

# Monterey County Behavioral Health Quality Improvement

RE:	Notice of Significant Changes to the Beneficiary Handbook
FORM REFERENCE	Behavioral Health Information Notice No. 23-048; Supersedes Behavioral Health Information Notice No. 22-060
ISSUE DATE	December 1, 2023

As part of ongoing quality improvement efforts and in accordance with the Department of Health Care Services, this notice is to inform persons in care that the Mental Health Plan and Drug Medi-Cal Organized Delivery System Beneficiary Handbooks have been updated. These updates are related to Mobile Crisis, patient access, and provider directory APIs, and any other changes that would impact the benefits available. MCBH is required to notify the beneficiary of significant changes within 30 days from 1/1/2024.

This notice and the Mental Health Plan and Drug Medi-Cal Organized Delivery System Beneficiary Handbook are located on our website at [www.mtyhd.org/bh](http://www.mtyhd.org/bh) or [www.mtyhd.org/qi](http://www.mtyhd.org/qi). Persons in care may request this notice and the beneficiary handbook in other languages or formats upon request by contacting Quality Improvement at (831) 755-4545 at no cost.

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Como parte de los esfuerzos continuos de calidad y de acuerdo con el Department of Health Care Services, este aviso es para informar a las personas bajo cuidado que se han actualizado los Manuales para beneficiarios del Plan de Salud Mental y del Sistema de Entrega Organizada de Medicina de Medi-Cal para Services de Uso de Sustancias. Estas actualizaciones están relacionadas con el Equipo de Crisis Móvil, el acceso de los pacientes y API (Interfaz de Programación de Aplicaciones) directorio de proveedores, y cualquier otro cambio que pueda afectar los beneficios disponibles. Se requiere que MCBH notifique a los beneficiarios de cambios significantes dentro de 30 días de 1/1/2024.

Este aviso y el Manual del beneficiario del Plan de Salud Mental y del Sistema de Entrega Organizada de Medicamentos de Medi-Cal para Services de Uso de Sustancias se encuentran en nuestro sitio web en [www.mtyhd.org/bh](http://www.mtyhd.org/bh) o [www.mtyhd.org/qi](http://www.mtyhd.org/qi). Las personas bajo cuidado pueden solicitar este aviso y los manuales del beneficiario en otros idiomas o formatos con previa solicitud comunicándose con la oficina de Calidad al (831) 755-4545 sin costo alguno.

## LANGUAGE TAGLINES

### **English Tagline**

ATTENTION: If you need help in your language call [1-888-258-6029] (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call [1-888-258-6029] (TTY: 711). These services are free of charge.

### **(Arabic) الشعار بالعربية**

يرج الانتباه: إذا احتجت إبل المساعدة بلغتك، فاتصل بـ [1-888-258-6029] (TTY:711) تتوفر أي ُضا المساعدات والخدمات لأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبري اتصل بـ [1-888-258-6029] (TTY:711) هذه الخدمات مجانية.

### **Հայերեն պիտակ (Armenian)**

Ուշադրություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք [1-888-258-6029] (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված կյութեր: Չանգահարեք [1-888-258-6029] (TTY: 711): Այդ ծառայություններն անվճար են:

### **ប្រាសាទសំដៅ (Cambodian)**

ចំណាំ: បើអ្នកត្រូវការជំនួយជាភាសាសម្តែង សូមទូរស័ព្ទទៅលេខ [1-888-258-6029] (TTY: 711)។ ជំនួយនិងសេវាកម្មទាំងនេះ ផ្តល់ឱ្យអ្នកឥតគិតថ្លៃ ដូចជាឯកសារសរសេរជាអ្នកស្តាប់ ឯកសារភ្នែក និង ឯកសារសរសេរជាអ្នកឮ ក៏អាចកាន់បានផងដែរ។ ទូរស័ព្ទទៅលេខ [1-888-258-6029] (TTY: 711)។ 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: 711)。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: 711)。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: 711) 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: 711) 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: 711) पर कॉल करें। अशक्तता वाले लोगों को कललए सहायता और सेवाएँ, जैसे ब्रेल और बड़े लरेंट में भी दस्तावेज़

उपलब्ध हैं। [1-888-258-6029] (TTY: 711) पर कॉल करें। ये सेवाएँ लनः 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: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntwav su thiab luam tawm ua tus ntwav loj. Hu rau [1-888-258-6029] (TTY: 711). 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: 711)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: 711)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: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. [1-888-258-6029] (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

**ແທກໄລພາສາລາວ (Laotian)**

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ [1-888-258-6029] (TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນມີການເຊື່ອມຕໍ່ສາຍເບີ ນັ້ນກໍ່ສອນນູນແລະມີໂຕ້ລົງ ມຸ້ງໃຫ້ໂທຫາເບີ [1-888-258-6029] (TTY: 711). 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: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx [1-888-258-6029] (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

**ਪੰਜਾਬੀ ਟੈਗਲਾਈਨ (Punjabi)**

ਧਿਆਨ ਧਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਧਿੱਚ ਮਿੱ ਿੱੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ [1-888-258-6029] (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇ ਾ ਾਂ, ਧਜ ਿੱ ਧਕ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਧਿੱਚ ਿਸਤਾ ੇਜ, ੀ ਉਪਲਬਿੰ ਹਨ| ਕਾਲ ਕਰੋ [1-888-258-6029] (TTY: 711). ਇਹ ਸੇ ਾ ਾਂ ਮੁਫਤ ਹਨ|

### **Русский слоган (Russian)**

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру [1-888-258-6029 (линия ТТТ: 711)]. 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 ТТТ: 711)]. Такие услуги предоставляются бесплатно.

### **Mensaje en español (Spanish)**

ATENCIÓN: si necesita ayuda en su idioma, llame al [1-888-258-6029 (TTY: 711)]. También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al [1-888-258-6029 (TTY: 711)]. Estos servicios son gratuitos.

### **Tagalog Tagline (Tagalog)**

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa [1-888-258-6029 (TTY: 711)]. 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: 711)]. Libre ang mga serbisyonang ito.

### **แท็กไลน์ภาษาไทย (Thai)**

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข [1-888-258-6029 (TTY: 711)] นอกจากนี้ ยังมีพร้อ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ให้ความช่วยเหลือและบริการต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข [1-888-258-6029 (TTY: 711)] ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

### **Примітка українською (Ukrainian)**

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер [1-888-258-6029 (TTY: 711)]. 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: 711)]. 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: 711)]. 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: 711)]. Các dịch vụ này đều miễn phí.

## **NONDISCRIMINATION NOTICE**

Discrimination is against the law. Monterey County Behavioral Health follows State and Federal civil rights laws. Monterey County Behavioral Health does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Monterey County Behavioral Health provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio or accessible electronic formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Monterey County Behavioral Health between 8:00 AM and 5:00 PM by calling 1-888-258-6029. Or, if you cannot hear or speak well, please call TTY:1-888-258-6029. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

## **HOW TO FILE A GRIEVANCE**

If you believe that Monterey County Behavioral Health has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Monterey County Civil Rights Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact Monterey County Civil Rights Coordinator between 8:00 AM and 5:00 PM by calling 831-755-5117. Or, if you cannot hear or speak well, please call TTY: 831-796-1788.
- In writing: Fill out a complaint form or write a letter and send it to:

Monterey County's Civil Rights Coordinator,  
1441 Schilling Pl., North Building, Salinas, CA 93901

In person: Visit your doctor's office or Monterey County Behavioral Health and say you want to file a grievance.

- Electronically: Visit Monterey County Behavioral Health's website at:

<https://www.co.monterey.ca.us/government/departments-a-h/civil-rights-office>

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## **OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.

- **In writing:** Fill out a complaint form or send a letter to:

**Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413**

Complaint forms are available at:

<https://www.dhcs.ca.gov/discrimination-grievance-procedures>

- **Electronically:** Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).
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## **OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201**

- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>