

GRIEVANCE, APPEAL and EXPEDITED APPEAL PROCESS

We will make every effort to satisfy the treatment needs of our clients. However, there may be times when clients will be unhappy with services received. Clients are encouraged to discuss issues regarding their mental health service directly with their provider. If efforts to resolve the problem directly are unsuccessful, clients who are dissatisfied with their mental health services may file a grievance. You may request a friend, relatives and/ or Clients' Rights Advocate to assist you with your grievance and hearing rights.

A client who has Medi-Cal may file for a State Fair Hearing only after they have filed for an Appeal and they have received a final decision about the Appeal from Butte County Behavioral Health. State Fair Hearings may no longer take place with regards to the Grievance process.

If you believe waiting the 30 days for an appeal decision may jeopardize your life, health, or ability to attain, maintain or regain maximum function, you may request an expedited appeal.

To register a grievance, an appeal, an expedited appeal or assistance with a State Fair Hearing call:

Clients' Rights
(530) 343-1731 or 800-497-1445

Clients will not be subject to any penalty, discrimination or retaliation for filing a grievance or an appeal. Every effort will be made to resolve the issue at an informal level.

Butte Co. Behavioral Health
Quality Management Division,
Clients' Rights
1196 E. Lassen, Suite 130
Chico, CA 95973

Quality Management Division
Butte Co. Behavioral Health
1196 E. Lassen #130
Chico, CA 95973

Patient's Rights

Butte County Department of Behavioral Health



Grievance, Appeal, and Expedited Appeal Request

(530) 343 – 1731
or
800-497-1445

Postage
Required

**BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH CLIENTS' RIGHTS RESOLUTION
REQUEST FORM**

Please Check One: Grievance Appeal Expedited Appeal

Date: _____ Do you have Medi-Cal? Yes No Unsure

Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Name of Person filing Grievance, Appeal or Expedited Appeal, If other than yourself: _____

Relationship: _____

Telephone number: _____

Email Address: _____

Problem:
Please
attach
additional
sheets if
needed

Signature

Date

This form can be mailed to: Butte Co. Behavioral Health, Quality Management Division, Clients' Rights 1196 E. Lassen, Suite 130 Chico, CA 95973. For any questions or to speak with someone regarding your issue please call Clients' Rights at (530) 343-1731 or 800-497-1445.

For BCDBH Internal Use Only

Date Received:

Date Forwarded:

Program:

Has grievance been resolved: Yes No

Resolution Date:

If no, list attempts made by beneficiary's treatment team to resolve the client's grievance (include dates):

If yes, state the resolution/corrective Action Taken by PM/ Supervisor:

Additional Comments:

Signature

Date