

MENTAL HEALTH PLAN BENEFICIARY PROBLEM RESOLUTION PROCESS

Monterey County MHP beneficiaries or their Authorized Representatives may talk to the Clinic Manager to request help with a Mental Health Plan issue.

CHANGE OF CLINICIAN

To request a change from a current provider (psychiatrist, psychologist, psychiatric social worker, or case manager) the beneficiary or their Authorized Representative may complete a "Change of Clinician" form which is available in all clinics upon request.

GRIEVANCES

Filing a grievance to express dissatisfaction with the MHP can be done in person, via telephone, or in writing to the Quality Department:

**Monterey County
Department of Health
Behavioral Health Division
1611 Bunker Hill Way, Suite 120
Salinas, CA 93906
(831) 755-4545
TTY/TDD: (831) 796-1788**

The Quality Department will provide a written decision concerning the grievance within 90 days of its receipt. The time limit may be extended up to 14 days under certain circumstances.

ACTIONS BY MHP

An Action, also known as an Adverse Benefit Determination, occurs when the MHP does at the least one of the following:

- A) Denies or limits authorization of requested services, including the type or level of service, medical necessity, appropriateness and setting, or effectiveness of a covered benefit.
- B) Reduces, suspends or terminates a previously authorized service;
- C) Denies in whole or in part, payment for the service;
- D) Fails to provide services in a timely manner;
- E) Fails to act within the time frames for the disposition of grievance, the resolution of expedited appeals.
- F) Denies a request to dispute financial liability.

STANDARD APPEALS

A Standard Appeal may be requested to review an Action. It can be done in person, via telephone, or in writing to the Quality Department:

**Monterey County
Department of Health
Behavioral Health Division
1611 Bunker Hill Way, Suite 120
Salinas, CA 93906
(831) 755-4545
TTY/TDD: (831) 796-1788**

The beneficiary or Authorized Representative must follow-up the oral request for review with a written and signed appeal.

The Standard Appeal is required to be filed within 60 days of receipt of a Notice of Adverse of Benefit Determination. The Quality Department will provide a written decision concerning the appeal within 30 days of its receipt. The time limit may be extended up to 14 days under certain circumstances.

EXPEDITED APPEALS

A beneficiary or Authorized Representative may request an Expedited Appeal to review an Action when use of the standard resolution process could jeopardize the beneficiary's life, health, or ability to attain, maintain or regain maximum function. Oral Expedited Appeals do not have to be followed up with a written signed request. It can be done in person, via telephone, or in writing to the Quality Department:

**Monterey County
Department of Health
Behavioral Health Division
1611 Bunker Hill Way, Suite 120
Salinas, CA 93906
831-755-4545
TTY/TDD: (831) 796-1788**

The nature of the problem must be a request to review an Action. The Expedited Appeal must be filed within 60 days of an Action. The MHP Quality Department must notify the beneficiary or Authorized Representative of the appeal decision within 72 hours after the Expedited Appeal was received by the MHP. The time limit may be extended up to 14 days under certain circumstances.

STATE FAIR HEARINGS

A beneficiary or Authorized Representative may request a State Fair Hearing within 120 days after the completion of the MHP's Beneficiary Problem Resolution Process. If the State Fair Hearing is requested within 10 days of the Notice of Adverse of Benefit Determination, under certain circumstances, the level of service will be maintained pending the outcome of the State Fair Hearing. If needed, the beneficiary may contact the Patient's Rights Advocate for assistance in requesting a State Fair Hearing:

PatientsRightsAdvocate@co.monterey.ca.us
(831) 755-4518
TTY/TDD: (831) 796-1788

**To Request a State Fair Hearing, write to:
California Department of Social Services
State Hearings Division
P. O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430**

Another way to ask for State Fair Hearing is to call 1(800) 743-8525. If you are deaf and use TDD, call 1(800) 952-8349. The right to request a State Fair Hearing exists whether or not the Beneficiary received a Notice of Adverse Benefit Determination.

EXPEDITED STATE FAIR HEARINGS

A beneficiary may also ask in writing for an Expedited State Fair Hearing if they believe that waiting for up to 90 days for their case to be decided will seriously harm their life, health, or ability to attain, maintain, or regain maximum function. They may be able to get an answer within three working days.



**MONTEREY COUNTY
BEHAVIORAL HEALTH**

Avanzando Juntos Forward Together

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