

The Mental Health Plan (MHP) provides Mental Health Services to Medi-Cal eligible children and adults.

### **Advocates**

The following resources are available for assistance in completing forms and resolving a Grievance, Appeal, and State Fair Hearing:

**Patient Rights 1-866-523-7128**

**Problem Resolution Line 1-800-459-9914**

A beneficiary can designate a representative to act on his/her behalf at anytime during the Grievance, Appeal, or State Fair Hearing process.

**Your MHP services will NOT be affected in any way by filing a Grievance, Appeal or requesting a State Fair Hearing.**

### **Grievance**

A Grievance is an expression of dissatisfaction about any matter other than an Action.

A Grievance can be filed by calling the Problem Resolution Line or a Patient's Rights Advocate or by completing a Grievance Form.

- The beneficiary will receive a written acknowledgement that the Grievance was received by the Problem Resolution Coordinator.
- The beneficiary will receive a written resolution within ninety (90) calendar days\*.

\*A 14-day extension may be granted under certain circumstances.

### **Standard Appeal**

An Appeal is a request to review an Action. An Action 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\*.

- The beneficiary may submit an appeal orally or in writing. Oral appeals must be followed up with a written, signed appeal.
- The beneficiary will receive a written acknowledgment that the Problem Resolution Coordinator received the appeal.
- An appeal must be filed within 90 days of the date of the Action.
- The beneficiary will receive a written resolution within 30 (thirty) days\*.

### **Expedited Appeal**

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

- The beneficiary will receive a written resolution within three (3) working days\*.
- If the expedited appeal is denied, a written notice will be sent to the beneficiary and the standard appeal process will begin.

### **Suggestions**

Beneficiary suggestions are important in providing quality, effective services. Beneficiaries' suggestions are welcome and can be given directly to a mental health staff or an advocate, or placed in the mail.

### **Compliments**

Please share with providers what they are doing well.

### **State Fair Hearings**

If you are a Medi-Cal beneficiary, you have the right to file for a State Fair Hearing. You are required to exhaust the MHP's problem resolution process for Appeals before filing for a State Fair Hearing.

The Administrative Law Judge who resides over the Hearing only has authority over those issues related to an Action. The decision will be final.

To file a State Fair Hearing send your request to:

**State Hearings Division  
California Department of  
Social Services  
P.O. Box 944243, Mail Station 19-37  
Sacramento, CA 94244-2430**

Another way to ask for a hearing is to call Toll Free: 1-800-952-5253. If you are deaf and use TTY, call 1-866-660-4288.

### **Forms**

Grievance and Appeal forms are available at all provider sites or can be obtained by calling 1-800-459-9914.

The completed form is mailed to the following address:

**Solano County Mental Health Plan  
Quality Improvement Unit  
275 Beck Ave., MS 5-250  
Fairfield, CA 94533**

## **BENEFICIARY RIGHTS**

Solano County Mental Health Plan (MHP)  
members are entitled to:

- Respectful treatment by all mental health staff
- Service provided in a safe environment
- Informed consent to treatment and informed consent to prescribed medications and options available
- Protection of personal health information
- Participate in treatment planning
- Request a change in the level of care, change of therapist, or a second opinion at no cost
- Consideration of a problem or concern about services by the staff person or agency providing care
- File a Grievance regarding services
- File for a State Fair Hearing following an Action
- File an Appeal regarding an Action
- Delegate a person to act on their behalf during the Grievance, Appeal or State Fair Hearing process
- Culturally sensitive services
- Use of an interpreter at no cost
- Request and receive a copy of his/her medical records, and request they be amended or corrected, unless precluded by other laws
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation

## **Patient Rights Advocate**

**Toll Free Number 1-866-523-7128**

## **Solano County Mental Health Plan Quality Improvement Unit Problem Resolution Coordinator**

**Toll Free Number 1-800-459-9914**



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## **Solano County Mental Health Plan**

# **Beneficiary Rights & Problem Resolution Guide**

Solano MHP complies with applicable Federal  
civil rights laws and does not discriminate on the  
basis of race, color, national origin, age,  
disability, or sex