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**California Children's Services (CCS)
Whole-Child Model (WCM) Grievance, Appeal, and Fair Hearing Processes
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This document provides information on the grievance, appeal and fair hearing process for the parent, the beneficiary, the legal guardian or an authorized representative of a CCS eligible beneficiary participating in the Whole-Child Model in selected counties. This document explains who to call for assistance and the steps to follow related to decisions made about CCS program eligibility, satisfaction with a health plan or a health plan's decision to deny health care services.

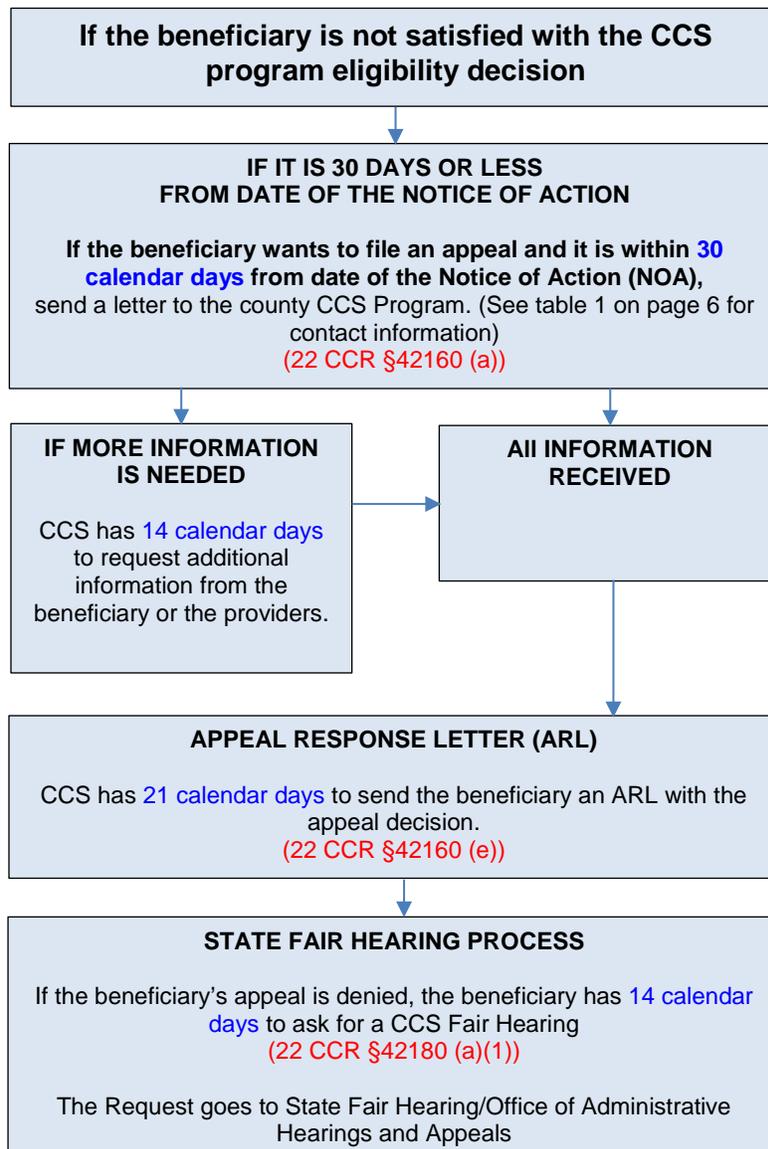
CCS Program Eligibility Appeal & Fair Hearing Process

If there are questions about the beneficiary's CCS program eligibility, please contact the beneficiary's county listed in Table 1 on page 6. If the beneficiary is not satisfied with the CCS program eligibility decision, the beneficiary has the right to a First Level Appeal. Below, and in a flow chart on page 2, are the processes to follow if a beneficiary wants to file an appeal and/or request a State Fair Hearing.

1. The County will send a Notice of Action (NOA) to the beneficiary within 7 calendar days of the decision to deny CCS Program eligibility (22 CCR §42132).
2. After receiving a Notice of Action (NOA), the beneficiary has 30 calendar days from the date on the NOA to send a letter to the County CCS program requesting a First Level Appeal. The beneficiary must provide documents or evidence to their First Level Appeal request.
 - a. The local CCS Programs are available to provide assistance with filing an appeal and can provide an appeal form that the family can fill out. Appeals submitted later than 30 calendar days must contain additional information describing the situation that prevented the request within 30 calendar days. The beneficiary may also ask for continuation or resumption of services during the appeal process.
 - b. **If more information is needed**, CCS has 14 days to ask the beneficiary for the information.

- c. Once all of the information has been received, CCS has 21 days to send an Appeal Response Letter (ARL) informing the beneficiary of their decision on their First Level Appeal.
- d. If the beneficiary's appeal is denied, the beneficiary may request a CCS State Fair Hearing within 14 calendar days of the date on the ARL. A CCS State Fair Hearing request will not be granted if the First Level Appeal steps have not been completed.
- e. The CCS State Fair Hearing request goes to the State Office of Administrative Hearings and Appeals. Instructions on how to request a State Fair Hearing is included in the ARL.

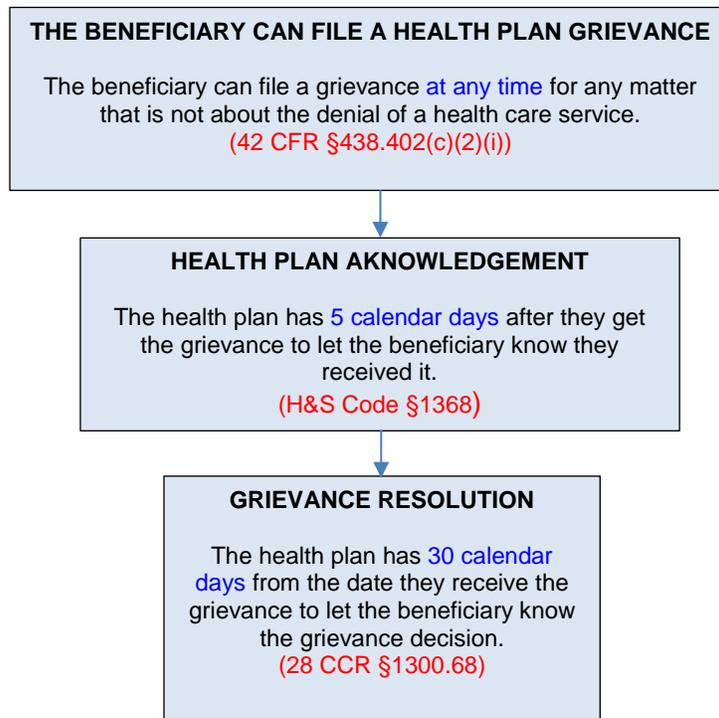
CCS Program Eligibility Appeal & Fair Hearing Process



Medi-Cal Managed Care Health Plan Grievance Process

If the beneficiary has questions about their health plan or health care services, please contact the beneficiary's health plan to see if the non-medical issue can be quickly resolved (See Table 2 on page 7). If the beneficiary is not satisfied with their health plan for any matter that is not about the denial of a health care service, the beneficiary can file a grievance. Below, and in the flow chart, are the steps for a beneficiary to file a grievance.

1. If the beneficiary has a complaint regarding any matter other than the denial of a health care service, the beneficiary or the beneficiary's provider may file a grievance at any time.
 - a. The health plan has 5 days from the date they get the beneficiary's complaint to let the beneficiary know they received it.
 - b. The health plan has 30 calendar days from the date they get the beneficiary's grievance to let the beneficiary know the grievance decision.



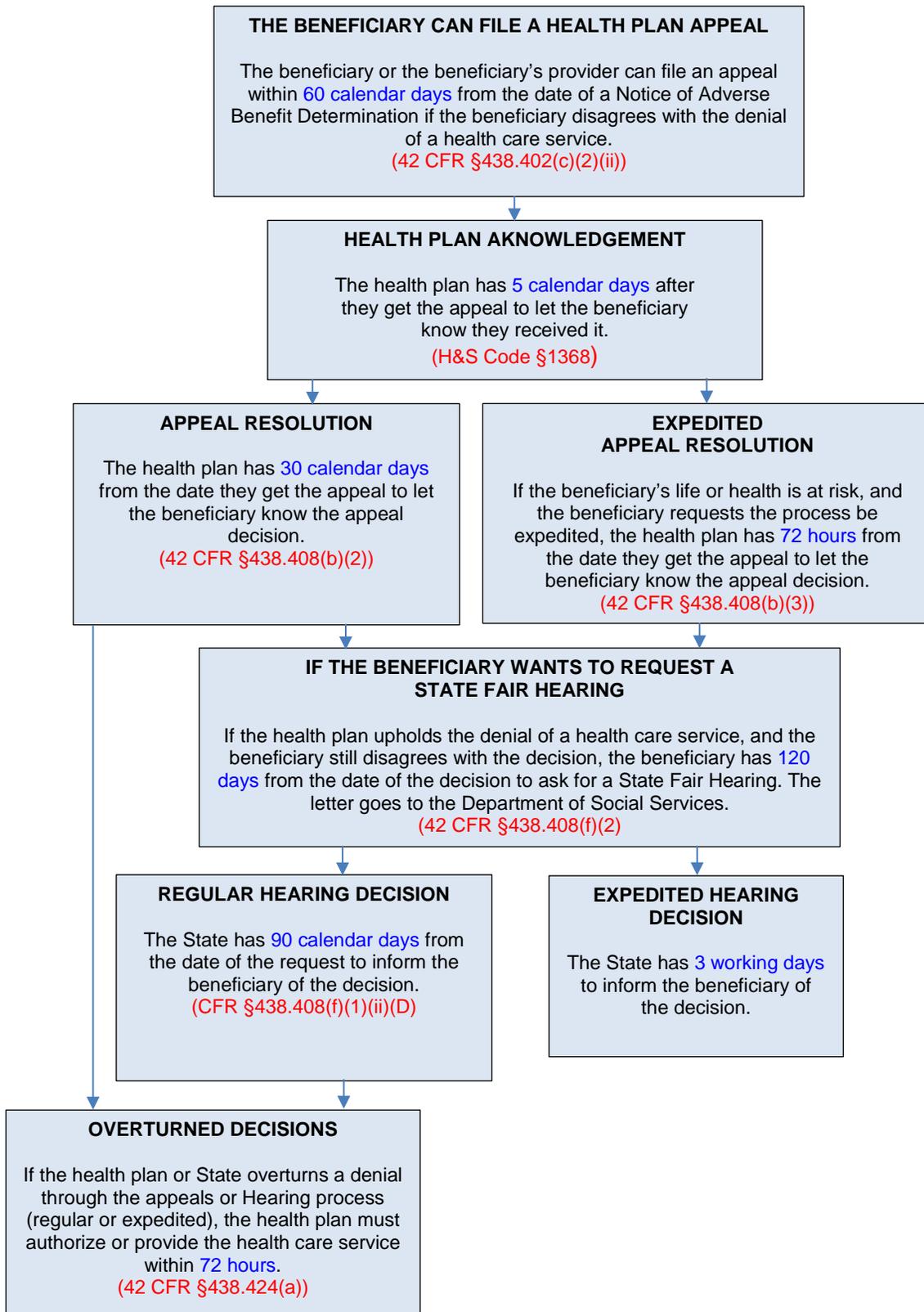
Medi-Cal Managed Care Denial of Health Care Services Appeal and Fair Hearing Process

If the beneficiary has questions about their health care services or if the beneficiary is not satisfied with their health plan's decision to deny health care services, please contact the beneficiary's health plan to see if the medical issue can be quickly resolved (See Table 2 on page 7). Below and in the flow chart on the next page are the steps if the beneficiary wants to file an appeal or request a State Fair Hearing.

1. If the beneficiary or the beneficiary's provider does not agree with the denial of a health care service, the beneficiary has 60 calendar days from the date of the Notice of Adverse Benefit Determination to file an appeal.
 - a. The health plan has 5 days from the date they get the beneficiary's appeal to let them know they received it.
 - i. Standard Appeal Resolution – The health plan has 30 calendar days from the date they get the beneficiary's appeal to let them know the appeal decision.
 - ii. Expedited Appeal Resolution – If the beneficiary's life or health is at risk, the health plan has 72 hours from the date they get the beneficiary's appeal to let the beneficiary know the appeal decision.

2. If the beneficiary or the beneficiary's provider has filed an appeal but the health plan will still not approve the health care service, the beneficiary has 120 calendar days from the date of the decision to request a State Fair Hearing if the beneficiary does not agree. The letter goes to the California Department of Social Services.
 - a. Regular Hearing Decision – The State has 90 calendar days from the date of the request to let the beneficiary know the decision.
 - b. Expedited Hearing Decision – The State has 3 working days from the date of the request to let the beneficiary know the decision.

Medi-Cal Managed Care Denial of Health Care Services Appeal and Fair Hearing Process



This chart represents the Medi-Cal managed care grievance and appeal process to be compliant with federal law changes that will become effective July 1, 2017.

CCS Eligibility Questions and Complaints

Table 1 lists the number to call for the beneficiary’s County CCS Program administrator. The beneficiary can call the CCS program administrator for their CCS eligibility questions or to request an appeal or a fair hearing regarding the beneficiary’s CCS eligibility denial.

Table 1

| CCS Eligibility Questions and Complaints | | |
|--|------------------------------------|--------------------------|
| County Child Lives In | CCS Program | CCS Program Phone Number |
| Del Norte | Del Norte County CCS Program | (707) 464-3191 |
| Humboldt | Humboldt County CCS Program | (707) 445-6212 |
| Lake | Lake County CCS Program | (707) 263-5806 |
| Lassen | Lassen County CCS Program | (530) 251-8183 |
| Marin | Marin County CCS Program | (415) 473-6877 |
| Mendocino | Mendocino County CCS Program | (707) 472-2600 |
| Merced | Merced County CCS Program | (209) 381-1114 |
| Modoc | Modoc County CCS Program | (530) 233-6311 |
| Monterey | Monterey County CCS Program | (831) 755-4747 |
| Napa | Napa County CCS Program | (707) 253-4391 |
| Orange | Orange County CCS Program | (714) 347-0300 |
| San Luis Obispo | San Luis Obispo County CCS Program | (805) 781-5527 |
| San Mateo | San Mateo County CCS Program | (650) 616-2500 |
| Santa Barbara | Santa Barbara County CCS Program | (805) 681-5360 |
| Santa Cruz | Santa Cruz County CCS Program | (831) 763-8000 |
| Shasta | Shasta County CCS Program | (530) 225-5760 |
| Siskiyou | Siskiyou County CCS Program | (530) 841-2132 |
| Solano | Solano County CCS Program | (707) 784-8650 |
| Sonoma | Sonoma County CCS Program | (707) 565-4500 |
| Trinity | Trinity County CCS Program | (530) 623-1358 |
| Yolo | Yolo County CCS Program | (530) 666-8333 |

Managed Care Plan Prior Authorization Questions and Complaints

Table 2 lists the number to call for the beneficiary’s health plan. The beneficiary can call their health plan for health care services questions. The beneficiary can also call their health plan if they are not satisfied with their health plan and would like to file a grievance or if the beneficiary is not satisfied with their health plan’s decision to deny health care services for them and would like to file an appeal or request a State Fair Hearing.

Table 2

| Managed Care Plan Prior Authorization Questions and Complaints | | |
|--|--|----------------------------------|
| County Child Lives In | Health Plan | Health Plan Phone Number |
| Del Norte | Partnership Health Plan of California | (800) 863-4155 |
| Humboldt | Partnership Health Plan of California | (800) 863-4155 |
| Lake | Partnership Health Plan of California | (800) 863-4155 |
| Lassen | Partnership Health Plan of California | (800) 863-4155 |
| Marin | Partnership Health Plan of California | (800) 863-4155 |
| Mendocino | Partnership Health Plan of California | (800) 863-4155 |
| Merced | Central California Alliance for Health | (800) 700-3874 ext. 5505 |
| Modoc | Partnership Health Plan of California | (800) 863-4155 |
| Monterey | Central California Alliance for Health | (800) 700-3874 ext. 5505 |
| Napa | Partnership Health Plan of California | (800) 863-4155 |
| Orange | CalOptima | (888) 587-8088 |
| San Luis Obispo | CenCal Health | (877) 814-1861 |
| San Mateo | Health Plan of San Mateo | (650) 616-0050 or (800) 750-4776 |
| Santa Barbara | CenCal Health | (877) 814-1861 |
| Santa Cruz | Central California Alliance for Health | (800) 700-3874 ext. 5505 |
| Shasta | Partnership Health Plan of California | (800) 863-4155 |
| Siskiyou | Partnership Health Plan of California | (800) 863-4155 |
| Solano | Partnership Health Plan of California | (800) 863-4155 |
| Sonoma | Partnership Health Plan of California | (800) 863-4155 |
| Trinity | Partnership Health Plan of California | (800) 863-4155 |
| Yolo | Partnership Health Plan of California | (800) 863-4155 |