

NOTICE OF PROBLEM RESOLUTION PROCESSES

Ventura County Behavioral Health Department (VCBH) would like to know about and help to resolve your problem or concern about any aspect of your treatment. Detailed information regarding these processes can be found in the **Ventura County Mental Health Plan Beneficiary Handbook or Ventura County Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook.**

- Grievance Forms and Appeal/Expedited Appeal Forms are available in the waiting room of your provider. You may send the form in the addressed envelope provided or to Grievance and Appeals, Quality Management Unit: 1911 Williams Dr., Oxnard, CA 93036 or you may call 1-888-567-2122.
- You or your designated representative may present your **Grievance** orally or in writing. Within five (5) Calendar days, you will receive an Acknowledgement of Receipt for Grievance Letter. When a decision has been made regarding your grievance, VCBH will notify you with a written Notice of Grievance Resolution (NGR) within 90 days from receipt of your grievance.
- You may orally request an **Appeal** for a Notice of Adverse Benefit Determination received. You must follow it up with a written Appeal. The date of your oral appeal will be noted as the date of your Appeal. VCBH will provide you with a written Notice of Appeal Resolution (NAR) within 30 days from the receipt of your Appeal. You may present evidence and allegations of fact or law, in person or in writing. You or your representative may examine your file, including your medical records, and any other documents or records considered before and during the Appeal process.
- **The timeframes for a Grievance or Appeal may be extended up to 14 calendar days** if you request an extension, or if VCBH believes that there is a need for additional information and that the delay is in your best interest. You will be notified in writing if an extension is required.

You may file an **Expedited Appeal** orally if you, or your authorized representative/provider certifies or VCBH determines that following the timeframe for a standard Appeal, as noted above, would seriously jeopardize your life, health or ability to attain, maintain or regain maximum function. VCBH will attempt to resolve the Expedited Appeal within 72 hours.

- You may authorize another person to act on your behalf
- You may identify a staff person or another individual to assist you with the Grievance or Appeal.
- You may identify a staff person or another individual to provide you the information regarding the status of your Grievance or Appeal.

- You will not be subject to any discrimination or any other penalty for filing a Grievance, Appeal or Expedited Appeal.
- You may also contact the Patient's Rights Office at (805) 477-5731.

If you are a Medi-Cal beneficiary, you may orally or in writing file for a **State Fair Hearing** after you have exhausted the Appeal or Expedited Appeal process. The procedure for filing a State Fair Hearing and other information for problem resolution is provided in the Ventura County Mental Health Plan Beneficiary Handbook or Ventura County Drug Medi-Cal Organized Delivery System (DMC-ODS) Member Handbook.

Please note: A Notice of Adverse Benefit Determination is defined as:

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- The reduction, suspension, termination, modification, denial, or timely access of a previously authorized service
- The denial, in whole or in part, of payment for a service
- The failure to provide services in a timely manner
- The failure to act within the timeframes for resolution of Grievances, Appeals or Expedited Appeal.
- The denial of a request to obtain services outside of the network (for residents of rural area).
- The denial of a request to dispute a financial liability, including cost sharing, co-payments, premiums, deductibles, coinsurance, and other beneficiary financial liabilities.

**For Questions Call the MH/SUD Quality Management Unit
1-888-567-2122**