

## **Grievance & Appeal Information and Instructions**

### Specialty Mental Health Services and Mental Health Services Act (MHSA)

If a Tri-City Mental Health Authority (TCMHA) Client, Participant, or Stakeholder experiences any concern or dissatisfaction with TCMHA services or the TCMHA system of care, they have the right to file a grievance or an appeal at any time without retaliation.

The *Issue Resolution: Grievances and Appeals* process is overseen by the compliance office, which is an internal, yet separate, department of Tri-City Mental health Authority.

Please see below more information on:

**A. GRIEVANCES**

**B. APPEALS & STATE FAIR  
HEARINGS**

**C. FAQs: Frequently  
Asked Questions**

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## **A. GRIEVANCES**

### **What is a grievance?**

A grievance is a formal expression of dissatisfaction about any aspect of the Tri-City system of care, other than an adverse benefit determination. Grievances are formally filed and investigated with the goal of resolving an issue.

### **When can a grievance be filed?**

Anytime - Clients, participants, stakeholders and/or their representatives have the right to file a grievance anytime they have concerns with Mental Health Clinic Services, MHSA Services or Programing, MHSA stakeholder process, or any other dissatisfaction with our system of care.

### **How can a grievance be filed?**

Complete and submit an *Grievance/Appeal Issue Resolution form*. See *FAQs* below for details on obtaining and submitting the form.

**OR** Call the compliance office (909) 784-3298 to file a grievance verbally, with a compliance office representative.

### **What happens after the grievance is filed?**

1. The compliance office representative will record the grievance and provide the client, participant, or stakeholder with a written receipt of the verbal or written grievance. The compliance office will coordinate with the necessary agency leadership staff throughout the grievance process and will monitor progress to ensure final resolution.
2. Grievances will be resolved within 60 calendar days from the date the of receipt of the grievance. Grievances that are NOT resolved within the above listed timeframe will only occur for either of the following reasons (a or b):
  - a. *An Extension Request* – If a client/participant/stakeholder requests for an extension or if Tri City determines that it would be for the benefit of the client/participant to extend the time frame, an extension request can be made for up to 14 additional days.
  - b. *A Delayed Resolution* - If the Compliance Office is unable to resolve a grievance within 60 days, the compliance office will issue a Notice of Adverse Benefit Determination (NOABD) alerting the client that Tri-City has failed to meet the time frame and that additional time is needed to resolve the grievance.

Note: Clients can appeal the NOABD. See appeal section below, for details.

- Once a resolution is reached, the client/participant/stakeholder will receive a written grievance outcome notification and the grievance item will be considered resolved and closed.

**What if the client/participant/stakeholder is not satisfied with the Grievance Outcome?**

If a client, participant, or stakeholders is not satisfied with the outcome of their grievance and would like to seek further review and resolution, a request for review of the grievance outcome can be filed. Grievance outcome review requests must be made within 60 calendar days from the date on the grievance outcome letter. Grievance outcome review requests will be processed by the compliance office and will then be reviewed by the Tri-City Executive Director for final review and decision.

**How can a Grievance Outcome Review Request be filed?**

Complete and submit an Grievance/Appeal Issue Resolution form. See FAQs below for details on obtaining and submitting the form.

**OR** Call the compliance office (909) 784-3298 to file a grievance verbally, with a compliance office representative.

**B. APPEALS**

**What is an Appeal?**

An appeal is a request for a review of an **Adverse Benefit Determination**. Medi-Cal members that have been issued a *Notice of Adverse Benefit Determination (NOABD)*, can file an appeal request. The Standard Appeal review process is 30-days. However, an Expedited Appeal may be verbally filed, if waiting up to 30 days for a standard appeal process will jeopardize the individual's life, health, or ability to maintain or regain maximum functioning. If Tri-City agrees that the Expedited Appeal meets the requirements, the Compliance Office will resolve the Expedited Appeal within 3-days/72-hours. If the Appeal does not meet the requirements for an Expedited Appeal, the client will be notified right away orally and in writing within 2 calendar days. A denied Expedited Appeal may be filed as a standard Appeal.

**When can an Appeal be filed?**

Appeals must be filed within 60 calendar days from the date on the Notice of Adverse Benefit Determination. Clients that are Medi-Cal members have the right to continue services while an appeal is pending resolution.

**How can an Appeal be filed?**

Complete and submit an Grievance/Appeal Issue Resolution form. See FAQs below for details on obtaining and submitting the form.

**OR** Call the compliance office (909) 784-3185 to file a grievance verbally, with a compliance office representative. *Verbal requests for a standard appeal must be followed by written confirmation from the client unless the request is for an expedited appeal.*

**What happens after the Appeal is filed?**

- The compliance office representative will record the appeal and provide you with a written receipt of the appeal.

2. A decision on the appeal will be made within 30 calendar days (for a standard appeal) or 3 days (for an expedited appeal) of receipt of the appeal. Appeals that are NOT resolved within the above listed timeframes will only occur for either of the following reasons (a or b):
  - a. An Extension Request – If a client requests for an extension or if Tri-City determines that, it would be for the benefit of the client/participant to extend the time frame, an extension request can be made for up to 14 additional days.
  - b. Delayed Resolution - If the Compliance Office is unable to make a decision on an appeal within 30 days, the compliance office will issue a Notice of Adverse Benefit Determination (NOABD) alerting the client that Tri-City has failed to meet the time frame and that additional time is needed to make an appeal decision.  
*Note: An appeal can be filed for an NOABD. See appeal section below, for details.*

Once an appeal decision is reached, you will receive a written appeal outcome notification. After a decision is reached, your appeal will be resolved and closed.

### **What if the client is not satisfied with the Appeal Outcome?**

If a client is not satisfied with the outcome of their appeal and would like to seek further review and resolution, either or both of the following can be done:

- File an Appeal Outcome Review Request (see below)
- Request a State Fair Hearing (see below)

### **Appeal Outcome Review Request**

An Appeal outcome review request must be made within 60 calendar days from the date on the grievance outcome letter. Verbal requests for a standard appeal must be followed by written confirmation from the client unless the request is for an expedited appeal. Appeal outcome review requests will be processed by the compliance office and will then be reviewed by the Tri-City Executive Director for final review and decision.

### **How can Appeal Outcome Review Requests be filed?**

Complete and submit an Grievance/Appeal Issue Resolution form. See FAQs below for details on obtaining and submitting the form.

**OR** Call the compliance office (909) 784-3185 to file a grievance verbally, with a compliance office representative.

### **State Fair Hearing:**

A State Fair Hearing is an independent review conducted by the State Department of Social Services. The hearing process ensures that an individual is receiving the mental health services they are entitled to receive as a Medi-Cal member. If a Medi-Cal member is not satisfied following the Tri-City appeal decision, the Medi-Cal member may ask for a State Fair Hearing if the member believes a service has been unfairly denied, reduced, or terminated.

### **\*\*\*Available for Medi-Cal members who have filed and received an appeal outcome\*\*\***

A request for a State Fair Hearing may be submitted in one of the following ways:

1. To the California Department of Social Services  
State Hearings Division  
P.O. Box 944243, Mail Station 21-37  
Sacramento, California 94244-2430.
2. To the State Hearings Division by fax to (833) 281-0905.
3. To the California Department of Social Services  
at <https://acms.dss.ca.gov/acms/login.request.do>

4. A toll-free call to request a State Hearing. California Department of Social Services  
Public Inquiry and Response  
Phone (800) 743-8525 (Voice)  
(800) 952-8349 (TDD)

NOTE: The State Hearings Division does not accept requests for a State Hearing via e-mail.

## C. FAQs: Frequently Asked Questions

### ① Where can I get a blank Grievance/Appeal Issue Resolution Form from to file a grievance or appeal?

- Forms can be found at any service location lobby -or- on our website:  
<https://www.tricitymhs.org/resources/consumer-resources/client-consumer-and-participant-rights>

### ① How do I submit the Grievance/Appeal Issue Resolution Form for my grievance or appeal?

- Forms can be submitted by:  

<u>Mail:</u> Tri-City Mental Health Center 2008 N. Garey Avenue Pomona, CA 91767 Attention: Compliance Office	OR	<u>Email:</u> issueresolution@tricitymhs.org
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NOTE: An Authorization for the Release/Disclosure of PHI (last page of submission form) may need to be completed so that the compliance office can investigate the grievance or appeal.

### ① Can I get help filing a grievance or appeal?

- A client, participant, or stakeholder can file a grievance or appeal themselves or can also authorize another person to act on their behalf. Assistance filing a grievance or appeal (including free language assistance) can also be requested by calling the compliance office (909) 784-3298. Please see below for more details:

### ① Can I provide evidence or proof along with my grievance or appeal?

- YES - Additional information, documents, or supporting evidence can also be included with the grievance or appeal.

### ① Can I request to change my provider, without filing a Grievance?

- YES - You can complete and submit the 'Change of Provider' form (see link below) to make a request to change any service provider.  
<https://www.tricitymhs.org/resources/consumer-resources/client-consumer-and-participant-rights>

### ① Can I make a Complaint, without filing a Grievance?

- YES - You can always make an informal complaint by speaking directly with your treatment team or with program management. Additionally, if you disagree with your treatment or medication, you can get a second opinion about it from another by informing a program supervisor. There is no cost to you for a second opinion.

\*\*If your informal complaint does not get resolved at this level, you can always file a grievance. Furthermore, you are NOT required start your complaint with an informal complaint, you have the right to file a grievance at any time) \*\*

**① Can I file my Grievance directly with the Los Angeles Department of Mental Health?**

- Medi-Cal members can also file a concurrent grievance with the Los Angeles County Department of Mental Health (LACDMH), Patient Rights Office. Visit <https://dmh.lacounty.gov/our-services/patients-rights/> for more details. To ensure that your grievance gets processed correctly, be sure to file your grievance with TCMHA first and alert the compliance office that you plan to also file with LACDMH.

**① Where can I find more information on complaints, grievances, and appeals?**

- More information can be found in the Los Angeles County Mental Health Plan (MHP) Beneficiary Handbook Specialty Mental Health Services - <https://dmh.lacounty.gov/our-services/patients-rights/mhp-handbooks/>