Policy Number	126				
Policy Title	Posting Of Grievance Process Procedure				
References	DMH Letter - Annual Review Consolidated Specialty Mental Health Services 2003 - 2004 Title 9, CCR, Subchapter 5, Section 1850-205 Problem Resolution Process				
Form	Grievance Form (Attachment1)				
Effective	August 17, 2001 Revised: March 27, 2006 Revised: April 1, 2009 Revised: April, 20, 2011				

Policy

MCBHD Mental Health Plan (MHP) providers will post a grievance process procedure in locations at all MHP provider sites. MCBHD Patient Rights Advocate (PRA) will advise the MHP providers to post the problem resolution and grievance process procedures. The MHP will also assure that the consumer rights brochures, grievance forms, self addressed envelopes, and "Changes of Clinician" are available at all items in locations at all MHP provider sites. All posters and informational materials will be available in the threshold languages in Monterey County. A suggestion box shall also be displayed where those informational materials are displayed.

Procedure

- 1. The Behavioral Health Service Manager will notify the PRA of any new MHP providers or any MHP sites requiring consumer rights posters.
- 2. The PRA, upon notice of consumer right posting will deliver and post the Consumer Rights Poster and display conspicuously the Consumer Rights brochures, Change of clinician, Grievance form, and postage paid self addressed return envelopes.
- 3. The PRA will be responsible for visiting the site on a regular basis to supplement the supply of the above referenced informational materials.
- 4. The Behavioral Health Service Manager/Contract Monitor is responsible for monitoring the MHP providers' compliance with Title IX of the California Code of Regulations, Subchapter 5, Section 1850-205 Problem Resolution Process.

5. For Out of County MHP providers, the Behavioral Health Service Manager will notify the PRA of the out of county MHP provider. The PRA will send, with return receipts, the Consumer Rights Posters and the above referenced informational materials with instructions, including a request of a supplement when the supply is low.

6. The Behavioral Health Service Manager, when s/he visits the MHP provider's sites, will inspect that this policy is being implemented.

7. Quality Services Management includes posting of the Consumer Rights poster and display of the above referenced materials during the cite certification/recertification the MHP provider.

COUNTY OF MONTEREY HEALTH DEPARTMENT-BEHAVIORAL HEALTH MENTAL HEALTH PLAN GRIEVANCE FORM

Date:	Date Of Birth:
Name:Address:	City
Zip Code	Telephone No.:
Authorized Represen	CityTelephone No.:ative's Name:
Authorized Represen	ative's Telephone No.:
	SRIEVANCE IN THE SPACE BELOW: tuation occurred, persons involved and staff you have talked to
about this situation)	tuation occurred, persons involved and stain you have taked to
<u> - 1 </u>	
(Please use the other sid	e of this form if needed)
SIGNATURE	Check this box if form filled in by staff

CONDADO DE MONTEREY DEPARTAMENTO DE SALUD DIVISION DE SALUD DE CONDUCTA PLAN DE SALUD MENTAL FORMA PARA QUEJAS

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