## El Dorado County Behavioral Health

Mental Health Services

# Member Problem Resolution Guide

**Office of Patients' Rights**
The SmithWaters Group
Phone: (800) 970-5816

**Outpatient Clinic and Wellness Center West Slope**
768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619
Phone: (530) 621-6290

**Outpatient Clinic and Wellness Center South Lake Tahoe**
1900 Lake Tahoe Boulevard
South Lake Tahoe, CA 96150
Phone: (530) 573-7970

**24/7 Access Line:** 1-800-929-1955
**TTY:** 711



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## What is the Problem Resolution Process?

As a member of El Dorado County Behavioral Health (EDCBH), you have the right to let us know if you are unhappy with any matter at EDCBH.

For most problems, you may file a grievance**.**

If the problem involves a Notice of Adverse Benefit Determination (NOABD), you have the right to file an appeal.

A NOABD occurs in the following situations:

- We deny or limit a requested service through our service authorization process, including the type or level of service;
- We reduce, suspend, or terminate a service that we previously authorized;
- We deny all or part of payment for a service;
- We fail to provide services to you in a timely manner;
- We fail to act within the time frames when determining standard grievances, standard appeals, or expedited appeals; or
- We deny your request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, and coinsurance.

If you are unhappy with one of the Adverse Benefit Determination's (ABDs), you may appeal the decision through either an appeal or an expedited appeal. If you are unhappy with something other than one of the ABDs listed above, you may file a grievance.

## Grievance Process

- You can file a grievance at any time.
- You have the right to file a grievance either orally or in writing.
- With your written consent, a provider or authorized representative may file a grievance on your behalf.
- We will write to you to let you know that we received your grievance within five days.
- We will review your grievance.
- We will make our decision within 30 calendar days after we receive your grievance.
- We will write to you to let you know our decision.
- The grievance process may last longer than 30 calendar days if you request an extension.
- The grievance process may last longer than 30 calendar days if we decide that we need more information.
    - This extension will be in your best interest.
    - This extension lasts up to 14 calendar days.
    - We will let you know if we extend the process.

## Appeal Process (Regarding NOABDs)

You can file an appeal when EDCBH has made a ABD that you do not agree with.

- You must file an appeal within 60 calendar days of the date of the NOABD that you want to appeal.
- You can file an appeal either orally or in writing.
    - If you request an appeal orally, you must follow up with a written, signed appeal afterward.
- With your written consent, a provider or authorized representative may request an appeal on your behalf.
- We will write to you to let you know that we received your appeal within five days.
- You can give us evidence in person or in writing that supports or relates to your appeal.
- You can look at or get copies of your medical record and other documents that are important to your appeal, for free, any time before our decision deadline.
- We will review your appeal.
- We will make our decision within 30 calendar days after we receive your appeal.
- We will write to you to let you know our decision.
- The appeal process may last longer than 30 calendar days if you request an extension.
- The appeal process may last longer than 30 calendar days if we decide we need more information.
    - This extension will be in your best interest.
    - This extension lasts up to 14 calendar days.
    - We will let you know if we extend the process.
- Our written decision to you will include information about your right to file for a

State Hearing, after you have exhausted the appeals process and are still unhappy with our decision.

- It will include information about how to file for a hearing.
- It will include information about how you may keep your current services while you are waiting for the hearing, in some situations.

## Expedited Appeal Process (Regarding NOABDs)

You can file an expedited appeal to request a faster review of an ABD that you do not agree with.

Expedited appeals are considered necessary ONLY if using the standard appeal process could seriously jeopardize your mental health and/or your ability to attain, maintain, or regain maximum function.

- You must file an expedited appeal within 60 calendar days of the date of the ABD that you want to appeal.
- You can file an expedited appeal either orally or in writing.
- With your written consent, a provider or authorized representative may request an expedited appeal on your behalf.
- We will write to you to let you know that we received your request for an expedited appeal.
- We will review your request for an expedited appeal.
- If we deny your request for an expedited appeal, we will change the expedited appeal into a standard appeal. It will follow the standard appeal process.
- We will make reasonable efforts to let you know as soon as possible if we deny your request for an expedited appeal.
  - We will send you a written notice within two calendar days of the date that we receive your request.

- If we agree with your request for an expedited appeal, we will let you know orally, in person or over the phone.
- You can give us evidence in person or in writing that supports or relates to your expedited appeal.
- You can look at or get copies of your medical record and other documents that are important to your expedited appeal, for free, any time before our decision deadline.
    - Please be aware that because the expedited appeal is a fast process, there is limited time to present your evidence or access your records.
- We will review your expedited appeal.
- We will notify you orally of our decision as soon as possible.
- We will send a written notice to you explaining our decision no later than 72 hours after we received your expedited appeal.
- The expedited appeal process may last longer than 72 hours if you request an extension.
- The expedited appeal process may last longer than 72 hours if we decide that we need more information.
    - This extension will be in your best interest.
    - This extension lasts up to 14 calendar days.
    - We will let you know if we extend the process.

## State Hearing Rights

You may request a State Hearing process if you are not satisfied with our decision in upholding an ABD. With your written consent, a provider or authorized representative may request a State Hearing on your behalf. It is your right to be either self-represented or represented by an authorized third party (including legal counsel, relative, friend, or any other person) in a State Hearing.

To do so, complete the "Request for State Hearing Form" located on the back of the Notice of Action (NAR).

- You may request a State Hearing within 120 calendar days from the date of the NAR upholding the ABD and you have exhausted the appeals process.
- For Standard Resolution, the State must reach its decision on the State Hearing within 90 calendar days of the date of the request for the State Hearing.
- For Expedited Resolution, the State must reach its decision on the State Hearing within three working days of the date of the request for the hearing; appealing a denial of a service that meets the criteria for expedited resolution.

## How do I File a Grievance or an Appeal?

The Grievance and Appeal forms are located in our clinic lobbies and at the wellness centers. They are also posted at the EDCBH website located at https://www.eldoradocounty.ca.gov/Health-Well-Being/Behavioral-Health/El-Dorado-County-Patients-Rights-Office.

Self-addressed envelopes are included with the forms, if you want to send a grievance or appeal by mail.

Please ask EDCBH staff if you do not see the forms and envelopes.

## What if I Need Help With the Process?

At any time during the Problem Resolution process, you may ask a staff person to help you.

You have a right to authorize another person or your legal representative to act on your behalf. This will require your written consent.

For Mental Health services: You can ask The SmithWaters Group, Office of Patients' Rights for help at (800) 970-5816.

You can also call the State Ombudsman Service for help at 1-888-452-8609; or email

them at MMCDOmbudsmanOffice@dhcs.ca.gov

## Confidentiality and Non-Discrimination

We ensure that your grievance and/or appeal is kept confidential.
It will only be discussed with people who are directly involved in the matter.
You will not be discriminated against or penalized for filing a grievance and/or appeal.

## Language Assistance and Alternate Formats

We have English-speaking and Spanish-speaking staff available during normal office hours.

We utilize a language line service for all other languages, at no cost to you.
If you are hearing or speech impaired and use TTY, please call 711 for assistance.
Alternate formats of this information are available, in large print and audio recordings, at no cost to you.

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**English**
ATTENTION: If you need help in your language call 1-800-929-1955 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-929-1955 (TTY: 711). These services are free of charge.

**العربية (Arabic)**
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-929-1955
(TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ 1-800-929-1955
(TTY: 711). هذه الخدمات مجانية.

**Հայերեն (Armenian)**
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-929-1955 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-929-1955 (TTY: 711): Այդ

ծառայություններն անվճար են:

**ខ្មែរ (Cambodian)**
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-929-1955 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំសម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-929-1955 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

**繁體中文 (Chinese)**
请注意：如果您需要以您的母语提供帮助，请致电 1-800-929-1955 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-929-1955 (TTY: 711)。这些服务都是免费的。

**فارسی (Farsi)**
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-929-1955 (TTY: 711) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-929-1955 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

**हिंदी (Hindi)**
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-929-1955 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-929-1955 (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

**Hmoob (Hmong)**
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-929-1955 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-929-1955 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

**日本語 (Japanese)**
注意日本語での対応が必要な場合は 1-800-929-1955 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-929-1955 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

**한국어 (Korean)**
유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-929-1955 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-929-1955 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

**ພາສາລາວ (Laotian)**
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-929-1955 (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ
ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-929-1955 (TTY: 711).
ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

**Mien**
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-929-1955
(TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-929-1955 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

**ਪੰਜਾਬੀ (Punjabi)**
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-929-1955 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ 1-800-929-1955 (TTY: 711).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

**Русский (Russian)**
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-929-1955 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-929-1955 (линия TTY: 711). Такие услуги предоставляются бесплатно.

**Español (Spanish)**
ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-929-1955 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-929-1955 (TTY: 711). Estos servicios son gratuitos.

**Tagalog (Filipino)**
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-929-1955 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print.Tumawag sa 1-800-929-1955 (TTY: 711). Libre ang mga serbisyong ito.

**ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-929-1955 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-929-1955 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

**Українська (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-929-1955 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-929-1955 (TTY: 711). Ці послуги безкоштовні.

**Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-929-1955 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-929-1955 (TTY: 711). Các dịch vụ này đều miễn phí.