



Policy Number:	19-01
Policy Name:	Consumer Problem Resolution and Notice of Adverse Benefit Determination Resolution System
Authority:	CFR, Title 42, Chapter IV, Part 438, Subpart F; California Code of Regulations, Title 9, Article 5, Sec. 1796; DHCS-MHSUDS Information Notice 18-010E: Federal Grievance and Appeal System Requirements; Policy 98-01, Change of Clinician Request; Policy 98-10, Concerns/Complaints about MHP Individual and Organizational Contract Providers. DHCS All Plan Letter 17-011, and Research and Analytic Studies Division (RASD).
Original Policy Date:	June 21, 2019 Effective Date: 06/21/19
Supersedes:	03-03, 04-10
Policy Last Revised:	01/09/20
Attachments:	<ul style="list-style-type: none"> A. Consumer Problem Resolution (Grievance) and Notice of Adverse Benefits Determination (NOABD) User Manual B. NOABD Quick Guide (with FAQ) C. NOABD Denial Notice D. NOABD Modification Notice E. NOABD Termination Notice F. NOABD Delivery System Notice G. NOABD Authorization Delay H. NOABD Timely Access Notice I. NOABD Financial Liability Notice J. NOABD Payment Denial Notice K. NOABD Grievance and Appeal Timely Resolution Notice L. NAR (Notice of Appeals Resolution) NOABD Overturned Notice M. NAR (Notice of Appeals Resolution) NOABD Upheld Notice N. Notice of Grievance Resolution O. NOABD Your Rights Attachment



- P. NAR (Notice of Appeals Resolution) Your Rights
- Q. Notice of Availability
- R. Beneficiary Non-Discrimination Notice
- S. Grievance and Appeals Resolution Poster
- T. Grievance and Appeals Resolution Brochure

****Attachments C-P & R-T are translated into the following languages:
English, Chinese (Traditional), Spanish, Tagalog***

PURPOSE

This policy and manual (Attachment A) explain how to resolve issues related to Specialty Mental Health Services (SMHS) and Substance Use Disorder Services (SUDS) using the Grievance and Appeal System as required by 42 CFR Part 438, Subpart F and BHRS's contract with the Department of Health Care Services (DHCS). BHRS has a grievance and appeal system in place for all clients and has only one level of appeal. (CFR 438.402)

To support the expectation of the DHCS that beneficiaries whose primary language is a threshold language (i.e. primary language of 3,000 Medi-Cal beneficiaries or 5% of the beneficiary population, whichever is lower) have services available to them in their primary language. In San Mateo County, English, Spanish, Chinese and Tagalog are the threshold languages.

SCOPE

This policy applies to clients being served in all Behavioral Health and Recovery System (BHRS) programs including all contracted agency and private providers.

All BHRS programs and contractors will follow the procedures and regulations as outlined in 42 CFR regarding Grievances, Appeals, Expedited Appeals and State Fair Hearings as detailed in the comprehensive manual attached to this policy.

POLICY

Beneficiaries of Medi-Cal and all other clients of San Mateo County BHRS have the right to report problems and to be heard regarding their services. The primary source for the procedural management of grievances and appeal of a Notice of Adverse Benefits Determination (NOABD) is the Grievance and Appeal Resolution System Manual, attached as a component of this policy. This manual explains the processes by which BHRS resolves grievances, appeals and State Fair Hearings as well as the processes to collect and track information about them.

Anti-Retaliation: Staff members, independent contractors, students, volunteers, and others working with BHRS shall not intimidate, threaten, coerce, discriminate against, or take any retaliatory action against individuals for exercising their rights granted by federal or state regulations, or for participating in any complaint/grievance or other process established by these regulations.



BHRS provides all information about the Grievance and Appeal System to all providers and contractors at the time they enter into a contract, at site certification visits and upon request. It is also available at our website: <http://www.smchealth.org/bhrs>

I. Notice of Adverse Benefits Determination

A notice of Adverse Benefits Determination (NOABD) is a decision by BHRS and its contracted providers that limits or changes services to a client for any of the following reasons:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit.
2. The reduction, suspension, or termination of a previously authorized service.
3. The denial, in whole or in part, of payment for a service.
4. The failure to provide services in a timely manner, as defined by the State.
5. The failure of BHRS to act within the specified timeframes regarding the standard resolution of grievances and appeals.
6. For a resident of a rural area with only one provider, the denial of an enrollee's request to exercise his or her right, to obtain services outside the network.
7. The denial of a client's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other client financial liabilities.

The BHRS Quality Management Department tracks all NOABDs. A copy of any NOABD issued must be provided to Quality Management either via fax at (650) 525-1762 or secure email at HS_BHRS_QM@smcgov.org.

II. Client Grievances

A grievance means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances include, but are not limited to, the quality of care of services provided, aspects of interpersonal relationships such as rudeness by a provider or employee, and failure to respect the client's rights regardless of whether remedial action is requested. Grievances include a client's right to dispute an extension of a deadline proposed by BHRS to make an authorization decision.

BHRS or its contractors shall not discourage the filing of grievances. A client need not use the term "grievance" for the complaint to be captured as an expression of dissatisfaction and, therefore, a grievance. Even if the client expressly declines to file a formal grievance, their complaint shall still be categorized as a grievance. As with all grievances, these grievances will be analyzed to monitor trends.

III. The Grievance and Appeals Team (GAT):

The GAT team manages the resolution of grievances and appeals. GAT includes the following members:



1. Office of Consumer and Family Affairs Director
2. Family Education and Support Coordinator
3. Consumer/Family Liaisons from the OCFA
4. OCFA Grievance Program Coordinator
5. Licensed members from the Quality Management (QM) team.

Annually, a member of the GAT provides a written report to the Quality Improvement Committee (QIC) describing the number and nature of grievances, appeals and expedited appeals received by the GAT. The QIC tracks the results and implementation of any subsequent system changes.

SIGNATURES

Approved: _____ *Signature on File*
 Dr. Jei Africa, PsyD, FACHE
 BHRS Director

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description
02/24/26	Amend	<p>Attachment A: Updated frequency of reporting and reporting requirements to align with BHIN 24-019 regarding trans-inclusive health care related grievances; Technical edits; title listed on attachment corrected to <i>“Consumer Problem Resolution (Grievance) and Notice Of Adverse Benefits Determination (NOABD) User Manual”</i> (title previously listed incorrectly on attachment as: <i>“Grievance and Appeal Resolution System Manual”</i>)</p> <p>Attachments C-R: NOABD templates, grievance & appeal-related letters and attachments revised (DHCS rev 3/2025)</p> <p>Attachments: C-P & R-T: Updates made to English, Chinese (Traditional), Spanish & Tagalog versions to align with DHCS revisions.</p> <p>Attachment Q: Updates made to align with DHCS Revisions (DHCS rev 3/2025 & renamed to <i>“Notice of Availability.”</i> Formerly: <i>“Language Assistance Taglines”</i>)</p> <p>Attachments C-N: Password protection added to templates.</p>
07/15/24	Amend	Attachment A: Amended



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

05/04/23	Amend	Attachment A: Amended
09/24/21	Tech Edit	Attachment B: Technical edits
04/14/21	Amend	Attachment B: Amended & renamed to <i>“NOABD Quick Guide (with FAQ)” (Formerly: “Grievance and Appeals System Usage Matrix”)</i>
03/12/21	Tech Edit	Attachment B: Technical edits
01/09/20	Tech Edit	Attachment A: Technical edits
01/09/20	Tech Edit	Policy: Technical edits
10/10/19	Tech Edit	Attachments C-P & R: Translated into Chinese & Tagalog
10/10/19	Tech Edit	Policy: Threshold population definition updated to include Chinese and Tagalog