

**Nevada County Behavioral Health Adult Services**

500 Crown Point Circle, Suite 120 Grass  
Valley, CA 95945

**Phone: (530) 265-1437**

**Children's Services**

Brighton Greens Resource Center 988  
McCourtney Road Grass Valley,  
CA 95949

**Phone: (530) 470-2736**

**Truckee Adult & Children's Services**

10075 Levon Avenue, Suite 204  
Truckee, CA 96161

**Phone: (530) 582-7803**

**Crisis Services**

**1-888-801-1437 or (530) 265-5811**

**Office Hours**

8:00 am-5:00 pm, Monday-Friday

**Patients' Rights Advocate**

(530) 265-1437



**NEVADA  
COUNTY**  
CALIFORNIA

**Behavioral  
Health**

**Mental Health and Substance Use  
Services**

**Client Problem  
Resolution Guide**



## What is the difference between a Grievance and an Appeal?

As a client of Nevada County Behavioral Health (NCBH), Mental Health Services and Substance Use Services, you have the right to let us know if you are unhappy or dissatisfied with any matter at NCBH. For most matters, you may file a grievance. If the matter involves an Adverse Benefit Determination (ABD), you have the right to file an appeal. An ABD occurs in the following situations:

- We deny or limit a requested service through our service authorization process, including the type or level of service;
- We reduce, modify, suspend, or terminate a service that was previously authorized;
- We deny all or part of payment for a service;
- We fail to provide services to you in a timely manner, as determined by law or NCBH;
- We fail to act within the timeframes for deciding about grievances, standard appeals, or expedited appeals; or
- We deny your request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities.

If you are unhappy or dissatisfied with one of the ABDs above, you may appeal the decision through either a standard appeal or an expedited appeal.

If you are dissatisfied with something other than one of the ABDs listed above, you may file a grievance.

## What if I need help filing a Grievance or Appeal?

At any time during the problem resolution process, you may ask a staff person to help you. You have a right to authorize another person or your legal representative to act on your behalf. You can also ask the Patient's' Rights Advocate or State Ombudsman Service for help. The Patient's Rights Advocate may be reached at 530-265-1437; the State Ombudsman Service may be reached at 1-888-452-8609; or by email:

[MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov).

With your written consent, a provider or authorized representative may file a grievance, request an appeal, or request a State Fair Hearing on your behalf.

## Confidentiality

We assure you that your grievance and/or appeal will be kept confidential and will only be discussed with those people who are directly involved in the matter. You will not be discriminated against or penalized in any way for your grievance and/or appeal.

## Language and Communication Assistance

We have Spanish-speaking staff available during normal office hours and we utilize the Universal Language Line for all other languages.

If you are hearing or speech impaired and use TDD, please call 711 for assistance. Written materials are available in alternate formats, such as large print and audio, for persons who are visually impaired.

Language assistance services and alternate formats are available for free.

- We will then review your expedited appeal and notify you orally of our decision as soon as possible.
- We will also send a written notice to you explaining our decision no later than 72 hours after we receive your expedited appeal.
- Our written decision to you will include information about your right to file for a state fair hearing and how to do so. It will also include information about your right to request and receive benefits while the hearing is pending, and how to make the request.

**Medi-Cal Members:** If you have completed the NCBH problem resolution process and are not completely satisfied with our decision(s), you have a right to file for a state fair hearing.

### How do I file a grievance or an appeal?

The Grievance and Appeal forms are visibly located and accessible in our clinic lobbies. Self-addressed envelopes are included with the forms, in case you would like to submit a grievance or appeal by mail. Please ask staff if you do not see the forms and envelopes.

You can find Grievance and Appeal forms or file a Grievance or Appeal electronically on our website at <https://www.nevadacountyca.gov/2170/Quality-Assurance>.

### Grievance Process

You have the right to file a grievance either orally by calling 530-265-1437 or in writing, at any time. If you

wish, you can have someone call or write for you.

- We will write to you to let you know that we received your grievance within five business days.
- We will then review your grievance and write to you to let you know our decision within thirty (30) calendar days from the date that we received your grievance.
- NCBH has designated the Discrimination Grievance Coordinator as the Quality Assurance Manager, who is responsible for ensuring compliance with federal and state nondiscrimination requirements. The Patient Rights Advocate is responsible for investigating discrimination grievances related to any action that would be prohibited by, or out of compliance with, federal or state nondiscrimination law.
- NCBH will promptly and equitably resolve discrimination-related complaints.
- NCBH will not require a member to file a grievance with NCBH before filing a complaint directly with the DHCS Office of Civil Rights' and the U.S. Health and Human Services Office for Civil Rights.
- Filing a complaint with DHCS Office of Civil Rights
  - By phone: call 916-440-7370. If you cannot speak or hear well, please call 711 (California State Relay).

- In writing: fill out a complaint form or send a letter to:
  - Department of Health Care Services Office of Civil Rights  
P.O. Box 997413, MS 009  
Sacramento, CA 95899-7413
  - Complaint forms are available at <https://www.dhcs.ca.gov/discrimination-grievance-procedures>
- Electronically: send an email to CivilRights@dhcs.ca.gov
- Filing a complaint with U.S. Department of Health and Human Services
  - By phone: call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697
  - In writing: fill out a complaint form or send a letter to:
    - U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201
    - Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
    - Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.
- Within ten calendar days of mailing a Discrimination Grievance resolution letter to a member, NCBH is required to notify the

Office of Civil Rights of the Grievance.

### **Standard Appeal Process** (regarding ABDs)

You have the right to file a standard appeal to request a review of an ABD. You may file an appeal either orally or in writing. If you request an appeal orally, you will need to give us a signed written appeal after you orally tell us. You must file an appeal within sixty (60) days of the date of services for the action that you are appealing.

- You may authorize another person, including your provider, to represent you during the appeal process.
- We will write to you to let you know that we received your standard appeal.
- You have the right to present evidence in person or in writing that supports or relates to your appeal.
- You also have the right to look at your case file and any other records that are important to your appeal before and during the appeal process free of charge and sufficiently in advance of the resolution timeframe for appeals.
- We will review your standard appeal and write to you to let you know our decision. We will let you know our decision within thirty (30) calendar days from the date that your standard appeal was filed.
- Standard appeals will be resolved within (30) calendar days of receipt of the written or oral

appeal, whichever is received first. In the event that NCBH fails to adhere to the noticing and timing requirements for resolving appeals, the member is deemed to have exhausted the County's appeal process and may initiate a State Fair Hearing.

- Our written decision to you will include information about your right to request a state fair hearing and how to do so. It will also include information about your right to request and receive benefits while the hearing is pending, and how to make the request.

***Medi-Cal Members.*** If you have completed the NCBH problem resolution process and are not completely satisfied with our decision(s), you have a right to file for a state fair hearing.

### **Expedited Appeal Process** (regarding ABDs)

You have the right to file an expedited appeal to request a review of an ABD. Expedited appeals are considered necessary ONLY if using the standard appeal process could seriously jeopardize your life, physical or mental health, or ability to achieve, keep, or regain your maximum life functions. You can file an expedited appeal either orally or in writing.

- You may authorize another person, including your provider, to represent you during the appeal process.
- We will write to you to let you know that your request for an expedited appeal has been received.
- We will then review your request for an expedited appeal. If we deny your request for an expedited appeal, the appeal will be changed into a standard

appeal and will follow the standard appeal process. We will make reasonable efforts to let you know as soon as possible if we deny your request for an expedited appeal. We will also send you written notice, within two (2) calendar days of the date that we received your request.

- If we decide that your request for an expedited appeal is valid, you will have the right to present evidence in person or in writing that supports or relates to your expedited appeal.
- You also have the right to look at your case file and any other records that are important to your appeal before and during the expedited appeal process.

### **State Fair Hearings**

A State Fair Hearing is an independent review conducted by an administrative law judge from the California Department of Social Services (CDSS) to ensure you receive the behavioral health services that you are entitled to under the Medi-Cal program.

- Please visit the California Department of Social Services website <https://www.cdss.ca.gov/hearing-requests> for more resources.
- You can file for a State Fair Hearing if:
  - You filed an appeal and received an appeal resolution letter telling you that your county denied your appeal request.
  - Your grievance, appeal, or expedited appeal wasn't resolved in time.

You can request a State Fair Hearing:

- Online: at the Department of Social Services Appeals Case Management website:  
<https://acms.dss.ca.gov/acms/login.request.do>
- In writing: submit your request to the county welfare department at the address shown on the Notice of Adverse Benefit Determination, or mail it to:  
California Department of Social Services  
State Hearings Division  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 94244-2430
- By Fax: 916-651-5210 or 916-651-2789

You can also request a State Fair Hearing or an expedited State Fair Hearing:

- By Phone:
  - State Hearing Division, toll-free at 1-800-743-8525 or 1-855-795-0634
  - Public Inquiry and Response, toll free, at 1-800-952-5253 or TDD at 1-800-952-8349

You have 120 days from the date of the county's written appeal decision notice to request a State Fair Hearing. If you did not receive a Notice of Adverse Benefit Determination, you may file for a State Fair Hearing at any time.

If you are currently receiving authorized services and wish to continue receiving the services while you wait for the State Fair Hearing decision, you must request a

State Fair Hearing within 10 days from the date the appeal decision was postmarked or delivered to you. Alternatively, you can request the hearing before the date your county says that services will be stopped or reduced.

- When requesting a State Fair Hearing, you must indicate that you wish to continue receiving services during the State Fair Hearing process.
- If you request to continue receiving services and the final decision of the State Fair Hearing confirms the reduction or discontinuation of the service you are receiving, you are not responsible for paying the cost of the services provided while the State Fair Hearing was pending.
- After requesting the State Fair Hearing, it may take up to 90 days to receive a decision.