

Problem Resolution Process

Consumers receiving Specialty Mental Health Services and/or Substance Use Disorder Service have legal rights, including the right to express their concerns about the service.

This brochure explains how consumers can seek change.

Please direct your problems or concerns to:

Quality Improvement

(209) 381-6812

Mental Health Toll Free: 1-888-334-0163

TDD: 1-866-293-1818

Patient's Rights Advocate: (209) 381-6876

Toll Free: 1-800-736-5809

What is a Grievance?

The federal regulations have changed the term "grievance" to mean an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. A grievance may include: quality of care or services provided, behavior of an employee, failure to respect your rights.

Where do I receive a Grievance form?

Grievance forms are available at all Merced County Behavioral Health and Recovery Services clinics and on the BHRS Website. You may also ask any Mental Health employee for this form. If you are in need of any assistance, please contact BHRS at (209) 381-6800 or toll-free at 1-888-334-0163.

How do I file a Grievance?

We hope you will discuss any complaints or issues about your BHRS services with your Provider. You may file a Grievance by talking to your Provider, or any other

BHRS staff you feel comfortable with. You do not have to complete this form to file a Grievance. You may ask any BHRS employee to fill this form out for you. Grievances may be filed electronically at: BHRSGrievance@co.merced.ca.us

If you need more assistance in filing a Grievance, please contact one of the following BHRS staff for more information:

1. Quality Improvement – BHRS Manager: (209) 381-6800 x 3265
2. Quality Assurance Specialist: (209) 381-6817
3. Patient’s Rights Advocate: (209) 381-6876
4. **Toll-Free:** (888) 334-0163

What should I expect after filing a Grievance?

BHRS- Quality Improvement will review your Grievance in hopes to resolve your concerns and respond to you in writing. You will receive two letters. The first letter will be a notice that we have received your Grievance. This letter will be sent to you five (5) days from receipt of the grievance. The second letter, known as the Resolution Letter, will be mailed within 90 calendar days with the results of the investigation.

What is an Appeal?

Under federal law, an “Appeal” is a review by the Plan’s Notice of Adverse Benefit Determination (NOABD). A NOABD is “An action occurs” when BHRS does at least one of the following:

1. Do not meet criteria for services;
2. Termination services;
3. Timely access to services;

Please call QI Program at (209) 381-6800 x 3265/1-888-334-0163 for help.

Where do I receive an Appeal form?

Forms are available at the clinics and on the BHRS Website.

How do I file an Appeal?

Within 60 calendar days after receiving the NOABD you can file an Appeal verbally or in writing. If you need additional assistance in filing an Appeal, please contact one of the following numbers:

1. Quality Improvement – BHRS Manager: (209) 381-6800 x 3265
2. Patient's Rights Advocate: (209) 381-6876
4. Toll-Free: (888) 334-0163

What should I expect after filing an Appeal?

BHRS will investigate your Appeal and respond to you in writing.

What is the difference between a Standard Appeal and an Expedited Appeal?

This used when the time for investigating the appeal may cause the consumer's life, health, or ability to maintain or regain maximum function.

What if I do not agree with the results of the investigation?

You have the right to file for a State Fair Hearing after the appeal is reviewed.