GRIEVANCE AND APPEAL PROCESS

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

San Mateo County
Office of Consumer and Family Affairs
Behavioral Health and Recovery Services
1950 Alameda de las Pulgas, San Mateo, CA 94403

Place Stamp Here

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Behavioral Health and Recovery Services
1950 Alameda de las Pulgas, San Mateo, CA 94403

Grievance Process

You[1] have the right to file a grievance. A grievance is an expression of dissatisfaction about any matter except an "adverse benefit determination." Grievances include, but are not limited to:

- The quality of care or services provided. For instance, if staff are rude or disrespectful.
- If you feel staff do not respect your rights.
- We did not authorize and/or provide the services you requested.

Behavioral Health and Recovery Services (BHRS) will make a decision within 90 calendar days of receiving your grievance. You may share information related to your grievance in person, on the phone or in writing at any time during the process. BHRS will send you an acknowledgment letter and a resolution letter.

You will not be discriminated against in any way for expressing a problem or filing a grievance.

[1] *In this brochure, "you" means you or your authorized representative.*

Appeal/Grievance Review

If you disagree with a grievance decision at any time you may refile a grievance for review. You may file an appeal if you received one of the following notices/adverse benefit determinations:

- We denied or limited your services in any way, (such as the type/level of service, requirements to meet medical necessity or restrictions around appropriateness, setting, or effectiveness of services for you).
- BHRS has changed or stopped providing a service you were getting.
- BHRS will not pay for the service you requested.
- Services were not given to you in a timely manner.
- The time frame for a grievance or appeal was not followed.
- BHRS did not approve a request about your financial obligations.

If you disagree with a decision about your benefits and/or services, (adverse benefit determination) you can request an appeal. This means you can ask for the decision to be reviewed and potentially changed. Your request must be received within 60 calendar days from the date of the original decision. You can request an appeal orally or in writing. An oral appeal must be followed by a written and signed request, unless it is an expedited request.

Your services will continue until a decision is made. If you disagree with the decision you may request a State Fair Hearing. Appeals will be decided within 30 days from the date BHRS receives the appeal, unless a 14 day extension is granted.

Grievance & Appeal Rights

BHRS can help you complete the forms and guide you through the grievance or appeal process. This includes support services you may need such as an interpreter or TTY/TDD phone lines.

BHRS ensures

The people who will make a decision on your grievance or appeal will be:

- People with the right skills and training to understand your conditions or illness.
- People who will read all the records, comments or other information you and/or your representative give us.
- People who were not involved in any earlier decision about your grievance or appeal.

For appeals, you have the right to provide testimony. You or your representative may request copies of all documents in your case file, including medical records, other documents and any new or additional evidence considered, relied upon or generated by BHRS in connection with the appeal of adverse benefit determination. The information will be free of charge to you and will be given prior to any decision being made.

Expedited Resolution of Appeals

This means that BHRS, or you or your provider has decided that taking the time for a standard appeal could seriously jeopardize your life, health or ability to attain, maintain or regain maximum function. Decisions on expedited requests will be made within 72 hours. If BHRS denies a request for a faster decision on an appeal or grievance, the time frame will remain 30 days for an appeal and 90 days for a grievance. BHRS will send you an acknowledgment letter and a resolution letter.

Time Frame Extensions

If BHRS determines it is in your best interests, or you request it, 14 days may be added to make a decision.

If there is an extension, BHRS will make a good effort to give a quick verbal notice of the delay followed by a written notice within two (2) calendar days.

If a client disagrees with an extension of the time frame, they may file a grievance. BHRS will make a decision no later than the date the extension ends.

State Fair Hearing

If you do not agree with BHRS's appeal resolution, or if BHRS denies your request for an appeal, or does not follow the required timelines for your appeal, you can request a State Fair Hearing by calling (800) 952-5253.

All of your current services will continue until a decision is made. You must file for a hearing no later than 120 days from the date that you received the letter stating that BHRS qwdenied your appeal. If BHRS does not follow the requirements for notifying you of the decision, you may file a State Fair Hearing right away.

Provider Network Clients

Clients receiving services from the provider network may file grievances directly with the Health Plan of San Mateo at (888) 576-7227.

Alcohol/Drug Treatment Clients

Any client receiving alcohol and/or drug treatment services may file a complaint with the BHRS Office of Consumer and Family Affairs (OCFA). See contact info below.

Medi-Cal Beneficiaries may file a complaint directly with:

Department of Health Care Services
P.O. Box 997413
Sacramento, CA 95899-7413

Or call the Office of the Ombudsman at (800) 896-4042 or (888) 452-8609.

Clients not covered by Medi-Cal may also file a complaint by calling Department of Health Care Services SUD Compliance Division at (877) 685-8333.

Visit www.bit.ly/consumer_forms to view a complete list of rights for individuals receiving services from residential alcohol or drug abuse treatment facilities.

BEHAVIORAL HEALTH AND RECOVERY SERVICES GRIEVANCE FORM

Client/Consumer Name _____

Date of Birth _____

Address _____

City / State / Zip _____

TYPE OF REQUEST (check one)

☐ Grievance ☐ Appeal ☐ Expedited Appeal

Phone _____

Program/Staff _____

*If you want another person to represent you in any grievance or appeal please contact us.

Describe the problem or concern:

_____

_____

_____

_____

_____

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_____

_____

_____

_____

Signature _____

Date _____

Detach, fold, seal and return this form.

4 Ways To File a Grievance or Appeal

- Call the BHRS Office of Consumer and Family Affairs at (800) 388-5189 to discuss or to schedule a meeting.
- Complete and mail or fax the included form or a letter to OCFA at (650) 573-2934.
- Call BHRS ACCESS Call Center at (800) 686-0101.
- In person, where you receive services. They will assist you with forms and/or making calls.

Need Help?

For assistance or additional information contact:

Office of Consumer and Family Affairs
(800) 388-5189
www.smchealth.org/OCFA