




Behavioral Health

State Hearing Procedure

Effective Date 07/01/2019
Revised Date 11/08/2019


Veronica Kelley, DSW, LCSW, Director

Purpose To outline the state hearing process following client notification that an adverse benefit determination is being upheld to Department of Behavioral Health (DBH), contract agencies, and Fee-For-Service (FFS) providers. This procedure applies to both Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) services.

Exhaustion of Appeals Process In order for a Medi-Cal client to request a state hearing, the appeals process must be exhausted, which includes client completion of the following:

- Request an appeal of received Notice of Adverse Benefit Determination (NOABD), and;
- Received Notice of Appeal Resolution (NAR) stating DBH is upholding an adverse benefit determination.

Note: If DBH failed to adhere to the notice and timing requirements of the appeal or expedited appeal, the client is deemed to have exhausted DBH's appeals process; thereby allowing the client to request a state hearing.

Request for State Hearing After exhausting the appeals process, a SMHS or a DMC-ODS client may request a state hearing **within 120 calendar days** from the date of the NAR, which informs the client that the adverse benefit determination has been upheld by DBH.

SMHS clients can request a state hearing using any of the following methods:

| SMHS | |
|----------------|---|
| Online | https://acms.dss.ca.gov/acms/login.request.do |
| Phone | Public Inquiry and Response toll free phone number 800-800-952-5253; or Telecommunication Device for the Deaf (TDD) at 800-952-8349 |
| Written | California Department of Social Services State Hearings Division P.O. Box 944243, Mail Station 9-17-37 Sacramento, CA 94244-2430 |

Continued on next page

State Hearing Procedure, Continued

Request for State Hearing, continued DMC-ODS clients can request a state hearing using either of the following methods:

| DMC-ODS | |
|----------------|---|
| Phone | Public Inquiry and Response toll free phone number 800-952-8349; or Telecommunication Device for the Deaf (TDD) 800-952-8349 |
| Written | California Department of Social Services State Hearings Division 744 P Street, Mail Station 9-17-37 Sacramento, CA 95814 |

State Hearing Process The following table describes the steps in response to a request for a state hearing:

| Step | State Fair Hearing Procedure |
|-------------|---|
| 1 | DBH Quality Management (QM) Division assigns a DBH representative to monitor the State Hearings Division database for receipt of any new hearing requests. |
| 2 | Designated QM staff reviews the hearing request and investigates issue(s) by reviewing the medical chart, supporting documentation submitted by clients, reviewing applicable DBH policies, procedures, charting practices, billing requirements and other relevant regulations including State requirements; and speaking to the NOABD issuing provider, if applicable. Designated QM staff must upload a case file within three (3) business days of notice of hearing request. |
| 3 | Designated QM staff shall attempt to resolve the issue, if appropriate, prior to the State hearing and if necessary prepares a Statement of Position with exhibits, which is uploaded to the State Hearings Division database (Appeals Case Management System) at least two (2) days before the hearing. |

Continued on next page

State Hearing Procedure, Continued

State Hearing Process, continued

| Step | State Fair Hearing Procedure |
|------|---|
| 4 | Designated QM staff or DBH Access Unit (Access) sends a copy of the position paper to the client five (5) days in advance of the State hearing to allow ample time for the client to review. |
| 5 | Designated QM staff coordinates communication with the Department of Social Services, California Department of Health Care Services (DHCS), providers and clients regarding the state hearing process. |
| 6 | Designated QM staff attends the state hearing and requests the attendance of any applicable witnesses. |
| 7 | Designated QM staff awaits the hearing decision and completes any actions outlined in the decision within the designated timeframe. The final hearing decision is due by the State Hearing Division within 90 calendar days of the date of the request for hearing. |
| 8 | Designated QM staff maintains the "State Hearing Tracking Log" to monitor the progress and resolution of each State hearing request. |

Expedited Hearings

State hearings may take up to 90 days for decision, therefore, if clients believe waiting that long will negatively impact their well-being, then they may request an expedited state hearing.

Clients may write a letter or they can request their plan or provider write a letter on their behalf. The letter must explain in detail how waiting for up to 90 days for a decision will seriously impact their well-being or ability to attain, maintain, or regain maximum function. In such cases, clients may provide this letter with their request for a hearing.

A determination whether to grant an expedited hearing will be made by the state within **three (3) working days** of the date of the request for the hearing. DBH will notify clients that are granted an expedited state hearing.

Continued on next page

State Hearing Procedure, Continued

Service Authorization

DBH is required to authorize or provide the disputed services promptly and as expeditiously as the client's health condition requires, but no later than **72 hours** from the date it receives notice reversing the plan's adverse benefit determination.

Client Representatives

A client may authorize a person to take action or use this process on their behalf, or to assist the client with the state hearing process.

Note: DBH must provide clients and their representative(s) the client's case file, including medical records, other documents and records, and any new or additional evidence in connection with the appeal of the adverse benefit determination for the state hearing. This information must be provided free of charge and sufficiently in advance of the state hearing.

Related Policy or Procedure

DBH Standard Practice Manual

- Grievance and Appeals Policy ([QM6029](#))
 - Grievance and Appeal Procedure ([QM6029-1](#))
 - Standard and Expedited Resolutions of Appeals Procedure ([QM6029-3](#))
 - Notice of Adverse Benefit Determination Procedure ([QM6029-4](#))
-

Reference(s)

- Code of Federal Regulations, Title 42, Section 438.400 et al.
 - California Department of Health Care Services, All Plan Letter 17-006 (APL 17-006)
-