

Policy:

San Luis Obispo County's Behavioral Health Department's Mental Health Services has a system for community members and stakeholders to resolve concerns or grievances regarding the activities of the Mental Health Services Act (MHSA).

Mental Health Services is committed to:

- Addressing MHSA-related issues and concerns in an expedient and appropriate manner.
- Providing several avenues to file an issue, complaint or grievance.
- Ensuring assistance is available, if needed, for the community member to file their issue.
- Honoring the Issue Filer's confidentiality.

Types of MHSA Issues to be resolved in this process are:

- Appropriate of use of MHSA funds
- Inconsistency between approved MHSA Plan and implementation
- San Luis Obispo County Community Program Planning Processes
- Access to MHSA Programs

The State requires that the local issue resolution process be exhausted before accessing State entities [including Department of Health Care Services (DHCS), the Mental Health Services Oversight and Accountability Commission (MHSOAC)) or California Mental Health Planning Council (CMHPC)] to seek issue resolution or to file a complaint or grievance. San Luis Obispo County Behavioral Health Department's Mental Health Services provides this issue resolution process for filing and resolving issues related to MHSA services, community program planning processes, and consistency between program implementation and approved plans.

Reference:

- 1) CCR, Title 9, Chapter 14, Section 529 (Mental Health Board Composition)
- 2) AB100

Procedures

This procedure supplements the current beneficiary *Grievance Process* Policy and Procedure, which provides detailed guidelines for filing grievances and appeals regarding services, treatment, and care. This policy provides a process for addressing issues, complaints and grievances about the County's MHSA planning process and subsequent activities.

If any community member or stakeholder (including consumers/family members, providers, or members of the general public) is dissatisfied with any MHSA activity or process, the individual may file a grievance at any point with the Grievance Coordinator or the MHSA Division Manager.

1. Issues are forwarded to the Grievance Coordinator (i.e. Patient's Rights Advocate), either orally or in writing, by completing a Consumer Request Form (See Attachment A) or in a letter.
2. Within one (1) working day of the Grievance Coordinator's receipt of the grievance, the Grievance Coordinator determines if the issue is to be addressed through the MHSA Issue Resolution Process or if it

is an issue of service to be addressed by the County Grievance Process. The Grievance Coordinator acknowledges the receipt of the complaint in writing to the filer within two (2) working days.

If the issue is MHSA-related and not regarding service delivery to consumers:

3. The Grievance Coordinator notifies the County's MHSA Coordinator of the issue received. The Grievance Coordinator communicates with the Issue Filer regarding the grievance and informs him/her of the resolution to the grievance within 60 days.

4. The County MHSA Coordinator attempts to resolve the issue, at which point the Grievance Coordinator is informed and directed to provide a response to the Issue Filer within 60 days from filing the grievance.

5. In case the MHSA Coordinator cannot resolve the issue, an ad-hoc panel subcommittee of the Mental Health Board known as the MHSA Issue Resolution Committee (IRC) (including consumers/family members, community members, and other stakeholders) is convened to address the issue. If needed, the IRC conducts a review of the issue and hold interviews or other investigative actions to determine a pathway to resolution. In this case, the 60-day window for a resolution will be extended.

6. Upon completion of review, the IRC issues a committee report to the Behavioral Health Administrator. The report includes a description of the issue, brief explanation of the review, and the IRC's recommendation for the County resolution to the issue.

7. The Grievance Coordinator responds to the Issue Filer of the resolution in writing and provides information regarding the appeal process and State level opportunities for additional resolution, if desired.

8. The Behavioral Health Administrator provides a quarterly MHSA Issue Resolution Report to the Mental Health Board.

Attachment A

Behavioral Health Services

County of San Luis Obispo

Behavioral Health Services

2178 Johnson Avenue
San Luis Obispo CA 93401
Ph: 805-781-4738
Fax: 805-781-1232

Consumer Request Form

Complaint Second Opinion Change Provider Grievance Appeal Expedited Appeal

See other side for full descriptions of categories of request

If you need assistance in completing this form, please contact the Patient's Rights Office at Ph: 805-781-4738

Date: _____

Gender:

Name of Consumer: _____

M F

Address: _____

Phone (Daytime) _____ Phone (Evenings) _____

Medi-Cal Number: _____ Client No: _____
(If Known) (If Known)

Clinic Site/Program _____

Name of person filing this form
If other than consumer: _____

Describe circumstances regarding your request:

Send completed Request form to:
Patients Rights, Behavioral Health Services
2178 Johnson Avenue
San Luis Obispo CA 93401

Signature of Person Completing this Form Date

For Office Use Only Below This Line

Resolution/Action Taken by MH:

Confirmation Sent

Date Resolved

Approved by Behavioral Health Administrator: Karen Baylor, PhD, LMFT
Date: 1/20/2012

<p>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.</p> <p>YOUR REQUEST WILL NOT BE HELD AGAINST YOU IN ANY WAY. Send To: Patients Rights, Behavioral Health Services 2178 Johnson Ave San Luis Obispo CA 93401 Ph: 805-781-4738 Fax: 805-781-1232</p> <p>Complaints Complaints are referred to the appropriate supervisor and handled at that level. Complaints may be submitted by anyone.</p> <p>Second 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.</p>	<p>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.</p> <p>Grievances* If you are dissatisfied with 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</p>	<p>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 your grievance.</p> <p>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.</p> <p>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.</p> <p>State Fair Hearing <i>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.</i></p>
--	---	--