

Tuolumne County CCS Grievance Policy & Procedure

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BACKGROUND

Per CCS Numbered Letter (NL) 03-1023, CCS counties are to develop policies and procedures in receiving, responding, resolving, and reporting Grievances from CCS beneficiaries and/or legal representatives.

POLICY

CCS beneficiaries and/or legal representatives shall be permitted to submit Grievances verbally, in-person, via telephone, in writing (email or mail), or in an alternative format during standard local business hours, Monday-Friday, 8 AM to 5 PM. County CCS programs must, when possible, respond to the Grievance in the CCS beneficiary's and/or legal representative's preferred language.

The County CCS Program will address and resolve Grievances related to the County CCS program's roles and responsibilities except complaints about the quality of services by DHCS or the Managed Care Plans. If the Grievant is in dispute and/or dissatisfied with an authorized and/or approved CCS provider and/or facility and/or special care center or the quality of services provided by same, then the County CCS staff shall refer the Grievant to the relevant Managed Care Plan and/or DHCS.

CCS beneficiaries or legal representatives who receive a Notice of Action with Appeal Rights included should follow the direction provided to them in the Appeal Rights and State Hearing Process attachment if they disagree with the decision made by either the local county CCS Program or DHCS.

DEFINITIONS

Grievant: The CCS beneficiary and/or legal representative.

Grievances: are a formal expression of dissatisfaction either due to a disagreement with the local county CCS Program's decision on eligibility or with the conduct of the CCS staff member or with a decision made by DHCS or a Managed Care Plan or with the quality of program services rendered at either the local CCS Program, State or Health Plan level. Grievances can be either Informal or Formal:

Informal Grievances: is a complaint or concern mentioned in passing that can be resolved quickly by either the CCS staff member or their immediate supervisor. If satisfactorily resolved, a Grievance Intake Form and a notation in the Grievance Log is not required.

Formal Grievance: is a formal expression of dissatisfaction. It is the mechanism by which a Grievant goes through the formal process in filing a Grievance. The Grievance Intake Form must be completed by the Grievant. County CCS staff must complete the Grievance Log and generate a case note in the beneficiary's case in CMS Net.

- Formal Grievances are divided into two groups:

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- **Standard Grievance** – that do not involve an imminent or serious threat to the health of the CCS beneficiary.
- **Expedited Grievance** – that involve an imminent or serious threat to the health of the CCS beneficiary.

Grievance Acknowledgement Letter: Form letter sent by the responsible CCS entity to the Grievant acknowledging receipt of the completed Grievance Intake Form. (Attachment B)

CCS Grievance, Appeal and State Hearing Fact Sheet: Describes the CCS Grievance, Appeal and State Hearing Process. The County program shall include it on its website and provide it to the Grievant either in person, mail or email along with the Grievance Acknowledgement Letter and/or Grievance Intake Form. (Attachment C)

Grievance Intake Form: Used by the Grievant to file a Formal Grievance. County CCS staff shall, upon request, assist the Grievant in filing out the Grievance Intake Form and is responsible for forwarding it to the appropriate entity for resolution. (Attachment A)

Grievance Log: Auditable record of submitted Grievances. This shall be recorded in an Excel spreadsheet.

Beneficiary's Case/Case Notes: The Grievance Intake Form and Acknowledgement Letter shall be uploaded and attached to the CCS beneficiary's Eligibility-Program Module in CMS Net. A case note will be created and subsequent case notes entered noting the known progress and/or resolution of the Grievance.

PROCESS

Grievances can be filed at any time by the CCS beneficiary and/or legal representative. It can be submitted in writing via email or postal mail, verbally or in person. It can be submitted to either the County CCS program, DHCS or Managed Care Plans. Grievances can be filed during normal business hours, Monday through Friday, 8 AM to 5 PM. If requested, County CCS staff shall assist CCS beneficiaries and/or legal representatives in completing the Grievance Intake Form.

Formal Grievances must be filed through a submission of a completed CCS Grievance Intake Form. Standard Grievances must be addressed in thirty (30) calendar days. Expedited Grievances must be addressed within three (3) business days by the appropriate entity.

In the case where the Grievance cannot be resolved, County CCS staff must document in the Grievance Log and in a beneficiary's case note what efforts the local CCS staff took to resolve the Grievance and a brief explanation as to why the Grievance could not be resolved in the prescribed timeline.

RESOLUTION

For cases where the County CCS Program cannot resolve the Grievance, Program staff shall submit the Grievance Intake Form and all documentation to DHCS for a Resolution Exception. Also, if there is a disagreement as to who is responsible for resolving a Grievance, then County CCS staff may request assistance from DHCS. In either case, the documentation should be sent to the DHCS Integrated Systems of Care Division (ISCD) via email at CCSMonitoring@dhcs.ca.gov.

GRIEVANCE PROCEDURE

Filing

Grievances may be received in person, by telephone or in writing (email or postal mail) to either DHCS, the Managed Care Plan, or the County CCS Program.

Tuolumne County CCS

1. Phone (209) 533-7401
2. Email health@tuolumnecounty.ca.gov
3. Mail: CCS Grievance, Tuolumne County Public Health, 20111 Cedar Road North, Sonoma, CA 95370

If the Grievant wishes to file a Formal Grievance, then the Grievant shall be given the Grievance Intake Form to complete and the CCS Grievance, Appeal and State Hearing Fact Sheet for further information. The local CCS Program must assist the Grievant in completing the Grievance Intake Form if its aid is requested.

Standard Grievances

1. Intake

- a. The County CCS Program will review the Grievance Intake Form and:
 - i. If the Grievance is the responsibility of the County CCS Program, then the county CCS staff shall log the Grievance in the Grievance Log, create a beneficiary's case note, and address the Grievance within the timelines specified in NL 06-1023.
 1. Upon receipt of the Grievance Intake Form, the County shall send a Grievance Acknowledgement Letter within five (5) business days. The letter is to include:
 - a. Notification that the Grievance was received
 - b. Date of receipt
 - c. Name, telephone number, and/or email address of the person(s) who will address the Grievance.
 - d. Grievance Fact Sheet
 - ii. If the Grievance is the responsibility of DHCS, local CCS staff will log, within five (5) business day, receipt of the Grievance, log that they referred the Grievant to DHCS, create a beneficiary's case note, and direct the Grievant to file the complaint to

DHCS:

1. Phone: 916-713-8300
 2. Email: CCSMonitoring@dhcs.ca.gov
 3. Mail: ISCD, Attn: County Compliance Unit, 1501 Capitol Ave, MS 4502, PO Box 997437, Sacramento, CA 95899-7437
 4. If the grievant submits the Grievance Intake Form to the County, then the County shall send it to DHCS via the SFTP portal CCSMonitoring@dhcs.ca.gov.
- iii. If the Grievance is the responsibility of the Managed Care Plan, the County CCS staff shall, within five (5) business days, log receipt of the Grievance, create a beneficiary's case note, and record that it directed the grievant to their Managed Care Plan:
1. Anthem
1-800-407-4627
 2. Health Net
1-800-675-6110

2. Resolution

- a. The Grievance must be addressed within thirty (30) days from date of receipt of the completed Grievance Intake Form.
- b. County CCS staff has five (5) business days to inform the Grievant in writing of the county's CCS Program resolution.
- c. The County will log, both on the Grievance Log and in the beneficiary's case in CMS Net:
 - i. Receipt of grievance
 - ii. Date of resolution
 - iii. Resolution
 - iv. Date the Grievant was informed in writing of the resolution
- d. If the Resolution is unresolvable, the County CCS Program must detail the reason(s) in the Grievance Log and in a case note in the beneficiary's case in CMS Net.
- e. Unresolvable Grievances not within the County program's scope of duties are exempt from responsibility to resolve the Grievance.
- f. If Resolution cannot take place within thirty (30) days, the County CCS staff must notify the Grievant in writing with status and an estimated resolution date. It must be postmarked no later than five (5) business days before the end of the initial thirty (30) day period.

Expedited Grievance

1. The County's CCS Program shall follow the same process as that of Standard Grievances; however, the timeline is different whereby the County Program has three (3) business days upon receipt of the completed Grievance Intake Form to resolve the Grievance. Keep in mind that expedited grievances fall under the County's purview only if it can be directly linked to the County's CCS Program's roles and responsibilities. The County CCS Program is not responsible for any actions or decisions made by either DHCS or Managed Care Plans.
2. Acknowledgement: The Grievance Acknowledgement Letter must be sent to the Grievant within one (1) business day of receipt.
3. Resolution: Must be addressed within three (3) business days of receipt.

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- a. The responsible entity shall make a reasonable effort to speak with the Grievant regarding the status of the Grievance and follow it up in writing (email or mail).
 - b. Any written notice must be postmarked within three (3) business days of the date of resolution.
 - c. If the Resolution is delayed, the responsible entity must verbally notify the Grievant with the estimated time of resolution and follow-up in writing. Written notice must be postmarked within one (1) business day after verbal notification.
4. Exception:
- a. If the Grievance is filed against a County's CCS employee for violations which fall under the Memorandum of Understanding (MOU) between the County and the Del Norte County Employees Association SEIU 1021 (the Union), then the Grievant shall be given the Department of Health & Human Services (DHHS) Client Complaint/Grievance Form to complete and submit to the Department for investigation and resolution.
 - b. DHHS will determine whether the grievance is:
 - i. Policy or program related and direct the Grievance to DHCS.
 - ii. If it is related to a Managed Care Plan, then the Grievant shall be directed to the relevant plan.
 - iii. If it is a violation(s), as noted in (a) above, is listed in Article XII of the Union's MOU, then DHHS shall address the Grievance as noted in the Article.
 1. It will notify the Grievant that their Grievance is subject to articles in the Union's MOU.
 2. The only notation in the Grievance Log and the beneficiary's case in CMS Net is that the Grievance is an internal labor-management matter subject to resolution per the County's MOU with the employee's Union.

Grievance Form

- Once completed and received, the County CCS staff shall log receipt of the Grievance Intake Form and its distribution in the Grievance Log and upload it the CCS beneficiary's case in CMS Net – Eligibility-Program Module.
- It will then fax, via the appropriate SFTP Portal, the Grievance Intake Form either to DHCS or Partnership if the Grievance falls outside the County Program's role and responsibility.

Grievance Log

- County CCS staff shall maintain an auditable record of the Grievances in Excel.
- County CCS staff shall submit a copy of the Grievance Log as specified in NL 06-1023; on a quarterly basis beginning July 1, 2024. Any updates to previously existing Grievances must be reported on subsequent Grievance Logs. Submission dates are as follows:

○ Q1: July, August, September	November 15
○ Q2: October, November, December	February 15 of the following year
○ Q3: January, February, March	May 15
○ Q4: April, May, June	August 15
- Any due dates on non-business dates shall be submitted on the next occurring business day.
- Grievance Logs are to be emailed/e-faxed to: CCSMonitoring@dhcs.ca.gov

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Appeals – Notice of Actions

- County CCS staff shall follow the policies and procedures outlined in the following and are not considered Grievances:
 - CCS Administrative Case Management Manual
 - Per Title 22
 - Per NL 04-0424

Public Notification of the County CCS Grievance P&P:

Information about the county CCS Program's Grievance policy and procedure must be posted in its local county office and on the Public Health website. It shall contain the following information:

1. Information on what a CCS Grievance is
2. The option to submit a CCS Grievance
3. How to file a Formal CCS Grievance – Fact Sheet for Dependent Counties