

San Bernardino County  
Department of Behavioral Health (DBH)

Drug Medi-Cal Organized Delivery  
System (DMC-ODS) Plan  
and  
Mental Health Plan (MHP)

**Grievance and Appeal Process**



**Behavioral Health**



## ***Definitions & Examples***

**Notice of Adverse Benefit Determination (NOABD)**, sometimes called a NOABD, is a form DBH uses to tell you when the plan makes a decision about whether or not you will get Medi-Cal Substance Use Disorder (SUD) and/or Specialty Mental Health Services (SMHS) treatment services. A NOABD is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within DBH's timeline standards for providing services.

A **Grievance** is an expression of unhappiness about anything regarding your SUD and/or SMHS treatment services that are not one of the problems covered by the appeal and State Fair Hearing processes. You and/or your authorized representative may file a grievance at any time. Examples of grievances might be as follows: dissatisfaction with the quality of care or services provided; poor customer service; lack of communication; etc. You may file a grievance verbally or in writing. For questions contact DBH Access Unit at (888) 743-1478.

A **Standard Appeal** is a request for review of a problem you have with DBH or your provider that involves a denial or changes to your services you think you need. You and/or your authorized representative must file an appeal within 60 calendar days of the date on the NOABD. There are no deadlines for filing an appeal when you do not get a NOABD; so you may file this type of appeal at any time. You may file an appeal verbally or in writing. If you submit your appeal in person or on the phone, you must follow it up with a signed written appeal. For questions contact DBH Access Unit at (888) 743-1478.

## ***Definitions & Examples***

An **Expedited Appeal** is a faster way to decide an appeal. If you think that waiting up to 30 calendar days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you and/or your authorized representative may request an expedited resolution of an appeal. You can make a verbal request for an expedited appeal, you do not have to put your request in writing. If DBH agrees that your appeal meets the requirements for an expedited appeal, DBH will resolve your expedited appeal within 72 hours after DBH receives the appeal. If your appeal does not qualify for an expedited appeal, DBH will give you prompt verbal notice and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes. For questions contact DBH Access Unit at (888) 743-1478.

DBH allows you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, you are asked to sign a form authorizing DBH to release information to that person. If you need assistance completing the form, you can request help from your provider or by calling the DBH Access Unit at (888) 743-1478.

A **State Fair Hearing** is an independent review conducted by the California Department of Social Services to ensure you receive the SUD treatment services to which you are entitled under the Medi-Cal program.



## ***Roles and Responsibilities***

**The information below details the client, program and DBH role and responsibilities with regards to the Grievance and Appeal Process.**

### **Client is responsible for the following:**

- Contacting DBH if you have any questions about your services or if you have any problems with your provider that you are unable to resolve;
- Filing a grievance with DBH at any time if you are unhappy with the SUD and/or SMHS treatment services you are receiving from DBH or have another concern regarding DBH;
- Filing an appeal within 60 calendar days of the date on the Notice of Adverse Benefit Determination;
- Filing an expedited appeal when you think that waiting up to 30 calendar days for a standard appeal decision will jeopardize your life, health, or ability to attain, maintain or regain maximum function;
- Following up an appeal filed in person or on the phone, with a signed written appeal; and
- Requesting a State Fair Hearing within 120 calendar days.

### **DBH Outpatient Clinics and Contract Agencies are responsible for the following:**

- Maintaining Grievance and Appeal Process/Forms, Self-addressed stamped envelopes in the provider/clinic lobbies or reception area for you to access;
- Receiving grievances from you and taking appropriate actions to resolve; and
- Assisting you in completing the Action Appeal Form.



## ***Roles and Responsibilities***

### **DBH is responsible for the following:**

- Sending a NOABD to tell you when DBH makes a decision about whether or not you will get Medi-Cal SUD and/or SMHS treatment services;
- Sending a NOABD to tell you if your grievance, appeal, or expedited appeal was not resolved in time or if you didn't get services within DBH's timeline standards for providing services;
- Letting you know DBH has received your grievance by sending you a written confirmation;
- Making a decision about your grievance within 90 calendar days from the date filed;
- Notifying you in writing when a decision has been made regarding your grievance;
- Allowing you to request a review of a decision that was made about your SUD and/or SMHS treatment services by DBH or your provider;
- Notifying you in writing when a decision has been made regarding your appeal;
- Deciding on your appeal within 30 calendar days from the date DBH receives your request for the appeal;
- Resolving your expedited appeal within 72 hours after DBH receives the appeal (If DBH agrees that your appeal meets the requirements for an expedited appeal);
- Making reasonable efforts to give you prompt verbal notice and notify you in writing within 2 calendar days giving you the reason for the decision (If DBH decides your appeal does not qualify for an expedited appeal); and
- Notifying you in writing when your expedited appeal has been resolved.

## ***Problem Resolution Process***

**State Fair Hearing Process** After the appeals process is exhausted you may file for a State Fair Hearing if you are not satisfied with the outcome of the appeal process. You only have 120 calendar days to ask for a hearing. You may verbally or in writing file for a State Fair Hearing after the exhaustion of an Appeal or Expedited Appeal process, whether or not you have received a NOABD.

Mental Health Plan	Drug Organized Medi-Cal Delivery System
<p>State Fair Hearings may be requested by:</p> <p>Mail: California Department of Social Services State Hearings Division P.O. Box 944243, Mail Station 9-17-37 Sacramento, CA 94244-2430</p> <p>Phone: (800) 952-5253 or for TDD (800) 952-8349</p> <p>Online: <a href="https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx">https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx</a></p>	<p>State Fair Hearings may be requested by:</p> <p>Mail: California Department of Social Services State Hearings Division 744 P Street, Mail Station 9-17-37 Sacramento, CA 95814</p> <p>Phone: (800) 952-8349 or for TDD (800) 952-8349</p>
<p>To obtain information on the status of a pending grievance or appeal, contact DBH Access Unit at (888) 743-1478.</p>	



## ***Problem Resolution Process***

### **Other Services Available to You**

Self-addressed stamped envelopes and Grievance and Appeal Forms are available in provider/clinic lobbies, to allow clients to obtain envelopes and forms without having to ask a staff member.

To help clients, their families, and representatives with disabilities better communicate, the following auxiliary aides and services are available free of charge: qualified sign and language interpreters, Braille, 18 point font large print, audio, accessible electronic format, and/or cultural help.

If you wish to file a complaint about a licensed, certified AOD drug service provider OR a registered or certified counselor, you may complete the form on the Department of Health Care Services website at: <https://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

**Filing a grievance, appeal, a State Fair Hearing will not count against you and will not impact the services you are receiving. When your grievance or appeal is complete, DBH will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.**

## ***About DBH***

The San Bernardino County Department of Behavioral Health (DBH) is dedicated to providing effective behavioral health services that promote wellness, recovery and resilience for Individuals, families and communities.

DBH provides culturally appropriate mental health and substance use disorder treatment for all age groups, including children and youth who may be seriously emotionally disturbed, adults and older adults who are experiencing a serious and persistent mental illness, and individuals who are experiencing substance use disorders.

DBH provides behavioral health treatment to individuals in San Bernardino County who have no insurance or are on Medi-cal.

Learn more by visiting [www.sbcounty.gov/DBH](http://www.sbcounty.gov/DBH).



For access and referrals to behavioral health services call  
**DBH's Access Unit,**  
a 24 hour 7 days a week helpline.  
(888) 743-1478 (Dial 7-1-1 for TTY users)  
**In an emergency, call 9-1-1.**

SBCounty.gov/DBH







## **LANGUAGE ASSISTANCE**

Send with all notices

### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call *1-888-743-1478* (TTY: *7-1-1*).

**ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request.**

**Call *1-888-743-1478* (TTY: *7-1-1*).**

### **Español (Spanish)**

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al *1-888-743-1478* (TTY: *7-1-1*).

### **Tiếng Việt (Vietnamese)**

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số *1-888-743-1478* (TTY: *7-1-1*).

### **Tagalog (Tagalog– Filipino)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa *1-888-743-1478* (TTY: *7-1-1*).

### **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. *1-888-743-1478* (TTY: *7-1-1*)번으로 전화해 주십시오.

### **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 *1-888-743-1478* (TTY: *7-1-1*)。

### **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք *1-888-743-1478* (TTY (հեռատիպ)՝ *7-1-1*).

### **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните *1-888-743-1478* (телетайп: *7-1-1*).



# LANGUAGE ASSISTANCE

Send with all notices

## فارسی (Farsi)

زبان فارسی ن سړه ټولټاکنه ن ده، می گ ټا ټا گون اړسی زب ان به اگ ر : ټا ټا شم با اړی اړی گان به صورت به گ ټری دن ماس (TTY: 7-1-1) 1-888-743-1478 به ا ا شدمی ن رام

## 日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-743-1478 (TTY: 7-1-1) まで、お電話にてご連絡ください。

**Hmoob (Hmong)** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-743-1478 (TTY: 7-1-1).

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਸੀਂ ਚੀ ਪੰਜਾਬ ਬੋਧੇ ਹੋ, ਤਾਂ ਚੀ ਭਾਸ਼ਾ ਵਿੱਚ ਧੀ ਚ ਸਹਾਇਤਾ ਸੇ ਚੀ ਚਾ ਤੁਹਾਡੇ ਥੀ ਮੁਫਤ ਉਪ ਧਬ ਹੈ। 1-888-743-1478 (TTY: 7-1-1) 'ਤੇ ਕਾ ਕਰੋ।

## العربية (Arabic)

ب روم ان صل به الامجان لك ن نوان ر ال لغوى ة الام ساعدة خدمات ن ان ال لغو، ذاك ر ن نحدث ك نت اذا: م لحظوة 1-888-743-1478 (وال بالكم ال صم طك ف ر م) (7-1-1)

**हंदी (Hindi)** ध्यान दें: यददआप द दही बोलते हैं तो आपके ललए मुफ्त में भाषा स ायता सेवारिं उपलब्ध हैं। 1-888-743-1478 (TTY: 7-1-1) पर कॉल करें।

## ภาษาไทย (Thai)

เรียน: ๓๕ ภาษาไทยคุณสมารถ าริการช่วยเหลือทางภา ี โทร 1-888-743-1478 (TTY: 7-1-1). คุณพบ ใจบ ษาไคฟ

## ខ្មែរ (Cambodian)

អ្នកខ្មែរ: អើ សិនជាអ្នក កនិយាយ ភាសាខ្មែរ, រសវាជំនួយមននកភាសា ពំពោយមិនគិត ្ត ឆ្លុ គឺអាចមានសេវា ំរ ើ អ្នក ចូ ្ង ស្តី 1-888-743-1478 (TTY: 7-1-1)។

## ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້ າວ າທ ານ ອ າພາສາລາວ, ອດ ານພາສາ ໂດຍ ບ ສ ງຄ າ ການ ບ ັ ການ ວ ຍ ັ ຫ ແມ່ ນ ມີ ພ ອມ ໃຫ້ ທ ານ ໂທ 1-888-743-1478 (TTY: 7-1-1).