

Grievance and Appeal

We want to know if you are dissatisfied about the quality of your care or if you have concerns about your services being denied, reduced, or terminated. There is a process to examine your complaint. We want to work with you to resolve it.

You can ask a friend, relative, or anyone you choose to act as an authorized representative on your behalf. If you designate someone else to represent you, we will need your written authorization before we are able to speak with them about your situation.

Grievance

You may file a grievance whenever you are dissatisfied with the services provided by the Behavioral Health Plan (BHP). There are several ways to file a grievance:

- You may use a Grievance/Appeal Form and self-addressed envelope available to you at this location or online at **www.ocalthinfo.com/dmc-ods**.
- You may call **(866) 308-3074** or **TDD (866) 308-3073** and speak with a person who will accept and submit your grievance.
- You may tell the treatment provider (either the staff or the facility's representative) that you would like to submit a grievance, and they will complete a Grievance/Appeal form with you and submit it for you.

Appeal

If you are a Medi-Cal member, some services need to be pre-authorized by your health plan before you receive them. When your behavioral health provider thinks you need ongoing services, but the health plan denies, reduces, delays or terminates any of your pre-authorized services, you may request a review of this action. This process is called an appeal. If you are denied services because the health plan determines the services are not medically necessary, you may request a review of this action. This process is also called an appeal. There are three ways to file an appeal.

You may request an expedited appeal, which must be decided within 72 hours, if you believe that a delay would cause serious problems with your behavioral health including problems with your ability to gain, maintain or regain important life functions.

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- You may call **(866) 308-3074** or **TDD (866) 308-3073** and speak with a person who will accept and submit your appeal.
- You may tell the treatment provider (either the staff or the facility's representative) that you would like to submit an appeal, and they will complete a Grievance/Appeal form with you and submit it for you.

State Fair Hearing

If you are a Medi-Cal member, and the health plan denies, reduces, delays or terminates any of your pre-authorized services, you may ask for a State Fair Hearing. There are three ways that you can start this process:

- Complete the Request for a State Fair Hearing form online at the State's website
<https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx>.
- If you received a Notice of Adverse Benefit Determination form, you will find instruction and the "Request for a State Fair Hearing" form attached to the packet.
- You can call the State of California directly at (800) 952-5253 or TTD (800) 952-8349.

If you have a concern, please talk with the Service Chief or Program Director to determine if the issue can be resolved to your satisfaction. If you prefer to file your concern as a grievance, you may submit it on one of the forms at this location, or you may contact the location's Provider Representative to assist you in filing the grievance.

This location's Provider Representative is:

**Telephone
Number is:**