

California Children's Services (CCS) County Monitoring and Oversight

Office Hours Training: Quarterly Report

Topics Covered

- » Due dates
- » Quarterly Report
- » Compliance activities
 - Information that must be submitted
 - Best practices
- » Resources
- » CMS Net and MSBI Reports

Due Dates County CCS Programs Must Adhere To

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

Supplemental information requests are due within 30 calendar days

Quarterly Report Template

A decorative graphic consisting of two overlapping, wavy horizontal lines. The top line is a medium teal color, and the bottom line is a darker navy blue. They flow from the left side of the slide towards the right, creating a sense of movement.

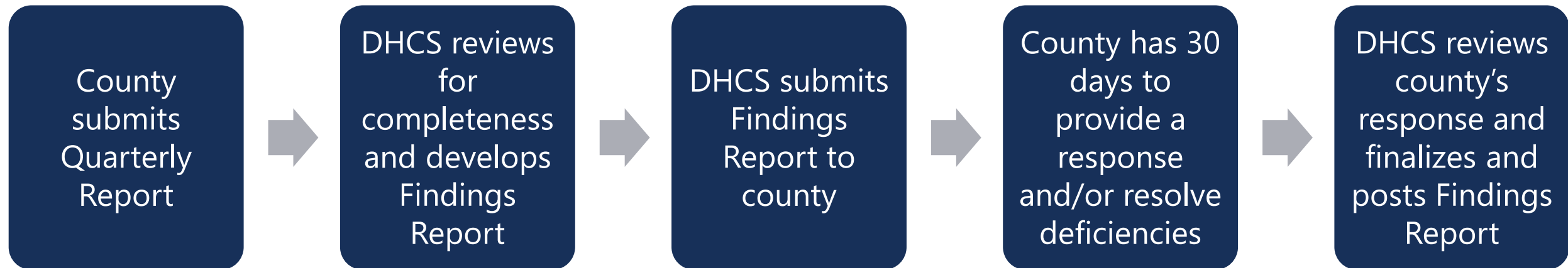
Quarterly Report Template

The Quarterly Report Template is titled, ***Exhibit 1_CCS County Monitoring Template_Quarterly Reports***, and includes:

- » Reporting Instructions
- » Contact Info
- » Grievance Log
- » Appeals and State Hearing Log
- » Transition at Age 17
- » Transition at Age 20
- » DHCS Responsibilities
- » Quarterly Activities

Reporting Instructions

- » Reporting Instructions tab - instructions on how to complete the Quarterly Report Template
- » County CCS programs must comply with all reporting requirements by the submission dates



Contact Information

Contact Information	
County	
Reporting Period	
Preparer Name	
Preparer Title	
Preparer Email	
Preparer Phone	

Grievance Log

Date (MM/DD/YYYY) Grievance Filed	Date (MM/DD/YYYY) Grievance Acknowledged	Method of Grievance Acknowledgement (Select from below)	CCS Beneficiary Full Name	Case Number

Full Name of Who is Filing the Grievance	Relationship to the CCS Beneficiary (Select from below)	Full Name of Representative Recording Grievance	Type of Grievance (Select from Below)	Category of Grievance (Select from below)

Grievance Log (*cont.*)

Description of Grievance	Description of Action Taken by County CCS Program to Investigate and Resolve Grievance	Grievance Status (Select from below)	Grievance Resolution Exception (Select from below)	Reason for Exception (If not applicable, write 'N/A')

Entity Redirect To (If not applicable, write 'N/A')	Full Name of Representative Responsible for Resolving Grievance	Date (MM/DD/YYYY) of Resolution	Date (MM/DD/YYYY) of Notification to CCS Representative of the Grievance Resolution

Compliance Activity for the Grievance Log

Resolution of Grievances		
Compliance Activity	Documentation Reviewed	Examples of Best Practices
<ul style="list-style-type: none">» Acknowledge standard grievances within five (5) business days» Address standard grievances within 30 calendar days, and expedited grievances within three (3) business days	<ul style="list-style-type: none">» Grievance Log within Quarterly Report	<ul style="list-style-type: none">» 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» Provide onboarding and periodic training to ensure staff have a clear understanding of the county grievance process and deadlines» County fully completes Grievance Log within Quarterly Report for all formal grievances and conducts internal monitoring at a set frequency

Appeals and State Hearing Log

Date (MM/DD/YYYY) Appeal/State Hearing Filed	Type of Request (Select from below)	Reason for Appeal/State Hearing (Select from below)	Full Name of Who is Filing the Appeal/State Hearing

Relationship to the CCS Applicant/Beneficiary (Select from below)	CCS Applicant/Beneficiary Full Name	Case Number	Primary Language (Select from below)

Date (MM/DD/YYYY) Appeal Reviewed /Hearing Scheduled (If not applicable, write 'N/A')	Appeal Reviewed/ Hearing Time (If not applicable, write 'N/A')	SOP Received (Select from below)	Appeal/State Hearing Result (Select from below)	Date (MM/DD/YYYY) Appeal/State Hearing Decision Mailed

Compliance Activities for Appeals and State Hearing Log

Resolution of Appeals		
Compliance Activity	Documentation Reviewed	Examples of Best Practices
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	» <i>Appeal and State Hearing Log</i> within Quarterly Report	<ul style="list-style-type: none"> » Create internal State Hearing and Appeals policies and procedures » Maintain an internal <i>State Hearing and Appeals Log</i> » Provide on-going training to ensure all staff has a clear understanding of the grievance process » Resolution of Appeals guidance is applicable to Classic Independent, Whole Child Model (WCM) Independent, and DHCS

Transition at Age 17

CCS Beneficiary Full Name	Case Number	DOB	Age	Identified as High Risk (Yes or No)

What was the identifier, a CCS condition or an MTP? (Select from below, if not applicable, select 'N/A')	Has transition planning started? (Select from below, if not applicable, select 'N/A')	Does it identify an adult specialist, medical group, or medical home? (Select from below, if not applicable, select 'N/A')	Does the transition planning require an authorized representative/legal guardian? (Select from below, if not applicable, select 'N/A')

Compliance Activity for Transition Planning (Age 17)

Compliance Activity	Documentation Reviewed	Examples of Best Practices
<p>For Classic Independent, Classic Dependent, WCM Independent: CCS only, WCM Dependent: CCS only counties - At age 17, County CCS program begins to develop the transition plan for all high-risk* 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"> » The identified adult specialist, medical group, or Medical Home » Authorized Representative/legal guardian (if needed) 	<ul style="list-style-type: none"> » MSBI CMS 04-Transition Planning_County_010 404 and » Transition at Age 17 log within Quarterly Report 	<ul style="list-style-type: none"> » 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 care with providers, CCS beneficiaries, and authorized representative/legal guardian (if needed) » Provide onboarding and periodic training to ensure staff have a clear understanding of the transition planning process and timeframe » County fully completes Transition at Age 17 log within Quarterly Report for all CCS beneficiaries age 17 and conducts internal monitoring at a set frequency

* [CCS Program Reporting and Survey NL 09-1123, Attachment B: High Risk Assessment Tool](#)

Transition at Age 20

CCS Beneficiary Full Name	Case Number	DOB	Age	Identified as High Risk (Select from below)

What was the identifier, a CCS condition or an MTP? (Select from below, if not applicable, select 'N/A')	Is transition planning completed? (Select from below, if not applicable, select 'NA')	Does it identify an adult specialist, medical group, or medical home? (Select from below, if not applicable, select 'NA')	Does the transition planning require an authorized representative/legal guardian? (Select from below, if not applicable, select 'NA')

Transition at Age 20 (cont.)

Was the transition plan shared with CCS beneficiary? (Select from below)	Was the transition plan shared with the authorized representative? (Select from below, if not applicable, select 'NA')	Was the transition plan shared with the legal guardian? (Select from below)	Was the transition plan shared with the PCP? (Select from below)	Was the transition plan shared with the MCP? (Select from below)

Compliance Activity for Transition Planning (Age 20)

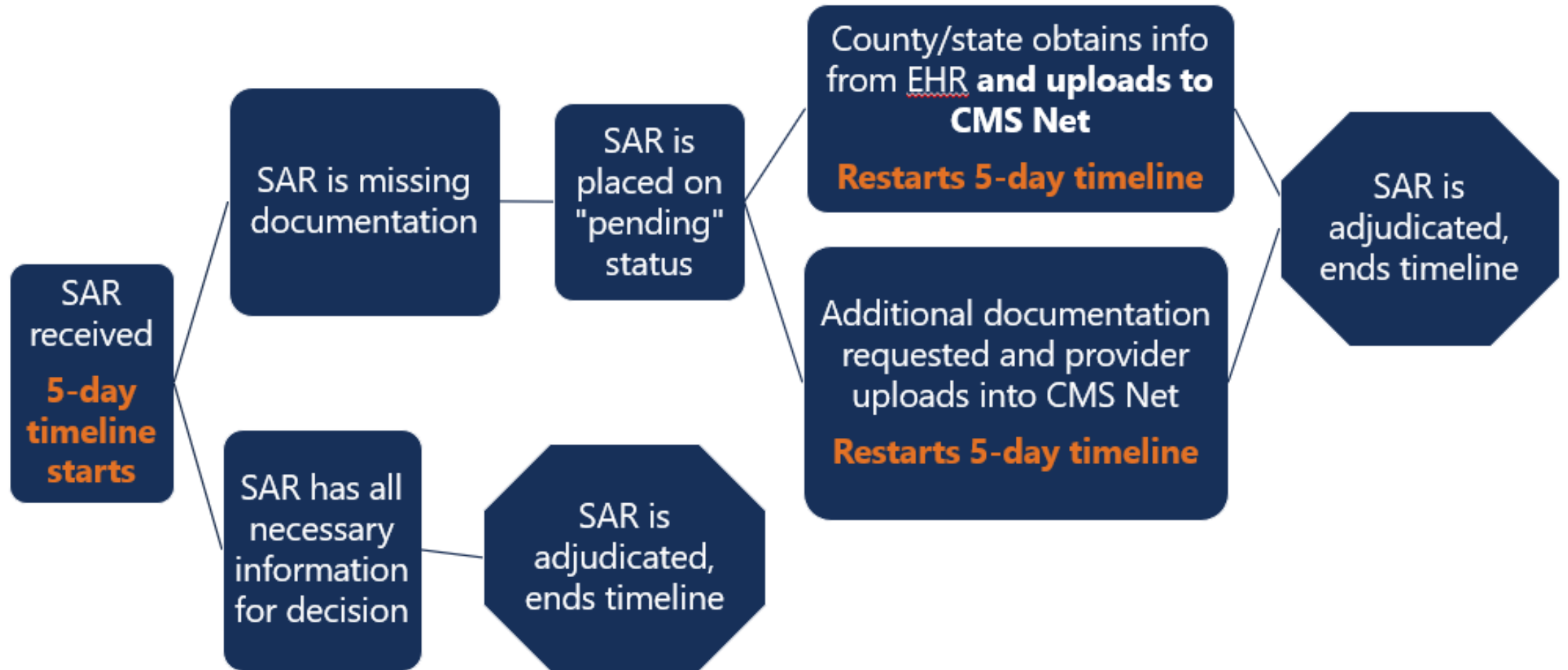
Compliance Activity	Documentation Reviewed	Examples of Best Practices
<p>For Classic Independent, Classic Dependent, WCM Independent: CCS only, WCM Dependent: CCS only counties - At age 20, the county CCS program shall ensure the exit summary for the transition plan for all high risk* CCS beneficiaries is developed and shared with the CCS beneficiary, Authorized Representative/legal guardian (if necessary), Primary Care Physician (PCP), and/or MCP to include:</p> <ul style="list-style-type: none">» The identified adult specialist, Medical group, or Medical Home and;» Authorized representative/legal guardian (if needed)	<ul style="list-style-type: none">» Report pulled from CMS Net» Submission of Transition Log quarterly	<ul style="list-style-type: none">» Coordinate care with the PCP and/or MCP with the Transition Plan and identify the adult specialist, medical group, or medical home along with the Authorized representative/legal guardian (if needed)» Provide on-going training to ensure all staff has a clear understanding of the Transition Planning process and timeline

*[CCS Program Reporting and Survey NL 09-1123, Attachment B: High Risk Assessment Tool](#)

DHCS Responsibilities

Metric	Instructions
SAR Authorization	DHCS will Pull CMS Net Report

SAR Adjudication Report



Quarterly Compliance Activities

Provides an overview of all the quarterly compliance activities

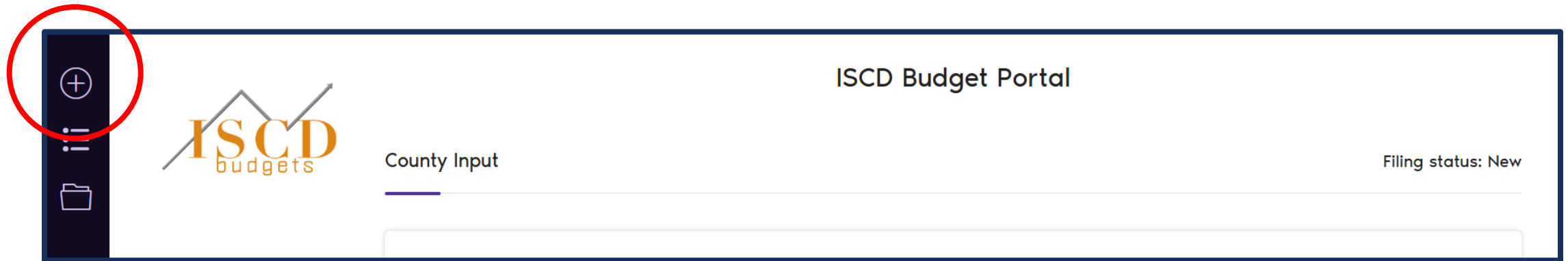
- » Total number of quarterly compliance activities
- » County model type compliance activities applies to
 - » Numerator
 - » Denominator
 - » Data source
 - » Reporting entity

How to Submit Quarterly Report

Reports submitted through the **existing budget portal with specific naming convention**

- » Labeled as “County Name X Quarter 20YY Quarterly Report” where X is the quarter and YY is the year
 - **Example:** Mono County Q1 2025 Quarterly Report

How to Submit a Quarterly Report



ISCD Budget Portal

ISCD budgets

County Input

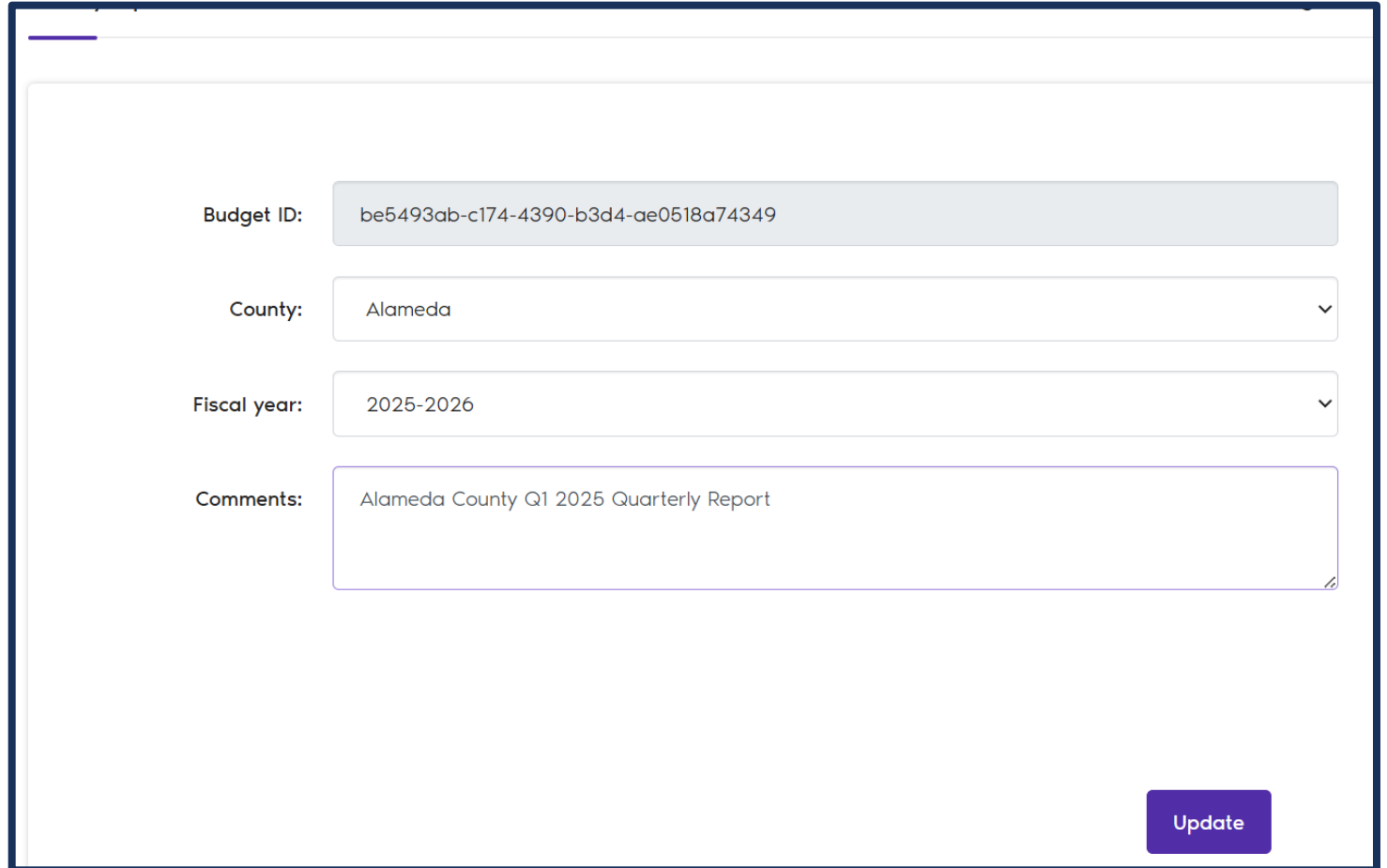
Filing status: New

How to Submit a Quarterly Report (*cont.*)

Proper Naming Convention:

County Name X
Quarter 20YY
Quarterly Report

Example: Mono
County Q1 2025
Quarterly Report



A screenshot of a web form for submitting a quarterly report. The form is enclosed in a dark blue border. It contains four input fields with labels to their left: 'Budget ID:' with a light gray text box containing 'be5493ab-c174-4390-b3d4-ae0518a74349'; 'County:' with a white dropdown menu showing 'Alameda' and a downward arrow; 'Fiscal year:' with a white dropdown menu showing '2025-2026' and a downward arrow; and 'Comments:' with a white text area containing 'Alameda County Q1 2025 Quarterly Report'. A purple 'Update' button is located at the bottom right of the form.

Budget ID:	be5493ab-c174-4390-b3d4-ae0518a74349
County:	Alameda
Fiscal year:	2025-2026
Comments:	Alameda County Q1 2025 Quarterly Report

Update

How to Submit a Quarterly Report (cont.)

☐ I acknowledge, that the information submitted for the Plan and Budget is correct and follows the Plan and Fiscal Guidelines.

☒ I hereby certify under penalty of perjury under the laws of the State of California that the forgoing information is, to the best of my knowledge, information and/or belief, that the information submitted is true, accurate, and complete, and that the corresponding documents and records are available and accessible to the California Department of Health Care Services upon request. I am aware that the documents and records may be requested at any time for review. I understand and acknowledge that submitting false information may subject the county to civil and/or criminal penalties under the California False Claims Act (Government Code § 12650) and/or any other state or federal regulation(s) required for County compliance.

How to Submit a Quarterly Report (*cont.*)

File Type:

CCS M&O Quarterly Report



Attach Files:

Choose file...

Browse

There are currently no attachments to this filing.

Resources

- » [CCS Compliance, Monitoring, and Oversight Technical Assistance Guide \(TAG\) – Quarterly Report](#)

Question and Answer Session

The slide features a decorative graphic consisting of two overlapping, wavy horizontal lines. The bottom line is a dark navy blue, and the top line is a teal or slate blue color. Both lines have a fluid, undulating shape that spans across the width of the slide, positioned below the main title.

Thank you



Appendix

CMS Net and Microsoft Business Intelligence (MSBI) Reports
Utilized for the CCS County Quarterly Report

Compliance Activity: Transition Planning

Report Name/Location: CMS 04-Transition Planning_County_01_04_04 (MSBI)

Report Description: The report generated gives a list of beneficiaries turning 17 or 20 between the dates selected

DHCS will review the CMS 04-Transition Planning_County_01_04_04 report and the Transition Log submitted from the county to determine adherence to the compliance activity

Report Path

- » Select the folder labeled "Templates"
- » Select the folder labeled "CMS Eligibility"
- » Select the folder labeled "CMS 04-Transition Planning_County_01_04_04"

Once selections are completed, the user will be sent to the report page where they must set parameters to develop the report

The screenshot shows a web browser window with the URL <https://msbi.dhcs.ca.gov/reports/report/3%20-%20Templates/...>. The page title is "SQL Server Reporting Services" and the user is logged in as "Strasser-King, Francis". The breadcrumb navigation shows the path: Home > 3 - Templates > CMS Eligibility > CMS 04 - Transition Planning_County_01_04_24. The report parameters section includes:

- Client Turning Age Next year: A dropdown menu with the text "<Select a Value>".
- Address Type: A dropdown menu.
- County: A dropdown menu.
- From Date of Birth: A text input field.
- To Date of Birth: A text input field.
- A "View Report" button is located on the right side of the parameter section.

Compliance Activity: Transition Planning (*cont.*)

Report Name/Location: CMS
04-Transition
Planning_County_01_04_04
(MSBI)

Report Description: The report generated gives a list of beneficiaries turning 17 or 20 between the dates selected.

DHCS will review the CMS 04-Transition
Planning_County_01_04_04
report and the Transition Log
submitted from the county to
determine adherence to the
compliance activity

Report Path (*continued*)

- » Select "Client Turning Age Next Year" (The user should select 17 or 20 depending on the metric being investigated)
- » Click "Address Type" and select "**Primary**"
- » Click "County" and select the desired county
- » In the fields labeled "From Date of Birth", enter the desired start of birthdate range. In the field labeled "To Date of Birth", enter the date that reflects the desired metric being evaluated (ex. 07/1/2008 and 9/30/2008). Be sure to set dates based on quarterly reporting periods.
- » Click "View Report"

Compliance Activity: SAR Adjudication

Report Path

- » This report is still in production and this information will be shared once the report is live in CMS Net