

## **BENEFICIARY AND CLIENT ADVOCATES**

The County MHP has contracted with two agencies to help you resolve issues with any mental health care services.

### **For Inpatient or 24-hour Residential Services call:**

JFS PATIENT ADVOCACY  
619-282-1134 or 1-800-479-2233

### **For Outpatient Services call:**

CCHEA (Consumer Center for  
Health Education & Advocacy)  
1-877-734-3258

## **HOW CAN I REQUEST A STATE FAIR HEARING?**

If you are a Medi-Cal Beneficiary and after you have exhausted the MHP's Appeal Process, and if you are not satisfied with the appeal decision, you may request a State Fair Hearing.

You can request a hearing if you disagree with the final appeal decision about the adverse benefit decision made about your services. The hearing is an opportunity to present your case before an administrative law judge for a ruling.

You have the right to request a hearing within 120 days of receiving a decision on your appeal. You can also request a hearing about the lack of timely completion of the appeal decision.

## **ASSISTANCE TO FILE A HEARING**

If you need assistance to file a hearing, you may contact the Advocacy agency or call the State Department of Social Services at 1-800-952-5253.

You may also call the Advocacy agency at any time for questions or updates about your grievance or appeal.

# **GRIEVANCE AND APPEAL PROCESS**

**COUNTY OF SAN DIEGO**

**MENTAL HEALTH PLAN (MHP)**

## ***A CONSUMER'S GUIDE***



As a client, you have the right to receive services from a qualified mental health provider and to take an active part in your care. You also have the right to express your concerns about your care, for example, if your services are terminated or you are dissatisfied with your treatment/medications, or you feel you are treated disrespectfully.

### WAYS TO RESOLVE YOUR CONCERN

If you have a concern, a quick way to resolve issues is to speak directly with your provider or with the program management. If you disagree with your treatment or medication, you can get a second opinion about it from another clinician on your provider's staff or through the Access & Crisis Line at 1-888-724-7240. There is no cost to you for a second opinion.

### WHAT IS A GRIEVANCE? WHAT IS AN APPEAL?

A **GRIEVANCE** means an expression of dissatisfaction about any matter other than an adverse benefit determination.

An **APPEAL** means a review by the MHP of an adverse benefit determination such as:

1. Denial or limited authorization of requested services
2. Reduction, suspension or termination of previously authorized services
3. Denial in whole or in part, of payment of a service
4. Failure to provide services in a timely manner (within 60 days)
5. Failure of MHP to act within timeframe for standard resolution of a grievance or appeal
6. Denial of enrollee request to dispute a financial liability with services.

A **Notice of Adverse Benefit Determination** is a formal letter from your MHP about an action regarding your services. You may appeal if you receive an NABD.

### HOW CAN I FILE?

- Oral/Verbal – by phone or in person to the Advocacy Agency
- In writing by completing the Grievance and Appeal form available at your program or provider's office.
- Verbal appeal requests must be followed up by a written appeal.

### YOUR RIGHTS IN THE PROCESS

- To be free from discrimination or penalty because of filing
- To have your confidentiality protected, by law
- To be treated with dignity and respect in a language you understand
- To authorize a person to act on your behalf
- To have a support person attend meetings with you during the process.
- Within 10 days, request your services continue pending outcome of your appeal.