



## NAPA COUNTY

### Health & Human Services Agency

## GRIEVANCE ■ CHANGE OF PROVIDER ■ APPEAL ■ SECOND OPINION

- *Beneficiaries who are dissatisfied with their mental health services may file a **Grievance**.*
- *Beneficiaries may request a **Change of Provider** for any reason.*
- *Beneficiaries may **Appeal** decisions to reduce or terminate services.*
- *Beneficiaries may request a **Second Opinion** of a denial that they do not meet criteria for specialty mental health services.*

Beneficiaries are encouraged to discuss issues regarding their mental health services directly with their provider. However, beneficiaries may file a grievance at any time without having to discuss the issue with their provider first.

Beneficiaries may contact the following offices where staff can assist them in resolving complaints.

- **Patient's Rights Advocate:** 1-(800) 970-5816 (*not a direct county employee*).
- **MH Quality Coordinator:** (707) 299-1968

### GRIEVANCES

Beneficiaries may file a written or oral grievance at any time regarding their mental health services, for problems other than denial, reduction, or termination of their mental health services. (See "appeals" for problem resolution information that applies to denial, reduction, or termination of mental health services). To file a grievance contact: **Quality Coordinator, Mental Health Division, 2751 Napa Valley Corporate Drive, Building A, Napa, CA 94558. (707 299-1968)**

Grievance forms and self-addressed envelopes are available for beneficiaries to pick up at all Mental Health provider sites. You should be able to locate the forms without having to make a verbal or written request. Your Patient's Rights Advocate or any other person you choose may assist you with filing your Grievance.

Your current Napa County Mental Health Services will NOT be adversely affected in any way by filing a grievance.

### CHANGE OF PROVIDER

If you receive services from a Mental Health Services clinic, *Request for Change of Provider* forms are located near in the Reception Area at the Clinic. If your provider is a community provider, you can call the **Access Unit** at **(707) 259-8151**, or toll-free at **1-(800) 648-8650** for 24-hour/day assistance in requesting a change.

### APPEALS and SECOND OPINIONS

Medi-Cal beneficiaries who have experienced a denial, reduction, or termination of their mental health services have a right request an appeal or a second opinion. Forms and details are available in Reception Areas or may be initiated by calling **(707) 299-1968**. There is only one level of appeal.

### EXPEDITED APPEALS

You may request an expedited appeal if you believe that a delay would cause serious problems with your mental health, including problems with your ability to gain, maintain, or regain important life functions. This appeal must be decided within three (3) working days. If the Plan determines a delay would not cause you serious problems, your appeal will be resolved within forty-five (45) days.

### STATE FAIR HEARINGS

Medi-Cal beneficiaries who have experienced a denial, reduction, or termination of their services have a right to request a State Fair Hearing if unhappy with the outcome of their appeal. Contact the Patient's Rights Advocate for assistance in filing for a State Fair Hearing, or you may call the **State Fair Hearing Office** at **1-(800) 952-5253 (Fax: (916) 229-4110), TTY/TDD 1-800-952-8349**



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## **MENTAL HEALTH BENEFICIARY RIGHTS**

### **BENEFICIARIES OF NAPA COUNTY MENTAL HEALTH PLAN ARE ENTITLED TO:**

- Be treated with respect and with consideration for their dignity and privacy.
- Services provided in a safe environment.
- Receive information on available treatment options and alternatives.
- Participate in planning their treatment and refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request access to their medical records and the ability to request that they be amended or corrected.
- Confidential care and record keeping.
- Informed consent to treatment and to prescribed medication(s), including potential side effects.
- Register a complaint and/or file a grievance regarding services.
- Medi-Cal beneficiaries may file an appeal or request for a State Fair Hearing upon receipt of a Notice of Adverse Benefit Determination (NOABD) stating that the services are being denied, reduced, or terminated.
- Authorize a person to act on their behalf during the complaint, grievance, or State Fair Hearing process.
- Request a change of therapist, a second opinion, or a change in level of care.
- Receive information in a manner and format that may be easily understood in accordance with Title 42, CFR Section 438.10
- Request and receive a copy of their medical records, and to request that they be amended or corrected, as specified in the Agency's HIPAA Policy and Procedure and in Title 45, CFR Sections 164.524 and 164.526
- Have access to indicated and appropriate health care services (in accordance with CFR, Title 42, Section 438.206-210).