

The Grievance and Appeal procedures pertain to MediCal beneficiaries only.
If you do not have MediCal you may use this form and envelope to submit a "complaint".

STANISLAUS COUNTY MENTAL HEALTH PLAN PROBLEM RESOLUTION PROCESSES FOR MEDICAL BENEFICIARIES

The Stanislaus County Mental Health Plan (MHP) is committed to providing MediCal beneficiaries ("members") the necessary services and support to attain and maintain the most effective services. If you have a concern or complaint about specialty mental health services, you may use the grievance or appeal process described below. You may request a State Fair Hearing at any time before, during or within 90 days after completion of the appeal process. A Fair Hearing may be requested whether or not you use the appeal process and whether or not you received a notice of action. Your grievance or appeal will be handled as quickly and simply as possible. It will be kept confidential in accordance with State laws and department policies and procedures. You will not be subject to discrimination or any other penalty for filing a grievance or appeal. You may authorize another person, including your legal representative, to act on your behalf in the grievance or appeal process. You may present supporting evidence, in person or in writing, if desired.

GRIEVANCE

- Try to resolve the issue simply and quickly at the informal level by talking to those who are directly involved and best able to help; for example, the clinician or other staff person. If this is undesirable or unsuccessful, ask to speak to that person's supervisor.
- If the problem is not resolved at the staff or supervisor level, speak with the receptionist or program coordinator.
- If the issue cannot be resolved informally, you may submit your grievance in writing on the appropriate form, or orally by calling Patients' Rights at (209) 525-7423.
- Forms and self-addressed envelopes are readily available at all provider sites. You may request a form be mailed to you or request assistance in completing the form, by calling Patients' Rights at (209) 525-7423 or the MHP Administrator at (209) 525-6120.
- You will receive written notice when your grievance is received.
- Your concerns will be investigated and resolved within 60 days.
- You or your representative will be involved in the resolution process.
- You will receive a letter summarizing the investigation process, findings, action plan, and grievance decision.

APPEAL

- If the MHP (1) denies or limits authorization of a requested service, including the type or level of service; (2) reduces, suspends or terminates an authorized service; (3) denies payment for a service, in whole or in part; (4) fails to provide services in a timely manner, or (5) fails to act within timeframes for disposition of grievances and resolution of appeals, the MHP has taken an action. You are then entitled to file an appeal, which is a request for review of an action.
- You must file your appeal within ninety (90) days from the date the action you want reviewed was taken.
- You may submit your appeal in writing on the appropriate form, or orally by calling Patients' Rights at (209) 525-7423. If you make an oral appeal it must be followed up with a written, signed appeal form. Forms are available in the lobbies of all MHP service providers or will be mailed to you, upon request. If you received a notice of action, please attach a copy of it to the form as well as any written materials that support your point of view.
- You will receive written notice when your appeal is received.
- Your appeal will be reviewed within 45 calendar days.
- You will receive a letter summarizing the review process, findings, appeal decision and date appeal decision was made.
- If the appeal decision is not wholly in your favor, you have the right to request a State Fair Hearing. You may request a Fair Hearing by calling 1-800-952-5253.