



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: _____

Office use only Date received _____

Return form to:

County of Marin Department of Health & Human Services
Behavioral Health & Recovery Services- Quality Management Unit
20 N. San Pedro Rd., San Rafael, CA 94903

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 dissatisfied 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

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 within **60 days** of receiving an Adverse Benefit Determination 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 Notice of Appeal Resolution will be provided to you or your authorized representative within **30 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 **72 hours** after receipt.

Medi-Cal beneficiaries have the right to request a State hearing only after appealing an Adverse Benefit Determination and receiving notice that the BHRS is upholding the adverse benefit determination. 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 Appeal Resolution, 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**



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.
San Rafael, CA 94903

Phone:
1-888-818-1115 (toll-free)

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

Updated 3/2018

LANGUAGE ASSISTANCE

English

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (TTY:).

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call (TTY:).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TTY:).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (TTY:).

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (TTY:).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

(TTY:) 번으로 전화해 주십시오.

繁體中文(Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

(TTY:)。

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք (TTY: _____).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните _____ (TTY: _____).

فارسی (Farsi)

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با _____ (TTY: _____) تماس بگیرید.

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
(TTY: _____) まで、お電話にてご連絡ください。

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau _____ (TTY: _____).

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
(TTY: _____) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

(رقم هاتف الصم والبكم: _____) (TTY: _____)

हिंदी (Hindi)

ध्यान दें यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
(TTY: _____) पर कॉल करें

ภาษาไทย (Thai)

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
(TTY: _____).

