STATE FAIR HEARINGS

A State Fair Hearing is an independent review by an administrative law judge. State Fair Hearings must be filed within 120 days after receiving an appeal resolution letter stating that the BHP is upholding an Adverse Benefit Determination or if the appeal wasn't resolved within the specified time frames. If you wish to continue receiving services while you wait for the State Fair Hearing decision, you must request a State Fair Hearing within 10 days from the date the appeal decision notice was postmarked or delivered to you.

A State Fair Hearing may be requested by phone, online, or in writing:

By Phone: Call **1-800-743-8525**. If you cannot speak or hear well, please call TDD, **1-800-952-8349.**

Online: Visit the California Department of Social Services' website to complete the electronic form:

In writing:

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

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

PatientsRightsAdvoca@countyofmonterey.gov

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

STANDARD STATE FAIR HEARINGS

The State will provide a written decision concerning the hearing within 90 days of its receipt

EXPEDITED STATE FAIR HEARINGS

A member or authorized representative may request an Expedited State Fair Hearing by calling **1-800-743-8525/TDD 1-800-952-8349** 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. If your request is approved, a hearing will be scheduled, and a decision will be made within 3 working days from the date the State Hearings Division receives your request.

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos
Forward Together

PROBLEM RESOLUTION PROCESS

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

PatientsRightsAdvoca@countyofmonterey.gov

MEMBER RIGHTS

Monterey County Behavioral Health (MCBH) Members 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 recordkeeping.
- 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.
- Receive timely access to care 24/7 for emergency, urgent, or crisis conditions when medically necessary.
- 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 upon request.
- Be free of discrimination or any other penalty for filing a grievance, appeal, or State Fair Hearing.

BEHAVIORAL HEALTH PLAN MEMBER PROBLEM RESOLUTION PROCESS

MCBH members or their authorized representatives may talk to the clinic manager to request help with a Behavioral Health Plan issue.

CHANGE OF CLINICIAN

To request a change from a current provider (psychiatrist, psychologist, psychiatric social worker, or case manager) the member or their authorized representative may complete a "Change of Clinician" form which is available in all clinics upon request or by contacting Quality Improvement Department at 831-755-4545.

GRIEVANCES

A grievance is an expression of dissatisfaction with any aspect of services received. Members also have the right to submit a grievance for failure to provide trans-inclusive care.

Filing a grievance can be done in person, via telephone, or in writing to the Quality Improvement Department:

MONTEREY COUNTY
DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH BUREAU
1611 BUNKER HILL WAY, SUITE 120
SALINAS, CA 93906
(831) 755-4545
TTY/TDD: (831) 796-1788

The Quality Improvement Department will provide a written decision concerning the grievance within 30 days of its receipt.

NOTICE OF ADVERSE BENEFIT DETERMINATION

A Notice of Adverse Benefit Determination (NOABD) is a form you receive from MCBH that gives you information about a decision or "action" that was made about why you are not eligible to receive or to continue to receive Medi-Cal specialty mental health and/or substance use disorder services.

ACTIONS BY MCBH

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 required time frames for standard resolution of grievances and appeals;

F) Denies a request to dispute financial liability.

APPEALS

Appeals can be submitted to review an Action. Appeals must be filed within 60 days of receipt of a Notice of Adverse Benefit Determination. If you wish to continue receiving services while your appeal is being reviewed, you must request an appeal within 10 days from the date of the Notice of Adverse Benefit Determination letter, or before the date MCBH says the services will stop, whichever is later. Appeals may be submitted in person, via telephone, or in writing to the Quality Improvement Department:

MONTEREY COUNTY
DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH BUREAU
1611 BUNKER HILL WAY, SUITE 120
SALINAS, CA 93906
(831) 755-4545
TTY/TDD: (831) 796-1788

STANDARD APPEALS

The Quality Improvement Department will provide a written decision concerning the appeal within 30 days of its receipt.

EXPEDITED APPEALS

A member or authorized representative may request an Expedited Appeal to review an Action when use of the standard resolution process could jeopardize the member's life, health, or ability to attain, maintain or regain maximum function.

If MCBH agrees that your appeal meets the requirements for an Expedited Appeal, then MCBH will resolve your Expedited Appeal within 72 hours from the date your Expedited Appeal was received.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

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

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

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

ខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ [1-888-258-6029] (TTY: [1-831-796-1788])។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរតូចធំ ក៏មានផងដែរ។ ទូរស័ព្ទមកលេខ [1-888-258-6029] (TTY: [1-831-796-1788])។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

繁體中文 (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: [1-831-796-1788])。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: [1-831-796-1788])。这些服务都是免费的。

فارسی (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با [1-888-258-6029] (TTY: [1-831-796-1788]) 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: [1-831-796-1788]) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो [1-888-258-6029] (TTY: [1-831-796-1788]) 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: [1-831-796-1788]) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau [1-888-258-6029] (TTY: [1-831-796-1788]). 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: [1-831-796-1788]). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)
注意日本語での対応が必要な場合は [1-888-258-6029] (TTY: [1-831-796-1788])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: [1-831-796-1788])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 (Korean)
유의사항: 귀하이 언어로 도움을 받고 싶으시면 [1-888-258-6029] (TTY: [1-831-796-1788]) 번으로 문이하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. [1-888-258-6029] (TTY: [1-831-796-1788]) 번으로 문이하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ [1-888-258-6029] (TTY: [11-831-796-1788]). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ [1-888-258-6029] (TTY: [1-831-796-1788]). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux [1-888-258-6029] (TTY: [1-831-796-1788]). 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: [1-831-796-1788]). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ [1-888-258-6029] (TTY: [1-831-796-1788]). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ [1-888-258-6029] (TTY: [1-831-796-1788]).
ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру [1-888-258-6029] (линия TTY: [1-831-796-1788]). 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 TTY: [1-831-796-1788]). Такие услуги предоставляются бесплатно.

Español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al [1-888-258-6029] (TTY: [1-831-796-1788]). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al [1-888-258-6029] (TTY: [1-831-796-1788]). Estos servicios son gratuitos.

Tagalog (Filipino)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa [1-888-258-6029] (TTY: [1-831-796-1788]). 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: [1-831-796-1788]). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข [1-888-258-6029] (TTY: [1-831-796-1788]) **น**
อกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข [1-888-258-6029] (TTY: [1-831-796-1788])
ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер [1-888-258-6029] (TTY: [1-831-796-1788]). 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: [1-831-796-1788]). Ці послуги безкоштовні.

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: [1-831-796-1788]). 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: [1-831-796-1788]). Các dịch vụ này đều miễn phí.