Member Grievance and Appeal Form and Process Information

Today's Date: _____ ☐ Grievance ☐ Appeal ☐ Expedited Appeal

Name of Member: _____ Birthdate: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Email: _____

Name of legal guardian/conservator: _____

Name of services provider: _____

Person filing: _____ Phone: _____

Do you have Medi-Cal? Y ☐ N ☐

Optional: I authorize the following person to act on my behalf in pursuing this grievance or appeal*

Name: _____ Relationship to Member: _____

** Authorization for Release of Protected Health Information (ROI Authorization Form via SmartCare) required.* **PLEASE PRINT CLEARLY. BE SPECIFIC BY GIVING NAMES, DATES, AND TIMES WHENEVER POSSIBLE. (Attach additional sheets if needed)**

1. Please describe the issue.

2. Please explain how you have tried to resolve the issue.

3. What would you consider to be a proper solution to this issue?

Return completed form to the receptionist or mail to:

Email: DHS-MH-7895-Grievanc@sonomacounty.gov

Phone: (707) 565-7895 or 1-800-870-8786 or **TTY: 711**

BHD Grievance Coordinator
2227 Capricorn Way
Santa Rosa, CA 95407-5419

Staff Use Only:

☐ Exempt: Grievance resolved by end of the next business day following the date of receipt.

☐ Non-Exempt: Grievance not resolved by end of the next business day following the date of receipt.

NOTE: Immediately forward all Exempt and Non-Exempt Grievances to Grievance Coordinator.

SONOMA COUNTY BEHAVIORAL HEALTH DIVISION

Sonoma County Behavioral Health Division (BHD) is committed to finding solutions to the issues you may encounter when receiving behavioral health services. BHD will not discriminate against, or treat unfairly any person who files a grievance, appeal, or expedited appeal.

Grievances and appeals can be filed verbally, or in writing to the Grievance Coordinator. Individuals who choose to file a grievance will have the opportunity to present information at any time during the resolution process.

Anyone can file a grievance, but appeals and expedited appeals are only available to BHD Medi-Cal members.

For questions or assistance with filing a grievance or an appeal, please call:

BHD Grievance Coordinator:

Phone: 707-565-7895 or 1-800-870-8786
TTY: 711

FILING A GRIEVANCE

A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Members may file a grievance at any time, and a member's provider or authorized representative may file a grievance on behalf of the member at any time.

Grievance filers are encouraged (but not required) to discuss their grievance with BHD staff or an agency representative. If after speaking with staff the grievance filer remains unsatisfied with the provided resolution, they have the right to pursue the unresolved grievance with the BHD Grievance Coordinator.

If the grievance remains unresolved by the end of the following business day, the Grievance Coordinator will send an acknowledgement letter to the grievance filer within **5 calendar days** from the date of the grievance initiation.

FILING A GRIEVANCE (continued)

Within **30 calendar days**, BHD will review and investigate the grievance, and a written Notice of Grievance Resolution (NGR) will be provided to the grievance filer, or their authorized representative.

APPEALING A NOTICE OF ADVERSE BENEFIT DETERMINATION

BHD Medi-Cal members, providers, or an authorized representative have the right to file an appeal in response to a Notice of Adverse Benefit Determination (NOABD). The appeal must be filed within **60 calendar days** of the issuance.

NOABDs are issued when BHD does any of the following: denies, reduces, suspends or terminates services; denies payments for services; fails to provide services in a timely manner; fails to resolve grievances/appeals in a timely manner; or denies a member's request to dispute financial liability.

Appeals can be filed verbally or in writing.

A written acknowledgment of the appeal will be sent to the member within **5 calendar days** of receipt.

The appeal will be reviewed, and a written Notice of Appeal Resolution (NAR) will be provided to the member within **30 calendar days** of the appeal receipt.

Expedited Appeal:

An expedited appeal may be requested if the member or their provider decides that a standard appeal could seriously jeopardize the member's life, health, or the ability to attain, maintain, or regain maximum functioning.

A request for an expedited appeal can be filed verbally or in writing. The expedited appeal will be reviewed, and a written response will be provided to the member no later than **72 hours** after receipt.

*Written consent from the member is required for others to file an appeal on the member's behalf.

FILING A STATE HEARING	NOTICE TO MEMBERS
BHD Medi-Cal members have the right to request a State Hearing. Members must exhaust the BHD appeal process prior to requesting a State Hearing. Members, providers, or an authorized representative with the member's written consent may request a State Hearing in response to receiving a NAR concerning the outcome of a NOABD, or if BHD fails to adhere to the issuance time frames for a NOABD or NAR. The member has **120 calendar days** from the NAR date to request a State Hearing. If the member files for a State Hearing within **10 calendar days** of the receipt of a NOABD, under certain circumstances, the existing level of services may be maintained pending the outcome of the hearing. When performing Standard Hearings, the State must reach its decision on the hearing within **90 calendar days** of the date of the request for the hearing. When performing Expedited Hearings, the State must reach its decision on the hearing within **3 working days** of the date of the request for the hearing. To request a State Hearing, contact the California Department of Social Services State Hearings Division in Sacramento. Request a Hearing: (800) 743-8525 (800) 952-8349 TDD	The Board of Behavioral Sciences (BBS) receives and responds to complaints regarding services provided by marriage and family therapists, licensed educational psychologists, clinical social workers, and professional clinical counselors. In addition to filing a grievance with BHD, you may file a complaint directly with the BBS by contacting the board online at: www.bbs.ca.gov or by calling: (916) 574-7830.

Additional information and forms are located at:

https://sonomacounty.ca.gov/Health/Behavioral-Health/Medi-Cal-Informing-Materials/

NONDISCRIMINATION NOTICE

Discrimination is against the law. Sonoma County follows State and Federal civil rights laws. Sonoma County does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Sonoma County provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - ✓ Qualified sign language interpreters
  - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - ✓ Qualified interpreters
  - ✓ Information written in other languages

If you need these services, contact Sonoma County between 8:00 a.m. - 5:00 p.m. by calling 1-707-565-7895. Or, if you cannot hear or speak well, please call 711, or 1-800-735-2929 (TTY). Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form.

HOW TO FILE A GRIEVANCE

If you believe that Sonoma County has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with a Sonoma County Behavioral Health Division (BHD) Grievance Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact a Sonoma County BHD Grievance Coordinator between 8:00 a.m. - 5:00 p.m. by calling 707-565-7895. Or, if you cannot hear or speak well, please call: 711 or 1-800-735-2929 (TTY).
- In writing: Fill out a complaint form, or write a letter and send it to:

  Sonoma County BHD Grievance Coordinator
  2227 Capricorn Way
  Santa Rosa, CA 95407-5419

- In person: Visit your doctor's office or Sonoma County BHD, and say you want to file a grievance.
- Electronically: Visit Sonoma County BHD website at: https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/contractor-resources/medi-cal-informing-materials

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call: **916-440-7370**. If you cannot speak or hear well, please call: **711 (Telecommunications Relay Service).**
- In writing: Fill out a complaint form or send a letter to:

  Department of Health Care Services Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

- Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx.
- Electronically: Send an email to: CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call: **1-800-368-1019.** If you cannot speak or hear well, please call: **TTY/TDD 1-800-537-7697.**
- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

- Complaint forms are available at:

  http://www.hhs.gov/ocr/office/file/index.html

- Electronically: Visit the Office for Civil Rights Complaint Portal at:

  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

sonoma county
DEPARTMENT OF HEALTH SERVICES

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English
ATTENTION: If you need help in your language call 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-870-8786 or 1-707-565-6900 (TTY: 711). These services are free of charge.

العربية (Arabic)
يُرج الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-870-8786 or 1-707-565-6900 (TTY:711) . تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبري. اتصل بـ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). هذه الخدمات مجانية.

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-870-8786 or 1-707-565-6900 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-870-8786 or 1-707-565-6900 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-870-8786 or 1-707-565-6900 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-870-8786 or 1-707-565-6900 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។.

繁體中文 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 1-800-870-8786 or 1-707-565-6900 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-870-8786 or 1-707-565-6900 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)
توجه :اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-870-8786 or 1-707-565-6900 (TTY: 711) تماس بگیرید .کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است .با 1-800-870-8786 or 1-707-565-6900 (TTY: 711) تماس بگیرید .این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-870-8786 or 1-707-565-6900 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-870-8786 or 1-707-565-6900] (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।.

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)
注意日本語での対応が必要な場合は 1-800-870-8786 or 1-707-565-6900 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-870-8786 or 1-707-565-6900 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-870-8786 or 1-707-565-6900 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-870-8786 or 1-707-565-6900 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|.

Русский (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-870-8786 or 1-707-565-6900 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-870-8786 or 1-707-565-6900 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-870-8786 or 1-707-565-6900 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-870-8786 or 1-707-565-6900 (TTY: 711) **นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข** 1-800-870-8786 or 1-707-565-6900 (TTY: 711)
ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้.

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Các dịch vụ này đều miễn phí.