

DATE: January 16, 2026

NL: 01-0126

Supersedes: Plan and Fiscal Guidelines, Section 3,
California Children's Services Performance Measures,

NL 09-1123, and IN:10-02

Index: Program Administration

TO: All County California Children's Services Administrators

SUBJECT: California Children's Services Program Reporting and Survey Process

I. PURPOSE

The purpose of this California Children's Services (CCS) Numbered Letter (NL) is to establish a policy for monitoring and oversight of county CCS programs on their administration of the CCS program, including the Medical Therapy Program (MTP). The county's performance will be monitored and evaluated through submission of Annual and Quarterly Reports, reports pulled by the Department of Health Care Services (DHCS), and Surveys. The goal is to have all county CCS programs comply with statutes, regulations, and policies to deliver care in a standardized, consistent manner across the state.

II. BACKGROUND

Health and Safety (Health & Saf.) Code 123805¹ provides DHCS the authority to monitor and oversee 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 (CalAIM) 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."² These efforts promote program integrity, provide early warning signs of potential program challenges, and ensures program administration consistency across the state.

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

¹ [Health & Saf. Code 123805](#)

² [W&I Code, Article 5.51, § 14184.600 \(b\)](#)

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 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."

III. POLICY

DHCS will conduct Desk, Virtual, and Onsite Surveys, and request Annual and Quarterly Reports to develop county CCS program Progress Summaries. County CCS programs must comply with all current CCS program State Guidance and have the option to perform new county activities (see Attachment A). If DHCS does not have information on existing activities, county CCS programs may be subject to a Survey in which DHCS may request and review information in case files. Survey and reporting include, but are 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 August 15 of every year.
3. Provide requested information for a 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.

DHCS will develop Progress Summaries for all county CCS programs based on the Annual and Quarterly Reports submitted to DHCS, reports pulled by DHCS, and Surveys. For county CCS programs that choose not to submit Annual and Quarterly Reports, DHCS will report on information received and reports pulled by DHCS. If no information is received on a compliance activity, the Progress Summary will note "Not Available" for the activity. DHCS will provide technical assistance and training opportunities, as deemed appropriate.

A. Definitions

- 1. Annual Report:** Information on compliance activities county CCS programs submit to DHCS annually.³
- 2. Corrective Action Plan (CAP):** Proposed remediation plan to address identified Findings.
- 3. County Entrance Interview:** A DHCS facilitated discussion on the first day of a Survey during which DHCS will share relevant information, expectations, and an overview of the Survey process with the county CCS program.
- 4. County Exit Interview:** A DHCS facilitated discussion to discuss Progress Summary Finding reports with the county CCS program.
- 5. Desk Survey:** A DHCS offsite review of compliance data and information provided by county CCS programs.
- 6. Extenuating Circumstances:** Circumstances that are sudden or unexpected, significantly disruptive, and beyond the control of a county CCS program or DHCS.
- 7. Finding:** Noncompliance identified as a result of the evaluation of relevant information reviewed through Quarterly or Annual Reports, or Surveys.
- 8. Good Faith Effort:** A determination that a county has taken all reasonable action necessary to meet compliance standards and exhausted all methods to resolve Findings. This includes actions taken to address Findings that are credible, genuine, and with clear progression toward resolution of the Findings.
- 9. Onsite Survey:** A DHCS onsite review to evaluate county CCS program compliance.
- 10. Progress Summary:** An overview of the achievements and challenges of county CCS program's administration of the CCS program, enabling informed decisions to assess performance,

³ DHCS has established State Guidance to enforce these compliance activities.

training needs, and make necessary adjustments.

11. Quarterly Report: Information on compliance activities county CCS programs submit to DHCS quarterly.⁴

12. State Guidance: Current CCS program guidance outlining specific roles and responsibilities. This is established through statutes, regulations, NLs, the CCS Program Administrative Case Management Manual, and other relevant DHCS guidance.

13. Supplemental Information Request: Request by DHCS for county CCS programs to provide additional information to support compliance or remediation efforts.

14. Survey: An administrative review process to ensure compliance with federal and state requirements, statutes, regulations, and CCS guidelines.

15. Survey Results: DHCS' complete list of Findings identified through Desk, Virtual, and Onsite Surveys.

16. Technical Assistance Guides: Guidelines that identify key elements that will be evaluated to inform county CCS programs of the Survey process and increase transparency.

17. Virtual Survey: A DHCS offsite review conducted virtually to evaluate program compliance.

IV. OVERSIGHT AND MONITORING

DHCS is responsible for conducting oversight and monitoring of county administration of the CCS program.⁵

A. Program Core Administrative Domains

DHCS will monitor the following program core administrative domains:⁶

1. Access to Care
2. Administrative
3. Authorizations
4. Case Management/Care Coordination

⁴ DHCS has established State Guidance to enforce these compliance activities.

⁵ [W&I Code, article 5.51, § 14184.600 \(b\)](#)

⁶ [W&I Code, article 5.51, § 14184.600 \(b\)\(2\)](#)

5. Eligibility
6. Quality

B. Oversight and Monitoring

Oversight and monitoring of county administration of the CCS program will occur through the following:

1. Quarterly Report
2. Annual Report
3. Survey

The compliance activities evaluated through Quarterly Reports, Annual Reports, and Surveys are outlined in the CCS Monitoring and Oversight Memorandum of Understanding (MOU) Roles and Responsibilities Table attachment, in State Guidance, and in exhibits one (1) through two (2) of the CCS county monitoring templates. All Progress Summaries will be posted in a portal only accessible to county CCS programs and DHCS.

C. Annual and Quarterly Reports

DHCS will begin monitoring and assessing the county CCS programs' Annual and Quarterly Reports on July 1, 2025.

DHCS will report on the information received from county CCS programs and reports pulled by DHCS. If county CCS programs submit optional activities, they can either provide their current existing logs or the DHCS provided templates available in (Exhibits one (1) and/or two (2)). If county CCS programs do not submit optional activities, DHCS will report on the information available and may review county case files to develop county Progress Summaries.

In either situation, DHCS will request additional information and provide technical assistance to county CCS programs on identified Findings. Findings from Annual and Quarterly Reports may result in a Desk, Virtual, and/or Onsite Survey if non-compliance goes unresolved for more than 30 calendar days.

1. Annual Reports

- a) **Exhibit 2: CCS County Monitoring Template: Annual Reports** is available on the DHCS CCS Compliance, Monitoring and Oversight webpage. DHCS will provide Annual Report results to the respective county CCS program at the conclusion of the review and publish them in a portal only accessible to county CCS programs and DHCS.

b) The Annual Report submission dates are as follows:

Annual Fiscal Year: July – June	Annual Report Due Date ⁷ August 15
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c) County CCS programs will submit their Annual Reports to DHCS through the current CCS Budget Portal.

- (1) Annual Reports should be labeled as "County Name 20YY-20YY Annual Report" where YY is the year beginning and end of the Fiscal Year.
- (2) DHCS will acknowledge receipt of Annual Reports to county CCS programs through an email to the county CCS program staff member identified within the report.

2. Quarterly Reports

a) **Exhibit 1: CCS County Monitoring Template: Quarterly Reports** is available on the DHCS CCS Compliance, Monitoring, and Oversight webpage. DHCS will provide Quarterly Report results to the respective county CCS program at the conclusion of the review and publish them in a portal only accessible to all county CCS programs and DHCS.

b) The Quarterly Report submission dates are as follows:

Quarter	Quarterly Report Due Date ⁸
Q1: July, August, September	November 15
Q2: October, November, December	February 15
Q3: January, February, March	May 15
Q4: April, May, June	August 15

c) County CCS programs will submit their Quarterly Reports to DHCS through the Budget Portal.

- (1) County CCS programs should label Quarterly Reports as "County Name X Quarter 20YY Quarterly Report" where X is the quarter and YY is the year.

⁷ If the due date lands on a non-business day, county CCS programs must submit their report on the next business day.

⁸ If the due date lands on a non-business day, county CCS programs must submit their report on the next business day.

- (2) DHCS will acknowledge receipt to county CCS programs through an email to the county CCS program staff member identified within the report.

D. Desk, Virtual, and Onsite Surveys

DHCS will perform Desk, Virtual, and/or Onsite Surveys. Prior to conducting a Survey, DHCS will conduct a County Entrance Interview. DHCS will request supplemental information on compliance activities for which they did not receive during the Survey, when needed. DHCS will acknowledge receipt of any materials or documents submitted by county CCS programs within two (2) business days of receipt.

In the instance the county CCS program does not resolve the Findings, DHCS may take the following steps:

1. DHCS may conduct a Virtual or Onsite Survey if the county CCS program does not resolve a Finding following a Desk Survey or Supplemental Information Request.
 - a) If Finding(s) remain unresolved by a county CCS program, DHCS may send the county CCS program a CAP template. The county CCS program will have 30 calendar days to identify how they will resolve Findings and submit the completed CAP to DHCS.
 - b) If DHCS determines the county CCS program has not resolved a CAP, DHCS will determine remediation actions, and/or allow the CAP to continue.
2. DHCS will share Survey Results with county CCS programs. County CCS programs will have an opportunity to resolve Findings in advance of DHCS posting the Progress Summary if they are able. County CCS programs will have 30 calendar days to respond to DHCS on Survey Results. County specific and aggregated compliance Findings will be posted in a portal only accessible to county CCS programs and DHCS.

E. Exemptions

DHCS may allow compliance exemptions, including consideration of Good Faith Effort or Extenuating Circumstances, on a case-by-case basis. These instances should be rare and justified as being outside the county CCS program's responsibility/control.

1. County CCS programs must provide written justification to support their request for a compliance exemption at least 10 calendar days before the reporting requirement due date, if possible.
2. An example of an exemption would be a natural disaster, such as an earthquake affecting a county CCS program, which prevents staff from timely completing the Quarterly Report due to the natural disaster. This would be outside the county CCS program's responsibility/control and the county must submit the exemption to DHCS via the process described above.

F. Approved Extensions

If county CCS programs cannot meet the deadlines outlined in this NL, they may request an extension in writing at least 10 calendar days before the due date. The request must include the following:

1. An explanation as to why the county CCS program is unable to meet the due date.
2. The requested new date.
3. The steps the county CCS program will take to meet the requested due date.

The goal is to meet deadline standards. However, DHCS may allow compliance extensions in cases where a county CCS program needs additional time to respond. These instances should be an exception and not used as a rule. DHCS will consider extensions on a case-by-case basis.

County CCS programs are required to provide justification or rationale for this request in writing and email it to the DHCS Integrated Systems of Care Division (ISCD) at CCSMonitoring@dhcs.ca.gov.

If you have any questions regarding this NL, please contact the DHCS ISCD at CCSMonitoring@dhcs.ca.gov. If you have any questions regarding the additional CCS monitoring and oversight allocation, please contact the DHCS ISCD at ISCDFiscal@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Joseph Billingsley
Acting Division Chief for Integrated Systems of Care
Assistant Deputy Director for Health Care Delivery Systems
Department of Health Care Services

Attachments:

1. Attachment A: Compliance Activities
2. Attachment B: High Risk Assessment Tool

Exhibits:

1. Exhibit 1: CCS County Monitoring Template: Quarterly Reports
2. Exhibit 2: CCS County Monitoring Template: Annual Reports