

MEMBER RIGHTS & PROBLEM RESOLUTION GUIDE

Sacramento 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 person 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 a 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.
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Patient Rights Advocate
(916) 333-3800

Sacramento County Mental Health Plan
Quality Management - Member Services

(916) 875-6069
Toll Free Number **1-888-881-4881**

TTY (916) 876-8853

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Sacramento County MHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Published by the County of Sacramento
Division of Behavioral Health
5/06/2019



Sacramento County
Mental Health Plan

Member Rights & Problem Resolution Guide

Problem Resolution – English

The Mental Health Plan (MHP) provides Mental Health Services to Medi-Cal eligible children and adults.

Advocates

The following resources are available for assistance in completing forms and resolving a grievance, appeal, and State Fair Hearing:

Patient Rights (916) 333-3800

Member Services (916) 875-6069

A member can designate a representative to act in his/her behalf at anytime during the grievance, appeal, or State Fair Hearing process.

Your MHP services will NOT be affected in any way by filing a grievance, appeal or requesting a State Fair Hearing.

Grievance

A grievance is an expression of dissatisfaction about any matter other than a Notice of Adverse Benefit Determination (NOABD).

A grievance can be filed by calling Member Services or by completing a grievance form.

- The member will receive a written acknowledgment that the grievance was received by Member Services.
- The member will receive a written resolution within (90) ninety calendar days.

* A 14-day extension may be granted under certain circumstances.

Standard Appeal

An Appeal is a request to review an NOABD. An NOABD occurs when the MHP denies, reduces, suspends or terminates previously authorized services; denies payment for a service; fails to provide services in a timely manner; or fails to act within the timeframes for the disposition of grievances, standard appeals, expedited appeals*, or denies a request to dispute a financial liability.

- The member may submit an appeal orally or in writing. Oral appeals must be followed up with a written, signed appeal.
- 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 NOABD.
- The member will receive a written resolution within 30 calendar days*.

Expedited Appeal

This 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 resolution within 72 hours.
- 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 19-37
Sacramento, CA 94244-2430**

Another way to ask for a hearing is to Call Toll free: 1-800-952-5253. If you are deaf and use TDD, call 1-800-952-8349.

Forms

Grievance and Appeal forms are available at all provider sites, or can be obtained by contacting Member Services at (916) 875-6069, or at www.dhs.saccounty.net.

The completed form is mailed to the following address:

**Sacramento County Mental Health
Plan
Quality Management - Member
Services
7001A East Parkway, Suite 300M
Sacramento, CA 95823**