

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 concerns by speaking directly with your provider or mental health program representative, but no one can stop you from filing a grievance or appeal.

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

FILING A GRIEVANCE OR APPEAL

Grievances or appeals may be filed orally or in writing to the Patients’ Rights Office by a member, provider or authorized representative.

Grievance/Appeal forms may be obtained from the mental health provider or from the Patients’ Rights Office. The Grievance/ Appeal forms can be mailed or faxed to the Patients’ Rights Office. Grievances or Appeals may also be made through the Patients’ Rights Office online portal.

<https://lacdmhpcg.powerappsportals.us/en-US>

FAX: (213) 330-0285

TIMEFRAME

Upon receipt of this grievance/appeal, you will receive a written grievance acknowledgement within 5 calendar days.

Grievances/Standard Appeals are resolved within 30 calendar days. Expedited Appeals are resolved within 72 hours, as medically necessary.

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

FOR MEDI-CAL MEMBERS

If you have received an Adverse Benefit Determination (NOABD), you have the right to file an **Appeal** or an **Expedited Appeal** with the Patients’ Rights Office. NOABD is a document that is given to members by their providers informing them of any denials, reductions, changes, or termination of payment for your mental health services.

Appeals must be filed within 60 calendar days from the Adverse Benefit Determination (NOABD) date. Appeals filed

by the provider on behalf of the member require written consent from the member. An Expedited Appeal may be filed if the standard timeframe of standard appeal (30 days) could seriously jeopardize the member’s mental health or substance use disorder condition and/or the member’s ability to attain, maintain, or regain maximum function.

If (1) the Adverse Benefit Determination has been upheld, or (2) the standard appeal was not completed within 30 days, or (3) the expedited appeal was not completed within 72 hours, you may request a **State Fair Hearing**.

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.

If you want a State Fair Hearing, you must file within 120 days from the date of the notice of appeal resolution.

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 9581*

When the Medi-Cal member files for a State Fair Hearing, the State must reach its decision on the State Hearing within 90 calendar days of the date of the request for the State Hearing.

For Expedited Appeals, the State must

reach its decision on the State Hearing within three working days of the date of the request for the hearing appealing a denial of a service that meets the criteria for expedited resolution.

AID PAID PENDING

If you receive an **Adverse Benefit Determination (NOABD)**, 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

IMPORTANT INFORMATION:

- To request a change of Provider, you may speak with your Provider or call the Patients’ Rights Office.
- Your confidentiality will be always protected in accordance with State and Federal law.
- This pamphlet and related materials are available in alternate format.
- People who request materials in alternate format may contact the Patients’ Rights Office at (800) 700-9996 or (213) 738-4888.
- People 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 based on disability in the admission and access to its services, programs or activities.

YOU HAVE THE RIGHT TO FREE
LANGUAGE ASSISTANCE SERVICES

AS A MEMBER 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 42, 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
Holly J. Mitchell
Lindsey P. Horvath
Janice Hahn
Kathryn Barger



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

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

**Hospital Grievances
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(800) 700-9996**

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**COUNTY OF LOS
ANGELES**

DEPARTMENT OF MENTAL HEALTH



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A CONSUMER'S GUIDE