

# **IF YOU ARE NOT SATISFIED ...**

**with the mental health services that you are receiving, you may file a grievance. If your concern is related to a reduction or denial of services, or not receiving services timely, then you need to file an appeal. If a delay in services would jeopardize your life, health, or ability to attain maximum functioning, you may request an expedited appeal with a decision in 72 hours.**

- You can speak with your provider or his or her supervisor,**
- You can call the Fresno County Mental Health Plan (1-800-654-3937),**
- You can call the Patients' Rights Advocate (559-492-1652),**
- You can fill out a grievance or appeal form.**

**The staff will work with you to resolve the grievance or appeal as quickly and simply as possible. You should receive a letter within several days notifying you that your grievance or appeal was received. The decision-making process will include a mental health professional with the appropriate clinical expertise in treating your condition. The decision on grievances will be sent to you within 90 days; appeals will be within 30 days.**

**Consumers have the right to use the grievance or appeal process without any penalty, change in mental health services, or any form of retaliation. You may ask someone to represent you with an appeal or grievance.**

**If you are a Medi-Cal beneficiary, you may file an Appeal or State Fair Hearing. You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:**

**State Hearing Division  
California Department of Social Services  
P.O. Box 944243, Mail Station 9-17-37  
Sacramento, CA 94244-2430**

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**Grievance and appeal forms and stamped, addressed envelopes are available at all mental health service sites. Send the completed forms to:**

**Fresno County Mental Health Plan  
P.O. Box 45003  
Fresno, CA 93718-9886**

**If you have any questions or want to know the status of your grievance or appeal, please call 1-800-654-3937. For hearing impaired, dial 711 to reach the California Relay Service.**

**EXPEDITED APPEAL. You or your representative may orally request that your appeal be addressed within 72 hours if a delay in services will jeopardize your life, your health, or your ability to attain, maintain, or regain maximum functioning. If you wish to submit in writing, please indicate on the appeal form why you are requesting an expedited appeal.**

**Thank you for taking the time to notify us about your concerns.**