Behavioral Health Department Alameda County Health	By: DocuSigned by: BA167CA0C0D444A... **Karyn L. Tribble, PsyD, LCSW, Director**
POLICY TITLE **Consumer Grievance and Appeal System**	**Policy No:** 300-1-1 **Date of Original Approval**: 3/10/2010 **Date(s) of Revision(s):** 12/5/2016, 6/5/2018, 11/30/2024

PURPOSE

This policy establishes a process by which a consumer and/or authorized representative can express dissatisfaction regarding the consumer's care and other aspects of consumer participation in any services provided by Alameda County Behavioral Health Department (ACBHD) and describes the process for resolving these concerns. ACBHD is required to have a Grievance and Appeal System that enables a beneficiary to seek resolution to a problem or concern about any issue related to ACBHD's performance of its duties in the delivery of Medi-Cal behavioral health services (including both Medi-Cal funded mental health and substance use disorder services) and services funded by the Mental Health Services Act (MHSA). As well, this policy establishes the grievance process related to the MHSA community program planning process, service access, and consistency between program implementation and the approved MHSA plan for ACBHD. In accordance with Federal and State requirements, this policy establishes the guidelines and procedures for consumer grievances and appeals and establishes the departmental procedures to operationalize and monitor this process.

AUTHORITY

- California Code of Regulations (CCR) Title 9 Sections 1810.200, 1850.205-215, 1810.230.5, 1850.207 (d)
- 22 CCR Sections 50951-51014.2
- 42 Code of Federal Regulations (CFR), Part 431, Subpart E, Sections 431.200-250
- 42 CFR, Part 438, Subpart C, Section 438.228
- 42 CFR, Part 438, Subpart F, Sections 438.400-424
- California Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice No. 18-010E
- The Current Mental Health Plan (MHP) Contract with DHCS

SCOPE

All ACBHD county-operated behavioral health programs, including both Mental Health (MH) and substance use disorder (SUD) programs, and MHSA-funded programs in addition to entities, individuals, and programs providing behavioral health and MHSA-funded services under a contract or subcontract with ACBHD shall adhere to this policy.

POLICY

This policy establishes a Grievance and Appeal System where all consumers of services provided by ACBHD and its contractors have the right to file a grievance and/or appeal as established by this policy. Every effort should be made by providers to resolve consumer and program concerns as quickly and simply as possible; however, it is the policy of ACBHD that consumers may use ACBHD's grievance and appeal system at any time. A consumer and/or their authorized representative may use ACBHD's grievance and appeal process, or a contracted provider's grievance process, without fear of retaliation from ACBHD or its contractors. This policy is implemented consistent with State and Federal laws and regulations regarding consumer confidentiality.

For purposes of this policy the term "consumer" is synonymous with "beneficiary," "patient," and "client" and includes current consumers of services as well as a person looking to begin services with ACBHD.

PROCEDURE

CONSUMER GRIEVANCES

A **Grievance** is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination described below in the Medi-Cal appeal process. Grievances may include, but are not limited to, the quality of care of services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect the consumer's rights regardless of whether remedial action is requested, and the consumer's right to dispute an extension of time proposed by the Behavioral Health Plan (BHP) to make an authorization decision.

ACBHD and its contractors shall not discourage the filing of grievances. A consumer need not use the term "grievance" for a complaint to be captured as an expression of dissatisfaction and, therefore, a grievance. There is no distinction between an informal and formal grievance. Even if a beneficiary expressly declines to file a formal grievance with ACBHD or with an ACBHD-contracted provider, a consumer's complaint shall still be categorized as a grievance and subject to the requirements under this policy.

Filing Grievances with ACBHD:

A. Grievances may be filed at any time with ACBHD by the consumer and/or their authorized representative. This includes:
    1. Consumers age twelve (12) or over
    2. Parents/guardians of children and youth receiving services
    3. A consumer-designated representative (i.e. family member, friend, service provider, other client, or trained advocate) may file a grievance or assist the consumer in the process at any time.
        a. If the consumer-designated representative is not employed by ACBHD or an ACBHD contractor, consumer confidentiality must be protected; the consumer must give verbal consent and/or sign an Authorization for

Release of Confidential Information form, available at all sites, in order to allow ACBHD to discuss the issue(s) with the representative.

B. Grievances to ACBHD may be filed orally, in writing, or in person by using ACBHD's Grievance or Appeal Request form, available at all provider sites.
C. Grievances may be filed by a consumer or their designated representative to ACBHD as follows:

By phone:	(800) 779-0787 Consumer Assistance Line
Via US mail:	2000 Embarcadero Cove, Suite 400 Oakland, CA 94606
In Person:	By visiting the provider site to obtain forms and assistance, OR By visiting Consumer Assistance at Mental Health Association 2855 Telegraph Ave, Suite 501 Berkeley, CA 94705

D. Assistance filing a grievance may also be obtained by calling the Consumer Assistance Line listed above. Grievances filed orally or in person will be entered on a grievance call form by the staff member receiving the grievance.

Processing of Grievances by ACBHD

A. When a grievance is filed with ACBHD, a written acknowledgement of receipt of the grievance will be issued to the grievant by the Consumer Assistance staff person who received the request.
    1. The acknowledgement letter will include the date of receipt, as well as the name, telephone number, and address of the ACBHD representative who the beneficiary may contact about the grievance.
    2. The written acknowledgement of receipt to the consumer will be postmarked within five (5) calendar days of receipt of the grievance.
B. The grievance will then be assigned to the appropriate staff person to resolve it.
    1. The grievance investigator must not have been involved in any previous level of review or decision-making related to the grievance being processed.
    2. Grievances that are non-clinical in nature will be handled by a Consumer/Family Assistance Specialist who has experience in resolving non-clinical consumer issues.
    3. Grievances that are clinical in nature will be handled by a licensed behavioral health professional in the ACBHD Quality Assurance (QA) Office as clinical issues must be handled by a health care professional with the appropriate clinical expertise in treating the condition of the consumer filing the grievance.
    4. The party resolving the grievance shall ensure that each issue in the grievance is adequately and appropriately addressed and resolved.

5. Grievances regarding the MHSA-related issues listed below shall be forwarded to the designated party, as appropriate, who shall process the grievance per the guidelines and timeframes listed in this policy:
    a. Grievances regarding MHSA-funded housing services will be referred to the ACBHD Housing Services Director.
    b. Grievances regarding input at a public meeting related to MHSA or MHSA-funded training will be referred to the ACBHD MHSA Senior Planner and/or the ACBHD Training Coordinator.
    c. Grievances regarding MHSA-funded consumer-related/wellness events will be referred to the ACBHD Consumer Empowerment Manager.
    d. MHSA-related grievances regarding family members' participation, education, and support programs will be referred to the ACBHD Family Empowerment Manager.

C. The grievance investigation will involve a personal contact with the grievant, whenever possible; this can take place via telephone.
D. The Consumer Assistance Specialist or party resolving the grievance has the responsibility to provide information on request by the consumer or their representative regarding the status of the grievance.
E. ACBHD shall resolve grievances within ninety (90) calendar days from the day that ACBHD receives the grievance, except as noted in #1 below.
    1. The timeframe for resolving grievances related to disputes of ACBHD's decision to extend the timeframe for making an authorization decision shall not exceed thirty (30) calendar days.
    2. "Resolved" means that ACBHD has reached a decision with respect to the consumer's grievance and notified the beneficiary of the disposition.
        a. A written decision, using the Notice of Grievance Resolution (NGR) template, shall be used to notify the consumer and/or their representative of the resolution of the grievance and date of decision and shall be mailed within ninety (90) calendar days from the date the grievance was received. The written decision shall contain a clear and concise explanation of the decision.
        b. In addition to a written decision, the party resolving the grievance may also orally inform the consumer of the resolution.
        c. If unable to contact the consumer and/or their representative, notification or efforts to notify them shall be documented.
F. The timeframe to resolve a grievance may be extended by up to fourteen (14) calendar days if the consumer or authorized representative requests an extension OR if ACBHD determines and can demonstrate (to the satisfaction of DHCS, upon request) that there is a need for additional information and that the delay is in the consumer's best interest.
    1. In the event that resolution of a standard grievance is not reached within 90 calendar days as required, ACBHD must provide the consumer with the applicable

written Notice of Adverse Benefit Determination (NOABD) document and include the status of the grievance and the estimated date of resolution, which must not exceed fourteen (14) additional calendar days.

2. In addition, if ACBHD extends the timeframe, not at the request of the consumer, ACBHD must do the following:
    a. Give the consumer prompt oral notice of the delay,
    b. Give the consumer written notice of the reason for the decision to extend the timeframe and inform the consumer of their right to file a grievance if they disagree with that decision, within two (2) calendar days of making the decision, and
    c. Resolve the grievance no later than the date the extension expires.

G. The party resolving the grievance will be responsible for notifying appropriate management staff of the named agency (i.e. Executive Director, program supervisor) of the contents of the grievance, any named provider being grieved about, and the resolution on a written Notification of Disposition (Provider) form which must be given directly to the provider or postmarked by the resolution deadline.

H. For MHSA-related grievances that have been resolved by ACBHD staff other than ACBHD Consumer Assistance or the ACBHD QA Office, a copy of the NGR to the consumer and Notification of Disposition letter to provider (if applicable) along with copies of any relevant supporting materials, shall be sent to the ACBHD QA Office within five (5) business days of the date of decision.

<u>Filing Grievances with a ACBHD-Contracted Provider</u>

A. Consumers may inquire with their ACBHD-contracted service provider agency whether the agency has an internal consumer grievance process; the consumer can choose to use that process or file a grievance directly with ACBHD.

B. Any ACBHD-contracted provider agency's internal grievance process for consumers, whether formal or informal, shall be in compliance with all State and Federal regulations and guidelines and this ACBHD policy regarding grievance processes including, but not limited to, grievance resolution timelines, notices to consumers, records retention, and logging. Contracted provider may refer to the ACBHD Consumer Grievance and Appeal Manual posted in the QA Manual accessible via the ACBHD Provider Website for guidelines and notice and resolution templates.

C. Contracted provider must not require that consumers use or exhaust their internal grievance process prior to accessing ACBHD's grievance process.

D. Appeals as described in the Consumer Appeals section (below) may only be filed with and resolved by ACBHD, and contracted providers must direct consumers who wish to file an appeal to the ACBHD Consumer Assistance Line.

E. All ACBHD-contracted providers and/or agencies must maintain a grievance case file for each consumer grievance, whether formal or informal, which, at a minimum, contains all

applicable information and documents listed under the Retention of Records section below.

F. Upon resolution of a grievance, contracted provider must transmit a copy of all applicable information and documents listed under the Retention of Records section below within five (5) days of the grievance resolution date.
    1. Submit grievance case files along with the agency representative's name and contact information to the ACBHD QA Office Consumer Assistance:

By FAX:	(510) 639-1346
By Secure Email:	qaoffice@acgov.org
Via US mail:	2000 Embarcadero Cove, Suite 400 Oakland, CA 94606

G. Contracted provider agencies must maintain a grievance log that is kept current and contains all the applicable information listed under the Retention of Records section below.
    1. The grievance log must capture all consumer grievances whether or not a formal grievance was filed.
H. ACBHD Quality Management (QM) will monitor that contracted provider agency's consumer grievance processes including, but not limited to, provider's consumer grievance resolution policy, grievance log, and/or grievance case files are in compliance with Federal and State regulations and guidelines and this ACBHD policy.

Grievance Process Exemptions

A. Grievances received over the telephone or in-person by ACBHD or an ACBHD-contracted agency, that are resolved to the beneficiary's satisfaction by the close of the next business day following receipt are exempt from the requirement to send a written acknowledgement and disposition letter.
B. Grievances received via mail by ACBHD or an ACBHD-contracted providers and/or agencies, are not exempt from the requirement to send an acknowledgment and disposition letter in writing.
C. If ACBHD or an ACBHD-contracted agency receives a grievance pertaining to an Adverse Benefit Determination, the complaint is not considered a grievance, and the exemption does not apply.
D. All exempt grievances must be logged by ACBHD and ACBHD-contracted provider agencies.
E. ACBHD-contracted providers and/or agencies must submit the ACBHD Exempt Grievance Form in lieu of a grievance case file. The ACBHD Exempt Grievance Form must include the following information:
    1. Date of receipt of the grievance
    2. Name of the consumer
    3. Nature of the grievance

4. Brief description of the resolution of grievance
5. Date and time of resolution
6. Name of agency representative who received and resolved the grievance
7. Agency representative's contact information

F. ACBHD must ensure that exempt grievances are included in its Annual Beneficiary Grievance and Appeal Report (ABGAR) that is submitted to DHCS.

CONSUMER APPEALS (applies only to Medi-Cal beneficiaries receiving Medi-Cal services)

An **Appeal** is a review by ACBHD of an Adverse Benefit Determination. An **Adverse Benefit Determinatio**n is defined to mean any of the following actions taken by ACBHD or an ACBHD-contracted provider regarding Medi-Cal behavioral health services:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit
2. The reduction, suspension, or termination of a previously authorized service
3. The denial, in whole or in part, of payment for a service
4. The failure to provide services in a timely manner
5. The failure to act within the required timeframes for standard resolution of grievances and appeals, or
6. The denial of a beneficiary's request to dispute financial liability.

When any of the above actions occur, the BHP is required to issue a written NOABD document; however, a Medi-Cal beneficiary does not need to have received a NOABD document in order to request an appeal. See ACBHD policy 300-1-2, "Notices of Adverse Benefit Determination for Medi-Cal Beneficiaries" for more information.

Filing and Processing of an Appeal with ACBHD (1st level appeal)

A. Only Medi-Cal beneficiaries may file a Standard or Expedited Appeal with ACBHD regarding a NOABD for a Medi-Cal behavioral health service.
B. Appeals are not available to beneficiaries who are not happy with the outcome of a grievance.
C. The appeal process described in this policy is only available through ACBHD and is not available via ACBHD-contracted providers.
D. Appeals may be filed orally or in writing with ACBHD by the consumer, provider and/or their authorized representative (with written consumer consent). This includes:
    1. Clients age twelve (12) or over
    2. Parents/guardians of children and youth receiving services
    3. A consumer-designated representative (i.e. family member, friend, service provider, other client, or trained advocate - with written consumer consent) may file the appeal or assist the consumer in the process at any time.

a. If a consumer-designated representative is not employed by ACBHD or an ACBHD contractor, consumer confidentiality must be protected. The consumer must give verbal consent and/or sign an Authorization for Release of Confidential Information form, available at all sites, in order to allow ACBHD to discuss the issue(s) with the representative.

E. Standard Appeals to ACBHD may be filed orally or in writing using ACBHD's Grievance or Appeal Request form, available at all provider sites.

1. An oral appeal (excluding expedited appeals) shall be followed up with a written appeal signed by the consumer, though in the event that ACBHD does not receive a written, signed appeal, ACBHD shall neither dismiss nor delay resolution of the appeal.
    a. The date of the oral appeal establishes the filing date for the appeal.
2. If the consumer received a NOABD, the appeal must be filed within sixty (60) calendar days from the date on the NOABD. If the consumer did not receive a NOABD, there is no deadline for filing; the appeal can be filed at any time.
3. Appeals may be submitted to ACBHD as follows:

By phone:	(800) 779-0787 Consumer Assistance Line
Via US mail:	2000 Embarcadero Cove, Suite 400 Oakland, CA 94606
In Person:	By visiting Consumer Assistance at Mental Health Association, 2855 Telegraph Ave, Suite 501, Berkeley, CA 94705

4. Assistance filing an appeal may be obtained by calling the Consumer Assistance Line listed above.
5. When an appeal is filed, a written acknowledgement of receipt will be issued to the consumer and/or their representative and must be postmarked within five (5) calendar days of receipt of the appeal.
6. The ACBHD QA Office facilitates review and processing of all consumer appeals and will advise and assist consumers in requesting continuation of benefits during an appeal of the adverse benefit determination. Providers and authorized representatives cannot request continuation of benefits as specified in 42 CFR §438.420(b)(5). ACBHD must notify the consumer and/or their representative in writing using the appropriate Notice of Appeal Resolution (NAR) letter and NAR "Your Rights" attachment about the decision within thirty (30) calendar days of the receipt of the appeal.
7. Timeframes may be extended by up to fourteen (14) calendar days if the consumer or consumer's representative requests an extension, OR if ACBHD determines and can demonstrate, to the satisfaction of DHCS upon request, that there is need for additional information and that the delay is in the consumer's best interest.
    a. If ACBHD extends the timeframe, not at the request of the consumer, ACBHD must do the following:

i. Make reasonable efforts to provide the consumer with prompt oral notice of the extension,
ii. Within two (2) calendar days of making the decision, ACBHD shall give the consumer written notice of the extension and the reason for the decision to extend the timeframe and inform the consumer of their right to file a grievance if they disagree with that decision, and
iii. Resolve the appeal as expeditiously as the consumer's health condition requires and in no event extend resolution beyond the fourteen (14) calendar day extension.

b. In the event that ACBHD fails to adhere to the notice and timing requirements for an extension, the consumer is deemed to have exhausted ACBHD's appeal process and may initiate a State Hearing.

F. Expedited Appeals: An Expedited Appeal will be granted if ACBHD determines, from the consumer's or a provider's request or from supporting information submitted, that taking the time for a standard resolution of an appeal could seriously jeopardize the consumers' MH or SUD condition and/or the consumer's ability to attain, maintain, or regain maximum functioning.

1. A request for an Expedited Appeal can be made orally without requiring a written appeal to follow.
    a. ACBHD shall log the time and date of receipt of the request when an Expedited Appeal is requested.
    b. Expedited Appeals shall be resolved and a written NAR letter and NAR "Your Rights" attachment given to consumer and provider by ACBHD as expeditiously as the consumer's health condition requires and no longer than seventy-two (72) hours after ACBHD receives the Expedited Appeal request. In addition, ACBHD shall make reasonable efforts to provide prompt oral notice of the resolution to the consumer and/or representative.
    c. If ACBHD denies an Expedited Appeal request, ACBHD shall transfer the appeal to the timeframe for a Standard Appeal. In this case, ACBHD must do the following:
        i. Make reasonable efforts to give the consumer and/or their representative prompt oral notice of the denial for an Expedited Appeal and the decision to transfer the appeal to the timeframe for a Standard Appeal,
        ii. Provide written notice within two (2) calendar days of making the decision to transfer the appeal to the timeframe for a Standard Appeal and notifying the consumer of the right to file a grievance if they disagree with the extension and
        iii. Resolve the appeal as expeditiously as the consumer's health condition requires and within the timeframe for a Standard Appeal.

d. ACBHD may extend the timeframe for an Expedited Appeal resolution by fourteen (14) calendar days as described in the Standard Appeal section above.

G. Appeal Resolution Notices to Consumers: ACBHD shall use the DHCS NAR formal letter templates to inform consumers that an Adverse Benefit Determination has been overturned or upheld and to inform consumers of their rights. Each NAR letter sent to a consumer shall include the DHCS NAR "Your Rights Under Medi-Cal" attachment.

H. Appeals Granted: If an appeal is resolved wholly in favor of the consumer, ACBHD shall authorize or provide the disputed service promptly and as expeditiously as the consumer's condition requires and no later than seventy-two (72) hours from the date and time it reverses the decision.

Issues relating to involuntary 5150 holds, 5250 holds and conservatorships is handled through existing legal remedies such as Patient's Rights, rather than through the appeal process. Contact Patients' Rights Advocates: 1 (800) 734-2504 or (510) 835-2505.

Filing for a State Fair Hearings (2nd level appeal)

A. Medi-Cal beneficiaries have the right to file a request for a State Fair Hearing, conducted by the State of California, only if it has been deemed that the ACBHD First Level appeals process has been exhausted, either by:
   1. Beneficiary receipt of the BHP's written notification via the NAR that the appeal decision is to uphold the adverse benefit determination, or
   2. Beneficiary non-receipt of the NAR within 30 days from the date of appeal receipt.

B. Request for a State Fair Hearing must be submitted within one hundred and twenty (120) days from the date of the BHP's written NAR.

C. The NAR will be accompanied by the "Your Rights" notice, which informs the beneficiary of their right to a State Fair Hearing and how to request a State Fair Hearing.

D. State Fair Hearings may be requested as follows:

By phone:	(800) 952-5253 TTY/TDD 1-800-952-8349
On-line:	https://www.cdss.ca.gov/hearing-requests
Via US mail:	California Department of Social Services/State Hearings Division P.O. Box 944243, Mail Station 9-17-442 Sacramento, CA 94244-2430

E. State Fair Hearings are not available to beneficiaries who are unhappy with their grievance outcome.

F. Processing State Fair Hearings by ACBHD
   1. All State Fair Hearing requests are received and processed by the ACBHD Utilization Management (UM) Program.
   2. Standard Hearings:
      a. The State must reach its decision on the State Fair Hearing within ninety (90) calendar days of the date of the request for the hearing.

b. Upon State notification of a State Fair Hearing request, a designated UM licensed clinician facilitates review and renders a BHP position to either uphold or reverse the adverse benefit determination.
c. The designated UM licensed clinician completes and submits a Statement of Position to the State of California prior to the scheduled hearing date.
d. The designated UM licensed clinician presents the BHP position during the State hearing to the Administrative Law Judge. Other participants of the State hearing include the beneficiary and if applicable, the authorized representative.

3. Expedited Hearings: If taking the time for a standard hearing could seriously jeopardize the consumers' life, health, or ability to attain, maintain, or regain maximum functioning, an expedited hearing may be requested.
    a. The State must reach its decision on the State Fair Hearing within three (3) working days of the date of the request for the hearing.
    b. A designated UM licensed clinician performs the same procedures as indicated above for standard hearings.
    c. For State-overturned decisions, the BHP shall authorize and 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 BHP's adverse benefit determination.

Aid Paid Pending (APP):

(APP does not apply to BHP services that have already been rendered or terminated).

A beneficiary may request **Aid Paid Pending** (APP), which is a continuation of benefits while an appeal or the State Fair Hearing is pending. If the following criteria are met, a Medi-Cal beneficiary's benefits will continue while an appeal or State Fair Hearing are pending:

1. Beneficiary timely files for continuation of benefits on or before the later of the following:
    a. Within ten (10) calendar days from the date of the NOABD, or
    b. The intended effective date of the proposed adverse benefit determination
2. The appeal involves the termination, suspension, or reduction of previously authorized services
3. The services were requested by an authorized provider, or
4. The period covered by the original authorization has not expired.

A. The beneficiary will be notified of their right to an APP request via an "ACBHD Aid Paid Pending Notice."
B. Duration of continuation of benefits occurs until one of the following:
    1. Beneficiary withdraws the appeal or request for State Fair Hearing.

2. Beneficiary fails to request a State Fair Hearing and continuation of benefits within ten (10) calendar days from the date of the NAR, upholding the adverse benefit determination.
3. A State Fair Hearing office issues a hearing decision adverse to the beneficiary.

C. Beneficiary responsibility for services rendered while the appeal or State Fair Hearing is pending:
   1. If the final resolution of the appeal or State Fair Hearing is adverse to the beneficiary, that is, upholds the BHP adverse benefit determination, the BHP may recover the cost of services furnished to the beneficiary while the appeal and State Fair Hearing was pending.

Consumer Information Requirements

A. Posting and Informing
   1. Providers shall post the ACBHD Grievance and Appeal System poster in all threshold languages in a highly visible location for consumers (e.g., waiting room).
   2. The forms used for filing a grievance (Grievance and Appeals Process & Request Form) with ACBHD and self-addressed envelopes shall be made readily available at all provider sites for a consumer to pick up without having to make a verbal or written request to anyone. This material shall be made available by providers in all threshold languages.
   3. Consumers shall receive written and oral information from their service provider(s) regarding the ACBHD grievance and appeal process. Informing consumers means explaining the process to them in their primary language and reminding them of the process when they express wanting to file a grievance or appeal with ACBHD.
   4. Providers shall inform consumers about ACBHD's Grievance and Appeal System:
      a. At the initial face-to-face visit and at admission to any new program or provider agency,
      b. Annually during treatment reauthorization, and
      c. When services are modified, denied, or terminated.
   5. The following materials related to this policy are available on the ACBHD Provider Website in the QA Manual, Section 10: Beneficiary Rights Informing Materials:
      a. ACBHD Grievance and Appeal Process Information Flyer and Forms (Available in the County's threshold languages and extra-large font to accommodate persons with visual problems)
      b. ACBHD Grievance and Appeal System Poster (Available in the County's threshold languages)
      c. ACBHD "Informing Materials – Your Rights and Responsibilities" (Available in the County's threshold languages)

d. ACBHD Policy and Procedure: Consumer Grievance and Appeal System (Shall be made available at all direct treatment programs for review by clients upon request)

6. ACBHD-contracted providers shall inform consumers of the contracted agency's internal grievance process, if applicable, at the same frequency at which they inform consumers of ACBHD's Consumer Grievance and Appeal System.
7. Use of the ACBHD's grievance and appeal process does not replace any existing avenues of review or redress provided by law. Consumers have all rights guaranteed under law.

B. Documenting
   1. Providers shall document that consumers have been informed about the grievance and appeal process at the initial face-to-face evaluation and at admission to any new program or provider agency.
   2. Documentation will be indicated by the check-off box on the ACBHD Informing Materials—Your Rights and Responsibilities Acknowledgement of Receipt which shall be placed in the consumer's chart.
   3. Providers shall also review the grievance and appeal procedure annually with the consumer as part of reviewing all information in the ACBHD Informing Materials – Your Rights and Responsibilities and document this on the Acknowledge of Receipt which shall be placed in the consumer's chart.

C. Language Assistance, Nondiscrimination Notice and Taglines
   1. ACBHD and its contractors shall comply with Federal regulations that require BHPs to post and include nondiscrimination notices and language assistance taglines in significant communications to beneficiaries. ACBHD shall post templates of the nondiscrimination notice and language assistance taglines on the Provider Website. Significant communications include, but is not limited to:
      a. NOABD
      b. Grievance acknowledgment letter
      c. Appeal acknowledgment letter
      d. NGR letter
      e. NAR letter

Retention of Records

A. ACBHD and ACBHD-contracted provider agencies shall retain a copy of all grievances in locked administrative files, or stored in a secure electronic file, for ten (10) years from the date the original grievance was received unless there are program specific requirements that demand a longer retention period.
B. As required by DHCS, ACBHD shall maintain a log of all Medi-Cal grievances/appeals and MHSA-related grievances. Any non-Medi-Cal or non-MHSA grievances shall also be captured on the ACBHD log for tracking purposes and for use in the quarterly patterns

report to the ACBHD Quality Improvement Committee (QIC). ACBHD-contracted provider agencies shall also maintain a log of consumer grievances. The log shall contain at least the following information, if applicable, on each grievance or appeal:

1. Name of grievant and grievant's representative, if applicable
2. Date received
3. Medi-Cal ID/Social Security Number for Medi-Cal Beneficiaries
4. A general description of the reason for the appeal or grievance
5. Agency/program name or individual provider name
6. Date received
7. Date of each review and/or review meeting
8. Date acknowledgment letter was mailed out
9. Resolution of appeal and/or grievance
10. Date the letter of decision/notification to beneficiary was mailed out
11. Date of resolution
12. Date letter of extension was mailed out
13. Date NOABD was mailed out
14. Date the letter of decision/notification to provider was mailed out
15. Whether program was funded by MHSA/MHSA issues identified

C. Each grievance or appeal shall have an individual grievance/appeal case file that includes copies of the following documents, as applicable. The file shall be kept separate from the consumer's treatment file.

1. Name of the beneficiary
2. SmartCare Staff Number
3. Staff name who resolved the grievance/appeal and credentials
4. Documentation of Request for Investigation of Grievance or Appeal from beneficiary or representative
5. Authorization of Release of Information from beneficiary if needed for resolution of grievance/appeal
6. Letter of Acknowledgment
7. Provider Notice (Grievance/Appeal) Letter
8. Investigation Notes
9. Notice of Grievance or Appeal Resolution to beneficiary with Language Access and Beneficiary Non Discrimination Notice attachments
10. Notification of Grievance or Appeal Disposition to Provider
11. Supporting Documentation and additional correspondence (emails/records)
12. Letter of Extension

Quality Improvement and Reporting

A. The ACBHD QM Division shall track the timeliness of responses to consumer grievances and appeals, the number of cases submitted, types of issues, number of unresolved grievances and appeals and their reasons, and number of resolved grievances and appeals.
B. On an annual basis the ACBHD QA Office will prepare and submit the ABGAR for grievances and appeals related to Medi-Cal beneficiaries and MH services to DHCS.
C. On a quarterly basis, the ACBHD QA Office will prepare and submit a report for grievances and appeals related to Medi-Cal beneficiaries and services provided by the ACBHD Drug Medi-Cal Organized Delivery System (DMC-ODS) to DHCS. The report shall follow the DHCS reporting requirements.
D. At least quarterly the ACBHD QA Office shall present an aggregate report on grievances and appeal patterns to the ACBHD QIC that is charged with making policy recommendations and developing quality improvement activities to ensure that ACBHD consumers are receiving appropriate care.
    1. The review shall include, but not be limited to, issues related to access to care, quality of care, and denial of services.
    2. Issues identified as a result of grievance and appeal processes will be discussed by the QIC and, if needed, brought to the attention of the ACBHD Executive Team or another appropriate body for further consideration.

NON-COMPLIANCE

- Non-compliance with this policy refers to non-compliance with State and Federal regulations and guidelines, as well as with this ACBHD policy regarding grievance processes including, but not limited to, grievance resolution timelines, notices to consumers, records retention, and grievance logs.
- Staff shall not face retribution for submitting a notice of non-compliance.
- Staff shall report any non-compliance to their QA/Quality Improvement (QI) staff, who shall submit a Non-Compliance Report to ACBHD QM.
- Non-Compliance Reports shall be submitted within fifteen (15) days of reasonable awareness of non-compliance.
- Any communication that contains protected health information (PHI) or otherwise confidential information (e.g., as defined by HIPAA, 42 CFR, Part 2, etc.) shall be sent through secure methods such as email with secure encryption.

CONTACT

ACBHD Office	Current Date	Email/Phone
QA Office	11/1/2024	qaoffice@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff
- ACBHD Contracted Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Kyree Klimist, MFT, QA Administrator
Original Date of Approval: 3/10/2010 by Marye Thomas, M.D., Behavioral Health Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)
Donna Fone, LMFT, LPCC, QA Administrator and Kimberly Coady, LCSW, QA Consumer Assistance Clinician	To update policy.	12/5/2016 by Karyn Tribble, PsyD, LCSW, Interim ACBHD Director
Donna Fone, LMFT, LPCC, QA Administrator and David Woodland, LPCC, QA Consumer Assistance Clinician	Policy revised to align with DHCS Information Notice 18-010.	5/21/2018 by Carol Burton, Interim ACBHD Director
David Woodland, LPCC, CRC, QA Clinical Review Specialist	Policy revised to update outdated language, and to align with the current MHP Contract with DHCS.	11/30/2024 by Karyn Tribble, PsyD, LCSW, ACBHD Behavioral Health Director

DEFINITIONS

Term	Definition
Adverse Benefit Determination	An Adverse Benefit Determination is defined to mean any of the following actions taken by ACBHD or an ACBHD-contracted provider in regard to Medi-Cal services: 1) The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit 2) The reduction, suspension, or termination of a previously authorized service 3) The denial, in whole or in part, of payment for a service 4) The failure to provide services in a timely manner 5) The failure to act within the required timeframes for standard resolution of grievances and appeals, or

	6) The denial of a beneficiary's request to dispute financial liability.
Aid Paid Pending	Aid Paid Pending is associated with State Hearings for Medi-Cal services and refers to continuation of a beneficiary's services pending the State Hearing decision.
Appeal	An Appeal is a review of an Adverse Benefit Determination and applies to Medi-Cal services only.
Behavioral Health	Behavioral Health is inclusive of both mental health and substance use disorder (services, treatment, programs, etc.)
Consumer	A Consumer is anyone currently receiving ACBHD care or services, or who has received ACBHD care or services in the last 12 months. The term 'consumer' is also synonymous with 'beneficiary,' 'patient,' or 'client'.
Grievance	A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination described in the Medi-Cal appeal process. Grievances may include, but are not limited to, the quality of care of services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect the beneficiary's rights regardless of whether remedial action is requested, and the beneficiary's right to dispute an extension of time proposed by the BHP to make an authorization decision. There is no distinction between an informal and formal grievance. A complaint is the same as a formal grievance. A complaint shall be considered a grievance unless it meets the definition of an "adverse benefit determination."
Medi-Cal	Medi-Cal is the name of California's Medicaid program which provides health coverage to people with low-income, the aged or disabled and those with asset levels who meet certain eligibility requirements.
Provider	A Provider is the agency or program that renders services to the beneficiary.
State Hearing (applies to Medi-Cal services only)	Medi-Cal beneficiaries have the right to a State Hearing, to be heard by a judge, conducted by the State of California, if they have already exhausted ACBHD's appeal process prior to requesting a State Hearing and have received notice that ACBHD is denying their appeal partially or in whole. ACBHD must abide by any decision reached through a State Hearing.
Threshold Language	A Threshold Language that has been identified as the primary language, as indicated on the Medi-Cal Eligibility Data System (MEDS), of 3,000 beneficiaries or five (5) percent of the beneficiary population, whichever is lower, in an identified geographic area.

APPENDICES

- **Consumer Grievance and Appeal Procedure Manual**