

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

The Standard Appeal is required to be filed within 60 days of receipt of a Notice of Adverse of Benefit Determination. The Quality Department will provide a written decision concerning the appeal within 30 days of its receipt. The time limit may be extended up to 14 days under certain circumstances.

EXPEDITED APPEALS

A beneficiary or Authorized Representative may request an Expedited Appeal to review an Action when use of the standard resolution process could jeopardize the beneficiary'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. It can be done in person, via telephone, or in writing to the Quality Department:

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

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

The MHP Quality Department must notify the beneficiary 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

A beneficiary or 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 Adverse of Benefit Determination, under certain circumstances, the level of service will be maintained pending the outcome of the State Fair Hearing.

If needed, the beneficiary may contact the Patient's Rights Advocate for assistance in requesting a State Fair Hearing:

PatientsRightsAdvocate@co.monterey.ca.us
(831) 755-4518
TTY/TDD: (831) 796-1788

To Request a State Fair Hearing, write to:

California Department of Social Services
State Hearings Division
P. O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

Another way to ask for State Fair Hearing is to call 1(800) 743-8525. If you are deaf and use TDD, call 1(800) 952-8349. The right to request a State Fair Hearing exists whether or not the Beneficiary received a Notice of Adverse Benefit Determination.

EXPEDITED STATE FAIR HEARINGS

A beneficiary may also ask in writing for an Expedited State Fair Hearing if they believe that waiting for up to 90 days for their case to be decided will seriously harm their life, health, or ability to attain, maintain, or regain maximum function. They may be able to get an answer within three working days.

RESOURCES

- Monterey County Mental Health Plan Beneficiary Handbook for Specialty Mental Health Services
- Monterey County Drug Medi-Cal Organized Delivery System Beneficiary Handbook for Substance Use Disorder Services

Available at any clinic upon request. Also available on the Monterey County Quality Improvement website at www.mtyhd.org/QI

OMNI RESOURCE CENTER

Offers peer-led programs promoting wellness and recovery, as well as recreational and social opportunities. Wellness programs are free and open to anyone with mental health challenges.

The Omni Resource Center is located at the Pajaro Street Wellness Center:

339 Pajaro St., Salinas, CA 93901
Monday – Friday 10:00AM to 4:00PM
(831) 800-7530

MENTAL HEALTH COMMISSION

Meetings are open to the public and are held on the last Thursday of each month (except July and December), at 4:00 p.m. on Zoom. Further meeting information can be found on the Behavioral Health Commission website:

<https://www.co.monterey.ca.us/government/departments-a-h/health/boards-collaboratives/mental-health-commission>.
Call (831) 755-4510 for more information.



**MONTEREY COUNTY
BEHAVIORAL HEALTH**

Avanzando Juntos Forward Together

Revised 2/5/24

**COUNTY OF MONTEREY
HEALTH DEPARTMENT**



**BEHAVIORAL HEALTH
DIVISION**

**PROBLEM
RESOLUTION
PROCESS**

PATIENT RIGHTS ADVOCATE
(831) 755-4518
TTY/TDD: (831) 796-1788

PatientsRightsAdvocate@co.monterey.ca.us

**BENEFICIARY RIGHTS
Mental Health Plan (MHP)
Beneficiaries are entitled to:**

- Respectful treatment and due considerations of dignity and privacy.
- 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 State Fair Hearing process on request.
- Be free of discrimination or any other penalty for filing a grievance or appeal.

**MENTAL HEALTH PLAN BENEFICIARY
PROBLEM RESOLUTION PROCESS**

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

CHANGE OF CLINICIAN

To request a change from a current provider (psychiatrist, psychologist, psychiatric social worker, or case manager) the beneficiary or their Authorized Representative may complete a "Change of Clinician" form which is available in all clinics upon request.

GRIEVANCES

Filing a grievance to express dissatisfaction with the MHP can be done in person, via telephone, or in writing to the Quality Department:

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

The Quality Department will provide a written decision concerning the grievance within 90 days of its receipt. The time limit may be extended up to 14 days under certain circumstances.

ACTIONS BY MHP

An Action, also known as an Adverse Benefit Determination, occurs when the MHP does at the least one of the following:

- A) Denies or limits authorization of requested services, including the type or level of service, medical necessity, appropriateness and setting, or effectiveness of a covered benefit.
- 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.
- F) Denies a request to dispute financial liability.

STANDARD APPEALS

A Standard Appeal may be requested to review an Action. It can be done in person, via telephone, or in writing to the Quality Department:

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

LANGUAGE TAGLINES

English Tagline

ATTENTION: If you need help in your language call 1-888-258-6029 (TTY: 831-796-1788). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-888-258-6029 (TTY: 831-796-1788). These services are free of charge.

الشعار بالعربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-888-258-6029 (TTY: [1-831-796-1788]) تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-888-258-6029 (TTY: [1-831-796-1788]) هذه الخدمات مجانية.

Հայերեն պիտակ (Armenian)

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-888-258-6029 (TTY: 831-796-1788): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-888-258-6029 (TTY: 831-796-1788): Այդ ծառայություններն անվճար են:

ភ្នំសម្ព័ន្ធជាភាសាខ្មែរ (Cambodian)

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-888-258-6029 (TTY: 831-796-1788)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរព្រមព្រីន ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-888-258-6029 (TTY: 831-796-1788)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

简体中文标语 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-888-258-6029 (TTY: 831-796-1788)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电

1-888-258-6029 (TTY: 831-796-1788)。这些服务都是免费的。

مطلب به زبان فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-888-258-6029 (TTY: 831-796-1788) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-888-258-6029 (TTY: 831-796-1788) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी टैगलाइन (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-888-258-6029 (TTY: 831-796-1788) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-888-258-6029 (TTY: 831-796-1788) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Nqe Lus Hmoob Cob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-888-258-6029 (TTY: 831-796-1788). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-888-258-6029 (TTY: 831-796-1788). Cov kev pab cuam no yog pab dawb xwb.

日本語表記 (Japanese)

注意日本語での対応が必要な場合は 1-888-258-6029 (TTY: 831-796-1788)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-888-258-6029 (TTY: 831-796-1788) へお電話ください。これらのサービスは無料で提供しています。

한국어 태그라인 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-888-258-6029 (TTY: 831-796-1788) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-888-258-6029 (TTY: 831-796-1788) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ແທກໄລພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-888-258-6029 (TTY: 831-796-1788).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕລິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-888-258-6029 (TTY: 831-796-1788). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien Tagline (Mien)

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-888-258-6029

(TTY: 831-796-1788). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-888-258-6029 (TTY: 831-796-1788). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-888-258-6029

(TTY: 831-796-1788). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-888-258-6029 (TTY: 831-796-1788).

ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский слоган (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-888-258-6029 (линия ТТУ: 831-796-1788). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-888-258-6029 (линия ТТУ: 831-796-1788). Такие услуги предоставляются бесплатно.

Mensaje en español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-888-258-6029

(TTY: 831-796-1788). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al

1-888-258-6029 (TTY: 831-796-1788). Estos servicios son gratuitos.

Tagalog Tagline (Tagalog)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa

1-888-258-6029 (TTY: 831-796-1788). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad

ng mga dokumento sa braille at malaking print. Tumawag sa 1-888-258-6029 (TTY: 831-796-1788). Libre ang mga serbisyong ito.

แท็กไลน์ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข

1-888-258-6029 (TTY: 831-796-1788) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-888-258-6029 (TTY: 831-796-1788)

ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Примітка українською (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-888-258-6029 (TTY: 831-796-1788). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-888-258-6029 (TTY: 831-796-1788). Ці послуги безкоштовні.

Khẩu hiệu tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số

1-888-258-6029 (TTY: 831-796-1788). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-888-258-6029 (TTY: 831-796-1788). Các dịch vụ này đều