



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**STATEWIDE SUMMARY**  
**Fiscal Year: 2014-2015**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
<b>ACCESS</b>	326	299	8	0	19	0	1	310	15
<b>DENIED SERVICES</b> (Notice of Action)	148	17	120	2	9	0	3	144	1
<b>CHANGE OF PROVIDER</b>	204	203	1	0	0	0	2	197	5
<b>QUALITY OF CARE</b>	1474	1472	1	0	1	0	37	1406	31
<b>CONFIDENTIALITY</b>	53	52	1	0	0	0	3	48	2
<b>OTHER</b>	444	428	2	4	9	1	44	393	7
<b>TOTALS*</b>	<b>2649</b>	<b>2471</b>	<b>133</b>	<b>6</b>	<b>38</b>	<b>1</b>	<b>90</b>	<b>2498</b>	<b>61</b>

The Annual Beneficiary Grievance and Appeal Report (ABGAR) Statewide Summary includes aggregate and county-specific totals of grievances, appeals, expedited appeals, state fair hearings, and expedited state fair hearings, and their dispositions, by category. The workbook has a separate tab for the source data reported by each MHP that are used to compile the statewide summary.

\* County-specific detail (individual tabs) is omitted for counties with populations under 20,000 people in accordance with public aggregate reporting requirements,



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Alameda County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	40	40	0	0	0	0	0	40	0
DENIED SERVICES (Notice of Action)	1	0	1	0	0	0	1	0	0
CHANGE OF PROVIDER	7	7	0	0	0	0	0	7	0
QUALITY OF CARE	56	56	0	0	0	0	7	49	0
CONFIDENTIALITY	4	4	0	0	0	0	0	4	0
OTHER	116	116	0	0	0	0	12	104	0
<b>TOTALS</b>	<b>224</b>	<b>223</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>204</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Amador County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	3	3	0	0	0	0	0	3	0
QUALITY OF CARE	9	9	0	0	0	0	0	9	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	1	1	0	0	0	0	0	1	0
<b>TOTALS</b>	<b>14</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Butte County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	8	8	0	0	0	0	0	8	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Calaveras County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	0	0	0	0	0	0	0	0	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	1	1	0	0	0	0	0	1	0



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Colusa County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	1	1	0	0	0	0	0	1	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	2	2	0	0	0	0	0	2	0
QUALITY OF CARE	8	8	0	0	0	0	0	8	0
CONFIDENTIALITY	2	2	0	0	0	0	0	2	0
OTHER	3	3	0	0	0	0	0	3	0
<b>TOTALS</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Contra Costa County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	4	4	0	0	0	0	0	4	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	38	38	0	0	0	0	0	38	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	4	4	0	0	0	0	0	4	0
<b>TOTALS</b>	<b>46</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Del Norte County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	5	5	0	0	0	0	0	5	0
QUALITY OF CARE	6	6	0	0	0	0	0	6	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	4	3	0	0	0	1	0	4	0
<b>TOTALS</b>	<b>16</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>16</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: El Dorado County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	1	0	1	0	0	0	0	1	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	7	7	0	0	0	0	0	7	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	3	3	0	0	0	0	0	3	0
<b>TOTALS</b>	<b>11</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Fresno County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	6	6	0	0	0	0	0	6	0
QUALITY OF CARE	21	21	0	0	0	0	0	21	0
CONFIDENTIALITY	2	2	0	0	0	0	0	2	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>29</b>	<b>29</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Glenn County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	2	2	0	0	0	0	0	2	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	1	1	0	0	0	0	0	1	0
<b>TOTALS</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Humboldt County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	7	7	0	0	0	0	0	7	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	17	17	0	0	0	0	0	17	0
CONFIDENTIALITY	4	4	0	0	0	0	0	4	0
OTHER	31	31	0	0	0	0	0	31	0
<b>TOTALS</b>	<b>59</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Imperial County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	2	2	0	0	0	0	0	0	2
QUALITY OF CARE	9	9	0	0	0	0	0	6	3
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	21	21	0	0	0	0	0	21	0
<b>TOTALS</b>	<b>33</b>	<b>33</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>5</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Kern County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	2	1	1	0	0	0	0	2	0
DENIED SERVICES (Notice of Action)	7	1	1	1	4	0	0	7	0
CHANGE OF PROVIDER	21	20	1	0	0	0	0	21	0
QUALITY OF CARE	29	29	0	0	0	0	0	29	0
CONFIDENTIALITY	2	2	0	0	0	0	0	2	0
OTHER	10	8	0	2	0	0	0	10	0
<b>TOTALS</b>	<b>71</b>	<b>61</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>71</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Kings County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	2	2	0	0	0	0	0	2	0
QUALITY OF CARE	6	6	0	0	0	0	0	6	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	1	1	0	0	0	0	0	1	0
<b>TOTALS</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Lake County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	2	2	0	0	0	0	0	2	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	4	4	0	0	0	0	0	4	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Lassen County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	4	4	0	0	0	0	0	4	0
QUALITY OF CARE	0	0	0	0	0	0	0	0	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	8	8	0	0	0	0	0	8	0
<b>TOTALS</b>	<b>12</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Los Angeles County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	21	5	1	0	15	0	0	21	0
DENIED SERVICES (Notice of Action)	3	3	0	0	0	0	0	3	0
CHANGE OF PROVIDER	6	6	0	0	0	0	0	6	0
QUALITY OF CARE	406	406	0	0	0	0	20	386	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	41	41	0	0	0	0	11	30	0
<b>TOTALS</b>	<b>477</b>	<b>461</b>	<b>1</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>31</b>	<b>446</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Madera County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	1	1	0	0	0	0	0	1	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	5	5	0	0	0	0	1	4	0
QUALITY OF CARE	0	0	0	0	0	0	0	0	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	7	6	0	1	0	0	3	4	0
<b>TOTALS</b>	<b>13</b>	<b>12</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>9</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Marin County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	1	1	0	0	0	0	0	1	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	16	16	0	0	0	0	0	16	0
CONFIDENTIALITY	2	2	0	0	0	0	0	1	1
OTHER	8	8	0	0	0	0	0	8	0
<b>TOTALS</b>	<b>27</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>26</b>	<b>1</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Mendocino County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	1	0	1	0	0	0	0	1	0
CHANGE OF PROVIDER	19	19	0	0	0	0	0	19	0
QUALITY OF CARE	11	11	0	0	0	0	0	11	0
CONFIDENTIALITY	3	3	0	0	0	0	0	3	0
OTHER	1	1	0	0	0	0	0	1	0
<b>TOTALS</b>	<b>35</b>	<b>34</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Merced County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	4	4	0	0	0	0	0	4	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	1	1	0	0	0	0	0	1	0
QUALITY OF CARE	33	33	0	0	0	0	0	33	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	17	17	0	0	0	0	0	17	0
<b>TOTALS</b>	<b>55</b>	<b>55</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>55</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Monterey County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	1	0	1	0	0	0	1	0	0
DENIED SERVICES (Notice of Action)	4	3	1	0	0	0	1	3	0
CHANGE OF PROVIDER	1	1	0	0	0	0	0	1	0
QUALITY OF CARE	15	15	0	0	0	0	1	13	1
CONFIDENTIALITY	2	2	0	0	0	0	1	1	0
OTHER	2	2	0	0	0	0	0	2	0
<b>TOTALS</b>	<b>25</b>	<b>23</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>20</b>	<b>1</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Napa County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	2	0	2	0	0	0	0	2	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	6	6	0	0	0	0	1	5	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	1	1	0	0	0	0	0	1	0
<b>TOTALS</b>	<b>10</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Nevada County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	2	2	0	0	0	0	0	2	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	12	12	0	0	0	0	0	12	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	15	15	0	0	0	0	0	15	0



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Orange County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	11	11	0	0	0	0	0	11	0
DENIED SERVICES (Notice of Action)	10	0	10	0	0	0	0	10	0
CHANGE OF PROVIDER	5	5	0	0	0	0	0	5	0
QUALITY OF CARE	25	25	0	0	0	0	0	25	0
CONFIDENTIALITY	2	2	0	0	0	0	0	2	0
OTHER	5	5	0	0	0	0	0	5	0
<b>TOTALS</b>	<b>58</b>	<b>48</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Placer/Sierra Counties**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	1	1	0	0	0	0	0	1	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	1	1	0	0	0	0	0	1	0
QUALITY OF CARE	15	15	0	0	0	0	0	15	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	6	6	0	0	0	0	0	6	0
<b>TOTALS</b>	<b>23</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Riverside County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	3	0	2	0	1	0	0	3	0
DENIED SERVICES (Notice of Action)	31	0	31	0	0	0	0	31	0
CHANGE OF PROVIDER	1	1	0	0	0	0	0	1	0
QUALITY OF CARE	18	18	0	0	0	0	0	18	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	9	4	1	0	4	0	0	9	0
<b>TOTALS</b>	<b>63</b>	<b>24</b>	<b>34</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>63</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Sacramento County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	140	140	0	0	0	0	0	128	12
DENIED SERVICES (Notice of Action)	10	0	7	1	2	0	0	10	0
CHANGE OF PROVIDER	26	26	0	0	0	0	0	24	2
QUALITY OF CARE	89	89	0	0	0	0	0	76	13
CONFIDENTIALITY	2	2	0	0	0	0	0	2	0
OTHER	35	33	1	0	1	0	13	20	2
<b>TOTALS</b>	<b>302</b>	<b>290</b>	<b>8</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>13</b>	<b>260</b>	<b>29</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: San Benito County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	1	1	0	0	0	0	0	1	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	3	3	0	0	0	0	0	2	1
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: San Bernardino County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	15	13	0	0	2	0	0	14	1
DENIED SERVICES (Notice of Action)	4	3	0	0	1	0	0	4	0
CHANGE OF PROVIDER	9	9	0	0	0	0	0	9	0
QUALITY OF CARE	32	32	0	0	0	0	0	32	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	13	10	0	0	3	0	4	9	0
<b>TOTALS</b>	<b>74</b>	<b>68</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>69</b>	<b>1</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: San Diego County**  
**Fiscal Year: 2014 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	8	8	0	0	0	0	0	8	0
DENIED SERVICES (Notice of Action)	27	0	27	0	0	0	0	27	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	89	89	0	0	0	0	0	85	4
CONFIDENTIALITY	2	2	0	0	0	0	0	2	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	126	99	27	0	0	0	0	122	4



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: San Francisco County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	6	6	0	0	0	0	0	5	1
DENIED SERVICES (Notice of Action)	7	5	1	0	1	0	0	7	0
CHANGE OF PROVIDER	9	9	0	0	0	0	0	8	1
QUALITY OF CARE	67	67	0	0	0	0	0	60	7
CONFIDENTIALITY	4	4	0	0	0	0	0	3	1
OTHER	20	20	0	0	0	0	0	19	1
<b>TOTALS</b>	<b>113</b>	<b>111</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>102</b>	<b>11</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: San Joaquin County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	4	4	0	0	0	0	0	3	1
DENIED SERVICES (NOA-A) <small>(Notice of Action)</small>	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	56	56	0	0	0	0	0	56	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	25	24	0	1	0	0	0	25	0
<b>TOTALS</b>	<b>86</b>	<b>85</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>85</b>	<b>1</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: San Luis Obispo County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	11	0	11	0	0	0	0	11	0
CHANGE OF PROVIDER	25	25	0	0	0	0	0	25	0
QUALITY OF CARE	46	46	0	0	0	0	0	46	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>83</b>	<b>72</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>83</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: San Mateo County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	2	2	0	0	0	0	0	2	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	51	51	0	0	0	0	0	51	0
CONFIDENTIALITY	2	2	0	0	0	0	0	2	0
OTHER	4	4	0	0	0	0	0	4	0
<b>TOTALS</b>	<b>59</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Santa Barbara County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	1	0	1	0	0	0	1	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	12	12	0	0	0	0	0	12	0
CONFIDENTIALITY	1	0	1	0	0	0	0	1	0
OTHER	5	5	0	0	0	0	0	5	0
<b>TOTALS</b>	<b>19</b>	<b>17</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>18</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Santa Clara County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	24	23	1	0	0	0	0	24	0
DENIED SERVICES (Notice of Action)	1	0	1	0	0	0	0	1	0
CHANGE OF PROVIDER	16	16	0	0	0	0	1	15	0
QUALITY OF CARE	28	28	0	0	0	0	1	27	0
CONFIDENTIALITY	2	2	0	0	0	0	1	1	0
OTHER	3	3	0	0	0	0	0	3	0
<b>TOTALS</b>	<b>74</b>	<b>72</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>71</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Santa Cruz County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing*	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending*
ACCESS	4	4	0	0	0	0	0	4	0
DENIED SERVICES (Notice of Action)	1	0	0	0	1	0	0	0	1
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	28	28	0	0	0	0	0	28	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	5	4	0	0	1	0	0	4	1
<b>TOTALS</b>	<b>38</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>2</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Shasta County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	7	7	0	0	0	0	2	5	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	1	1	0	0	0	0	0	1	0
<b>TOTALS</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Siskiyou County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	5	5	0	0	0	0	0	5	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	1	1	0	0	0	0	0	1	0
<b>TOTALS</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Solano County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	4	4	0	0	0	0	0	4	0
DENIED SERVICES (Notice of Action)	1	0	1	0	0	0	0	1	0
CHANGE OF PROVIDER	3	3	0	0	0	0	0	3	0
QUALITY OF CARE	49	49	0	0	0	0	5	44	0
CONFIDENTIALITY	1	1	0	0	0	0	1	0	0
OTHER	5	5	0	0	0	0	1	4	0
<b>TOTALS</b>	<b>63</b>	<b>62</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>56</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Sonoma County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	3	2	0	0	1	0	0	3	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	2	2	0	0	0	0	0	2	0
QUALITY OF CARE	10	10	0	0	0	0	0	10	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	3	3	0	0	0	0	0	2	1
<b>TOTALS</b>	<b>18</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>1</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Stanislaus County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	10	10	0	0	0	0	0	10	0
QUALITY OF CARE	45	45	0	0	0	0	0	45	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	4	4	0	0	0	0	0	4	0
<b>TOTALS</b>	<b>59</b>	<b>59</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>59</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Sutter-Yuba County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	6	6	0	0	0	0	0	6	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	28	28	0	0	0	0	0	28	0
CONFIDENTIALITY	1	1	0	0	0	0	0	1	0
OTHER	5	5	0	0	0	0	0	5	0
<b>TOTALS</b>	<b>40</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Tehama County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	3	3	0	0	0	0	0	3	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	10	10	0	0	0	0	0	9	1
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0
<b>TOTALS</b>	<b>13</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>1</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Toulumne County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	0	0	0	0	0	0	0	0	0
DENIED SERVICES (Notice of Action)	0	0	0	0	0	0	0	0	0
CHANGE OF PROVIDER	0	0	0	0	0	0	0	0	0
QUALITY OF CARE	4	4	0	0	0	0	0	4	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	3	3	0	0	0	0	0	3	0
<b>TOTALS</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Tulare County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	1	1	0	0	0	0	0	1	0
DENIED SERVICES (Notice of Action)	13	0	13	0	0	0	0	13	0
CHANGE OF PROVIDER	2	2	0	0	0	0	0	2	0
QUALITY OF CARE	10	10	0	0	0	0	0	10	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	1	1	0	0	0	0	0	1	0
<b>TOTALS</b>	<b>27</b>	<b>14</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Ventura County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	3	1	2	0	0	0	0	3	0
DENIED SERVICES (Notice of Action)	1	0	1	0	0	0	0	1	0
CHANGE OF PROVIDER	1	1	0	0	0	0	0	1	0
QUALITY OF CARE	9	8	1	0	0	0	0	9	0
CONFIDENTIALITY	2	2	0	0	0	0	0	2	0
OTHER	5	5	0	0	0	0	0	5	0
<b>TOTALS</b>	<b>21</b>	<b>17</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>0</b>



**Mental Health Services Division**  
**Annual Beneficiary Grievance/Appeal Report**  
**Mental Health Plan Name: Yolo County**  
**Fiscal Year: 2014 - 15**

CATEGORY	TOTAL NUMBER BY CATEGORY	PROCESS					DISPOSITION		
		Grievance	Appeal	Expedited Appeal	State Fair Hearing	Expedited State Fair Hearing	Referred Out	Resolved	Still Pending
ACCESS	1	1	0	0	0	0	0	1	0
DENIED SERVICES (Notice of Action)	9	0	9	0	0	0	0	9	0
CHANGE OF PROVIDER	2	2	0	0	0	0	0	2	0
QUALITY OF CARE	10	10	0	0	0	0	0	10	0
CONFIDENTIALITY	0	0	0	0	0	0	0	0	0
OTHER	2	2	0	0	0	0	0	2	0
<b>TOTALS</b>	<b>24</b>	<b>15</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>0</b>