you submit, along with the date you submitted the documents. You don't want your application denied because paperwork got lost.
- DESCRIBE YOUR CHILD'S NEEDS ACCURATELY**
It can be difficult to focus on your child's needs instead of strengths, but the IHSS worker needs an honest and accurate description of where your child struggles in order to award service hours.

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Prepare for the initial home visit

You and your child will be interviewed in your home to determine eligibility and need for [In-Home Supportive Services \(IHSS\)](#). Based on the information they gather, IHSS will assess the types of services needed and the number of hours they'll authorize for each service. This assessment will include information given by you and, if appropriate, by your family, friends, physician, or other licensed healthcare professional. See [this article about the home visit](#) for tips and information about preparing for your in-home meeting with the caseworker.

Choose your provider

If your child's extensive disability-related needs at home require more care than a typically developing child of the same age, and you currently provide that care, you may be eligible to be paid as an IHSS provider. Parent providers must be eligible to work in the United States, and you will be required to complete a background check and fingerprinting (there is a LiveScan fee for this requirement) as well as an orientation session.

Your parent-provider income is tax exempt and cannot be deemed to your child due to their income-based eligibility assessments for other benefits like [SSI](#) or [Regional Center co-pay assistance](#).

If you are ineligible to be a parent provider, you must hire someone to perform the authorized services. If you need assistance locating a provider, the [Personal Assistance Services Council \(PASC\)](#) operates a Provider Registry and will provide you with referrals to providers. You may also have a family member or family friend become authorized to provide IHSS services. As with parent providers, third-party providers must be eligible to work in the United States, and will be required to complete background checks, fingerprinting, and orientation.

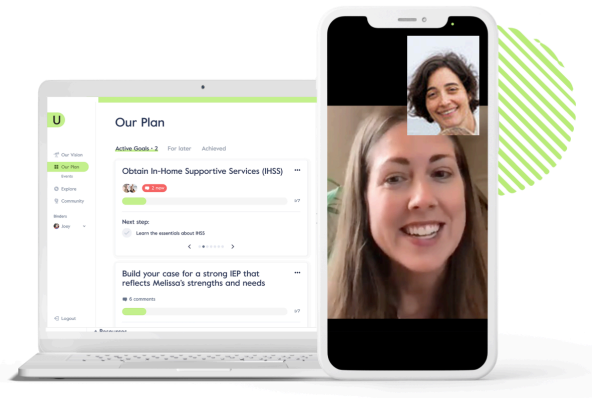
What if you are denied IHSS?

It is very common to be denied for In-Home Supportive Services (IHSS) the first time around, but many families succeed after appealing by requesting a state hearing.

You can [request a hearing online](#) or by calling the CDSS state hearings division at (800) 743-8525. You may also fill out the Request for State Hearing form included with your [Notice of Action \(NOA\)](#) – which is the form you get from IHSS that explains whether or not you were awarded hours, how many hours, and for which tasks.

See our [article on IHSS appeals](#) for more information.

Use all the tools of the Undivided platform to help you accomplish your goals – whether that’s applying for IHSS, requesting more hours, or becoming a parent provider. If you need extra help, an experienced Navigator is available for 1:1 assistance. Get started at undivided.io/app/join.



California Children’s Services

CCS at a glance:

What is it?	What does it provide?	Who is eligible?
State program for children’s health	Funding for medical treatment and equipment	Children with certain medical conditions

[California Children’s Services \(CCS\)](#) is a state program that provides and funds

diagnostic and treatment services to children under age 21 with CCS-eligible medical conditions. CCS can be an avenue of assistance for children with significant medical needs regardless of whether they are Regional Center clients.

What services does CCS provide?

Services funded via CCS include:

- Hospital and surgical treatment
- Medical case management
- Physical and occupational therapies
- Labs and imaging
- Medical equipment

CCS can also help provide coordination between different members of a [child's care team](#).

Who is eligible for CCS?

CCS-eligible medical conditions, include, among others:

- Congenital heart defects
- Hearing and vision impairments
- Chronic lung disease
- Diabetes
- Muscular dystrophy
- Blood disorders
- Cerebral palsy
- Epilepsy (with specific qualifying factors)

You can find a [complete list of eligible conditions at the Department of Health Care Services CCS eligibility website](#).

In addition to having a CCS-eligible medical disability, your child also needs to meet the following criteria in order to access services:

- Your child must be a California resident under age 21.
- Your family adjusted gross income (AGI) must be less than \$40,000 OR your out-of-pocket medical expenses for your child must be expected to exceed 20 percent of your family's income.
- Family income is **NOT** a factor for children who:
 - Need diagnostic services to confirm they have a CCS-eligible medical condition.
 - Were adopted with a known CCS-eligible medical condition.
 - Are applying only for services through the [Medical Therapy Program](#). Children with certain neuromusculoskeletal conditions may be eligible for physical and occupational therapy services in conjunction with local education agencies regardless of household income or Medi-Cal status.
 - Have full-scope [Medi-Cal](#) with no share of cost – meaning that you never pay for some of the costs of services provided to your child each month. (For families of children who are Regional Center eligible, it may be worthwhile to investigate Medi-Cal enrollment under the [institutional deeming waiver](#) so that income will not be a factor for CCS.)

How are CCS services funded?

As with most public programs, private insurance is treated as the primary avenue of funding. If your child has private insurance, CCS will require a written denial from your private insurance before it agrees to fund services or equipment.

If a child has full-scope Medi-Cal, they automatically meet CCS financial eligibility criteria. CCS then acts as a case manager, reviewing and authorizing service requests to be funded by Medi-Cal. If a service is not covered by Medi-Cal, the request is returned to CCS for further review and potential funding.

Medical Therapy Program

If your family exceeds the income limit and your child is not enrolled in Medi-Cal, your child may still be eligible for occupational and physical therapy services

provided free of charge through CCS's [Medical Therapy Program](#). This program provides PT, OT, and [Medical Therapy Conference](#) services (essentially multidisciplinary case planning) to children with specific musculoskeletal and neurological disabilities. In cases of financial need, the CCS Medical Therapy Program can also help fund durable medical equipment.

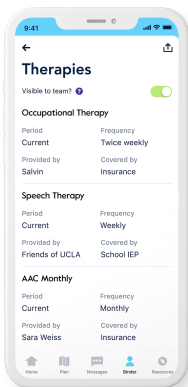
The Department of Health Care Services lists some examples of eligible conditions, including “cerebral palsy, neuromuscular disease (e.g., muscular dystrophy), musculoskeletal diseases (e.g., arthrogryposis), juvenile rheumatoid arthritis, spina bifida, brachial plexus injury, and acquired injury and illnesses such as burns and traumatic brain injuries.”

Medical Therapy Units are housed at designated public schools, and providers are often part of the IEP team, although services may be available from birth if medically necessary. Because orthopedic impairment is a designated low-incidence disability for special education in California, the school district or Special Education Local Plan Area (SELPA) may be involved even for infants and toddlers.

How to apply for CCS

1. [Find your local CCS office](#) based on your county.
2. Complete the forms found on the [DHCS website](#).
3. Apply for [Medi-Cal](#) if CCS asks that you do.

You can also ask potential pediatricians if they are “paneled providers” with California Children’s Services (CCS). CCS can pay for prescription drugs, medical equipment, and supplies, but only if the order is written by a physician who has gone through their approval process.



Apply for CCS with a step-by-step guide on the Undivided platform, and then use the digital binder in your Undivided account to keep track of all your child’s therapies, providers, and documents. Don’t have an account yet? [Create one here](#).

Supplemental Security Income

SSI at a glance:

What is it?	What does it provide?	Who is eligible?
Program administered by the Social Security Administration	Monthly cash benefit	Individuals with disabilities who have income below a certain threshold

What Is Supplemental Security Income (SSI)?

[Supplemental Security Income \(SSI\)](#) is a need-based cash benefit for children and adults with disabilities who have very low household income.

Although SSI is administered by the Social Security Administration (SSA), it is not dependent on prior work history credits, meaning that it might be available to people who don't qualify for Social Security Disability Insurance or retirement benefits due to insufficient work history.

A person who receives SSI is automatically eligible for full-scope [Medi-Cal](#), meaning you're not expected to pay for a share of provided services each month.

Some other programs may be available to SSI recipients, including [discounts on public utilities](#) like electricity, gas, water, and phone service.

How children with disabilities qualify for SSI

- Children younger than age 18 will be considered to have an eligible disability if they have “a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations.”
- The child’s disability needs to have lasted or be expected to last for at least 12 months, or is expected to shorten the child’s life span.
- There must be limited income and [resources](#) in the household.
- If your child receives SSI, they will likely be reevaluated for eligibility when they turn 18 to see if they still qualify under the more-restrictive adult criteria.
 - If your child has an IEP, then SSA should continue to apply the child criteria for SSI until your child graduates or otherwise exits the school system through age 21. (You will need to provide the SSA with a copy of the IEP to ensure benefits are given.)
- SSI may also be available to children who reside in institutions (which includes a child undergoing a months-long hospitalization).

How adults with disabilities qualify for SSI

- Adults need to be deemed unable to engage in “substantial gainful activity” (SGA) due to their physical or intellectual disability.
 - SGA refers to an income amount you’re expected to earn, and you’re eligible for SSI if you’re unable to participate in enough work to bring in that amount of money.
- This disability has to be expected to last for at least 12 months or is expected to shorten the individual’s life span.
- If a child or adult with disabilities is receiving dependent or survivor benefits under a parent or guardian’s work history, they may still be eligible for a reduced SSI benefit if the dependent or survivor benefit falls below a certain threshold.

Learn more about SSI benefits for young adults in our article [The Transition to Adulthood: SSI](#).

Feeling a little overwhelmed?
Don't worry — Undivided is here to help!

Schedule a free Kickstart with a Navigator for support in accomplishing your goals.
Get started at undivided.io/app/join



Just scan this QR code!

"Being able to turn to my Undivided Navigator has significantly cut down on the research I need to do."
- Undivided client



About Undivided

Undivided is a parent-driven support system for families raising kids with disabilities. We provide an inclusive community, experienced parent coaches, and expert-backed resources, all organized on our innovative app, to help families get more for their children. Whether you need help accessing Regional Center services, developing an IPP, or finding funding resources for therapies, Undivided can walk you through each step with expert-backed answers.

Get started at www.undivided.io.