

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 are available in your provider's waiting room and can be sent in the provided self-addressed envelope or to the Quality Management Program: 1911 Williams Dr., Ste. 200 Oxnard, CA 93036, or you may call 1-888-567-2122 to file an oral grievance.

- **Filing a Grievance:** 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 30 days from receipt of your grievance.
 - In addition, you may be provided behavioral health services by a licensed or registered professional with the Board of Behavioral Sciences. Please be advised that the following notice may apply to you and is provided as required by law:
 - NOTICE TO CLIENTS:** The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.
- **Notice of Adverse Benefit Determination:** Please note: A Notice of Adverse Benefit Determination (NOABD) is defined as:
 - The denial or limited authorization of a requested service, including determinations based on the type or level or 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.

- **Filing an Appeal:** You may orally request an Appeal to a received Notice of Adverse Benefit Determination (NOABD), which must be followed 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
- **Expedited Appeal:** 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.
 - Timeframes for Resolving Expedited Appeals
 - For expedited resolution of an appeal and notice to the affected parties (i.e., the member, authorized representative and/or provider), the County shall resolve the appeal, and provide notice, as expeditiously as the member's health condition requires, but not longer than 72 hours after the Plan receives the request for expedited resolution. In addition to federal record-keeping requirements, Counties shall log the time that the County received the expedited appeal because the time of receipt dictates the timeframe for resolution.
 - Oral Notice Requirements
 - In addition to providing a written NAR, Counties shall make reasonable efforts to provide prompt oral notice to the member of the resolution.
- **State Fair Hearing:** 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.
- **Can the State Help Me with My Problem/Questions?**
 - **Mental Health:** Contact Department of Health Care Services, Office of the Ombudsman, by phone at (888) 452-8609 or by e-mail at MMCDOmbudsmanOffice@dhcs.ca.gov.
 - **Note:** E-mail messages are not considered confidential. You should not include personal information in an e-mail message.
 - **Substance Use Services:** If you are having trouble finding the right people at the county to help you find your way through the system, call toll-free: 1-800-952-5253.

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