California Children's Services (CCS)
Whole-Child Model (WCM) Grievance, Appeal, and Fair Hearing Processes
November 2016

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.

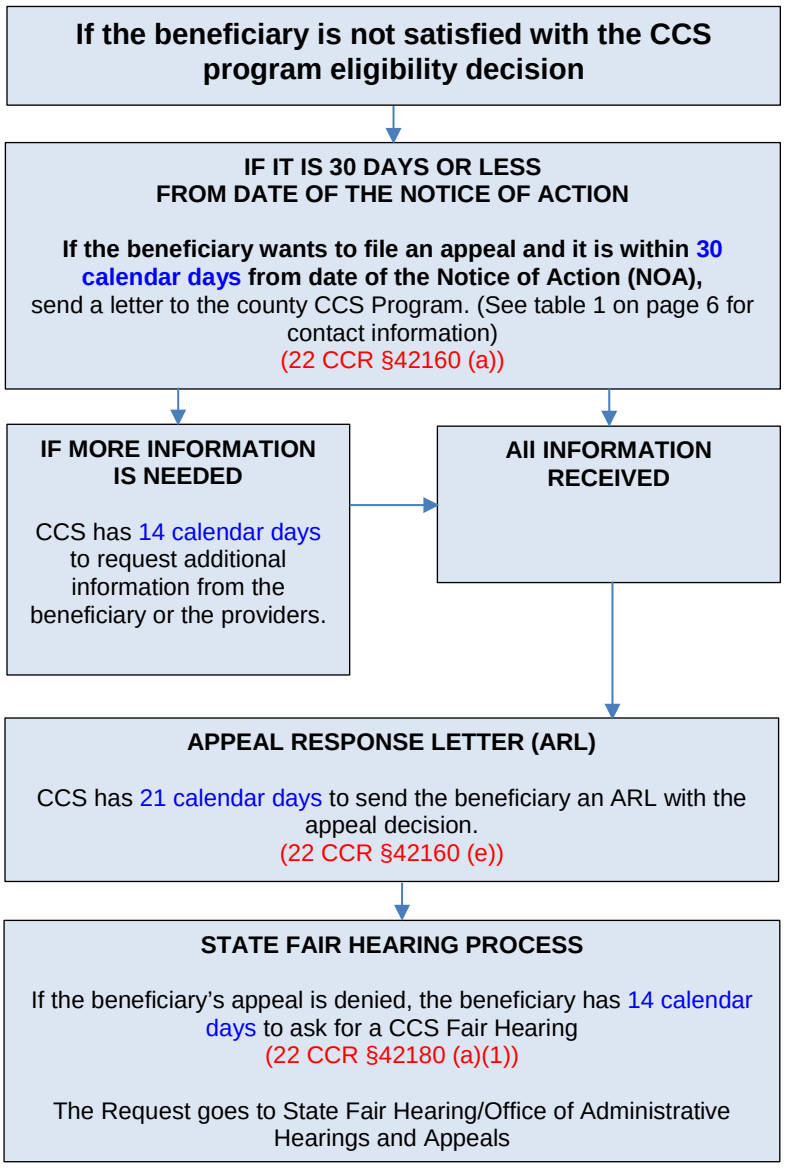
    b. **If more information is needed,** CCS has 14 days to ask the beneficiary for the information.

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.

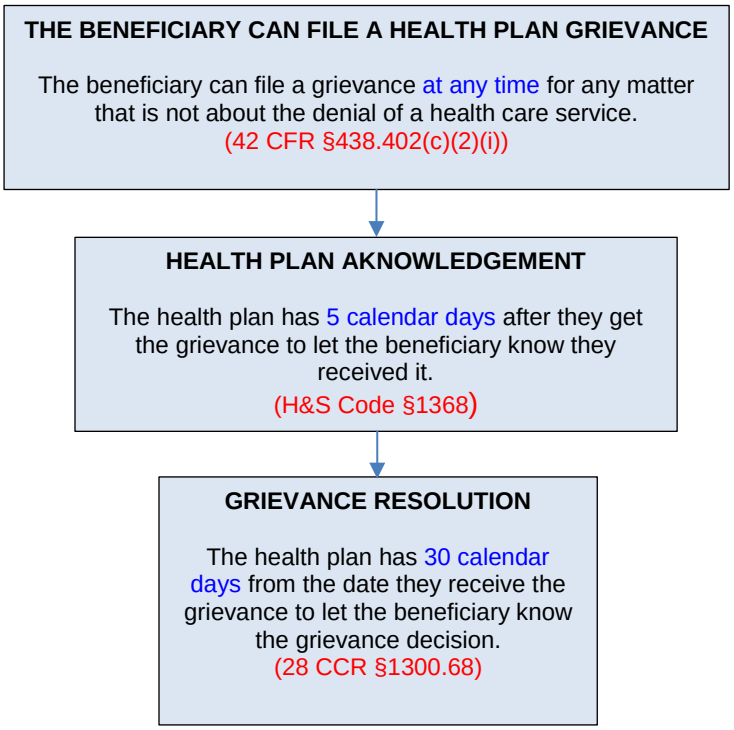
CCS Program Eligibility Appeal & Fair Hearing Process



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.



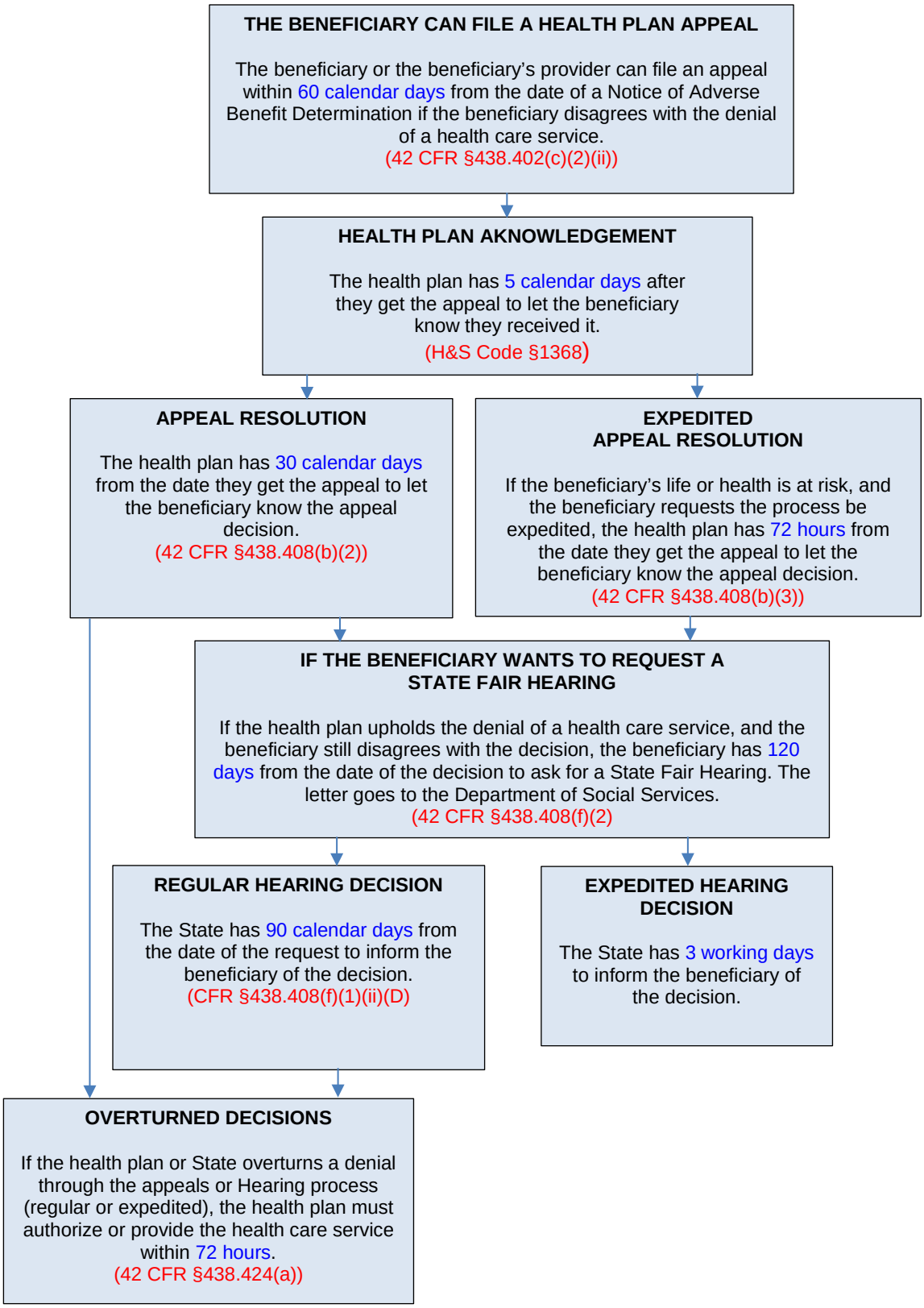
Medi-Cal Managed Care
Denial of Health Care Services Appeal and Fair Hearing Process

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