



**Lake County Behavioral Health
Mental Health Services and
Substance Abuse Program**

6302 Thirteenth Ave.
Lucerne, CA 95458
Phone: (707) 274-9101
Fax: (707) 274-9192
TTY: 711

7000-B South Center Dr.
Clearlake, CA 95422
Phone: (707) 994-7090
Fax: (707) 994-7092
Fax: (707) 994-7164
TTY: 711

Toll-Free 24-Hour Crisis Services
1-800-900-2075 or 1-855-587-6373

Office Hours
8:00 am-5:00 pm, Monday – Friday

Patients' Rights Advocate
(707) 501-3298

Rev120117

**Lake County
Behavioral Health**
Mental Health Services

Client Problem Resolution Guide



What is the difference between a Grievance and an Appeal?

As a client of Lake County Behavioral Health (LCBH), you have the right to let us know if you are unhappy or dissatisfied with any matter at LCBH. For most matters, you may file a grievance. If the matter involves an Adverse Benefit Determination (ABD), you have the right to file an appeal. An ABD occurs in the following situations:

- We deny or limit a requested service through our service authorization process, including the type or level of service;
- We reduce, suspend, or terminate a service that was previously authorized;
- We deny all or part of payment for a service;
- We fail to provide services to you in a timely manner, as determined by the State or LCBH;
- We fail to act within the timeframes for deciding about standard grievances, standard appeals, or expedited appeals;
- We deny your right to obtain services outside our Managed Care network; or
- We deny your request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

If you are unhappy or dissatisfied with one of the ABDs above, you may appeal the decision through either a standard appeal or an expedited appeal. If you are dissatisfied with something other than one of the determinations listed above, you may file a grievance.

What if I need help completing the problem resolution process?

At any time during the problem resolution process, you may ask a staff person 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 Patient's Rights Advocate or State Ombudsman Service for help. The Patient's Rights Advocate may be reached at (707) 501-3298; and the State Ombudsman Service may be reached at 1-888-452-8609 or 1-800-896-4042, or by email: MMCDOmbudsmanOffice@dhcs.ca.gov.

Confidentiality

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

Language and Communication Assistance

We have Spanish-speaking staff available during normal office hours and we utilize a Language Line for all other languages.

If you are hearing or speech impaired and use TDD, please call 711 for assistance. Audio assistance is available for persons who are visually impaired.

Language assistance services are available for free.

- We will then review your expedited appeal and notify you verbally of our decision as soon as possible. We will also send a written notice to you explaining our decision no later than 72 hours after we receive your expedited appeal.
- The expedited appeal process may last longer than 72 hours if you request an extension, or if we decide that we need more information and that the extension is in your best. This extension can only last up to fourteen (14) calendar days. We will let you know if we extend the process.
- Our written decision to you will include information about your right to file for a State Fair Hearing and how to do so. It will also include information about how, in certain situations, to keep your current services while you are waiting for the hearing.

Medi-Cal Beneficiaries: If you have completed the LCBH problem resolution process and are not completely satisfied with our decision(s), you have a right to file for a state fair hearing. Instructions can be found in your Beneficiary Guide to Medi-Cal Mental Health Services.

How do I file a grievance or an appeal?

The Grievance and Appeal forms are visibly located and accessible in our clinic lobbies. Self-addressed envelopes are included with the forms, in case you would like to submit a grievance or appeal by mail. Please ask staff if you do not see the forms and envelopes.

Grievance Process

You have the right to file a grievance either verbally or in writing, at any time. If you wish, you can have someone call or write for you.

- We will write to you to let you know that we received your grievance.
- We will then review your grievance and write to you to let you know our decision within sixty (60) calendar days from the date that we received your grievance.
- The grievance process may last longer than sixty (60) calendar days if you request an extension, or if we decide that we need more information and that the extension is in your best interest. This extension can only last up to fourteen (14) calendar days. We will let you know if we extend the process.

Standard Appeal Process (regarding ABDs)

You have the right to file a standard appeal to request a review of an Adverse Benefit Determination (ABD). You may file an appeal either verbally or in writing. If you request an appeal verbally, you will need to give us a signed written appeal after you verbally tell us. You must file an appeal within sixty (60) days of the date of the ABD that you are appealing.

- You may authorize another person, including your provider, to represent you during the appeal process.

- We will write to you to let you know that we received your standard appeal.
- You have the right to present evidence in person or in writing that supports or relates to your appeal.
- You also have the right to look at your case file and any other records that are important to your appeal before and during the appeal process.
- We will review your standard appeal and write to you to let you know our decision. We will let you know our decision within thirty (30) calendar days from the date your standard appeal was filed.
- The standard appeal process may last longer than thirty (30) calendar days if you request an extension, or if we decide that we need more information and that the extension is in your best interest. This extension can only last up to fourteen (14) calendar days. We will let you know if we extend the process.
- Our written decision to you will include information about your right to file for a State Fair Hearing and how to do so. It will also include information about how, in certain situations, to keep your current services while you are waiting for the hearing.

Medi-Cal Beneficiaries: If you have completed the LCBH problem resolution process and are not completely satisfied with our decision(s), you have a right to file for a state fair hearing. Instructions can be found in your Beneficiary Guide to Medi-Cal Mental Health Services.

Expedited Appeal Process (regarding ABDs)

You have the right to file an expedited appeal to request a review of an ABD. Expedited appeals are considered necessary ONLY if using the standard appeal process could jeopardize your life, health, or ability to achieve, keep, or regain your maximum life functions. You can file an expedited appeal either verbally or in writing.

- You may authorize another person, including your provider, to represent you during the appeal process.
- We will write to you to let you know that your request for an expedited appeal has been received.
- We will then review your request for an expedited appeal. If we deny your request for an expedited appeal, the appeal will be changed into a standard appeal and will follow the standard appeal process. We will make reasonable efforts to let you know as soon as possible if we deny your request for an expedited appeal. We will also send you written notice, within two (2) calendar days of the date that we received your request.
- If we decide that your request for an expedited appeal is valid, you will have the right to present evidence in person or in writing that supports or relates to your expedited appeal.
- You also have the right to look at your case file and any other records that are important to your expedited appeal before and during the expedited appeal process.