

## Ways to Resolve Concerns

If you have a concern, a quick way to resolve issues is to speak directly with your provider or the program manager.

If you disagree with your treatment or medication, you can ask for a second opinion from another clinician at your treatment program or by calling the **Access & Crisis Line at 1-888-724-7240 (TTY: 711)**. There is no cost to you for a second opinion.

The County of San Diego Behavioral Health Services (The Plan) has contracted with two agencies to help members resolve issues with their behavioral health services. For help with a grievance or appeal, you may reach out to one of the agencies below.

**For Inpatient/Residential Services,  
call:**

**JFS PATIENT ADVOCACY**

**619-282-1134 or 1-800-479-2233**

**For Outpatient Services, call:**

**CCHEA  
(Consumer Center for Health Education &  
Advocacy)**

**1-877-734-3258**

## Your Rights in the Process

To be treated with respect and to receive treatment in the language that you prefer.

To receive a second opinion on your treatment or medication.

To choose someone to act on your behalf. With written consent, you may elect a provider or authorized representative to act on your behalf.

To bring someone with you to meetings and hearings.

To be free of discrimination or penalty because of filing a grievance or appeal.

To have your privacy protected by law.



# THE PROBLEM RESOLUTION PROCESS

**Grievances, Appeals,  
& State Fair Hearings**

**COUNTY OF SAN DIEGO**

**BEHAVIORAL HEALTH SERVICES**

## How to File

You may file orally or verbally by phone or in person to the Advocacy Agency (verbal appeal requests must be followed up by a written appeal). You may also file in writing with a Grievance and Appeal form available at your provider's office.

A provider or authorized representative may file orally or in writing on your behalf. Appeals filed by a provider on your behalf require your written consent.

## State Fair Hearings

If you have exhausted the Plan's Appeal Process, you may request a **State Fair Hearing** if you disagree with the final appeal decision from the adverse benefit determination made about your services. You can also request a hearing about the lack of timely completion of the appeal decision.

A State Fair Hearing must be requested within 120 days of receiving a decision on your appeal. You may request to continue receiving services while you are waiting for a decision. The request must be made within 10 days of the date of your appeal decision. You will not be required to pay for continued services while your hearing is pending or if the final decision is in favor of the county's adverse benefit determination.

For assistance with filing a State Fair Hearing, you can call the **Department of Social Services** directly at 1-800-743-8525 or visit

<https://www.cdss.ca.gov/hearing-requests>

Within 5 calendar days of receipt, you will receive a written letter acknowledging receipt of your grievance or appeal. Within 30 calendar days, you will receive a written decision.

You may request to continue services while pending a decision on your appeal. The request must be made within 10 days from the date your NOABD was mailed or personally given to you.

You will not be required to pay for continued services while your appeal is pending or if the appeal decision is in favor of the county's adverse benefit determination.

An **expedited appeal** may be filed when the standard process could seriously jeopardize life, health, or ability to attain, maintain or regain maximum function. If your appeal meets the requirements for an expedited appeal, you will receive a decision within 72 hours of receipt.

## Grievances and Appeals

A **grievance** is any expression of dissatisfaction you have with your behavioral health services that is not covered by the appeal or State Fair Hearing process.

This includes concerns about the quality of your care, how you are treated by staff and providers, and disagreements about decisions regarding your care. You may file a grievance at any time.

An **appeal** may be filed when you do not agree with a decision about the services you are currently receiving or would like to receive.

It is a request for the review of a **Notice of Adverse Benefit Determination (NOABD)**. An NOABD is a formal letter about an action regarding your services or your request for services. An appeal must be filed within 60 calendar days from the date of the NOABD.