

## Grievance and Appeal System

The Grievance and Appeals process through Alameda County's Behavioral Health Plan (BHP) is described below. You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal. You may obtain the Grievance and Appeal Request form and self-addressed envelope at all provider sites and you should not have to ask anyone to get one. If you are a Medi-Cal beneficiary, you may ask your provider for a copy of **Guide to Medi-Cal Mental Health Services** or **Guide to Drug Medi-Cal Services** which contains more detail or call **Consumer Assistance at (800) 779-0787**.

### Grievance Process

A **Grievance** is defined as an expression of dissatisfaction about any matter regarding your behavioral health services that are not one of the problems covered by the Appeal and State Fair Hearing processes.

#### Steps to file a Grievance:

- File a Grievance orally or in writing. Oral grievances do not have to be followed up in writing. You may authorize another person to act on your behalf.
- You may file a Grievance at any time.
- You will receive a written acknowledge of receipt of your Grievance postmarked within 5 days of receipt of the Grievance.
- The BHP has 90 calendar days after the receipt of your Grievance to review it and notify you or your representative in writing about the decision. If resolution of your grievance is not reached within 90 calendar days you will be provided prompt oral and/or written notification of your rights and specific information on your grievance.
- Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP determines that there is a need for additional information and that the delay is for your benefit.

### Standard Appeal Process

*(Only applies to Medi-Cal beneficiaries receiving Medi-Cal services)*

An **Appeal** is a review by the BHP of an Adverse Benefit Determination (ABD). An **Adverse Benefit Determination** is defined to mean any of the following actions taken by the BHP or a BHP-contracted provider regarding Medi-Cal behavioral health services: 1) 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; 2) The reduction, suspension, or termination of a previously authorized service; 3) The denial, in whole or in part, of payment for a service; 4) The failure to provide services in a timely manner; 5) The failure to act within the required timeframes for standard resolution of grievances and appeals; or 6) The denial of a beneficiary's request to dispute financial liability. The decision made by the BHP about your behavioral health services may be described in a **Notice of Adverse Benefit Determination (NOABD)** letter sent or given personally to you. Steps to file an Appeal:

- File an Appeal in person, on the phone or in writing within 60 days of the date of a NOABD. If you file the Appeal in orally you must follow it up with a signed written Appeal. If you did not receive a NOABD, there is no deadline for filing; so you may file at any time. You may authorize another person to act on your behalf.
- Upon request, your benefits will continue while the Appeal is pending IF you file the Appeal within 10 calendar days from the date the NOABD was mailed or given to you.
- You will receive a written acknowledge of receipt of your Appeal postmarked within 5 calendar days of receipt of the Appeal.
- The BHP has 30 days after the receipt of your Appeal to review it and notify you or your representative in writing about the decision.
- Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP feels that there is a need for additional information and that the delay is for your benefit.
- Appeals are not available to beneficiaries that are not happy with the outcome of their grievances.

### Expedited Appeal

*(Only applies to Medi-Cal beneficiaries receiving Medi-Cal services)*

An **Expedited Appeal** can be requested if you think waiting 30 days could seriously jeopardize your mental health or substance use disorder condition and/or your ability to attain, maintain or regain maximum function. If the BHP agrees that your appeal meets the requirements for an Expedited Appeal, the BHP will resolve it within 72 hours after the Expedited Appeal is received.

#### Steps to file an Expedited Appeal:

- File an Expedited Appeal in person, on the phone or in writing within 60 days of the date of a Notice of Adverse Benefit Determination (NOABD). Verbal and in person requests for Expedited Appeals do not have to be put in writing. You may authorize another person to act on your behalf.
- Upon request, your benefits will continue while the Expedited Appeal is pending IF you file the Appeal within 10 calendar days from the date the NOABD was mailed or given to you.
- The BHP has 72 hours after the receipt of your Expedited Appeal to review it and notify you or your representative in a written Notice of Appeal Resolution (NAR), and may notify you verbally as well.
- Timeframes may be extended by you up to 14 calendar days if you request an extension, or if the BHP feels that there is a need for additional information and that the delay is for your benefit.
- If the BHP decides that your appeal does not qualify for an Expedited Appeal, they will notify you right away verbally and in writing within 2 calendar days. Your appeal will then follow the Standard Appeal process.

### State Fair Hearing

You have a right to a **State Fair Hearing**, an independent review conducted by the California Department of Social Services, if you have completed the BHP's Appeals process and the problem is not resolved to your satisfaction. A request for a State Fair Hearing is included with each Notice of Appeal Resolution (NAR); you must submit the request within 120 days of the postmark date or the day that the BHP personally gave you the NAR. You may request a State Fair Hearing whether or not you have received a NOABD. To keep your same services while waiting for a hearing, you must request the hearing within ten (10) days from the date the NAR was mailed or personally given to you or before the effective date of the change in service, whichever is later. The State must reach its decision within 90 calendar days of the date of request for Standard Hearings and for Expedited Hearings within 30 days of the date of request. The BHP shall authorize or provide the disputed services promptly within 72 hours from the date it receives notice reversing the BHP's ABD.

You may also request a State Fair Hearing by calling **(800) 952-5253** or for **TTY 1-800-952-8349**, electronically: <https://secure.dss.cahw.net.gov/shd/pubintake/cdss-request.aspx> or writing to:

California Department of Social Services/State Hearings Division  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 94244-2430

**Consumer Assistance (800) 779-0787**

For assistance hearing/speaking, call 711, California Relay Service

**GRIEVANCE and APPEALS PROCESS (English)**