

MARIPOSA COUNTY
BEHAVIORAL HEALTH SERVICES

Grievance and Appeal Form

If you have any problems with your mental health services, you may contact the Deputy Director of BHRS at 1-209-966-2000 or mail this form to the Deputy Director of BHRS, P.O. Box 99, Mariposa, CA 95338. Pre-addressed envelopes are available.

Grievance Appeal Expedited Appeal

Please Print or Write Clearly

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of Incident (if applicable): _____

Name of Legal Guardian/Conservator:

Name of Agency/Staff Person Providing Service:

1. Describe the problem or issue (attach additional sheets if necessary): _____

2. What have you already done to resolve this problem? _____

3. How would you like to see this problem resolved? _____

Client Signature _____ Date: _____

This form is for Mental Health Department clients only. For other complaints, contact **Mariposa County Human Services**, 5362 Lemee Lane, P.O. Box 99, Mariposa, CA 95338, (209) 966-2000.

MARIPOSA DEPARTMENT OF HUMAN SERVICES

Client Problem and Resolution Process

On occasion, you as a client, may feel that you have been treated unfairly by our clinic, your therapist or case manager. Our philosophy is to work with you in resolving these concerns as quickly as possible. We hope that prior to filing a grievance, you have discussed your concerns with your therapist or case manager and have attempted to arrive at a solution first.

At any time in the process you can authorize a staff person, family member, friend or Patient's Rights Advocate to act on your behalf during the Grievance, Appeal or State Fair Hearing process. If you want a staff member to represent you, need assistance with completing forms or would like to access interpretation services, please let our receptionist know so that it can be arranged.

The following information explains how to file a *Grievance*, the difference between a *Grievance* and an *Appeal* and when an *Expedited Appeal* would be appropriate. A *Fair Hearing* is available after the exhaustion of an appeal or expedited appeal process, but may be requested whether or not you have received a Notice of Adverse Benefit Determination. You have a right to file a grievance without being discriminated against or penalized for exercising this right. Finally, your grievance will be handled with the same rights of confidentiality that you have as a client of this clinic.

What is a Grievance?

Per Title 42, CFR, Section 438.400(b), "grievance" means an expression of dissatisfaction about any matter other than an "action," (also known as a "Notice of Adverse Benefit Determination").

What is an Appeal?

The Department of Health Care Services has defined an Appeal as "a request for review of an Action." ("Notice of Adverse Benefit Determination" – NOABD) *What is an Action?* As defined by the State Department of Mental Health, "an Action occurs when the Mental Health Plan (MHP) does at least one of the following:

NOABD-A - Denies or limits authorization of a requested service, including the type or level of service;

NOABD-B - Reduces, suspends, or terminates a previously authorized service;

NOABD-C - Denies, in whole or in part, payment for a service;

NOABD-D - Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals; or

NOABD-E - Fails to provide services in a timely manner, as determined by the MHP

If you are unsure if any of these apply to you, you can speak with any Mental Health staff, or phone the Quality Assurance Supervisor at 1-800-549-6741.

Where do I receive a Grievance/Appeal Form?

Grievance/Appeal forms are available in the lobbies of our offices and on our website. You may also call the office to have one mailed or faxed to you. Additionally, for an appeal you may complete the "Request for State Hearing" on the back of the "Notice of Adverse Benefit Determination" form. If you are in need of any assistance, please phone the Patient's Rights Advocate at 1-209-662-4196 or the Quality Assurance Supervisor at 1-800-549-6741.

Grievance Process:

1. Complete and submit a Grievance/Appeal Form (or present your grievance orally) and any additional documentation to: Behavioral Health Deputy Director, P.O. Box 99, Mariposa, CA 95338. You will receive a letter acknowledging that your grievance has been received within

DOC: PDM7 Client Name: _____

MR#: _____

- five (5) working days.
2. The Deputy Director has ninety (90) calendar days from receipt of the Grievance Form to respond to your concerns and forward a written summary to you of the outcome. This timeframe may be extended by up to fourteen (14) calendar days if you request an extension or if the Mental Health Provider determines that there is a need for additional information and that the delay is in your interest. You will receive written notice of the extension.
 3. If a resolution is not rendered within the time frame defined by the Department of Health Care Services, (90 days, or 104 days with proper notification of an extension), a Notice of Adverse Benefit Determination will be issued and you may then request an Appeal or a State Fair Hearing.

How do I file an Appeal?

Within 60 days of receiving a Notice of Adverse Benefit Determination, you can phone in an appeal by calling 1(800) 549-6741. You may also use the Grievance/Appeal Form to start your appeal. If you need additional assistance in filing an Appeal, you can contact the Patient's Rights Advocate at (209) 662-4196.

What should I expect after filing an Appeal?

Mariposa County's Deputy Director of Behavioral Health (or designee) will investigate your Appeal and respond to you in writing. You will receive two written responses to your Appeal. The first letter will be sent within five (5) working days of receipt of your Appeal, acknowledging that we have received it. The second letter will be sent to you within thirty (30) calendar days with the results of the investigation.

What is the difference between a Standard Appeal and an Expedited Appeal?

An Expedited Appeal must be resolved and notification must be given to the person filing an Appeal within 72 hours after we receive it, either verbally or in writing. An Appeal is considered an Expedited Appeal when it is determined that using the Standard Appeal timeline could jeopardize your life, health, or ability to attain, maintain, or regain maximum function. The Deputy Director of Behavioral Health (or designee) will determine whether or not your Appeal will be considered Standard or Expedited; you will be notified of this determination.

If you feel that you are in need of urgent or crisis assistance with a mental health problem (other than an Appeal), please contact our Crisis Response Team at (209) 966-7000 or call 9-1-1. These numbers are accessible 24 hours a day.

What if I do not agree with the results of the investigation?

After the exhaustion of an Appeal or Expedited Appeal process, and if you do not agree with the outcome of the Appeal that you have filed, you may request a State Fair Hearing. Forms are available from the receptionist or you can contact:

State Hearings Division
State Department of Social Services
P.O Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430
1(800) 952-5253 or Fax number (916) 651-5210 or (916) 651-2789
1(800) 952- 8349 TDD/TDY

General Descriptions:

Client or Consumer: person receiving services.

Patients Rights' Advocate: the person designated in the Welfare and Institutions Code 5500, et seq. to protect the rights of all recipients of mental health services.

State Fair Hearing: the formal State Hearing appeal process for MediCal beneficiaries.

Client signature _____

Date _____