

Grievance Process

Federal regulations currently define the term “grievance” to mean an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect the client’s right regardless of whether remedial action is requested, and the client’s right to dispute an extension of time proposed by the Mental Health Plan (MHP) to make an authorization decision.

A client, provider, and/or an authorized representative may file a grievance at any time either orally or in writing. Clients should not be discouraged from filing a grievance. A client does not need to use the term “grievance” for a complaint to be considered an expression of dissatisfaction. If a client expressly declines to file a formal grievance, the complaint shall still be categorized as a grievance. There is no distinction between an informal and formal grievance. A complaint shall be considered a grievance unless it meets the definition of an Adverse Benefit Determination, for which the appropriate NOABD would be issued.

Standard Grievances

When a client, provider, and/or an authorized representative files a grievance at any time, either orally or in writing, the MHP is responsible to take certain steps within established timeframes. For standard resolution of a grievance and notice to affected parties, the timeframe may not exceed 90 calendar days from the day the MHP receives the grievance. A grievance is considered “resolved” when the MHP reaches a decision with respect to client’s grievance and has notified the client of the disposition.



When a grievance is filed, a copy of the documentation needs to be sent to QI the same day.

The MHP’s Problem Resolution Coordinator works to meet all requirements of the State and to address and resolve grievances to the clients’ satisfaction with the support of programs within the MHP. When a grievance is filed, the Coordinator may contact programs and request actions or documentation. Please ensure that any requests from the Problem Resolution Coordinator are promptly and thoroughly responded to in order to address and resolve the grievance.



The chart below shows the required steps for both providers and the Problem Resolution Coordinator to ensure that grievances are appropriately addressed and resolved to the client’s satisfaction.

STEP	ACTION	TIMELINE
1	Grievance filed by client	Filing date
2	Grievance sent to QI	Same day of receipt
3	QI logs the grievance and required info	1 business days from filing date
4	Written acknowledgment letter to client	3 business days from filing date
5	Provider contact	Within 3 business days from the date acknowledgment letter was sent
6	Clinical consultant review, if applicable	Within 90 days of filing date
7	Grievance disposition	Within 90 days of filing date
8	Disposition extension (if applicable)	14 calendar days from the 90 th day
9	Provider Plan of Correction (if needed)	10 business days from disposition date
10	Request for Administrative Review	10 business days from disposition date

Grievance Process Exemptions

Certain grievances are considered “exempt” from the requirement to send a written acknowledgement and disposition letter. For a grievance to be considered exempt:

1. The grievance was received over the telephone or in-person by the MHP, or a network provider of the MHP, and
2. The grievance was resolved to the client’s satisfaction by the close of the next business day following receipt

Exempt grievances are to be submitted to QI by the close of the next business day following receipt for QI to log.

Grievances received via mail by the MHP, or a network provider of the MHP, are not exempt from the requirement to send an acknowledgement and disposition letter. If the MHP or network provider receives a complaint pertaining to a NOABD, the complaint is not considered a grievance and the exemption does not apply. These would all be sent to QI the day of receipt.

Tracking of Grievances Within the MHP

The MHP is required by the State to maintain a log of all grievances containing the date of receipt, the name of the client, nature of the grievance, the resolution, and the representative’s name who received and resolved the grievance. This log is maintained by the Problem Resolution Coordinator. All standard grievances must be submitted to QI the same day of

receipt and exempt grievances reported by the close of the next business day following receipt. The MHP is required to report issues identified as a result of the grievance to the Quality Improvement Committee (QIC), administration, along with all exempt grievances being reported to the State.

For further details, please see the MHSUDS Information Notice 18-010E
[https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/NOABD%20IN/MHSUDS IN 18-010 Federal Grievance Appeal System Requirements.pdf](https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notices/NOABD%20IN/MHSUDS%20IN%2018-010%20Federal%20Grievance%20Appeal%20System%20Requirements.pdf)