

BEHAVIORAL HEALTH PLAN MEMBER

PROBLEM RESOLUTION PROCESS

Monterey County Behavioral Health Plan (BHP) members or their authorized representatives may talk to the clinic manager to request help with any BHP issue.

CHANGE OF CLINICIAN

To request a change from a current provider (psychiatrist, psychologist, psychiatric social worker, or case manager) the member or their authorized representative may complete a "Change of Clinician" form which is available in all clinics upon request.

GRIEVANCES

A grievance is an expression of dissatisfaction with any aspect of services received. Members also have the right to submit a grievance for failure to provide trans-inclusive care.

Filing a grievance with the BHP can be done in person, via telephone, or in writing to the Quality Improvement Department:

**Monterey County
Department of Health
Behavioral Health Division
1611 Bunker Hill Way, Suite 120
Salinas, CA 93906
(831) 755-4545
TTY/TDD: (831) 796-1788**

The Quality Improvement Department will provide a written decision concerning the grievance within 30 days of its receipt.

ACTIONS BY BHP

An Action, also known as an Adverse Benefit Determination, occurs when the BHP does at the least one of the following:

- A) Denies or limits authorization of requested services, including the type or level of service, medical necessity, appropriateness and setting, or effectiveness of a covered benefit.
- B) Reduces, suspends or terminates a previously authorized service;
- C) Denies in whole or in part, payment for the service.
- D) Fails to provide services in a timely manner.
- E) Fails to act within the required time frames for the standard resolution of grievances and appeals.
- F) Denies a request to dispute financial liability.

NOTICE OF ADVERSE BENEFIT DETERMINATION

A Notice of Adverse Benefit Determination (NOABD) is a form you receive from MCBH that gives you information about a decision or "action" that was made about why you are not eligible to receive or to continue to receive Medi-Cal specialty mental health and/or substance use disorder services.

APPEALS

Appeals may -be requested to review an Action. Appeals must be filed within 60 days of receipt of a Notice of Adverse Benefit Determination.

If you wish to continue receiving services while your appeal is being reviewed, you must request an Appeal within 10 days from the date of the Notice of Adverse Benefit Determination letter, or before the date your BHP says the services will stop, whichever is later.

Appeals may be submitted in person, via telephone, or in writing to the Quality Improvement Department:

**Monterey County
Department of Health
Behavioral Health Division
1611 Bunker Hill Way, Suite 120
Salinas, CA 93906
(831) 755-4545
TTY/TDD: (831) 796-1788**

STANDARD APPEALS

The Quality Improvement Department will provide a written decision concerning the appeal within 30 days of its receipt.

EXPEDITED APPEALS

A member or authorized representative may request an Expedited Appeal to review an Action when use of the Standard resolution process could jeopardize the member's life, health, or ability to attain, maintain or regain maximum function.

If MCBH agrees that your Appeal meets the requirements for an Expedited Appeal, MCBH will resolve your Expedited Appeal within 72 hours from the day it was received.

STATE FAIR HEARINGS

A State Fair Hearing is an independent review by an administrative law judge. State Fair Hearings must be filed within 120 days after receiving an appeal resolution letter stating that the BHP is upholding an Adverse Benefit Determination or if the appeal wasn't resolved within the specified time frames. If you wish to continue receiving services while you wait for the State Fair Hearing decision, you must request a State Fair Hearing within 10 days from the date the appeal decision notice was postmarked or delivered to you.

A State Fair Hearing may be requested by phone, online, or in writing:
By Phone: Call **1-800-743-8525**. If you cannot speak or hear well, please call TDD **1-800-952-8349**.

Online: Visit the California Department of Social Services' website to complete the electronic form:



In writing:

**California Department of Social Services
State Hearings Division
P. O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430**

If needed, the member may contact the Patient's Rights Advocate for assistance in requesting a State Fair Hearing:

PatientsRightsAdvoca@countyofmonterey.gov
**(831) 755-4518
TTY/TDD: (831) 796-1788**

STANDARD STATE FAIR HEARINGS

The State will provide a written decision concerning the hearing within 90 days of its receipt.

EXPEDITED STATE FAIR HEARINGS

A member or authorized representative may request an Expedited State Fair Hearing by calling **1-800-743-8525/TDD 1-800-952-8349** if they believe that waiting for up to 90 days for their case to be decided will seriously harm their life, health, or ability to attain, maintain, or regain maximum function. If your request is approved, a hearing will be scheduled, and a decision will be made within 3 working days from the date the State Hearings Division receives your request.