

CLIENT RIGHTS AND PROBLEM RESOLUTION GUIDE



MADERA COUNTY BEHAVIORAL HEALTH SERVICES

Please ask receptionist about your **right to free language assistance** services as well as alternative formats of this brochure. If you have **physical limitations**, we will help you find available, appropriate and accessible services.

CLIENT RIGHTS

Madera County mental health clients are entitled to:

- ◆ Respectful treatment with consideration for privacy by all Behavioral Health Services staff.
- ◆ Service provided in a safe environment.
- ◆ Receive information on treatment options.
- ◆ Request and receive a copy of medical records and request corrections.
- ◆ Participate in decisions regarding health care including the right to refuse treatment.
- ◆ Request a change in the level of care, change of provider, and a second opinion regarding any treatment issue.
- ◆ Be free from restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

Mental Health Plan	(559) 673-3508
Toll free	(888) 275-9779
Patients' Rights Advocate	(559) 673-3508 Ext. 1270
Toll free	(888) 275-9779
State Ombudsman	(800) 896-4042
TTY	(800) 896-2512
Relay Services	711 (English/Spanish)
Speech to Speech	(866) 288-1909
Email	MHOmbudsman@dhcs.ca.gov

Behavioral Health Director

Connie Moreno- Perraaza, LCSW

(559) 673-3508

Toll free (888) 275-9779

TTY (800) 735-2929

GRIEVANCES

When a mental health client has a problem or grievance regarding mental health services, we encourage him/her to discuss those concerns with their therapist or program staff. They may also talk to the Quality Management Coordinator at **(559) 673-3508** or **(888) 275-9779**; or call the Patients' Rights Advocate at **(559) 673-3508 ext. 1270** or the California Department of Mental Health Ombudsman at **(800) 896-4042**, or TTY **(800) 896-2512** or email MHombudsman@dhcs.ca.gov

If you are unable to resolve a concern about any aspect of service, you may at any time, for any reason file a grievance with the Quality Management Coordinator. A grievance may be filed verbally by calling **(559) 673-3508** or **(888) 275-9779**, or by completing a Grievance Form. Grievance forms and pre-addressed envelopes are available in the reception area of all clinics and provider offices. Grievance forms are also available on the County website,

www.maderacounty.com/government/behavioral-health-services.

The completed Grievance Form may be given to the Patients' Rights Advocate, mailed in the envelope provided, or mailed to the following address:

**Madera County
Behavioral Health Services
Mental Health Plan
P.O. Box 1288
Madera, CA 93639-1288**

The Quality Management Coordinator will notify you within five (5) calendar days that your grievance has been received. A written response notifying you of the final resolution will be sent within ninety (90) calendar days.

You may designate someone to act on your behalf at any time. The Patients' Rights Advocate may be contacted at **(559) 673-3508 ext. 1311** to assist in resolving grievances.



APPEALS

If you wish to appeal an “Adverse Benefit Determination” by the Mental Health Plan, you may call the Quality Management Coordinator at **(559) 673-3508** or **(888) 275-9779** – toll free. An “Adverse Benefit Determination” is when the MHP:

- Denies or limits authorization of a requested service, including the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
- Reduces, suspends, or terminates a previously authorized service;
- Denies, in whole or in part, payment for a service;
- Fails to provide services in a timely manner;
- Fails to act within the required timeframes for standard resolution of grievance and appeals; or
- The denial of a beneficiary’s request to dispute financial liability.

An Expedited Appeal may be used when a decision must be made quickly to protect the beneficiary’s life, health, or ability to function at a maximum level

Beneficiaries may request a State Fair Hearing after the Appeal process has been completed. You may contact the Patients’ Rights Advocate, or the State Ombudsman listed below to assist in filing for a State Fair Hearing. All State Fair Hearing decisions are final.

YOUR MENTAL HEALTH SERVICES WILL NOT BE AFFECTED IN ANY WAY BY FILING A GRIEVANCE OR APPEAL OR REQUESTING A STATE FAIR HEARING.

SUGGESTIONS

Client suggestions are important in providing quality, effective services. Providers have (green) Suggestion Forms in service areas. Client suggestions are welcome and can be placed in designated boxes or given directly to a staff member or Patients’ Rights Advocate.

