

## APPEAL PROCESS

For Medi-Cal Members Receiving San Francisco Behavioral Health Services

---

**Appeals** can be requested only to review **adverse benefit determinations**. *Adverse benefit determinations* are delays in resolving grievances or appeals, disputes of financial liability, or when your mental health or substance use disorder services have been denied, limited, stopped, or not provided in a timely manner. A **Notice of Adverse Benefit Determination** will inform you of your right to request an appeal if you do not agree with San Francisco Behavioral Health Services' (BHS) decision.

What you need to know about the appeal process:

- You have **60 days** from the date of the notice to file an appeal.
- If you are currently receiving behavioral health services and want to keep receiving services while the appeal is pending, you must file an appeal within **10 days** from the date of the notice OR before the date BHS says services will change AND say that you want to keep receiving services. BHS will promptly provide for the disputed services if the decision of the appeal

process reverses the decision to deny, limit or delay services. Note that you may be required to pay for these services if BHS upholds the *adverse benefit determination*.

- The ***expedited appeal*** process is used if BHS agrees that using the ***standard appeal*** process could seriously jeopardize you or your ability to function. If the appeal does not meet the criteria for an *expedited* process, the appeal will revert to the *standard* process and you will be promptly informed. You may file a grievance if you do not agree with this decision.
- You or your authorized representative may request an appeal by using the *Grievance and Appeal Form* available at all program sites, or by sending a letter. With your written consent, your authorized representative or BHS can assist you in the appeal process, including help completing the *Grievance and Appeal Form*, or arranging for needed support services, such as language assistance.
- You may request an appeal by mail, e-mail, in person, or by phone. If using the *standard* process, an oral appeal must be followed up in writing.

To request an appeal:

**In person or by phone:**

Officer of the Day  
Behavioral Health Access Center  
1380 Howard Street, 1st Floor  
San Francisco, CA 94103  
888-246-3333  
TDD/TTY: 711

**Via US Mail, email, or by phone:**

Grievance/Appeal Office  
1380 Howard Street, 2nd Floor  
San Francisco, CA 94103  
628-754-9299

**OR**

postage-paid envelope

**OR**

[BHS.GrievanceAppeal@sfdph.org](mailto:BHS.GrievanceAppeal@sfdph.org)

- You will receive a written acknowledgement of receipt of your appeal. The investigator will review all information, will not have any prior involvement in your appeal, and will have the appropriate training if your appeal involves clinical matters.
- Before any decision is made about your appeal, you have the right to provide information, to

request a copy of your case file free of charge, and to be informed on the status of your appeal.

- A written decision will be sent to you within **30 calendar days** of receipt of the *standard* appeal and within **72 hours** of receipt of the *expedited* appeal with reasonable effort to provide you oral notice.

The time frame may be extended up to 14 days if requested by you or if BHS determines it would be in your best interest.

- If you do not agree with the appeal decision or did not receive the decision within the specified timeframe, you may request a State Hearing within 120 days of the decision due date by calling toll free 1-800-952-5253 or TTY/TDD 1-800-952-8349.

## **GRIEVANCE PROCESS**

For All Members Receiving San Francisco  
Behavioral Health Services

---

A **grievance** is any expression of dissatisfaction about any matter regarding your behavioral health services except an *adverse benefit determination* (see *Appeal Process*). Grievances include, but are not limited to, unprofessional behavior of your provider, failure to respect your rights, or concerns about the quality of services provided, including treatment issues, medication, or cultural appropriateness.

If you want help concerning a problem with your mental health or substance use treatment services, you have the right to file a grievance at any time by using the grievance process provided by San Francisco Behavioral Health Services (BHS). You will not be discriminated against in any way for filing a grievance. You may also call the State Ombudsman Office at 1-888-452-8609.

### **Here is how you file a grievance:**

- You or your authorized representative may file a grievance, preferably by using the *Grievance and Appeal Form*, which is available at all program sites. Authorized representatives are persons,

such as a relative, friend, advocate, or your provider, who can assist you in the grievance process with your written consent. Assistance can include help completing the *Grievance and Appeal Form*, or arranging for needed support services, such as language assistance.

You may file a grievance by mail, e-mail, in person, or by phone.

Commented [NY1]: Is this the same sentence on page 2?

Commented [MR2R1]: This is how it is formatted in the original.

**In person or by phone:**

Officer of the Day  
Behavioral Health Access Center  
1380 Howard Street, 1st Floor  
San Francisco, CA 94103  
888-246-3333  
TDD/TTY: 711

**Via US Mail, email, or by phone:**

Grievance/Appeal Office  
1380 Howard Street, 2nd Floor  
San Francisco, CA 94103  
628-754-9299

**OR**

postage-paid envelope

**OR**

BHS.GrievanceAppeal@sfdph.org

- You will receive a written acknowledgement of receipt of your grievance. The investigator will make every attempt to contact you. The investigator will review all information, will not have any prior involvement in your grievance, and will have appropriate training if your grievance concerns clinical matters.
- The Grievance/Appeal Office will provide information on the status of your grievance at any time during the process upon request by you or your authorized representative.
- A written decision will be sent to you or your authorized representative within **90 calendar days** of receiving your grievance. The time frame may be extended if requested by you or if the investigator determines an extension to be in your best interest.
- If you are dissatisfied with the decision of your grievance, you may file another grievance with **BHS**.

**Commented [NY3]:** What does the 3/24 footer mean? Is that the standard footer format the DPH Forms Collaborative approved of?

**Commented [MR4R3]:** 3/24 is the revision date