



## **NOTICE of Problem Resolution Process of Mono County Behavioral Health**

At Mono County Behavioral Health (MCBH), we want all Beneficiaries to be satisfied with their mental health services. There are several ways you can tell us about any concerns you have about your services here. We assure your confidentiality, and our intent to resolve your concern. We invite you to discuss any concern informally with your Provider, or you can request to speak with the Quality Assurance Coordinator or the Director.

**You also have the right to other actions.** These are described below, and complete details can be found in the “*Guide to Medi-Cal Mental Health Services*” booklet, or by talking with any MCBH Staff. A copy of the Booklet is always in the Lobby for your review, and you may request your own copy at any time.

Please use the “**PROBLEM RESOLUTION FORM**” and addressed envelopes in the Lobby to tell us about any of the following Actions. You may also submit concerns verbally, except as noted below:

- A **GRIEVANCE** can be submitted verbally or in writing, about any problem related to your MCBH services.
- An **APPEAL** can be submitted when you disagree with a decision made about your mental health services, such as a denial or change in treatment. You have up to 90 calendar days to submit an Appeal if you disagree with a Notice of Adverse Benefit Determination (NOABD) decision—please see the “*Guide to Medi-Cal Mental Health Services*” booklet for more information about NOAs. If you make a verbal appeal, you must follow up in writing in order for us to complete a decision on your Appeal.
- An **EXPEDITED APPEAL** can be requested verbally or in writing by you, your Provider, or representative, when you disagree with a decision made about your mental health services, such as a denial or change in treatment, and you feel immediate attention is needed or else your health, safety, or functioning could be seriously jeopardized.

### **Resolution of Your Requests**

We will act quickly to acknowledge, review, and resolve your concerns, and we will make every attempt to inform you of results. Here are the timeframes required by law for each type of Action:

- **GRIEVANCE**: will be resolved within 90 days. Either you or MCBH can request an extension of 14 days.
- **APPEAL**: will be resolved within 30 calendar days of receipt of the Appeal. You or MCBH can request a 14-day extension for resolution of an Appeal.
- **EXPEDITED APPEAL**: if a quicker decision is indicated, an Expedited Appeal will be resolved within 72 hours, but you or MCBH can request a 14-day extension.

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## **What You Can Expect**

### **YOU WILL RECEIVE:**

- Written acknowledgement within 3 working days of our receiving your Grievance or Appeal.
- Written notification of MCBH's resolution of your concern.
- Resolution of an Expedited Appeal request within 3 working days.

### **YOU HAVE THE RIGHT TO:**

- Have a personal representative, MCBH staff, or Patients' Rights Advocate assist and/or represent you in this process.
- Authorize another person to act on your behalf.
- Select a Provider (MCBH staff person) as your representative in the Appeal process.
- Request assistance from MCBH staff regarding this Grievance or Appeal process.
- No discrimination or other penalty for filing a Grievance or Appeal.
- Examine your case file before and during the Appeal process.
- Request a State Fair Hearing if you are dissatisfied with all Grievance and Appeal decisions.\*
- Have mental health services continue while an Appeal or State Fair Hearing is pending.

### **For Assistance:**

- Patients' Rights Advocate 1-760-924-1770
- MCBH Quality Assurance Coordinator or Director of MCBH 1-800-687-1101
- State Fair Hearing-State Department of Social Services 1-800-952-5253
- State Ombudsman Services 1-800-896-4042 (TTY: 1-800-896-2512)
- TTY: 1-888-877-5379 for English

**\*See the "Guide to Medi-Cal Mental Health Services" booklet for more State Fair Hearing information.**

### **Mail or Deliver Completed Grievance/Appeal Forms to:**

Mono County Behavioral Health  
1290 Tarvern Road  
P.O. Box 2619  
Mammoth Lakes, CA 93546  
Attention: Quality Assurance Coordinator

