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Title 22@ Social Security

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Division 2@ Department of Social Services-Department of Health Services

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Part 2@ Health and Welfare Agency-Department of Health Services Regulations

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Subdivision 7@ California Children's Services

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Chapter 13@ Resolution of Complaints and Appeals by CCS Clients or Applicants

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Article 1@ Notice of Action

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Section 42132@ Reasons for Notice of Action

42132 Reasons for Notice of Action

(a)

A written Notice of Action shall be sent to the applicant, client and/or legal guardian, or authorized representative within seven calendar days of the decision by the designated CCS agency when: (1) The applicant is being denied financial, residential, or medical eligibility following completion of the written application to the CCS program. (2) A request for a new medical service or program benefit not currently being provided to a client or when continuation of a CCS medical service or program benefit currently authorized is denied. (3) The client's eligibility for the CCS program is discontinued. (4) The amount the family must repay the program for treatment services is increased. However, if the family agrees with the new amount and signs a dated statement, which statement may be prepared by either the family or the agency, agreeing to the new amount, the family's copy of the statement constitutes written Notice of Action. No form is required. (5) The request in subsection (a)(2) is approved, but is modified by the CCS program to reduce the frequency or duration, to change the place or provider of service, or to alter the nature of the medical services or benefit requested.

(1)

The applicant is being denied financial, residential, or medical eligibility following completion of the written application to the CCS program.

(2)

A request for a new medical service or program benefit not currently being provided to a client or when continuation of a CCS medical service or program benefit currently authorized is denied.

(3)

The client's eligibility for the CCS program is discontinued.

(4)

The amount the family must repay the program for treatment services is increased.

However, if the family agrees with the new amount and signs a dated statement, which statement may be prepared by either the family or the agency, agreeing to the new amount, the family's copy of the statement constitutes written Notice of Action. No form is required.

(5)

The request in subsection (a)(2) is approved, but is modified by the CCS program to reduce the frequency or duration, to change the place or provider of service, or to alter the nature of the medical services or benefit requested.

(b)

The reduction, termination, or modification of current services or benefits does not require a written notice of action when: (1) The reduction, termination, increase, or other modification is ordered by the CCS physician who is providing medical supervision of the client; or (2) The reduction, termination or modification is with the consent of the client or person legally authorized to consent for the client; or (3) Services or benefits were authorized for a limited duration as requested by the CCS provider, the client was so advised, and the date the service or benefit is to be terminated is the same as the termination date requested by the provider and approved by the CCS agency; or (4) The client is in a licensed acute care or subacute medical care facility.

(1)

The reduction, termination, increase, or other modification is ordered by the CCS physician who is providing medical supervision of the client; or

(2)

The reduction, termination or modification is with the consent of the client or person legally authorized to consent for the client; or

(3)

Services or benefits were authorized for a limited duration as requested by the CCS provider, the client was so advised, and the date the service or benefit is to be terminated is the same as the termination date requested by the provider and approved by the CCS agency; or

(4)

The client is in a licensed acute care or subacute medical care facility.