

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 / Línea 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.

(REVISED 10/20/2015)

Health & Human Services Agency 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 large print and 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.

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 Assurance/Quality Improvement (QA/QI) Unit 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 “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, the resolution of standard appeals or the resolution of expedited appeals.

An “Appeal” is defined as 1) a request by the beneficiary or his/her representative for review of an action as defined above, or 2) a request for a higher level of review of a decision regarding a grievance.

An “Expedited Appeal” resolution process may be orally requested by the beneficiary when, based on information supplied by the beneficiary, his/her provider of services or another responsible party or the Quality Improvement Representative determines that 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.

To file a grievance, appeal, or expedited appeal call (707) 472-2309, or mail a grievance form to, MH QA/QI Unit, 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
- Grievances will be resolved within 60 days from the date the grievance is filed unless extended for up to 14 days when the beneficiary requests the extension or the MHP shows there is a need for additional information and how the delay is in the beneficiary's interest.
- If the beneficiary is appealing an action involving the termination, suspension or reduction of a previously authorized course of treatment by an authorized provider, and the beneficiary requests an extension of benefits, the MHP will continue to provide the authorized services until the appeal is satisfied, or the beneficiary withdraws the appeal, or ten days have passed since the MHP has ruled against the beneficiary or a State Fair Hearing results in an adverse decision to the beneficiary. The reference to continuation of services in these

circumstances is referred to as "Aid Paid Pending."

- Appeals must be resolved within 45 calendar days of the MHP receipt of the appeal unless extended for up to 14 days when the beneficiary requests the extension or the MHP shows there is a need for additional information and how the delay is in the beneficiary's interest.
- Expedited appeals will be resolved within three days unless extended for up to 14 days when the beneficiary requests the extension or the MHP shows there is a need for additional information and how the delay is in the beneficiary's interest
- When the grievance or appeal issue has been fully investigated, the Mental Health Plan will attempt to mediate and resolve the issues raised by the beneficiary. After all attempts at resolution have been made, the Mental Health Plan will notify the beneficiary in writing of the results of the mediation attempts and the decision made. The written response will clearly indicate that the beneficiary may request a State Fair Hearing if not satisfied with the decision by the Mental Health Plan.
- Your grievance/ appeal / expedited appeal will be confidential.

State Fair Hearings

Medi-Cal beneficiaries who receive a Notice of Action (NOA) indicating that an

action has been taken by the MHP can ask for a State Fair Hearing. The form for a State Fair Hearing comes with the NOA. You will be allowed to continue services at a pre-notice level until a decision is made at the Fair Hearing if you request a hearing within 10 days of receipt of the NOA. The Patients Rights Advocate (PRA) can assist the client in requesting a State Fair 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.

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

Mental Health Board

Meetings are held monthly at various locations in the county. 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 QA/QI 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 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 QA/QI Clinical manager and given serious consideration within ten (10) working days.