



Monterey County Behavioral Health Policy and Procedure

Policy Number	117
Policy Title	State Fair Hearing
References	Federal Waiver For Medi-cal Welfare And Institutions Code Section 10950-10965 Title 22 CCR Section 51014.1 Title 42 CFR Section 438.420(b) DMH Letter 05-03
Form	None
Effective	January 1, 1995 Revised: March 27, 2006 Revised: April 1, 2009

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Policy

A beneficiary may file a request for a State Fair Hearing after s/he exhausts the MCBHD-problem resolution process. A beneficiary may file a State Fair Hearing whether or not a Notice of Action (NOA) has been issued.

Procedure

1. A Medi-Cal beneficiary may request a State Fair Hearing at any time, or when a MCBHD or contract provider states service is denied or reduced.
2. The beneficiary shall submit his/her written appeal to the California Department of Social Services subsequent to the MHP's written decision of the Notice of Action, to any of the following state, regional, or local addresses listed below:

State Hearing Division
California Department of Social Services
P.O. Box 944243, Mail Stop 19-37
Sacramento, CA 94244-2430
Telephone: (800) 952-5253

CW: 3/24/09

30 California Department of Social Services
31 State Hearings Division-Bay Area Regional Office
32 1515 Clay Street, Suite 1203
33 Oakland, CA 94612

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35 Audra Duran, Hearings Representative
36 Monterey County Department of Social and Employment Resources
37 1000 S. Main Street, Suite 208
38 Salinas, CA 93901
39 (831) 755-4418
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- 42 3. MCBHD Quality Services Management Department shall be the point of
43 contact for all state fair hearings. Upon notice of a request for a state fair
44 hearing, the sequence shall be:
 - 45 A. QSM to conduct an initial background investigation, and coordinate
46 with the appropriate department.
 - 47 B. The department involved shall write a Statement of Position (may also
48 be written by QSM), and mail a copy to the consumer, to be received
49 no less than three days prior to the scheduled hearing.
 - 50 C. QSM, the involved department, and any witnesses noted in the
51 Statement of Position may be present for the hearing.
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 - 54 4. A beneficiary may request assistance of the Patients' Rights Advocate,
55 telephone: (831) 755-4518, or authorize a person to act on his/her behalf.
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 - 57 5. The California Department of Social Services shall notify the beneficiary and
58 the County in writing, of its decision and its basis within two months.
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