



CLIENT PROBLEM RESOLUTION GUIDE

YOUR RIGHTS IN THE PROBLEM RESOLUTION PROCESS

- You can ask for information about the problem resolution process any time by asking staff or by calling the Department of Health & Human Services-Behavioral Health (DHHS-BH) toll-free at 888-849-5728.
- Your legal representative or someone else can make a complaint and file a grievance or appeal for you.
- You can ask any DHHS-BH staff person to help you.
- You will not be discriminated against in any way if you make a complaint, grievance, or appeal.
- We will respect your confidentiality.
- You can call DHHS-BH's Quality Improvement Department at 707-268-2955, option 3 to ask about the status of your grievance or appeal.
- You can call the Patients' Rights Advocate at 800-970-5816.

Grievances

- You may file a grievance at any time either by talking or by filling out the Client Problem Resolution Form available at all sites. We may also ask you to complete an Authorization to Release Information Form.
- The Client Problem Resolution Form can also be used for complaints, disputes, discrimination grievances, and grievances related to Behavioral Health Services Act (BHSA) funded programs.
- You can have someone help you with this, and you can add any other written documentation that you think will be helpful. You can also request to review your records.
- The grievance will be sent to the Quality Improvement Coordinator, who will let you know that your grievance has been received and start the process of investigating the problem.
- Staff who have not been involved in the issue will investigate and talk to you about the problem.
- We must respond to your request within 5 calendar days of receiving the appeal.
- Within at least 30 days of receiving the grievance, we will send you a letter explaining what we have done to resolve the problem. If you do not have an address, we will try to reach you by phone.

Grievance and Appeals for Drug Medi-Cal Organized Delivery System Services

- Behavioral Health collaborates with Partnership HealthPlan of California (PHC) to provide the best quality of care in substance use disorder services for our community. However, should you have a complaint, grievance or appeal we believe it is critical for you to understand your rights in the client problem resolution process. Linked below is PHC's webpage that provides information on the grievance and appeals process for members receiving substance use disorder services through the Wellness & Recovery Program. The guide lists your rights in the problem resolution process as well as instructions and details about what you can expect while filing a grievance or appeal.
- Visit the link below to be directed to PHC's Grievance and Appeals Webpage.
<https://www.partnershiphp.org/Members/Medi-Cal/Pages/GrievanceAndAppeals.aspx>

Appeals

- You can file an appeal if you feel that DHHS-BH has taken one of the following actions (adverse benefit determinations). The appeal is a request for us to review the action.
 1. denied, modified, or terminated your services;
 2. denied payment or denied your request to dispute financial liability;
 3. failed to provide services to you in a timely manner; or
 4. failed to respond to your grievance within 5 calendar days.
- Appeals must be filed in writing within 60 calendar days of the date of the action.
- You may begin the process by stating your appeal verbally to the Quality Improvement Coordinator, but if you are making a Standard Appeal, you must then send in a written and signed appeal. You can use the Client Problem Resolution Form for this purpose. You may also request to review your records.
- We must respond to your request within 5 days of receiving the appeal.
- Within at least 30 days of receiving the grievance, we will send you a letter explaining what we have done to resolve the problem.
- In some cases, when you feel that the Standard Appeal process could jeopardize your life or health and we agree, we will follow the Expedited Appeal process. Expedited Appeals do not

have to be submitted in writing, and you can tell any staff member that you wish to make an Expedited Appeal. We will review the action and notify you of our decision within 3 working days of receiving an Expedited Appeal.

STATE FAIR HEARINGS

- Medi-Cal beneficiaries whose appeals are not granted or who have received a Notice of Adverse Benefit Determination (NOABD) indicating their services have been denied, reduced, or terminated, may request a State Fair Hearing. Your services will continue while the State Fair Hearing is pending.
- If you have Medi-Cal, you have the right to request a State Fair Hearing after the appeal process has been completed, if the appeal has not been granted or if we failed to respond to your appeal in 60 days.
- You may request a State Fair Hearing by calling this number: 800-952-5253.
- You may ask for more information or assistance with filing for a State Fair Hearing by calling the Quality Improvement Coordinator at 707-268-2955, option 3, or the State Ombudsman at 800-896-4042.

ADDITIONAL INFORMATION ABOUT THE PSYCHOTHERAPY COMPLAINT PROCESS

- In addition to the DHHS-BH Quality Improvement Department's client problem resolution process, complaints may be made with a provider's licensing body.
- The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors. You may contact the board online at bbs.ca.gov, or by calling 916-574-7830.
- DHHS-BH Quality Improvement receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor (e.g. Student Intern or Trainee) providing services at DHHS-BH.
- To file a complaint, contact Quality Improvement at 707-268-2955, option 3 or send a Client Problem Resolution Form to DHHS-BH, Quality Improvement, 720 Wood St., Eureka, CA 95501.

