

# County of San Bernardino Department of Behavioral Health

## Beneficiary Grievance and Appeal Procedure

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**Purpose** To describe the beneficiary Grievance, Appeal and State Fair Hearing procedures for the Department of Behavioral Health (DBH) specialty mental health services, contracted and fee for service providers.

**Grievance** Grievances, as defined in policy, are filed when a beneficiary wants to express unhappiness about anything regarding his or her specialty mental health services not covered by the Appeal and State Fair Hearing processes.

**Grievance Procedure** The following table describes the procedure for a beneficiary to file a Grievance:

Step	Action
1	The beneficiary has the <i>option</i> to contact the provider, the Access Unit or complete a Grievance form when filing a grievance. See <a href="#">Guide to Medi-Cal Mental Health Services</a> , shown as available in English, Spanish and in large fonts.  <b>Note:</b> The Grievance may be filed in writing or verbally. The beneficiary will be provided a reasonable opportunity to present evidence and allegations of fact or law in person and in writing.
2	The Access Unit records the Grievance in a log within one working day from the date the Grievance is received.
3	The Access Unit sends an acknowledgement letter to the beneficiary along with a copy of the State Informing pages referenced above related to Grievances, Appeals, and State Fair Hearings.
4	The Access Unit sends a resolution letter to the beneficiary within sixty (60) calendar days after receipt, as Grievances must be resolved within sixty (60) calendar days.  <b>Note:</b> The timeframe to send the resolution letter may be extended by an additional fourteen (14) calendar days, based on specific circumstances affecting the grievance. The beneficiary must be notified by letter when additional days are needed for a resolution, once it is determined an extension is needed.

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## Beneficiary Grievance and Appeal Procedure, Continued

**Grievance Procedure**  
(continued)

Step	Action
5	Grievances are tracked by the Access Unit and summaries are sent to the Quality Management committee after a resolution letter is sent to the beneficiary.

**Appeal**

Appeals, as defined in policy, are filed when a beneficiary is dissatisfied after receipt of a Notice of Action which does the following:

- Denies or limits authorization of a requested service, including the type or level of service
- Reduces, suspends, or terminates a previously authorized service
- Denies, in whole or in part, payment for a service
- Fails to provide services in a timely manner, as determined by the Mental Health Plan (MHP)
- Fails to act within the timeframes for disposition of standard Grievances, the resolution of standard Appeals, or the resolution of expedited Appeals

**Appeal Procedure**

The following table describes the procedure when a beneficiary files an appeal:

Step	Action	
1	The beneficiary submits an Appeal to the Access Unit as follows:	
	<b>If...</b>	<b>Then...</b>
	Submitted in writing	Completes and submits the <a href="#">Appeal Form-English (Spanish)</a>
	Submitted verbally	Contacts in person or by telephone as described.  Completes the <a href="#">Appeal Form-English (Spanish)</a> and submits it to the Access Unit within forty-five (45) days.  <b>Note:</b> The verbal Appeal will establish the earliest possible filing date.
	<b>Note:</b> An expedited Appeal may be requested. See the Expedited Appeals section below.	

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## Beneficiary Grievance and Appeal Procedure, Continued

### Appeal Procedure (continued)

Step	Action
2	The Access Unit records the Appeal in a log within one (1) working day from receipt of the Appeal.
3	The Access Unit sends an acknowledgement letter of receipt to the beneficiary.
4	The Access Unit notifies the Program Manager of the Appeal.
5	The Access Unit maintains and tracks the Appeal.
6	The Program Manager assigns appropriate staff to investigate the Appeal. See the Appropriate Investigating Staff Selection section below.
7	The Program Manager advises the Access Unit of the Appeal resolution, once the investigation is completed.
8	<p>Following resolution, the Access Unit sends a resolution letter to the beneficiary.</p> <p><b>Note:</b> A written decision, which is mailed to the beneficiary, is required from the Access Unit within forty-five (45) calendar days from the date the written/verbal form of the Appeal is received. Timeframes may be extended by up to fourteen (14) calendar days, based upon specific circumstances, which affect the Appeal.</p>
9	The Access Unit notifies in writing or verbally those providers cited by the beneficiary or otherwise involved in the Appeal of the final Appeal disposition.

### Appropriate Investigating Staff Selection

Staff selected to review the Grievance or Appeal circumstances must not:

- Have been involved in any previous level of review or decision-making on the issue presented in the Grievance or Appeal
- Have provided treatment to the beneficiary regarding the Grievance or Appeal issue.

In addition, staff with appropriate clinical expertise in treating the beneficiary's condition or disease is responsible for making decisions in the following situations:

- Appeals of a denial based on lack of medical necessity
- Grievances regarding denial of expedited resolution on an Appeal
- Grievances or Appeals that involves clinical issues

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# County of San Bernardino Department of Behavioral Health

## Beneficiary Grievance and Appeal Procedure, Continued

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### Expedited Appeals

Expedited Appeals may be requested if the time for the standard resolution could seriously jeopardize the beneficiary's life, health or ability to function.

Expedited Appeals must be resolved within three (3) working days.

**Note:** Timeframes for an expedited Appeal may be extended for up to fourteen (14) calendar days if requested by the beneficiary and when the delay is for additional information and in the beneficiary's best interest. Unless the beneficiary requested the extension, the MHP is required to provide the reason for the extension in writing to the beneficiary.

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### State Fair Hearing

Beneficiaries who have exhausted the Grievance and/or Appeal process may then request a State Fair Hearing within ninety (90) days of receipt of the postmark date of the MHP's Appeal or Grievance decision.

State Fair Hearings are filed by calling or writing to:

State Hearing Division California Department of Social Services  
P.O. Box 944243  
Mail Station 19-37  
Sacramento, CA 94244-2430

(800) 952-5253  
TDD – (800) 952-8349

**Note:** The beneficiary may also be eligible to continue receiving services pending the outcome of the Hearing, if the request is made within ten (10) days of receipt of the Notice of Action.

The following table describes the procedure the beneficiary follows to file a State Fair Hearing:

Step	Action
1	The Access Unit attempts to resolve matters prior to the State Fair Hearing and if necessary prepares a position paper which is sent to the Medi-Cal Field Office.
2	The Access Unit sends a copy of the position paper to the beneficiary sufficiently in advance of the State Fair Hearing to allow time for review and Hearing preparation.
3	The Access Unit maintains the "Fair Hearing Tracking Log" to monitor the progress and resolution of each Fair Hearing request.

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## Beneficiary Grievance and Appeal Procedure, Continued

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### State Fair Hearing (continued)

Step	Action
4	The Access Unit sends a MHP representative to the State Fair Hearing.
5	The Access Unit coordinates communication with the State Department of Social Services, the State Department of Mental Health, providers and beneficiaries regarding the Fair Hearing process.

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### Authorized Representative

At any time during the Grievance, Appeal, or State Fair Hearing processes, the beneficiary may authorize a person to take action or use the process on his or her behalf, or to assist the beneficiary with the process.

**Note:** The beneficiary and his/her representative will be provided an opportunity before and during the Grievance, Appeal, or Fair Hearing process to examine the beneficiary's documents. This includes the case file, medical records, and any other documents and records considered during the processes.

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### Contact

At any time during the Grievance and Appeal processes, the beneficiary may contact the County of San Bernardino Department of Behavioral Health (DBH) Access Unit at (888) 743-1478 or the DBH Patients' Rights Office at (800) 440-2391 for assistance.

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### Reference

Code of Federal Regulations, Title 42, Section 438.400 et al.

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### Related Policy or Procedure

DBH Standard Practice Manual QM6029, [Beneficiary Grievance and Appeal Policy](#)

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