

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.

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 42140⁴ 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 42140⁶ 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](#)

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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 Medical 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](#)

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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