

# California Children's Services Grievance, Appeal, and State Hearing Fact Sheet

**Do you have a concern or disagree with a decision made by the Department of Health Care Services' (DHCS) California Children's Services (CCS) program?**

*You have the right to file a CCS program grievance, appeal, or request a state hearing.*

## Grievance

You may file a grievance any time for concerns with:

- » Coordination of your or your child's care, services, equipment, or appointments
- » Poor customer service
- » Discrimination against you or your child
- » Health information privacy
- » Quality of your or your child's care
- » Referrals for services
- » Scheduling appointments
- » Timeliness of service authorizations or CCS program eligibility decisions

Grievances are resolved within **30 calendar days**. If your grievance involves serious threat of harm, such as severe pain, or potential loss of life, limb, or major bodily function, they are resolved within **3 business days**.<sup>i</sup>

## Ways to File a Grievance\*

 <b>Email</b>	<a href="mailto:CCSMonitoring@DHCS.ca.gov">CCSMonitoring@DHCS.ca.gov</a>	 <b>Mail</b>	Department of Health Care Services Attn: County Compliance Unit 1501 Capitol Avenue P.O. Box 997437, MS 4502 Sacramento, CA 95899-7437
 <b>Phone</b>	(916) 713-8300 711 for TTY	 <b>In Person</b>	Sutter County CCS 530 822-5987

## Appeal

You may file an appeal with DHCS and/or the CCS program within **30 calendar days** from the date you receive written notice of a decision you disagree with. You can file an appeal about:

- » A reduction or change of services
- » Requested services not being covered
- » A decision to end your or your child's CCS program eligibility
- » An increase in the amount to be paid to the CCS program

If the CCS program needs more information to make a decision, it must respond within **21 calendar days** of receiving the additional information. Appeal decisions will be sent to you within **21 calendar days** in a First Level Appeal Response Notice of Action (NOA) and includes information about the denial (including the basis for the decision, related facts, and supporting law) as well as information for filing for a state hearing.

**Continuation of Services:** Families have the right to continue receiving CCS coverage and previously approved CCS services during the appeal process. Continuation of services is not available for pending CCS program applicants, as they have not previously received CCS services. If services are denied, reduced, or modified, members can receive the services previously approved for the rest of the appeal process or until there is a final decision on the matter. To continue your CCS services, submit a request to DHCS by email or mail.

**Note:** A State hearing may be requested at any point in the denial process. A First Level Appeal is not required to file a state hearing request.

**If you have Medi-Cal, you may ask the CCS program or Medi-Cal to continue your benefits or services until your appeal is resolved or you receive a decision after your state hearing. If you withdraw your request for an appeal, services will stop at that time. Your right to a state hearing is described below.**

### Ways to File an Appeal\*



Email

[ISCDHAU@dhcs.ca.gov](mailto:ISCDHAU@dhcs.ca.gov)



Mail

Department of Health Care Services  
Attn: Hearings and Appeals Unit  
1501 Capitol Avenue  
P.O. Box 997437, MS 4502  
Sacramento, CA 95899-7437

### State Hearing

You have the right to request a state hearing to challenge the decision made by the CCS agency. The request for a state hearing may be made without filing a First Level Appeal and you do not need to wait to receive a decision on your First Level Appeal before requesting a state hearing. You also have the right to request a state hearing within **120 calendar days** of receiving written notice of your denial/appeal if your appeal is denied. A state hearing allows you to resolve your dispute in a fair and timely manner. You have the right to have your hearing by phone, video, or in person. You also have the right to disability accommodations. At least two days before the hearing, the county, or DHCS, will provide the family with a statement of position document explaining the reason for the decision. At the hearing, the family will have an opportunity to present evidence, including testimony or letters from treating doctors.





**Continuation of Services:** Families have the right to continue receiving CCS coverage and previously approved CCS services during the state hearing process. Continuation of services is not available for pending CCS program applicants, as they have not previously received CCS services. If services are

denied, reduced, or modified, members can receive the services previously approved for the rest of the state hearing process or until there is a final decision on the matter. To continue your CCS services, submit a request to DHCS at [ISCDHAU@dhcs.ca.gov](mailto:ISCDHAU@dhcs.ca.gov).<sup>ii</sup>

**DHCS received a federal waiver to extend the timeframe for members to request a state hearing, allowing up to 120 days from the date when the NOA was mailed. This benefit will expire on June 30, 2025. Beginning July 1, 2025, families will have 90 days from the date on the NOA to request a state hearing. In addition, the waiver provides for the automatic continuation of services to all members who request a state hearing within 120 days of the NOA. This benefit will end on June 30, 2025.**

If you have Medi-Cal, you may ask the CCS program or Medi-Cal to continue your benefits or services until your appeal is resolved or you receive a decision after your State Hearing. If you withdraw your request for a state hearing or there is a final hearing decision against you, services will be stopped at that time. State hearing decisions will be sent to you **after the hearing**.

### Ways to Request a State Hearing

 <b>Phone</b>	(800) 743-8525 (Voice) (800) 952-8349 (TDD)	 <b>Mail</b>	California Department of Social Services State Hearings Division P.O. Box 944243, MS 21-37 Sacramento, California 94244-2430
 <b>Fax</b>	(833) 281-0905	 <b>Online</b>	<a href="https://www.cdss.ca.gov/hearing-requests">https://www.cdss.ca.gov/hearing-requests</a>



CCS program, benefits, and other information are available on the DHCS website at <https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>.

<sup>i</sup> CCS families with Medi-Cal can file grievances and appeals through Medi-Cal. Please check with your local CCS county for more information.

<sup>ii</sup> Continuation of services is currently automatically approved. Automatic approval will end on June 30, 2025.

\* Translation assistance and reasonable accommodations are available for phone and in-person assistance.