



# California Children's Services Due Process Toolkit

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## I. Background

This toolkit is intended to help California Children’s Services (CCS) beneficiaries and their families navigate CCS program grievances and appeals. The toolkit provides guidance and best practices on the grievance and appeals process so that readers can understand how to get care through the CCS program. The guide includes the applicable laws, regulations, and policy guidance as well as flowcharts to help explain the process and an index of acronyms referenced in the guide in Addendum A.

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## I. Background

### A. Introduction on Medicaid Due Process

CCS can be a complex program to understand because the rules often depend on how the beneficiary gets CCS services and the county that the CCS beneficiary lives in. Approximately 90% of children in the CCS program also have Medi-Cal, which is California’s Medicaid program. Therefore, CCS beneficiaries need to understand how CCS and Medi-Cal rules overlap. This toolkit will explain more about which rules apply to CCS-only beneficiaries and which apply to CCS beneficiaries with Medi-Cal.<sup>1</sup>

Children enrolled in CCS have many legal rights including the right to appeal a decision. Specifically, if a CCS beneficiary experiences a delay, denial, reduction, or discontinuation of services, or other issues with their CCS eligibility and benefits, CCS beneficiaries must receive a written notice before experiencing a delay, denial, reduction, or discontinuation of services, or other issues with their CCS eligibility and benefits.<sup>2</sup>

Since most children in the CCS program also have Medi-Cal coverage, they are also protected by Medi-Cal appeal rights, or Medi-Cal “due process” rights. Medi-Cal appeal rights are separate from CCS appeal rights. Some of the most important Medi-Cal protections are the right to receive a written notice before benefits are denied, stopped, or reduced and the right to request an appeal for a State Fair Hearing.<sup>3</sup> Medi-Cal members’ right to benefits are protected by the Due Process Clause of the U.S. Constitution.

### B. CCS Program

CCS is a state program for children and youth with special health care needs. In the CCS program, children and youth up to the age of 21 years old with certain health conditions can get diagnostic and treatment services, medical case management, and physical and occupational therapy services.<sup>4</sup> They can also receive

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<sup>1</sup> Dep’t of Health Care Svcs, California Children’s Services Program Enrollment Data, <https://www.dhcs.ca.gov/services/ccs/Pages/EnrollmentData.aspx>.

<sup>2</sup> 22 CCR § 42132, 22 CCR § 42140, 42160, 42180; Dep’t of Health Care Svcs, CCS Numbered Letter 04-0424, CCS Program Appeals and State Hearing Process (June 3, 2024), <https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-04-0424.pdf>.

<sup>3</sup> U.S. Const. amend. XIV, § 1; see *Goldberg v. Kelly*, 397 U.S. 254, 266 (1970) explaining that Medicaid members’ rights to benefits are protected by the Due Process Clause of the U.S. Constitution.; see also 42 C.F.R. §§ 431.200-431.250; 42 C.F.R. §§ 438.400-438.424.

<sup>4</sup> Cal. Health & Safety Code § 123800 et seq. (enabling legislation); Cal. Welf. & Inst. Code § 14094 et seq.; 22 CCR § 51013.

medical therapy services that are delivered at public schools through the Medical Therapy Program (MTP). Examples of CCS-eligible conditions are cystic fibrosis, hemophilia, cerebral palsy, health disease, cancer, traumatic injuries, and more.<sup>5</sup> The CCS program covers:

- Doctor visits
- Hospital stays
- Surgery
- Physical and occupational therapy
- Lab tests
- X-rays
- Durable Medical Equipment (DME) and orthopedic appliances

Eligibility for the CCS program depends primarily on having a diagnosis of a CCS-eligible condition(s). Children must also be California residents, their family's annual income must be less than \$40,000. If a family's income is over \$40,000, their child may still be eligible for the CCS program if any of the following apply:

- The child has full-scope Medi-Cal
- The family's out-of-pocket medical expenses for the child are more than 20% of the family's adjusted gross income
- The family only wants MTP services for their child
- The child needs to see a doctor to determine if their condition is eligible for CCS
- The family adopted the child with a known medical condition that made them eligible for CCS

Once enrolled, how a child gets services through CCS depends on whether they live in a Whole Child Model (WCM) county or not.<sup>6</sup> If the child lives in a WCM county and has Medi-Cal, a health plan called the Medi-Cal Managed Care Plan (MCP) is responsible for authorizing CCS eligible services, case management, and more.<sup>7</sup> In non-WCM counties, or "classic counties," the county CCS program is responsible for these duties. The CCS beneficiary will have a case manager through either the county CCS program or the Medi-Cal MCP.<sup>8</sup>

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<sup>5</sup> Dep't of Health Care Svcs, California Children's Services Brochure, <https://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub4.pdf>; see also Cal. Health & Safety Code § 123870.

<sup>6</sup> DME services and supplies must be determined to be "medically necessary" and prescribed by a CCS-paneled physician who specializes in the care a CCS beneficiary needs. The need for DME services and supplies may be identified by other providers like school providers, regional centers, or Medical Therapy Program (MTP) providers. If these providers are not CCS-paneled physicians, they must submit a referral to the beneficiary's CCS program before they submit a Service Authorization Request (SAR).

<sup>7</sup> Dep't of Health Care Svcs, CCS NL 12-1223, California Children's Services Program Whole Child Model (Revised) (Dec. 27, 2023), <https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-12-1223.pdf>.

<sup>8</sup> Dep't of Health Care Svcs, California Children's Services Brochure, <https://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pub4.pdf>.

Within CCS, MTP is a special program that provides physical therapy (PT), occupational therapy (OT), and Medical Therapy Conference (MTC) services for children with disabling conditions like neurological or musculoskeletal disorders. MTPs can also provide PT and OT services through telehealth as an alternative to in-person visits as appropriate and directed by the MTCs. If a child is getting services from an MTP, they must have an annual in-person evaluation by a CCS-paneled physician. A current medical report is required to be on file to receive MTP services. MTP is provided in partnership between county health departments, the Department of Health Care Services (DHCS), and local education partners.<sup>9</sup>

In order for CCS-eligible services to be covered by CCS, they must be approved through a service or treatment authorization. A Service Authorization Request (SAR) is a request a provider submits to the CCS program to get services approved and paid for. Once submitted, the SAR goes through the CCS approval process. This SAR process applies to CCS beneficiaries without Medi-Cal, as well as CCS beneficiaries with Medi-Cal who live in non-WCM counties. Conversely, if the beneficiary lives in a WCM county, the CCS-paneled provider must submit a Treatment Authorization Request (TAR) to the MCP. The only difference between a SAR and a TAR is that a SAR applies to the CCS program and a TAR applies to the Medi-Cal program. The MCP is then required to approve services that are medically necessary and meet the CCS program's standards.

## **i. Service Authorizations**

### **a. Durable Medical Equipment (DME)**

DME services and supplies must be determined to be “medically necessary” and prescribed by a CCS-paneled physician who specializes in the care a CCS beneficiary needs. The need for DME services and supplies may be identified by other providers such as school providers, regional centers, or MTP providers. If these providers are not CCS-paneled physicians, they must submit a referral to the beneficiary's CCS program before they submit a SAR.<sup>10</sup>

### **b. Private Duty Nursing**

Private Duty Nursing (PDN) is covered when necessary to treat a beneficiary's CCS-eligible condition. Home Health Agencies develop a plan of care that must be signed by a CCS-paneled physician. They then submit that plan of care to the county or to the Medi-Cal MCP for approval of a SAR.

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<sup>9</sup> Dep't of Health Care Svcs, Medical Therapy Program, <https://www.dhcs.ca.gov/services/ccs/Pages/MTP.aspx>.

<sup>10</sup> National Health Law Program, Helping Families Obtain Durable Medical Equipment and Supplies through The California Children's Services (CCS) Program (2021), [https://healthlaw.org/wp-content/uploads/2021/08/2021-CCS-DME-Issue-Brief\\_8.6.2021-updated.pdf](https://healthlaw.org/wp-content/uploads/2021/08/2021-CCS-DME-Issue-Brief_8.6.2021-updated.pdf).