

BENEFICIARY AND CLIENT ADVOCATES

The County of San Diego Behavioral Health Services (The Plan) has contracted with two agencies to help you resolve issues with mental health or substance use disorder services.

For Inpatient or

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 have exhausted the Plan's Appeal Process, you may request a State Fair Hearing if you disagree with the final appeal decision about the adverse benefit determination made about your services. The State Fair Hearing is the opportunity to present your case before an administrative law judge for a ruling. A State Fair Hearing must be requested 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 for questions or updates about your grievance or appeal.

GRIEVANCE AND APPEAL PROCESS

COUNTY OF SAN DIEGO

BEHAVIORAL HEALTH SERVICES

(THE PLAN)

A CLIENT'S GUIDE



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY


**LIVE WELL
SAN DIEGO**

As a client, you have the right to receive services from a qualified behavioral health provider and to take an active part in your treatment. You also have the right to express concerns about your services, 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 ask for a second opinion about it from another clinician on your provider's staff or through the **Access & Crisis Line** at **1-888-724-7240 (TTY: 711)**.

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 Plan 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 the Plan 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 (NOABD)** is a formal letter about an action regarding your services. You may appeal if you receive an NOABD.

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 request within 10 days that your services continue pending outcome of your appeal
- 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.