

How to File a Grievance Procedure For Medi-Cal and Drug Medi-Cal Beneficiaries Receiving Services through Santa Cruz County Behavioral Health Plan

Encompass Community Services (Encompass) is committed to a transparent, prompt, and responsive way for you to express a grievance, free from intimidation and retaliation. Filing a grievance will not cause you to lose your rights or services. We want to understand your concern and reach a resolution that is agreeable to all parties involved.

Participants of our programs have the right and opportunity to express dissatisfaction with any aspect of or decision regarding their care and/or experience with Encompass at any time by initiating the *How to File a Grievance Procedure*. This procedure describes how you may file a grievance and the process for resolving grievances. This procedure is implemented consistent with laws and regulations regarding confidentiality.

What is a grievance?

A grievance is an expression of dissatisfaction about Encompass services. Reasons for initiating the *How to File a Grievance Procedure* may include -- but are not limited to -- harassment, health and safety concerns, program participant or program staff behavior, or adverse changes in program environment or facility conditions. You may file a grievance at any time.

What is the process for filing a grievance?

You have the right to file a grievance, as outlined in the Santa Cruz County Behavioral Health Plan's *Grievance Resolution Request* brochure (available onsite at the program or upon request). A beneficiary may call 1 (800) 952-2335 to file a grievance verbally and/or or submit a grievance to:

Quality Improvement Department
Santa Cruz County Behavioral Health Services
P.O. Box 962
Santa Cruz, CA 95061
Email: AskQI@santacruzcounty.us

The Santa Cruz County Behavioral Health Services Quality Improvement Department will process grievances from persons served receiving Medi-Cal Mental Health or Substance Use Disorder Services.

In addition:

- If you have a grievance regarding Mental Health Services, you may also contact the Ombudsman/Advocate's office for assistance at (831) 429-1913.
- If you have a grievance regarding Substance Use Disorder Services, you may also contact the State Department of Social Services for assistance at 1 (800) 952-5253.
- If you are receiving psychotherapy services by a Board of Behavioral Sciences (BBS) licensed or registered provider, you can send a complaint regarding provided services by an AMFT / LMFT, ASW / LCSW, APCC / LPCC or licensed educational psychologist to the BBS online: www.bbs.ca.gov, or phone: (916) 574-7830.

Do you want help with the process?

Program staff and the Encompass Quality Improvement staff are happy to explain the grievance process to you and assist you in documenting your grievance if you wish. Additionally, you may authorize any other person, including program staff, to act on your behalf regarding a grievance. A signed written consent form is encouraged if a representative is acting on your behalf.

When can I expect a response?

A letter acknowledging receipt of your grievance will be sent to you within one working day from the time the grievance was received by Santa Cruz County Behavioral Health Services Quality Improvement Department . The Encompass Quality Improvement Team and/or Santa Cruz County Behavioral Health Services Quality Improvement Department will investigate the grievance and pursue a resolution; this may include review by Encompass Program Leadership. A decision about the grievance will be sent to you in writing within 30 calendar days from the day the original grievance was received. A 14-day extension may be required if additional information collection or review is required and is in your best interest.

What if I am not satisfied with the outcome?

If you are not satisfied with the final resolution, you have the right to file another grievance.

To: Quality Improvement Behavioral Health Services

Grievance Form

Client Name:

Date of Birth:

Today's Date:

Current Address:

Phone#:

Parent / Guardian Name (if under 18 years old):

Description of action you are grieving:

What you would like to have happen:

The County Mental Health Plan & Drug Medi-Cal Organized Delivery System take your concerns seriously. We will make every reasonable effort to meet your needs. You will not be subject to discrimination, or any other penalty for filing a Grievance Resolution Request Form. Information provided on this form will not become part of your medical records. It will remain in the Quality Improvement Department and will only be shared with other staff on a need to know basis in order to resolve the problem. All information pertaining to grievances will be treated as confidential information per Santa Cruz Behavioral Health Services policies and procedures. A decision about the grievance will be sent to you in writing within 30 calendar days.

What if I need help with the process?

You may authorize any other person, including a Provider, to act on your behalf regarding a grievance. A signed written consent form is encouraged if a representative is acting on your behalf.
If you have a grievance regarding mental health services, you may also contact the Ombudsman/Advocate's office for assistance at: (831) 429-1913.
If you are receiving psychotherapy services by a Board of Behavioral Sciences (BBS) licensed or registered provider, you can send a complaint regarding provided services by an AMFT / LMFT, ASW / LCSW, APCC / LPCC or licensed educational psychologist to the BBS online: www.bbs.ca.gov, or phone: (916) 574-7830.
If you have a grievance regarding substance use disorder services, you may also contact the State Department of Social Services: (800) 952-5253.

For Office Use Only

Date Received:

Date Resolved:

Resolved by:

Resolution: