

**Tehama County Health Services Agency**  
**Behavioral Health Services**  
**Medi-Cal Mental Health Plan**

1860 Walnut Street

Red Bluff, CA 96080

(530) 527-5631

Toll Free:

1-800-240-3208

Fax (530) 527-0232



**MEMBER PROBLEM SOLUTION GUIDE**

**Director's Assurance**

As your Mental Health Director, I want to assure you that you may file an Appeal, Grievance, or request a State Fair Hearing without fear that it will result in any harm to you. I assure you that NO services will be reduced or withheld, and that you will suffer no discrimination or other retaliation for your complaint.

-Jayme Bottke, Interim Mental Health Director

**WE ARE COMMITTED TO PROTECTING YOUR RIGHTS AS FOLLOWS:**

- To obtain information about our Problem Resolution processes.
- To authorize another person to act on your behalf.
- To have your legal representative use the Problem Resolution Process on your behalf.
- To have a staff person assist you with these procedures at your request.
- To be free of discrimination, or any other penalty, for filing a complaint.
- To have your confidentiality respected and maintained throughout these processes.
- To insure that all complaint resolutions and all grievance resolutions undergo an appropriate review prior to final action.
- To, upon request, identify a staff person or other individual to provide information regarding the status of your grievance or appeal.
- To allow you or your designee to file a grievance or appeal orally.

## How to Solve Complaints/Problems

Give us the opportunity to Help! If you are not happy with your mental health services, please let us know. We will do our best to resolve your problem.

In accordance with Federal Regulations 42 CFR, Part 438, Subpart F, problems will fall under one of two categories, "Appeal" or "Grievance", depending on what your issue is. The nature of your problem determines which category your problem falls under. The definition for each category can be found under their headings in this brochure. Once you let staff know your problem, they will help you understand which category it falls under, and how to proceed.

The Quality Assurance Manager is responsible for assisting people with problems. You may also contact the Mental Health Director, or Health Agency Executive Director when you have a problem - someone will be assigned to help you. You may also call the Patient's Rights Advocate for help. Their telephone numbers are on the back of this brochure.

**You may request a State Fair Hearing if we decide you do not qualify for the services you want. State Fair Hearings apply only to Medi-Cal beneficiaries not happy with a decision made by Mental Health.**

**State Fair Hearing 1-800-952-5253 TDD 1-800-952-8349**

## Grievance

A "Grievance" is anything you are unhappy about that is not related to an "action/decision" taken by Mental Health (see Appeal section for definition of "action"). A Grievance may be related to:

- How staff are treating you in general (rude versus polite, criticism, etc.);
- Disagreement with your psychiatrist about medications;
- Someone may have broken confidentiality about your services;
- You don't get along with your therapist or psychiatrist, and you would like to see someone else.

1. To start the Grievance process you, or a representative of your choice, can let staff know of your complaint. This can be done either by talking to someone, or writing it down on one of our Grievance forms available in the lobby.
2. Once you let us know you have a Grievance, we will give you a written statement that we have received it and are looking into it. We may give this to you either in person or by mail.
3. The Quality Assurance Manager will investigate your grievance. You may provide any written information you want to be considered in the resolution process.
4. We will let you know within 30 days if we can resolve your complaint, and possible solutions. This may be done in person, by phone, or by letter. If you do not agree with us, please let us know. We will make a concerted effort to resolve the issue to our mutual benefit and satisfaction.

**California Department of Health Care Services offers a Beneficiary Support program by calling: 1-800-896-4042 ; TTY 1- 800 - 896 - 2512**

## **Appeal**

An “Appeal” is when you disagree with an “action” taken by Mental Health. An “action” is basically a decision we have made with regard to one of the following:

- We deny or limit the type of services you are requesting, or have been receiving;
- We deny payment to a provider for services that may have been previously authorized;
- We fail to provide services to you in a timely manner as defined within our program;
- We fail to act within stated timeframes for resolution of grievances or appeals.

1. An Appeal can be started after Mental Health has made a decision regarding your services (this is considered an “action” on our part). You have 90 days to file an appeal after we have notified you of our decision.

Note: You will receive a Notice of Action (NOA) if we decide that you do not qualify for the services you want. In addition to appealing our decision, you may also request a State Fair Hearing by calling 1-800-952-5253. For the hearing impaired please use TDD by calling 1-800-952-8349.

2. You may begin the Appeal process by telling any Tehama County Mental Health staff you disagree with our decision. Your telling us that you disagree with our decision begins the Appeal process. **You will also need to file your Appeal in writing.** Someone else can help you do this including a family member, provider, or any other person you’ve asked to help. You may write your appeal on a blank piece of paper, or there are forms provided in our lobby.

3. The Quality Assurance Manager will see to it that your appeal is reviewed by a member of our staff not directly involved in your care, and who has the same education and training related to the service you want (For example: if your services are related to Individual Therapy, then a therapist not involved in your care will review your appeal).

4. We will notify you of our decision, in writing, within 45 days. If we agree with your Appeal, then services will be provided and there is nothing further you need to do.

5. If we continue to stand by our decision and not provide services, or do not provide the full range of services you are requesting, you may ask for a State Fair Hearing by calling 1-800-952-5253. For the hearing impaired please use TDD by calling 1-800-952-8349. You also have the right to request that services be provided while you wait for your State Fair Hearing to happen. You may request this by contacting the Quality Assurance Manager, or any Mental Health Supervisor. This request will be reviewed and may be granted if we determine that not receiving services would result in harm to you.

## **Expedited Appeal**

You may request an “Expedited Appeal” if you feel that the timeframe for the standard Appeal (45 days) would result in jeopardy to your life, health, or ability to reach, maintain, or get back to your previous level of functioning. If we feel that your situation meets one or all of these criteria, then an Expedited Appeal will be granted.

The Expedited Appeal is the same as the standard Appeal listed previously except that you do not have to make it in writing, and we will give you our decision within 3 days instead of 45.

If we decide that your request does not meet the criteria for an “Expedited Appeal” then the issue will be addressed using the standard Appeal process and timeframes.

### **Patient’s Rights Advocate**

This position is currently vacant.

For patients’ rights concerns, call:

**(530) 527- 8491 x3014**

### **Outpatient Clinic Office Hours**

8:00 a.m. to 5:00 p.m.

Monday to Friday

**Crisis services are available 24 hours daily**

Call 1-800-240-3208 or (530) 527-5637

Community Crisis Response Unit

Fax: (530) 527-0249