CHILDREN'S MEDICAL SERVICES (CMS)
PRACTICES and PROCEDURES (P&P) # 811

SUBJECT **LOS ANGELES COUNTY (LAC) CALIFORNIA CHILDREN'S SERVICES (CCS) GRIEVANCE PROCESS**

RESPONSIBLE Director, CCS Legal Desk ("Legal Desk")

EFFECTIVE September 1, 2024

PURPOSE This P&P establishes the grievance process for the local Los Angeles County California Children's Services (LAC CCS) program, including its Medical Therapy Program (MTP), and details implementation of procedures for receiving, responding, resolving, and reporting grievances from CCS beneficiaries and their representatives.

A grievance is an expression of dissatisfaction about matters related to LAC CCS' roles and responsibilities, including quality of care and related topics. Grievances can be made in response to an LAC CCS Notice Of Action (NOA) including, but not limited to: denial, reduction, termination or change in services or eligibility.

This grievance process helps ensure that: CCS beneficiaries in Los Angeles County get consistent support and resolution for their issues/concerns with CCS, and that LAC CCS can supply data and information to the California Department of Health Care Services (DHCS) to help them develop and define technical assistance/training needs. This P&P addresses CCS applicant and beneficiary grievances, not disputes with providers.

SUMMARY The grievance process comprises intake, acknowledgement, resolution and tracking of client and family grievances to LAC CCS. LAC CCS must have process for receiving grievances from CCS beneficiaries and/or their representatives. CCS beneficiaries and their representatives must be allowed to submit their grievances verbally, in-person, by mail, and electronically (telephone, fax and/or email) during standard business hours. LAC CCS—or DHCS when grievances go directly to them—has the responsibility to acknowledge, document, monitor and resolve grievances within established timeframes. LAC CCS must regularly report the status of formal grievances to DHCS. LAC CCS programs must, when possible, respond to the grievance in the CCS beneficiary's and/or representative's preferred language.

AUTHORITY CCS Numbered Letter (NL) 06-1023, April 12, 2024 (***see Attachment A***). W&I Code section 14184.102 (d) authorizes DHCS to implement CalAIM Terms and Conditions through all-county letters, plan letters, provider bulletins, information notices, or other similar instructions without requiring further regulatory action.

BACKGROUND Welfare and Institutions Code (W&I Code) Article 5.51, section 14184.600 (b) of the California Advancing and Innovating Medi-Cal (CalAIM) initiative authorized DHCS to implement oversight and monitoring activities of local CCS programs statewide. CCS NL 06-1023 claims that "consistent processes to identify, analyze, monitor, and resolve Grievances are critical components of a successful compliance program" and further stipulates that they "promote program integrity, identify potential program challenges, and create a process for CCS beneficiaries and/or representatives to voice their concerns."

DEFINITIONS

- **Acknowledge(ed)**: In the context of this P&P, notification to a CCS beneficiary and/or representative that a grievance has been received.
- **Address(ed)**: In the context of this P&P, acknowledge(ed) or resolve(ed) a grievance.
- **Appeal**: A request for DHCS to review a decision made by a designated CCS agency when the CCS beneficiary and/or representative disagrees with the decision, pursuant to CA Code Regs, Title 22, Sections 42160.5 and 421404.
- **Authorized Representative**: An individual or organization who is authorized to act and/or make healthcare decisions on behalf of the CCS beneficiary.
- **Business Day**: A day in the traditional work week, Monday through Friday, excluding weekends and recognized holidays. For purposes of this P&P, recognized holidays will be State holidays—which includes federally recognized holidays—since LA County and State holidays may differ.
- **Calendar Day**: Any day of the week regardless if it falls on a weekend or a holiday.
- **Call Center (CCS Call Center)**: The formal customer service response arm of LAC CCS where CCS beneficiaries, their families and representatives, providers and health plans can contact LAC CCS with inquiries, which may also entail complaints and/or informal grievances. A majority of inquiries involve questions about the status of eligibility applications, SARs and/or information submitted, but may involve other issues requiring responses from nurse case management, financial, social work or other LAC CCS sections.
- **Complaint**: In the context of this P&P, synonymous with "grievance".
- **Department of Health Care Services (DHCS)**: The Department in California's Health and Human Services Agency that is charged with administering Medi-Cal (California's Medicaid program) statewide, including CCS. In the context of this P&P, DHCS' Integrated Systems of Care Division (ISCD) manages the CCS program.
- **Expedited Grievance**: Grievances that involve an imminent and serious threat to the health of the CCS beneficiary. Imminent and serious health threats include, but are not limited to, severe pain, potential loss of life, limb, or major bodily function(s).
- **Formal Grievance**: Distinguished from an informal grievance, a grievance that is filed on a Grievance Form and submitted to LAC CCS, which defined the grievance as standard or expedited, to which the Legal Desk must respond according to proscribed timelines, and which must be documented on the Grievance Log and reported to DHCS.
- **Informal Grievance**: Distinguished from a formal grievance because it is <u>not</u> submitted on a Grievance Form, concern or complaint shared verbally or by other means that can largely be addressed rapidly and without complication by the LAC CCS party receiving the grievance. An informal grievance can be made formal by submitting it on a Grievance Form.
- **Inquiry**: A request for information or other question about LAC CCS matters, such as eligibility or services. An inquiry does not imply a grievance, but informal grievances may come in the form of an inquiry, especially to the CCS Call Center.
- **Integrated Systems of Care Division (ISCD)**: The DHCS division that manages the CCS program, among others, statewide.
- **Grievance**: An expression of dissatisfaction about matters related to LAC CCS' roles and responsibilities, except for events described in CA Code Regs, Title 22, Section 421406. Grievances can be made in response to an LAC CCS Notice Of Action (NOA) including, but not limited to: denial, reduction, termination or change in services or eligibility. Grievances may address, but are not limited to, the quality of care or services and other related topics.
- **Grievance Form** (***see Attachment B***): As described in later sections, the formal document created by DHCS on which formal grievances are lodged.

- **Grievance Log** (***see Attachment C***): As described in later sections, the formal document for documenting the status and resolution of formal grievances and for reporting to DHCS on an established, regular schedule.
- **Legal Desk**: The LAC CCS unit responsible for managing the grievance and appeals process for the CCS program in LA County. The Legal Desk is staffed by a director, a coordinator, and other support and administrative staff as necessary.
- **Los Angeles County CCS (LAC CCS)**: Los Angeles County's local administration of CCS, which is managed by the division of Children's Medical Services (CMS) in the County's Department of Public Health (DPH).
- **Managed Care Plan (MCP)**: A health plan designated by the State which receives a regular per patient reimbursement fee for patients enrolled in the plan, rather than reimbursements on a fee-for-service basis.
- **Medical Therapy Unit (MTU)**: One of the sites at which occupational/physical therapy and medical therapy conferences are offered to CCS-eligible beneficiaries through CCS' Medical Therapy Program (MTP).
- **Memorandum Of Understanding (MOU)**: The contractual document signed by DHCS and Los Angeles County that outlines the parameters of CCS administration locally and details the role and responsibilities of each party in that agreement.
- **Notice Of Action (NOA)**: The formal notification to a CCS beneficiary by a CCS program of a service/eligibility denial or modification that leads to denial and informs the beneficiary of his/her legal right to appeal the decision. The NOA may form the basis of a grievance and/or lead to an appeal.
- **Resolve(ed)**: In the context of this P&P, final conclusion has been reached in response to a grievance.
- **Secure Email**: Email that is encrypted to prevent accidental or unauthorized exposure of protected health information.
- **Secure File Transfer Protocol (SFTP)**: A secure, encrypted portal established by DHCS on which LAC CCS can exchange documents and information that may contain protected health or proprietary information with DHCS.
- **Standard Grievance**: Grievances that do not involve an imminent and serious threat to the health of the CCS beneficiary. Imminent and serious health threats include, but are not limited to, severe pain, potential loss of life, limb, or major bodily function(s).
- **State Fair Hearing**: An inquiry conducted by and administrative law judge in the California Department of Social Services (CDSS) to resolve a CCS applicant's or beneficiary's denied appeal submitted in accordance with CA Code Regs., Title 22, Section 42160.
- **Ticket**: The formal record and tracking mechanism for every inquiry received by the Call Center.

PRACTICES

A CCS beneficiaries and/or their representatives can lodge a grievance at any time, for any matter. Grievances may be filed—informally or formally—verbally, in writing, in-person or electronically.

- For a grievance to LAC CCS to be characterized as "formal", the CCS beneficiary and/or his/her representative must complete a Grievance Form (***see Attachment B***)—a form standardized by DHCS—and submit it to LAC CCS by mail, electronically or delivered to the one of the LAC CCS locations.
- An "informal" grievance would result from verbal or written complaints that are not submitted on a Grievance Form and that may be rectified immediately or rapidly, but will still be tracked internally by the LAC CCS Legal Desk.
- LAC CCS is committed to treating all grievances, formal and informal, with compassion and seriousness while endeavoring to find solutions satisfactory to the beneficiaries and their representatives within the bounds of allowable CCS action.

B Formal grievances are characterized as "standard" or "expedited," depending on if they involve an imminent or serious threat to the health of the CCS beneficiary ("expedited"), or not ("standard").

- Standard grievances must be addressed in 30 calendar days and expedited grievances within three (3) business days following receipt of the completed Grievance Form.
- In cases where a grievance cannot be resolved within these time frames, all efforts to address the grievance accompanied by a brief explanation why the matter cannot be resolved within the prescribed time period must be documented by the LAC CCS Legal Desk staff ("Legal Desk") in the Grievance Log (***see Attachment C***).
- Grievances involving complex situations requiring further research and consultation with various entities, for example, may require additional time to engage the family, provider and other stakeholders who have possible roles helping to resolve the issue.

C LAC CCS aims to address all grievances in a timely, efficient and expeditious manner, however there may be exceptions.

- DHCS may permit exceptions when LAC CCS is unable to provide appropriate resolution, and will consider those exceptions on a case-by-case basis. DHCS exceptions are justified by issues raised in the grievance that are outside of LAC CCS' purview or control.
- If and when LAC CCS determines that a grievance cannot be resolved locally, the Legal Desk must submit the completed Grievance Form with an explanation why it cannot be resolved to DHCS. The explanation must details the efforts LAC CCS has made to that point to address the issue.
- The Legal Desk must secure email the Grievance Form and its explanation why it could not be resolved to the DHCS Integrated Systems of Care Division (ISCD) at CCSMonitoring@dhcs.ca.gov.
- DHCS will provide technical assistance—including determining who the responsible party is to resolve a grievance, and/or approve or deny the exception.

D DHCS may override LAC CCS' actions or decisions to resolve a grievance if DHCS determines that the actions taken by or the decisions made by LAC CCS:

- Are not in compliance with State or federal law, State CCS policy, or the Memorandum Of Understanding (MOU), and/or
- Are not supported by the relevant information, records and/or medical criteria, as determined by a DHCS physician.

E LAC CCS must post information in its offices and on-line about the option(s) to lodge a grievance, describing what a grievance is, and the steps for filing grievances to stakeholders—including current and future CCS beneficiaries and their representatives (***see Attachment D***).

PROCEDURES

1 **Filing a Grievance**. CCS beneficiaries and/or their representatives can grieve a concern—formally or informally—over the telephone or in writing through facsimile ("fax"), postal mail or email. CCS beneficiaries and their representatives are also allowed to file their grievances in-person at a local CCS office or Medical Therapy Unit (MTU).

A For formal grievances, the beneficiary and/or their authorized representative must submit a completed Grievance Form, which requires the grievance to be resolved in accordance with standard or expedited grievance timelines and conditions.

B Grievances can be lodged at any time. If they are filed verbally, in-person or by telephone, they must be submitted during normal business hours, Monday through Friday.

C The Grievance Form may be sent to LAC CCS in the following ways:

1) Email to CCS@ph.lacounty.gov;
2) Mail or deliver in-person to, CCS, 9320 Telstar Avenue #200, El Monte, CA 91731; or
3) Call by phone at (800) 288-4584.

D If assistance is required filling out the Grievance Form by a beneficiary and/or family member and/or an authorized representative, they may call LAC CCS at (800) 288-4584.

E LAC CCS must provide assistance to any CCS beneficiaries and/or their representatives requesting help completing Grievance Forms.

F The Grievance Flowchart (***see Attachment E***) represents the process for processing both informal and formal grievances.

2 **Grievance Form** (***see Attachment B***). A CCS beneficiary and/or representative can file a grievance in writing by completing the Grievance Form—a standardized form provided by DHCS for all formal grievances—and submitting it to LAC CCS or DHCS directly. Submission instructions are included on the form.

A The Grievance Form allows the CCS beneficiary and/or representative to provide their contact information and describe their grievance in their own words.

B LAC CCS and DHCS must provide assistance to a CCS beneficiary and/or his/her representative(s) completing the Grievance Form when it is requested.

C If the Grievance Form is incomplete, LAC CCS or DHCS will make a reasonable effort to contact the CCS beneficiary and/or representative to obtain any missing information.

D Submission of the Grievance Form denotes a formal grievance, and all timelines outlined in the P&P start once the Grievance Form is received.

E Whether the formal grievance is considered standard or must be expedited will be determined by the nature and threat to the health of the patient, as described in the Definitions section.

F LAC CCS is required to submit Grievance Forms through their respective DHCS Secure File Transfer Protocol (SFTP) portal as requested by DHCS.

3 **Standard Grievances**. Formal (submitted on a Grievance Form) grievances that do not involve an imminent or serious threat to the health of the CCS beneficiary, and do not risk severe pain, potential loss of life, limb or other major body function(s).

A **Intake**. Legal Desk intakes grievances, reviews them and either addresses them or directs them to other, appropriate entities (e.g., Managed Care Plans [MCPs], DHCS) for resolution. LAC CCS must resolve grievances for issues within their purview.

1) LAC CCS may seek assistance from DHCS determining who is the responsible party to resolve a grievance by requesting it through secure email sent to CCSMonitoring@dhcs.ca.gov. DHCS will respond by email to LAC CCS with the authority, identified responsible party and reasoning.
2) If a grievance is submitted to CCS, but is determined to be a DHCS responsibility, the Legal Desk must log receipt of the grievance and notations that the grievance was referred to DHCS.
   a) The grievance contact information is as follows:

      ATTN: County Compliance Unit
      Integrated Systems of Care Division (ISCD)
      Department of Health Care Services (DHCS), State of California
      1501 Capitol Avenue, MS 4502, PO Box 997437
      Sacramento, CA 95899-7437
      TEL: DHCS 916.713.8300
      EML: DHCS CCSMonitoring@dhcs.ca.gov

3) If a grievance is submitted to CCS, but falls under managed care responsibility, the Legal Desk must log receipt of the grievance, note that the grievance was referred to the managed care plan and direct the grievant to the appropriate MCP contact information.

B **Acknowledgment**. LAC CCS' Legal Desk must provide written acknowledgement to CCS beneficiaries and/or representatives within five (5) business days of receipt of the Grievance Form. The written acknowledgement must be postmarked or electronically date-stamped if sent electronically.

1) The written acknowledgement letter must include the following:
   a) Notification the Grievance Form was received,
   b) Date the Grievance Form was received,
   c) Name, telephone number and/or email address of the entity who is responsible for addressing the grievance.
2) When LAC CCS is using an automated response system to compile information from the grievance (e.g., MS Forms, electronic databases), the Legal Desk may send an automated electronic response that counts for the written acknowledgement of receipt, as long as it conforms to content requirements of the acknowledgement as described in the preceding section (2 B 1).
3) DHCS is also required to provide written, postmarked/email-verified acknowledgement within five (5) business days after receiving a Grievance Form directly.
   a) If DHCS determines that CCS is responsible for resolving the grievance, DHCS will forward the Grievance Form to LAC CCS.
   b) If instructed by DHCS to resolve a grievance that DHCS has received, the Legal Desk must provide written acknowledgement to the CCS beneficiaries and their representatives, as described above, within five (5) business days of receiving it from DHCS.

C **Resolution**. Standard grievances must be resolved within 30 calendar days after receiving them.

1) When the grievance is resolved within 30 calendar days, the Legal Desk must notify the CCS beneficiaries and/or their representatives in writing within five (5) business days of the date the grievance was resolved.
   a) The written notice must detail a clear, but concise, explanation of the decision made by LAC CCS and the outcome of how the decision was resolved.
2) In cases where the grievance is unresolvable, the Legal Desk must note a detailed explanation in the Grievance Log why the grievance is considered unresolvable, for example, not within the scope of LAC CCS's responsibility to address.
3) If the grievance cannot be resolved within 30 calendar days, the Legal Desk must notify the CCS beneficiary and/or representative in writing regarding the status of the grievance and the estimated time it will take to resolve it.
   a) The written notice must be postmarked no later than five (5) business days before the conclusion of the 30-calendar day resolution period.

4 **Expedited Grievances**. Formal (submitted on a Grievance Form) grievances that involve an imminent or serious threat to the health of the CCS beneficiary, and do not risk severe pain, potential loss of life, limb or other major body function(s). For example, an expedited grievance may complain that the delay in processing a SAR may cause an imminent and serious threat to a patient's health.

A **Intake**. LAC CCS, or DHCS when they receive an expedite grievance directly, must proceed to resolve the grievance within three (3) business days of the date of receipt of the completed Grievance Form.

B **Acknowledgment**. A reasonable attempt must be made to acknowledge that an expedited grievance was received by LAC CCS. Within one (1) business day of receiving the grievance, the Legal Desk must attempt to contact the CCS beneficiary and/or representative verbally or in writing electronically—in accordance with LAC, DPH and CMS privacy and confidentiality rules—and document the details in the Grievance Log.

C **Resolution**. Expedited grievances must be resolved within three (3) business days after receiving them.

1) When the grievance is resolved within the three (3)-business day timeframe, a reasonable attempt must be made to verbally notify the CCS beneficiary and/or representative of the resolution, followed-up by written notification.
   a) The written notice must be postmarked within three (3) business days of the date the grievance was resolved.
   b) The written notice must detail a clear, but concise, explanation of the decision reflecting the resolution.
2) If the grievance cannot be resolved within three (3) business days, the CCS beneficiary and/or representative must be notified verbally regarding the status of the grievance and the estimated time that it will take to resolve it, followed-up by written notification.
   a) The written notice must be postmarked no later than one (1) business day after the oral communication occurred.

5 **Informal Grievances**. Complaints or concerns raised by CCS beneficiaries and/or their representatives, but have not been documented on a Grievance Form, by choice of the beneficiary or representative. In its commitment to process and service quality and ongoing efforts to improve the patient experience and satisfaction, LAC CCS will respond to them with all due seriousness.

A Informal grievances are intended to be rectified more easily and rapidly that formal grievances. If an informal grievance is received that the Legal Desk believes rises to the level of a formal grievance (e.g., when its resolution may be more involved, more time-consuming, complicated and/or serious), the Legal Desk will contact the beneficiary and/or representative and encourage them to submit a Grievance Form, and offer assistance helping them complete it.

B Informal grievances may be received by any party in the administration of LAC CCS by any means (e.g., verbally, in-person, electronically). With the exception of Call Center inquiries, as described next, when informal grievances are received, they should be:

1) Forwarded to the Legal Desk by email if the grievance was received in written form.
2) If received verbally, in-person or on the phone without a written statement, it should be summarized and emailed to the Legal Desk, along with any related documentation or information.

C As an informal grievance, the CCS receiver of the grievance will attempt to resolve the issue when the complaint is lodged. However, if it remains unresolved when it is forwarded to the Legal Desk, the Legal Desk will make all reasonable attempts to contact the griever and work towards its resolution.

D The Legal Desk internally tracks and documents receipt of informal inquiries that are not received by the CCS Call Center.

E The CCS Call Center often receives complaints in the form of inquiries to its operators.

1) A “ticket” is created for each contact and its resolution is tracked accordingly and compiled in an electronic customer service database.
2) All Call Center inquiries are either resolved on the phone by the Call Center operators or forwarded to an appropriate party (e.g., Nurse Case Management or Financial) for resolution.
3) Those parties contact the caller to address the issue, find resolution, document it in CMS Net case notes, complete the tickets, and forward the completed tickets back to the Call Center for closure.
4) All open tickets are monitored to ensure they are addressed within 24 business hours. For those inquiries that involve more complicated or time-consuming resolution, the party in contact with the caller will continue to work with the caller until the issue is resolved.
5) All tickets are closed and preserved in the database.

F When informal grievances about LAC CCS are received by external parties (e.g., MCPs), the external party should forward that grievance through the CCS Call Center.

G LAC CCS also maintains a CCS email account (CCS@ph.lacounty.gov) to which any party may lodge an informal grievance with LAC CCS through email. The CCS Administrative Manager oversees the email account, forwards emails (whether considered informal grievances or not) to the appropriate staff at LAC CCS to address. The Legal Desk is on the listserv that receives those emails, and will help address any emails received that could be considered informal grievances.

5 **Grievance Log** (***see Attachment C***). LAC CCS must maintain an auditable record of formal grievances, including a system to track aging and pending grievances. Formal grievances, including all related communication and exception requests, must be documented on the Grievance Log. The Grievance Log is formatted according to a standardized template provided by DHCS.

A Effective on July 1, 2025, LAC CCS must submit a copy of its Grievance Log to DHCS on a quarterly basis.

1) The Grievance Log contains required documentation on formal grievances for the preceding three (3) months, and must detail status of all formal grievances received during that three (3)-month period.
2) Any updates to grievances documented in previous quarters must be reported on in subsequent quarterly Grievance Logs.
3) The Grievance Logs are submitted as part of the quarterly report, and the quarters with submission due dates are as follows:
   a) Quarter 1 (Q1) for July, August, September, due on November 15.
   b) Quarter 2 (Q2) for October, November, December, due on February 15.
   c) Quarter 3 (Q3) for January, February, March, due on May 15.
   d) Quarter 4 (Q4) for April, May, June, due on August 15.
   e) Note that if any due dates fall on non-business days, LAC CCS must submit the Grievance Log on the next occurring business day.
   f) DHCS reserves the right to request to request specific Grievance Forms and Logs, as needed.
4) LAC CCS must submit the Grievance Logs to DHCS through the DHCS SFTP portal.

B Formal grievances may be captured in other delivery systems, such as partnering MCPs. If LAC CCS receives a referred grievance from another delivery system—even if the grievance is returned to the MCP—LAC CCS must document the grievance and the responsible entity in the Grievance Log.

ATTACHMENTS

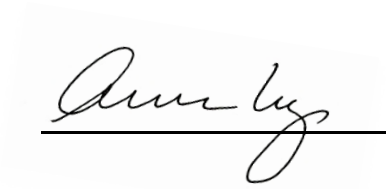
Attachment A: CCS Numbered Letter (NL) 06-1023, "California Children's Services Program Grievances Process," April 12, 2024

Attachment B: CCS Grievance Form

Attachment C: CCS Grievance Log

Attachment D: CCS Grievance, Appeal and State Hearing Fact Sheets (from DHCS), English and Spanish

Attachment E: CCS Grievance Flowchart

NOTED and APPROVED: 

DATE: August 21, 2024

PRINT NAME and TITLE: Anna Long, PhD, MPH, Director, CMS

ADOPTION and REVISIONS: August 21, 2024

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: April 12, 2024

N.L.: 06-1023
Index: Program Administration

TO: All County California Children's Services Administrators

SUBJECT: California Children's Services Program Grievances Process

I. PURPOSE

The purpose of this Numbered Letter (NL) is to establish a Grievance policy for the California Children's Services (CCS) program, including the Medical Therapy Program. All CCS agencies [Department of Health Care Services (DHCS) and county CCS programs] will implement processes to receive, respond, resolve, and report Grievances from CCS beneficiaries and/or representatives.[1] A Grievance process ensures CCS beneficiaries are getting consistent support and resolution on issues/concerns across the state and provide data to DHCS to trend which county CCS programs may need technical assistance/training or if additional clarification/guidance is required. This NL addresses CCS applicant and beneficiary Grievances, not provider disputes.

II. BACKGROUND

Welfare and Institutions Code (W&I Code) Article 5.51, section 14184.600 (b) of the California Advancing and Innovating Medi-Cal (CalAIM)[2] initiative authorized DHCS to enhance oversight and monitoring of county administration of the CCS program. Instituting consistent processes to identify, analyze, monitor, and resolve Grievances are critical components of a successful compliance program. These efforts promote program integrity, identify potential program challenges, and create a process for CCS beneficiaries and/or representatives to voice their concerns.

W&I Code section 14184.102(d) states: "Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this article or the CalAIM Terms and Conditions, in whole or in part, by means of all- county letters, plan letters, provider bulletins, information notices, or other similar instructions, without taking any further regulatory action. The department shall make use of appropriate

[1] CCS beneficiaries and/or representatives includes CCS applicants, beneficiaries, legal guardians, or authorized representatives
[2] W&I Code § 14184.102

processes to ensure that affected stakeholders are timely informed of, and have access to, applicable guidance issued pursuant to this authority, and that this guidance remains publicly available until all payments related to the applicable CalAIM component are finalized." [3]

III. POLICY

County CCS programs and DHCS must have a process to receive Grievances from CCS beneficiaries and/or representatives. CCS beneficiaries and/or representatives must be permitted to submit Grievances verbally, in-person, via telephone, or in writing (via mail or email) during standard local business hours. County CCS programs and DHCS have the responsibility to acknowledge, document, monitor, and resolve Grievances within established timeframes, and report the status of those Grievances to DHCS. County CCS programs must, when possible, respond to the Grievance in the CCS beneficiary's and/or representative's preferred language.

For Independent counties, county CCS programs are responsible for intaking, acknowledging, and resolving Grievances beginning on July 1, 2024. County CCS programs' reporting requirements, as outlined in this NL, will commence July 1, 2025. Implementing a Grievance process ahead of the 2025 reporting date, will allow counties the opportunity to identify gaps and/or streamline improvements with their proposed processes prior to reporting to DHCS. If Independent counties need assistance intaking and/or resolving Grievances, DHCS will provide support during the one-year transition time (July 1, 2024, to June 30, 2025).

For Dependent counties, DHCS is responsible for intaking, acknowledging, and resolving Grievances, if appropriate. DHCS will begin intaking Grievances for Dependent counties on July 1, 2024. Counties are responsible for intaking and acknowledging Grievances submitted directly to them. Pending on the type of Grievance, the responsible entity will be required to resolve those Grievances. Implementing a Grievance process prior to the 2025 reporting date allows time for refinement.

A. Definitions

1. **Addressed:** Acknowledged or resolved.

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2. **Appeal:** A request for DHCS to review a decision made by a designated CCS agency when the CCS beneficiary and/or representative disagrees with the decision. Pursuant to Cal. Code Regs. title 22 sections 42140[4] and 42160.[5]

3. **Complaint:** A Complaint is the same as a Grievance.

4. **Grievance:** A formal expression of dissatisfaction about matters related to the county CCS program's roles and responsibilities except events identified in Cal. Code Regs., tit. 22, section 42140[6] and identified in a CCS Notice of Action including, but is not limited to, denial, reduction, termination or change in services or eligibility. Grievances may include, but are not limited to, the quality of care or services provided by the county CCS program related to the CCS program's roles and responsibilities.

   a) **Informal Grievance:** A concern or complaint mentioned in passing or that can be rectified immediately by the employee or their immediate supervisor that then results in satisfaction of the CCS Representative, as evidenced by no formal Grievance filed, must NOT be considered a Formal Grievance. Since this is not considered a Formal Grievance, the Grievance Form and log do not need to be completed.

   b) **Formal Grievance:** A Grievance in which the CCS beneficiary and/or representative goes through the formal Grievance process of filing a Grievance to establish the Grievance as a formal expression of dissatisfaction. The Grievance Form and Log must be completed.

      (1) **Standard Grievance:** Grievance cases that do not involve an imminent and serious threat to the health of the CCS beneficiary. Imminent and serious threat mean those that include, but are not limited to severe pain, potential loss of life, limb, or major bodily function.

      (2) **Expedited Grievance:** Grievance cases that involve an imminent and serious threat to the health of the CCS beneficiary. Imminent and serious threat mean those that include, but are not limited to severe pain, potential loss of life, limb, or major bodily function.

[4] Cal. Code Regs., tit. 22, § 42140
[5] Cal. Code Regs., tit. 22 § 42160
[6]

5. **Inquiry:** A request for information that does not include an expression of dissatisfaction. Inquiries may include but are not limited to questions regarding eligibility, services, or other county CCS program processes.

6. **Resolved:** The Grievance has reached a conclusion (final notification or CCS beneficiary is satisfied with the decision) with respect to the submitted Grievance.

7. **State Hearing:** An inquiry conducted by the California Department of Social Services by an administrative law judge to resolve a CCS applicant's or beneficiary's denied appeal submitted in accordance with Cal. Code Regs., tit. 22, section 42160.[7]

Please refer to the NL titled, CCS Program Appeal Process for more information regarding the appeal and State Hearing process.

B. Grievance Process

CCS beneficiaries and/or representatives can file a Grievance at any time, for any matter, as defined in the Grievance definition above. Grievances may be filed verbally, in writing, or in person. All Formal Grievances must be filed through submission of a completed Grievance Form. The Grievance Form is attached to this NL and is available on the CCS Compliance, Monitoring and Oversight webpage. [8]

Standard Grievances must be addressed in 30 calendar days and Expedited Grievances within three (3) business days of the appropriate entity receiving the completed Grievance Form. In cases where a Grievance cannot be resolved within this timeframe, document, in the Grievance Log, all efforts exerted to address the Grievance with a brief explanation as to why the matter cannot be resolved within the prescribed time period. Such as, some Grievances have complex situations requiring further research and consultation with various entities.

1. Resolution Exceptions

The goal is to address all Grievances, however, DHCS will allow resolution exceptions in cases where a county CCS program may not be able to resolve specific Grievances. DHCS will consider exceptions on a case-by-case basis. These instances should be rare and justified as being outside the county CCS

[7] Cal. Code Regs., tit. 22 § 42180
[8] CCS Compliance, Monitoring and Oversight webpage

program's purview. As soon as a county CCS program determines a Grievance is unresolvable, they must submit a completed Grievance Form with justification as to why the Grievance cannot be resolved by the county CCS program. The justification must include the efforts the county CCS program took to resolve the issue. The county CCS program must email the Form and justification to the DHCS Integrated Systems of Care Division (ISCD), via secure email at CCSMonitoring@dhcs.ca.gov. DHCS will provide technical assistance and/or approve the exception.

An example of a Grievance exception is a CCS beneficiary and/or representative filing a Formal Grievance because they have to drive a long distance to obtain CCS services. County CCS programs would take steps to assist the CCS beneficiary and/or representative by providing resources available to them. If there is no way to resolve the Grievance and the CCS beneficiary and/or representative is still upset, county CCS programs must submit the resolution exception to DHCS via the process described above.

2. **Resolution Disputes**

   Should any county CCS program disagree over who is responsible for resolving Grievances, they may request assistance to determine the responsible party by sending a secure email to DHCS at CCSMonitoring@DHCS.ca.gov. DHCS will provide the authority, identified responsible party, and reason to the county CCS program via email. DHCS may override a county CCS program's actions or decisions if they are not in compliance with state or federal law, CCS policy, the MOU, or are not supported by the relevant information, records and/or medical criteria as determined by a DHCS physician.

County CCS programs must provide their respective Grievance policy and procedures that comply with this CCS NL to DHCS for review and approval within 90 calendar days of the date on this CCS NL. After DHCS approves a county CCS program's initial policy and procedure, the county CCS program must provide any future amendments to DHCS for review and approval prior to implementation.

County CCS programs must inform stakeholders, including their current and future CCS beneficiaries and/or representatives by posting the following information in their county CCS office and on their website:

1. The option to submit a Grievance
2. Information about what a Grievance is

3. How to file a formal Grievance

B. Policies and Procedures

County CCS programs must develop policies and procedures for intaking and addressing Formal Grievances as outlined in this NL to:

1. Redirect CCS beneficiaries and/or representatives to the appropriate Medi-Cal Managed Care Health Plan (MCP) [if Whole Child Model (WCM) county] or DHCS contacts.

2. Maintain a list of contacts for MCP (if WCM county) and DHCS for redirection of grievances.

3. In addition, WCM county CCS programs are required to participate, at a minimum, in quarterly meetings with MCPs as outlined in the WCM MOU.[9]

IV. GRIEVANCE PROCEDURES

A. Method of Filing

Grievances can be submitted verbally, over the telephone, and in writing, via mail or email to Classic and WCM Independent county CCS programs or DHCS for Classic and WCM Dependent county CCS programs. CCS beneficiaries and/or representatives also have the option to file their Grievance with their local county CCS office through the same communication means as well as in-person. Grievances can be filed during traditional business hours, Monday through Friday. County CCS programs must assist CCS beneficiaries and/or representatives in completing the Grievance Form if requested.

B. Standard Grievances

1. Intake

a) Dependent Counties

DHCS must intake Grievances for Classic and WCM Dependent county CCS programs, review, and either address or direct to the appropriate entity if needed.

[9] WCM MOU Section VII.H

(1) However, if a Grievance is submitted to a Classic or WCM Dependent county CCS program, and the Grievance is under their purview, the county CCS program must address the Grievance within the timelines identified in this NL.

(2) If a Grievance is submitted to a Classic or WCM Dependent county CCS program, and the Grievance is under DHCS' purview, the county will log the receipt of the Grievance, log that they referred the grievant to DHCS, and direct the grievant to DHCS by offering the following contact information:

Classic and WCM Dependent Counties		
How to File Grievances	**Entity**	**Contact Information**
Phone	DHCS	(916) 713-8300
Email	DHCS	CCSMonitoring@dhcs.ca.gov
Mail	DHCS	ISCD Attn: County Compliance Unit 1501 Capitol Ave, MS 4502, PO Box 997437 Sacramento, CA 95899-7437

(3) If a Grievance is submitted to a Classic or WCM Dependent county CCS program, and the Grievance is under the MCP's purview, the county CCS program must log receipt of the Grievance and notate that the grievant was referred to the MCP (providing grievant with appropriate MCP contact)

b) Independent Counties

Classic and WCM Independent county CCS programs must intake Grievances, review, and either address or direct to the appropriate entity (MCP or DHCS). Classic and WCM Independent county CCS programs must resolve Grievances received for items under their purview.

(1) If a Grievance is submitted to a Classic or WCM Independent county CCS program, and the Grievance is under DHCS' purview, the county CCS program must log receipt of the Grievance and notate that the grievant was referred to DHCS (providing grievant with appropriate DHCS contact)

The Grievance contacts are identified as follows:

Classic and WCM Independent Counties		
How to File Grievances	**Entity**	**Contact Information**
Phone	DHCS	(916) 713-8300
Email	DHCS	CCSMonitoring@dhcs.ca.gov
Mail	DHCS	ISCD Attn: County Compliance Unit 1501 Capitol Ave, MS 4502, PO Box 997437 Sacramento, CA 95899-7437

(2) If a Grievance is submitted to a Classic or WCM Independent county CCS program, and the Grievance is under the MCP's purview, the county CCS program must log the receipt of the Grievance, log that they referred the grievant to the MCP, and direct the grievant to the appropriate MCP contact information.

2. Acknowledgement

DHCS and county CCS programs must provide written acknowledgement to CCS beneficiaries and/or representatives within five (5) business days of receipt of the Grievance Form.

a) Classic and WCM Independent county CCS programs must provide written acknowledgement emailed/postmarked to CCS beneficiaries and/or representatives within five (5) business days of receiving the Grievance Form.

b) DHCS must provide written acknowledgement emailed/postmarked to CCS beneficiaries and/or representatives within five (5) business days of receiving the Grievance Form. If DHCS determines the county CCS program is responsible for resolving the Grievance, DHCS will direct the Grievance to the county CCS program. The county CCS program must provide written acknowledgement emailed/postmarked to CCS beneficiaries and/or representative within five (5) business days of receiving the Grievance Form from DHCS.

c) The acknowledgment letter must include the following:

(1) Notification the Grievance was received
(2) Date of receipt
(3) Provide the name, telephone number and/or email address of the entity who is responsible for addressing the Grievance

If county CCS programs are using an automated system to collect Grievance information (example: MS Forms), county CCS programs may send an automated electronic response that a Grievance was received which will count as the postmarked written acknowledgement of receipt of the Grievance.

2. Resolution

County CCS programs must address Standard Grievances within 30 calendar days from the date of receipt of the completed Grievance Form. If the Standard Grievance is resolved within 30 calendar days, the county CCS program must notify the CCS beneficiaries and/or representative in writing of the outcome and status within five (5) business days of the date that the Standard Grievance was resolved. The written resolution must contain a clear and concise explanation of the decision made by the county CCS program.

In cases where a Grievance is unresolvable, county CCS programs must provide a detailed explanation in the Grievance Log as to the reason(s) the Grievance is unable to be resolved. Unresolvable grievances, not within the scope of duties the county CCS program performs, are exempt from the county CCS program's responsibility to resolve.

3. Delayed Resolution

If the Standard Grievance cannot be resolved within 30 calendar days of the date of receipt, the county CCS program must notify the CCS beneficiary and/or representative in writing regarding the status of the Grievance, including the estimated completion date. The written notification must be postmarked no later than five (5) business days before the conclusion of the 30-calendar day period.

C. Expedited Grievances

1. Intake

When DHCS or county CCS programs receive an Expedited Grievance, the responsible entity (DHCS /or county CCS programs) must:

a) Proceed to resolve the Grievance within three (3) business days of the date of receipt of a completed Grievance Form.

(1) An example of an Expedited Grievance is when a CCS beneficiary and/or representative complains about the delay of processing a Service Authorization Request, in which the delay may cause an imminent and serious threat to the health of the patient, including, but not limited to severe pain, potential loss of life, limb, or major bodily function.

2. Acknowledgement

A reasonable attempt must be made to acknowledge an Expedited Grievance has been received by the County CCS program. County CCS programs must attempt to contact the CCS beneficiary and/or representative verbally, or in writing via an electronic source (in accordance with CCS program's internal policy), within one (1) business day of receipt.

3. Resolution

Expedited Grievances must be addressed within three (3) business days of the date of receipt. If the Expedited Grievance is resolved within three (3) business days of the date of receipt, a reasonable attempt must be made to verbally notify the CCS beneficiary and/or representative regarding the status and follow-up with a notification in writing. The written notice must be postmarked within three (3) business days of the date that the Expedited Grievance was resolved. The written resolution must contain a clear and concise explanation of their decision.

4. Delayed Resolution

If the Expedited Grievance cannot be resolved within three (3) business days of the date of receipt, the CCS beneficiary and/or representative must be notified verbally regarding the status of the Expedited Grievance, including the estimated time of completion and a follow-up in writing. The written notice must be postmarked no later than one (1) business day after the oral communication occurred.

D. Grievance Form

A CCS beneficiary and/or representative can file a Grievance in writing by completing the Grievance Form, attached. The Grievance Form allows the CCS beneficiary and/or representative to provide their contact information and describe the Grievance in their own words. DHCS and county CCS programs must assist CCS beneficiaries and/or representatives in completing the

Grievance Form, if requested. If a Grievance Form is incomplete, the receiving entity will make a reasonable effort to contact the CCS beneficiary and/or representative to obtain the missing information. All timelines outlined in this NL start once a completed Grievance Form is received.

County CCS programs are required to submit these Grievance Forms through their respective DHCS Secure File Transfer Protocol (SFTP) portal as requested by DHCS.

E. Grievance Log

County CCS programs must maintain an auditable record of Grievances, including a system to track aging and pending Grievances. Grievances including all related communication and exception requests, must be documented on the Grievance Log. The Grievance Log is attached to this NL and is available on the CCS Compliance, Monitoring and Oversight webpage.[10]

County CCS programs must submit a copy of their Grievance Log on a quarterly basis beginning July 1, 2025. The Grievance Log must contain three (3) months of Grievances for the applicable quarter and reporting must include the status of all cases received in the quarter. Updates to previously existing Grievances must be reported on the subsequent Grievance Logs. The Grievance Log submission dates are as follows:

Quarter	Grievance Log Due Date*
Q1: July, August, September	November 15
Q2: October, November, December	February 15
Q3: January, February March	May 15
Q4: April, May, June	August 15

NOTE: If any due dates land on a non-business day, the county CCS program must submit their Grievance Log on the next occurring business day.

County CCS programs must submit their Grievance Logs to DHCS by submitting them through their respective DHCS SFTP portal. Grievance Logs will be submitted as part of the Quarterly Report. DHCS reserves the right to request specific Grievance Forms and Logs as needed.

V. MANAGED CARE PLANS AND OTHER DELIVERY SYSTEMS

[10] CCS Compliance, Monitoring and Oversight webpage

Grievances may be captured in other delivery systems, such as the CCS beneficiary's MCP for children enrolled in MCPs. If the county CCS program receives a referred grievance from an MCP, even if the grievance is returned to the MCP, the county CCS program must still report the Grievance and list the responsible entity on the Grievance Log. For Appeals, refer to the applicable NL.

If you have any questions regarding this NL, please contact DHCS ISCD at CCSMonitoring@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Cortney Maslyn, Chief
Integrated Systems of Care Division
Department of Health Care Services

Attachment A: Grievance Flowchart
Attachment B: Grievance Form

State of California - Health and Human Services Agency Department of Health Care Services

California Children's Services Program Grievance Intake

Privacy Notice: This form is used to collect personal information from CCS applicants, beneficiaries, and/or representatives who may have a grievance with DHCS and county CCS programs. The personal information collected on and with this form is private and confidential and is requested by DHCS' Integrated Systems of Care Division, and county CCS programs. Any personal information collected on and with this form by DHCS is subject to limitations set forth in the Information Practices Act [1], the Health Insurance Portability and Accountability Act (HIPAA)[2], and other state policy. DHCS will not use or share your information unless authorized by you, or by the individual to whom it pertains, in writing or as authorized by law. The requested information is voluntary. CCS applicants, beneficiaries, and/or representatives should not provide personal information that is not requested. If you do not provide all information requested, it may delay the processing and resolution of your grievance. DHCS and/or county CCS programs may share or provide any of the information provided on or with this form to individuals and agencies who are responsible or can assist with resolving the grievance. In most cases, the individual(s) to whom this information pertains has the right to access it. For more information or to obtain access to records containing your personal information maintained by the Department, contact:

Integrated Systems of Care Division
Attn: County Compliance Unit
1501 Capitol Ave, MS 4502, PO Box 997437
Sacramento, CA 95899-7437

DHCS is authorized to collect this information pursuant to California Welfare and Institutions (W&I) Code section 14184.600(b).[3,4,5] DHCS is also authorized to collect personal information for the administration of the Medi-Cal program.[6,7] For more information on DHCS' Privacy Practices, please review DHCS' Notice of Privacy Practices[8] and Privacy Policy Statement[9].

If you wish to obtain a paper copy of DHCS' privacy policy and practices, or wish to file a complaint, you may contact the DHCS privacy officer by mail, email, or telephone:

Privacy Office
c/o: Data Privacy Unit
Department of Health Care Services
P.O. Box 997413, MS 4722
Sacramento, CA 95899-7413

Email: incidents@dhcs.ca.gov
Telephone: (916) 445-4646

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[1] Information Practices Act
[2] HIPPA
[3] W&I Code § 14184.600(b)
[4] Health & Saf. Code, § 123925
[5] CCS Program Grievance Process NL 06-1023, or any superseding NL
[6] Civ. Code, § 1798.14
[7] Civ. Code, § 1798.15
[8] Notice of Privacy Practices
[9] Privacy Policy Statement

The privacy notice provided here is required by California Civil Code 1798.17.[10]

Instructions: Complete this form and attach all supporting documentation to file a grievance. Grievances may be submitted over the telephone, in person, or in writing via email or mail.

Include the following information on the Grievance Form:

1. Today's date
2. CCS beneficiary's Identification Number (ID) or Medi-Cal Member's Client Index Number (CIN)
3. CCS beneficiary's full name
4. CCS beneficiary's date of birth
5. CCS beneficiary's residential address
6. CCS beneficiary's city and zip code
7. Phone number of who is filing the grievance
8. Email of individual filing the grievance
9. Full name of CCS beneficiary and/or representative filing the grievance
10. Relationship of individual filing the grievance, to CCS beneficiary
11. Date of grievance, if different than today's date
12. Who was involved (If applicable)
13. Where did the grievance take place (If applicable)
14. Nature of the grievance, including the time, place, etc. Attach any additional information that may be relevant to your grievance.
15. Requested resolution, if any (Optional)

Please contact your county CCS program or DHCS Monday – Friday, during standard business hours (except closed holidays) if you need help filing a grievance. Grievances may be filed through:

Classic and Whole Child Model Dependent Counties			
County	**How to File**	**Entity**	**Contact Information**
Alpine, Amador, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Imperial, Inyo, Kings, Lake, Lassen, Madera, Mariposa, Modoc, Mono, Nevada, Plumas, San Benito, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba	Phone	DHCS	(916) 713-8300
	Email	DHCS	CCSMonitoring@DHCS.ca.gov
	Mail	DHCS	Integrated Systems of Care Division Attn: County Compliance Unit 1501 Capitol Ave, MS 4502, PO Box 997437 Sacramento, CA 95899-7437
	In Person	County CCS Office	The addresses for all county offices are listed on the DHCS Web Page[11]

[10] California Civil Code 1798.17
[11] County Offices for California Children's Services (ca.gov)

Classic and Whole Child Model Independent Counties			
County	**How to File**	**Entity**	**Contact Information**
Alameda, Butte, Contra Costa, Fresno, Humboldt, Kern, Los Angeles, Marin, Mendocino, Merced, Monterey, Napa, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Solano, Sonoma, Stanislaus, Tulare, Ventura, Yolo	Phone, Email, Mail, or In Person	County CCS Office	The addresses, emails, and phone numbers for all county offices are listed on the DHCS Webpage[12]

[12] County Offices for California Children's Services (ca.gov)

California Children's Services Program Grievance Intake

This form is to file a formal grievance regarding dissatisfaction with the CCS program, except for those identified in a Notice of Action.

1. Today's Date	2. CCS Beneficiary's ID/CIN	3. CCS Beneficiary's Full Name
4. Date of Birth	5. Phone Number	6. Email Address

7. Residential Address	8. City	9. Zip Code
10. Full Name of Person Filing Grievance	11. Relationship to CCS Beneficiary ☐ CCS Applicant/Beneficiary ☐ Legal Guardian ☐ Authorized Representative	

Nature of Grievance

12. Date of Grievance	13. Who was involved? (If applicable)	14. Where did it take place? (If applicable)

15. State the nature of the grievance, facts, times, places, etc. Attach any additional information that may be relevant to your grievance.

16. Requested Resolution (Optional)

If DHCS or the county CCS program is completing this form for a CCS applicant, beneficiary, and/or representative, complete the following:

Specify Either County or DHCS	CCS Staff Name Completing This Form

For DHCS or County CCS Program to Complete			
Full Name of Representative Responsible for Resolving Grievance			
Grievance Type ☐ Standard ☒ Expedited		Is this an Exception Grievance? ☐ Yes ☒ No	
Reason for Exception			
Date of Resolution			
Description of Action Taken			
Date Notification Sent to CCS Applicant, Beneficiary, and/or Representative			

For DHCS to Complete			
Is Exception Approved?	Who Granted Approval?	Date Approved	Date County Notified

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Quarterly Reporting Template

The Department of Health Care Services (DHCS) is issuing this California Children's Services (CCS) Quarterly Reporting Template to collect data on the compliance activities for the administration of the CCS program. Welfare & Institutions (W&I) Code, article 5.51, section 14184.600 (b) of the California Advancing and Innovating Medi-Cal initiative authorized DHCS to enhance oversight and monitoring of county administration of the CCS program including, "conducting periodic CCS quality assurance reviews and audits to assess compliance with the standards established". W&I Code section 14184.102 (d): "Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this article or the CalAIM Terms and Conditions, in whole or in part, by means of all-county letters, plan letters, provider bulletins, information notices, or other similar instructions, without taking any further regulatory action. These efforts promote program integrity, provide early warning signs of potential program challenges, and ensures program administration consistency across the state.

DHCS will conduct desk, virtual, and onsite surveys, and request annual and quarterly reports to determine county CCS program compliance. County CCS programs must comply with all survey and reporting requirements including, but not limited to:
1. Submit quarterly reports for the previous quarter by the submission dates outlined below;
2. Submit annual reports for the previous fiscal year by October 1 every year;
3. Provide requested information for a desk survey within 30 calendar days of DHCS' request;
4. Submit a response to supplemental information requests within 30 calendar days of DHCS' request;
5. Provide a response and/or resolve any DHCS identified discrepancies within 30 calendar days of receipt of the request from DHCS.

The county's performance will be monitored and evaluated through submission of annual and quarterly reports, and surveys.

The quarterly report submission dates are as follows:
Q1: July, August, September - due November 15
Q2: October, November, December - due February 15
Q3: January, February, March - due May 15
Q4: April, May, June - due August 15

If any due dates land on a non-business day, the county CCS programs must submit their report on the next business day. If anything changes regarding the quarterly report process, DHCS will update the CCS Compliance, Monitoring, and Oversight webpage with the changes. DHCS will provide quarterly report results at the conclusion of the review.

County CCS programs must submit their quarterly reports to DHCS by submitting them through their respective DHCS SFTP portal. Quarterly reports must be labeled as "County Name X Quarter 20YY Quarterly Report" where X is the quarter and YY is the year.

1. Grievance Log (County and DHCS Reporting Responsibilities)

Column Name	Instructions	Responsible Entity

Date Grievance Filed (Column A)	Enter the date Grievance was filed using MM/DD/YYYY format	Classic Independent, Classic Dependent, Whole Child Model (WCM) Independent, WCM Dependent, DHCS
Date Grievance Acknowledged (Column B)	Enter the date when the Grievance was acknowledged by CCS program staff using MM/DD/YYYY format	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Method of Grievance Acknowledgement (Column C)	Select the method (phone call, mail, email, in person) used to acknowledge the Grievance	Classic Independent, Classic Dependent, WCM Independent,
CCS Beneficiary Full Name (Column D)	Enter the CCS beneficiary's full name	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Case Number (Column E)	Enter the CCS beneficiary's case number	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Full Name of Who is Filing the Grievance (Column F)	Enter the full name of the person filing the Grievance	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Relationship to the CCS Beneficiary (Column G)	Select the relationship of the person filling the Grievance to the CCS beneficiary	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Full Name of Representative Recording Grievance (Column H)	Enter the full name of the person recording the Grievance	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS

Type of Grievance (Column I)	Select the Grievance type (Standard, Expedited)	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Category of Grievance (Column J)	Select the category of the Grievance, e.g.; timely access, quality of care, etc.	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Description of Grievance (Column K)	Write a description of the Grievance	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Description of Action Taken by Local County CCS Program to Investigate and Resolve Grievance (Column L)	Write a description of the action taken by local county CCS program to investigate and resolve Grievance	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Grievance Status (Column M)	Select the status of the Grievance (Pending, Resolved, Referred/Closed, Req. DHCS for assistance)	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Grievance Resolution Exception (Column N)	Select "Yes" or "No" to identify if the Grievance is exempt	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Reason for Exception (Column O)	Write the reason the exception is being requested. Enter "NA" if not applicable.	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Entity Redirect To (If Applicable) (Column P)	Enter the entity (be as specific as possible) the Grievance was redirected to, if appropriate. Enter "NA" if not applicable.	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS

Full Name of Representative Responsible for Resolving Grievance (Column Q)	Enter the full name of the representative responsible for resolving the Grievance	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Date of Resolution (Column R)	Enter the date the Grievance was resolved using MM/DD/YYYY format, if pending enter "Pending"	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS
Date of Notification to CCS Representative of the Grievance Resolution (Column S)	Enter date the notification of the Grievance resolution was sent to CCS Beneficiary/Legal Guardian/Authorized Representative using MM/DD/YYYY format. If pending resolution enter "Pending"	Classic Independent, Classic Dependent, WCM Independent, WCM Dependent, DHCS

2. Appeals and State Hearing Log (County and DHCS Reporting Responsibilities)

Column Name	Instructions	Responsible Entity
Date Appeal/State Hearing Filed (Column A)	Enter the date appeal/State Hearing was filed using MM/DD/YYYY format	Classic Independent, WCM Independent, DHCS
Type of Request (Column B)	Select the type of request	Classic Independent, WCM Independent, DHCS
Reason for Appeal/State Hearing (Column C)	Select the reason for the appeal/State Hearing	Classic Independent, WCM Independent, DHCS
Full Name of Who is Filing the Appeal/State Hearing (Column D)	Enter the full name of the person filing the appeal/State Hearing	Classic Independent, WCM Independent, DHCS
Relationship to the CCS Applicant/Beneficiary (Column E)	Select the relationship of the person filing the appeal/State Hearing to the CCS applicant/beneficiary	Classic Independent, WCM Independent, DHCS
CCS Applicant/Beneficiary Full Name (Column F)	Enter the CCS applicant/beneficiary's full name	Classic Independent, WCM Independent, DHCS
Case Number (Column G)	Enter the CCS beneficiary's CCS case number	Classic Independent, WCM Independent, DHCS

Primary Language (Column H)	Select the primary language of the person filing the appeal/State Hearing	Classic Independent, WCM Independent, DHCS
Date (MM/DD/YYYY) Appeal Reviewed/Hearing Scheduled (Column I)	Enter the date the appeal was reviewed or the State Hearing was scheduled	Classic Independent, WCM Independent, DHCS
Appeal Review/Hearing Time (Column J)	Enter the time the appeal was reviewed or the time for the Stare Hearing	Classic Independent, WCM Independent, DHCS
Statement of Position Received (SOP) (Column K)	Select if an SOP was received	Classic Independent, WCM Independent, DHCS
Appeal/State Hearing Result (Column L)	Select the result of the Appeal/State Hearing	Classic Independent, WCM Independent, DHCS
Date (MM/DD/YYYY) Appeal/State Hearing Decision Mailed to CCS Beneficiary Authorized Representative, or Legal Guardian (Column M)	Enter the date the Appeal/State Hearing Decision Mailed to CCS Beneficiary Authorized Representative, or Legal Guardian using MM/DD/YYYY format	Classic Independent, WCM Independent, DHCS

3. Transition at Age 17 (County Reporting Responsibilities)

Column Name	Instructions	Responsible Entity
CCS Beneficiary Full Name (Column A)	Enter the CCS beneficiary full name	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Case Number (Column B)	Enter the CCS beneficiary's case number	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Date of Birth (DOB) (Column C)	Enter the CCS beneficiary's DOB	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Age (Column D)	Enter the CCS beneficiary's age	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Identified as High Risk (Column E)	Select if CCS beneficiary is identified as high risk	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only

What was the identifier, a CCS condition or an Medical Therapy Program (MTP)? (Column F)	Select the high risk identifier	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Has transition planning started? (Column G)	Select if transition planning has started	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Does it identify an adult specialist, medical group, or medical home? (Column H)	Select if an adult specialist, medical group, or medical home has been identified	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Does the transition planning require an authorized representative/legal guardian? (Column I)	Select if an authorized representative/legal guardian is needed	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only

4. Transition at Age 20 (County Reporting Responsibilities)

Column Name	Instructions	Responsible Entity
CCS Beneficiary Full Name CCS Beneficiary Full Name (Column A)	Enter the CCS beneficiary full name	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Case Number (Column B)	Enter the CCS beneficiary's case number	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Date of Birth (DOB) (Column C)	Enter the CCS beneficiary's DOB	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Age (Column D)	Enter the CCS beneficiary's age	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Identified as High Risk (Column E)	Select if CCS beneficiary is identified as high risk	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only

What was the identifier, a CCS condition or an MTP? (Column F)	Select the high risk identifier	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Is transition planning completed? (Column G)	Select if transition planning has been completed	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Does it identify an adult specialist, medical group, or medical home? (Column H)	Select if an adult specialist, medical group, or medical home has been identified	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Does the transition planning require an authorized representative/legal guardian? (Column I)	Select if an authorized representative/legal guardian is needed	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Was the transition plan shared with CCS beneficiary? (Column J)	Select if the transition plan was shared with the CCS beneficiary	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Was the transition plan shared with the authorized representative? (Column K)	Select if the transition plan was shared with the authorized representative	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Was the transition plan shared with the legal guardian? (Column L)	Select if the transition plan was shared with the legal guardian	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Was the transition plan shared with the Primary Care Provider (PCP)? (Column M)	Select if the transition plan was shared with the PCP	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only
Was the transition plan shared with the Managed Care Plan (MCP)? (Column N)	Select if the transition plan was shared with the MCP	Classic Independent Classic Dependent WCM Independent: CCS Only WCM Dependent: CCS Only

5. DHCS Reporting Responsibilities

Metric and Metric Description	Instructions	Responsible Entity

Service Authorization Request (SAR) Authorization: SARs authorized for CCS beneficiaries within five (5) business days upon receipt of all necessary documentation	DHCS will pull the reports from CMS Net	Classic Independent, WCM Independent, DHCS

6. Quarterly Activities (Reference)

This tab contains a listing of all the quarterly compliance activities. It also displays which county type is responsible for the compliance activity, the details of the metric, and the data source.

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

1. Grievance Log

Date (MM/DD/YYYY) Grievance Filed	Date (MM/DD/YYYY) Grievance Acknowledged	Method of Grievance Acknowledgement (Select from below)	CCS Beneficiary Full Name	Case Number	Full Name of Who is Filing the Grievance	Relationship to the CCS Beneficiary (Select from below)	Full Name of Representative Recording Grievance	Type of Grievance (Select from below)	Category of Grievance (Select from below)	Description of Grievance	Description of Action Taken by County CCS Program to Investigate and Resolve Grievance	Grievance Status (Select from below)	Grievance Resolution Exception (Select from below)	Reason for Exception (If not applicable, write 'N/A')	Entity Redirect To (If not applicable, write 'N/A')	Full Name of Representative Responsible for Resolving Grievance	Date (MM/DD/YYYY) of Resolution	Date (MM/DD/YYYY) of Notification to CCS Representative of the Grievance Resolution

California Children's Services Grievance, Appeal, and State Hearing Fact Sheet

Do you have a concern or disagree with a decision made by the Department of Health Care Services' (DHCS) California Children's Services (CCS) program?

You have the right to file a CCS program grievance, appeal, or request a state hearing.

Grievance

You may file a grievance any time for concerns with:

- Coordination of your or your child's care, services, equipment, or appointments
- Poor customer service
- Discrimination against you or your child
- Health information privacy
- Quality of your or your child's care
- Referrals for services
- Scheduling appointments
- Timeliness of service authorizations or CCS program eligibility decisions

Grievances are resolved within **30 calendar days**. If your grievance involves serious threat of harm, such as severe pain, or potential loss of life, limb, or major bodily function, they are resolved within **3 business days**.[i]

Ways to File a Grievance*

Email	CCS@ph.lacounty.gov	**Mail**	CCS, 9320 Telstar Avenue #200 El Monte, CA 91731
Phone	(800) 288-4584 711 for TTY	**In Person**	CCS, 9320 Telstar Avenue #200 El Monte, CA 91731

Appeal

You may file an appeal with DHCS and/or the CCS program within **30 calendar days** from the date you receive written notice of a decision you disagree with. You can file an appeal about:

- A reduction or change of services
- Requested services not being covered
- A decision to end your or your child's CCS program eligibility
- An increase in the amount to be paid to the CCS program

If the county CCS program needs more information to make a decision, it must respond within **21 calendar days** of receiving the additional information. Appeal decisions will be sent to you within **21 calendar days** in a First Level Appeal Response Notice of Action (NOA) and includes information about the denial (including the basis for the decision, related facts, and supporting law) as well as information for filing for a state hearing.

Continuation of Services: Families have the right to continue receiving CCS coverage and previously approved CCS services during the appeal process. Continuation of services is not available for pending CCS program applicants, as they have not previously received CCS services. If services are denied, reduced, or modified, members can receive the services previously approved for the rest of the appeal process or until there is a final decision on the matter. To continue your CCS services, submit a request to the county CCS program by phone, email, mail, or in person.

Note: A state hearing may be requested at any point in the denial process. A First Level Appeal is not required to file a state hearing request.

If you have Medi-Cal, you may ask the CCS program or Medi-Cal to continue your benefits or services until your appeal is resolved or you receive a decision after your state hearing. If you withdraw your request for an appeal, services will stop at that time. Your right to a state hearing is described below.

Ways to File an Appeal*

Email	CCS@ph.lacounty.gov
Mail, In Person, or by Phone	CCS, 9320 Telstar Avenue #200 El Monte, CA 91731 (800) 288-4584 711 for TTY

State Hearing

You have the right to request a state hearing to challenge the decision made by the CCS agency. The request for a state hearing may be made without filing a First Level Appeal. You do not need to wait to receive a decision on your First Level Appeal before requesting a state hearing. You also have the right to request a state hearing within **120 calendar days** of receiving written notice of your denial/appeal if your appeal is denied. A state hearing allows you to resolve your dispute in a fair and timely manner. You have the right to have your hearing by phone, video, or in person. You also have the right to disability accommodations. At least two days before the hearing, the county, or DHCS, will provide the family with a statement of position document explaining the reason for the decision. At the hearing, the administrative law judge will allow both sides to explain their position, and the family will have an opportunity to present evidence, including testimony or letters from treating doctors.

Continuation of Services: Families have the right to continue receiving CCS coverage and previously approved CCS services during the state hearing process. Continuation of services is not available for

pending CCS program applicants, as they have not previously received CCS services. If services are denied, reduced, or modified, members can receive the services previously approved for the rest of the state hearing process or until there is a final decision on the matter. To continue your CCS services, submit a request to the county CCS program by phone, email, mail, or in person and email DHCS at ISCDHAU@dhcs.ca.gov.[ii]

DHCS received a federal waiver to extend the timeframe for members to request a state hearing, allowing up to 120 days from the date when the NOA was mailed. This benefit will expire on June 30, 2025. Beginning July 1, 2025, families will have 90 days from the date on the NOA to request a state hearing. In addition, the waiver provides for the automatic continuation of CCS services to all members who request a state hearing within 120 days of the NOA. This benefit will end on June 30, 2025.

If you have Medi-Cal, you may ask the CCS program or Medi-Cal to continue your benefits or services until your appeal is resolved or you receive a decision after your State Hearing. If you withdraw your request for a state hearing or if there is a final hearing decision against you, services will be stopped at that time. State hearing decisions will be sent to you **after the hearing**.

Ways to Request a State Hearing*

Phone	(800) 743-8525 (Voice) (800) 952-8349 (TDD)	**Mail**	California Department of Social Services State Hearings Division P.O. Box 944243, MS 21-37 Sacramento, California 94244-2430
Fax	(833) 281-0905	**Online**	https://www.cdss.ca.gov/hearing-requests

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CCS program, benefits, and other information are available on the DHCS website at https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx.

[i] CCS families with Medi-Cal can file grievances and appeals through Medi-Cal. Please check with your local CCS county for more information.

[ii] Continuation of services is currently automatically approved. Automatic approval will end on June 30, 2025.

* Translation assistance and reasonable accommodations are available for phone and in-person assistance.

Hoja informativa sobre quejas, apelaciones y audiencias estatales de los Servicios para Niños de California

¿Tiene alguna inquietud o no está de acuerdo con una decisión tomada por el programa de los Servicios para Niños de California (CCS, por sus siglas en inglés) del Departamento de Servicios de Atención Médica (DHCS, por sus siglas en inglés)?

Usted tiene derecho a presentar una queja, una apelación o solicitar una audiencia estatal con respecto a un programa de CCS.

Queja

Puede presentar una queja en cualquier momento por problemas con:

- Coordinación de su atención o la de su hijo, servicios, equipos o citas.
- Mala atención al cliente.
- Discriminación contra usted o su hijo.
- Privacidad de la información médica.
- Calidad de su atención o la de su hijo.
- Derivación a los servicios.
- Programación de citas.
- Puntualidad de las autorizaciones de servicios o de las decisiones de elegibilidad del programa de CCS.

Las quejas se resuelven en un plazo de **30 días naturales**. Si su queja implica una amenaza grave de daño, como dolor intenso o pérdida potencial de la vida, un miembro o una función corporal importante, se resolverá en un plazo de **3 días hábiles**.[i]

Formas de presentar una queja*

Correo electrónico	CCS@ph.lacounty.gov	**Correo postal**	CCS, 9320 Telstar Avenue #200 El Monte, CA 91731
Teléfono	(800) 288-4584 711 para TTY	**En persona**	CCS, 9320 Telstar Avenue #200 El Monte, CA 91731

Apelación

Puede presentar una apelación ante el DHCS y/o el programa de CCS dentro de **30 días naturales** a partir de la fecha en que recibió la notificación por escrito de la decisión con la que no está de acuerdo. Puede presentar una apelación sobre:

- Una reducción o cambio de servicios.
- Servicios solicitados no cubiertos.
- Decisión de poner fin a su elegibilidad o la de su hijo al programa de CCS.
- Un aumento del importe que se pagará al programa de CCS.

Si el programa de CCS del condado necesita más información para tomar una decisión, deberá responder en un plazo de **21 días naturales** a partir de la recepción de la información adicional. Las decisiones de apelación se le enviarán en un plazo de **21 días naturales** en una Notificación de Acción (NOA, por sus siglas en inglés) de respuesta a la apelación de primer nivel e incluirán información sobre la denegación (incluyendo la base de la decisión, los hechos relacionados y la ley de apoyo), así como información para solicitar una audiencia estatal.

Continuación de los servicios: las familias tienen derecho a seguir recibiendo la cobertura de CCS y los servicios de CCS previamente aprobados durante el proceso de apelación. La continuación de los servicios no está disponible para los solicitantes pendientes del programa de CCS, ya que no han recibido anteriormente servicios de CCS. Si los servicios se deniegan, reducen o modifican, los afiliados pueden recibir los servicios aprobados previamente durante el resto del proceso de apelación o hasta que haya una decisión definitiva al respecto. Para continuar con sus servicios de CCS, presente una solicitud al programa de CCS del condado por teléfono, correo electrónico, correo postal o en persona.

Observación: se puede solicitar una audiencia estatal en cualquier momento del proceso de denegación. No se necesita una apelación de primer nivel para presentar una solicitud de audiencia estatal.

Si tiene Medi-Cal, puede pedir al programa de CCS o a Medi-Cal que continúen sus prestaciones o servicios hasta que se resuelva su apelación o reciba una decisión después de su audiencia estatal. Si usted retira su solicitud de apelación, los servicios cesarán en ese momento. A continuación se describe su derecho a una audiencia estatal.

Formas de presentar una apelación*

Correo electrónico	CCS@ph.lacounty.gov
Por correo postal, en persona o por teléfono	CCS, 9320 Telstar Avenue #200 El Monte, CA 91731 (800) 288-4584 711 para TTY

Audiencia estatal

Usted tiene derecho a solicitar una audiencia estatal para impugnar la decisión tomada por la agencia de CCS. La solicitud de una audiencia estatal puede realizarse sin presentar una apelación de primer nivel. No es necesario esperar a recibir una decisión sobre su apelación de primer nivel antes de solicitar una audiencia estatal. También tiene derecho a solicitar una audiencia estatal en un plazo de **120 días naturales** a partir de la recepción de la notificación por escrito de su denegación/apelación si su apelación es denegada. Una audiencia estatal le permite resolver su conflicto de manera justa y oportuna. Tiene derecho a que su audiencia se celebre por teléfono, video o en persona. También tiene derecho a que se le hagan adaptaciones por discapacidad. Al menos dos días antes de la audiencia, el condado, o el DHCS, proporcionará a la familia un documento de declaración de posición que explique el motivo de la decisión. En la audiencia, el juez de derecho administrativo permitirá que ambas partes expliquen su postura, y la

familia tendrá la oportunidad de presentar pruebas, incluidos testimonios o cartas de los médicos tratantes.

Continuación de los servicios: las familias tienen derecho a seguir recibiendo la cobertura de CCS y los servicios de CCS previamente aprobados durante el proceso de audiencia estatal. La continuación de los servicios no está disponible para solicitantes pendientes del programa de CCS, ya que no han recibido anteriormente servicios de CCS. Si los servicios se deniegan, reducen o modifican, los afiliados pueden recibir los servicios aprobados previamente durante el resto del proceso de audiencia estatal o hasta que haya una decisión definitiva al respecto. Para continuar con sus servicios de CCS, presente una solicitud al programa de CCS del condado por teléfono, correo electrónico, correo postal o en persona y envíe un correo electrónico al DHCS a ISCDHAU@dhcs.ca.gov.[ii]

El DHCS recibió una exención federal para extender el plazo para que los miembros soliciten una audiencia estatal, permitiendo hasta 120 días a partir de la fecha en que la NOA se envió por correo. Esta prestación expirará el 30 de junio de 2025. A partir del 1 de julio de 2025, las familias dispondrán de 90 días a partir de la fecha en la NOA para solicitar una audiencia estatal. Además, la exención prevé la continuación automática de los servicios de CCS para todos los afiliados que soliciten una audiencia estatal en un plazo de 120 días a partir de la NOA. Esta prestación finalizará el 30 de junio de 2025.

Si tiene Medi-Cal, puede pedir al programa de CCS o a Medi-Cal que continúen sus prestaciones o servicios hasta que se resuelva su apelación o reciba una decisión después de su audiencia estatal. Si retira su solicitud de audiencia estatal o si hay una decisión final de la audiencia en su contra, los servicios se interrumpirán en ese momento. Las decisiones de la audiencia estatal se le enviarán **después de la audiencia**.

Formas de solicitar una audiencia estatal*

Teléfono	(800) 743-8525 (Voz) (800) 952-8349 (TDD)
Fax	(833) 281-0905

Correo postal	California Department of Social Services State Hearings Division P.O. Box 944243, MS 21-37 Sacramento, California 94244-2430
En línea	https://www.cdss.ca.gov/hearing-requests

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El programa de CCS, las prestaciones y otra información están disponibles en el sitio web del DHCS en https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx.

[i] Las familias de CCS con Medi-Cal pueden presentar quejas y apelaciones a través de Medi-Cal. Para obtener más información, póngase en contacto con su CCS local del condado.

[ii] En la actualidad, la continuación de los servicios se aprueba automáticamente. La aprobación automática finalizará el 30 de junio de 2025.

* Se ofrece asistencia de traducción y adaptaciones razonables para la asistencia telefónica y presencial.

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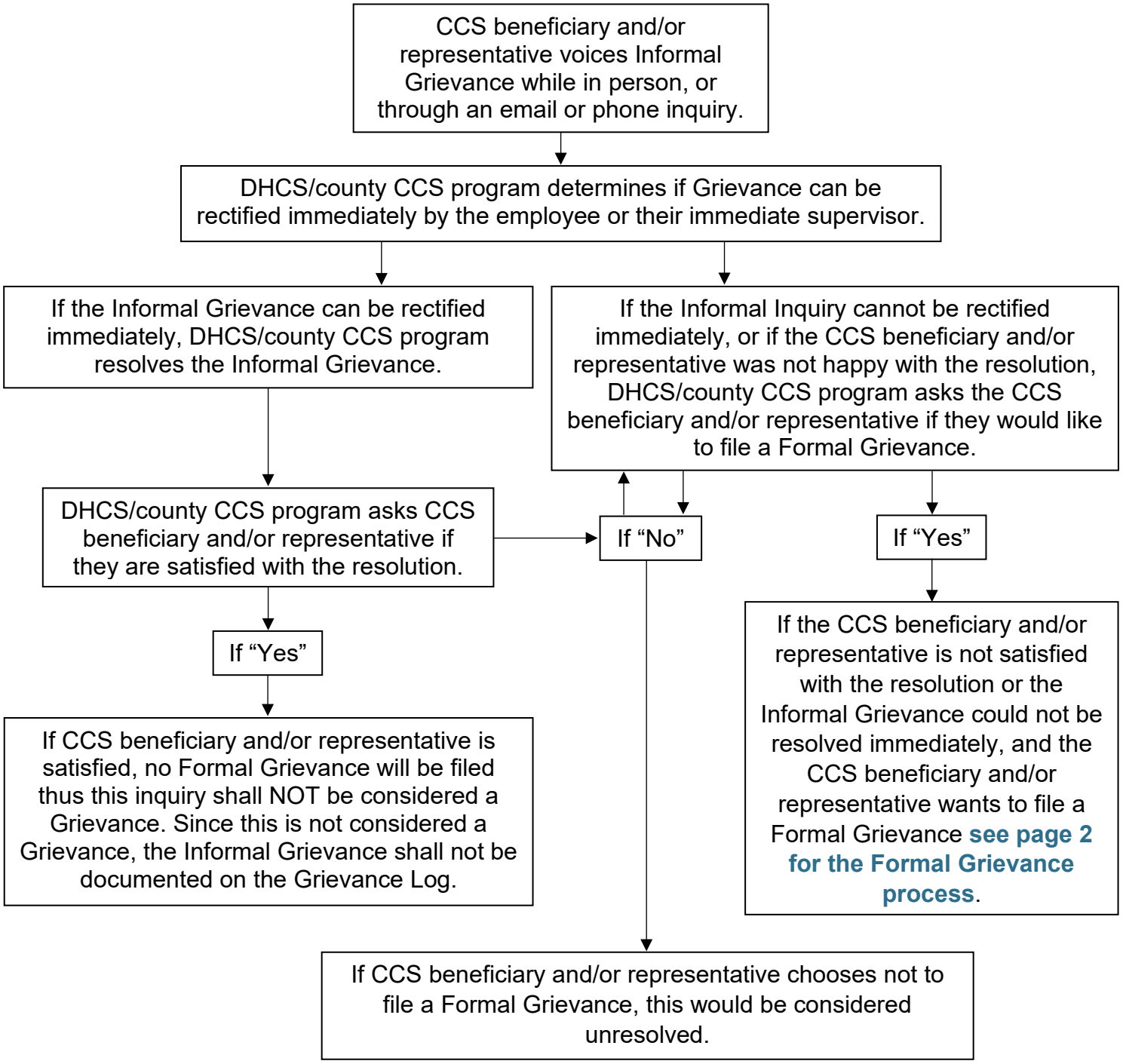
Michelle Baass | Director

Attachment A: Grievance Flowchart

Informal Grievance Process



Formal Grievance Process

CCS beneficiary and/or representative requests to file a Formal Grievance. If CCS beneficiary and/or representative does not provide a completed Grievance Form, DHCS/County CCS program inquires if they need assistance in completing the form.

Once the Grievance Form is filled out completely, the Formal Grievance process is established.

INTAKE
DHCS/county CCS program determines if the Formal Grievance is Standard or Expedited.

Standard Grievances

Acknowledge
DHCS/county CCS program has five (5) business days to:
- Acknowledge the Grievance.
- Send the Grievance to the county CCS program to resolve if needed.

If "Not Send"

If "Send"

Acknowledge
DHCS/county CCS program must acknowledge the Grievance within five (5) business days from the date of receipt.

Resolution
Standard Grievances must be addressed within 30 calendar days from the date of receipt by notifying in writing the outcome and status within five (5) business days of the date the Standard Grievance was resolved.

In cases where the Standard Grievance cannot be resolved, DHCS/county CCS program provides a detailed explanation in the Grievance Log as to the reason(s) the Grievance could not be resolved and is exempt.

Expedited Grievances

DHCS/county CCS program redirects the CCS beneficiary and/or representative to the appropriate entity with their Grievance contact information.

Acknowledge
A reasonable effort must be made to verbally acknowledge an Expedited Grievance via a phone call with the CCS beneficiary and/or representative within one (1) business day of receipt.

Resolution
Expedited Grievances must be addressed within three (3) business days of receipt. A reasonable attempt must be made to verbally notify the CCS beneficiary and/or representative regarding the status and follow-up with a notification in writing.

If the Grievance is unresolvable, add a detailed explanation in the Grievance Log explaining the reason(s). Unresolvable Grievances, not within the scope of county duties, are exempt from the county CCS program's responsibility to resolve.