Napa County Health and Human Services
Quality Coordinator, Mental Health Division
2751 Napa Valley Corporate Drive, Building A, Napa, CA 94558

Mental Health Grievance Form for Beneficiaries (Please follow the instructions on page 3)

Grievance (Select one): ☐ **Written** ☐ **Oral** * (Please fill out **Grievance Submitted by** section below.)
BENEFICIARY INFORMATION (All fields must be completed.) Please Print or Write Clearly.
DATE: _____

Last Name:	First Name:	Day Phone:
Street Address:		
City:		Zip Code:

PERSONAL REPRESENTATIVE INFORMATION (Person you designate to provide and receive information on your behalf): (If you do **not** wish to select a personal representative leave name and address information below blank.)

Last Name of Representative:	First Name of Representative:	Representative's Day Phone:
Representative's Street Address:		
City:		Zip Code:

The Beneficiary's signature gives permission for the release of information to personal representative about this grievance.

Signature:_____ Date: _____

PROBLEM DESCRIPTION (Check all that apply)

☐ Accessibility ☐ Confidentiality ☐ Medication issues ☐ Safety
☐ Appointment ☐ Dissatisfaction with provider ☐ Quality of Care
☐ Other_____

DESCRIBE YOUR CONCERN. Be specific by including names, dates, and time whenever possible. (Attach additional sheets if necessary.) If taken orally by staff, be thorough in gathering information for clarity.

HOW WOULD YOU LIKE TO SEE YOUR CONCERN ADDRESSED? During the investigation of your concern, staff named in your grievance will be told that the grievance has been filed.

WHAT, IF ANYTHING, HAS BEEN DONE TO RESOLVE YOUR CONCERN?

***GRIEVANCE SUBMITTED BY: _____**

Phone Number: _____
(If other than beneficiary, list submitter's name and relationship to beneficiary)

NAPA COUNTY
Health & Human Services Agency

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Instructions To Beneficiaries For Mental Health Grievance Form

What is a grievance? Sometimes people are not satisfied with the services they receive. If you experience problems with your services and you feel strongly that something needs to be done, you have the right to file a grievance. Filing a grievance will not be used against you. All you need to do is complete this form, have someone help you complete this form, or tell a staff member about your grievance and they will complete the form for you.

Does your concern involve?

- ☐ Denial or limitation of service
- ☐ Reduction, suspension, or termination of a previously authorized service
- ☐ Denial of payment for service
- ☐ Failure to provide services in a timely manner
- ☐ Failure to act within a timely manner in the grievance process

If you have marked any of the boxes above, *your concern is not a grievance* and you will need to complete a Mental Health Appeal Form. You may pick up a Mental Health Appeal form at any of the offices where you receive **mental health** services or you may request that a form be sent to you by contacting Mental Health Access at (800) 648-8650**.**

What is a personal representative? You can identify someone who can help you and represent you in submitting and/or receiving information regarding your grievance. If you wish to do this, you will need to fill out the information in the **Personal Representative section** on the front of this form. Unless your designated representative already has legal responsibility to act on your behalf (for example your parent(s) or your Conservator) you will need to provide your signature, with the date in this section in order to give your permission for us to discuss this grievance with your personal representative.

What happens after I file my grievance? Your grievance will be sent to Napa County Mental Health Quality Coordinator., who is in charge of handling grievances. You will be sent a letter within 5 calendar days of receiving your grievance, acknowledging receipt. Review of your grievance will be done by people who are not involved in any previous level of review or decision-making with you.

How long will it take? The County cannot exceed 90 calendar days to review and make a decision about your grievance. In some cases, that time may be extended by an additional 14 days. You will be sent a letter regarding the decision made with your grievance.

What if I disagree with the decision? If you are dissatisfied with the resolution of your grievance, you may file another grievance with the Napa County Mental Health Plan. If the Plan does not help you to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609.

What if the County doesn't contact me within the 90-days? Because the County has not acted in a timely manner regarding your grievance, you will be sent a NOABD (Notice Of Adverse Benefit Determination form. The NOABD form will provide you with information on additional rights you may have as a result of the delay.

IMPORTANT INFORMATION YOU SHOULD KNOW

If you need assistance in completing this form, you may authorize another person to act on your behalf or:

- You may call Mental Health Access at (800) 648-8650.
- You may contact the Napa County Office of Patient's Rights to assist you. You can reach the Patient's Rights Advocate by calling (707) 501-3298.
- You may call the California Department of Health Care Services (DHCS) Office of the Ombudsman at (888) 452-8609.

In addition to this form, you may submit written materials and present additional clinical or medical evidence in support of your position. Beneficiaries and families will not be subject to any manner of discrimination, penalty, sanction or restriction for exercising their grievance and appeal rights.

Once you have completed the Grievance Form, it must be immediately mailed to the Quality Coordinator, Mental Health Division, 2751 Napa Valley Corporate Drive, Building A, Napa, CA 94558. Prepaid and pre-addressed envelopes are available. You may also deliver your grievance in person to the Mental Health Division at 2751 Napa Valley Corporate Drive, Building A or fax it to the Mental Health Quality Coordinator at 707 299-2199. Call the Quality Coordinator at (707) 299-1968 if you have questions.