

## CONSUMER GRIEVANCE/APPEAL/STATE FAIR HEARING INFORMATION

If you have a problem with your Medi-Cal mental health services, we would like to help. We have a three level problem-solving process. You can file a Grievance, an Appeal, or a State Fair Hearing to help resolve your problem. A grievance can be filed at any time. An Appeal must be filed within 90 days of the date of the action you are appealing when you receive a Notice of Action. There are no deadlines for filing an Appeal when you do not receive a Notice of Action. You must complete the MHP's internal problem-solving process before filing a State Fair Hearing.

Your provider has an Appeal Procedure brochure and a Formal Grievance Procedure brochure that explains the process and has a Grievance and Appeal form inside. You can allow a friend, a relative, or a legal representative to act for you on an Appeal, Grievance or State Fair Hearing.

If you need help, people who can assist you are: your mental health provider, the Department's Quality Improvement staff (800) 660-3570, or Patients' Rights staff (800) 350-0519 or (951) 358-4600, collect calls accepted.

**Grievance:** A consumer and/or consumer's representative may file a Grievance, orally or in writing, with his/her service provider, the Central Access Team, or the Quality Improvement Program.

**Appeal:** To file an Appeal you, or your representative, must complete an Appeal form, sign a written request allowing for release of information, attach written materials, if any, supporting your point of view.

**State Fair Hearing:** A State Fair Hearing is available to you only after completing the MHP's internal problem-solving process.

**Assistance:** If you need assistance in completing the Grievance, Appeal, or State Fair Hearing forms, you can request help from your provider, or by calling: Quality Improvement Coordinator at (800) 660-3570, or Patients' Rights at (800) 350-0519, or locally, (951) 358-4600.

**Status:** If you want to know the status of a Grievance, Appeal, or a State Fair Hearing, contact the Quality Improvement Coordinator at (800) 660-3570.

If you have Medi-Cal benefits and you receive mental health services, you have the right to request an Appeal when your service provider recommends:

1. Service denial
2. Termination
3. Reduction of services

### STATE FAIR HEARING

If you are a Medi-Cal beneficiary and you do not agree with the recommendations or decisions, you or your representative can request a State Fair Hearing within 90 days of the postmark date of the Appeal decision.

If you want Medi-Cal to continue your services until a State Fair Hearing decision is made, your request for a State Fair Hearing must be submitted within 10 days of the date of the notice.

You or your representative may obtain the State Fair Hearing Request form from the service provider or by contacting the Patients' Rights Office, long distance areas (800) 350-0519, or (951) 358-4600, collect calls accepted; or you may call the toll free number of the Public Inquiry and Response Unit at (800) 952-5253.

When you complete the State Fair Hearing form, mail the notice to:

#### State Hearing Division

California Department of Social Services

P.O. Box 944243, Mail Station 19-37

Sacramento, CA 94244-2430

**To obtain information on the status of a pending Formal Grievance, an Appeal, or a State Fair Hearing contact the Quality Improvement Coordinator at (800) 660-3570.**

**MEDI-CAL BENEFICIARIES HAVE THE RIGHT, FOR ANY REASON, TO USE THE GRIEVANCE PROCESS OR APPEAL PROCESS. YOU MAY REQUEST A STATE FAIR HEARING ONLY AFTER COMPLETING THE MHP'S INTERNAL PROBLEM-SOLVING PROCESS.**