

GRIEVANCE & APPEAL PROCEDURES

The Department of Mental Health is the Local Mental Health Plan (MHP) for County of Los Angeles. If you are receiving specialty mental health services under the MHP, you have the right to access services that are appropriate to your disability, culture, language, gender, and age. You will receive services that are jointly determined by you and your mental health provider. We encourage you to take an active part in your care, and to express your concerns using the resolution process.

HOW THE PROBLEM RESOLUTION PROCESS WORKS:

You may resolve your concern(s) by speaking directly with your provider or mental health program representative.

You may request assistance from the Patients' Rights Office. An Advocate will work with you to resolve any problems you have with your provider or services.

Patients' Rights advocates may be reached at:

- **(213) 738-4949** for non-hospital grievances or appeals
- **(213) 738-4888** for hospital grievances or appeals

You may file a grievance orally or in writing at any time. You may obtain a form for your grievance from your mental health provider or from the Patients' Rights Office.

You may authorize another person to act on your behalf.

You will not be subject to discrimination or any other penalty for filing a grievance.

FOR MEDI-CAL BENEFICIARIES

You have the right to file an **Appeal** with the Patients' Rights Office or to request a **State Fair Hearing** when the MHP denies, reduces, changes, or terminates payment for your mental health services whether or not you receive a **Notice of Action (NOA)** from your mental health provider. An **NOA** is a document that is given to beneficiaries by their providers informing them of changes in services.

A STATE FAIR HEARING is an independent review conducted by the State Department of Social Services. The hearing makes sure that you receive the mental health services you are entitled to under the MHP.

You may request a State Fair Hearing only if you are a Medi-Cal recipient, and when you have completed the MHP's Appeal process.

If you want a State Fair Hearing, your request must be made within 30 days from the date you receive the **Notice of Action**. You may request an additional 14-day extension.

AID PAID PENDING

If you receive a **Notice of Action**, you are entitled to receive **Aid Paid Pending** if you contact the Patients' Rights Office within 10 days. *Aid Paid Pending* will allow you to continue to receive mental health services from the MHP while you are in the process of having a State Fair Hearing.

If you receive a **Notice of Action**, you may request an "expedited" or fast resolution of your **Appeal** under extreme circumstances

The Patients' Rights Office will assist you in filing a State Fair Hearing. To request a State Fair Hearing on your own, call (800) 952-5253 or write to:

*Administrative Adjudications Division
State Department of Social Services
744 P Street, Mail Station 19-37
Sacramento, CA 95814*

SPECIALITY MENTAL HEALTH SERVICES AVAILABLE:

Psychiatric Inpatient Hospital Services
Psychiatry Services
Psychology Services
Targeted Case Management
Early and Periodic Screening,
Diagnosis and Treatment (EPSDT)
Rehabilitative Services
Psychiatric Nursing Facility Services

HOW TO OBTAIN SERVICES

Call the ACCESS Telecommunication Center at (800) 854-7771. For TDD/TTY service, call 711.

For a list of providers, call ACCESS or the Patients' Rights Office at (213) 738-4949, or visit the DMH website:

dmh.lacounty.gov

IMPORTANT INFORMATION:

- To request a change of Provider, you may speak with your Provider or call the Patients' Rights Office.
- Your confidentiality will be protected at all times in accordance with State and Federal law.
- This pamphlet and related materials are available in alternate format.
- Persons requesting materials in alternate format may contact the Patients' Rights Office at (800) 700-9996 or (213) 738-4888.
- Persons with speech or hearing impairments are contacted through California Relay Services (800) 735-2929.
- The County of Los Angeles Department of Mental Health does not discriminate on the basis of disability in the admission and access to its services, programs or activities.

YOU HAVE THE RIGHT TO FREE LANGUAGE ASSISTANCE SERVICES

AS A BENEFICIARY YOU HAVE THE RIGHT TO:

- Be treated with respect and with due consideration for your dignity and privacy;
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand;
- Participate in decisions regarding your health care, including the right to refuse treatment;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
- Request and receive a copy of your medical records, and request that they be amended or corrected;
- Receive information in accordance with Title 42, CFR, Section 438.10 which describes information requirements;
- Be furnished health care services in accordance with Title 43, CFR, Sections 438.206 through 438.210, which cover requirements for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

**County of Los Angeles — Department of Mental Health
Patients' Rights Office**

**(213) 738- 4949 – Non-Hospital Grievances and Appeals
(213) 738- 4888 – Hospital Grievances and Appeals**

dmh.lacounty.gov

County of Los Angeles Board of Supervisors

Hilda L. Solis
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Janice Hahn
Kathryn Barger



**County of Los Angeles
Department of Mental Health
Patients' Rights Office**

**Non-Hospital Grievances
& Appeals
(213) 738-4949**

**Hospital Grievances
& Appeals
(213) 738-4888
(800) 700-9996**

COUNTY OF LOS ANGELES

DEPARTMENT OF MENTAL HEALTH



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A CONSUMER'S GUIDE