



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
MANUEL JIMENEZ, MA, MFT, DIRECTOR

Quality Assurance Office
Consumer Assistance
2000 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-8100 / TTY (510) 567-6884
Toll Free: 1 (800) 779-0787
FAX: (510) 639-1346

GRIEVANCE AND APPEALS PROCESS & REQUEST FORM



If you have a concern or problem or are not satisfied with your mental health services, the Mental Health Plan (MHP) wants to be sure your concerns are resolved simply and quickly. You or your representative may file a Grievance or Appeal, orally or in writing, with your provider, or with the Consumer Assistance office at 1(800) 779-0787. **Please use the attached Grievance and Appeal Request Form to file a Grievance or to request an Appeal. You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal.**

A **Grievance** is defined as an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the Appeal and State Fair Hearing processes described below. Examples of grievances might be as follows: the quality of care of services provided, aspects of interpersonal relationships – such as rudeness of an employee, etc. **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 will receive a written acknowledge of receipt of your Grievance.
- The MHP has 60 days after the receipt of your Grievance 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 MHP feels that there is a need for additional information and that the delay is for your benefit.
- You may file a Grievance at any time.

An **Appeal** is a request for a review of a decision that was made by the MHP or your provider that modifies or denies a requested specialty mental health service (SMHS) and/or a reduction, suspension, or termination of a previously authorized service. The decision made by the MHP about your specialty mental health services may be described in a **Notice of Action (NOA)** letter sent or given personally to you. You will not always get a NOA. **Steps to file an Appeal:**

- File an Appeal in person, on the phone or in writing within 90 days of the date of a NOA. If you file the Appeal in person or by telephone, you must follow it up with a signed written Appeal. If you did not receive a NOA, 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 days from the date the NOA was mailed or given to you.

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- You will receive a written acknowledgment of receipt of your Appeal.
- The MHP has 45 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 MHP feels that there is a need for additional information and that the delay is for your benefit.

An **Expedited Appeal** can be requested if you think waiting 45 days will jeopardize your life, health, or ability to attain, maintain or regain maximum function. If the MHP agrees that your appeal meets the requirements for an Expedited Appeal, the MHP will resolve it within 3 working days after the Expedited Appeal is received. **Steps to file an Expedited Appeal:**

- File an Appeal in person, on the phone or in writing within 90 days of the date of a Notice of Action (NOA). 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 days from the date the NOA was mailed or given to you.
- You will receive a written acknowledgement of receipt of your Expedited Appeal.
- The MHP has 3 days after the receipt of your Expedited 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 MHP feels that there is a need for additional information and that the delay is for your benefit.
- If the MHP 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.

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 MHP's Grievance and/or Appeals process and the problem is not resolved to your satisfaction. A request for a State Fair Hearing is included with each Notice of Action (NOA); you must submit the request within 90 days of the postmark date or the day that the MHP personally gave you the NOA. You may request a fair hearing whether or not you have received a NOA. To keep your same services while waiting for a hearing, you must request the hearing within ten (10) days from the date the NOA was mailed or personally given to you or before the effective date of the change in service, whichever is later. You may also request a State Fair Hearing by calling 1(800) 952-5253, sending a fax to (916) 651-5210 or (916) 651-2789, or writing to:

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

For more detailed information on the Grievance or Appeals process, please ask your provider for a copy of *Guide to Medi-Cal Mental Health Services*. For questions or assistance with filling out forms, you may ask your provider or call:

Consumer Assistance: 1(800) 779-0787