



# GRIEVANCE ▪ APPEAL ▪ CHANGE OF PROVIDER

*(To obtain a copy of informing materials in alternate forms,  
please contact the Access Department at 1-888-818-1115.)*

## *What if I Don't Get the Services I Want From My County Mental Health Plan?*

Marin Behavioral Health and Recovery Services (BHRS) members are encouraged to discuss issues regarding their mental health services directly with their provider. However, members may file a written or oral Grievance at any time without having to discuss the issue with their provider first.

Grievance and Appeal forms and self-addressed envelopes are available for beneficiaries at all provider sites. Alternate electronic formats are also available if you have a visual or hearing impairment. A Grievance, Appeal, or Expedited Appeal may also be initiated by calling **toll-free at 1 (888) 818-1115**.

*Your current Marin Behavioral Health and Recovery Services will NOT be adversely affected in any way by filing a Grievance.*

## **GRIEVANCES**

A Grievance is an expression of dissatisfaction about anything regarding your specialty mental health services.

Your Patient's Rights Advocate or any other person you choose may assist you with filing your Grievance. You will receive written notification of receipt of your Grievance, indicating that BHRS will resolve the Grievance within 90 days from the date of filing.

## **APPEALS**

An Appeal is a review by BHRS of an Adverse Benefit Determination. If you request a standard Appeal, BHRS may take up to 30 days to review it.

## **EXPEDITED APPEALS**

If you think that waiting up to 30 days for a standard Appeal decision will jeopardize your life, health, or ability to attain, maintain, or regain maximum function, you may request an expedited Appeal.

## **STATE FAIR HEARINGS**

Medi-Cal beneficiaries have the right to request a State hearing only after appealing an Adverse Benefit Determination and receiving notice that BHRS is upholding the adverse benefit determination. You may contact the Patient's Rights Advocate listed below for assistance in filing for a State Fair Hearing, or you may call the **State Fair Hearing Office at 1 (800) 952-5253 (Fax: (916) 229-4110)**.

Please see *The Guide to Medi-Cal Mental Health Services* booklet for more information on the various processes listed above.



## **CHANGE OF PROVIDER**

If you receive services from a Mental Health Services clinic, *Request for Change of Provider* forms are available at the front desk. If your provider is in a private office, you can call the Behavioral Health Access Line at 1 (888) 818-1115 for assistance in requesting a change.



Members may contact the following offices where staff can assist them with Grievances, Appeals, Expedited Appeals, and State Fair Hearings:

**Behavioral Health and Recovery Services  
Mental Health Plan:** Call toll-free at  
1 (888) 818-1115, or for hearing impaired use 711.  
**Patient's Rights Advocate:** (415) 526-7525

# MENTAL HEALTH CONSUMER RIGHTS

## MEMBERS OF BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS) MENTAL HEALTH PLAN ARE ENTITLED TO:

- Be treated with respect and with consideration for their dignity and privacy.
- Services provided in a safe environment.
- Receive information on available treatment options and alternatives.
- Participate in planning their treatment and may refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Request access to their medical records and to request that they be amended or corrected.
- Confidential care and record keeping.
- Informed consent to treatment and to prescribed medication(s), including potential side effects.
- Receive reasonable accommodations for disabilities.
- File a grievance to express dissatisfaction about anything regarding their mental health services.
- The right to file an appeal upon receipt of an Adverse Benefit Determination stating that the services are being denied, reduced, or terminated. A Medi-Cal beneficiary may request a State Fair hearing only after an appeal.
- Authorize a person to act on their behalf during the grievance, appeal, or State Fair Hearing process.
- Request a change of therapist, a second opinion, or a change in level of care.
- Have consideration of a problem or concern about services by the person or agency providing their care.
- Have access to indicated and appropriate health care services (in accordance with CFR, Title 42, Section 438.206-210).
- Receive services in the language of choice that is provided by someone other than a family member.

