



# Consumer Request Form

You may submit your request by mailing or faxing this form to the Patient's Rights Advocate or you can telephone your request. Upon receipt of your request you will be sent a written confirmation. Services in place at the time of the request will continue through to resolution.

**YOUR REQUEST WILL NOT BE HELD AGAINST YOU IN ANY WAY.**

## Send To:

Patients Rights, Behavioral Health Services  
2178 Johnson Avenue  
San Luis Obispo CA 93401  
Ph.: 805-781-4738  
Fax: 805-781-1232

## Complaints

Complaints are referred to the appropriate supervisor and handled at that level. Complaints may be submitted by anyone.

## 2nd Opinion

If you have received a Notice of Action (NOA-A) stating that you do not meet Medical Necessity for treatment you may ask for a second opinion. You will be notified whether you will have another face to face evaluation or whether the second opinion will be made from materials already gathered.

## Change of Provider/Clinician

You may request a change in doctor, therapist, case manager or clinic at any time. Your request will be handled quickly.

## Grievances\*

If you are dissatisfied about any of the services received, you may file a grievance. Within one working day the Grievance Coordinator acknowledges receipt in writing to you. The matter will be resolved within 60 calendar days from the date the Grievance is filed. There may be a 14-day extension given if you request it or if the Mental Health Plan determines that there is a need for additional information and that the delay is in your interest. You are informed in writing of any extensions. If the grievance regards a clinical issue, the decision maker must also be a healthcare professional with the appropriate clinical expertise in treating your condition. If the grievance is not a clinical issue appropriate staff are designated to render a decision. In either case, the Mental Health Plan notifies you and the provider in writing of the decision. This notification ends the Grievance Process. If you are not satisfied with the Grievance decision, you may apply for a Standard Appeal (or an Expedited Appeal if appropriate).

\*Medi-Cal Recipients Only

You may authorize another person to act on your behalf, including the Mental Health care provider. You may authorize a representative in the grievance process. This representative can be authorized to provide information regarding the status of a your grievance.

## Standard Appeal\*

Appeals are a request for a review of an MHP Action (any denial, limitation, reduction, or suspension of services, failures of Mental Health to provide services in a timely manner or act on Grievances or Appeals within established time frames).

Appeal must be filed within 90 days from the receipt of the Notice of Action or 90 days from the date the Notice of Action was mailed. Appeals are typically resolved within 45 days.

## Expedited Appeal\*

Choose this if a Standard Appeal time frame would place you at risk. Expedited Appeals are typically resolved within 3 days, a 14 day extension may be put in place.

## State Fair Hearing

*If at the conclusion of your Appeal you are dissatisfied you may request a State Fair Hearing. You will be instructed how to do that in the letter you get telling you about the decision on your Appeal.*