Director's Assurance

As your Executive 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
Executive Director

**Patients' Rights Advocate**

For Patients' rights concerns, call
(530) 527-8491 ext 3014

For Quality Concerns
call
(530) 527-8491 ext 3098

**California Department of Health Care Services offers a Beneficiary Support program by calling**

**1-800-896-4042**
**TTY 1- 800 - 896 - 2512**

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## 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.

**ADDRESS AND PHONE**

Tehama County Health Services Agency
Behavioral Health Division
Medi-Cal Mental Health Plan
P.O. Box 400
Red Bluff, Ca 96080
(530) 527-5631
Fax (530) 527-0232
Toll Free 1-800-240-3208

**Outpatient Clinic Office Hours**

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

**Crisis services available**
**24 hours a day**
**Call: (530) 527-5637** or
**1- 800 - 240 - 3208**

To get information about mental health services, the grievance/appeal process, or other questions, call our

**24/7 Access Line**
**1- 800 - 240 - 3208**

# *Member Problem Solution Guide*

TCHSA
Tehama County
Health Services Agency
Behavioral Health
Services

**Tehama County**
**Health Services Agency**
**Behavioral Health Services**
**Medi-Cal Mental Health Plan**
**1860 Walnut Street**
**Red Bluff, CA 96080**
**(530) 527-5631**

**Crisis Services Available**
**24 Hours a Day by Calling**

**(530) 527-5637**
**OR**
**Toll Free 1-800-240-3208**

## How to Solve Complaints/Problems

Give us the opportunity to Help! If you are not happy with your Behavioral 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 Behavioral 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 Behavioral Health.**

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

## Grievance

A "Grievance" means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to:

- The quality of care or services provided;
- Aspects of interpersonal relationships such as rudeness of a provider or employee;
- Failure to respect the member's rights regardless of whether remedial action is requested, and the member's right to dispute an extension of time proposed by the BHP to make an authorization decision;

1. A member may file a grievance at any time. To start the Grievance process you, or a representative of your choice, can let staff know of your grievance. This can be done either by talking to a staff member, or writing it down on one of our Grievance forms available in the lobby. It is also available on our website at https://www.tehamacohealthservices.net. Listed under the Administration tab and by clicking on "grievance form".

2. Once you let us know you have a Grievance, we will prepare a letter within 5 days acknowledging that your grievance has been received and that we are looking into the matter. We may give this to you either in person or by mail. If we send the acknowledgement by mail we will mail it by way of certified mail return receipt requested.

3. The Quality Assurance Manager will investigate your grievance. You may provide any written information you want to be considered in the resolution process. 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.

## Appeal

An "Appeal" is a request to review Adverse Benefit Determination such as when you disagree with an "action" taken by Behavioral Health. An "action" is basically a decision we have made with regard to one of the following:

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- The reduction, suspension, or termination of a previously authorized service;
- The denial, in whole or in part, of payment for a service;
- The failure to provide services in timely manner;
- The failure to act within the required timeframes for standard resolution of grievances and appeals; or
- The denial of a member's request to dispute financial liability.

Note: You will receive a Notice of Adverse Benefit Determination (NOABD) if we decide that you do not qualify for the services you are requesting. 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.

1. An Appeal can be started after Tehama County Behavioral Health has made a decision regarding your services and provided a Notice of Adverse Benefit Determination (NOABD). You have 60 calendar days to file an appeal.

2 A member, or a provider and/or authorized representative, may request an appeal either orally or in writing, **AND appeals filed by the provider on behalf of the member require written consent from the member**. The Quality Assurance Manager will ensure 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 services you are requesting.

3. We will provide written acknowledgment of receipt of the appeal within five calendar days of receipt of the appeal. Within 30 days we shall resolve the appeal and in the event that we do not adhere to this timeframe, the member is deemed to have exhausted our appeal process If we continue to stand by our decision and do not provide services, or do not provide the full range of services you are requesting, members may request a State Hearing within 120 calendar days from the date of the Adverse Benefit Determination. Members 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 Behavioral Health Supervisor. This request will be reviewed and may be granted if we determine that not receiving services would result in harm to you. If we agree with your Appeal, then services will be provided and there is nothing further you need to do.

## Expedited Appeal

A member or the provider making the request on the member's behalf may request an "Expedited Appeal" if you feel that the timeframe for the standard Appeal (30 days) could seriously jeopardize the member's mental health or substance use disorder condition and/or the member's ability to attain, maintain, or regain maximum function. If we feel that your situation meets one or all of these criteria, then an Expedited Appeal will be granted. If the Expedited Appeal is granted we will resolve the appeal, provide notice as expeditiously as the member's health condition requires, no longer than 72 hours after we receive the request for expedited resolution. 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 and will notify the member of the right to file a grievance if they disagree with the decision.