

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

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

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**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.

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**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."

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## 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 not 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.

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- ▶ **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 detail 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](mailto: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*).

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## 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** The Grievance Form may be sent to LAC CCS in the following ways:
    - 1) Email to: [CCS@ph.lacounty.gov](mailto: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.

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- C 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.
  - D If assistance is required completing a Grievance Form by a beneficiary and/or family member and/or an authorized representative, they may call LAC CCS at (800) 288-4584.
  - E For grievances delivered in-person to the street address above, DPH staff will follow the procedures outlined in P&P # 814 (“In-Person Client Visits at the DPH Telstar Facility, CCS”).
  - F LAC CCS must provide assistance to any CCS beneficiaries and/or their representatives requesting help completing Grievance Forms.
  - G 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](mailto: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](mailto:CCSMonitoring@dhcs.ca.gov)

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- 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 than 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 in Procedure # 5 C), when informal grievances are received by LAC CCS staff:
- 1) The should be discussed with the staff member's immediate supervisor for possible resolution, and the staff member and the supervisor will attempt to resolve the complaint with the beneficiary and/or representative.
  - 2) If the information grievance cannot be rectified immediately by the supervisor, the supervisor will inquire from the beneficiary or representative if s/he would like to file a formal grievance and forward the details of the incident and case to the appropriate LAC CCS managerial unit (e.g., Nurse Manager[s] in LAC CCS Nursing).
  - 3) All informal grievances in which a supervisor inquires if a beneficiary or representative would like to file a formal grievance should be documented in a CMS Net case note and forwarded to the Legal Desk for documentation and tracking.
  - 4) The LAC CCS Legal Desk is available as a resource to advise any LAC CCS staff member or supervisor when responding to grievances.
- C** The CCS Call Center often receives complaints in the form of inquiries to the Call Center 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.

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- 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](mailto: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.


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## 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
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**NOTED and  
APPROVED:**



**DATE:** November 16, 2024

**PRINT NAME  
and TITLE:**

Anna Long, PhD, MPH, Director, CMS

**ADOPTION  
and REVISIONS:**

8/21/2024