



# California Children’s Services Compliance, Monitoring, and Oversight Technical Assistance Guide

## Quarterly Report

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# Introduction

Welfare and Institutions (W&I) Code article 5.51, section 4184.600 (b) of the California Advancing and Innovating Medi-Cal (CalAIM) initiative authorized the Department of Health Care Services (DHCS) to enhance oversight and monitoring of the counties' administration of the California Children's Services (CCS) program including, "conducting periodic CCS quality assurance reviews and audits to assess compliance with established standards".<sup>1</sup> DHCS will conduct desk, virtual, and onsite Surveys, and request Annual and Quarterly Reports to determine county CCS program compliance. DHCS also has the authority to request supplemental documentation or conduct further surveys to ensure counties meet compliance. In cases where performance consistently falls below expectations, DHCS will offer technical assistance to the counties and work on continuous quality improvement before imposing financial penalties.

This TAG provides guidance for the Quarterly Reports. County CCS programs shall ensure county staff receive proper training and have policies and procedures on all responsibilities outlined in the Memorandum of Understanding (MOU), Roles and Responsibilities Table in the MOU, applicable CCS Numbered Letters (NL), and especially the compliance activities listed in this TAG. DHCS may request county CCS program's policies and procedures or training documentation if Findings are discovered.

## Guidance On Using this TAG

DHCS created TAGs for each reporting requirement (Annual Report, Quarterly Report, and Survey). This TAG is designed to identify the compliance activities assessed, inform county CCS programs of the Quarterly Report process, support counties in maintaining compliance, and increase transparency. The provisions included in this TAG are intended to serve as guidance only and as a quick point of reference. Each TAG is broken down into, and includes, the following components, as applicable:

- » **Compliance Activity:** This section identifies compliance activities at the focus of the review. While references to specific compliance activities may assist county CCS programs with narrowing the scope of review in preparation for the report, it does not preclude DHCS from investigating a county's CCS program compliance with other MOU requirements not explicitly named. County CCS programs are ultimately responsible for ensuring compliance with all provisions of the MOU and other applicable federal and State Guidance.
- » **Authority:** The section lists the authority for the compliance activity.

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<sup>1</sup> [W&I Code, article 5.51, § 14184.600 \(b\)](#)

- » **Quarterly Documentation Reviewed:** This section identifies the (1) county documentation to be submitted to DHCS and (2) the reports DHCS will pull on behalf of the county CCS programs. Subsequent follow-up may be requested by DHCS after the initial review. This follow up may include but is not limited to additional documentation and interviews with key county CCS program staff.
  - The initial documentation requests may include, but are not limited to, policies and procedures, organizational charts, meeting minutes, monitoring reports, data logs, etc.
  - The reports DHCS will pull on behalf of the county CCS programs may include, but are not limited to, Children's Medical Services (CMS) Net and Microsoft Business Intelligence (MSBI) reports.

While the documentation reviewed provides DHCS with a general overview of the county operational structure regarding compliance with MOU requirements, it is not all encompassing. Therefore, to ease the burden of further document requests made, the county CCS program is advised to submit additional documentation for review (even if not explicitly requested) if they believe review of such information would assist DHCS with assessing compliance.

- » **Examples of Best Practices:** This section details examples of best practices. The examples listed include strategies to demonstrate compliance with a given activity or successfully remediate an identified Finding. Every county and each review are unique, therefore best practices do not always transfer seamlessly. While DHCS does not monitor to best practices, the burden is on the county CCS program to demonstrate meeting MOU requirements. The county CCS program should conduct quality assurance checks on existing processes, develop and/or update policies and procedures, improve process flows, and monitor other activities needed to meet MOU requirements. When monitoring efforts reveal patterns of non-compliance, the county CCS program should be able to produce documented evidence of barrier analysis and remedial actions enacted to substantiate efforts to bring the county CCS program into compliance.

# Quarterly Report

## Administrative

Compliance Activity	Authority	Documentation Reviewed	Examples of Best Practices
<b>Service Authorization Requests (SAR)</b>			
<b>For Classic Independent, Whole Child Model (WCM) Independent: CCS only counties only-</b> SARs authorized for CCS beneficiaries within five (5) business days upon receipt of all necessary documentation	» <a href="#">CCS Program Administrative Case Management Manual</a> » <a href="#">NL 20-0997</a>	» CMS Net SAR Adjudication Report	» County CCS program's policies and procedures address how the county will adjudicate SARs within five (5) business days of receipt of all necessary documentation  » Provide onboarding and periodic training to ensure staff have a clear understanding of the SAR process and deadlines  » County CCS program conducts internal monitoring at a set frequency

## Case Management

Compliance Activity	Authority	Documentation Reviewed	Examples of Best Practices
<b>Transition Planning, Age 17</b>			
<b>For Classic Independent, Classic Dependent, WCM Independent: CCS only, WCM Dependent: CCS only counties-</b> At age 17, County CCS program begins to	» <a href="#">CCS Program Administrative Case Management Manual</a> » <a href="#">NL 09-1123</a>	» MSBI <i>CMS 04-Transition Planning_County_010404</i> <b>and</b> » <i>Transition at Age 17</i> log within <i>Quarterly Report</i>	» County CCS program's policies and procedures address how the county will: review and determine high risk* CCS beneficiaries age 17, begin transition planning for all high risk* CCS beneficiaries age 17, and coordinate

## Case Management

Compliance Activity	Authority	Documentation Reviewed	Examples of Best Practices
<p>develop the transition plan for all high-risk<sup>2</sup> CCS beneficiaries and shares the transition plan with the Primary Care Provider (PCP) and/or Medi-Cal Managed Care Plan (MCP) to include:</p> <ul style="list-style-type: none"> <li>» The identified adult specialist, medical group, or Medical Home</li> <li>» Authorized Representative/legal guardian (if needed)</li> </ul>			<p>care with providers, CCS beneficiaries, and authorized representative/legal guardian (if needed)</p> <ul style="list-style-type: none"> <li>» Provide onboarding and periodic training to ensure staff have a clear understanding of the transition planning process and timeframe</li> <li>» County fully completes <i>Transition at Age 17</i> log within <i>Quarterly Report</i> for all CCS beneficiaries age 17 and conducts internal monitoring at a set frequency</li> </ul>
<b>Transition Planning, Age 20</b>			
<p><b>For Classic Independent, Classic Dependent, WCM Independent: CCS only, WCM Dependent: CCS only counties only-</b> At age 20, the exit summary for the transition plan for all high-risk<sup>3</sup> CCS beneficiaries is developed and</p>	<ul style="list-style-type: none"> <li>» <a href="#">CCS Program Administrative Case Management Manual</a></li> <li>» <a href="#">NL 09-1123</a></li> </ul>	<ul style="list-style-type: none"> <li>» MSBI <i>CMS 04-Transition Planning_County_010404</i> <b>and</b></li> <li>» <i>Transition at Age 20 within Quarterly Report</i></li> </ul>	<ul style="list-style-type: none"> <li>» County CCS program's policies and procedures address how the county will: develop an exit summary for all high-risk CCS beneficiaries age 20 and coordinate care with providers, CCS beneficiaries, and authorized representative/legal guardian (if needed)</li> </ul>

<sup>2</sup> CCS beneficiaries who are expected to have chronic health conditions that will extend past their twenty-first birthday as defined in the [High-Risk Assessment Tool](#)

<sup>3</sup> CCS beneficiaries who are expected to have chronic health conditions that will extend past their twenty-first birthday as defined in the [High-Risk Assessment Tool](#)

## Case Management

Compliance Activity	Authority	Documentation Reviewed	Examples of Best Practices
<p>shared with the CCS beneficiary, Authorized Representative/legal guardian (if necessary), PCP, and/or MCP to include:</p> <ul style="list-style-type: none"> <li>» The identified adult specialist, medical group, or Medical Home and;</li> <li>» Authorized representative/legal guardian (if needed)</li> </ul>			<ul style="list-style-type: none"> <li>» Provide onboarding and periodic training to ensure staff have a clear understanding of the transition planning process and timeframe</li> <li>» County fully completes <i>Transition at Age 17</i> log within <i>Quarterly Report</i> for all CCS beneficiaries age 20 and conducts internal monitoring at a set frequency</li> </ul>
Resolution of Grievances			
<p>Acknowledge standard grievances within five (5) business days, address standard grievances within 30 calendar days, and expedited grievances within three (3) business days.</p>	<ul style="list-style-type: none"> <li>» <a href="#">NL 06-1023</a></li> </ul>	<ul style="list-style-type: none"> <li>» <i>Grievance Log</i> within <i>Quarterly Report</i></li> </ul>	<ul style="list-style-type: none"> <li>» County CCS program's policies and procedures address how the county will: acknowledge, review, address, coordinate with other entities when needed, and notify CCS beneficiaries of resolution per NL 06-1023</li> <li>» Provide onboarding and periodic training to ensure staff have a clear understanding of the county grievance process and deadlines</li> <li>» County fully completes <i>Grievance Log</i> within <i>Quarterly Report</i> for all formal</li> </ul>

## Case Management

Compliance Activity	Authority	Documentation Reviewed	Examples of Best Practices
			grievances and conducts internal monitoring at a set frequency
<b>Resolution of Appeals</b>			
<b>For Classic Independent, WCM Independent Only-</b> CCS agencies shall review the appeal and mail the written response with the basis for the decision, including pertinent facts and supporting statutes or regulations to the CCS beneficiary, authorized representative, or legal guardian within 21 calendar days upon receipt of sufficient information	» <a href="#">Cal. Code Regs., tit. 22, § 42160</a> » <a href="#">Cal. Code Regs., tit. 22, § 42321 (a)(1)(2)</a> » <a href="#">NL 04-0424</a>	» <i>Appeal and State Hearing Log</i> within <i>Quarterly Report</i>	» County CCS program's policies and procedures address how the county will: acknowledge, review, coordinate with other entities when needed, and mail written response to CCS beneficiaries within 21 calendar days upon receipt of sufficient information of resolution per NL 04-0424  » Provide onboarding and periodic training to ensure staff have a clear understanding of the appeals process and deadlines  » County fully completes <i>Appeal and State Hearing Log</i> within <i>Quarterly Report</i> for all appeals and conducts internal monitoring at a set frequency

# Definitions

1. **Addressed** – Acknowledged or resolved.
2. **Appeal/First Level Appeal** – A request for DHCS to review a decision made by designated CCS agency when the CCS beneficiary and/or representative disagrees with the decision. Pursuant to Cal. Code Regs., tit. 22, sections 42140<sup>4</sup> and 42160.<sup>5</sup>
3. **Authorized Representative** – A person specifically designated in writing to act or make decisions on behalf of a CCS beneficiary.
4. **Business Day(s)** – Monday through Friday within standard business hours. Business Days exclude weekends and public holidays.
5. **CCS Representative** – The CCS applicant, beneficiary, legal guardian, or Authorized Representative.
6. **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.
7. **Finding:** Noncompliance identified as a result of the evaluation of relevant information reviewed through Quarterly or Annual Reports, or Survey.
8. **Formal Grievance** – A Grievance in which the CCS beneficiaries and/or representatives 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.
9. **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<sup>6</sup> and identified in a CCS Notice of Action including, but not limited to, a 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.
10. **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

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<sup>4</sup> [Cal. Code Regs., tit. 22, § 42140](#)

<sup>5</sup> [Cal. Code Regs., tit. 22 § 42160](#)

<sup>6</sup> [Cal. Code Regs., tit. 22, § 42140](#)



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.

- 11. Medical Home** – The primary location where the beneficiary’s CCS eligible condition is treated.
- 12. Quarterly Report** – Information on compliance activities county CCS programs submit to DHCS quarterly.
- 13. Survey** – An administrative and/or clinical inspection process to ensure compliance with statutes, regulations, and CCS guidelines.
- 14. Standard Grievance** – Grievances that do not involve an imminent and serious threat to the health of the CCS beneficiary as defined above.
- 15. State Guidance** – Current CCS program guidance outlining specific roles and responsibilities. This was established through statutes, regulations, NLs, the CCS Program Administrative Case Management Manual, and other relevant DHCS guidance.
- 16. 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 of Regs., tit. 22, section 42160.<sup>7</sup>
- 17. Whole Child Model (WCM)** – Senate Bill (SB) 586<sup>8</sup> authorized DHCS to establish the WCM program in designated County Organized Health System or Regional Health Authority counties to incorporate CCS program covered Services for Medi-Cal eligible CCS children and youth into an MCP contract. The approach is consistent with the primary goals of providing comprehensive treatment and focusing on the whole child, including the child’s full range of needs rather than only the CCS health condition.

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<sup>7</sup> [Cal. Code Regs., tit. 22 § 42160](#)

<sup>8</sup> [SB 586](#)