If you are not satisfied with your mental health or substance use disorder services, you can file a grievance at any time. A grievance is a complaint about any matter except a Notice of Adverse Benefit Determination (NOABD).

If you receive unfair treatment based on your personal traits, you can file a discrimination grievance by calling:

U.S. Department of Health and Human Services

Office for Civil Rights

(800) 368-1019

You must file within 180 days from the day the treatment took place.

California Department of Health Care Services

Office of Civil Rights

(916) 440-7370

You must file within 365 days from the day the treatment took place.

If you want to file a complaint about a NOABD, you must request an appeal. You must request an appeal within 60 calendar days from the date on the NOABD.

In this document, ‘you’ means you or your authorized representative.

GRIEVANCE OR APPEAL PROCESS

* You should speak with your provider before you file a grievance.
* You must receive a NOABD before you request an appeal.

You can complete a grievance or appeal form and mail it to:

Fresno County Department of Behavioral Health

P.O. Box 45003

Fresno, CA 93718-9886

You can pick up a form and an envelope at any provider site.

If you do not wish to complete the form, you can call 1-800-654-3937 as another option.

* We will mail you a letter when we receive your grievance or appeal.
* We will decide on your grievance within 90 calendar days from the day you file the grievance.
* We will decide on your appeal within 30 calendar days from the day you request an appeal. You can request an appeal decision within 72 hours if waiting 30 days could risk your life, your health, or your ability to reach, continue, or recover maximum functioning

If you do not agree with the grievance decision and you have more information, you can file a second grievance. If you are not satisfied with the second decision, you must call:

Department of Health Care Services

Office of Ombudsman

(888) 452-8609

STATE FAIR HEARING

If you do not agree with an appeal decision or if you do not receive a decision letter, you can request a hearing.

You must request a hearing within 120 days from the day you receive the NOABD. You can request a hearing from:

California Department of Social Services

State Hearings Division

P.O. Box 944243, Mail Station 9-17-37 Sacramento, CA 94244-2430

 (800) 952-5253

YOUR RIGHTS

You will not be discriminated or retaliated against. We can help you with the form. We can guide you through the process. We can provide support services, such as an interpreter. If you have trouble speaking or hearing, please call 711 for help.