Grievance, Appeal, or Expedited Appeal Form

-Return this completed form to the front desk, or you may request a postage-paid envelope to mail the form in to file a grievance, appeal, or expedited appeal-

Date: _____

☐ Grievance ☐ Appeal ☐ Expedited Appeal

Client Information:

Name: _____ Date of Birth: _____

Address: _____

Phone/E-mail: _____

Best way to reach me: _____

My problem or concern is about the following program or provider:

_____

Description of problem or concern (attach additional sheets if necessary): _____

_____

_____

_____

_____

_____

_____

What I would like to have happen: _____

_____

_____

_____

_____

_____

_____

_____

_____

I authorize the following person to act on my behalf:

_____

I understand that treatment, payment, enrollment and eligibility for benefits will not be based on my signing or refusing to sign this authorization.

Signature of client or legal Authorized Representative:

_____ Date: _____

Signature, if not signed by the client or Authorized Representative:

_____ Date: _____

FOR OFFICE USE ONLY

Date received _____ ☐ Grievance ☐ Appeal ☐ Expedited Appeal Oral report received by _____

File Number _____ Acknowledgement letter mailed on _____

Assigned to _____ or Referred to _____

Marin County: Behavioral Health & Recovery Services (BHRS) Grievance

Marin County is committed to finding solutions to the issues you may face when receiving services from BHRS. As a client of BHRS, you are encouraged (but not required) to discuss issues about your services with your provider. If you remain unhappy with the services you receive, you have the right to file a grievance.

You will not be discriminated against or treated unfairly for filing a grievance, appeal, or expedited appeal. Members will continue to receive services during the grievance process.

FILING A GRIEVANCE

Grievances and appeals can be filed verbally or in writing to the BHRS Quality Management Unit. You can also offer additional information at any time during the grievance process. You may use the form in this brochure to file your grievance.

The BHRS Quality Management Unit will send you a letter letting you know that your grievance, appeal, or expedited appeal was received.

For questions or help in filing a grievance or appeal, please call:

Access Line at:
1 (888) 818-1115 or
(415) 473-3068

Information and forms can be found at: https://www.marinhhs.org/behavioral-health-recovery-services

We will review your grievance and provide a written response to you or your authorized representative within **90 calendar** days of receipt.

FILING AN APPEAL

Clients with Medi-Cal have the right to file an appeal if services are denied, modified, terminated, unreasonably delayed, or if BHRS does not act within State-mandated timelines for the resolution of grievances and appeals.

Appeals can be filed verbally or in writing. A verbal appeal must be followed by a written request from you or your authorized representative.

Your appeal will be examined, and a written response will be provided to you or your authorized representative within **45 calendar** days of receipt.

Expedited Appeal:

You or your Authorized Representative has the right to file an expedited appeal. If you or your Authorized Representative decides that a standard appeal could seriously endanger your life, health or ability to attain, maintain, or regain maximum function, an expedited appeal may be requested and granted.

Your expedited appeal will be examined and a written response will be provided to you or your authorized representative no later than **3 business** days after receipt.

Clients with Medi-Cal have the right to request a State Fair Hearing. If you are unhappy with the BHRS response to an appeal or have received a Notice of Action, you may request a State Fair Hearing.

You must file the request within **120 calendar** days of the BHRS decision.

If you file for a State Fair Hearing within **10 calendar** days of receiving the Notice of Action (NOA) your existing level of services may continue while you await the results of the hearing.

To request a State Fair Hearing, contact the State Fair Hearing Division in Sacramento at:
State Hearing Division
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2530
Phone: **1-800-952-5253**

COUNTY OF MARIN

MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

Marin County Health & Human Services: Behavioral Health & Recovery Services (BHRS)

GRIEVANCE/APPEAL PROCESS and FORM

Marin County Behavioral Health & Recovery Services clients have rights, including the right to report issues about the services they receive.

Return completed form to the receptionist, or mail to:

BHRS Quality Management Unit,
20 N. San Pedro Rd., Suite 2022
San Rafael, CA 94903

Phone: (415) 473-3068 or
1-888-818-1115 (toll-free)

Hearing impaired: Dial 711 to speak with the Access Team for assistance.