



## **Nevada County Behavioral Health**

### **Adult Services**

500 Crown Point Circle, Suite 120  
Grass Valley, CA 95945  
**Phone: (530) 265-1437**

### **Children's Services**

Brighton Greens Resource Center  
988 McCourtney Road  
Grass Valley, CA 95949  
**Phone: (530) 470-2736**

### **Truckee Adult & Children's Services**

10075 Levon Avenue, Suite 204  
Truckee, CA 96161  
**Phone: (530) 582-7803**

### **Crisis Services**

**1-888-801-1437 or (530) 265-5811**

### **Office Hours**

8:00 am-5:00 pm, Monday-Friday

### **Patients' Rights Advocate**

**(530) 265-1437**

*Rev 06/14/2018*

**Nevada County  
Behavioral Health**  
Mental Health and Substance  
Use Services

# **Client Problem Resolution Guide**



## What is the difference between a Grievance and an Appeal?

As a client of Nevada County Behavioral Health (NCBH), Mental Health Services and Substance Use Services, you have the right to let us know if you are unhappy or dissatisfied with any matter at NCBH. 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, modify, 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 law or NCBH;
- We fail to act within the timeframes for deciding about grievances, standard appeals, or expedited appeals; 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 ABDs 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 530-265-1437; the State Ombudsman Service may be reached at 1-888-452-8609; or by email:

[MMCDOmbudsmanOffice@dhcs.ca.gov](mailto: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 the Universal Language Line for all other languages.

If you are hearing or speech impaired and use TDD, please call 711 for assistance. Written materials are available in alternate formats, such as large print and audio, for persons who are visually impaired.

Language assistance services and alternate formats are available for free.

- We will then review your expedited appeal and notify you orally 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 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 your right to request and receive benefits while the hearing is pending, and how to make the request.

*Medi-Cal Beneficiaries:* If you have completed the NCBH 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 orally 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 ninety (90) calendar days from the date that we received your grievance.
- The grievance process may last longer than ninety (90) 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 ABD. You may file an appeal either orally or in writing. If you request an appeal orally, you will need to give us a signed written appeal after you orally tell us. You must file an appeal within sixty (60) days of the date of services for the action 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 free of charge and sufficiently in advance of the resolution timeframe for appeals.
- 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 that 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 last up to fourteen (14) calendar days. We will let you know within two (2) days if we extend the process.
- Our written decision to you will include information about your right to request a state fair hearing and how to do so. It will also include information about your right to request and receive benefits while the hearing is pending, and how to make the request.

**Medi-Cal Beneficiaries:** If you have completed the NCBH 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 seriously jeopardize your life, physical or mental health, or ability to achieve, keep, or regain your maximum life functions. You can file an expedited appeal either orally 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 appeal before and during the expedited appeal process.