# Grievance, Appeal, or Expedited Appeal Form

Return this completed form to the front desk, or you may request a postage-paid envelope to mail the form in to file a grievance, appeal, or expedited appeal-

Date:_____ ☐ Grievance ☐ Appeal ☐ Expedited Appeal

Client Information:

Name: _____ Date of Birth: _____
Address: _____

Phone/E-mail: _____ Best way to reach me: _____

My problem or concern is about the following program or provider: _____

Description of problem or concern (attach additional sheets if necessary): _____

_____

_____

_____

_____

_____

_____

What I would like to have happen: _____

_____

_____

_____

_____

I authorize the following person to act on my behalf: _____

I understand that treatment, payment, enrollment and eligibility for benefits will not be based on my signing or refusing to sign this authorization.

Signature of client or
legal Authorized Representative: _____ Date: _____

*NOTICE TO CLIENTS: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.*

**Office use only Date received** _____

Return form to:

County of Marin Department of Health & Human Services
Behavioral Health & Recovery Services- Quality Management Unit
20 N. San Pedro Rd., San Rafael, CA 94903

## Marin County: Behavioral Health & Recovery Services (BHRS)

Marin County is committed to finding solutions to the issues you may face when receiving services from BHRS. You are encouraged (but not required) to discuss issues about your services with your provider. If you remain dissatisfied with the services you receive, you have the right to file a grievance.

You will not be discriminated against or treated unfairly for filing a grievance, appeal, or expedited appeal. Members will continue to receive services during the grievance process.

## FILING A GRIEVANCE

Grievance means an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. A member may file a Grievance at any time. Grievances can be filed verbally or in writing to the BHRS Quality Management Unit. You can also offer additional information at any time during the grievance process.

The BHRS Quality Management Unit will send you a letter letting you know that your grievance was received within **5 calendar days.**
We will review your grievance and provide a written Notice of Grievance Resolution to you or your authorized representative within **30 calendar** days of receipt.

For questions or help in filing a grievance or appeal, please call:

**Access Line at: 1 (888) 818-1115**

Information and forms can be found at: marincounty.gov/services/file-grievance-about-behavioral-health-and-recovery-services-bhrs

## FILING AN APPEAL

Clients with Medi-Cal have the right to file an appeal within **60 days** of receiving an Adverse Benefit Determination if services are denied, modified, terminated, unreasonably delayed.

A member, or a provider and/or a authorized representative, may request an appeal orally or in writing. Appeals filed by the provider on behalf of the member require written consent from the member.

The BHRS Quality Management Unit will send you a letter letting you know that your appeal was received within **5 calendar days.**
Your appeal will be examined, and a Notice of Appeal Resolution will be provided to you or your authorized representative within **30 calendar days** of receipt.

**Expedited Appeal:** You or your Authorized Representative has the right to file an expedited appeal. If you or your Authorized Representative decides that a standard appeal could seriously endanger your life, health or ability to attain, maintain, or regain maximum function, an expedited appeal may be requested and granted.

Your expedited appeal will be examined and a written resolution will be provided to you or your authorized representative no later than **72 hours** after receipt.

Medi-Cal members have the right to request a State hearing after appealing an Adverse Benefit Determination and receiving notice that BHRS is upholding the adverse benefit determination or if BHRS fails to adhere to the notice and timing requirements in CFR, Title 42, section 438.408, including failure to provide a Notice of Adverse Benefit Determination or a Notice of Appeal Resolution. You must file the request within **120 calendar days** of the BHRS decision.

If you file for a State Fair Hearing within **10 calendar days** of receiving the Notice of Appeal Resolution, your existing level of services may continue while you await the results of the hearing.

To request a State Fair Hearing, contact:
State Hearing Division
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2530
Phone: **1-800-952-5253**

COUNTY OF MARIN

MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

**Marin County Health & Human Services:**

# Behavioral Health & Recovery Services (BHRS)

# GRIEVANCE/APPEAL PROCESS and FORM

Marin County Behavioral Health & Recovery Services clients have rights, including the right to report issues about the services they receive.

Return completed form to the receptionist, or mail to:

BHRS Quality Management Unit,
20 N. San Pedro Rd.
San Rafael, CA 94903

Phone:
1-888-818-1115 (toll-free)

*Hearing impaired: Dial 711 to speak with the Access Team for assistance.*

**Updated 06/2026**