SACRAMENTO COUNTY MENTAL HEALTH PLAN
MEMBERS' PROBLEM RESOLUTION PROCESS

Sacramento County Mental Health Plan (MHP) encourages the resolution of problems at the least formal level possible. The member will not be subject to any penalty or discrimination for filing a grievance, appeal or for requesting a State Fair Hearing. A member may authorize a person of their choice to act in his/her behalf at any time. A member or the member's representative may take the following steps to resolve areas of concern:

Grievance

A grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination.

- The member may submit a grievance orally or in writing to Member Services
- The member will receive a written resolution within 90 calendar days.

Standard Appeal

An Appeal is a request to review an Adverse Benefit Determination. An Adverse Benefit Determination occurs when the MHP denies, reduces, suspends or terminates previously authorized services; denies payment for a service; fails to provide services in a timely manner; or fails to act within the timeframes for the disposition of grievances, standard appeals, or expedited appeals, or denies a request to dispute a financial liability.

- The member may submit an appeal orally or in writing. Oral appeals must be followed up with a written, signed appeal.
- An appeal must be filed within 60 calendar days of the date of the Adverse Benefit Determination.
- The member will receive a written resolution within 30 calendar days.

Expedited Appeal

This Appeal is filed when the member's life, health, or ability to have or maintain maximum function is at risk.

- The member will receive a written resolution within 72 hours.
- If the expedited appeal is denied, a written notice will be sent to the member and the standard appeal process will begin.

State Fair Hearing

If you are a Medi-Cal beneficiary, you have the right to file for a State Fair Hearing. The member must exhaust the problem resolution **Appeal** process prior to filing for a State Fair Hearing. The concerns within the jurisdiction of the Administrative Law Judge are those related to an Adverse Benefit Determination.

Notice

Grievance forms, Standard Appeal forms, or Expedited Appeal forms are available at all provider sites or can be obtained by contacting Member Services. *****

The member will be notified in writing that Member Services received his/her grievance or appeal. *

The member may submit additional information to support a claim either in writing or in person. For the convenience of the beneficiary, scheduling an appointment with Member Services***** is highly recommended.

The member may receive assistance in filing a grievance, appeal, or a State Fair Hearing from:

- **Member Services: (916) 875-6069 Toll Free Number 1-888-881-4881 TDD 711**
  Patient Rights Advocate: (916) 333-3800

Interpreter services and telephone device assistance services are available free of charge.

Sacramento County Mental Health Plan Quality Management – Member Services
7001 East Parkway, Suite 500, Sacramento, Ca 95823