County of Inyo
Health & Human Services Department
Behavioral Health

Beneficiary Problem Resolution Guide

Your Rights to File a Grievance, Appeal, or Request a State Fair Hearing

At Inyo County Behavioral Health (ICBH), we want you to receive quality services and be treated with dignity and respect. If you are unhappy with your care or disagree with a decision about your Medi-Cal Specialty Mental Health Services (SMHS), you have the right to let us know.

You have the right to file a grievance, appeal an Adverse Benefit Determination, or request a State Fair Hearing. You may also have someone you trust, such as a family member, friend, advocate, provider, or attorney, help you or act on your behalf.

You will not be discriminated against, retaliated against, or treated differently because you filed a grievance, appeal, or requested a State Fair Hearing.

GRIEVANCE INFORMATION

What Is a Grievance?

A grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination (NOABD).

Examples include concerns about:

- The quality of care or services you received
- Staff behavior
- Difficulty getting an appointment
- Long wait times
- Cleanliness or safety of a facility
- Violation of your rights
- Privacy or confidentiality concerns
- Any other concern about your behavioral health services

Who Can File a Grievance?

A grievance may be filed by:

- You
- Your authorized representative on your behalf
- Your provider on your behalf (your written authorization is required)

When Can You File?

You may file a grievance **at any time.**

How Can You File?

You may file a verbal or written grievance and can file by one of the methods below:

- By phone: Call 760-873-6533
- In person:

Bishop Office	Lone Pine Office
1360 N. Main St	310 N Jackson
Bishop, CA 93514	Lone Pine, CA 93545

- By mail: At the addresses above
- By fax: 760-873-6533
- By email: inyoby@inyocounty.us
- In writing using the Member Grievance Form that can be obtained in the office or on the website www.inyocounty.us/behavioral-health

Verbal grievances do not need to be submitted in writing.

What Happens After You File a Grievance?

Within 5 calendar days after receiving your grievance, Inyo County Behavioral Health will send you a written acknowledgment that we received it.

Your grievance will be reviewed by staff who were not involved in the issue whenever appropriate.

A written decision will be mailed to you within 30 calendar days from the date we receive your grievance.

APPEAL INFORMATION

What Is an Appeal?

An appeal is your request for Inyo County Behavioral Health to review an Adverse Benefit Determination (NOABD).
Examples include when services are:

- Denied
- Reduced
- Delayed
- Suspended
- Terminated
- Not provided in a timely manner
- Not authorized within required timeframes
- Payment is denied for services

Who Can File an Appeal?

An appeal may be filed by:

- You
- Your authorized representative
- Your provider (your written authorization is required)

When Must an Appeal Be Filed?

You must file your appeal within 60 calendar days from the date on your Notice of Adverse Benefit Determination (NOABD).
Appeals may be submitted orally or in writing. If you file a standard appeal orally, you may be asked to sign a written appeal form for documentation purposes. Your appeal will be processed based on the date your oral appeal was received. If your appeal qualifies for expedited review, you will not be required to submit a signed written appeal.

Appeal Acknowledgment

Within 5 calendar days after receiving your standard appeal, we will send you written confirmation that we received it.

Standard Appeal Decision

A written decision will be sent within 30 days after we receive your appeal.

Expedited (Fast) Appeals

You have the right to request an expedited appeal if waiting for the standard appeal process could seriously jeopardize:

- Your life
- Your physical health
- Your mental health
- Your ability to attain, maintain, or regain maximum functioning

You, your provider, and/or authorized representative may request an expedited appeal.
If your request qualifies, Inyo County Behavioral Health will issue a decision within 72 hours.
If we determine your appeal does not qualify for expedited review, we will notify you promptly and process your appeal using the standard timeframe.

Continuation of Services During an Appeal

If your services are being reduced, suspended, or terminated, you may be able to continue receiving services while your appeal is being reviewed if:

- You request your appeal within the required timeframe identified on your NOABD; and
- You request that services continue.

If the appeal decision is not in your favor, you may be responsible for the cost of continued services as allowed by federal and state law.

STATE FAIR HEARING

You have the right to request a State Fair Hearing through the California Department of Social Services. Generally, you must first complete the appeal process before requesting a State Fair Hearing unless:

- Inyo County Behavioral Health does not issue an appeal decision within required timeframes; or
- Another exception under state or federal law applies.

You must request your State Fair Hearing within 120 calendar days from the date on your Notice of Appeal Resolution.

You may request a hearing by:

- Phone
- Mail
- Online

Assistance is available if you need help completing the request.

ADDITIONAL PROBLEM RESOLUTION INFORMATION

Assistance Is Available

You may receive free help from:

- Patients' Rights Advocate
- Your authorized representative
- Family member or friend
- Attorney
- Provider
- California Behavioral Health Ombudsman

Help is available at no cost.

Language Assistance and Accessibility

Free services are available to help you understand your rights.

These services include:

- Qualified interpreters
- Written materials in other languages
- Large-print materials
- Auxiliary aids and services
- Sign language interpreters
- TTY/TDD services
- Reasonable accommodation for people with disabilities

Interpreter and accessibility services are available free of charge.

Confidentiality

Your grievance, appeal, and all related information will be kept confidential to the extent required by law. Only individuals involved in reviewing and resolving your concern will have access to your information.

How to Contact Inyo County Behavioral Health

Bishop Office
1360 North Main Street, Suite 201
Bishop, CA 93514
Phone: (760) 873-6533
Fax: (760) 873-3277

Lone Pine Office
310 N. Jackson
Lone Pine, CA 93545
Phone: (760) 873-6533
Fax: (760) 873-3277

24-Hour Crisis Line
1-800-841-5011

For emergencies, call **911** or go to the nearest emergency room.

Forms Available

The following forms are available at all Behavioral Health offices and upon request:

- Client Grievance Form
- Standard Appeal Form
- Expedited Appeal Request Form
- Authorized Representative Form

Forms may be requested:

- In person at locations listed above
- By phone at 760-873-6533
- By mail at the addresses listed above
- By emailing inyoby@inyocounty.us

This version includes the beneficiary rights, required timeframes, accessibility language, continuation of benefits information, State Fair Hearing requirements, and assistance provisions expected by DHCS.

- BHIN 25-014 (Grievances, Appeals, and Notice of Adverse Benefit Determination Updates)
- BHIN 25-015 (Beneficiary Handbook Requirements)
- 42 CFR §§ 438.400–438.424
- 42 CFR Part 438, Subpart F
- California Welfare and Institutions Code
- California Code of Regulations, Title 9