



California Children's Services Due Process Toolkit

II. CCS Program Rules for Notices

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Children enrolled in the CCS program are entitled to a written notice, called a Notice of Action (NOA), when the CCS program takes certain actions on their eligibility, services, or supplies. An NOA must be in writing, explain why the CCS program is taking the action, indicate the rule or law that supports the action they are taking, and provide information about the CCS beneficiary's right to appeal.¹¹ The rules regarding notices differ depending on how the beneficiary gets CCS services and the type of action taken, so it is important to be aware of these complicated rules.

A. Eligibility

If a CCS beneficiary is denied or discontinued from the CCS program, CCS is required to send the beneficiary and their family a written notice **at least seven (7) days** before the action takes place.¹² However, for CCS beneficiaries with Medi-Cal, CCS must send a written notice **at least ten (10) days** before the action takes place. A written notice is also required when the amount of a family's annual enrollment fee is increased. (**Note:** Beneficiaries with full-scope Medi-Cal are not charged an enrollment fee, regardless of family income).

B. Services

CCS beneficiaries also have notice and appeal rights when negative actions are taken with respect to their CCS benefits, such as treatment, services, or supplies. A "negative action" can include stopping or reducing a beneficiary's CCS-related services or supplies that CCS already approved, denying a new request for CCS-related services, or denying a request for a CCS benefit that is not currently provided in the program.¹³ The CCS program must send written notice when CCS services are denied, stopped, changed, or reduced.¹⁴ Again, written notice is required **at least seven (7) days** in advance for CCS-only beneficiaries and **at least ten (10) days** in advance for CCS beneficiaries with Medi-Cal. (See below in [Section II\(D\)](#) for more information for CCS children with Medi-Cal coverage.)

C. Notices Are Not Required in All Situations in the CCS Program

In the CCS program, a written notice is not required in all situations. For example, the CCS program does not have to send a written notice when a beneficiary's CCS-paneled provider does not think the CCS beneficiary needs the CCS services or supplies anymore.¹⁵ The CCS program also does not have to send a written notice if a CCS beneficiary or their family voluntarily cancels their CCS enrollment or stops CCS services, if the CCS treatment was allowed for a limited time, or if the CCS beneficiary is in a licensed acute care or sub-acute care medical facility.¹⁶ However, if the CCS beneficiary also has Medi-Cal, these exceptions should not apply because a Medi-Cal beneficiary is entitled to a written notice for any negative action regardless of the reason.

¹¹ 22 CCR § 42131(b).

¹² 22 CCR § 42132(a).

¹³ 22 CCR § 42132(a).

¹⁴ 22 CCR § 42132(a).

¹⁵ 22 CCR § 42132(b).

¹⁶ 22 CCR § 42132(b).

D. Notice Requirements for CCS Beneficiaries with Medi-Cal

A CCS beneficiary who has Medi-Cal coverage has additional rights to written notice. If a CCS beneficiary has Medi-Cal, the CCS program must send a written notice **at least ten (10) days** before the negative action on their CCS benefits begins. As explained in the beginning of this section, a proper notice must be in writing, and the notice must give a reason for the action that CCS is taking, the date the action will start, the rule or law that supports the action being taken, and information about the CCS beneficiary's right to appeal.¹⁷

A CCS beneficiary with Medi-Cal also has the right to request a hearing (called an "appeal") when eligibility is denied, a service request is denied or reduced, or a decision on whether services are approved is delayed. When a beneficiary's eligibility or services that were previously approved are later denied, terminated, or reduced, CCS beneficiaries on Medi-Cal have the right to keep their benefits while they go through the appeals process. This is called "Aid Paid Pending" (APP) or also referred to as "Continuing Benefits." This is a critical right for CCS beneficiaries and their families to avoid gaps in coverage or services when they appeal. *Read more about the CCS and Medi-Cal appeals processes in [Section IV](#) of this toolkit.*



Advocacy Tip: Always check the date on the notice. CCS beneficiaries with Medi-Cal must receive notice **at least ten (10) calendar days** before benefits are stopped or changed. If the CCS beneficiary does not receive the notice at least 10 days before the action date, the CCS beneficiary can ask for an appeal using the contact information in the notice and tell the appeals office or the Administrative Law Judge (ALJ) that the notice was not sent on time or is missing information. This is important because if a notice does not include all of the information described above, or if the program sent it late or did not send a required notice at all, then the CCS program must take back any negative action that may already have happened and/or restart the notice process.

¹⁷ 42 CFR § 435.919; 22 CCR § 50179; 42 CFR 438.404(b); Cal. Health & Safety Code § 1367.01; 22 CCR §§ 51014.1, 51014.2, and 53894.