CCR, Title 9, Chapter 11, Subchapter 1. General Provisions.

Section 1810.216.6 Fair Hearing.

"Fair Hearing" means the State hearing provided to beneficiaries pursuant to Title 22, Sections 50951 and 50953.

Section 1810.218.1 Grievance.

"Grievance" means a beneficiary's verbal or written expression of dissatisfaction about any matter other than a matter covered by an appeal as defined in Section 1810.203.5 filed through the MHP's grievance process as described in Sections 1850.205 and 1850.206 or a provider's grievance process if the MHP has delegated the process to a provider in accordance with Section 1850.209.

§ 1810.203.5. Appeal.

"Appeal" means:
(a) A request by a beneficiary or a beneficiary's representative for review of an action as defined in Section 1810.200;

(b) A request by a beneficiary or a beneficiary's representative for review of a provider's determination to deny or modify a beneficiary's request for a covered specialty mental health service;

(c) A request by a beneficiary or a beneficiary's representative for review of the timeliness of the delivery of a specialty mental health service when the beneficiary believes that services are not being delivered in time to meet the beneficiary's needs, whether or not the mental health plan has established a timeliness standard for the delivery of the service.

Note: Authority: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code; and Title 42, Code of Federal Regulations, Part 438, Subpart F.Authority: Section 14680, Welfare and Institutions Code. Reference: Section 14684, Welfare and Institutions Code; and Title 42, Code of Federal Regulations, Part 438, Subpart F.

Problem Resolution Processes:

Section 1850.205 General Provisions

(a) An MHP shall develop problem resolution processes that enable a beneficiary to resolve a problem or concern about any issue related to the MHP's performance of its duties under this Chapter, including the delivery of specialty mental health services.

(b) The MHP's beneficiary problem resolution processes shall include:

(1) A grievance process;
(2) An appeal process; and
(3) An expedited appeal process.

(c) For the grievance, appeal, and expedited appeal processes, found in Sections 1850.206, 1850.207 and 1850.208 respectively, the MHP shall ensure:

(1) That each beneficiary has adequate information about the MHP's processes by taking at least the following actions:

(A) Including information describing the grievance, appeal, and expedited appeal processes in the MHP's beneficiary booklet and providing the beneficiary booklet to beneficiaries as described in Section 1810.360.

(B) Posting notices explaining grievance, appeal, and expedited appeal process procedures in locations at all MHP provider sites sufficient to ensure that the information is readily available to both beneficiaries and provider staff. The posted notice shall also explain the availability of fair hearings after the exhaustion of an appeal or expedited appeal process, including information that a fair hearing may be requested whether or not the beneficiary has received a notice of action pursuant to Section 1850.210. For the purposes of this Section, an MHP provider site means any office or facility owned or operated by the MHP or a provider contracting with the MHP at which beneficiaries may obtain specialty mental health services.

(C) Making forms that may be used to file grievances, appeals, and expedited appeals, and self addressed envelopes available for beneficiaries to pick up at all MHP provider sites without having to make a verbal or written request to anyone.

(2) That a beneficiary may authorize another person to act on the beneficiary's behalf. The beneficiary may select a provider as his or her representative in the appeal or expedited appeal process.

(3) That a beneficiary's legal representative may use the grievance, appeal, or expedited appeal processes on the beneficiary's behalf.

(4) That an MHP staff person or other individual is identified by the MHP as having responsibility for assisting a beneficiary, at the beneficiary's request, with these processes, including assistance in writing the grievance, appeal, or expedited appeal. If the individual identified by the MHP is the person providing specialty mental health services to the beneficiary requesting assistance, the MHP shall identify another individual to assist that beneficiary.

(5) That a beneficiary is not subject to discrimination or any other penalty for filing a grievance, appeal, or expedited appeal.

(6) That procedures for the processes maintain the confidentiality of beneficiaries.

(7) That a procedure is included by which issues identified as a result of the grievance, appeal or expedited appeal processes are transmitted to the MHP's Quality Improvement Committee, the MHP's administration or another appropriate body within the MHP for consideration in the MHP's Quality Improvement Program as required by Section 1810.440(a)(5).

(8) That the individuals making the decision on the grievance, appeal, or expedited appeal were not involved in any previous review or decision-making on the issue presented in the respective problem resolution process.

(9) That the individual making the decision on the grievance, appeal, or expedited appeal has the appropriate clinical expertise as determined by the MHP to treat the beneficiary's condition, if the grievance is regarding the denial of a request for an expedited appeal or if the grievance, appeal, or expedited appeal is about clinical issues.

(d) For the grievance, appeal, and expedited appeal processes found in Sections 1850.206, 1850.207, and 1850.208, the MHP shall:

(1) Maintain a grievance and appeal log and record grievances, appeals, and expedited appeals in the log within one working day of the date of receipt of the grievance or appeal. The log entry shall include but not be limited to the name of the beneficiary, the date of receipt of the grievance, appeal, or expedited appeal, and the nature of the problem.
(2) Record in the grievance and appeal log or another central location determined by the MHP the final dispositions of grievances, appeals, and expedited appeals, including the date the decision is sent to the beneficiary, or document the reason(s) that there has not been final disposition of the grievance, appeal, or expedited appeal.
(3) Provide a staff person or other individual with responsibility to provide information on request by the beneficiary or an appropriate representative regarding the status of the beneficiary's grievance, appeal, or expedited appeal.
(4) Acknowledge the receipt of each grievance, appeal, and expedited appeal to the beneficiary in writing.
(5) Identify the roles and responsibilities of the MHP, the provider, and the beneficiary.
(6) Notify those providers cited by the beneficiary or otherwise involved in the grievance, appeal, or expedited appeal of the final disposition of the beneficiary's grievance, appeal, or expedited appeal.

(e) No provision of an MHP's beneficiary problem resolution processes shall be construed to replace or conflict with the duties of county patients' rights advocates as described in Welfare and Institutions Code, Section 5520.

Section 1850.206 The Grievance Process

In addition to meeting the requirements of Section 1850.205, the grievance process shall, at a minimum:
(a) Allow beneficiaries to present their grievance orally or in writing.

(b) Provide for a decision on the grievance and notify the affected parties within 60 calendar days of receipt of the grievance. This timeframe may be extended by up to 14 calendar days if the beneficiary requests an extension or if the MHP determines that there is a need for additional information and that the delay is in the beneficiary's interest. If the MHP extends the timeframes, the MHP shall, for any extension not requested by the beneficiary, notify the beneficiary of the extension and the reasons for the extension in writing. The written notice of the extension is not a Notice of Action as defined in Section 1810.230.5.

(c) Provide for notification of the beneficiary or the appropriate representative in writing of the grievance decision and documentation of the notification or efforts to notify the beneficiary, if he or she could not be contacted.

Section 1850.207 The Appeal Process

In addition to meeting the requirements of Section 1850.205, the appeal process shall, at a minimum:
(a) Allow a beneficiary to file an appeal orally or in writing.

(b) Require a beneficiary to follow an oral appeal with a written appeal. The date the MHP receives the oral appeal shall be considered the filing date for the purpose of applying the appeal timeframes in Subsection (c).

(c) Provide for a decision on the appeal and notify the affected parties within 45 calendar days of receipt of the appeal. This timeframe may be extended by up to 14 calendar days, if the beneficiary requests an extension or the MHP determines that there is a need for additional information and that the delay is in the beneficiary's interest. If the MHP extends the timeframes, the MHP shall, for any extension not requested by the beneficiary, notify the beneficiary of the extension and the reasons for the extension in writing. The written notice of the extension is not a Notice of Action as defined in Section 1810.230.5.

(d) Inform the beneficiary of his or her right to request a fair hearing after the appeal process of the MHP has been exhausted.

(e) Allow the beneficiary to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.

(f) Allow the beneficiary and/or his or her representative to examine the beneficiary's case file, including medical records, and any other documents or records considered before and during the appeal process.

(g) Allow the beneficiary and/or his or her representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.

(h) Notify the beneficiary and/or his or her representative of the resolution of the appeal in writing. The notice shall contain:

(1) The results of the appeal resolution process.
(2) The date that the appeal decision was made.
(3) If the appeal is not resolved wholly in favor of the beneficiary, the notice shall also contain information regarding the beneficiary's right to a fair hearing and the procedure for filing for a fair hearing, if the beneficiary has not already requested a fair hearing on the issue involved in the appeal.

(i) Promptly provide or arrange and pay for the disputed services if the decision of the appeal resolution process reverses a decision to deny, limit or delay services.

Section 1850.208 The Expedited Appeal Process

In addition to meeting the requirements of Section 1850.205, the appeal process shall, at a minimum:
(a) Allow a beneficiary to file an appeal orally or in writing.

(b) Require a beneficiary to follow an oral appeal with a written appeal. The date the MHP receives the oral appeal shall be considered the filing date for the purpose of applying the appeal timeframes in Subsection (c).

(c) Provide for a decision on the appeal and notify the affected parties within 45 calendar days of receipt of the appeal. This timeframe may be extended by up to 14 calendar days, if the beneficiary requests an extension or the MHP determines that there is a need for additional information and that the delay is in the beneficiary's interest. If the MHP extends the timeframes, the MHP shall, for any extension not requested by the beneficiary, notify the beneficiary of the extension and the reasons for the extension in writing. The written notice of the extension is not a Notice of Action as defined in Section 1810.230.5.

(d) Inform the beneficiary of his or her right to request a fair hearing after the appeal process of the MHP has been exhausted.

(e) Allow the beneficiary to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.

(f) Allow the beneficiary and/or his or her representative to examine the beneficiary's case file, including medical records, and any other documents or records considered before and during the appeal process.

(g) Allow the beneficiary and/or his or her representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.

(h) Notify the beneficiary and/or his or her representative of the resolution of the appeal in writing. The notice shall contain:

(1) The results of the appeal resolution process.
(2) The date that the appeal decision was made.
(3) If the appeal is not resolved wholly in favor of the beneficiary, the notice shall also contain information regarding the beneficiary's right to a fair hearing and the procedure for filing for a fair hearing, if the beneficiary has not already requested a fair hearing on the issue involved in the appeal.

(i) Promptly provide or arrange and pay for the disputed services if the decision of the appeal resolution process reverses a decision to deny, limit or delay services.

Section 1850.209 Beneficiary Problem Resolution Processes Established by Providers

(a) Nothing in this Section and Sections 1850.205, 1850.206, 1850.207, and 1850.208 precludes a provider other than the MHP from establishing beneficiary problem resolution processes for beneficiaries receiving services from that provider. When such processes exist, beneficiaries shall not be required by the MHP to use or exhaust the provider's processes prior to using the MHP's beneficiary problem resolution process, unless the following conditions have been met:

(1) The MHP delegates the responsibility for the beneficiary problem resolution process to the provider in writing, specifically outlining the provider's responsibility under the delegation.
(2) The provider's beneficiary problem resolution process fully complies with this Section, Section 1850.205, and, depending on processes delegated, Sections 1850.206, 1850.207, and/or 1850.208.
(3) No beneficiary is prevented from accessing the grievance, appeal or expedited appeal processes solely on the grounds that the grievance, appeal or expedited appeal was incorrectly filed with either the MHP or the provider.

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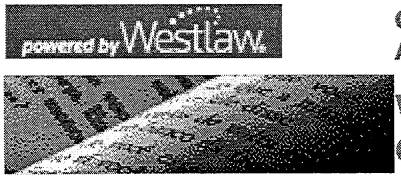

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9 CA ADC § 1850.210

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9 CCR § 1850.210

Cal. Admin. Code tit. 9, § 1850.210

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 9. REHABILITATIVE AND DEVELOPMENTAL SERVICES
DIVISION 1. DEPARTMENT OF MENTAL HEALTH
CHAPTER 11. MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES
SUBCHAPTER 5. PROBLEM RESOLUTION PROCESSES
ARTICLE 2. FAIR HEARING AND NOTICE OF ACTION
This database is current through 4/17/09, Register 2009, No. 16

§ 1850.210. Provision of Notice of Action.

(a) The MHP shall provide a beneficiary of the MHP with a Notice of Action when the MHP denies or modifies an MHP payment authorization request from a provider for a specialty mental health service to the beneficiary.

(1) Except as provided in Subsection (c), when the denial or modification involves a request from a provider for continued MHP payment authorization of a specialty mental health service or when the MHP reduces or terminates a previously approved MHP payment authorization, notice shall be provided in accordance with Title 22, Section 51014.1.

(2) Notice is not required when a denial is a non-binding verbal description to a provider of the specialty mental health services that may be approved by the MHP.

(3) Notice is not required when the MHP modifies the duration of any approved specialty mental health services as long as the MHP provides an opportunity for the provider to request MHP payment authorization of additional specialty mental health services before the end of the approved duration of services.

(4) Except as provided in Subsection (b), notice is not required when the denial or modification is a denial or modification of a request for MHP payment authorization for a specialty mental health service that has already been provided to the beneficiary.

(b) A Notice of Action is required when the MHP denies or modifies an MHP payment authorization request from a provider for a specialty mental health service that has already been provided to the beneficiary when the denial or modification is a result of post-service, prepayment determination by the MHP that the service was not medically necessary or otherwise was not a service covered by the MHP.

(c) The MHP shall deny the MHP payment authorization request and provide the beneficiary of the MHP with a Notice of Action when the MHP does not have sufficient information to approve or modify, or deny on the merits, an MHP payment authorization request from a provider within the timeframes required by Sections

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1820.220 or 1830.215.

(d) The MHP shall provide the beneficiary of the MHP with a Notice of Action if the MHP fails to notify the affected parties of a grievance decision within 60 calendar days, an appeal decision within 45 days, or an expedited appeal decision within three working days. If the timeframe for a grievance, appeal or expedited appeal decision is extended pursuant to Sections 1850.206, 1850.207 or 1850.208 respectively, the MHP shall provide a beneficiary of the MHP with a Notice of Action if the MHP fails to notify the affected parties of the grievance, appeal or expedited appeal decision within the extension period.

(e) The MHP shall provide a beneficiary of the MHP with a Notice of Action if the MHP fails to provide a specialty mental health service covered by the MHP within the timeframe for delivery of the service established by the MHP.

(f) The MHP shall comply with the requirements of Section 1850.212 regarding the content of Notices of Action and with the following timeframes for mailing of Notices of Action:

(1) The written Notice of Action issued pursuant to Subsections (a) or (b) shall be deposited with the United States postal service in time for pick-up no later than the third working day after the action, except that a Notice of Action issued pursuant to Subsection (a)(1) shall be provided in accordance with the applicable timelines of Title 22, Section 51014.1.

(2) The written Notice of Action issued pursuant to Subsections (c) or (d) shall be deposited with the United States Postal Service in time for pick-up on the date that the applicable timeframe expires.

(3) The written Notice of Action issued pursuant to Subsection (e) shall be deposited with the United States Postal Service in time for pick up on the date that the timeframe for delivery of the service established by the MHP expires.

(g) When a Notice of Action would not be required under Subsections (a), (b), or (c), the MHP shall provide a beneficiary of the MHP with Notice of Action under this Subsection when the MHP or its providers determine that the medical necessity criteria in Section 1830.205(b)(1), (b)(2), (b)(3)(C) or 1830.210(a) have not been met and that the beneficiary is, therefore, not entitled to any specialty mental health services from the MHP. A Notice of Action pursuant to this Subsection is not required when a provider, including the MHP acting as a provider, determines that a beneficiary does not qualify for a specific service covered by the MHP, including but not limited to crisis intervention, crisis stabilization, crisis residential treatment services, psychiatric inpatient hospital services, or any specialty mental health service to treat a beneficiary's urgent condition, provided that the determination does not apply to any other specialty mental health service covered by the MHP. The Notice of Action under this Subsection, shall, at the election of the MHP, be hand delivered to the beneficiary on the date of the action or mailed to the beneficiary in accordance with Subsection (f)(1) and shall specify the information contained in Section 1850.212(b).

(h) For the purpose of this Section, each reference to a Medi-Cal managed care plan in Title 22, Section 51014.1, shall mean the MHP.

(i) For the purposes of this Section, "medical service" as cited in Title 22, Section 51014.1, shall mean specialty mental health services that are subject to prior authorization by an MHP pursuant to Subchapters 2 and 3, beginning with Sections 1820.100 and 1830.100, respectively.

(j) The MHP shall retain copies of all Notices of Action issued to beneficiaries under this Section in a centralized file accessible to the Department, the Department of Health Services and other appropriate oversight entities as specified in the contract between the Department and the MHP.

Section 1850.213 Fair Hearings

The fair hearings under this Article shall be administered by the State Department of Health Services, in accordance with Title 22, Sections 50951 and 50953.

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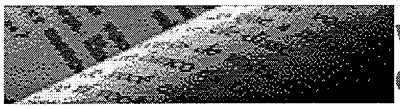

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22 CA ADC § 50951

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22 CCR § 50951

Cal. Admin. Code tit. 22, § 50951

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 22. SOCIAL SECURITY
DIVISION 3. HEALTH CARE SERVICES
SUBDIVISION 1. CALIFORNIA MEDICAL ASSISTANCE PROGRAM
CHAPTER 2. DETERMINATION OF MEDI-CAL ELIGIBILITY AND SHARE OF COST
ARTICLE 18. STATE ADMINISTRATIVE HEARINGS
This database is current through 4/17/09, Register 2009, No. 16

§ 50951. Right to State Hearing.

(a) Applicants or beneficiaries shall have the right to a State hearing if dissatisfied with any action or inactior of the county department, the Department of Health Services or any person or organization acting in behalf of the county or he Department relating to Medi-Cal eligibility or benefits. There is no right to a state hearing where the sole issue is the application of a State or federal law and both of the following conditions are met:

(1) The applicant or beneficiary does not question that the State or federal law has been correctly applied.

(2) The State or federal law requires a reduction in Medi-Cal entitlement for some or all beneficiaries.

(b) The right to a state hearing shall be governed by the provisions of Sections 10950 through 10965, Welfare and Institutions Code.

<General Materials (GM) - References, Annotations, or Tables>

Note: Authority cited: Sections 10725 and 14124.5, Welfare and Institutions Code. Reference: Sections 10950-10965, Welfare and Institutions Code.

HISTORY

1. Amendment of subsection (a) filed 12-15-77; effective thirtieth day thereafter (Register 77, No. 51).

2. Amendment and new Article 18 title filed 5-30-80 as an emergency; effective upon filing (Register 80, No. 22). A Certificate of Compliance must be transmitted to OAH within 120 days or emergency language will be repealed on 9-27-80.

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22 CA ADC § 50953

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22 CCR § 50953

Cal. Admin. Code tit. 22, § 50953

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONS
TITLE 22. SOCIAL SECURITY
DIVISION 3. HEALTH CARE SERVICES
SUBDIVISION 1. CALIFORNIA MEDICAL ASSISTANCE PROGRAM
CHAPTER 2. DETERMINATION OF MEDI-CAL ELIGIBILITY AND SHARE OF COST
ARTICLE 18. STATE ADMINISTRATIVE HEARINGS
This database is current through 4/17/09, Register 2009, No. 16

§ 50953. State Hearing Procedures.

(a) Fair hearings under the provision of the statute specified in Section 50951 (b) shall be conducted in accordance with the regulations and procedures of the Department of Social Services (DSS), unless otherwis specified in these regulations. Department of Health Services regulations shall prevail over DSS regulations i the circumstances of a State hearing related to termination or reduction of medical services in accordance with Sections 51014.1 and 51014.2.

(b) Prehearing procedures and representation at the hearing shall be the responsibility of the:

(1) County for those State hearings in which the issue involves county action or inaction.

(2) Department for those State hearings in which the issue involves Department action or inaction.

(3) Both the county and the Department when the issue involves action or inaction by both the county and the Department.

(c) The Director may develop an agreement with another agency to perform the State hearings. The Department shall retain sole authority for decision-making on Medi-Cal issues.

(1) Each proposed decision involving Medi-Cal issues shall be submitted to the Department for action. Substantive review for the conformity of the proposed decision to the Department's regulations and policies shall be the sole responsibility of the Director. The Director shall take action on the proposed decision within 30 days following actual receipt by the Department.

(2) All requests for rehearing or reconsideration of cases involving Medi-Cal shall be acted upon by the Director. The Director shall grant or deny the request no earlier than 5 nor later than 15 working days after the request is actually received by the Department. If action is not taken by the Director within this period, the request for rehearing shall be deemed denied.