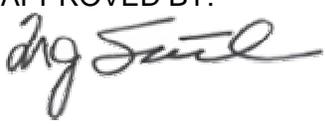




# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

<b>SUBJECT</b> <b>BENEFICIARY PROBLEM RESOLUTION PROCESS</b>	<b>POLICY NO.</b> <p style="text-align: center;"><b>202.29</b></p>	<b>EFFECTIVE DATE</b> <p style="text-align: center;"><b>09/01/04</b></p>	<b>PAGE</b> <p style="text-align: center;"><b>1 of 8</b></p>
<b>APPROVED BY:</b>  <p style="text-align: right;">Director</p>	<b>SUPERSEDES</b>	<b>ORIGINAL ISSUE DATE</b>	<b>DISTRIBUTION LEVEL(S)</b> <p style="text-align: center;"><b>1</b></p>

## PURPOSE

- 1.1 To ensure that a Medi-Cal beneficiary’s grievances with Department of Mental Health (DMH) Specialty Mental Health Services are addressed in a sensitive, timely, appropriate, and culturally competent manner.

## POLICY

- 2.1 Medi-Cal beneficiaries who are dissatisfied with Specialty Mental Health Services may register and pursue grievances or, when authorized services are denied, terminated, suspended, or reduced, may appeal the authorized decision.

## DEFINITION

- 3.1 A “Grievance” is defined as an expression of dissatisfaction about any matter other than an action as defined below.
- 3.2 An “Action” occurs when the Local Mental Health Plan (LMHP):
- 3.2.1 denies or limits authorization of a requested service;
  - 3.2.2 reduces, suspends, or terminates a previously authorized service;
  - 3.2.3 denies, in whole or in part, payment for a service;
  - 3.2.4 fails to provide services in a timely manner; or
  - 3.2.5 fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.
- 3.3 An “Appeal” is defined as a request by the beneficiary or his/her representative for review of an action as defined above.
- 3.4 A “State Fair Hearing” (SFH) is defined as an independent review conducted by the State Department of Social Services and is the final arbiter of grievances and appeals for action taken by the LMHP as defined in section 3.2.
- 3.5 “Aid Paid Pending” allows the beneficiary to continue obtaining Specialty Mental Health Services while pursuing an appeals or a State Fair Hearing.



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- 3.6 An “Expedited Appeal” is defined as an oral or written request by the beneficiary to review an action as defined when using the standard resolution process could jeopardize the beneficiary’s life, health, or ability to attain, maintain, or regain maximum function.
- 3.7 A “Notice of Action” (NOA) is defined as a written notice to the beneficiary when Specialty Mental Health Services are denied, reduced, modified, or terminated by the LMHP under any of the situations defined in section 3.2.
- 3.8 “Specialty Mental Health Services” are defined as:
- 3.8.1 Rehabilitative services, including mental health services, medication support services, day treatment, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services;
  - 3.8.2 Psychiatric inpatient hospital services;
  - 3.8.3 Targeted case management;
  - 3.8.4 Psychiatrist services;
  - 3.8.5 Early and Periodic Screening, Diagnosis, and Treatment Supplemental Specialty Mental Health Services (EPSDT); and
  - 3.8.6 Psychiatric nursing facility services.
- 3.9 “Beneficiary Rights” are defined as the rights to:
- Be treated with respect and with due consideration for his/her dignity and privacy.
  - Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
  - Participate in decisions regarding his/ her health care, including the right to refuse treatment
  - Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
  - Request and receive a copy of his/her medical records, and request that they be amended or corrected.
  - Receive information in accordance with Title 42, CFR, Section 438.10 that describes information requirements.
  - Be furnished health care services in accordance with Title 42, CFR, Sections 438.206 through 438.210, which cover requirements for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.



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## **PROCEDURE**

- 4.1 If a Medi-Cal beneficiary voices dissatisfaction with a facility and/or a clinician, a staff person shall inform the beneficiary about the services provided by the Patients' Rights office and offer a copy of the Beneficiary/Client Grievance or Appeal and Authorization form (Attachment I).
  
- 4.2 All grievances as defined above, and all requests for appeals because of a NOA, will be received and resolved, to the extent possible, by the Patients' Rights Office (PRO). A Patients' Rights Advocate (PRA), working in the PRO, will assist Medi-Cal beneficiaries in resolving all grievances and appeals.
  - 4.2.1 The LMHP, through a NOA, will formally notify the beneficiary of an action taken by the LMHP which:
    - 4.2.1.1 denies or limits authorization of a request service;
    - 4.2.1.2 reduces, suspends, or terminates a previously authorized service;
    - 4.2.1.3 denies, in whole or in part, payment for service;
    - 4.2.1.4 fails to provide services in a timely manner; or
    - 4.2.1.5 fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.
  
- 4.3 All decisions concerning grievances and appeals will be made by the Patients' Rights Office. All appeals to the decision of the Patients' Rights Office in response to a notice of action (NOA) will be made through a State Fair Hearing.
  - 4.3.1 The beneficiary may present his/her grievance or appeal, orally or in writing, by contacting the Patients' Rights Office. The Patients' Rights Office must respond in writing to an oral grievance whether or not it is subsequently submitted in writing.
  - 4.3.2 An oral appeal in response to an action must be followed up by a written signed appeal, except in the case of expedited appeals. (see section 7.1 for timelines for expedited appeals).
  
- 4.4 The Patients' Rights Advocate will provide the beneficiary with a Grievance and Appeals Procedure brochure, which shall contain the following information:
  - 4.4.1 A description of the services available;
  - 4.4.2 A description of the process for obtaining services, including the LMHP's Statewide toll-free telephone number; and



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- 4.4.3 A description of the LMHP’s Beneficiary Problem Resolution Process, including the grievance, appeal, and action processes, and the availability of a State Fair Hearing.
- 4.5 The Patients’ Rights Office will make available a Beneficiary/Client Grievance/Appeals and Authorization form, along with self-addressed envelopes, to beneficiaries at all LMHP provider sites.
- 4.6 The Patients’ Rights Advocate will assist all clients in registering grievances and appeals and assist the beneficiary in preparing written grievances or appeals or in filing for a State Fair Hearing.
- 4.7 A Medi-Cal beneficiary who has a grievance or wishes to file an appeal concerning an action by the LMHP NOA, may be represented by another person of the beneficiary’s choosing.
- 4.8 When a beneficiary lodges a grievance or requests a State Fair Hearing, whether orally or in writing, the Patients’ Rights Advocate will record the grievance or appeal on the Problem Resolution Log.

### Grievances and Appeals

- 5.1 When a beneficiary desires to register a grievance or challenge an action by the LMHP (appeal), the beneficiary will contact the Patients’ Rights Office orally or in writing, or visit the Patients’ Rights Office and request that a Patients’ Rights Advocate resolve the grievance, or assist in challenging an action by the LMHP. A written statement by the beneficiary outlining his/her concerns must follow all oral appeals, with the exception of expedited appeals. Beneficiaries will be encouraged to complete the Beneficiary/Client Grievance or Appeal and Authorization Form and/or the Request for Medi-Cal Fair Hearing Form, if applicable.
- 5.2 Completion of the Beneficiary/Client Grievance or Appeal and Authorization Form shall constitute client/personal representative authorization for use and disclosure of any necessary Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Regulations.
- 5.3 All communication involving use or disclosure of PHI during the Grievance and/or Appeal process shall be in accordance with the HIPAA Privacy Regulations, applicable State law, and DMH’s HIPAA Privacy Policies and Procedures. (See DMH Policy 500.1, “Use and Disclosure of Protected Health Information (PHI) Requiring Authorization” and Policy 500.2, “Use and Disclosure of Protected Health Information (PHI) Without Authorization”.)
- 5.4 The beneficiary may contact the Patients’ Rights Office directly or may designate another person to act on his/her behalf.



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- 5.4.1 Evidence supporting the claim of the beneficiary may be presented directly to the Patients' Rights Office. Written claims are not required.
- 5.5 The Patients' Rights Advocate assigned to the beneficiary will register the grievance or appeal, whether presented orally or in writing, on the Problem Resolution Log within one day after the appeal or complaint is lodged.
- 5.6 The Patients' Rights Advocate will acknowledge the receipt of a grievance or appeal to the beneficiary in writing.
- 5.7 The Patients' Rights Advocate will assess the nature of the grievance or appeal and assist the beneficiary/client in completing the Beneficiary/Client Grievance or Appeal and Authorization Form or the Request for Medi-Cal Fair Hearing form, if necessary.
- 5.8 Even though the beneficiary begins with an appeal, he/she may ask for a State Fair Hearing at any time during his/her efforts to resolve issues resulting from an action.
- 5.9 When the grievance or appeal issue has been fully vetted, the Patients' Rights Advocate will attempt to mediate and resolve the issues raised by the beneficiary. After all attempts at resolution have been made, the Patients' Rights Advocate will notify the beneficiary in writing of the results of the mediation attempts and the decision made.
- 5.10 The written response to an appeal resulting from an action will clearly indicate that the Medi-Cal beneficiary may request a State Fair Hearing if not satisfied with the decision by the Patients' Rights Office.
- 5.11 If the beneficiary's appeal is related to action as per section 3.2, and the beneficiary requests an extension of benefits, the LMHP will continue to provide the authorized services until the appeal is satisfied, or the beneficiary withdraws the appeal, or ten (10) days have passed since the LMHP has ruled against the beneficiary, or a State Fair Hearing results in an adverse decision to the beneficiary. The reference to continuation of services in these circumstances is referred to as "Aid Paid Pending."
- 5.12 When the grievance is satisfied or resolved, or the appeal is finalized, the Patients' Rights Advocate will record the final disposition in the Problem Resolution Log, including the date the decision is sent to the beneficiary or his/her designee. A written notice will be sent and must contain the results of the grievance or appeal resolution process, the date the grievance or appeal decision was made, the beneficiary's right to a State Fair Hearing if the problem was a result of an action and was not resolved to the beneficiary's satisfaction during the appeal process, and the beneficiary's right to request benefits during the appeal, and the procedures for requesting the State Fair Hearing.



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5.12.1 The Patients' Rights Advocate who decides any issue related to a grievance or appeal shall not be the same individual who has been involved in any previous level of review or decision making, whether in a formal or informal manner.

5.12.2 If the grievance or appeal involves clinical issues, the Patients' Rights Advocate shall have appropriate clinical expertise.

5.12.2.1 Appropriate clinical expertise does not necessarily mean specialty skills such as prescribing or evaluating medication services or other discipline related expertise, e.g., psychological testing.

5.13 Information (including aggregate data) concerning grievances and appeals shall be sent on a regular basis to the Quality Improvement Committee (QIC) for review and analysis, and to assist the QIC in evaluating the effectiveness of the appeal and grievance process, and to make changes in service delivery as needed.

### State Fair Hearing (Final) Level of Appeal

6.1 In response to an action, the Medi-Cal beneficiary may request a State Fair Hearing. Clients who are not Medi-Cal recipients may not request a State Fair Hearing.

6.2 The Patients' Rights Advocate will assist the beneficiary in filling out the Request for Medi-Cal Fair Hearing form (Attachment II) and will ensure that the form is mailed correctly, including postage, if necessary. The Patients' Rights Office may fax this information as appropriate.

6.3 If the beneficiary's appeal is related to action by the LMHP which involves the termination, suspension, or reduction of a previously authorized course of treatment by an authorized provider, as per section 3.2, and the beneficiary requests an extension of benefits, the LMHP will continue to provide the authorized services until the appeal is satisfied, or the beneficiary withdraws the appeal, or ten (10) days have passed since the LMHP has ruled against the beneficiary, or a State Fair Hearing results in an adverse decision to the beneficiary. The reference to continuation of services in these circumstances is referred to as "Aid Paid Pending."

6.4 The Patients' Rights Advocate of the beneficiary's choice may represent the beneficiary at the State Fair Hearing. The advocate who assisted in the grievance or appeals process may not represent the beneficiary at the State Fair Hearing, however.

6.5 When the appeal is finalized by the State Fair Hearing, the Patients' Rights Advocate will record the final disposition in the Problem Resolution Log, including the date that written information about the decision was sent to the beneficiary or his/her designee.



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

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### Expedited Resolution of Appeals

- 7.1 An expedited resolution process may be requested by the beneficiary when, based on information supplied by the beneficiary, his/her provider of services or another responsible party, the Patients' Rights Office determines that the length of time needed for a standard resolution could jeopardize the beneficiary's life, health, or ability to attain, maintain, or regain maximum function.
  - 7.1.1 If the LMHP denies a request for an expedited resolution of appeals, the Patients' Rights Office will give the beneficiary prompt oral notice of the denial and will follow-up within two (2) calendar days with a written notice.
  - 7.1.2 When granted, the expedited resolution of appeals must be resolved within three (3) working days.
- 7.2 The Patients' Rights Advocate will record the beneficiary's request for an Expedited Resolution and the outcome of the request in the Problem Resolution Log.

### Written Notification of Disposition for All Grievances and Appeals

- 8.1 For all grievances and appeals, a written notification of the resolution or outcome of the grievance or appeal shall be presented to the beneficiary. The content of the written notice must include the following:
  - 8.1.1 The results of the resolution process and the date it was completed.
  - 8.1.2 For appeals not resolved wholly in favor of the beneficiary:
    - 8.1.2.1 The right to request a State Fair Hearing and how to do so;
    - 8.1.2.2 The right to request to receive benefits while the hearing is pending; and
    - 8.1.2.3 How to make the request.
- 8.2 The State Fair Hearing is the final arbiter of all appeals and there are no other appeal levels.



# DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

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Timeframes for All Grievances and Appeals

- 9.1 All grievances presented to the LMHP must be resolved within 60 calendar days of the date on which the complaint was logged on the Problem Resolution Log.
- 9.2 All standard appeals must be resolved within 45 calendar days of the receipt of the appeal by the Patients' Rights Office.
- 9.3 These timeframes may be extended by up to 14 days when the beneficiary requests the extension or the LMHP shows there is a need for additional information and how the delay is in the beneficiary's interest.
- 9.4 For an expedited request for continued services after services have been denied, reduced, or terminated by the LMHP, the LMHP must resolve the issue within three (3) working days. Oral requests for expedited appeals do not have to be followed with a written request.
- 9.5 When the LMHP does not address and resolve grievances and/or appeals within the stated timeframes, the lack of timeliness is an issue for grievance.

**AUTHORITY**

Code of Federal Regulations, Title 42, Chapter IV, Part 438, Section 438.400ff  
 California Code of Regulations, Title IX, Chapter 11, Section 1850.205ff  
 Code of Federal Regulations Part 160-164; Section 164.508 "Use and Disclosure for Which an Authorization is Required"  
 DMH Policy 500.1 "Use and Disclosure of Protected Health Information Requiring Authorization"  
 DMH Policy 500.2 "Use and Disclosure of Protected Health Information Without Authorization"

**ATTACHMENTS**

- Attachment I                      Beneficiary/Client Grievance Or Appeal And Authorization form
- Attachment II                     Request for Medi-Cal Fair Hearing form

**REVIEW DATE**

This policy shall be reviewed on or before September 15, 2009.

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
PATIENTS' RIGHTS OFFICE**

**Confidential Client Information: Welfare and Institutions Code 5328**

**BENEFICIARY/CLIENT GRIEVANCE OR APPEAL AND  
AUTHORIZATION FORM**

**You may file a GRIEVANCE at any time.  
You may authorize another person to act on your behalf.**

**You have the right to file an APPEAL with the Patients' Rights Office  
or to request a State Fair Hearing when the Local Mental Health Plan:**

- 1. Denies or limits authorization of a requested service;**
- 2. Reduces, suspends, or terminates a previously authorized service;**
- 3. Denies, in whole or in part, payment for a service;**
- 4. Fails to provide services in a timely manner; or**
- 5. Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals.**

**Only clients who are Medi-Cal recipients may request a State Fair Hearing.**

**Person Filing the Grievance or Appeal**

LAST NAME	FIRST NAME	M.I.	BIRTH DATE	MEDI-CAL #

ADDRESS	CITY	STATE	ZIP	HOME PHONE

**Grievance or Appeal Filed Against**

NAME OF FACILITY/PROVIDER/PROGRAM	PHONE

ADDRESS	CITY	STATE	ZIP CODE



**BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION  
FORM (Continued)**

**AUTHORIZATION FOR USE AND DISCLOSURE OF HEALTH  
INFORMATION:**

If you sign this document, you give permission to the Los Angeles County – Department of Mental Health, Patients’ Rights Office to investigate your grievance or appeal. This Authorization will allow your health care providers to disclose the following health information to Los Angeles County – Department of Mental Health, Patients’ Rights Office to investigate your grievance or appeal:

- Your past and current medical records; and
- Other information relating to your grievance or appeal and/or denial or rights.

**Expiration Date:**

This Authorization will expire on the date of the resolution of your grievance or appeal.

**Your Rights Regarding This Authorization:**

If you agree to sign this Authorization, you must be provided with a signed copy of this form.

You do not have to sign this Authorization, and your refusal will not affect your ability to obtain treatment.

You can revoke or cancel your Authorization to allow use of your health information at any time by telling Los Angeles County – Department of Mental Health in writing. You must sign your revocation request and mail or deliver it to:

County of Los Angeles – Department of Mental Health  
Patients’ Rights Office  
550 South Vermont Avenue  
Los Angeles, CA 90020

If you revoke this Authorization, we may still use and share your health information that has already been obtained for reasons related to prior reliance of this Authorization.

**BENEFICIARY/CLIENT GRIEVANCE/APPEAL & AUTHORIZATION**  
**FORM (Continued)**

**Authorization Approval:** By signing this form, I authorize the use or disclosure of the health information described above. I understand that my health information used or disclosed as a result of my signing this Authorization may not be further used or disclosed unless another authorization is received from me or such use or disclosure is specifically permitted or required by law.

---

**Signature of Client/Client's Representative**

---

**Date**

---

**If signed by client's personal representative,  
state relationship and authority to do so.**

**YOU HAVE THE RIGHT TO FREE LANGUAGE ASSISTANCE SERVICE.**

**CALL THE PATIENTS' RIGHTS OFFICE FOR ASSISTANCE AT:**

**NON-HOSPITAL GRIEVANCES/APPEALS- (213) 738-4949**

**HOSPITAL GRIEVANCES/APPEALS - (800) 700-9996 or (213) 738-4888**

- ◆ Did you complete the information requested on the form?
- ◆ Did you list your phone number and address where we can contact you?
- ◆ Did you sign both the grievance or appeal section on page 2 and the authorization section on this page?
- ◆ Please mail to:
  - County of Los Angeles – Department of Mental Health**
  - Patients' Rights Office**
  - 550 South Vermont Avenue**
  - Los Angeles, CA 90020**
- ◆ Please don't forget a postage stamp.

REQUEST FOR MEDI-CAL FAIR HEARING  
COUNTY SPECIALTY MENTAL HEALTH SERVICES

TO: Chief ALJ, Administrative Adjudication Division (AAD)  
California Department of Social Services (CDSS)  
744 "P" Street, Sacramento, CA 95814  
Phone: (916) 657-3550

Re: Medi-Cal Fair Hearing – Specialty Mental Health Medi-Cal Services

Respondent: Local Mental Health Plan, County of \_\_\_\_\_

\_\_\_\_\_  
Recipient's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Medi-Cal Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

**Filed by** (if different from above):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

**Reason for Requesting Hearing The Mental Health Plan has:**

- Denied or limited authorization of a requested service;
- Reduced, suspended, or terminated a previously authorized service;
- Denied, in whole or in part, payment for a service;
- Failed to provide services in a timely manner; or
- Failed to act within the timeframes for disposition of standard grievances, the resolution of standard appeals or the resolution of expedited appeals.

Interpreter needed? Language: \_\_\_\_\_  Home hearing needed?

Other accommodations needed:  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

(You can mail this in or fax it to (916) 229-4110. You can also call in a hearing request to 1-800-743-8525, but the line is often busy.)

c: County Patient Rights Office