



CALIFORNIA CHILDREN'S SERVICES

CCS GRIEVANCE POLICY

Purpose:

The purpose of this policy is to establish a Grievance Procedure for the County of El Dorado California Children's Services (CCS) program, including the Medical Therapy Program that allows for resolution of grievances in a timely matter. This policy is in alignment with the requirements of [CCS Program Grievance Process Numbered Letter 06-1023](#) (NL 06-1023) and is for CCS applicant and client Grievances, not Appeals for Fair Hearing or provider disputes.

Policy:

This policy outlines the actions El Dorado County will take if it receives a grievance and/or if it is determined to be the responsible party in a grievance. If California Department of Healthcare Services (DHCS) or another party receives the grievance or is the responsible party, the grievance process will follow the policy in NL 06-1023.

El Dorado County CCS policy adheres to the DHCS guidance concerning CCS client grievances by:

- A. Establishing a process to receive Grievances from CCS clients and/or their representatives - CCS beneficiaries are permitted to submit Grievances verbally, in-person, via telephone, or in writing.
- B. Ensuring that all grievances submitted by clients are acknowledged, documented, monitored, and resolved within appropriate timeframes and using the clients preferred language when possible.
- C. Maintaining contact list for DHCS and Managed Care Plans for redirection of grievances.
- D. Utilizing the DHCS reporting process for status updates on filed grievances.

Grievance Process:

1. Intake:

- a. CCS clients can file a Grievance at any time, for any matter related to the roles and responsibilities of the CCS program. Grievances may be filed verbally, in writing, or in person.
- b. All Formal Grievances must be filed through submission of a completed [Grievance Form](#) which can be found on the El Dorado County CCS website or in the El Dorado County CCS office. Forms can be submitted to El Dorado County CCS or DHCS using the contacts listed below or beneficiaries may deliver in-person.
 - i. The grievance process starts with the receipt of a complete grievance form.

- ii. If the grievance form is incomplete, El Dorado County will make a reasonable effort to contact the client to obtain the missing information.
 - iii. Clients may request help in completing the Grievance Form. El Dorado County will assist the beneficiary and/or representative in completing the Grievance Form if needed.
- c. If the formal grievance is the responsibility of the El Dorado County CCS program, then county staff shall address the grievance within the timelines specified in NL 06-1023.
- d. For formal grievances that are received by County CCS but are not the responsibility of El Dorado County, county staff will direct the grievant to file a complaint to the appropriate responsible entity according to the contact information below.
- e. For all Grievances submitted to El Dorado County CCS, county CCS staff will create a beneficiary case note and log the Grievance in the Grievance Log which is to be submitted to the DHCS as directed by NL 06-1023 and in CCS Program Reporting and Survey NL 09-1123.

2. Acknowledgement:

- a. For standard grievances, if El Dorado County CCS is the responsible party, a note of acknowledgement will be sent to the client within five (5) business days which will include:
 - i. Notification that the grievance was received.
 - ii. Date of Receipt
 - iii. Name and contact information of who will be addressing the grievance.
- b. Expedited Grievances (for cases that involve an imminent and serious threat to the health of the CCS client) will be acknowledged within one (1) business day.
- c. Acknowledgements will be made verbally or in writing via an electronic source.

3. Resolution:

- a. For Grievances that are the responsibility of El Dorado County CCS, County staff will adhere to the following timeframes:
 - i. Standard Grievances will be addressed within thirty (30) calendar days of receipt of the complete Grievance form.
 - ii. Expedited Grievances are to be addressed within three (3) business days of receipt of the completed Grievance Form.
- b. If a grievance is resolved to the satisfaction of the client, El Dorado County CCS will notify the client in writing within five (5) business days of the date that the grievance was resolved (notification for expedited grievances will include a verbal as well as a written attempt within three (3) business days of the date that the grievance was resolved). This written resolution will include a clear and concise explanation of the decision made by the county CCS program.
- c. If the grievance cannot be resolved within the expected timeframe, then El Dorado County CCS will notify the CCS client in writing:
 - i. Standard grievances – postmarked within five (5) business days prior to the end of the 30-day period about the status of the grievance including an estimated completion date.
 - ii. Expedited grievances – verbal communication regarding status of the grievance with estimated time of completion with follow-up in writing postmarked with-in one (1) business day of oral communication.

- d. In cases where a grievance is unresolvable, a detailed explanation will be written in the Grievance Log as per NL 06-1023.
4. If there is a question of who maintains purview of a grievance, El Dorado County CCS will request DHCS assistance to determine the responsible party by sending a secure email to DHCS at CCSMonitoring@DHCS.ca.gov.
5. Administrative Processes - The Grievance Log will be submitted to DHCS quarterly as follows:
- Quarter 1: July-Sept due Nov 15,
 - Quarter 2: Oct-Dec due Feb 15,
 - Quarter 3: Jan-Mar due May 15,
 - Quarter 4: Apr-Jun due Aug 15.

Contact Information:

Entity	Phone number	Email/ Website	Mailing Address
El Dorado County CCS	530-621-6128	EDCCCS@edcgov.us El Dorado County CCS	El Dorado County CCS 941 Spring St Suite 3 Placerville, CA 95667
DHCS	916-713-8300	CCSMonitoring@dhcs.ca.gov	ISCD Attn: County Compliance Unit 1501 Capitol Ave, MS 4502 PO Box 997437 Sacramento, CA 95899-7437
Anthem Blue Cross Medi-Cal	1-800-407-4627 (TTY 711)	Welcome Medicaid Members California Medicaid Anthem	Attn: Grievance Coordinator Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007
Mountain Valley HP	1-888-936-PLAN (7526)	Grievances & Appeals - Health Plan of San Joaquin (hpsj.com) grievances@hpsj.com .	Health Plan of San Joaquin Attn Appeals Department 7751 South Manthey Road French Camp, CA 95231-9802
Kaiser Medi-Cal	1-800-464-4000	KP Submit a Complaint KP Grievance Form	Kaiser Permanente Member Services Main Office 1600 Eureka Road Roseville, CA 95661