



Behavioral Health Services Grievance or Appeal Form



This form is used to file a Grievance or to request an Appeal. If you need assistance in completing this form, you can request help from your provider or by calling our front desk at 1(800) 757-7898. The Grievance or Appeal Request can be submitted to your provider or mailed directly to your health plan. See contact information at bottom of the form. **Please fill out both sides of this form.**

A Grievance is defined as an expression of dissatisfaction about any matter regarding your behavioral health services. Grievances can cover a wide range of issues, including:

- Programming/services available
- Quality of care
- Timeliness of service authorizations
- Poor customer service
- Discrimination
- Coordination of care
- Provider-imposed rules

I wish to file (Choose one): ☐ Grievance ☐ Appeal ☐ Second Opinion/Change of Provider Request.
☐ Check here if you are requesting that your Appeal be processed through the Expedited Appeals Process.

DESCRIPTION OF PROBLEM, OR REASON FOR PROVIDER CHANGE:

Please be as specific as possible by including dates, times, locations, individuals involved, etc.:

(Attach additional pages, if needed. Can submit additional supporting documents at any time during this process.)

You may file a GRIEVANCE at any time. You will receive written confirmation of receipt of this grievance from Plumas County Behavioral Health. It may take up to 30 calendar days for your grievance to be resolved.

Your grievance can be made in writing or verbally, to any staff member, or the Patients Rights Advocate (see the bottom of this form for all contact information).

You may file an APPEAL if you are unhappy with a decision, such as a denial for services, made regarding your mental health services here.

An APPEAL must be submitted within 10 days of the original decision. Resolution of your Appeal may take up to 30 days.

If you are concerned about the length of time the law allows for the resolution of your Appeal, you may request an EXPEDITED APPEAL.

You may authorize another person to act on your behalf. A valid release of information will be required.

Grievances and Appeals can be made verbally or in writing. A verbal Appeal, however, must be followed up in writing.

Today's Date: _____

Name of Client: _____

Mailing Address _____ Phone: _____

If applicable person representing you: _____

(A valid Release of Information will be required)

Their Daytime Phone number: _____

Desired Resolution: What would you like the solution to be?

Client/Representative Signature

Date

CONTACT INFORMATION:

Jessica McGill - Quality Assurance & Compliance Manager
Plumas County Behavioral Health
270 County Hospital Road, Suite #109
Quincy, CA 95971
Phone: 530-297-8655 Fax: 530-283-6045

Patients' Rights Advocate - Smithwaters Group
Phone: 1-800-970-5816 - smithwaters@comcast.net

You will not be subject to discrimination or any other penalty for filing a Grievance or Appeal. Your confidentiality will be protected at all times in accordance with State and Federal law. You may request a State Fair Hearing following the completion of the Appeal Process.