STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

GRIEVANCE/APPEAL/EXPEDITED APPEAL FORM

Information regarding the Grievance, Appeals, and Expedited Appeals is on the back of this form.

Date: _____ **Name:** _____

Person for whom this form is being submitted (if different from self): _____

Address: _____ **Phone (or message phone):** _____

Health plan: ☐ **MediCal** ☐ **Private Insurance** ☐ **None** ☐ **Other** _____

If grievance, where did incident happen? _____

If MediCal appeal, what action do you want us to review? _____
(Attach copy of notice of action if you have one.)

☐ **Grievance** ☐ **Appeal** ☐ **Expedited Appeal (Check what applies)** Briefly summarize each of your concerns. Include dates, witness names and as much detail about what happened as possible.)
If you need assistance completing this form, please contact the Patients' Rights Office at (209) 525-7423.

What is the problem?
What do you want to see happen?
Who have you talked to?
Please print and sign your name: **Date signed:**

INFORMATION BELOW TO BE COMPLETED BY STAFF: Grievance/Appeal /Expedited Appeal#: _____
(circle one)

Incident Location (e.g., unit, program) or Action to Review: _____

Health plan verified: ☐ MediCal ☐ Private Insurance ☐ None ☐ Other _____

MEDICAL RECORD NO. (if applicable): _____

Rev. 2/2014

The Grievance and Appeal procedures pertain to MediCal beneficiaries only.

STANISLAUS COUNTY MENTAL HEALTH PLAN
PROBLEM RESOLUTION PROCESSES FOR MEDICAL BENEFICIARIES

The Stanislaus County Mental Health Plan (MHP) is committed to providing MediCal beneficiaries ("members") the necessary services and support to attain and maintain the most effective services. If you have a grievance about specialty mental health services, you may use the grievance, appeal or expedited appeal process described below. You may request a State Fair Hearing at any time before, during or within 90 days after completion of the appeal process. A Fair Hearing may be requested whether or not you use the appeal process and whether or not you received a notice of action. Your grievance or appeal will be handled as quickly and simply as possible. It will be kept confidential in accordance with State laws and department policies and procedures. You will not be subject to discrimination or any other penalty for filing a grievance or appeal. You may authorize another person, including your legal representative, to act on your behalf in the grievance or appeal process. You may present supporting evidence, in person or in writing, if desired.

GRIEVANCE

- Try to resolve the issue simply and quickly at the informal level by talking to those who are directly involved and best able to help; for example, the clinician or other staff person. If this is undesirable or unsuccessful, ask to speak to that person's supervisor.
- If the problem is not resolved at the staff or supervisor level, speak with the receptionist or program coordinator.
- If the issue cannot be resolved informally, you may submit your grievance in writing on the appropriate form, or orally by calling Patients' Rights at (209) 525-7423.
- Forms and self-addressed envelopes are readily available at all provider sites. You may request a form be mailed to you or request assistance in completing the form, by calling Patients' Rights at (209) 525-7423 or the MHP Administrator at (209) 525-6225.
- You will receive written notice when your grievance is received. Your concerns will be investigated and resolved within 60 days. You or your representative will be involved in the resolution process.
- You will receive a letter summarizing the investigation process, findings, action plan, and grievance decision.

APPEAL

- If the MHP (1) denies or limits authorization of a requested service, including the type or level of service; (2) reduces, suspends or terminates an authorized service; (3) denies payment for a service, in whole or in part; (4) fails to provide services in a timely manner, or (5) fails to act within timeframes for disposition of grievances and resolution of appeals, the MHP has taken an action. You are then entitled to file an appeal, which is a request for review of an action.
- You must file your appeal within ninety (90) days from the date the action you want reviewed was taken.
- You may submit your appeal in writing on the appropriate form, or orally by calling Patients' Rights at (209) 525-7423. If you make an oral appeal it must be followed up with a written, signed appeal form. Forms are available in the lobbies of all MHP service providers or will be mailed to you, upon request. If you received a notice of action, please attach a copy of it to the form as well as any written materials that support your point of view.
- You will receive written notice when your appeal is received.
- Your appeal will be reviewed within 45 calendar days. You will receive a letter summarizing the review process, findings, appeal decision and date appeal decision was made.
- If the appeal decision is not wholly in your favor, you have the right to request a State Fair Hearing. You may request a Fair Hearing by calling 1-800-952-5253.

Expedited Appeal

- Will be used when the MHP, your provider or you determine that taking the time for a standard appeal resolution could seriously jeopardize your life, health or ability to attain, maintain, or regain maximum function.
- You may file the request for an expedited appeal orally without following with a written request.
- You will not be subject to discrimination or any other penalty for filing an expedited appeal.
- Resolve an expedited appeal and notify the affected parties in writing, no later than three working days after the MHP receives the appeal. This timeframe may be extended by up to 14 calendar days if you request an extension or the MHP needs additional information and that the delay is in your best interest. The MHP will notify you of the extension and the reason in writing.
- You will receive a written notice of the disposition and all efforts will be made to provide you with an oral notice.
- If the MHP denies a request expedited appeal resolution, the MHP shall: Transfer the expedited appeal request to the timeframe for appeal resolution and make reasonable efforts to give you prompt oral notice of the denial of the expedited appeal request and provide written notice within two calendar days of the date of the denial.

Please make available in client waiting areas. ***2/2014***