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KERN BEHAVIORAL HEALTH & RECOVERY SERVICES
PO BOX 1000
BAKERSFIELD CA 93302-9961

Kern Behavioral Health & Recovery Services Mental Health Plan and
Drug Medi-Cal Organized Delivery System

Grievance Form

Grievance: An expression of dissatisfaction about any matter other than an adverse benefit determination.
Note: a grievance resolution will be made within (60) sixty calendar days of receipt of the grievance.

Action: Occurs when the Local Mental Health or Drug Medi-Cal Organized Delivery System Plan

- Denies or limits authorization of a requested services;
- Reduces, suspends, or terminates a previously authorized service;
- Denies, in whole or in part, payment for a service;
- Fails to act within the required timeframes for standard resolution of grievances and appeals; or
- Denies a beneficiary's request to dispute financial liability.

Appeal: A request by the beneficiary for a review by the Plan of an adverse benefit determination.

Expedited Appeal: A request by the beneficiary to review an adverse benefit determination when using the standard resolution process could jeopardize the beneficiary's mental health or substance use disorder condition and/or the beneficiary's ability to attain, maintain, or regain maximum function.

FOLD FORM ONLINE, REMOVE COVER FROM TAPE, SEAL AND MAIL

Kern Behavioral Health & Recovery Services

GRIEVANCE FORM

FORM TO BE COMPLETED BY BENEFICIARY / CLIENT AND FORWARDED TO THE PATIENT'S RIGHTS OFFICE
PO BOX 1000, Bakersfield, CA 93302-1000
Phone (844) 360-8250

Date: ______________________ Service Location: ______________________

Beneficiary / Client Name: ______________________ Date of Birth: ______________ Ethnicity: ______________

Gender: ☐ M ☐ F Preferred Language: ______________________

If client is a minor, then name of legal guardian filing on behalf of minor: ______________________

Address (include City / State / Zip): ______________________

Phone: ______________________

____

Please print or write legibly.

Describe the reason(s) for requesting a grievance. Please be specific by including names, dates, and times whenever possible.

1. Describe grievance or nature of grievance.

____
____
____
____
____
____

2. What would you like to see happen to resolve this grievance?

____
____
____
____

Beneficiary Signature______________________________ Date:____________________