




## Mono County Behavioral Health

PO Box 2619 Mammoth Lakes CA 93546

*Robin K. Roberts, MFT*  
Behavioral Health Director

### Policy and Procedure

| <b>Subject:</b><br>Mental Health Plan (MHP) and Mental Health Services Act (MHSA) Problem Resolution Process  |                |                             |  |       |
|---|----------------|-----------------------------|--|-------|
| Policy Number   | Effective Date | Original Date of Issue      | Revision Date  | Pages |
| 24-004  | 4/8/2024       | 4/8/2024                    | New  | 12    |
| <b>Reference(s):</b><br>DHCS MHSUDS Information Notice 18-010E; 42 CFR Part 438, Subpart F; MHP Contract  |                |                             |  |       |
| <b>Core Value:</b> This policy and procedure is related to the departmental Core Value of Practicing Vulnerability: Mono County Behavioral Health Department is a learning organization where it is expected that everyone will make mistakes and that those mistakes offer opportunities for learning and support. |                |                             |  |       |
| <b>Approved by:</b><br><br><small>Robin Roberts (Apr 8, 2024 16:41 PDT)</small>   |                | <b>Date:</b><br>Apr 8, 2024 | <b>Title:</b><br>Robin K. Roberts, MFT<br>Mental Health Director |       |

#### Purpose:

To provide Medi-Cal members, clients, and members of the public with clear and viable procedures for the resolution of grievances and appeals.

#### Policy Statement:

Mono County Behavioral Health (MCBH) shall provide all Medi-Cal beneficiaries with information regarding procedures for grievance and appeal, including, Discrimination Grievances and MHSA issue resolution. Beneficiaries shall have access to said procedures in accordance with state and federal mandates, as referenced in this policy. Information regarding the process for filing grievances and appeals is also available in the Mental Health Plan (MHP) Guide to Specialty Mental Health Services.

MCBH shall provide information to all beneficiaries, prospective beneficiaries, and members of the public on how to file a Discrimination Grievance with:

1. MCBH and the Department of Health Care Services (DHCS) if there is a concern of discrimination based on sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.
2. The United States Department of Health and Human Services Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, sex, age, or disability.



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MCBH is committed to:

1. Addressing issues regarding MHSA in an expedient and appropriate manner,
2. Providing several avenues to file an issue,
3. Ensuring assistance is available, if needed, for the client/family member/provider/community member to file their issue, and
4. Honoring the Issue Filer's desire for anonymity.

### **Procedures:**

#### **1. Beneficiary Notification**

- a. Beneficiaries will be notified of grievance, appeal, and expediated appeal procedures through a brochure (available in both Spanish and English) that explains their rights and the grievance and appeal process, along with a self-addressed mailing envelope.
- b. These brochures will be provided to beneficiaries at the following times and/or locations:
  - i. Upon entry into the MHP system
  - ii. By clinic providers upon admission to their program or service
  - iii. Be posted in plain view at each provider location
  - iv. Upon receiving a Notice of Adverse Benefit Determination (NOABD)
  - v. By calling the toll-free 24/7 Access Line for information about the grievance and appeal procedures
- c. Notices shall be sufficient to ensure that the information is readily available to both beneficiaries and provider staff. The posted notice shall also explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether the beneficiary has received a NOABD.
- d. Make available forms that may be used to file grievances, appeals, and expedited appeals and self-addressed envelopes that beneficiaries can access at all provider sites without having to make a verbal or written request to anyone.
- e. Give beneficiaries any reasonable assistance in completing the forms and other procedural steps related to a grievance or appeal. This includes, but is not limited to, providing interpreter services and toll-free numbers with TTY/TDD and interpreter capabilities.
- f. When an adverse benefit determination occurs, MCBH will provide the beneficiary with a NOABD using the applicable Department of Health Care Services (DHCS) template included with DHCS Mental Health and Substance Use Disorder Services Information Notice (IN) 18-010E, or the electronic equivalent of that template generated from MCBH, within the timing requirements of IN 18-010E. The NOABD will include the "Your Rights" attachment from IN 18-010E, to provide information about beneficiary appeal and state hearing rights.

#### **2. Confidentiality**



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- a. All information pertaining to grievances and appeals will be treated as confidential information.
- b. In the MHSA Issue Resolution process, MCBH will honor the Issue Filer's desire for anonymity.

### **3. Other Related Beneficiary Rights**

- a. MCBH shall allow beneficiaries to file grievances and request appeals.
- b. MCBH shall have only one level of appeal for beneficiaries.
- c. A beneficiary may authorize another person, including a Provider, to act on his/her behalf regarding a grievance or appeal procedure, or to request a state fair hearing:
  - i. The authorized person will need a release of information signed by the beneficiary in order to receive confidential clinical information.
  - ii. Minors may be represented by their parents or guardians, except when prohibited by law or when they consent to substance use disorder treatment.
- d. Beneficiaries will not be subjected to discrimination or any other penalty or punitive action for filing a grievance, appeal, or expedited appeal.
- e. Beneficiaries may present their grievance or appeal orally or in writing, although oral appeals must be followed up in writing.
- f. Beneficiaries may request records or other documents generated by MCBH in connection with the grievance or appeal.
- g. MCBH will address the linguistic and cultural needs of its beneficiary population, as well as the needs of beneficiaries with disabilities. MCBH will ensure all beneficiaries have access to and can fully participate in the Grievance and Appeal System by assisting those with limited English proficiency, or with a visual or other communicative impairment. Such assistance shall include, but is not limited to, translations of grievance and appeal procedures, forms, and responses to grievances and appeals, as well as access to interpreters, telephone relay systems and other devices that aid individuals with disabilities to communicate.
- h. Beneficiaries must exhaust the MHP Appeal process prior to applying for a State Fair Hearing.

### **4. Grievance and Appeal Logs**

- a. Quality Assurance (QA) staff will maintain a Grievance Log and an Appeal Log for MCBH.
- b. Log entries must be completed within one (1) working day of receipt of either the grievance, appeal, or expedited appeal. Beneficiaries will receive written acknowledgment that their grievance or appeal has been received within five (5) calendar days of receipt of the grievance or appeal.
- c. The log entry will contain the name of the beneficiary, date and time of receipt, name of the staff member recording the grievance or appeal, description of the complaint or problem, the date of each review or review meeting, resolution



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information for each level of the appeal or grievance, if applicable, and the date of resolution at each level, if applicable.

- d. A description of the action taken by MCBH to investigate and resolve the grievance or appeal.
- e. The proposed resolution by MCBH
- f. The name of the MCBH staff person responsible for resolving the grievance or appeal.
- g. A log entry will also be made that notes resolution of the grievance or appeal, date the resolution was determined, and the date the notification was sent to the beneficiary. If there has not been a final disposition of the grievance, appeal, or expedited appeal, the reason(s) shall be included in the log.
- h. The logs are available for review by oversight agencies.

### **5. Grievance Process**

- a. Beneficiary Filing:
  - i. A beneficiary may file any expression of dissatisfaction (grievance) orally calling MCBH during business hours at 1-760-924-1740 or the toll-free 24/7 Access Line at 1-800-687-1101, in writing or by mail, using the Mono County Behavioral Health Beneficiary/Client Grievance and Authorization Form and provided envelope.
- b. MCBH Response:
  - i. Upon receipt of any grievance, service providers must report the grievance within one (1) working day to the QA Coordinator (or designated staff) where it will be entered immediately into the Grievance Log.
  - ii. The MCBH Director or QA Coordinator will assign the grievance to a QA staff member to assist in the resolution of the grievance.
  - iii. MCBH will ensure that individuals making decisions on grievances have the appropriate clinical expertise in treating the beneficiary's condition, if the decision involves a grievance regarding denial or a request for an expedited appeal, or if the grievance involves clinical issues.
  - iv. The designated QA member will not have been involved in any previous level of review or decision-making and will not be a subordinate of any individual who was involved in a previous level of review or decision-making.
  - v. MCBH will ensure adequate and appropriate consideration of grievances and appeals, as well as rectification when appropriate. If the beneficiary presents multiple issues, MCBH will ensure that each issue is addressed and resolved.
  - vi. MCBH will ensure that decision makers on grievances take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary's representative, without regard to whether such information was submitted or considered in the initial adverse benefit determination.



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**c. QA Staff Responsibilities:**

- i. Assisting the beneficiary in completing the grievance form, if necessary.
- ii. Responding to the beneficiary in writing to confirm receipt of the grievance. The acknowledgment letter shall include the date of receipt, as well as the name, telephone number, and address of MCBH staff who the beneficiary may contact about the grievance. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the grievance.
- iii. Assisting the beneficiary in resolving the grievance.
- iv. Providing information requested by the beneficiary or the beneficiary's representative regarding the status of the grievance.

**d. Resolution:**

- i. Grievances will be resolved as expeditiously as the beneficiary's health condition requires not to exceed 90 calendar days from the day that MCBH receives the grievance.
- ii. The beneficiary or the appropriate representative will be notified in writing by MCBH regarding the final resolution of the grievance within ninety (90) calendar days from the date the grievance is filed. MCBH will document the notification or effort to notify the beneficiary if he or she could not be contacted.
- iii. MCBH will notify the beneficiary of the resolution of a grievance in a format and language that meets applicable notification standards.
- iv. MCBH shall use the written Notice of Grievance Resolution (NGR) included with IN 18-010E to notify beneficiaries of the results of the grievance resolution. The NGR shall contain a clear and concise explanation of MCBH's decision.
- v. The timeframe may be extended by up to fourteen (14) days in certain circumstances (i.e., beneficiary requests more time to gather information).
- vi. The final resolution of each grievance, including the date of the decision, will be documented in the Grievance Log
- vii. MCBH will also notify any provider(s) or staff persons cited in the grievance of the final decision, in writing.
- viii. If MCBH fails to notify the client or other affected parties of its grievance decision within the allowable timeframe, the client will be given a NOABD advising that he/she/they have the right to request an appeal and/or a State Fair Hearing.
  1. The NOABD will be given on the date that the timeframe expires.
  2. Clients cannot request a State Fair Hearing before or during the grievance process, unless MCBH has failed to act within the timeframe required by the grievance process.

**e. Grievance Process Exemptions**

- i. Grievances received over the telephone or in-person by MCBH, or a network provider of MCBH, that are resolved to the client's satisfaction by



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the close of the next business day following receipt are exempt from the requirement to send a written acknowledgment and disposition letter.

- ii. Grievances received via mail by MCBH, or a network provider of MCBH, are not exempt from the requirement to send an acknowledgment and disposition letter in writing. If MCBH or a network provider of MCBH receives a complaint pertaining to an Adverse Benefit Determination, the complaint is not considered a grievance (it is an appeal) and the exemption does not apply.

### **6. Discrimination Grievance Process**

- a. MCBH has designated the Quality Assurance Coordinator as a Discrimination Grievance Coordinator who is responsible for ensuring compliance with federal and state nondiscrimination requirements, and investigating Discrimination Grievances related to any action that would be prohibited by, or out of compliance, with federal or state nondiscrimination law.
- b. MCBH shall adopt procedures to ensure the prompt and equitable resolution of discrimination-related complaints. MCBH shall not require a beneficiary to file a Discrimination Grievance with MCBH before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.
- c. Within ten (10) calendar days of mailing a Discrimination Grievance resolution letter to a beneficiary, MCBH must submit the following information regarding the complaint to the DHCS Office of Civil Rights:
  - i. The original complaint,
  - ii. The provider's or other accused party's response to the complaint,
  - iii. Contact information for the personnel primarily responsible for investigating and responding to the complaint,
  - iv. Contact information for the beneficiary filing the complaint, and for the provider or other accused party that is the subject of the complaint,
  - v. All correspondence with the beneficiary regarding the complaint, including, but not limited to, the Discrimination Grievance acknowledgment letter and resolution letter sent to the beneficiary.
  - vi. The results of the MCBH's investigation, copies of any corrective action taken, and any other information that is relevant to the allegation(s) of discrimination.

### **7. MHSA Issue Resolution Process** - if the issue is MHSA-related regarding the appropriate use of MHSA funding, inconsistency between the approved MHSA Plan and implementation, or Mono County Community Program Planning processes, the issue will be addressed as follows:

- a. Issue Filer's concern(s) will be logged into an MHSA Issue Log to include the date of the report and description of the issue.
- b. The Issue Filer will receive an acknowledgment of receipt of the issue, by phone or in writing, within the MCBH Problem Resolution timeframes.



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- c. The QA/QI Coordinator, or specified designee of the Behavioral Health Director, shall notify the Director and MHSA Program Manager of the issue received. The QA/QI Coordinator will investigate the issue while maintaining anonymity of the Issue Filer.
- d. The QA/QI Coordinator, or specified designee of the Behavioral Health Director, may convene an ad-hoc committee to review all aspects of the issue. This review process will follow the existing Problem Resolution timeframes.
- e. The QA/QI Coordinator, or specified designee of the Behavioral Health Director, will communicate with the Issue Filer while the issue is being investigated and resolved.
- f. Upon completion of the investigation, the QA/QI Coordinator, or specified designee of the Behavioral Health Director, shall issue a report to the Behavioral Health Director. The report shall include a description of the issue, brief explanation of the investigation, staff/ad-hoc committee recommendation(s) and the MCBH resolution to the issue.
- g. The QA/QI Coordinator, or specified designee of the Behavioral Health Director, shall notify the Issue Filer of the resolution, by phone or in writing and enter the issue resolution and date of the resolution into the MHSA Issue Log.
- h. MHSA Issues and resolutions will be reported annually in the Quality Improvement Report.
- i. If the Issue Filer does not agree with MCBH's resolution, the Issue Filer may file an appeal with the following agencies: Mental Health Services Oversight and Accountability Commission (MHSOAC); California Mental Health Planning Council (CMHPC); or California Department of Health Care Services (DHCS).

### **8. Standard Appeal Process**

- a. Beneficiary Filing:
  - i. A beneficiary, or a provider, or authorized representative acting on the beneficiary's behalf, may file an appeal, either orally or in writing, using the form on the MHP Appeal Resolution Process brochure, within 60 calendar days of an action taken by either.
  - ii. If the appeal is oral, the beneficiary must follow up with a signed, written appeal.
  - iii. The date of the oral appeal starts the response time clock.
- b. MCBH Response:
  - i. Upon receipt of any appeal, staff must report the appeal within one (1) working day to the QA Coordinator (or designated staff) where it will be entered immediately into the Appeal Log.
  - ii. The MCBH Director or QA Coordinator will assign the appeal to a QA staff member to assist in the resolution of the appeal.
  - iii. MCBH will ensure that individuals making decisions on an appeal of adverse benefit determinations have the appropriate clinical expertise in treating the beneficiary's condition, if the decision involves an appeal



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based on a denial of medical necessity, or if the appeal involves clinical issues.

- iv. The staff assigned to assist in the resolution of the grievance will not have been involved in any previous level of review or decision-making and will not be a subordinate of any individual who was involved in a previous level of review or decision-making.
  - v. MCBH will ensure adequate and appropriate consideration of grievances and appeals, as well as rectification when appropriate. If the beneficiary presents multiple issues, MCBH will ensure that each issue is addressed and resolved.
  - vi. MCBH will ensure that individuals making decisions on clinical appeals take into account all comments, documents, records, and other information submitted by the beneficiary or beneficiary's authorized representative, regardless of whether such information was submitted or considered in the initial Adverse Benefit Determination.
- c. QA Staff Responsibilities**
- i. Assisting the beneficiary in completing the appeal form, if necessary.
  - ii. Responding to the beneficiary in writing to confirm receipt of the appeal. The acknowledgment letter shall include the date of receipt, as well as the name, telephone number, and address of MCBH staff who the beneficiary may contact about the appeal. The written acknowledgement to the beneficiary must be postmarked within five (5) calendar days of receipt of the appeal.
  - iii. Assisting the beneficiary in resolving the appeal.
  - iv. Providing information requested by the beneficiary or the beneficiary's representative regarding the status of the appeal.
- d. Beneficiary Participation in Appeal:**
- i. Examine his/her/their medical record and any other records pertaining to the appeal before and during the appeal process.
  - ii. Be provided with their medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by MCBH in connection with the appeal, if there is no disclosure of the protected health information of any individual other than the beneficiary. This information must be provided free of charge and sufficiently in advance of the resolution timeframes for appeals.
  - iii. Be provided a reasonable opportunity, in person and in writing, to present evidence and testimony and make arguments of fact or law. MCBH will inform the beneficiary or authorized representative of the limited time available for this sufficiently in advance of the resolution timeframe for appeals, as specified, and in the case of expedited resolution.
  - iv. The beneficiary, his/her/their representative, or the legal representative of a deceased beneficiary's estate may be included as parties to the appeal.
- e. Notification of Appeal Resolution:**





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- i. MCBH will resolve the appeal and the beneficiary will be notified in writing by MCBH (including the decision date) regarding the final resolution of the appeal as expeditiously as the beneficiary's health condition requires, within thirty (30) calendar days from the date the appeal is filed. The notification will be provided by sending the client a Notice of Appeal Resolution (NAR) informing the client that an Adverse Benefit Determination has been overturned or upheld and will include the date the process was completed. MCBH will use the applicable DHCS NAR template included in IN 18-010E, or the electronic equivalent of that template generated by MCBH.
- ii. If the decision made was not wholly in favor of the client, the notice shall also contain information regarding the client's right to a State Fair Hearing, the procedures for filing a State Fair Hearing, the right to request and receive continuation of benefits while the State hearing is pending and instructions on how to request continuation of benefits. This information will be provided by including the NAR "Your Rights" attachment contained in IN 18-010E.
- iii. The timeframe may be extended by up to fourteen (14) days in certain circumstances (i.e., beneficiary requests more time to gather information or MCBH determines there is need for additional information and the delay is in the beneficiary's interest).
- iv. The final resolution of each appeal, including the date of the decision, will be documented in the Grievance and Appeal Log.
- v. MCBH will also notify any provider(s) or staff persons cited in the appeal of the final decision, in writing.
- vi. If MCBH fails to notify the client or other affected parties of its appeal decision within the allowable timeframe, the client will be given a NOABD, advising that the client has a right to request a State Fair Hearing.
  1. The NOABD will be given on the date that the timeframe expires.
  2. Clients cannot request a State Fair Hearing before or during the appeal process unless MCBH has failed to act within the timeframe required by the grievance and appeal process.

### **9. Expedited Appeal Process**

- a. Criteria: Beneficiaries have the right to an Expedited Appeal if using the Standard Appeal resolution process could jeopardize their life, health, or ability to attain, maintain, or regain maximum function.
- b. Notification:
  - i. Beneficiaries will be notified of their right to an Expedited Appeal and the necessary criteria in the grievance and appeal brochure.
  - ii. MCBH will inform beneficiaries of the limited time available to present evidence and testimony, in person and in writing, and make legal and



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factual arguments for an expedited appeal, sufficiently in advance of the resolution timeframe for the expedited appeal.

- c. Differences from Standard Appeal - all procedures related to Standard Appeal apply for an Expedited Appeal, except for the following differences:
  - i. MCBH will determine whether the beneficiary meets the criteria for an Expedited Appeal before proceeding on an expedited timeframe.
  - ii. MCBH will reach a decision regarding the Expedited Appeal and notify (orally and in writing) the beneficiary of the resolution within **72 hours** of receipt of the Expedited Appeal.
  - iii. MCBH may extend this timeframe by up to 14 calendar days if the beneficiary requests an extension, or MCBH determines that there is need for additional information and that the delay is in the beneficiary's interest. If MCBH extends the timeline for processing an expedited appeal not at the request of the beneficiary, MCBH shall make reasonable efforts to give the beneficiary prompt oral notice of the delay and notify the beneficiary of the extension and the reasons for the extension, in writing, within 2 calendar days of the determination to extend the timeline.
  - iv. The beneficiary may make the request orally, without written follow-up. No punitive action will be taken against a beneficiary or provider because they request or support a beneficiary's request for an Expedited Appeal.
- d. Denial of Expedited Appeal Process - if MCBH determines that the criteria for an Expedited Appeal are not met and denies an Expedited Appeal process, it must transfer the appeal to the timeframe for standard resolution. In addition, MCBH will complete all the following actions:
  - i. Make reasonable efforts to provide the beneficiary with prompt oral notice of the decision to transfer the appeal to the timeframe for standard resolution,
  - ii. Provide written notice of the decision to transfer the appeal to the timeframe for standard resolution within 2 calendar days of making the decision and notify the beneficiary of the right to file a grievance if the beneficiary disagrees with the extension, and
  - iii. Resolve the appeal as expeditiously as the beneficiary's health condition requires and within the timeframe for standard resolution of an appeal (i.e., within 30 days of receipt of the appeal).

### **10. Appeal Denied/State Fair Hearing**

- a. If MCBH fails to adhere to the notice and timing requirements of the appeal process, or if an appeal is denied, the beneficiary has the right to file for a State Fair Hearing and be informed about filing instructions.
- b. The written notice informing beneficiaries that their appeal has been denied will include (the NAR "Your Rights" attachment) informing beneficiaries of their right to:



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- i. File for a State Fair Hearing and instructions on how to file a State Fair Hearing or call the toll-free number on the form. A beneficiary must request a State Fair Hearing no later than 120 calendar days from the date of the appeal resolution.
- ii. Request services while the hearing is pending and how to make that request.

### **11. Continuing Services (Aid Paid Pending)**

- a. A beneficiary receiving specialty mental health services shall have a right to file for continuation of specialty mental health services pending the outcome of a fair hearing.
- b. MCBH will continue the beneficiary's benefit while an appeal is in process if all of the following occur:
  - i. The beneficiary files the request for an appeal within 60 calendar days following the date on the NOABD,
  - ii. The appeal involves the termination, suspension, or reduction of a previously authorized service,
  - iii. The beneficiary's services were ordered by an authorized provider,
  - iv. The period covered by the original authorization has not expired, and
  - v. The request for continuation of benefits is filed on or before the later of the following:
    1. Within 10 calendar days of MCBH sending the NOABD, or
    2. The intended effective date of the adverse benefit determination.
- c. If, at the beneficiary's request, MCBH continues the benefits while the appeal or State Fair Hearing is pending, the benefits must be continued until the beneficiary withdraws the appeal or request for State Fair Hearing, the beneficiary does not request a State Fair Hearing and continuation of benefits within 10 calendar days from the date MCBH sends the NOABD, or a State Fair Hearing decision adverse to the beneficiary is issued.
- d. If MCBH or the State Hearing Officer reverses the decision to deny, limit, or delay services that were not furnished while the appeal was pending, MCBH will authorize or provide the disputed services promptly and as expeditiously as the beneficiary's health condition requires but no later than 72 hours from the date it receives notice reversing the determination.

### **12. Report to Quality Improvement Committee**

The written record of grievances and appeals will be submitted at least quarterly to the Quality Improvement Committee for systematic aggregation and analysis for quality improvement. Appropriate action will be taken to remedy any identified problems.

### **Definitions:**

1. Adverse Benefit Determination - occurs when MCBH does at least one of the following:



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- a. Denies or limits authorization of a requested service, including the type or level of services, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
  - b. Reduces, suspends, or terminates a previously authorized service.
  - c. Denies, in whole or in part, payment for a service.
  - d. Fails to provide services in a timely manner, as determined by the State Department of Health Care Services and MCBH.
  - e. Fails to act within the timeframes for standard resolution of grievances and appeals.
  - f. Denies a beneficiary's request to dispute a financial liability.
2. Grievance - an expression of verbal/oral or written dissatisfaction to MCBH about any matter other than an Adverse Benefit Determination.
  3. Appeal - A verbal/oral or written request to MCBH for review of an Adverse Benefit Determination (as defined above).

### **Associated Forms and Documents:**

- Pamphlet - Notice of Problem Resolution Process
- Form - Grievance Form
- Form - Grievance and Appeal Log
- Pamphlet - NAR "Your Rights"
- Form - MHSA Issue Resolution Log






# MHP and MHSA Problem Resolution Process

Final Audit Report

2024-04-08

|                 |   |
|-----------------|---|
| Created:        | 2024-04-08                                  |
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