

What is the difference between a Grievance and an Action?

As a client of the Inyo County Medi-Cal Mental Health Plan (ICMHP), you have a right to file a **Grievance**. A **Grievance** is an expression of dissatisfaction about any matter, other than an Action.

An **Action** occurs when Inyo County Mental Health does at least one of the following:

- ICMHP denies or limits a requested service through the authorization process, including the type or level of service;
- ICMHP reduces, suspends, or terminates a previously authorized service;
- ICMHP denies, in whole or in part, payment for a service;
- ICMHP fails to provide services in a timely manner, as determined by Inyo County Mental Health or;
- ICMHP fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.

If your dissatisfaction is because of one of the actions above, you will use either the **Standard Appeal Process** or the **Expedited Appeal Process**.

Grievance Process

You or your designee has the right to file a **grievance** either orally or in writing. If you wish, you can have someone call or write for you.

- Inyo County Mental Health will write to you to let you know your grievance has been received.
- Inyo County Mental Health will review your **grievance** and write to you to let you know the decision within sixty (90) calendar days from the date your **grievance** was filed.
- The **Grievance Process** may be extended by up to fourteen (14) calendar days if you request an extension, or if Inyo County Mental Health decides that there is a need for additional information and that the delay is in your best interest.

Standard Appeal Process (regarding Actions)

You or your designee has the right to file an **appeal** either orally or in writing to request the review of an action. If you request an **appeal** orally, you will need to follow up with a signed written **appeal**. You must file an **appeal** within ninety (90) days of the date of the action you are appealing.

- Inyo County Mental Health will write to you to let you know your **appeal** has been received.
- You have the right to present evidence in person or in writing.
- You also have the right to look at your case file and any other records that pertain to your appeal before and during the appeal process.
- Inyo County Mental Health will review your **appeal** and write to you to let you know the decision of the **appeal** and the date that the **appeal** decision was made, within forty-five (45) calendar days from the date your **appeal** was filed.
- The **Standard Appeal Process** may be extended by up to fourteen (14) calendar days if you request an extension, or if Inyo County Mental Health decides that there is a need for additional information and that the delay is in your best interest.
- If the decision of the **appeal** is not completely in your favor, the written notice will also include your right to file for a State Fair Hearing and how to do so. It will also include your right to request continued services while the hearing is pending and the process for making such a request.

Beneficiaries will be required to exhaust the Mental Health Plan's problem resolution process prior to filing for a State Fair Hearing. Your services will continue during your appeal or State Fair hearing.

Expedited Appeal Process (regarding Actions)

You or your designee have the right to file an **expedited appeal** either orally or in writing to request the review of an action, ONLY when using the standard resolution process could jeopardize your life, health, or ability to attain, maintain, or regain maximum function.

- Inyo County Mental Health will write to you to let you know your **expedited appeal** has been received.
- Inyo County Mental Health will review your request for an **expedited appeal**. If Inyo County Mental Health denies your request for an **expedited appeal**, it will be transferred to the timeframe specified in the standard appeal process. Inyo County Mental Health will make reasonable efforts to give you and your representative(s) prompt oral notice of the denial of the **expedited appeal process**. Inyo County Mental Health will also send a written notice of denial for an **expedited appeal** within two (2) calendar days of receiving your request for an **expedited appeal**.

- If Inyo County Mental Health determines that your request for an **expedited appeal** meets the **expedited appeal** criteria, you will have the right to present evidence in person or in writing.
- You or your representative also have the right before and during the appeal process, to examine the beneficiary's case file, including medical records, and any other documents and records considered during the appeal process.
- Prompt oral notice of the decision of the **expedited appeal process** will be given to you and your representative. Inyo County Mental Health will also send a written notice explaining the decision of the expedited appeal and the date that the decision was made no later than three (3) working days after we receive your request for an **expedited appeal**.
- The **Expedited Appeal Process** may be extended by up to fourteen (14) calendar days if you request an extension, or if Inyo County Mental Health decides that there is a need for additional information and that the delay is in your best interest. If Inyo County Mental Health extends the timeframe for any extension not requested by you, Inyo County Mental Health will give you written notice of the reason for the delay.

- If the decision of the **expedited appeal** is not completely in your favor, the written notice will also include your right to file for a State Fair Hearing and how to do so. In addition, the notice will include your right to request continued services while the hearing is pending and the process for making such a request.

Beneficiaries will be required to exhaust the Mental Health Plan's problem Resolution process prior to filing for a State Fair Hearing. Your services will continue during your appeal or State Fair hearing.

What if I need help completing the problem resolution process?

At any time during the problem resolution process, you may authorize another person to act on your behalf. You may select a provider as your representative in the appeal process. Upon request, you may identify a staff person or other individual to assist you with the grievance and appeal processes. Upon request you may ask a staff person or other individual to provide information regarding the status of your grievance or appeal. You will not be subject to discrimination or any other penalty for filing a grievance or appeal. You can also ask the Patients' Rights Advocate or Ombudsman Services for help.

Confidentiality

We want to assure you that your **grievance** and/or **appeal** will be kept confidential and will only be discussed with those directly involved in the matter. You will not be subject to discrimination or any other penalty for filing a **grievance** and/or **appeal**.

Availability of Interpreters

We have Spanish-speaking interpreters available during normal office hours and we utilize the AT&T Language Line for all other languages. If you are hearing impaired and use TDD, please call 1-800-735-2929.

Bishop Office Hours

Monday

8:00a.m. – 12:00p.m.

2:00pm – 5:00p.m.

Tuesday – Friday

8:00 a.m. – 12:00 p.m.

1:00 p.m. – 5:00 p.m.

Closed Holidays

Satellite Office

**380 N. Mount Whitney Ave.
Lone Pine, California 93545**

Phone:(760) 876-5545

FAX : (760) 876-5127

8:00 a.m. – 12:00 p.m.

1:00 p.m. – 5:00 p.m.

Monday - Friday



INYO COUNTY MENTAL HEALTH

24-HOUR CRISIS SERVICES

Toll-Free 1-800-841-5011

Or dial 911

1360 N Main St, Ste. 124

Bishop, CA 93514

Phone: (760) 873-6533

FAX: (760) 873-3277

Inyo County
Medi-Cal
Mental Health Plan

Client Problem Resolution Guide