



California Children's Services Due Process Toolkit

IV. Appeals & Hearing

C. Appeal Process for CCS Beneficiaries With Medi-Cal

C. Appeal Process for CCS Beneficiaries with Medi-Cal

As mentioned in [Section I\(A\)](#), roughly ninety (90) percent of CCS beneficiaries are also enrolled in Medi-Cal. A CCS beneficiary with Medi-Cal has the right to file a Medi-Cal State Fair Hearing in addition to, or instead of, a CCS appeal. So, a CCS beneficiary with Medi-Cal has all the appeal rights in [Section IV\(B\)](#) available to them, in addition to all the appeal rights here in [Section IV\(C\)](#). However, the time frames for an appeal are more generous under Medi-Cal.



Advocacy Tip: The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit is a Medi-Cal benefit that applies to the Medi-Cal State Fair Hearing process for CCS beneficiaries with Medi-Cal. The CCS “medical necessity” definition may be too limiting to effectively treat certain CCS conditions. Under EPSDT, benefits and services necessary to “correct or ameliorate defects and physical and mental illnesses and conditions” are required to be covered. For CCS beneficiaries with Medi-Cal, the EPSDT medical necessity standard must apply.⁴⁴



Advocacy Tip: A CCS beneficiary with Medi-Cal is entitled to the longer Medi-Cal appeal timelines when filing a CCS appeal or State Fair Hearing. For example, a CCS beneficiary with Medi-Cal should get **ninety (90) calendar days** to file a CCS State Fair Hearing even though the timeline to file a CCS hearing is **fourteen (14) calendar days** because the beneficiary also has Medi-Cal coverage.

Medi-Cal appeal rights depend on how the CCS beneficiary gets Medi-Cal services. Some beneficiaries have Medi-Cal through a Medi-Cal MCP, while other beneficiaries have fee-for-service, or “regular” Medi-Cal.



Advocacy Tip: A CCS beneficiary is enrolled in a Medi-Cal MCP if they have two Medi-Cal insurance cards: a Benefits Identification Card with a yellow poppy flower on it and a second, separate card with an insurance plan name on it.

i. CCS Beneficiary with Fee For Service Medi-Cal

If a CCS beneficiary with Medi-Cal is not enrolled in a Medi-Cal MCP, the CCS beneficiary may submit an authorization request to Medi-Cal for services denied by CCS. If Medi-Cal also denies the authorization, then the CCS beneficiary may request a Medi-Cal State Fair Hearing in addition to a CCS State Fair Hearing. A Medi-Cal State Fair Hearing must be filed within **ninety (90) calendar days** of the written notice or, if they did not receive a written notice, before the action they disagreed with took place.⁴⁵ Again, CCS beneficiaries do not need to pursue the CCS First Level Appeal before filing a CCS State Fair Hearing.

Note: A State Fair Hearing about the CCS beneficiary’s eligibility and enrollment will go through the CCS State Fair Hearing process.

⁴⁴ 42 USC § 1396d(r)(5).

⁴⁵ See 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>. Due to a current waiver, the timeline to request a hearing has currently been extended to 120 days (not 90 days) through June 2025.

ii. CCS Beneficiary with Medi-Cal Managed Care in a Whole Child Model County

If a CCS beneficiary has Medi-Cal lives in a Whole Child Model county, the CCS beneficiary accesses CCS services and supplies through the Medi-Cal MCP. The CCS beneficiary has the option to pursue the Medi-Cal MCP appeals process in addition to the CCS program's appeal process.

A CCS beneficiary who is enrolled in a Medi-Cal MCP can file an appeal with the MCP if they disagree with the CCS program's decision concerning the beneficiary's CCS services. This plan appeal is required before requesting a Medi-Cal State Fair Hearing. A plan appeal can be filed with the MCP by telephone, online, or via mail. A CCS beneficiary must file an appeal **within sixty (60) calendar days** of the notice date. A CCS Medi-Cal beneficiary can ask for an expedited plan appeal if their life or health is at risk. With an expedited appeal, the plan must send the CCS beneficiary written notice **within seventy-two (72) hours**. For more information on Medi-Cal MCP appeals, see *Disability Rights California's Medi-Cal Managed Care Appeals and Grievances* publication.⁴⁶ **Note:** Appeals related to CCS eligibility in Whole Child Model counties still go to the CCS program. (See the *table in Section III. above for information about specific counties*).

iii. CCS Beneficiary with Medi-Cal Managed Care in a Classic County

If a CCS beneficiary has Medi-Cal managed care but is not in a Whole Child Model county and is instead in a "classic county", CCS appeals should still go through the county CCS program. The CCS beneficiary may submit an authorization request to the Medi-Cal for the services denied by CCS. If the MCP also denies authorization for the services requested, the CCS beneficiary has a right to file a Medi-Cal appeal with the Medi-Cal MCP. If a CCS beneficiary requests a Medi-Cal State Fair Hearing regarding a denial of services by the MCP in addition to a CCS State Fair Hearing regarding a denial of services by CCS, the two hearings will operate separately. **Note:** A State Fair Hearing about the CCS beneficiary's eligibility and enrollment will go through the CCS State Fair Hearing process.

iv. Aid Paid Pending

A CCS beneficiary with Medi-Cal has the right to request Aid Paid Pending (APP). More specifically, if there is a termination or reduction in Medi-Cal services, the beneficiary has the right to keep their services while going through the appeals process, and the services will not change until they receive a State Fair Hearing decision. Generally, the Medi-Cal beneficiary must make the APP request before the date of the change listed on the notice, or **within ten (10) days** of the date they receive the notice. APP should be requested when filing the appeal. As of this writing, however, right now, Medi-Cal beneficiaries get APP, even if they did not request APP, as long as they file a State Fair Hearing **within 120 days** of the written notice.



Advocacy Tip: The right to APP without needing to request it within the normal 10 days from receiving notice automatically will apply to both the Medi-Cal and CCS population through June 2025. After that time, APP must be requested within the 10 days from receiving the written notice or before the negative action takes effect.

⁴⁶ Disability Rights California, *Medi-Cal Managed Care Appeals and Grievances* (July 1, 2018), <https://www.disability-rightsca.org/publications/medi-cal-managed-care-appeals-and-grievances>.