



**San Benito County Behavioral Health**  
Mental Health Services and  
Substance Abuse Program

1131 Community Parkway  
Hollister, CA 95023

Phone: (831) 636-4020  
Fax: (831) 636-4025  
TTY: 711

**Toll-Free 24/7 Access Line**  
**Call 1-888-636-4020**

Office Hours  
8:00 a.m. – 5:00 p.m.  
Monday – Friday

Patients' Rights Advocate  
(831) 636-4020

Rev082423

## **San Benito County Behavioral Health**

Mental Health Services and  
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## **Client Problem Resolution Guide**



## What is the Problem Resolution Process?

As a client of San Benito County Behavioral Health (SBCBH), you have the right to let us know if you are unhappy with any matter at SBCBH.

For most problems, you may file a grievance.

If the problem involves an Adverse Benefit Determination (ABD), you have the right to file an appeal.

An ABD occurs in the following situations:

- We deny or limit a requested service through our service authorization process, including the type or level of service;
- We reduce, suspend, or terminate a service that we previously authorized;
- We deny all or part of payment for a service;
- We fail to provide services to you in a timely manner;
- We fail to act within the time frames for deciding about standard grievances, standard appeals, or expedited appeals; or
- We deny your request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, and coinsurance.

If you are unhappy with one of the ABDs above, you may appeal the decision through either an appeal or an expedited appeal. If you are unhappy with something other than one of the ABDs listed above, you may file a grievance.

## ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-636-4020 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

## العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك

بالمجان. اتصل برقم 1-888-636-4020 (رقم هاتف الصم والبكم: 711)

## हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-636-4020 (TTY: 711) पर कॉल करें।

## ภาษาไทย (Thai)

เรียน: กรุณพุดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-636-4020 (TTY: 711).

## ខ្មែរ (Cambodian)

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ, គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-636-4020 (TTY: 711)។

## ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າ ພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-636-4020 (TTY: 711).

## **繁體中文 (Chinese)**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-636-4020 (TTY: 711)。

## **Հայերեն (Armenian)**

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-888-636-4020 (TTY (հեռատիպ)՝ 711):

## **Русский (Russian)**

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-636-4020 (телетайп: 711).

## **فارسی (Farsi)**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-636-4020 (TTY: 711) تماس بگیرید.

## **日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-636-4020 (TTY: 711) まで、お電話にてご連絡ください。

## **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-636-4020 (TTY: 711).

## **Grievance Process**

- You can file a grievance at any time.
- You have the right to file a grievance either orally or in writing.
- If you want, you can have someone call or write the grievance for you.
- We will write to you to let you know that we received your grievance.
- We will review your grievance.
- In most cases, we will make our decision within 60 calendar days after we received your grievance.
- We will write to you to let you know our decision.
- The grievance process may last longer than 60 calendar days if you request an extension.
- The grievance process may last longer than 60 calendar days if we decide that we need more information.
  - This extension will be in your best interest.
  - This extension lasts up to 14 calendar days.
  - We will let you know if we extend the process.

## **Appeal Process (regarding ABDs)**

You can file an appeal when SBCBH has made an Adverse Benefit Determination (ABD) that you do not agree with.

- You must file an appeal within 60 calendar days of the date of the ABD that you want to appeal.
- You can file an appeal either orally or in writing.
  - If you request an appeal orally, you will need to give us a signed written appeal after you orally tell us.
- You may authorize another person, including your provider, to represent you during the appeal process.
- We will write to you to let you know that we received your appeal.
- You can give us evidence in person or in writing that supports or relates to your appeal.
- You can look at or get copies of your medical record and other documents that are important to your appeal, for free, any time before our decision deadline.
- We will review your appeal.
- We will make our decision within 30 calendar days after we received your appeal.
- We will write to you to let you know our decision.
- The appeal process may last longer than 30 calendar days if you request an extension.
- The appeal process may last longer than 30 calendar days if we decide we need more information.
  - This extension will be in your best interest.
  - This extension lasts up to 14 calendar days.

If you are hearing or speech impaired and use TTY, please call 711 for assistance.

Alternate formats of this information are available, in large print and audio recordings.

**Language assistance and alternate formats are FREE.**

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### **English**

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-636-4020 (TTY: 711).

### **Español** (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-636-4020 (TTY: 711).

### **Tiếng Việt** (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-636-4020 (TTY: 711).

### **Tagalog** (Tagalog–Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-636-4020 (TTY: 711).

### **한국어** (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-636-4020 (TTY: 711) 번으로 전화해 주십시오.

Please ask SBCBH staff if you do not see the forms and envelopes.

### **What if I need help with the process?**

At any time during the problem resolution process, you may ask a staff person to help you.

You have a right to authorize another person or your legal representative to act on your behalf.

You can ask the county Patient's' Rights Advocate for help at (831) 636-1638.

You can call the State Ombudsman Service for help at 1-888-452-8609; or email them at [MMCDOmbudsmanOffice@dhcs.ca.gov](mailto:MMCDOmbudsmanOffice@dhcs.ca.gov)

### **Confidentiality and Non-Discrimination**

We ensure that your grievance and/or appeal is kept confidential.

It will only be discussed with people who are directly involved in the matter.

You will not be discriminated against or penalized for filing a grievance and/or appeal.

### **Language Assistance and Alternate Formats**

We have English-speaking and Spanish-speaking staff available during normal office hours.

We utilize a Language Line for all other languages.

- We will let you know if we extend the process.

- For Medi-Cal clients: Our written decision to you will include information about your right to file for a State Fair Hearing, after you have finished our one level of appeal and are still unhappy with our decision.

- It will include information about how to file for a hearing.

- It will include information about how you may keep your current services while you are waiting for the hearing, in some situations.

### **Expedited Appeal Process (regarding ABDs)**

You can file an expedited appeal to request a faster review of an ABD that you do not agree with.

Expedited appeals are considered necessary ONLY if using the standard appeal process could jeopardize your life, health, or ability to achieve, keep, or regain your maximum life functions.

- You must file an expedited appeal within 60 calendar days of the date of the ABD that you want to appeal.

- You can file an expedited appeal either orally or in writing.

- You may authorize another person, including your provider, to represent you during the appeal process.

- We will write to you to let you know that we received your request for an expedited appeal.

- We will review your request for an expedited appeal.
- If we deny your request for an expedited appeal, we will change the expedited appeal into a standard appeal. It will follow the standard appeal process.
- We will make reasonable efforts to let you know as soon as possible if we deny your request for an expedited appeal.
  - We will send you a written notice within two (2) calendar days of the date that we received your request.
- If we agree with your request for an expedited appeal, we will let you know orally, in person or over the phone.
- You can give us evidence in person or in writing that supports or relates to your expedited appeal.
- You can look at or get copies of your medical record and other documents that are important to your expedited appeal, for free, any time before our decision deadline.
  - Please be aware that because the expedited appeal is a fast process, there is limited time to present your evidence or access your records.
- We will review your expedited appeal.
- We will notify you orally of our decision as soon as possible.

- We will send a written notice to you explaining our decision no later than 72 hours after we received your expedited appeal.
- The expedited appeal process may last longer than 72 hours if you request an extension.
- The expedited appeal process may last longer than 72 hours if we decide that we need more information.
  - This extension will be in your best interest.
  - This extension lasts up to 14 calendar days.
  - We will let you know if we extend the process.
- For Medi-Cal clients: Our written decision to you will include information about your right to file for a State Fair Hearing after you have finished our one level of appeal and are still unhappy with our decision.
  - It will include information about how to file for a hearing.
  - It will include information about how you may keep your current services while you are waiting for the hearing, in some situations.

### **How do I file a grievance or an appeal?**

The Grievance and Appeal forms are located in our clinic lobby and at the wellness center.

Self-addressed envelopes are included with the forms, if you want to send a grievance or appeal by mail.