

# **Mendocino County Behavioral Health & Recovery Services Mental Health Plan**



## **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 audio. Please see the receptionist or call 1-800-555-5906.

Clients receiving Mental Health Services 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.

This form is available in large print and audio. Please see the receptionist or call 1-800-555-5906. Clients receiving Specialty Mental Health Services 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 beneficiary booklet detailing more information about the MHP and your rights is available in the lobby of each MHP provider site. You may obtain a copy of this booklet at the reception site of any Mental Health Provider, by calling 707- 472-2309 or writing to the Mental Health Quality Assessment & Performance Improvement Program (QAPI) at 1120 South Dora Street, Ukiah CA 95482 and request a booklet be mailed to you.

### **Client Rights**

- Clients of Mendocino County Mental Health Plan are entitled to:
- Be treated with respect by mental 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

### **Grievances & Appeals**

A “Grievance” is defined as an expression of dissatisfaction about any matter other than an action as defined below.

An “Adverse Benefit Determination” formerly called an “Action” occurs when the Local Mental Health Plan (LMHP):

- a. denies or limits authorization of a requested service;
- b. reduces, suspends, or terminates a previously authorized service;
- c. denies, in whole or in part, payment for a service;

- d. fails to provide services in a timely manner; or
- e. fails to act within the timeframes for disposition of standard grievances and appeals.
- f. denial of a beneficiary's request to dispute financial liability

An "Appeal" is defined as a request by the beneficiary or his/her representative for review of an Adverse Benefit Determination as defined above.

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:

MH QAPI Program  
1120 South Dora Street  
Ukiah, CA 95482.

The Patients' Rights Advocate can assist you in preparing and filing a grievance or appeal (707) 463-4614.

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

- You may ask another person to act on your behalf.
- The Patients' Rights Advocate can assist you in filling out the grievance/appeal form should you wish.
- You need to file an appeal within 60 calendar days from the date on the Notice of Adverse Benefit Determination.
- Grievances will be resolved within 90 days from the date the grievance is filed unless extended for up to 14 days. Extensions are granted when you request the extension or the MHP shows there is a need for additional information and the delay is in the your interest.
- 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 MHP will continue to provide the authorized services until the appeal is satisfied, or if you withdraw the appeal, or ten days have passed since the MHP 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.”

- Appeals must be resolved within 30 calendar days of the MHP receipt of the appeal unless extended for up to 14 days if you request an extension or the MHP shows there is a need for additional information and the delay is in the your interest.
- Expedited appeals will be resolved within 72 hours unless extended for up to 14 days, if you request the extension or the MHP shows there is a need for additional information and how the delay is in your interest.
- When the grievance or appeal has been investigated, the Mental Health Plan will notify you in writing of the results of the resolution and the decision made.
- 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.
- Your grievance/appeal/expedited appeal will be confidential.

### **State Fair Hearings**

If you do not agree with the results of the MHP 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 (or 44 days in the case of an extension), 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 (707) 463-4614 or 800-555-5906. You may also write the PRA at: Patients' Rights Advocate, 1120 South Dora Street, Ukiah, CA 95482 or [BHRSPRA@mendocionocounty.org](mailto:BHRSPRA@mendocionocounty.org)

If you are unable to contact your local Patients' Rights Advocate you may contact: the State Fair Hearing Division 800- 952-8349 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) 467-2355.

## **Suggestions**

Beneficiary suggestions and opinions are an important part of providing quality care. Mendocino County Mental Health conducts surveys and has placed suggestion boxes in most county mental 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**

Mental 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 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, you have the right to a second opinion at no additional cost to you when the MHP or its providers determine that the medical necessity criteria to receive Specialty Mental



Health Services have not been met and that you, therefore, are not entitled to any specialty mental health services from the MHP.

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 Mental Health Plan provider. Whenever possible the Mendocino County mental Health plan (MPH) will, at the request of the client, allow for a change of provider. The MHP may limit the choice to a contract provider with the MHP or the Mendocino County Mental Health branch.

### **Patients' Rights Advocate**

#### **Defensor de los Derechos del Paciente**

(707) 463-4614

### **Grievance Line / Linea de Queja**

(707) 472-2309

**Mendocino County Mental Health Plan (MHP) 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 Mental Health Plan Provider site or by calling 1-800-555-5906.**

## **English**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-555-5906 (TTY: 1-800-735-2929).

## **Español (Spanish)**

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-555-5906 (TTY: 1-800-735-2929).

## **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-555-5906（TTY:1-800-735-2929）。

## **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-555-5906 (TTY:1-800-735-2929).

## **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-555-5906 (TTY:1-800-735-2929) 번으로 전화해 주십시오.

## **Tagalog (Tagalog – Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-555-5906 (TTY:1-800-735-2929).

## **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-555-5906 (TTY: 1-800-735-2929).

## **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-555-5906 (телетайп: 1-800-735-2929).

## **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما تماس بگیرد. 1-800-555-5906 (TTY: 1-800-735-2929) فراهم می باشد. ب

## **日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただ

けます。1-800-555-5906 (TTY:1-800-735-2929) まで、お電話にてご連絡ください。

### हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-555-5906 (TTY: 1-800-735-2929) पर कॉल करें।

### Հայերեն (Armenian)

ՈՒՇԱՌՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք 1-800-555-5906 (TTY (հեռատիպ) 1-800-735-2929):

### ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਮਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-555-5906 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ

### العربية (Arabic)

اصل بالمجان لك تتوافر اللغوية المساعدة خدمات فإن، اللغة اذكر تتحدث كنت إذا: ملحوظة (TTY:1-800-735-2929): والبكم الصم هاتف رقم 1-800-555-5906 برقم

### ខ្មែរ (Cambodian)

ប្រយ័ត្ន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ

ជំនួយភាសាគឺមិនគិតថ្លៃសម្រាប់អ្នកទេ។ 1-800-555-5906 (TTY1-800-735-2929)

### ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ,

ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-555-5906 (TTY: 1-800-735-2929)

### ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-555-5906 (TTY:1-800-735-2929)