

YOUR RIGHTS IN THE PROBLEM RESOLUTION PROCESS

- You can ask for information about the problem resolution process any time by asking staff or by calling the Department of Health & Human Services-Behavioral Health (DHHS-BH) toll-free at 1-888-849-5728.
- Your legal representative or someone else can make a complaint and file a grievance or appeal for you.
- You can ask any DHHS-BH staff person to help you.
- You will not be discriminated against in any way if you make a complaint, grievance, or appeal.
- We will respect your confidentiality.
- You can call DHHS-BH's Quality Improvement Department at (707) 268-2955, option 3 to ask about the status of your grievance or appeal.

GRIEVANCES

- You can file a grievance either by talking to staff or by filling out the Client Problem Resolution Form available at all sites. We may also ask you to complete an Authorization to Release Information Form.
- The Client Problem Resolution Form can also be used for complaints, disputes, and grievances related to Mental Health Services Act (MHSA) funded programs.
- You can have someone help you with this, and you can add any other written documentation that you think will be helpful. You can also request to review your records.
- The grievance will be sent to the Quality Improvement Coordinator, who will let you know that your grievance has been received and start investigating the problem.
- Staff who have not been involved in the issue will investigate and talk to you about the problem.
- Within at least 60 days of receiving the grievance, we will send you a letter explaining what we have done to resolve the problem. If you do not have an address, we will try to reach you by phone.

APPEALS

- You can file an appeal if you feel that DHHS-BH has taken one of the following actions (adverse benefit determinations). The appeal is a request for us to review the action.
 1. denied, modified, or terminated your services;
 2. denied payment or denied your request to dispute financial liability;
 3. failed to provide services to you in a timely manner; or
 4. failed to respond to your grievance within 60 calendar days.
- Appeals must be filed in writing within 60 calendar days of the date of the action.
- You may begin the process by stating your appeal verbally to the Quality Improvement Coordinator, but if you are making a Standard Appeal, you must then send in a written and signed appeal. You can use the Client Problem Resolution Form for this purpose. You may also request to review your records.
- We must respond to your request within 30 days of receiving the appeal. We will send you a letter notifying you of the results of our review of the action.
- In some cases, when you feel that the Standard Appeal process could jeopardize your life or health and we agree, we will follow the Expedited Appeal process. Expedited Appeals do not have to be submitted in writing, and you can tell any staff member that you wish to make an Expedited Appeal. We will review the action and notify you of our decision within 3 working days of receipt.

STATE FAIR HEARINGS

- If you receive a Notice of Adverse Benefit Determination (NOABD) indicating your services have been denied, reduced, or terminated, you may request a State Fair Hearing. Your services will continue while the State Fair Hearing is pending.
- If you have submitted an appeal, you have the right to request a State Fair Hearing after the appeal process has been completed, if the appeal has not been granted, or if we failed to respond to your appeal in 60 days.
- To request a State Fair Hearing, call 1-800-952-5253.
You may ask for more information or assistance with filing for a State Fair Hearing by calling the Quality Improvement Coordinator at (707) 268-2955, option 3, or the State Ombudsman at 1-800-896-4042.

ADDITIONAL INFORMATION ABOUT THE PSYCHOTHERAPY COMPLAINT PROCESS

- In addition to the DHHS-BH problem resolution process, complaints may be made with a provider's licensing body.
- The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists, licensed educational psychologists, clinical social workers, and professional clinical counselors. You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.
- DHHS-BH Quality Improvement receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered counselor (e.g. Student Intern or Trainee) providing services at DHHS-BH.

HOW TO SUBMIT A PROBLEM RESOLUTION FORM:

A blank Client Problem Resolution Form is provided for you on the next page. They are also available at the front offices of all sites, or may be requested by calling 707-268-2955, option 3, or calling toll-free at 1-888-849-5728.

Mail completed forms to:
Quality Improvement Coordinator
Humboldt County Behavioral Health
720 Wood St.
Eureka, CA 95501

Or fax completed forms to:
Quality Improvement Coordinator
Humboldt County Behavioral Health
707-476-4096

You may also hand a completed form to any Humboldt County Behavioral Health staff person.

OTHER HELPFUL RESOURCES:

Patients' Rights Advocate: 707-268-2995
State Mental Health Ombudsman: 1-800-896-4042, TTY 1-800-896-2512

If your request to amend your health record has been denied and your grievance cannot be resolved through the problem resolution process, you may also contact the Secretary at Health and Human Services at 202-690-7000 or Secretary@HHS.gov.



BEHAVIORAL HEALTH CLIENT PROBLEM RESOLUTION REQUEST

Date _____

Name _____ Phone # _____

Mailing Address _____

Name of person filing request, if **not** the client:

Name _____ Phone # _____

Mailing Address _____

What type of request are you filing?

Grievance Standard Appeal Expedited Appeal

Request:

(if needed, you may attach another sheet or other documentation)

Client Signature _____ Date _____

Send form to: Quality Improvement Coordinator
Humboldt County DHHS Behavioral Health
720 Wood St.
Eureka, CA 95501

You may also reach us by calling 707-268-2955, option 3 or by
faxing 707-476-4096.

