

The consumer or Authorized Representative must follow up the request for review with a written and signed appeal.

The above may only submit a Standard Appeal to the MHP Deputy Director within 60 days of receipt of a Notice of Action. The MHP Deputy Director will provide a written decision concerning the appeal within 30 days of its receipt.

EXPEDITED APPEALS

A consumer or Authorized Representative may request an Expedited Appeal to review an Action when use of the standard resolution process could jeopardize the consumer's life, health or ability to attain, maintain or regain maximum function. Oral Expedited Appeals do not have to be followed up with a written signed request.

The request must be presented to the following address:
Mental Health Plan Deputy Director, 1441 Constitution Blvd, Suite 202, Salinas, CA 93906

The nature of the problem must be a request to review an Action. The Expedited Appeal may only be filed within 60 days of an Action.

The MHP Medical Director or designee must notify the consumer, or Authorized Representative of the appeal decision within 72 hours after the Expedited Appeal was received by the MHP. The time limit may be extended up to 14 days under certain circumstances

STATE FAIR HEARINGS

Consumers, who are Medi-Cal beneficiaries or their Authorized Representative, may request a State Fair Hearing within 120 days after the completion of the MHP's Beneficiary Problem Resolution Process.

If the State Fair Hearing is requested within 10 days of the Notice of Action, under certain circumstances, the level of service will be maintained pending the outcome of the State Fair Hearing. Call the Patient's Rights Advocate, at 1 (866) 908-4375 for assistance in requesting a State Fair Hearing.

To Request a State Fair Hearing, write to:

State Hearing Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

Another way to ask for State Fair Hearing is to call 1(800) 952-5253. If you are deaf and use TDD, call 1(800) 952-8349. The right to request a Fair Hearing exists whether or not the Beneficiary received a Notice of Action.

PLAN OF CARE

The Mental Health Plan involves consumers in setting their treatment goals and in planning their care. Consumers may request a second opinion regarding their care. They may also request a change of provider (psychiatrists, therapist or case manager).

CONFIDENTIALITY

Mental Health Services staff, contracted agencies and providers follow legal procedures to honor the confidentiality of consumer services and records.

OUR FRIENDS/OUR VOICES

This group is run by consumers for consumers. It offers peer counseling, socialization and provides weekly dinners open to the community.

For more information, write or call:

Interim, Inc.
Our Friends/Our Voices
P.O. Box 3222, Monterey, CA 93942
(831) 649-4399

MENTAL HEALTH COMMISION

Meetings are open to the public and are held on the last Thursday of each month (except August and December), at 4:00 p.m. in the Health Department Whitney Conference Room, 1270 Natividad Rd., Salinas, CA. Call (831) 755-4510 for more information

**COUNTY OF MONTEREY
HEALTH DEPARTMENT**



**BEHAVIORAL HEALTH
DIVISION**

**PROBLEM
RESOLUTION
PROCESS**

PATIENT RIGHTS ADVOCATE
(831) 755-4518
(866) 908-4375 Toll Free
TTY/TDD: 831-796-1788

**Esta información está disponible
en español**

**CONSUMER RIGHTS
Mental Health Plan
Consumers are entitled to:**

- Respectful treatment by Behavioral Health Staff.
- Services provided in a safe environment
- Informed consent for treatment and for prescribed medications.
- Confidential care and record keeping.
- A second opinion or change of clinician
- Participation in planning their treatment.
- Access to their medical records.
- Authorize a person to act on their behalf during the grievance, appeal *or State Fair Hearing process*.
- Acknowledgement and inclusion of their cultural beliefs and values in service planning and delivery.

- Patient's Rights Advocate available to assist with grievance, appeal* and Fair Hearing* process on request.
- Be free of discrimination or any other penalty for filing a grievance or appeal.

(*Medi-Cal only)

**MENTAL HEALTH PLAN CONSUMER
PROBLEM RESOLUTION PROCESS**

Monterey County MHP consumers or their Authorized Representatives may talk to the Clinic Manager to request help with a Mental Health Plan issue.

The consumer or their Authorized Representative may also send a "Change of Clinician" form to the Mental Health Plan by using the self-addressed envelope in the clinic lobby or the Clinic Suggestion Box.

GRIEVANCES

To file a grievance to express dissatisfaction with the MHP, telephone or write the Quality Service Manager

**Monterey County
Behavioral Health Division
1611 Bunker Hill Way, Suite 120
Salinas, CA 93906
(831) 755-4545
TTY/TDD: 831-796-1788**

***ACTIONS BY MHP**

An Action occurs when the MHP does at the least one of the following:

- A) Denies or limits authorization of requested services, including the type and level of service;
- B) Reduces, suspends or terminates a previously authorized service;
- C) Denies in whole or in part, payment for the service;
- D) Fails to provide services in a timely manner;
- E) Fails to act within the time frames for the disposition of grievance, the resolution of expedited appeals.

STANDARD APPEALS

A Standard Appeal may be made to the request review of an Action. To request a Standard Appeal, a consumer or Authorized Representative may telephone or write to the MHP Deputy Director:
**Behavioral Health Division
1441 Constitution Blvd. Bldg. 400,
Suite 202 Salinas, CA 93906
(831) 796-1700**

Language Taglines

English-This information is available in large print, CD, and oral interpretation at no-cost to you. Call (831) 755-4545 o TTY / TDD (831) 796-1788.

Spanish– Esta Información está disponible en letra grande, CD, y la interpretación oral sin costo para usted. Llame al (831) 755-4545 o TTY / TDD (831) 796-1788.

Tagalog-Ang impormasyong ito ay magagamit sa malaking print, CD, at oral interpretasyon nang walang gastos sa iyo. Tawag (831) 755-4545 o TTY / TDD (831) 796-1788.

Korean-이 정보는 대형 인쇄물, CD 및 구두 해석으로 무료로 제공됩니다. 전화 (831) 755-4545 또는 TTY / TDD (831) 796-1788.

Chinese- 此信息可以免费提供给大量的打印 · CD和口头解释 。 呼叫 (831) 755-4545或TTY / TDD (831) 796-1788。

Mon-Khmer, Cambodian- ព័ត៌មាននេះមាននៅក្នុងការបោះពុម្ពធំ ៗ ស៊ីឌីនិងការបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃ។
ទូរស័ព្ទ (831) 755-4545 ឬ TTY / TDD (831) 796-1788 ។

Vietnamese- Thông tin này có sẵn trong bản in lớn, CD, và giải thích miệng miễn phí cho bạn. Gọi (831) 755-4545 hoặc TTY / TDD (831) 796-1788.

Armenian- Այս տեղեկությունները հասանելի են խոշոր տպագրության, CD- ի եւ բանավոր փնտրմանով համար: Զանգահարեք (831) 755-4545 կամ TTY / TDD (831) 796-1788

Persian- این اطلاعات در چاپ بزرگ، سی دی و تفسیر دهی در هیچ هزینه ای برای شما در دسترس است. تماس (831) 755-4545 یا TTY / TDD (831) 796-1788.

Russian- Эта информация доступна в большой печати, компакт-диске и устном переводе без каких-либо затрат для вас. Вызов (831) 755-4545 или TTY / TDD (831) 796-1788.

Japanese- この情報は、大きな印刷物、CD、口頭での解釈で無償で入手できます。電話 (831) 755-4545またはTTY / TDD (831) 796-1788。

Arabic- هذه المعلومات متوفرة في طباعة كبيرة، سد، والتفسير الشفهي دون أي تكلفة لك. اتصل بالرقم (831) 755-4545 أو تي / تد (831) 796-1788.

Panjabi- ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਸੀਡੀ ਅਤੇ ਮੌਖਿਕ ਵਿਆਖਿਆ ਤੇ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ-ਲਾਗਤ 'ਤੇ ਉਪਲਬਧ ਹੈ. ਕਾਲ (831) 755-4545 ਜਾਂ TTY / TDD (831) 796-1788

Hmong- Cov ntaub ntawv no muaj nyob rau hauv cov ntawv luam loj, CD, thiab kev txhais lus ntawm ncauj uas tsis tau them nqi rau koj. Hu rau (831) 755-4545 lossis TTY / TDD (831) 796-1788.

Hindi- यह जानकारी आपको बड़े पैमाने पर, सीडी और मौखिक व्याख्या में किसी भी कीमत पर उपलब्ध नहीं है। कॉल (831) 755-4545 या टीटीआई / टीडीडी (831) 796-1788

Thai- ข้อมูลนี้มีอยู่ในรูปแบบการพิมพ์ขนาดใหญ่ CD และการตีความคำพูดโดยไม่มีค่าใช้จ่ายใด ๆ โทร (831) 755-4545 หรือ TTY / TDD (831) 796-1788