

## **Yolo County Health & Human Services Agency**

137 N. Cottonwood St. Suite 2500  
Woodland, CA 95695

**Phone: (530) 666-8516**  
Toll-Free: 1-888-965-6647  
Fax: (530) 666-8294  
TDD: 1-800-735-2929

**Toll-Free 24-hour Crisis Services**  
Call **1-888-965-6647**

For **grievance** and **appeal information**,  
or to file a verbal grievance or appeal,  
call 1-888-965-6647.

**Office Hours**  
8:00 a.m. – 5:00 p.m.  
Monday – Friday

**Patients' Rights Advocate**  
800-970-5816

Yolo County  
Health & Human  
Services Agency

# **Client Problem Resolution Guide**



## What is the difference between a Grievance and an Appeal?

As a client of the Yolo County Health and Human Services Agency (HHSA), you have the right to let us know if you are unhappy or dissatisfied with any matter at HHSA. For most matters, you may file a **grievance**. If the matter involves an action, you have the right to file an **appeal**. An **action** occurs in the following situations:

- We deny or limit a requested service through our service authorization process, including the type or level of service;
- We reduce, suspend, or terminate a service that was previously authorized;
- We deny all or part of payment for a service;
- We fail to provide services to you in a timely manner, as determined by the Yolo County Health and Human Services Agency,
- We fail to act within the timeframes for deciding about standard grievances, standard appeals, or expedited appeals, or;
- We deny a beneficiary's request to dispute financial liability.

If you are unhappy or dissatisfied with one of the **actions** above, you may appeal the decision through either a **standard appeal** or an **expedited appeal**.

If you are dissatisfied with something other than one of the actions listed above, you may file a **grievance**.

## What if I need help completing the problem resolution process?

At any time during the problem resolution process, you may ask a staff person to help you. You have a right to authorize another person or your legal representative to act on your behalf.

You can also ask the Patients' Rights Advocate or Ombudsman Service for help.

## Confidentiality

We assure you that your **grievance** and/or **appeal** will be kept confidential and will only be discussed with those people who are directly involved in the matter.

You will not be discriminated against or penalized in any way for your **grievance** and/or **appeal**.

## Language and Communication Assistance

We have Spanish and Russian interpreters available during normal office hours, and we utilize the Universal Language Line for all other languages.

If you are hearing or speech impaired and use TDD, please call 1-800-735-2929 for assistance. Audio assistance is available for persons who are visually impaired.

**Language assistance services are available for free.**

## Expedited Appeal Process (*continued*),

- You also have the right to look at your case file and any other records that are important to your **expedited appeal** before and during the **expedited appeal** process.
- We will then review your **expedited appeal** and notify you verbally of our decision as soon as possible.
- We will also send a written notice to you explaining our decision no later than seventy-two (72) hours after we receive your **expedited appeal**.
- The **expedited appeal process** may last longer than seventy-two (72) hours if you request an extension, or if we decide that we need more information and that the extension is in your best interest. This extension can only last up to fourteen (14) calendar days. We will let you know if we extend the process.
- Our written decision to you will include information about your right to file for a State Fair Hearing and how to do so. It will also include information about how, in certain situations, to keep your current services while you are waiting for the hearing.

**Medi-Cal beneficiaries:** If you have completed the Yolo County HHSA problem resolution process and are not completely satisfied with our decision(s), you have a right to file for a state fair hearing. Instructions can be found in your [Guide to Medi-Cal Mental Health Services](#).

## Grievance Process

You have the right to file a **grievance** either verbally or in writing. If you wish, you can have someone call or write for you.

- We will write to you to let you know that we received your **grievance**.
- We will then review your **grievance** and write to you to let you know our decision within ninety (90) calendar days from the date that we received your grievance.
- The **grievance process** may last longer than ninety (90) calendar days if you request an extension, or if we decide that we need more information and that the extension is in your best interest. This extension can only last up to fourteen (14) calendar days. We will let you know if we extend the process within two (2) calendar days of the decision.

## Standard Appeal Process (regarding Actions)

You have the right to file a **standard appeal** to request a review of an **action**. You may file an appeal either verbally or in writing. If you request an **appeal** verbally, you will need to give us a signed written appeal after you verbally tell us. You must file an **appeal** within ninety (90) calendar days of the date of the action that you are appealing.

- You may authorize another person, including your provider, to represent you during the appeal process.

## Standard Appeal Process *(continued)*,

- We will write to you to let you know that we received your **standard appeal**.
- You have the right to present evidence in person or in writing that supports or relates to your **appeal**.
- You also have the right to look at your case file and any other records that are important to your **appeal** before and during the **appeal** process.
- We will review your **standard appeal** and write to you to let you know our decision. We will let you know our decision within thirty (30) calendar days from the date your **standard appeal** was filed.
- The **standard appeal** process may last longer than thirty (30) calendar days if you request an extension, or if we decide that we need more information and that the extension is in your best interest. This extension can only last up to fourteen (14) calendar days. We will let you know if we extend the process within two (2) calendar days of the decision.
- Our written decision to you will include information about your right to file for a State Fair Hearing and how to do so. It will also include information about how, in certain situations, to keep your current services while you are waiting for the hearing.

***Medi-Cal beneficiaries:*** If you have completed the Yolo County HHSA problem resolution process and are not

completely satisfied with our decision(s), you have a right to file for a state fair hearing. Instructions can be found in your [Guide to Medi-Cal Mental Health Services](#).

## Expedited Appeal Process (regarding Actions)

You have the right to file an **expedited appeal** to request a review of an **action**. **Expedited appeals** are considered necessary **ONLY** if using the standard appeal process could jeopardize your life, health, or ability to achieve, keep, or regain your maximum life functions. You can file an **expedited appeal** either verbally or in writing.

- You may authorize another person, including your provider, to represent you during the appeal process.
- We will write to you to let you know that your request for an **expedited appeal** has been received.
- We will then review your request for an **expedited appeal**. If we deny your request for an **expedited appeal**, the appeal will be changed into a standard appeal and will follow the standard appeal process. We will make reasonable efforts to let you know as soon as possible if we deny your request for an **expedited appeal**. We will also send you written notice, within two (2) calendar days of the date that we received your request.
- If we decide that your request for an **expedited appeal** is valid, you will have the right to present evidence in person or in writing that supports or relates to your **expedited appeal**.