

During COVID-19 the timeframe for filling a State hearing has been extended an extra 120 days.

CONTINUATION OF SERVICES WHILE THE APPEAL OR STATE FAIR HEARING ARE PENDING

A beneficiary can file for continuation of services if the beneficiary files a timely appeal; the appeal involves termination, suspension, or reduction of previously authorized services; the services were ordered by an authorized provider; the period covered by the original authorization has not expired; and on or before the later of the following:

- 1) within 10 calendar days of ICBHS sending the notice of adverse benefit determination;
- 2) 2) the intended effective date of ICBHS' proposed adverse benefit determination.

The beneficiary may be liable for the cost of the continued services if the adverse benefit determination is upheld at the hearing.

HOW CAN I REQUEST A CHANGE OF PRACTITIONER?

If you are dissatisfied with your current provider, (Psychiatrist/PA/NP, Case Manager, Therapist or Nurse) you have the right to request a change of practitioner/provider. You must complete and submit a Request for Change of Practitioner form.

You will be provided a decision within 10 working days.

HOW CAN I REQUEST A SECOND OPINION

- You may request a second opinion if you are a Medi-Cal client and you were denied services during your Initial Intake Assessment due to the absence of medical necessity.
- You may file a request for a second opinion by completing a Request for Second Opinion form. You will be provided with a decision within 15 working days.

BENEFICIARY PROTECTION FORMS AND SELF ADDRESSED ENVELOPES

Grievance, Appeal, Request for Change of Practitioner, Second Opinion forms and self addressed envelopes to the Quality Management Unit are available at every clinic/program's waiting room. These forms can be turned in at the clinic/program or mailed in the self addressed envelopes.

YOUR RIGHTS DURING THE PROCESS

- To be free from discrimination or penalty because of filing a grievance, appeal, state fair hearing, request for change of practitioner or request for second opinion.
- To have your confidentiality protected by the law.

- To be treated with dignity and respect.
- To authorize another person or a provider to act on your behalf, with written consent.
- To have a support person attend meetings with you, as you go Through the process, with written consent.

For information or assistance in filing, a grievance, appeal, state fair hearing, request for change of practitioner and request for second opinion, or to obtain information regarding the status of a pending grievance, appeal or state fair hearing you can contact:

Patients' Rights Advocate
1(442) 265-1561 or 1-800-817-5292

Leticia Plancarte-Garcia
Director

Imperial County Behavioral
Health Services
202 N. Eighth Street
El Centro, California 92243
1 (800) 817-5292

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Beneficiary Protection Processes

A Client's Guide

Imperial County Behavioral Health Services

1(442) 265-1525 or 1(800) 817-5292

This brochure is available in Spanish and in large print, you can ask the receptionist for a copy.

Este folleto esta disponible en Español y en letra grande, si desea una copia pídasela a la recepcionista.

Beneficiaries who are dissatisfied with any Mental Health, MHSA or Substance Use Disorder services may file a grievance or an appeal. You may also file a grievance related to the MHSA community planning process, consistency between approved MHSA plans and program implementation. You have the right to authorize a person or your provider as your representative to act on your behalf during the grievance, appeal or State fair hearing processes. You will not be subject to any penalty or discrimination for filing a grievance, an appeal or a State Fair Hearing.

WAYS TO RESOLVE YOUR PROBLEM or CONCERN

If you have a problem with your services, the easiest way to resolve things is to speak directly with the program supervisor who will assist you in filing your grievance.

You have the right to use the Imperial County Behavioral Health's (ICBHS) Grievance and Appeal Process to help solve your service problem.

ICBHS staff can assist you in completing a grievance or appeal form at any ICBHS or Substance Use Disorder clinic or Program, upon request. You may also contact the Patients' Rights Advocate at 1-800-817-5292 to receive assistance.

WHAT ARE GRIEVANCES?

Grievances are any oral or written expressions of dissatisfaction with any matter other than an adverse benefit determination. Grievances are not limited to dissatisfaction with services or quality of care, or if you feel your rights are being denied. You can file a grievance at any time, orally or in writing. A grievance may also be filed to dispute an extension of time proposed by ICBHS to make an authorization decision.

WHAT ARE APPEALS?

Medi-Cal beneficiaries have the right to file a standard appeal or an expedited appeal orally, or in writing to review an adverse benefit determination. A beneficiary has 60 calendar days from the date on the notice of adverse benefit determination (NOABD) or Notice of Action (NOA) to file a request for an appeal.

An appeal may be filed to request a review of any of the following adverse benefit determinations:

- denial or limited authorization of a requested service, type or level of service, medical necessity, appropriateness, setting, or effectiveness of covered benefit;
- reduction, suspension, or termination of previously authorized services;
- the denial, in whole or in part, of

- (cont.) payment for a service;
- failure to provide services in a timely manner according to ICBHS guidelines;
- failure of ICBHS to act within the timeframes provided for resolution of grievances and appeals;
- denial of a beneficiary's request to dispute a financial liability.

You can file an expedited appeal when taking the time for a standard appeal resolution could seriously jeopardize the beneficiary's life, physical or mental health or ability to attain, maintain, or regain maximum function.

If ICBHS denies a request for expedited resolution of an appeal, the appeal will be handled as a standard appeal, utilizing the standard appeal timeframes.

You can file an appeal whether or not you were given a Notice of Adverse Benefit Determination (NOABD/NOA).

HOW CAN I FILE A GRIEVANCE OR AN APPEAL?

- Orally—by phone or in person at any time.
- In writing—fill out the Grievance or Appeal form and turn it in or send it by mail, at any time.
- Oral Standard Appeals must also be followed up in writing.
- Oral Expedited Appeals do not need to be followed up in writing.

You will be provided a decision for a:

- Grievance — within ninety (90) calendar days of receipt by ICBHS.
- Standard Appeal — within thirty (30) calendar days of receipt by ICBHS.
- Expedited Appeal—within 72 hours of receipt by ICBHS.

The decision timeframe for a grievance, standard appeal or expedited appeal may be extended by up to 14 calendar days if you requested the extension or if ICBHS determines that there is need for additional information and the delay is in your interest.

HOW CAN I FILE A STATE FAIR HEARING?

If you are a Medi-Cal client you can file a state fair hearing: 1) after you have completed the appeal process and you received notice that ICBHS is upholding the adverse benefit determination; 2) if ICBHS fails to respond to your grievance within the required timeframe; or 3) when ICBHS fails to provide a notice or a response to a beneficiary's appeal at which time the beneficiary is deemed to have exhausted the appeal process and may file a state hearing.

A beneficiary must request a State fair hearing within 120 days from the date on the MHP's appeal decision.