

What if I need help completing the problem resolution process?

At any time during the problem resolution process, you may ask for a staff member or someone of your choice to help you. You have a right to authorize another person or your legal representative to act on your behalf. You can also ask the Patients' Rights Advocate or Ombudsman Services for help.

Confidentiality

We want to assure you that your grievance and/or appeal will be kept confidential and will only be discussed with those directly involved in the matter. You will not be discriminated against or penalized in any way for your grievance and/or appeal.

Availability of Interpreters

Sierra County Behavioral Health utilizes Telelanguage for all language translation services. If you are hearing impaired and use TDD/TTY, please call 711/1-800-855-7400.

Sierra County Behavioral Health

704 Mill Street
PO Box 265
Loyalton, CA 96118
Ph: 530-993-6746
Fax: 530-993-6759

22 Maiden Lane
PO Box 38
Downieville, CA 95936
Ph: 530-289-3711
Fax: 530-289-3716

24-Hour Crisis Services
1-888-840-8418

Office Hours
Monday-Friday 8am-5pm

Patient's Rights Advocate
(530) 886-5419



Sierra County Behavioral Health Department

Member Rights & Problem Resolution Guide



Member Rights & Problem

Resolution Process

Sierra County Mental Health Plan (MHP) members are entitled to:

- Respectful treatment by all mental health staff.
- Service provided in a safe environment.
- Informed consent to treatment and informed consent to prescribed medications and options available.
- Protection of personal health information.
- Participate in treatment planning.
- Request a change in the level of care, change of therapist, and a second opinion.
- Consideration of a problem or concern about services by the staff or agency providing care.
- File a grievance regarding services.
- File for a State Fair Hearing following the resolution of an appeal.
- File an appeal regarding NOABD.
- Delegate a person to act in their behalf during the grievance, appeal or State Fair Hearing process.
- Culturally sensitive services.
- Use of an interpreter at no cost.
- Request and receive a copy of his/her medical record, and request they be amended or corrected.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

Grievance Process

A Grievance is an expression of dissatisfaction about any matter other than a Notice of Adverse Benefit Determination (NOABD). A grievance may be filed by calling the Compliance Officer or by filing a grievance and appeal form.

- The member will receive written acknowledgment that the grievance was received by Sierra County within five (5) days.
- SCBH will review your grievance and write to you to let you know the decision within thirty (30) days from the date your grievance was filed.
- The member will receive a written resolution within (30) thirty days.

Standard Appeal Process

An Appeal is a request to review an Adverse Benefit Determination. An Adverse Benefit Determination occurs when the mental health plan denies, reduces, suspends, or terminates previously authorized services in a timely manner; or fails to act within the timeframes for the disposition of grievances, standard appeals, expedited appeals, or denies a require to dispute a financial liability.

- The member may submit an appeal orally or in writing. The member may submit an appeal in writing by completing the Grievance and Appeal form.
- The member will receive a written acknowledgment that Member Services received the appeal.
- An appeal must be filed within 60 days of the date of the adverse benefit determination
- The member will receive a written resolution within 30 calendar days.
- The member can refer to the Sierra County Member Handbook to obtain more information about the appeal process.

Expedited Appeal Process

An Expedited Appeal is filed when the member's life, health, or ability to have or maintain maximum function is at risk.

- The member will receive a written and oral notice of the resolution within 72 hours after Sierra County receives the request for expedited resolution.
- If the expedited appeal is denied, a written notice will be sent to the member and the standard appeal process will begin.

Suggestions

Member suggestions are important in providing quality, effective services. Providers have Suggestion Boxes in service areas. Members' suggestions are welcome and can be placed in these boxes, or can be given directly to a mental health staff or an advocate.

State Fair Hearings

If you are a Medi-Cal beneficiary, you have the right to file for a State Fair Hearing. You are required to exhaust the MHP's problem resolution process for Appeals before filing for a State Fair Hearing.

The Administrative Law Judge who resides over the Hearing only has authority over those issues related to an Action. The decision will be final.

To file a State Fair Hearing send your request to:

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

Another way to ask for a hearing is to Call