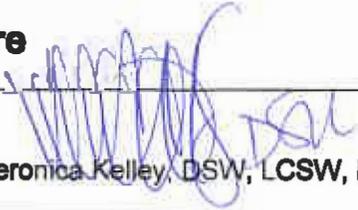




Grievance and Appeal Procedure

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Purpose To provide guidance for Department of Behavioral Health (DBH), contract agencies, and Fee for Service (FFS) providers to assist with or respond to potential or actual client grievances as required under the Grievance and Appeal Policy (QM6029).

Filing Rights DBH staff and providers are expected to be knowledgeable of the basics regarding client grievances. Clients and potential clients have the option to file a grievance, either verbally or in writing, directly with the provider or by contacting the DBH Access Unit at 1-888-743-1478. A client or potential client must be given reasonable assistance in filing a grievance and/or completing the grievance form, including DBH, contract agencies, and FFS providers providing interpreter services, assisting in writing the grievance, etc., if requested.

**Client
Grievance
Filing Process**

The following table describes the steps when a client or potential client files a grievance:

Step	Responsible Party	Action
1	DBH, Contract Agency or FFS Provider	<p>Receives the verbal or written grievance from the client or potential client. If provided verbally, grievances shall be documented on the Grievance Form (Spanish version). Immediately, but no later than end of the work day that the grievance was filed, sends the completed grievance via email to DBH-Grievances@dbh.sbcounty.gov.</p> <p>The subject line shall state the following: Grievance Received and the name of the DBH program, contract agency name and program, or FFS provider name .</p>

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Grievance and Appeal Procedure, Continued

**Client
Grievance
Filing Process,
continued**

Step	Responsible Party	Action
2	DBH Access Unit	Will record the grievance in the Grievance Log within one (1) working day of receipt of the grievance and will assign to a DBH Grievance Coordinator.
3	DBH Grievance Coordinator	<p>Will complete the following:</p> <ul style="list-style-type: none"> • Review the Grievance documentation; • Contact the client or potential client or authorized representative if clarification is needed regarding the grievance; • Contact the subject of the grievance for more information; • Contact the subject's clinical supervisor to advise of the grievance, and • Send an Acknowledgement Letter to the client or potential client within five (5) calendar days of receipt of the grievance. <p>If the client or potential client cannot be contacted, Grievance Coordinator must document efforts to notify the client or potential client via the Grievance Log.</p>
4	DBH Grievance Coordinator	<p>Will notify the appropriate DBH Program Manager, contract agency manager or FFS provider through email [encrypted email for contract agencies or FFS providers] of the submitted grievance. The email will contain the following:</p> <ol style="list-style-type: none"> 1. A copy of the submitted grievance form; 2. A blank Grievance Investigation Response Form, and a blank Grievance Supplemental Investigation Response Form
5	DBH Program Manager	Investigates or assigns appropriate staff to investigate the grievance (see the <i>Appropriate Investigating Staff Selection</i> section below).

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Grievance and Appeal Procedure, Continued

**Client
Grievance
Filing Process,
continued**

Step	Responsible Party	Action
6	DBH Grievance Coordinator	<p>Will assign a deadline of either 7 or 30 calendar days based upon the nature of the grievance, and whether it is related to DBH's decision to extend the timeframe for making an authorization decision.</p> <p>The DBH Program Manager, contract agency manager or FFS provider will then have the assigned number of days, either 7 or 30, to:</p> <ul style="list-style-type: none"> • Complete the investigation; • Complete the investigation forms, and • Email the form(s) back to the DBH Access Unit. <p>When emailing the form(s) to the DBH Access Unit, the DBH Program Manager, contract agency manager or FFS provider shall state the following in the subject line: Grievance Resolved and the name of the DBH program, contract agency name and program, or FFS provider name.</p> <p>This form must be signed by the DBH Program Manager, contract agency manager or FFS provider.</p> <p>Important Note: Privacy and Security regulations require contract agencies and FFS providers send Protected Health Information via encrypted email; therefore, the forms must be sent via encryption. If an agency or provider does not have encryption, the agency/person must contact the Access Unit at 1-888-743-1478 to obtain an encrypted email.</p>
7	DBH Grievance Coordinator	<p>Reviews the resolution and contacts the DBH Program Manager, contract agency manager or FFS provider should there be any questions or clarification needed.</p>

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Grievance and Appeal Procedure, Continued

Client Grievance Filing Process, continued

Step	Responsible Party	Action
8	DBH Grievance Coordinator	<p>Following the resolution completes the following actions:</p> <ul style="list-style-type: none"> • Sends the grievance disposition via the Notice of Grievance Resolution (NGR) letter to the client or potential client. The resolution letter must be mailed to the client or potential client no later than 90 calendar days from the date the grievance is filed; • Provides notice of the final disposition in writing to any provider identified by the client or potential client or involved in the grievance, and • Documents their efforts to notify the client, potential client or provider, if the Grievance Coordinator is unable to contact the client, potential client or provider. Documentation shall be via the internal Grievance Log.
9	DBH Access Unit	Tracks the grievance process, and reviews summaries of the grievances during Quality Management Action Committee (QMAC) meetings.

Grievance Resolution Extension

DBH can extend the timeframe for resolution for an additional 14 calendar days if the client or potential client requests the extension. DBH can also extend the timeframe for resolution for 14 days if it demonstrates (to the satisfaction of the California Department of Health Care Services (DHCS), upon request) that there is need for additional information and how the delay is in the client or potential client's interest. The client or potential client will be notified via a Notice of Plan's Request to Extend Resolution Period should DBH require an extension to resolve a standard grievance. The notice will provide the status of the grievance and the estimated date of resolution, which will not exceed 14 additional calendar days.

If DBH extends the grievance timeframe, not at the request of the beneficiary, it must complete all the following:

Step	Action
1	Provide the client or potential client prompt verbal notice of the delay.

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Grievance and Appeal Procedure, Continued

Grievance Resolution Extension, continued

Step	Action
2	Provide the client or potential client written notice of the reason for the decision to extend the timeframe and inform the client or potential client of their right to file a grievance if they disagree with that decision within two (2) calendar days.
3	Resolve the grievance no later than the date the extension expires.

Appropriate Investigating Staff Selection

Program Managers will ensure staff who make decisions on grievances are individuals:

- Who were neither involved in any previous level of review or decision-making, nor a subordinate of any such individual, and
- Who have the appropriate clinical expertise in treating the client or potential client's condition or disease in the following cases:
 - If the decision involves an appeal based on a denial of medical necessity;
 - A grievance regarding denial of a request for an expedited appeal, or
 - If the grievance or appeal involves clinical issues.

SUDRS Grievance and Appeal Log Submissions

DBH Access Unit will utilize the Department of Health Care Services (DHCS) Grievance and Appeals Log to capture required reporting information. The log contains tabs for each month and each tab is broken down into weeks.

The following information will be submitted by DBH to DHCS within 15 days of the end of each quarter:

For each week of the fiscal year:

- Number of client grievances received
- Number of grievance resolutions
- Number of grievances regarding access to care
- Number of grievances regarding quality of care
- Number of grievances regarding program requirements
- Number of grievances regarding service denials
- Number of grievances regarding failure to respect a client's rights
- Number of grievances regarding interpersonal relationship issues
- Number of other grievances received not pertaining those issues noted above

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Grievance and Appeal Procedure, Continued

SUDRS Grievance and Appeal Log Submissions, continued

A brief description will be provided in the section labeled "Description" for grievances identified as "other". Additional rows may be created within the log if there are multiple grievances identified as "other" within a given reporting week.

The Grievance and Appeal Log will be submitted via email to ODSSubmissions@dhcs.ca.gov

DBH Contact Information

At any time during the grievance process, the client or potential client may contact the San Bernardino County Department of Behavioral Health for assistance.

If ...	Then ...
A grievance pertains to access to care, quality of care or dissatisfaction with a provider or employee.	Contact the DBH Access Unit at (888) 743-1478
A grievance pertains to inpatient mental health services including Lanterman-Petris Short Act (LPS)	Contact the DBH – Patients' Rights Office at (800) 440-2391
A grievance pertains to discrimination in the provision of health care services based on race, color, national origin, sex, gender identity, age, disability or limited English proficiency (LEP)	Contact the DBH – Office of Cultural Competency at (909) 386-8223

Related Policy or Procedure

DBH Standard Practice Manual

- Grievance Policy ([QM6029](#))
- State Hearing Procedure ([QM6029-2](#))
- Standard and Expedited Resolutions of Appeals Procedure ([QM6029-3](#))
- Notice of Adverse Benefit Determination Procedure ([QM6029-4](#))

Reference(s)

- California Code of Regulations, Title 9, Sections 1850.205 and 1850.208
- Code of Federal Regulations, Title 42, Sections 438.228, 438.402, 438.408, 438.408
- California Department of Health Care Services, All Plan Letter 17-006 (APL 17-008)