COUNTY OF SAN LUIS OBISPO * HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT
Nicholas Drews, *Interim Health Agency Director*
Anne Robin, LMFT *Behavioral Health Director*

CONSUMER REQUEST FORM

☐ Compliant ☐ 2nd Opinion ☐ Change Provider ☐ Grievance ☐ Appeal ☐ Expedited Appeal

Date:	Clinic/Site Program:		☐	DAS	☐ MH
Name of Consumer:		*Gende*	☐	Male	☐ Female
Mailing Address:					
Phone (daytime):		Phone (evenings):			
Email Address:		Client No (if known):			
Name of person filling this form, if other than the consumer:					

Describe your circumstances regarding your request (if additional space is required please attach it hereto):

Signature of Person Completing this form: Date:

YOUR REQUEST WILL NOT BE HELD AGAINST YOU IN ANY WAY.

You may submit your completed form (your request) by mailing, faxing, using drop box at any site,(no postage necessary/self addressed envelopes are provided at all sites) or you can telephone your request . Upon receipt of your request you will be sent a written confirmation. Services in place at the time of the request will continue through to resolution.

Send To:

Patients' Rights Advocate
Behavioral Health Services
2180 Johnson Avenue
San Luis Obispo, CA 93401
Ph.: 805-781-4738 Fax: 805-781-1232

For Office Use Only Below This line

Resolution/Action Taken by MH:

CONSUMER REQUEST FORM PROTOCOLS & DEFINITIONS

You may submit your completed form (your request) by mailing, faxing, using drop box at any site, (no postage necessary/self-addressed envelopes are provided at all sites) or you can telephone your request. Upon receipt of your request you will be sent a written confirmation. Services in place at the time of the request will continue through to resolution.

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Behavioral Health Services
2180 Johnson Avenue
San Luis Obispo, CA 93401
Tel (805) 781-4738 Fax (805) 781-1232

Complaints: Complaints are referred to the appropriate supervisor and handled at that level. Complaints may be submitted by anyone.

2nd Opinion: If you have received a Notice of Adverse Benefit Determination stating that you do not meet Medical Necessity for treatment you may ask for a second opinion. You will be notified whether you will have another face to face evaluation or whether the second opinion will be made from materials already gathered. The matter will be concluded within 30 calendar days - from the day you filed.

Change of Provider/Clinician: You may request a change in doctor, therapist, case manager or clinic at any time. We will attempt to make changes when resources are available and when appropriate. Your request will be handled quickly and will be resolved within 90 calendar days - from the date the change of provider is requested.

Standard Appeal: (Medi-Cal Recipients Only) Appeals are a request for a review of an MHP Action (any denial, limitation, reduction, or suspension of services, failures of Mental Health to provide services in a timely manner or act on Grievances or Appeals within established time frames). Appeal must be filed within 90 days from the receipt of the Notice of Adverse Benefit Determination or 90 days from the date the Notice of Action was mailed. Appeals are typically resolved within 30 calendar days.

Expedited Appeal*: Choose this if a Standard Appeal time frame would place you at risk. Expedited Appeals are typically resolved within 72 hours; a 14 day extension may be put in place.

Grievances: A grievance is a beneficiary's verbal or written expression of dissatisfaction about any matter other than a matter covered by an appeal. If you are dissatisfied about the services or care you have received, you may file a grievance. Within one working day the Grievance Coordinator acknowledges receipt in writing to you. The matter will be resolved within 90 calendar days from the date the Grievance is filed. If the grievance regards a clinical issue, the decision maker must also be a healthcare professional with the appropriate clinical expertise in treating your condition. If the grievance is not a clinical issue appropriate staff are designated to render a decision. In either case, San Luis Obispo County Mental Health notifies you and the provider in writing of the decision. This notification ends the Grievance Process.

Fair Hearing & Expedited Fair Hearing:
A Fair Hearing is an independent review of requests for Specialty Mental Health Services (SMHS) conducted by the California Department of Social Services to ensure beneficiaries receive the services to which they are entitled under the Medi-Cal program. A request for fair hearing is the final level of review for an Appeal. If your Appeal was not resolved completely in your favor, you will be given information about how to request a Fair Hearing.

The best way to ask for a hearing is to write to:

State Hearings Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-3
Sacramento, CA 94244-2430

Another way to ask for a hearing is to
call 1-800-952-5253.
If you are deaf and use TDD,
call 1-800-952-8349.

**Medi-Cal Recipients Only*

Revised Feb 2023