

Plumas County Behavioral Health clients are entitled to:

- Be treated with respect and with due consideration for your dignity and privacy.
- 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.
- Participate in decisions regarding your health care, including the right to refuse treatment.

To Request a Change of Provider

You may speak with your Provider any member of the PCBH staff or the Patients' Rights Advocate.

Suggestions

Member suggestions are important to providing quality, effective services. The Problem Resolution form can also be used to communicate suggestions or compliments. These can be anonymous but if you would like a response back, please include your name and preferred contact information.

Member suggestions are welcome and can be given directly to PCBH staff, advocates or by mail.

As a client of PCBH, you are encouraged (but not required) to discuss issues about your services with your provider. If you remain dissatisfied with the services you receive, you have the right to file a grievance. Beneficiaries may file a written or oral grievance at any time regarding the provision of Behavioral Health services.

A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination.

You may file a grievance:

- **By phone:** Contact PCBH by calling 530-283-6307. Toll Free Number 1-800-757-7898 TTY/TDD 530-283-4157
- **In writing:** Fill out a complaint form or write a letter and send it to:
Plumas County Behavioral Health
Attn: Quality Improvement
270 County Hospital Rd, suite 109.
- **In person:** Visit your PCBH program site and say you want to file a grievance.
- **Online:**
<https://www.plumascounty.us/2566/Grievances>
- **With an Advocate:** call The Smithwaters Group 1-800-970-5816 or email smithwatersgroup@comcast.net

Plumas County BHP complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Member Rights & Problem Resolution Guide



270 County Hospital Road
Suite 109
Quincy, CA 95971

(530)283-6307
Toll Free: (800)757-7898

Grievance and Appeal rights are for **ALL** clients served through Plumas County Behavioral Health services and programs. This includes services provided through our direct and/or contracted providers.

Advocates

The following resources are available for assistance in completing forms and resolving a grievance, appeal, and State Fair Hearing:

Patients' Rights Advocate

The Smithwaters Group 1-800-970-5816 or email smithwatersgroup@comcast.net

You may authorize another person to act on your behalf if you provide a written and signed request. Additional release forms may be required to share confidential service-related information.

Grievances

The member will receive a written acknowledgment that the grievance was received by Member Services within (5) five business days of receipt.

The member will receive a written resolution within (30) sixty calendar days.

Standard Appeal

An Appeal is a request to review an NOABD. An NOABD occurs when the BHP denies, reduces, suspends or terminates previously authorized services; denies payment for a service; fails to provide services in a timely manner; or fails to act within the timeframes for the disposition of grievances, standard appeals, expedited appeals*, or denies a request to dispute a financial liability.

- The member may submit an appeal orally or in writing. Oral appeals must be followed up with a written, signed appeal.
- The member will receive a written acknowledgment that Member Services received the appeal.
- An appeal must be filed within 60 days of the date of the NOABD.
- The member will receive a written resolution within 30 calendar days*.

Second Opinion/Change of Provider

You have the right to request a second opinion by a qualified, licensed provider, within or outside of our network, at no cost to you.

2nd opinion requests are documented as appeals. Most appeals for denial of services result in a second opinion.

Your PCBH services will NOT be affected in any way by filing a grievance, appeal or requesting a State Fair Hearing.

Expedited Appeal

This Appeal is filed when the member's life, health, or ability to have or maintain maximum function is at risk.

The member will receive a written resolution within 72 hours.

If the expedited appeal is denied, a written notice will be sent to the member and the standard appeal process will begin.

State Fair Hearings

If you are a Medi-Cal beneficiary, you have the right to file for a State Fair Hearing. You are required to exhaust the problem resolution process for Appeals before filing for a State Fair Hearing. To file a State Fair Hearing send your request to:

**State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430**

You may, in addition to a Grievance and Appeal form, submit written materials and present additional testimony, clinical or medical evidence in support of your position during the hearing or any time of the grievance process.