

Grievance and Appeal Process

You have a right to file a grievance regarding any aspect of your treatment at a clinic or by a Medi-Cal “Fee-for-Service” Provider (Private psychiatrist, psychologist, LCSW or LMFT). You also have the right to appeal an “Adverse Benefit Determination” made by the County’s Behavioral Health Plan and Drug Medi-Cal Organized Delivery System (see below for “Adverse Benefit Determination” definition).

A grievance or appeal may be submitted by you, your provider, or your authorized representative. If a provider or authorized representative files a grievance or appeal on your behalf, authorization from you may be required. A provider filing an appeal on behalf of a member must obtain the beneficiary’s written consent.

How to File a Grievance or Appeal

A grievance or appeal may be filed orally or in writing by the beneficiary, a provider, or an authorized representative.

To file a grievance or appeal, you may:

- Complete a grievance form available at any clinic location, or the “Fee-for-Service” Provider;
- Call 1-844-360-8250;
- Mail a written grievance to
Kern Behavioral Health & Recovery Services
Office of Patients’ Rights
P.O. Box 1000
Bakersfield, CA 93302-1000

Grievance

A grievance is an expression of dissatisfaction about any matter related to your services that is not an Adverse Benefit Determination.

- You may file a grievance at any time.
- A grievance may be submitted orally or in writing by the beneficiary, a provider, or an authorized representative.
- If a grievance is filed on your behalf by an authorized representative or provider, documentation authorizing representation may be required.
- You will receive written acknowledgment of your grievance within 5 calendar days of receipt.
- The Plan will resolve your grievance within 30 calendar days of receipt.

Appeal

An appeal is a request for review of an Adverse Benefit Determination.

An “Adverse Benefit Determination” includes, but is not limited to:

- Denial, or limited authorization of a requested service, including the type of level or service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- Reduction, suspension, or termination of a previously authorized service;
- Denial, in whole or in part, of payment for a service;
- Failure to provide services in a timely manner, as determined by Plan;
- Failure to act within required timeframes for standard resolution of grievances and appeals; or
- Denial of a beneficiary’s request to dispute financial liability.

You may file an appeal within 60 calendar days from the date of the Notice of Adverse Benefit Determination.

An appeal may be submitted orally or in writing by the beneficiary, a provider, or an authorized representative. A provider filing an appeal on behalf of a beneficiary must obtain the beneficiary’s written consent.

You will receive written acknowledgement of your appeal within 5 calendar days of receipt.

Standard Appeals

Standard appeals will be resolved within 30 calendar days from receipt of the appeal.

Expedited Appeals

An expedited appeal may be requested if the beneficiary, or the beneficiary’s provider, certifies that waiting for a standard appeal resolution could seriously jeopardize your life, physical health, mental health or substance use disorder condition and/or ability to attain, maintain, or regain maximum function.

Expedited appeals will be resolved no later than 72 hours from the date and time of the expedited appeal receipt.

State Fair Hearing Rights

You have the right to request a State Fair Hearing if:

- You disagree with the appeal resolution;
- The Plan does not resolve your appeal within required timeframes; or
- Other conditions established by state or federal law are met.

A request for a State Fair Hearing must be submitted within 120 calendar days from the date of the Notice of Appeal Resolution.

Please note: The County's Grievance & Appeal System must be exhausted, prior to the requesting of a State Fair Hearing. It is intended to resolve problems in the most prompt, efficient and effective manner possible. For assistance with filing a grievance, appeal, or State Fair Hearing request, contact **1-844-360-8250**.

Beneficiary Grievance and Appeal Rights

- To be treated with dignity and respect.
- To file a Grievance or Appeal verbally or in writing in the primary or preferred language.
- To ask for assistance with the Grievance and Appeal process.
- To authorize another person to act on his/her behalf.
- To identify a staff person or other individual to assist with the Grievance or Appeal process.
- To identify a staff person or other individual to provide information regarding Grievance process status.
- To not be subject to discrimination or any other penalty for filing a Grievance or Appeal.
- To continue receiving services while an Appeal is pending.