

# California Children's Services Administrator Onboarding Training

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# Purpose of CCS Administrator Onboarding

CCS Administrators are the primary point of contact for the Department of Health Care Services (DHCS). They receive email blasts, requests for public comments, and Numbered Letters (NL) from DHCS. CCS Administrators are also responsible for distributing relevant information to their county staff.

- » The **CCS Administrator Onboarding** provides a framework to CCS Administrators with comprehensive knowledge and resources for the management, compliance standards, and policies for the CCS Program to promote high-quality, consistent care for all CCS-eligible beneficiaries.
- » [Training Requirements \(Numbered Letter \(NL\) 04-0723\)](#) establishes standards for the CCS Program to:
  - Ensure staff are knowledgeable and compliant with CCS guidelines.
  - Maintain uniformity in CCS Program implementation across California.

# Required CCS Administrator Training

- » **All** new and current CCS Administrators must take this training, in addition to the [CCS Onboarding Training](#).
  - New CCS Administrators, should complete the [CCS Onboarding Training](#) prior to the CCS Administrator Training.
- » New CCS Administrators must complete training within 180 days of hire.
- » Current CCS Administrators must complete training by the second quarter after the CCS Monitoring and Oversight Memorandum of Understanding (MOU) between DHCS and County CCS Programs begins on July 1, 2025.
- » The goal of this training is to ensure all CCS Administrators have a comprehensive understanding of the CCS laws, regulations, and operational procedures.
- » Information in this training may change. Information and websites in this presentation are up-to-date as of March 2025.
- » For more details on CCS in general, please see the [CCS Onboarding Training](#).

# Governing Statutes and Regulations for the CCS Program

- » The following laws govern the CCS Program:
  - Title V of the Social Security Act was passed to support states that promised to improve the health and welfare of children and mothers.
  - The Welfare and Institutions Code (WIC) and California Code of Regulations Title 22, Division 2, Part 2, Subdivision 7 require the CCS Program.
    - The main statute for the CCS Program is California Health & Safety Code (HSC), §123800 et seq.
  - [California Code of Regulations, Title 22, § 51013.](#)
  - California Code of Regulations, Title 22, § 41404 through 42700.



# CCS Program Training Requirements



# Continuous Training Requirement

- » Annually CCS Administrators must have a minimum of twenty (20) hours of DHCS created and/or led training, and/or with supplemental local training according to operational needs.
- » County CCS Programs may choose the DHCS created and/or led trainings, and supplement with local trainings, unless otherwise required (e.g., [CCS Onboarding Training](#)).
- » DHCS created trainings are located on the [CCS Program training website](#).

# Training Documentation

- » CCS Administrators are responsible for the oversight of:
  - Documenting that training has been completed for all County CCS Program staff and in accordance with [NL 04-0723](#) or any superseding NL.
  - Maintaining, monitoring, and completing the [CCS training log](#).
- » The [CCS training log](#) must be emailed to DHCS at [CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov) annually by October 1 and/or upon request by DHCS as part of the CCS Compliance, Monitoring, and Oversight Program.



# DHCS Responsibilities

- » As part of the requirements outlined in [NL 04-0723](#), DHCS will develop training curriculum for the County CCS Programs.
- » Responsibilities include:
  - Determining how often training sessions will be held.
  - Determining if training sessions will be one-time and/or ongoing sessions.
  - Providing technical assistance (TA) and related training as needed, either upon request from the counties or as identified through county monitoring and survey findings.
  - Providing post-training feedback surveys to assist in improving future trainings.

# CCS Administrator Responsibilities

- » The CCS Administrator must support and ensure staff perform all required CCS Program activities as outlined in the MOU, including but not limited to:
  - Complete DHCS-provided training and supplement as needed for local operations.
  - Complete diversity, equity, and inclusion training, covering but not limited to unconscious bias, sexual orientation, gender identity, and diversity and inclusion.
  - Develop and incorporate training policies and procedures into local training activities.
  - Ensure staff receive comprehensive CCS Program orientation.
  - Update county training for CCS Program changes at least biennially and as needed.
  - Document that staff regularly reviews, updates, and completes training using the standard log templates provided by DHCS. DHCS may request training logs as needed, and they may be requested before or during a survey.

# Eligibility Oversight



# Program Eligibility

- » For Program Eligibility, the following is the responsibility of the CCS Administrator or their designee:
  - Oversight of County CCS Program staff to ensure compliance with DHCS guidelines to include financial, residential, and medical eligibility as outlined in the [CCS Administrative Case Management Manual \(landing page\)](#).
  - Review of hardship requests to waive or reduce enrollment and/or assessment fees and processing these according to local policy (as applicable).
- » For additional details on Program Eligibility visit [CCS Onboarding Training](#) or [Cal Code Regs., tit. 22, §§ 41515-41518.9](#).

# Confidentiality Requirements



# Confidentiality Requirements

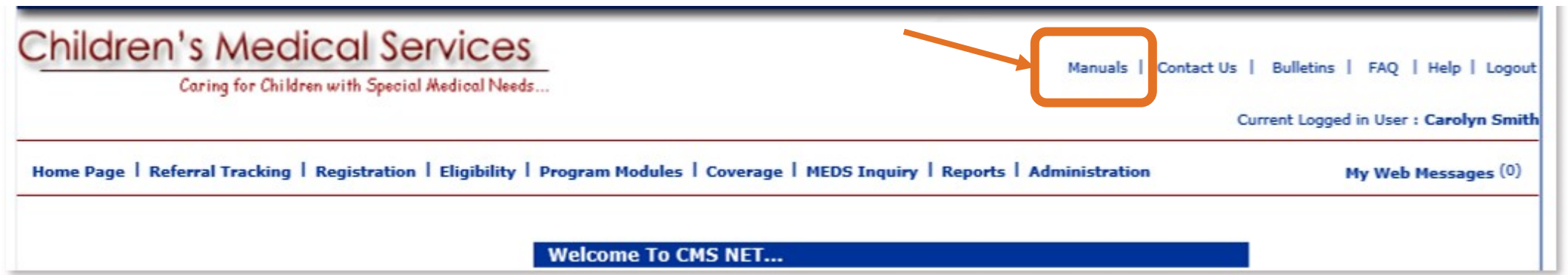
- » The CCS Administrator must ensure all County CCS Program staff:
  - Follow and comply with [Health Insurance Portability and Accountability Act \(HIPAA\)](#) regulations to ensure the privacy of CCS beneficiaries' health care information.
  - Provide beneficiaries and families with the [DHCS HIPAA form 6236](#).
    - Upon receipt, CCS beneficiary health care information may only be shared with the beneficiaries, authorized representatives, or other agencies providing services as outlined by Civil Code, Section 1798.1.
  - Report any incidents to the [CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov) as soon as possible.

# Children's Medical Services (CMS) Net



# CMS Net Overview

- » CMS Net is an electronic case management system for the CCS Program.
  - Whole Child Model (WCM) Managed Care Plans (MCPs) can electronically access the status of Service Authorization Requests (SAR) and various reports in Provider Electronic Data Interchange (PEDI).
- » For more information on using CMS Net, log in and select “Manuals”:





# CMS Net Overview (continued)

These are the following CMS Net modules:

1. Home Page/Web Messages
2. Referral Tracking
3. Registration
4. Eligibility
5. Program Modules
6. Coverage
7. Medi-Cal Eligibility Date System (MEDS) Inquiry
8. Reports
9. Administration

# CCS Administrator Responsibilities

- » For CMS Net, the CCS Administrator or designee is responsible for:
  - Ensuring appropriate staff have access to and understand the functions of and how to use CMS Net.
  - Creating a process for reviewing case management notes for timeliness, content, and readability.
  - Quality assurance (QA)/quality control (QC) protocols, as applicable.
  - Ensuring staff procure and upload medical records and mail Notice of Action (NOA) and correspondence in partnership with DHCS (for Dependent Counties).
  - Ensuring staff procure and upload medical records and mail NOAs and correspondence (for Independent Counties).

# CMS Net | Help Desk

- » If additional assistance or further CMS Net training is needed, please reach out to the CMS Help Desk at [cmshelp@dhcs.ca.gov](mailto:cmshelp@dhcs.ca.gov) or call (866) 685-8449.

# Microsoft Business Intelligence (MSBI)



# MSBI Overview

- » MSBI is the software gateway for accessing CMS Net data through a secured site on the internet.
- » MSBI contains a limited subset of CMS Net data for users to view and create reports.
- » There are several standard reports users can choose from.
- » Data is updated nightly.
- » County/state uses of the reports include program planning and administration, county/state reporting, productivity, and case reviews.

# MSBI Overview (continued)

- » Once an individual has access to MSBI, they will be able to access the following manuals:
  - MSBI Manual
  - MSBI Manual | Viewing and Running Reports
  - MSBI | CMS Net Standard Reports

# MSBI Requests

- » For additional assistance, visit the [CMS Net Services - Service Portal](#):
  - Select “Microsoft Business Intelligence Account Request” for help with your account.
  - Select “All Report Request” for assistance on report creation.
  - Select “Other CMS Net Services” for general inquiries.

# Fiscal and Budget





# Funding Overview

- » **The fiscal and budget process is one of the most critical roles of the CCS Administrator.**
- » The amount of DHCS funds given to the County CCS Programs is determined each year by the State of California Budget Act.
- » Each County CCS Program is responsible for submitting their budgets within 60 days of receiving their allocations.
- » The CCS Program is funded using county, state, and federal dollars.

# CCS Administrator Responsibilities

- » The CCS Administrator is responsible for submitting the following budgets:
  1. CCS Case Management Administrative budget
  2. CCS Monitoring and Oversight Administrative budget
  3. Medical Therapy Case Management budget
  4. Certification of County Appropriation and Maintenance of Effort (MOE)
    - Certification of County Appropriation of funds for Diagnostic, Treatment, and Therapy (DTT); CCS Medi-Cal Rx; CCS Dental; CCS Optional Targeted Low-Income Children's Program (OTLICP); and Medical Therapy Program (MTP) services.
    - The County CCS Program will complete the DHCS 4501 and email the signed copy of the document to [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov) within 30 days of receiving the Information Notice (IN).
      - For more details and instructions refer to the following link: [CCS IN 24-03](#).

# CCS Administrative Case Management Activities

- » CCS Administrative Case Management Activities has three funding buckets:
  1. **CCS Only.** County is responsible for 50% with the state matching funds.
    - The state reimburse the County 50% share of cost.
  2. **OTLICP.** County is responsible for 17.5% with the state matching 17.5% and the federal funds matching at 65%.
    - The state reimburse the County 65% federal and 17.5% state share of cost.
  3. **Medi-Cal.** Enhanced activities are 75% federal and 25% state and non-enhanced activities are 50% federal and 50% state.
    - The state reimburse the County 100% of cost.

# CCS Monitoring and Oversight Administrative Services

## » CCS Monitoring and Oversight Administrative Services

- Per Senate Bill (SB) 184, DHCS will reallocate the Child Health and Disability Prevention (CHDP; sunset July 1, 2024) program budget county allocation starting in Fiscal Year (FY) 2024-2025 to Health Care Program for Children in Foster Care (HCPCFC) and the CCS Compliance, Monitoring, and Oversight program.
  - DHCS conducted an analysis and plan for retaining CHDP program positions, to stand up the HCPCFC administrative activities and CCS Compliance, Monitoring, and Oversight program.
- Administrative activities qualify for 50% federal and 50% state match.
  - The state reimburse County 100% share of cost.

# Other Administrative Activities

## » CCS Diagnostic and Treatment Administrative Activities

- County share 50% and state match 50%.
  - County reimburse the state 50% share of cost.

## » MTP Administrative Activities

- Majority of the funding is county share 50% and 50% state match.
  - The state reimburse the county 50% share of cost.
- County Organized Health Services (COHS)/Medi-Cal expenditure
  - The county reimburse the state 75% share of cost.

# CCS Maintenance of Effort

- » CCS MOE of OTLICP and Senate Bill (SB) 75 Emergency Services
  - OTLICP Treatment Services 65% federal, 17.5% state, and 17.5% county.
    - The county reimburse the state 17.5% county share of cost.
  - OTLICP Therapy Services 65% federal, 17.5 state, and 17.5% county.
    - The county reimburse the state 17.5% county share of cost.

SB 75. Children under 19 years of age are eligible for full-scope Medi-Cal benefits regardless of immigration status, as long as they meet all other eligibility requirements (Welfare and Institutions Code section 14007.8.).

# Medi-Cal Funding

- » Medi-Cal funding is broken out into non-enhanced and enhanced funding buckets:
  - **Non-enhanced.** General administrative activities are funded at 50% state and 50% federal.
  - **Enhanced.** Activities requiring Skilled Professional Medical Professional (SPMP) are funded at 25% state and 75% federal match.
  - It is important to align the enhanced and non-enhanced budgets with the county's allocation.
  - County invoices may be reduced or adjusted to match general fund allocation.

# CCS Administrative Budget

“Personnel” includes a county’s request for funding administrative SPMP costs in accordance with Federal Financial Participation (FFP) guidelines. Funding is based on the requested number of SPMP to serve the CCS Medi-Cal caseload in the following specific areas: concurrent hospital review, intensive administrative case management, liaison activities with Medi-Cal MCP, and early childhood coordination.

» The **CCS Administrative Budget** represents a county’s request for CCS Program funding for administrative case management and other administrative costs. The CCS Administrative Budget is comprised of the following (5):

1. Personnel Expenses
2. Operating Expenses
3. Capital Expenses
4. Indirect Expenses
5. Other Expenses

**Source:** FY 19-20 Section 6 of the Plan and Fiscal Guidelines



# Budget Portal

- » CCS Administrators will leverage the Budget Portal which was developed to serve as a centralized platform for counties to submit their Plan and Budget packages, access updated invoice templates, and other fiscal documentation for review and approval. It ensures consistency, compliance, and timely processing of financial submissions.
- » The Budget Portal can be accessed via the following link: [ISCD Budget Portal](#).
- » Initial access may require contacting [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov) to set up credentials, address any access issues, or related inquiries.
  - Upon receiving initial access to the Budget Portal a user guide will be shared with the new user.

# County Responsibilities for the Administrative Budget

- » DHCS and counties share the administrative cost of the CCS Program at the local level (HSC Section 123955 [a]).
- » County CCS Programs are responsible for:
  - Appropriating one-half of the required state and County match of Medi-Cal/Targeted Low-Income Children's Program, and one-half of the straight CCS funds and the state is responsible to match the costs to the extent funds are available in the state budget (HSC Section 123955 [e] [1]).
  - Receiving reimbursement from the state for administrative case management and administrative costs for the county's Medi-Cal Targeted Low-Income Children's Program caseload, and Medi-Cal beneficiary caseload and comply with the FFP requirements.
  - Submitting each year for the subsequent Fiscal Year, the Administrative Budget Request (also known as an "application" per HSC Section 123955 [e] [2]) for the county cost of administration of the CCS Program).

# DHCS Responsibilities for the Administrative Budget

- » DHCS is responsible for:
  - Determining the amount of state funds available for each county from the funds appropriated in the state CCS budget for CCS county administrative case management and administration of the Medi-Cal/Targeted Low-Income Children's Program, and straight CCS portion of the CCS caseload.
  - Notifying the county of the amount of funds to be:
    - Appropriated by the state for administrative case management and administrative costs for one-half of the Medi-Cal/Targeted Low-Income Children's Program and one-half of the straight CCS caseload.
    - Provided by the state for administrative costs for administrative case management of Medi-Cal members.
    - Reimbursed county quarterly based upon submission of the invoice for actual administrative expenditures not to exceed the amount of the allocation.

# CCS Administrative Budget Overview

- » Counties are responsible for managing and tracking their budgets.
- » After the Governor signs the Budget Act and allocations are distributed, counties are required to submit their county budgets based on the allocation.
- » **Deadline:** Budgets are due **60 days** following the publication of the CCS IN for CCS administrative allocations.
  - DHCS reviews each County's budget to ensure the budget is in alignment with funding allocations and must include a budget worksheet, budget summary, budget justification narrative, and if applicable, a County/City Capital Expenses Justification Form or a County/City Other Expenses Justification Form.

# CCS Administrative Budget Instructions

» County budget submissions must:

- Include a budget worksheet, budget summary, budget justification narrative.
- List specific line items for individual staffing positions, services, supplies, and any other cost under “*Operating Expenses*” on the budget worksheet.
- Round all amounts, **except totals**, to the nearest dollar. **Do not round totals.**
- Staff for whom enhance Title XIX (Medicaid) funding is budgeted must be County/City employees.
- Use an acceptable accounting distribution method (e.g., square footage for rent or historic charges for telephone numbers assigned to the Program) to determine rent, utilities, and communications costs. Allocate these costs to each budget based on full time equivalent (FTE) ratios when the same staff is included on more than one budget when staff work for more than one Program, and when direct charges cannot be otherwise determined.

# Budget Submission Requirements

## » Budget Submission Requirements

- Staff should be budgeted at actual salary for filled positions and at the salary rate determined by the County CCS Program for vacant positions.
- The **Budget Worksheet** and **Budget Summary** must be signed by the department fiscal officer and by a county/city official with the authority to sign on behalf of the local jurisdiction.
  - Original and/or electronic signature is required.
  - Signature stamps are not acceptable.
- **Budget justification narrative** must accompany each budget worksheet and budget summary and must justify budget line items.

# CCS Administrative Budget Tips

- » Please see the following tips when submitting and/or reviewing County CCS Administrative Budgets:
- All budgets must be submitted on the current budget worksheet forms.
  - Double check the math, figures for both percentages and calculated amounts must add down and across.
  - Annual salaries must match when the same personnel are listed on multiple budgets.
  - Professional license renewals are to be budgeted within the "*Benefits*" line item.
  - Full-Time Equivalent (FTE) on the duty statement must match FTE on the budget worksheet and incumbent listing. All FTE name and percentage should match on the budget worksheet.
  - No staff total time can exceed 100%.
  - No full-time staff in a single program can be 100% enhanced.

# CCS Administrative Budget Tips (continued)

- » Please see the following tips when submitting and/or reviewing County CCS Administrative Budgets:
- A **County/City Capital Expenses Justification Form** must be submitted for items of equipment purchased with DHCS Program funds that exceed \$5,000 per item.
  - Staff must be appropriately classified under enhanced and non-enhanced in accordance with FFP guidelines.
  - Staff listed on the budget worksheet must correspond with the incumbent listing and organizational chart.
  - Enhanced clerical staff must be under direct supervision of an SPMP.
  - Any other operating expenses not defined in Section 6, page 6 through 9 and are not included in the *Indirect Expenses* line item with overhead costs may be listed as an *Operating Expenses* line item (e.g., liability & malpractice insurance, equipment/connectivity charges).



# CCS Staffing Requirements

- » HSC, Section 123955 obtains requirements regarding administrative costs for County CCS Programs, staffing for the CCS Administrative Program must be based on staffing standards.
- » Staff composition in County CCS Programs will vary based on county size, CCS caseload, and county needs.
- » County CCS Program staffing standards pertain to all personnel included in the CCS Administrative Budget who are:
  1. Directly employed by CCS.
  2. Responsible for CCS Program administration, operation, and implementation of state mandates in counties.

# CCS Staffing Requirements (continued)

It is recognized that in some counties, one individual may function in several of these categories. This will require staff time to be distributed, and time studied appropriately.

» The following five administrative functions/categories are included on the **CCS County Staffing Standards Profile**:

1. Program Administration
2. Administrative Case Management
3. Other Health Care Professionals
4. Ancillary Support
5. Clerical and Claims Support, including those who:
  - Support intensive administrative case management and must time study appropriately for that portion of time spent in those activities.
  - Provide support for provider relations, billing/fiscal TA, maintenance of fiscal data, MR 910/940 report review, preparation and submission of corrections to ISCD, and development of quarterly expenditure reports.

# Medical Therapy Program (MTP) Budget



# MTP Budget Overview

- » The MTP budget is separate from CCS case management and must be submitted independently.
- » It funds MTP-specific staff (e.g., physical and occupational therapists) and related operational costs but does not cover CCS case management or vendored therapy expenses.
- » Budgets are structured to reflect projected caseloads, historical service utilization, and staffing requirements.

# MTP Budget Preparation

- » Counties use the MTP Staffing Determination Budget Tool to estimate staffing needs based on:
  - Caseload projections.
  - Therapy hours prescribed.
  - Historical Interagency Liaison/IEP time study data.
  - All FTE calculations must align with the MTP Staffing Determination Tool limits.

# MTP Budget Submission Requirements

- » Budgets must be submitted using the MTP Budget Worksheet (part of the MTP Budget Forms Workbook).
- » The worksheet aligns with Sections I-IV of the CCS Quarterly Report of Expenditures – MTP – Part II.
- » Counties must budget salaries based on actual filled positions.
- » **Review & Approval**
  - Budgets are reviewed and approved based on established state criteria and available funding.
  - Counties may be asked to justify requests if staffing projections exceed prior trends.

# MTP Additional Budget Considerations

- » **Separate Allocation.** The MTP budget is distinct from other CCS Program budgets and must be tracked independently.
- » **Funding Formula Compliance.** Counties must follow MTP-specific staffing and expenditure guidelines to receive funding.

# MTP Budget Common Submission Errors

- » Overestimating FTEs beyond tool-generated limits.
- » Including non-allowable expenses (e.g., vendored therapy, Medi-Cal offset estimates).
- » Submitting budgets without proper documentation or justification.



# Plan and Fiscal Guidelines

- » See the Plan and Fiscal Guidelines Section 6 for additional details on the CCS Administrative Budget instructions. A copy of Section 6 can be found on the ISCD Budget Portal: [ISCD Budget Portal](#).
- » See the Plan and Fiscal Guidelines Section 7 for details on the CCS Invoicing instructions. A copy of Section 7 can be found on the ISCD Budget Portal: [ISCD Budget Portal](#).

**Source:** FY 19-20 Section 6 of the Plan and Fiscal Guidelines

# Fiscal and Budget Questions

- » Email [ISCDFiscal@dhcs.ca.gov](mailto:ISCDFiscal@dhcs.ca.gov) if you have any questions regarding the CCS or MTP fiscal and budget process.

# CCS Compliance, Monitoring, and Oversight



# Overview of CCS Compliance, Monitoring, and Oversight

- » WIC, article 5.51 section 14184.600 (b) established California Advancing and Innovating Medi-Cal (CalAIM) subsection (b), requiring DHCS to consult with counties and other affected stakeholders to develop and implement initiatives to enhance oversight and monitoring of county administration of the CCS Program (effective July 1, 2025).
- » The goal of the CCS Compliance, Monitoring, and Oversight Program is to promote accessibility, transparency, monitoring, and oversight for the CCS Program statewide to help ensure a more consistent and standardized county administration and better Program performance.

[WIC article 5.51, section 14184.600 \(b\)](#)  
[CCS Compliance, Monitoring, and Oversight Program webpage](#)

# CCS Compliance, Monitoring, and Oversight Requirements

- » The CCS Administrator is responsible for the oversight and compliance with the MOU (effective July 1, 2025) between DHCS and the county and all related guidance including but not limited to:
  - [CCS Compliance, Monitoring and Oversight Program Plan](#)
  - [CCS Training Requirements \(NL 04-0723\)](#)
  - [CCS Program Grievances Process \(NL 06-1023\)](#)
  - [CCS Program Reporting and Survey \(NL 09-1123\)](#)
  - [CCS Program Appeals and State Hearing Process \(NL 04-0424\)](#)
  - CCS Monitoring and Oversight MOU
  - Compliance activities listed in the Technical Assistance Guides (TAGs) for [Annual Reports](#) and [Quarterly Reports](#)

# CCS Compliance, Monitoring, and Oversight (continued)

- » Prior to the July 1, 2025, MOU effective date and on an ongoing basis, CCS Administrators should work to ensure their County CCS Program is in compliance with all guidance issued by DHCS (including but not limited to, those listed on the previous slide).
- » Subsequent iterations of the DHCS/county MOU will include sanctions, thus getting in compliance with the MOU and related guidance requirements is critically important to the success of County CCS Programs.

# CCS Administrator Best Practices

- » CCS Administrators should consider the following best practices when complying with the CCS Compliance, Monitoring, and Oversight:
  - Ensure staff are trained in the subject area most relevant to their job.
  - Develop or update internal policies and procedures to maintain a CCS Program in compliance with DHCS guidance.
  - Conduct QA checks on existing processes.
  - Improve process flows.
  - Monitor other activities, as needed.
  - Ensure staff are compliant with the requirements outlined in the MOU regarding how the County CCS Program and DHCS:
    - Coordinate care.
    - Conduct administrative and information exchange activities.
    - Monitor and oversee the protocols required for the effective and seamless delivery of services to CCS beneficiaries.

# Grievance Process





# Overview of Grievances

- » **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 and identified in a CCS NOA 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.

[NL 06-1023; Grievance Flowchart \(Revised\)](#); See Appendix for additional details on the Grievance process.

# Formal Grievance

- » There are both **informal** and **formal grievances**
  - **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 \(Attachment B\)](#) and Log must be completed.
  - See NL for additional details on Standard and Expedited Grievances.

[NL 06-1023; Grievance Flowchart \(Revised\)](#); See Appendix for additional details on the Grievance process.

# Informal Grievance

- » There are both **informal** and **formal grievances**
  - **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 \(Attachment B\)](#) and log do not need to be completed.

[NL 06-1023; Grievance Flowchart \(Revised\)](#); See Appendix for additional details on the Grievance process.

# The Grievance Log

- » The CCS Administrator should review the Grievance Log prior to submitting to DHCS. The Grievance Log should include:
  - All related communication and exceptions requests.
  - The Grievance Log template can be found in the Quarterly Report at: [CCS Program Reporting and Survey NL 09-1123, Exhibit 1: CCS County Monitoring Template - Quarterly Reports](#).
  - County CCS Programs must submit a copy of their Grievance Logs as part of the Quarterly Report, beginning July 1, 2025 (see “Reporting and Survey Process” section for additional details on Quarterly Reporting).

# The Grievance Log

- » For CCS Administrator awareness, Grievance Logs must contain all 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.

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

# Grievance Process Questions

- » Email [CCSMonitoring@dhcs.ca.gov](mailto:CCSMonitoring@dhcs.ca.gov) if you have any questions regarding the grievance process and/or [CCS Grievances Process NL 06-1023](#).

# Reporting and Survey Process



# Overview of Reporting and Survey Process

- » County CCS Administrators will oversee and direct staff during DHCS led Desk, Virtual, and Onsite Surveys, and requested Annual and Quarterly Reports to determine County CCS Program compliance. They should also review Quarterly and Annual reports before submitting to DHCS and ensure the timely submission of the following:
  - Quarterly Reports
  - Annual Reports
  - Requested information for a Desk Survey
  - Supplemental Information Requests, as requested by DHCS
  - Response and/or resolved discrepancies, as requested by DHCS

[NL 09-1123](#) including submission deadlines; Timelines for submission for Annual and Quarterly Reports are available on the next slide.



# Timelines for Annual and Quarterly Reporting

For CCS Administrators awareness, the following timelines apply for the submission of reporting and Survey requirements^:

Annual Report	
Annual	Annual Report Due Date
Fiscal Year: July-June	October 1

Quarterly Report	
Quarter	Quarterly Report 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

[NL 09-1123](#); ^ If the due date lands on a non-business day, County CCS Programs must submit their report on the next business day.

# Technical Assistance Guides

- » As a best practice, CCS Administrators should be familiar with the [Annual, Quarterly](#), and Survey Technical Assistance Guides (TAGs).
  - TAGs were developed to identify the compliance activities assessed, inform County CCS Programs of the respective reporting process, support counties on maintaining compliance, and increase transparency.
  - To assist in the consistent administration of the CCS Program, TAGs outline strategies to demonstrate compliance with and/or how to successfully remediate an identified finding.

TAGs are available on the [CCS Compliance, Monitoring, and Oversight Program website](#)

# Resources

- » CCS Administrators should review and be knowledgeable on the following resources and are responsible for signing off on the required reports prior to submitting to DHCS:
  - [Attachment A: Compliance Activities](#)
  - [Attachment B: High Risk Assessment Tool](#)
    - [Exhibit 1: CCS County Monitoring Template - Quarterly Reports](#)
    - [Exhibit 2: CCS County Monitoring Template - Annual Reports](#)
    - [Exhibit 3: CCS County Monitoring Template - Survey Compliance Activities \(Revised\)](#)
  - TAGs for [Annual Reports](#) and [Quarterly Reports](#)

[NL 09-1123](#); see NL for reporting submission dates.

# Reporting and Survey Process Questions

- » Email [CCSMonitoring@dhcs.ca.gov](mailto:CCSMonitoring@dhcs.ca.gov) if you have any questions regarding the grievance process and/or [Program Reporting and Survey Process NL 09-1123](#).

# Appeals and State Hearings



# Overview of Appeals and State Hearing

- » California Code of Regulations (CCR), Title 22, Section 42131 et seq. contains the regulations for CCS appeals and State Hearings.
- » All CCS beneficiaries have the right to a First Level Appeal\* and/or a State Hearing^ when the County CCS Program takes adverse actions for program eligibility and treatment services.
- » All adverse actions which may include reduction, modification, denial of services or program eligibility require a NOA.
- » The terminology, "Claimant" is used to describe a CCS Program applicant, beneficiary, authorized representative, or legal guardian who filed a First Level Appeal or requested a State Hearing.

[NL 04-0424](#); This NL replaces guidance outlined in the CCS Administrative Procedure Manual

\* 22 CCR § 42160; ^ 22 CCR § 42180; See Appendix for additional details on the Appeals and State Hearing process.

# General Appeals and State Hearing Process

- » For **Independent Counties**, to carry out the Appeals and/or State Hearing process, CCS Administrators are responsible for designating staff to:
  - Create a Statement of Position (SOP).
  - Mail the SOP and all relevant attachments to the Claimant and emailed to DHCS ([ISCDHAU@dhcs.ca.gov](mailto:ISCDHAU@dhcs.ca.gov)).
  - Represent county position in State Hearing.
  - Upload documentation to CMS Net after a hearing.
  - Provide evidence of compliance if the judge rules in the Claimant's favor.
  - Create an updated defense in case of a rehearing.
  - Comply in case of a rehearing decision grant.
- » For **Dependent Counties**, DHCS is responsible for managing the appeals and State Hearing process.

# Independent Counties Role in State Hearings

CCS Administrators are made aware of the date/time of the scheduled State Hearing when DHCS sends a copy of the court summons that is sent to the Claimant.

## » For CCS Administrators in Independent Counties, you will:

1. Work with DHCS to create a plan of action and strategize for the State Hearing, as well as respond to any DHCS coordination on cases.
2. Represent their County CCS Program at the State Hearing. Appear at State Hearings as primary County CCS Program Representative.
3. Create an SOP outlining the position of the County CCS Program and why the action/decision was made.
4. Send SOP to the Claimant by mail and emailed to [ISCDHAU@dhcs.ca.gov](mailto:ISCDHAU@dhcs.ca.gov).
5. Maintain a First Level Appeals and State Hearing data and tracking system for CCS Program cases.
6. Add a case note into CMS Net with the State Hearing decision.



# Independent Counties | SOP Development

## » CCS Administrators should frame the SOP using the following points\*:

- **Issue** – Identify what is in dispute, such as who (parties), what (SAR #/programs and/or services requested), why (reason for denial), when (dates of service), and how (other relevant factors).
- **Facts** – What is the chronological history of the claim and what are the facts leading up to the dispute?
- **Law** – What is the rule of law, statute, regulation and/or numbered letter(s) that was used to deny, modify or terminate?
- **Analysis** – Identify the specific relevant facts of this case that support the law used to determine the decision. When applying the specific facts to the law, cite relevant evidence used to support the decision. This may include assessments and documents used in the review such as eligibility determinations, plan of treatment for dates of service, provider prescriptions, MD/provider assessments and progress notes and letters, RN assessments and progress notes, MSW assessments and progress notes, MTU assessments and progress notes, Agency notes, IEP's, other services provided from Home Health Agency, regional centers or IHSS, and other relevant documentation used to conduct the analysis.

[NL 04-0424](#); \*DHCS will share a copy of the SOP and writing guide during the planning process.

# Independent Counties | SOP Development (continued)

- » **CCS Administrators should frame the SOP using the following points\*:**
  - **Conclusion** – What is the conclusion of the findings?
  - **Summarize the Findings**
  - **Attachments** - Add all attachments cited in the SOP. These are the documents used to conduct the analysis and reach the appropriate conclusion.

[NL 04-0424](#); \*DHCS will share a copy of the SOP and writing guide during the planning process.

# CCS Administrator Best Practices

- » Generally, CCS Administrators should keep the following best practices in mind when carrying out the appeals and State Hearing process\*:
  - Follow the steps outlined in the writing guide<sup>^</sup>,
  - Adhere to all deadlines proposed in [ISCDHAU@dhcs.ca.gov](mailto:ISCDHAU@dhcs.ca.gov) emails requesting SOP's, and
  - Physically mailing all documentation on time.

\* Additional considerations are subjective based on type of hearing and case; <sup>^</sup>DHCS will share a copy of the SOP and writing guide during the planning process.

# Appeals and State Hearing Resources and Questions

- » CCS Administrators or Program staff should:
  - Reach out to [ISCDHAU@dhcs.ca.gov](mailto:ISCDHAU@dhcs.ca.gov) as soon as any issues or concerns arise.
  - Adhere to the guidance set forth in [NL 04-0424 CCS Program Appeals and State Hearing Process](#).

# Becoming a CCS Paneled Provider



# CCS Paneled Providers Process

- » CCS Administrators may need to field questions regarding becoming CCS paneled providers. The applying provider must meet the following requirements:
  - Must have a National Provider Identifier (NPI).
  - Must be enrolled as a Medi-Cal provider.
  - Submit a paneling application via DHCS's online portal.
- » For more information on [Becoming a CCS Paneled Provider](#) and exceptions, visit the linked website.
- » For the full list of CCS paneled providers requirements and application process direct interested providers to the [CCS Provider Paneling Portal](#).
- » For a full list of CCS service providers visit the [CCS Provider Lists](#) website.

\* DHCS does not panel dentists or optometrists.

# Resources



# State Contact Information

The CCS Program can be contacted by phone at (916) 552-9105 or questions may be directed to the appropriate inbox:

Type of Question	Source
CCS policy inquiries	<a href="mailto:CCSprogram@dhcs.ca.gov">CCSprogram@dhcs.ca.gov</a>
CCS provider paneling inquiries	<a href="mailto:providerpaneling@dhcs.ca.gov">providerpaneling@dhcs.ca.gov</a>
CCS fiscal related inquiries	<a href="mailto:ISCDFiscal@dhcs.ca.gov">ISCDFiscal@dhcs.ca.gov</a>
Hearing and Appeals Unit (HAU) inquiries	<a href="mailto:ISCDDHAU@dhcs.ca.gov">ISCDDHAU@dhcs.ca.gov</a>
CCS Compliance, Monitoring, and Oversight Program inquiries	<a href="mailto:CCSMonitoring@dhcs.ca.gov">CCSMonitoring@dhcs.ca.gov</a>
Claims related inquiries	1-800-541-5555
CMS Net Help Desk	<a href="mailto:cmshelp@dhcs.ca.gov">cmshelp@dhcs.ca.gov</a>
Any SAR submissions or questions that require immediate physician review	<a href="mailto:CCSPhysicianReview@dhcs.ca.gov">CCSPhysicianReview@dhcs.ca.gov</a> RightFax: (916) 440-5308
SAR-related questions that require expedited physician review	<a href="mailto:ISCDD-MedicalPolicy@dhcs.ca.gov">ISCDD-MedicalPolicy@dhcs.ca.gov</a>
Utilized to process urgent/expedite SARs	<a href="mailto:CCSExpeditedReview@dhcs.ca.gov">CCSExpeditedReview@dhcs.ca.gov</a> RightFax: (916) 440-5306
Utilized to track SARs	<a href="mailto:CCSDirectedReview@dhcs.ca.gov">CCSDirectedReview@dhcs.ca.gov</a>



# Resources

» In addition to the resources listed throughout the presentation, here are foundational CCS documents:

- [California Code of Regulations, title 22, division 2, subdivision 7](#)
- [Health and Safety Code, Chapter 3 of Part 2 \(commencing with section 123800\)](#)
- [CCS Landing Page](#)
- [CCS Administrative Case Management Manual \(landing page\)](#)
- [CCS NLs/CCS INs](#)
- [CCS Program Training Website](#)
- [Compliance, Monitoring, and Oversight Guidelines](#)
- [CCS Provider Standards](#)
- [Medical Therapy Program \(MTP\) Landing Page](#)
- [WCM Landing Page](#)
- [All Plan Letters](#)

# CCS Billing Resources

- » For more information on PEDI and provider responsibilities, please visit the following landing pages:
  - [PEDI Provider Responsibilities](#)
  - [PEDI Portal Login](#) (also PEDI access application)
- » [SAR Tools](#)
- » [Medi-Cal Provider Manuals](#)
- » [Medi-Cal Rx](#)
- » [Provider Outreach and Education Trainings](#)
- » Call the telephone service center for claims related issues: 1-800-541-5555

# Acronyms

» Commonly used CCS Program acronyms

Acronyms	Term/Phrase
<b>AMR</b>	Annual Medical Review
<b>APL</b>	All Plan Letters
<b>CCS</b>	California Children's Services
<b>CMS Net</b>	Children's Medical Services Net
<b>COHS</b>	County Organized Health System
<b>DHCS</b>	Department of Health Care Services
<b>DME</b>	Durable Medical Equipment
<b>EPSDT</b>	Early and Periodic Screening, Diagnostic, and Treatment
<b>eSAR</b>	Electronic Service Authorization Request
<b>EVV</b>	Electronic Visit Verification
<b>FFS</b>	Fee-for-service
<b>FSR</b>	Facility Site Review

# Acronyms (continued)

» Commonly used CCS Program acronyms

Acronyms	Term/Phrase
<b>HIPAA</b>	Health Insurance Portability and Accountability Act
<b>IEP</b>	Individualized Education Program
<b>IFSP</b>	Individualized Family Service Plan
<b>IN</b>	Information Notice
<b>ISCD</b>	Integrated Systems of Care Division
<b>MCP</b>	Medi-Cal Managed Care Plan
<b>MOE</b>	Maintenance of Effort
<b>MOU</b>	Memorandum of Understanding
<b>MMCP</b>	Medi-Cal Managed Care Plan
<b>MTP</b>	Medical Therapy Program
<b>MTU</b>	Medical Therapy Unit
<b>NL</b>	Numbered Letter

# Acronyms (continued)

» Commonly used CCS Program acronyms

Acronyms	Term/Phrase
<b>NOA</b>	Notice of Action
<b>Non-PMF</b>	Non-Provider Master File
<b>NPI</b>	National Provider Identifier
<b>OTLICP</b>	Optional Targeted Low Income Children Program
<b>PDN</b>	Private Duty Nursing
<b>PMF</b>	Provider Master File
<b>SAR</b>	Service Authorization Request
<b>SCC</b>	Specialty Care Center
<b>SFTP</b>	Secure File Transfer Protocol
<b>SH</b>	State Hearing

# Acronyms (continued)

» Commonly used CCS Program acronyms

Acronyms	Term/Phrase
<b>SOP</b>	Statement of Position
<b>TAG</b>	Technical Assistance Guide
<b>T-Case</b>	Temporary Case
<b>WCM</b>	Whole Child Model

For additional questions contact  
[CCSProgram@dhcs.ca.gov](mailto:CCSProgram@dhcs.ca.gov)



Thank You





# Appendix



# Grievances



# Formal Grievances

- » **Formal Grievance:** A grievance in which the CCS beneficiary and/or representative goes through the formal process of filing a grievance to establish a formal expression of dissatisfaction. In this case, both the [Grievance Form \(Attachment B\)](#) and Log must be completed.
  - **Standard Grievance:** Grievances that do not involve imminent and serious threat to the health of the CCS beneficiary. This includes, but is not limited to, severe pain, potential loss of life, limb, or major bodily function.
  - **Expedited Grievance:** Grievances that involve imminent and serious threats to the health of the CCS beneficiary. Imminent and serious threats mean those that include, but are not limited to, severe pain, potential loss of life, limb, or major bodily function.

# Grievance Process



```
graph LR; A[GRIEVANCE FILED] --> B[INTAKE]; B --> C[ACKNOWLEDGE]; C --> D[RESOLVE];
```

**GRIEVANCE FILED**

**INTAKE**

**ACKNOWLEDGE**

**RESOLVE**

# Filing and Intake

Procedures	Independent County CCS Programs	Dependent County CCS Programs
<b>Method of Filing</b>	<ul style="list-style-type: none"> <li>Submission can be verbal, over the telephone, or in writing (mail or email) <b>directly to Independent County CCS Programs</b></li> </ul>	<ul style="list-style-type: none"> <li>Submission can be verbal, over the telephone, or in writing (mail or email) <b>directly to DHCS for Dependent County CCS Program</b></li> </ul>
<b>Intake</b>	<ul style="list-style-type: none"> <li>The <b>Independent County must intake grievances</b>, review, and either address or direct to the appropriate entity (MCP or DHCS)</li> <li>Independent counties must resolve grievances under their purview</li> <li>If grievance is under DHCS purview, the County CCS Program must log receipt of the grievance and notate that the grievant was referred to DHCS</li> <li>If under MCP purview, the same County CCS Program should log receipt and refer to the MCP</li> </ul>	<ul style="list-style-type: none"> <li><b>DHCS conducts the intake.</b> DHCS will review and either address or direct to the appropriate entity</li> <li>County intakes grievances directly submitted to them</li> <li>If county receives grievance under DHCS purview, the county must complete Grievance Log and direct the grievant to DHCS</li> <li>If under the MCP's purview, the county must complete Grievance Log and refer to the MCP</li> </ul>

# The Grievance Form

- » Beneficiaries and/or representatives can file a grievance in writing by completing a [Grievance Form \(Attachment B\)](#).
- » DHCS and County CCS Programs must assist in completing the form, if requested.
- » The receiving entity should make a reasonable effort to contact beneficiaries when there is missing information.
- » County CCS Programs must submit the Grievance Forms through the DHCS Secure File Transfer Protocol (SFTP), if requested by DHCS.

# Acknowledgement - Standard Grievance

- » Independent County CCS Programs and DHCS must provide written acknowledgement emailed/postmarked to CCS beneficiaries or their representatives **within 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, which must provide written acknowledgement **within 5 business days** of receiving grievance from DHCS.
- » Acknowledgement letter must include the following from the entity who is responsible for addressing the grievance:
  1. Notification the grievance was received
  2. Date of receipt
  3. Name
  4. Telephone number/email address

# Resolution - Standard Grievance

- » County CCS Programs must address a **Standard Grievance within 30 calendar days** from the date of receipt of the completed grievance form.
  - **If resolved within 30 days**, the County CCS Program must notify the beneficiary in writing of the outcome and status within **5 business days** of the date that the grievance was resolved.
- » When the grievance is unsolvable, County CCS Programs must provide a detailed explanation in the grievance log as to the reason.
  - Unresolvable grievances that are not within the scope of duties of the County CCS Program performs are exempt from the County CCS Program's responsibility to resolve.



# Delayed Resolution - Standard Grievance

- » If the Standard Grievance cannot be resolved within 30 calendar days of receipt, the County CCS Program must notify the beneficiary in writing regarding the status, including the estimated completion date,
- » The written notice must be postmarked no later than **5 business days before the conclusion of the 30-calendar day** period.

# Expedited Grievance Process

- » County CCS Programs must attempt to contact the beneficiary and/or representative verbally or in writing via an electronic source to acknowledge the grievance within **1 business day** of receipt of completed Grievance Form.
- » If DHCS or the County CCS Program receives an expedited grievance, they must address it within **3 business days** of the receipt of a completed [Grievance Form \(Attachment B\)](#).
- » If resolved, a reasonable attempt must be made to **verbally** notify the beneficiary and or representative regarding the status and **follow up with a notification in writing, postmarked within 3 business days** of the date of resolution.

# Expediated Grievance Process (continued)

- If there is a delay and the grievance cannot be resolved within **3 business days** of the date of receipt, the beneficiary must be notified **verbally**, which must include an estimated time of completion.
- A follow up must be completed in writing, postmarked no later than **1 business day** after verbal communication occurred.

# Appeals and State Hearing



# Notice of Action Roles

- » **NOA:** All denial of programs, services (including any modifications and/or terminations), durable medical equipment denials and/or eligibility denials are automatically generated from CMS Net when an adjudicator determines that the requested services are not a covered CCS benefit, or the beneficiary does not qualify for eligibility.
- » For detail on NOA procedures, refer to the [CCS Administrative Case Management Manual \(landing page\)](#).

## **Classic/WCM Independent Counties**

Independent county staff, responsible for medical or administrative case management decision-making, must determine the NOA type and effective date

## **Classic/WCM Dependent Counties**

DHCS staff will determine denial or discontinuation of medical eligibility and will determine the type of NOA and the effective date. DHCS will send a web message via CMS Net to the Dependent county. Dependent county staff must determine financial or residential ineligibility and be approved by DHCS prior to a NOA.

# Notice of Action

<b>County CCS Program MUST provide a NOA for the following:</b>	<b>NOA is not required for the following:</b>
<ul style="list-style-type: none"><li>• Eligibility is denied from the Claimant being determined medically, financially, or residentially ineligible for CCS.</li><li>• Request for a new service or program benefit is denied or modified.</li><li>• The amount the family must pay for the program for treatment services is increased.</li></ul>	<ul style="list-style-type: none"><li>• Reduction, termination, or modification is ordered by the CCS paneled physician providing medical supervision.</li><li>• Services or benefits were authorized for a limited duration as requested by the CCS paneled provider.</li><li>• Services were provided in an acute or subacute care facility.</li><li>• Reduction, termination, or modification is with the written consent of Claimant or person legally authorized to consent.</li></ul>

# First Level Appeals

- » The Claimant has the right to appeal decisions in response to a NOA.
- » The first level appeal must be postmarked within **30 calendar days** from the date of the NOA and must be sent to the County CCS Program or DHCS, whichever issued the NOA.
- » The appeal must describe the denial, deferral, or modification reason, include supporting regulations and/or citations, and request relief or outcome, including any continuation of CCS services. The County CCS Program or DHCS must assist the Claimant when they request assistance with appealing the decision.
- » **Aid Paid Pending (APP):** A Claimant has the right to continue receiving previously approved services while awaiting a final determination from a First Level Appeal or State Hearing but must request APP for it to be provided.

# First Level Appeals Roles

» **Independent County CCS Programs** are responsible for overseeing all matters pertaining to the First Level Appeal request. Once the appeal is received, the county has 21 calendar days to respond with a First Level Appeal Response NOA.

» **Dependent County CSS Programs** will have DHCS review and make a determination on First Level Appeal requests within 21 calendar days.

See [NL 04-0424](#) for additional details on the role of Independent and Dependent CCS Program roles.



# APP Overview

- » As of July 1, 2025, the following requirements apply:
  - If a Claimant requests a First Level Appeal, any request for APP must be included in the written appeal, postmarked within **30 calendar days** from the date of the NOA.
  - If a Claimant's First Level Appeal is denied, the Claimant may request a State Hearing by filing a request as specified in the NOA **within 90 calendar days** of the date of the written appeal decision. Any request for APP during the State Hearing process after a First Level Appeal must be included in the written request for a State Hearing.
  - If the Claimant does not request a First Level Appeal, and only requests a State Hearing, APP shall be provided only if the Claimant requests the State Hearing **within 10 days** of NOA date or before the effective date of action, and includes a request for APP.
  - If the Claimant withdraws an appeal or there is a decision against the Claimant, services under APP will stop on the date the withdrawal is submitted or the date the final decision on the Claimants State Hearing is issued.

# APP Roles

When a Claimant requests APP, the **County CCS Program OR DHCS** must:

1. Create a new SAR for the denied service(s).
2. Authorize services up to the estimated date of the outcome of the case decision.
3. Write in the Special Instructions: SAR is authorized from date of NOA to date of final appeal decision rendered or the date the request is withdrawn.
4. Under the case record, enter a note in CMS Net stating the family is requesting APP while awaiting the appeal process.
5. If the First Level Appeal or State Hearing has been continued or postponed, extend the SAR to the new anticipated outcome date.
6. Once a final First Level Appeal or State Hearing decision has been issued or is withdrawn, cancel the SAR to the date of the final decision or the date the appeal is withdrawn.

# State Hearing Overview

- » State Hearings are heard by an Administrative Law Judge via telephone, on-site phone, video, on-site video, or in-person.
- » Claimants must file their request within 120 calendar days of receiving the NOA.
- » Claimants can also file for a State Hearing to appeal the original SAR denial without submitting a First Level Appeal.
- » As of July 1, 2025, the following requirements apply:
  - A Claimant must request a First Level Appeal within **30 calendar days** from the date of the NOA.
  - A Claimant must request a State Hearing **within 90 calendar days** of the date of the NOA.
  - If the Claimant does not request a First Level Appeal, and only requests a State Hearing, APP shall be provided only if the Claimant requests the State Hearing **within 10 days** of NOA date or before the effective date of action, and includes a request for APP.

# Filing a State Hearing

» To file a State Hearing, a Claimant may submit to the following:



Mail to:  
California Department of Social Services  
State Hearings Division  
P.O. Box 944243, Mail Station 21-37  
Sacramento, CA 94244-2430



Telephone to:  
California Department of Social Services  
Public Inquiry and Response  
Phone (800) 743-8525  
Voice (800) 952-8349 (TDD)



Fax to:  
State Hearings Division at  
(833) 281-0905



Online at:  
<https://www.cdss.ca.gov/hearing-requests>

# California Department of Social Services (CDSS) Role in State Hearings

## » **Once CDSS receives the request, they will:**

1. Determine the date, time, and place for the State Hearing.
2. Notify the Claimant at least 30 calendar days prior to date of hearing of the date, time, and place of the State Hearing.
3. Conduct the hearing and take related actions.
4. Issue a proposed decision to the Director of DHCS.

# DHCS Role in State Hearings

## » **DHCS will:**

1. Notify Independent County CCS Programs of the State Hearing at least 30 days prior, develop a plan of action, and strategize with the Independent County CCS Programs.
2. Provide representation for Dependent County CCS Programs.
3. Serve as the center for communication for County CCS Programs, DHCS, and CDSS.
4. Upload documents to the CDSS SCMS Hearing Portal.
5. Maintain State Hearing data.
6. Appear at State Hearings as primary CCS Program representative for Dependent county cases and as secondary for Independent county cases.