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