

## Expedited Resolution of Appeals

In cases where the standard appeal timeframe could negatively affect your mental health or substance use disorder condition, you or your KCBH Provider can request an expedited appeal. Decisions on expedited requests will be made within 72 hours. If KCBH denies your request for an expedited appeal, your appeal will be processed under the standard resolution timeframe of 30 calendar days.

### Timeframes for Expedited Resolution of Appeals

- KCBH shall make reasonable efforts to provide you with a verbal notice of the decision to transfer the appeal to the standard resolution timeframe.
- After KCBH decides to transfer your appeal to the standard resolution timeframe, you will receive a written notice within 2 calendar days.
- If you disagree with KCBH's decision you have the right to file a grievance.

### State Fair Hearing

If you disagree with KCBH's appeal resolution, KCBH denies your request for an appeal, or does not follow the required timelines for your appeal, you can request a State Fair Hearing by calling 1 (800) 952-5253. All of your current services will continue until a decision is made. You must file for a hearing no later than 120 days from the date that you received the letter stating that KCBH denied your appeal.

*\*In this brochure, "You" means you or your authorized representative.*

## Substance Use Disorder

Any client receiving alcohol and/or drug treatment services with a KCBH provider may file a grievance or an appeal with KCBH:

### 5 Ways To File a Grievance or Appeal

- **Phone:** Patients' Rights Advocate for Grievances (559) 852-2423 or (559) 852-2444 (toll-free). QA Clinician for Appeals (559) 852-4727 or (559) 852-2444 (toll-free)
- **Mail:** 1400 W. Lacey Blvd., Bldg. 13, Hanford, CA 93230
- **In-Person:** 1222 W. Lacey Blvd., Bldg. 13, 2nd Floor Hanford, CA 93230
- **Email:** bhpra@co.kings.ca.us
- **Fax Machine:** (559) 852-4219

If you prefer not to contact the KCBH PRA to file a grievance, you may contact:

**Department of Health Care Services**  
Licensing and Certification Division  
P.O. Box 997413  
Sacramento, CA 95899-7413  
1 (877) 685-8333.

**Office of the Ombudsman**  
1 (800) 896-4042 or 1 (888) 452-8609

Visit [www.dhcs.ca.gov/individuals/Page/Sud-Complaints.aspx](http://www.dhcs.ca.gov/individuals/Page/Sud-Complaints.aspx) for the rights of individuals receiving services from an Alcohol or Drug Abuse Residential treatment facility.



KINGS COUNTY  
BEHAVIORAL  
HEALTH

Integrated Services  
Mental Health &  
Substance Use Disorder



Grievance  
&  
Appeal Process

## Grievance and Appeal Rights

The Kings County Behavioral Health (KCBH) Patients' Rights Advocate (PRA) can help you complete the grievance and appeal forms and guide you through the grievance or appeal process. This includes support services you may need such as an interpreter or TTY/TDD phone lines. Your written consent is required to authorize another person (authorized representative), or provider to act on your behalf during the grievance and appeal process. Grievance & appeal forms are available at any KCBH provider locations and online [www.kcbh.org/pr.html](http://www.kcbh.org/pr.html)

### KCBH ensures

The people who will decide on your grievance or appeal will be:

- People with the right skills and training to understand your condition or illness.
- People who will read all the records, comments, or other information you and/or your representative give us.
- People who were not involved in any earlier decision about your grievance or appeal.

For appeals, you have the right to provide your testimony. You or your representative may request copies of all documents in your case file, including medical records, other documents and any new or additional evidence considered, relied upon or generated by KCBH in connection with the appeal of adverse benefit determination. The information will be free of charge to you.

## Grievance Process

You, your authorized representative, or your provider (with your written consent) may file a grievance, either verbally or in writing at any time. A grievance is an expression of dissatisfaction about any matter except an Adverse Benefit Determination. Grievances include, but are not limited to:

- Concerns about the quality of care or services provided, such as staff being rude or disrespectful.
- Situations where you feel staff did not respect your rights.
- Disagreeing with a prior grievance decision, in which case you may submit another grievance.

KCBH will resolve your grievance within 30 calendar days of receiving it. You may share information related to your grievance in person, on the phone or in writing at any time during the process. After filing a grievance KCBH will send you a Notice of Acknowledgment of Your Grievance (NAYG) letter within 5 calendar days. The NAYG shall note that the grievance has been received, the date received, and the name of PRA with their contact information. Once your grievance is resolved you will receive a Notice of Grievance Resolution (NGR) letter containing the results of your grievance.

You will not be discriminated against for expressing a problem or filing a grievance. If you believe you have been discriminated against (including based on gender identity or transgender, gender diverse, or intersex [TGI] status), you may file a Discrimination Grievance with KCBH or directly with DHCS or the HHS Office for Civil Rights at: [DHCS.DiscriminationGrievance@dhcs.ca.gov](mailto:DHCS.DiscriminationGrievance@dhcs.ca.gov).

## Appeal Process

If you disagree with a decision about your benefits and/or services - usually provided in a Notice of Adverse Benefit Determination (NOABD) - you may file an appeal when:

- Your services were denied or limited in any way, (such as the type/level of service, medical necessity, appropriateness, setting, or effectiveness).
- Your services were reduced, suspended, or terminated.
- KCBH denied payment (in whole or in part for a service).
- Services were not given to you in a timely manner.
- The time frame for the appeal was not followed.
- KCBH denied your request to dispute financial obligations.

You can ask for the decision to be reviewed and potentially changed. Your request must be received within 60 calendar days from the date of the original decision. Your services will continue until a decision is made. You or your KCBH provider can request an appeal either orally or in writing. Appeals filed by your KCBH provider on your behalf require your written consent. After filing an appeal KCBH will send you a Notice of Acknowledgment of Your Appeal (NAYA) letter within 5 calendar days. The NAYA shall note that the appeal has been received, the date received, and the name of QA Clinician with their contact information. KCBH will resolve your appeal within 30 calendar days of receiving it. Once your appeal is resolved you will receive a Notice of Appeal Resolution (NAR) letter containing the results of your appeal.