



Grievance & Appeal Process

Mental Health Plan 24 hour Access Line

1-800-555-5906 (Toll free)

Sí Usted Habla Español. Esta información está disponible en español, por favor vea la recepcionista o llame 1-800-555-5906

This form is available in alternate formats. Please see the receptionist or call 1-800-555-5906.

Clients receiving Behavioral Health Services (Specialty Mental Health Services (SMSH) and Substance Use Disorder Treatment Services (SUDT)) have legal rights, including the right to express their concerns about the type and delivery of services. This brochure explains how to file a grievance, appeal, expedited appeal or State Fair Hearing. It also explains some of your rights.

A full Medi-Cal beneficiary handbook detailing more information about Mendocino County BHRS and your rights is available in the lobby of each BHP provider site. You may obtain a copy of the beneficiary handbook at the reception site of any BHP Provider, by calling 707-472-2360 or writing to the Behavioral Health Quality Assessment & Performance Improvement (QAPI) Program at 1120 South Dora Street, Ukiah CA 95482 and request a beneficiary handbook be mailed to you.

Client Rights

Clients of Mendocino County Behavioral Health Plan are entitled to:

- Be treated with respect by behavioral health staff members
- Services provided in a safe environment and not to be subject to personal, physical, sexual, financial or emotional abuse
- Services that attempt to be sensitive to the cultural, linguistic and special needs of the client.

- To informed consent to treatment and prescribed medications to include potential side effects.
- The right to receive information about your treatment and participate in planning your treatment
- Services which increase your ability to become more independent
- Confidential care and record keeping
- The right to file a grievance, appeal, expedited appeal or State Fair Hearing regarding services and not be subject to discrimination or any other penalty for filing a grievance or appeal
- Authorize another person to act on your behalf
- Request a change of therapist
- Request a second opinion
- Request a change in the level of care

Grievance

A “Grievance” means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination.

Grievances may include, but are not limited to, the quality of

care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect the member's rights regardless of whether remedial action is requested, and the member's right to dispute an extension of time proposed by the Mendocino County BHRS to make an authorization decision. There is no distinction between an informal and formal grievance.

Timeframes for filing: A member may file a grievance at any time

Method of filing: A member, a provider and/or authorized representative, may file a grievance either orally or in writing

Standard Grievances:

Acknowledgement-Mendocino County BHRS shall provide the member written acknowledgement of receipt of the grievance that is dated and postmarked within **five (5) calendar days** of receipt of the grievance. The acknowledgement letter shall include the date of the receipt, and the name, telephone number, and address of QAPI Unit who will handle the grievance.

Resolution: Mendocino County BHRS shall resolve grievances within **thirty (30) calendar days** and notify the members of the results of the grievance resolution using the Department of Health Care Services (DHCS) provided Notice of Grievance Resolution (NGR) letter with clear and concise explanation of Mendocino County BHRS decision. If a decision is not made within the given timeframe, Mendocino County BHRS shall notify the member in writing the expected timeframe of the resolution.

Grievance Process Exemptions: Mendocino County BHRS is exempt from the requirement to send a written acknowledgement and disposition letter for grievances received over the telephone or in-person by Mendocino County BHRS, or a Network Provider of Mendocino County BHRS, that are resolved to the member's satisfaction by the close of the next business day following the receipt of such grievance. This exemption shall not apply to grievances received via mail, email or fax by Mendocino County BHRS, or Network Providers of Mendocino County BHRS. If Mendocino County BHRS or Network Providers receive a

complaint related to Adverse Benefit Determination, the complaint is not considered a grievance, and the exemption shall not apply.

Adverse Benefit Determination: An Adverse Benefit Determination is defined which relates to any of the following actions taken by Mendocino County BHRS.

- A. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- B. The reduction, suspension, or termination of a previously authorized service.
- C. The denial, in whole or in part, of payment for a service.
- D. The failure to provide services in a timely manner.
- E. The failure to act within the required timeframes for standard resolution of grievances and appeals.
- F. The denial of a member's request to dispute financial liability.

Appeals

An “Appeal” is a review by Mendocino County BHRS of an Adverse Benefit Determination.

Timeframes for filing: Members must file an appeal within 60 calendar days from the date of on the Notice of Adverse Benefit Determination (NOABD).

Method of filing: A member, or a provider and/or authorized representative, may request an appeal either orally or in writing. Appeals filed by the provider on behalf of the member required written consent from the member.

Standard Resolution of Appeals:

Acknowledgement: Mendocino County BHRS shall provide the member written acknowledgement of receipt of the appeal that is dated and postmarked within **five (5) calendar days** of receipt of the appeal. The acknowledgement letter shall include the date of the receipt, and the name, telephone number, and address of QAPI Unit who will handle the appeal.

Standard Resolution Timeframe: Mendocino County BHRS shall resolve appeals within **thirty (30) calendar days** and notify the members of the results of the appeal.

The member may initiate a State Hearing process if a resolution is not provided to the member within the 30 calendar day timeframe.

An “Expedited Appeal” resolution process may be requested by the beneficiary when the length of time needed for a standard resolution could jeopardize the beneficiary’s life, health or ability to attain, maintain or regain maximum function. The Quality Improvement Representative will determine whether an appeal qualifies based on information supplied by the beneficiary, his/her provider of services, or another responsible party; the request for expedited appeal resolution can be made orally or in writing.

To file a grievance, appeal, or expedited appeal call (707) 472-2309, or mail a grievance form to:

BHRS QAPI Program
1120 South Dora Street
Ukiah, CA 95482

The Patients’ Rights Advocate can assist you in preparing and filing a grievance or appeal. Please call (800) 970-5816.

You may obtain a Grievance /Appeal form and self-addressed envelope at any Mendocino County Behavioral Health Provider location. You should be able to obtain a Grievance/Appeal form without having to ask or write for one.

- A. You may ask another person to act on your behalf.
- B. The Patients' Rights Advocate can assist you in filling out the grievance/appeal form should you wish.
- C. You need to file an appeal within 60 calendar days from the date on the Notice of Adverse Benefit Determination.
- D. Grievances shall be resolved within 30 calendar days from the date the grievance is filed. You shall be notified if there is any reasonable delay in the grievance resolution within 30 days. The NOABD must explain the reason and the expected timeframe of the resolution.
- E. If you are appealing an action involving the termination, suspension or reduction of a previously authorized course of treatment by an authorized

provider, and you request an extension of benefits, the BHP will continue to provide the authorized services until the appeal is satisfied, or if you withdraw the appeal, or ten calendar days have passed since the BHP has ruled against the appeal or a State Hearing results in an adverse decision to the appeal. The reference to continuation of services in these circumstances is referred to as “Aid Paid Pending.”

F. Appeals must be resolved within 30 calendar days of the MHP receipt of the appeal.

G. Expedited appeals will be resolved within 72 hours.

H. When the grievance or appeal has been investigated, the Behavioral Health Plan will notify you in writing of the results of the resolution and the decision made.

I. The written response to a Notice of Adverse Benefit Decision Appeal will clearly indicate on the Notice of Appeal Resolution that you may request a State Hearing if not satisfied with the decision by the Mental Health Plan.

J. Your grievance/appeal/expedited appeal will be confidential.

State Hearings

If you do not agree with the results of the BHP appeal process, you have the right to request a State Hearing within 120 days of receiving those results. If you have not heard back from the MHP within 30 days of filing an appeal, you can also request a State Hearing. The form for a State Hearing comes with the notification of the appeal outcome. The State Hearing will reach a decision within 90 days of your request. You will be allowed to continue services until a decision is made at the State Hearing if you request a hearing within 10 days of receipt of the NOABD.

The Patients' Rights Advocate (PRA) can assist you in requesting a State Hearing.

You may contact the PRA at (800) 970-5816 or 800-555-5906. You may also write the PRA at: The SmithWaters Group Patients' Rights Advocates, 3666 I St, Sacramento, CA 95816 or info@smithwatersgroup.com.

If you are unable to contact your local Patients' Rights Advocate you may contact: the State Fair Hearing Division 800-743-8525 or if you are hearing impaired TTY/TDD 800-952-8349.

Behavioral Health Advisory Board

Meetings are held monthly at various locations in the county. Meetings will also be held virtually. These meetings are open to the public and are a means to obtain community suggestions, concerns and comments. For the time and location of the meetings call: (707) 472-2355.

Suggestions

Beneficiary suggestions and opinions are an important part of providing quality care. Mendocino County Behavioral Health conducts surveys and has placed suggestion boxes in most county behavioral health service areas to obtain information that is incorporated in planning and training. You are encouraged to give ideas for improvement to staff where you receive treatment or send your suggestions to: MH QAPI Unit, 1120 S. Dora Street, Ukiah CA 95482.

Confidentiality

Behavioral Health Staff, contracted agencies and providers follow legal procedures to provide confidentiality of your services and records. In the event that you would want copies of your records you may make a make a written request from your provider or a formal request through the Medical Records Officer, 1120 South Dora Street, Ukiah CA 95482.

Mendocino County has a specific form to allow for these requests.

Second Opinion

When accessing Specialty Mental Health Services and SUDT Services, you have the right to a second opinion at no additional cost to you when the BHP or its providers determine that the medical necessity criteria to receive Specialty Mental Health Services and SUDT have not been met and that you, therefore, are not entitled to any specialty mental health services and SUDT from the BHP.

You can make a second opinion request in writing or verbally. Your request for a second opinion will be reviewed

by the QAPI Clinical manager and given serious consideration within ten (10) working days.

Change of Provider

You may obtain a formal request for a change of provider at any Behavioral Health Plan provider. Whenever possible the Mendocino County Behavioral Health plan (BHP) will, at the request of the client, allow for a change of provider. The BHP may limit the choice to a contract provider with the BHP or the Mendocino County Behavioral Health Services.

Patients' Rights Advocate

Defensor de los Derechos del Paciente

(800) 970-5816

Grievance Line / Linea de Queja

(707) 472-2309

Mendocino County Behavioral Health Plan (BHP) offers free Language Line, interpreter assistance, American Sign Language, and California Relay Service TTY/TDD

services for beneficiaries requesting or accessing services.

These services may be requested at any Behavioral Health Plan Provider site or by calling 1-800-555-5906.

DMC-ODS Partnership HealthPlan of California Grievances
and Appeals Page:

<https://www.partnershiphp.org/Members/Medi-Cal/Pages/GrievanceAndAppeals.aspx>

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English

ATTENTION: If you need help in your language call [1-800-555-5906] (TTY: [1-800-555-5906]). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call [1-800-555-5906] (TTY: [1-800-555-5906]). These services are free of charge.

العربية (Arabic)

يرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ [1-800-555-5906] (TTY: [1-800-555-5906]). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برييل والخط الكبير. اتصل بـ [1-800-555-5906] (TTY: [1-800-555-5906]). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՐԱԿՆԻՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, գաղտնահարեք [1-800-555-5906] (TTY: [1-800-555-5906]): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, զորից են բրայլի գրատիպով ու կոշտատպառ մալագոված կտրվածք: Չանգահարեք [1-800-555-5906] (TTY: [1-800-555-5906]): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំពោះបេអក្សរការជំនួយ ជាភាសា របស់អ្នក សូម ទូរសព្ទទៅលេខ [1-800-555-5906] (TTY: [1-800-555-5906])។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដួងដៃដៃកសាវសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬដៃកសាវសរសេរជាអក្សរព័ទ្ធ ក៏អាចទាក់ទងផងដែរ។ ទូរសព្ទមកលេខ [1-800-555-5906] (TTY: [1-800-555-5906])។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 [1-800-555-5906]

(TTY: [1-800-555-5906])。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 [1-800-555-5906] (TTY: [1-800-555-5906])。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با [1-800-555-5906] (TTY: [1-800-555-5906]) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با [1-800-555-5906] (TTY: [1-800-555-5906]) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो [1-800-555-5906]

(TTY: [1-800-555-5906]) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। [1-800-555-5906] (TTY: [1-800-555-5906]) पर कॉल करें। ये सेवाएं निः शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau [1-800-555-5906] (TTY: [1-800-555-5906]). Muaj cov kev pab txhawb thiab kev pab cuam rau cov need xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau [1-800-555-5906] (TTY: [1-800-555-5906]). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は [1-800-555-5906] (TTY: [1-800-555-5906])へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 [1-800-555-5906] (TTY: [1-800-555-5906])へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 [1-800-555-5906] (TTY: [1-800-555-5906]) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. [1-800-555-5906] (TTY: [1-800-555-5906]) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ການທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ [1-800-555-5906] (TTY: [1-800-555-5906]). ອົງການຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສາວບຸຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນັບແລະມິຕິພາບໂທ ໃຫ້ໂທຫາເບີ [1-800-555-5906] (TTY: [1-800-555-5906]).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux [1-800-555-5906] (TTY: [1-800-555-5906]). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluc mblutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx [1-800-555-5906] (TTY: [1-800-555-5906]). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਪਿਆਨ ਦਿਓ: ਜ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ [1-800-555-5906] (TTY: [1-800-555-5906]). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬੋਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ [1-800-555-5906] (TTY: [1-800-555-5906]). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру [1-800-555-5906] (линия TTY: [1-800-555-5906]). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру [1-800-555-5906] (линия TTY: [1-800-555-5906]). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al [1-800-555-5906] (TTY: [1-800-555-5906]). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al [1-800-555-5906] (TTY: [1-800-555-5906]). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa

[1-800-555-5906] (TTY: [1-800-555-5906]). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa [1-800-555-5906] (TTY: [1-800-555-5906]). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข [1-800-555-5906] (TTY: [1-800-555-5906]) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข [1-800-555-5906] (TTY: [1-800-555-5906]) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер [1-800-555-5906] (TTY: [1-800-555-5906]). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер [1-800-555-5906] (TTY: [1-800-555-5906]). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số [1-800-555-5906] (TTY: [1-800-555-5906]). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số [1-800-555-5906] (TTY: [1-800-555-5906]). Các dịch vụ này đều miễn phí.