



San Joaquin County Behavioral Health Services
Problem Resolution Process
Quality Management and Improvement Office
1212 N. California Street
Stockton, CA 95202

*If you are receiving services at San Joaquin County Behavioral Health Services and have Medi-Cal and wish to file a grievance, a standard appeal, or an expedited appeal (see definitions below), you may fill out a form for that purpose, tell a staff member, write a letter, or call the **Problem Resolution Line**.*

Medi-Cal beneficiaries may also request a state fair hearing after the appeal process has been completed, by calling the California Department of Social Services at: (800) 952-5253, or TDD (for hearing impaired) at: (800) 952-8349,

or by writing to:
State Hearing Division,
California Department of Social Services,
PO Box 944243, Mail Station 19-37,
Sacramento, CA 94244-2430.

Problem

Resolution Line

Phone:

(209)-468-9393

Toll Free Number:

(866) 468-9393

Fax:

(209) 468-8485

Clients with or without Medi-Cal that are being served by San Joaquin County Behavioral Health Services can let us know about a suggestion, concern, or compliment. You may fill out one of the forms below, tell a staff member, write a letter, or call the **Problem Resolution Line**.

1. **Concern**-Any troubling matter that a client wishes to discuss with staff or management.
2. **Grievance**-An expression of dissatisfaction about any matter other than a matter covered by an **Appeal** as defined below.
3. **Appeal**-A request for review of an **Action** of provider's determination to deny, in whole or in part, a beneficiary's request for a covered specialty mental health service or for review of determination that the medical necessity criteria have not been met and the beneficiary is not entitled to any specialty mental health services.
4. **Action**—An action occurs when a provider does at least one of the following:
 - Denies or modifies MHP payment authorization of a requested service, including the type or level of service;
 - Reduces, suspends, or terminates a previously authorized service;
 - Denies payment for a service prior to the delivery or post-service delivery, or prepayment based on a determination that service was not medically necessary or otherwise not a service covered by the contract.
 - Fails to provide services in a timely manner.
 - Fails to act within the timeframes for dispositions of standard grievances, resolution of standard appeals, or the resolution of expedited appeals.
 - Denies a request to dispute financial liability including cost sharing and other financial liabilities.
5. **Expedited Appeal**—An expedited appeal can be filed if the client's life, health or ability to attain, maintain, or regain maximum function is at risk. The same process as **3** above applies, except that a decision will be made within 72 hours.
 - You will find forms by the suggestion boxes, they are addressed to San Joaquin County Behavioral Health Services Quality Assessment & Performance Improvement Office, or
 - You can use any type of letter paper.
 - If you prefer you can write to us at the address listed above, or
 - If you prefer, you can ask a staff member here at San Joaquin County Behavioral Health Services to write for you.

Free Interpreting Services For SJCBS Clients.