Glenn County

Mental Health Plan

Beneficiary Handbook

Specialty Mental Health Services

Willows Office
242 N Villa Ave
Willows, CA 95988

Orland Office
1187 E South St
Orland, CA 95963

1/1/2019-DB

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-800-500-6582 (TTY: 711)

ATTENTION: Auxiliary aids and services, including but not limited to large print documents and alternative formats, are available to you free of charge upon request. Call 1-800-500-6582 (TTY: 711).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-500-6582 (TTY: 711).

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-500-6582 (TTY: 711).

Tagalog (Tagalog – Filipino)
PAUNAWA: Kung nagsasalita ka ng Tagalo0g, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-500-6582 (TTY: 711).

한국어 (Korean)
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-500-6582 (TTY: 711). 번으로 전화해 주십시오.

繁體中文(Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-500-6582 (TTY: 711). 。

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-500-6582) (TTY (հեռատիպ)՝ 711).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-500-6582 (телетайп: 711)

فارسی **(Farsi)**
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. ب (1-800-500-6582)(TTY:711) تماس بگیرید.

日本語 (Japanese)
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-500-6582 (TTY: 711) まで、お電話にてご連絡ください。

Hmoob (Hmong)
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-500-6582 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-500-6582 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم- [1-800-500-6582

(رقم هاتف الصم والبكم: TTY:711)

हिंदी (Hindi)
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-500-6582 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai)
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-500-6582 (TTY: 711).

ខ្មែរ (Cambodian)

ប្រយ័ត្ន៖ រ សើ ិនជាអ្នកនិយាយ ភាសាខ្មែ , រសវាជំនួយម�នកភាសា រោយមិនគិត្ួ ្ លួន
គឺអាចមានសំរា ់ ់ំរ អ្ើ នក។ ចូ ទូ ស័ព្ 1-800-500-6582 (TTY: 711)។

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,
ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-500-6582 (TTY: 711).

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OTHER LANGUAGES AND FORMATS

Other Languages

You can get this Beneficiary Handbook and other materials for free in other languages. Call Glenn County MHP **(800)-500-6582** during office hours, and **(800)-507-3530** after hours, holidays, and weekends. The call is toll free.

Other Formats

You can get this information for free in other auxiliary formats, such as 18 point font large print or audio. Call Glenn County MHP **(800)-500-6582** during office hours, and **(800)-507-3530** after hours, holidays, and weekends. The call is toll free.

Interpreter Services

You do not have to use a family member or friend as an interpreter. Free interpreter, linguistic, and cultural services are available 24 hours a day, 7 days a week. To get this handbook in a different language or to get interpreter, linguistic, and cultural help, call Glenn County MHP **(800)-500-6582** during office hours, and **(800)-507-3530** after hours, holidays, and weekends. The call is toll free.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Glenn County MHP follows state and federal civil rights laws. Glenn County MHP 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.

Glenn County MHP 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, audio, accessible electronic formats, other 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 Glenn County MHP between 8:00AM-5:00PM, Monday thru Friday at (800) 500-6582. Or, if you cannot hear or speak well, please call 711 to connect to a relay operator for assistance.

HOW TO FILE A GRIEVANCE

If you believe that Glenn County MHP 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 our Compliance Officer, Amber Arnold. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Call Glenn County MHP **(800)-500-6582** during office hours, and **(800)-507-3530** after hours, holidays, and weekends. Or, if you cannot hear or

speak well, please call 711

- In writing: Fill out a complaint form or write a letter and send it to:

  Amber Arnold Compliance Officer
  242 N Villa Avenue
  Willows, CA 95988

- In person: Visit your provider's office or Glenn County MHP and say you want to file a grievance.

- Electronically: Visit Glenn County MHP website at www.countyofglenn.net

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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 (Telecommunications Relay Service)**.

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

  Michele Villados
  Deputy Director, Office of Civil Rights
  Department of Health Care Services

Office of Civil Rights
P. O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

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 directly with the U.S. Department of Health and Human Services, Office of 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 https://www.hhs.gov/ocr/complaints/index.html.

- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf.

GENERAL INFORMATION

Why Is It Important to Read This Handbook?

We welcome you to Glenn County Mental Health Service, we provide specialty mental health services for people who live in Glenn County and are eligible for Medi-Cal.

This handbook tells you how to get Medi-Cal specialty mental health services through your county MHP. This handbook explains your benefits and how to get care. It will also answer many of your questions.

You will learn:

- How to get specialty mental health services through your MHP
- What benefits you have access to
- What to do if you have a question or problem
- Your rights and responsibilities as a Medi-Cal beneficiary

If you don't read this handbook now, you should keep this handbook so you can read it later. This handbook and other written materials are available either electronically at www.countyofglenn.net or in printed form from the MHP, free of charge. Call your MHP 1-800-500-6582 if you would like a printed copy.

Use this handbook as an addition to the information you received when you enrolled in Medi-Cal.

Need This Handbook in Your Language or a Different Format?

If you speak a language other than English, free oral interpreter services are available to you. Call Glenn County MHP **(800)-500-6582** during office hours, and **(800)-507-3530** after hours, holidays, and weekends. Your MHP is available 24 hours a day, seven days a week.

You can also contact your MHP at 1-800-507-3530 if you would like this handbook or other written materials in alternative formats, such as large print or audio. Your MHP will assist you.

If you would like this handbook or other written materials in a language other than English, call your MHP. Your MHP will assist you in your language over the phone.

This information is available in the languages listed below.

- English
- Español (Spanish)

What Is My MHP Responsible For?

Your MHP is responsible for the following:

- Figuring out if you are eligible for specialty mental health services from the county or its provider network.
- Providing a toll-free phone number that is answered 24 hours a day, seven days a week that can tell you how to get services from the MHP. 1-800-500-6582 (Office Hours) and 1-800-507-3530 (After Hours).
- Having enough providers to make sure that you can get the mental health treatment services covered by the MHP if you need them.
- Informing and educating you about services available from your MHP.

- Offering you an initial assessment appointment that is within 10 business days of your request for services.
- Providing you services in your language or by an interpreter (if necessary) free of charge and letting you know that these interpreter services are available.
- Providing you with written information about what is available to you in other languages or alternative forms, like audio or large-size print.
- Providing you with notice of any significant change in the information specified in this handbook at least 30 days before the intended effective date of the change. A change is considered significant when there is an increase or decrease in the amount or types of services that are available, or if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits you receive through the MHP.

INFORMATION ABOUT THE MEDI-CAL PROGRAM

Who Can Get Medi-Cal?

Many factors are used to decide what type of health coverage you can receive from Medi-Cal. They include:

- How much money you make
- Your age
- The age of any children you care for
- Whether you are pregnant, blind, or disabled
- Whether you are on Medicare

You also must be living in California to qualify for Medi-Cal. If you think you qualify for Medi-Cal, learn how to apply below.

How Can I Apply for Medi-Cal?

You can apply for Medi-Cal at any time of the year. You may choose one of the following ways to apply.

By Mail: Apply for Medi-Cal with a Single Streamlined Application, provided in English and other languages at http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SingleStreamApps.aspx. Send completed applications to your local county office. Find the address for your local county office on the web at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

Glenn County Health and Human Services Agency
P.O. Box 611, 420 East Laurel Street
Willows, CA 95988

By Phone: To apply over the phone, call your local county office. You can find the phone number on the web at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx.

Glenn County Health and Human Services Agency
(530) 934-6514

Online: Apply online at www.benefitscal.com or www.coveredca.com. Applications are securely transferred directly to your local county social services office, since Medi-Cal is provided at the county level.

In-Person: To apply in person, find your local county office at http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx, where you can get help completing your application.

Glenn County
Health and Human Services Agency
P.O. Box 611, 420 East Laurel Street
Willows, CA 95988

If you need help applying, or have questions, you can contact a trained Certified Enrollment Counselor (CEC) for free. Call 1-800-300-1506, or search for a local CEC at http://www.coveredca.com/get-help/local.

If you still have questions about the Medi-Cal program, you can learn more at http://www.dhcs.ca.gov/individuals/Pages/Steps-to-Medi-Cal.aspx.

What Are Emergency Services?

Emergency services are services for beneficiaries experiencing an unexpected medical condition, including a psychiatric emergency medical condition.

An emergency medical condition has symptoms so severe (possibly including severe pain) that an average person could expect the following might happen at any moment:

- The health of the individual (or with respect to a pregnant woman, the health of her unborn child) could be in serious trouble
- Serious problems with bodily functions
- Serious problem with any bodily organ or part

A psychiatric emergency medical condition occurs when an average person thinks that someone:

- Is a current danger to himself or herself or another person because of what seems like a mental illness
- Is immediately unable to provide or eat food, or use clothing or shelter because of what seems like a mental illness

Emergency services are covered 24 hours a day, seven days a week for Medi-Cal beneficiaries. Prior authorization is not required for emergency services. The Medi-Cal program will cover emergency conditions, whether the condition is medical or psychiatric (emotional or mental). If you are enrolled in Medi-Cal, you will not receive a bill to pay for going to the emergency room, even if it turns out to not be

an emergency. If you think you are having an emergency, call 911 or go to any hospital or other setting for help.

Is Transportation Available?

Non-emergency transportation and non-medical transportation may be provided for Medi-Cal beneficiaries who are unable to provide transportation on their own and who have a medical necessity to receive certain Medi-Cal covered services.

If you need assistance with transportation, contact your managed care plan for information and assistance.

If you have Medi-Cal but are not enrolled in a managed care plan, and you need non-medical transportation, you can either call an approved licensed, professional medical transportation company directly or you can call your medical health care provider and ask about transportation providers in your area. When you contact the transportation company, they will ask for information about your appointment date and time. If you need non-emergency medical transportation, your provider can prescribe non-emergency medical transportation and put you in touch with a transportation provider to coordinate your ride to and from your appointment(s).

Who Do I Contact If I'm Having Suicidal Thoughts?

If you or someone you know is in crisis, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

For local residents seeking assistance in a crisis and to access local mental health programs, please call 1-800-507-3530

HOW TO TELL IF YOU OR SOMEONE YOU KNOW NEEDS HELP

How Do I Know When I Need Help?

Many people have difficult times in life and may experience mental health problems. The most important thing to remember when asking yourself if you need professional help is to trust yourself. If you are eligible for Medi-Cal, and you think you may need professional help, you should request an assessment from your MHP.

You may need help if you have one or more of the following signs:

- Depressed (or feeling hopeless, helpless, or very down) most of the day, nearly every day
- Loss of interest in activities you generally like to do
- Significant weight loss or gain in a short period of time
- Sleeping too much or too little
- Slowed or excessive physical movements
- Feeling tired nearly every day
- Feelings of worthlessness or excessive guilt
- Difficulty thinking, concentrating, and/or making decisions
- Decreased need for sleep (feeling ‘rested’ after only a few hours of sleep)
- Racing thoughts too fast for you to keep up
- Talking very fast or cannot stop talking
- Believing that people are out to get you
- Hearing voices and/or sounds others do not hear
- Seeing things others do not see
- Unable to go to work or school
- Not caring about personal hygiene (being clean)
- Having serious trouble with other people

- Pulling back or withdrawing from other people
- Crying frequently and for no reason
- Often angry and ‘blow up’ for no reason
- Having severe mood swings
- Feeling anxious or worried most of the time
- Having what others call strange or bizarre behaviors

How Do I Know When a Child or Teenager Needs Help?

You may contact your MHP for an assessment for your child or teenager if you think they are showing any of the signs of a mental health problem. If your child or teenager qualifies for Medi-Cal and the county assessment indicates that specialty mental health services covered by the MHP are needed, the MHP will arrange for your child or teenager to receive the services. There are also services available for parents who feel overwhelmed by being a parent or who have mental health problems.

The following checklist can help you assess if your child needs help, such as mental health services. If more than one sign is present or persists over a long period of time, it may indicate a more serious problem requiring professional help. Here are some signs to look out for:

- Sudden and unexplained change in behavior
- Complains of aches/pains without any medical/physical cause
- Spends more time alone
- Tires easily and has little energy
- Fidgety and unable to sit still
- Less interested in school without apparent reason
- Distracted easily
- Is afraid of new situations

- Feels sad or unhappy without apparent cause
- Is irritable or angry without apparent cause
- Feels hopeless
- Has trouble concentrating
- Has less interest in friends
- Fights with others
- Absent from school without good cause
- School grades dropping
- Low self-esteem
- Has trouble sleeping
- Worries a lot
- Feels distressed when not with you
- Feels they can’t do anything right
- Takes unnecessary risks
- Frequently feels emotionally or physically hurt
- Acts noticeably younger than children their age
- Does not understand other people’s feelings
- Bullies others
- Does not take responsibility for their actions
- Takes things that do not belong to them and denies doing it

ACCESSING SPECIALTY MENTAL HEALTH SERVICES

What Are Specialty Mental Health Services?

Specialty mental health services are mental health services for people who have mental illness or emotional problems that a regular doctor cannot treat. These illnesses or problems are severe enough that they get in the way of a person's ability to carry on with their daily activities.

Specialty mental health services include:

- Mental health services
- Medication support services
- Targeted case management
- Crisis intervention services
- Crisis stabilization services
- Adult residential treatment services
- Crisis residential treatment services
- Day treatment intensive services
- Day rehabilitation
- Psychiatric inpatient hospital services
- Psychiatric health facility services

In addition to the specialty mental health services listed above, beneficiaries under age 21 have access to additional services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. Those services include:

- Intensive home-based services
- Intensive care coordination
- Therapeutic behavioral services
- Therapeutic foster care

If you would like to learn more about each specialty mental health service that may be available to you, see the “Scope of Services” section in this handbook.

How Do I Get Specialty Mental Health Services?

If you think you need specialty mental health treatment services, you can call your MHP and ask for an appointment for an initial assessment. You can call your county’s toll-free phone number.

You may also be referred to your MHP for specialty mental health services by another person or organization, including your doctor, school, a family member, guardian, your Medi-Cal managed care health plan, or other county agencies. Usually your doctor or the Medi-Cal managed care health plan will need your permission, or the permission of the parent or caregiver of a child, to make the referral directly to the MHP, unless there is an emergency. Your MHP may not deny a request to do an initial assessment to determine whether you meet the criteria for receiving services from the MHP.

The covered specialty mental health services are available through an MHP provider (such as clinics, treatment centers, community-based organizations, or individual providers).

Where Can I Get Specialty Mental Health Services?

You can get specialty mental health services in the county where you live. If you reside. Each county has specialty mental health services for children, youth, adults, and older adults. If you are under 21 years of age, you are eligible for additional coverage and benefits under EPSDT.

Your MHP will determine if you need specialty mental health services. If you do, the MHP will refer you to a mental health provider that provides the services you need.

The MHP has to make sure they refer you to a provider who will meet your needs and who is the closest provider to your home.

When Can I Get Specialty Mental Health Services?

Your MHP has to meet the state's appointment time standards when scheduling an appointment for you to receive services from the MHP. The MHP must offer you an appointment that meets the following appointment time standards:

- Within 10 business days of your non-urgent request to start services with the MHP;
- Within 48 hours if you request services for an urgent condition;
- Within 15 business days of your request for an appointment with a psychiatrist; and,
- For ongoing services (following the initial appointment), in a timely manner based on your condition and need for services.

Who Decides Which Services I Will Get?

You, your provider, and the MHP are all involved in deciding what services you need to receive through the MHP by following the medical necessity criteria and the list of covered services. The MHP must use a qualified professional to do the review for service authorization. This review process is called an authorization of specialty mental health services.

The MHPs authorization process must follow specific timelines. For a standard authorization, the MHP must decide based on your provider's request within 5 calendar days. If you or your provider request it, or if the MHP thinks it is in your interest to get more information from your provider, the timeline can be extended for up to an

additional 14 calendar days. An example of when an extension might be in your interest is when the MHP thinks it might be able to approve your provider's request for treatment if they get additional information from your provider. If the MHP extends the timeline for the provider's request, the county will send you a written notice about the extension. You may ask the MHP for more information about its authorization process. Call your MHP to request additional information.

If the MHP decides that you do not need the services requested, the MHP must send you a Notice of Adverse Benefit Determination telling you that the services are denied and informing you that you may file an appeal and give you information on how to file an appeal. To find out more about your rights to file a grievance or appeal when you do not agree with your MHPs' decision to deny your services or take other actions you do not agree with, refer to pages 42-55 in this handbook.

How Do I Get Other Mental Health Services That Are Not Covered by the MHP?

If you are enrolled in a Medi-Cal managed care health plan, you have access to the following outpatient mental health services through your Medi-Cal managed care health plan:

- Individual and group mental health testing and treatment (psychotherapy)
- Psychological testing to evaluate a mental health condition
- Outpatient services that include lab work, drugs, and supplies
- Outpatient services to monitor drug therapy
- Psychiatric consultation

To get one of the above services, call your Medi-Cal managed care health plan directly. If you are not in a Medi-Cal managed care health plan, you may be able to get these services from individual providers and clinics that accept Medi-Cal. The MHP may be

able to help you find a provider or clinic that can help you or may give you some ideas on how to find a provider or clinic.

Any pharmacy that accepts Medi-Cal can fill prescriptions to treat a mental health condition.

How Do I Get Other Medi-Cal Services (Primary Care/Medical) That Are Not Covered by the MHP?

There are two ways you can get Medi-Cal services that are not covered by the MHP:

1. Enrolling in a Medi-Cal managed care health plan.

    - Your health plan will find a provider for you if you need health care.
    - You get your health care through a health plan, a health maintenance organization (HMO), or a primary care case manager.
    - You must use the providers and clinics in the health plan, unless you need emergency care.
    - You may use a provider outside your health plan for family planning services.

2. Receiving services from individual health care providers or clinics that take Medi-Cal.

    - You get health care from individual providers or clinics that take Medi-Cal.
    - You must tell your provider that you have Medi-Cal before you begin getting services. Otherwise, you may be billed for those services.
    - Individual health care providers and clinics do not have to see Medi-Cal patients, or may choose to see only a few Medi-Cal patients.

What If I Have an Alcohol or Drug Problem?

If you think that you need services to treat an alcohol or drug problem, contact your county Alcohol and Drug Programs Division at:

Orland Office
1187 E South St. Orland, CA 95963
(530) 865-6459

Willows Office
242 N Villa Avenue Willows, CA 95988
(530) 934-6582

MEDICAL NECESSITY CRITERIA

What Is Medical Necessity and Why Is It Important?

Medical necessity means there is a medical need for specialty mental health services, and you can be helped by these services if you receive them.

A licensed mental health profession will talk with you and will help determine if you are eligible for specialty mental health services and what kind of specialty mental health services are appropriate. Deciding medical necessity is the first step in the process of getting specialty mental health services.

You do not need to know if you have a mental health diagnosis for a specific mental illness to ask for help. The MHP will help you get this information by conducting an assessment of your condition. If the results of the assessment determine that you have a mental health condition that meets medical necessity criteria, specialty mental health treatment will be provided based on your needs.

What Are the Medical Necessity Criteria for People Under Age 21?

If you are under age 21, have full-scope Medi-Cal, and have a diagnosis covered by the MHP, the MHP must provide you with specialty mental health services if those services will help to correct or improve your mental health condition or to prevent your mental health condition from getting worse.

What Are the Medical Necessity Criteria for Psychiatric Inpatient Hospital Services?

You may be admitted to a hospital if you have a mental illness or symptoms of mental illness that cannot be safely treated at a lower level of care, and because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are unable to provide for or utilize food, clothing, or shelter
- Present a severe risk to your physical health
- Have a recent, significant deterioration in ability to function
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital

SELECTING A PROVIDER

How Do I Find a Provider for the Specialty Mental Health Services I Need?

Some MHPs require you to receive approval from your MHP before you contact a service provider. Some MHPs will refer you to a provider who is ready to see you. Other MHPs allow you to contact a provider directly.

The MHP may put some limits on your choice of providers. Your MHP must give you a chance to choose between at least two providers when you first start services, unless the MHP has a good reason why it cannot provide a choice (for example, there is only one provider who can deliver the service you need). Your MHP must also allow you to change providers. When you ask to change providers, the MHP must allow you to choose between at least two providers, unless there is a good reason not to do so.

Sometimes MHP contract providers leave the MHP on their own or at the request of the MHP. When this happens, the MHP must make a good faith effort to give written notice to each person who was receiving specialty mental health services from the provider, within 15 days after the MHP knows the provider will stop working. When this happens, your MHP must allow you to continue receiving services from the provider who left the MHP, if possible. Ask your MHP for “continuity of care” if you would like to continue seeing a provider who is no longer with the MHP.

Your MHP is required to post a current provider directory online. If you have questions about current providers or would like an updated provider directory, visit your MHP website www.countyofglenn.net or call the MHP’s toll-free phone number. A current provider directory is available electronically on the MHP’s website, or in paper form upon request.

Can I Continue to Receive Services From My Current Provider?

If you are already receiving mental health services (from another MHP, a managed care plan, or an individual Medi-Cal practitioner), you may make a request for "continuity of care" so that you can stay with your current provider, for up to 12-months, under certain conditions, including, but not limited to, all of following:

- You have an existing relationship with the provider you are requesting;
- You need to stay with your current provider to continue ongoing treatment or because it would hurt your mental health condition to change to a new provider;
- The provider meets certain requirements under state and federal law; and,
- The provider agrees to the MHP's terms and conditions for contracting with the MHP.

SCOPE OF SERVICES

If you meet the medical necessity criteria for specialty mental health services, the following services are available to you based on your need. Your provider will work with you to decide which services will work best for you.

- **Mental Health Services**
  - Mental health services are individual, group, or family-based treatment services that help people with mental illness develop coping skills for daily living. These services also include work that the provider does to help make the services better for the person receiving the services. These kinds of things include: assessments to see if you need the service and if the service is working; plan development to decide the goals of your mental health treatment and the specific services that will be provided; and “collateral,” which means working with family members and important people in your life (if you give permission) to help you improve or maintain your daily living abilities. Mental health services can be provided in a clinic or provider’s office, over the phone or by telemedicine, or in your home or other community setting.

- **Medication Support Services**
  - These services include the prescribing, administering, dispensing, and monitoring of psychiatric medicines; and education related to psychiatric medicines. Medication support services can be provided in a clinic or provider’s office, over the phone or by telemedicine, or in the home or other community setting.

- **Targeted Case Management**

    - This service helps with getting medical, educational, social, prevocational, vocational, rehabilitative, or other community services when these services may be hard for people with mental illness to get on their own. Targeted case management includes plan development; communication, coordination, and referral; monitoring service delivery to ensure the person's access to service and the service delivery system; and monitoring the person's progress.

- **Crisis Intervention Services**

    - This service is available to address an urgent condition that needs immediate attention. The goal of crisis intervention is to help people in the community, so they don't end up in the hospital. Crisis intervention can last up to eight hours and can be provided in a clinic or provider's office, over the phone or by telemedicine, or in the home or other community setting.

- **Crisis Stabilization Services**

    - This service is available to address an urgent condition that needs immediate attention. Crisis stabilization can last up to 20 hours and must be provided at a licensed 24 hour health care facility, at a hospital based outpatient program, or at a provider site certified to provide crisis stabilization services.

- **Adult Residential Treatment Services**

    - These services provide mental health treatment and skill-building for people who are living in licensed facilities that provide residential treatment services for people with mental illness. These services are available 24 hours a day, seven days a week. Medi-Cal does not cover the room and board cost to be in the facility that offers adult residential treatment services.

- **Crisis Residential Treatment Services**

    - These services provide mental health treatment and skill-building for people having a serious mental or emotional crisis, but who do not need care in a psychiatric hospital. Services are available 24 hours a day, seven days a week in licensed facilities. Medi-Cal does not cover the room and board cost to be in the facility that offers crisis residential treatment services.

- **Day Treatment Intensive Services**

    - This is a structured program of mental health treatment provided to a group of people who might otherwise need to be in the hospital or another 24 hour care facility. The program lasts at least three hours a day. People can go to their own homes at night. The program includes skill-building activities and therapies as well as psychotherapy.

- **Day Rehabilitation**

    - This is a structured program designed to help people with mental illness learn and develop coping and life skills and to manage the symptoms of

mental illness more effectively. The program lasts at least three hours per day. The program includes skill-building activities and therapies.

- **Psychiatric Inpatient Hospital Services**
    - These are services provided in a licensed psychiatric hospital based on the determination of a licensed mental health professional that the person requires intensive 24 hour mental health treatment.

- **Psychiatric Health Facility Services**
    - These services are provided in a licensed mental health facility specializing in 24 hour rehabilitative treatment of serious mental health conditions. Psychiatric health facilities must have an agreement with a nearby hospital or clinic to meet the physical health care needs of the people in the facility.

Are There Special Services Available for Children, Adolescents, and/or Young Adults?

Beneficiaries under age 21 are eligible to get additional Medi-Cal services through a benefit called Early and Periodic Screening, Diagnostic, and Treatment (EPSDT).

To be eligible for EPSDT services, a beneficiary must be under age 21 and have full scope Medi-Cal. EPSDT covers services that are necessary to correct or improve any mental health condition or to prevent a mental health condition from getting worse.

Ask your provider about EPSDT services. You may get these services if your provider and the MHP find that you need them because they are medically necessary.

If you have questions about the EPSDT benefit, please call 1-800-500-6582 during office hours and 1-800-507-3530 after hours, holidays and weekends. Or visit one of our locations:

Willows Office
242 N Villa Ave, Willows, CA 95988

Orland Office
1187 E South St, Orland, CA 95963

The following are also available from the MHP for children, adolescents, and young people under the age of 21: Therapeutic Behavioral Services (TBS), Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services.

Therapeutic Behavioral Services

TBS are intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21. Individuals receiving these services have serious emotional disturbances, are experiencing a stressful transition or life crisis, and need additional short-term, specific support services to accomplish outcomes specified in their written treatment plan.

TBS are a type of specialty mental health service available through each MHP if you have serious emotional problems. To get TBS, you must receive a mental health service, be under 21, and have full-scope Medi-Cal.

- If you are living at home, a TBS staff person can work one-to-one with you to reduce severe behavior problems to try to keep you from needing to go to a

higher level of care, such as a group home for children, adolescents, and young people with very serious emotional problems.

- If you are living in a group home for children, adolescents, and young people with very serious emotional problems, a TBS staff person can work with you so you may be able to move to a lower level of care, such as a foster home or back home. TBS will help you and your family, caregiver, or guardian learn new ways of addressing problem behavior and ways of increasing the kinds of behavior that will allow you to be successful. You, the TBS staff person, and your family, caregiver, or guardian will work together as a team to address problematic behaviors for a short period, until you no longer need TBS. You will have a TBS plan that will say what you, your family, caregiver, or guardian, and the TBS staff person will do during TBS, and when and where TBS will occur. The TBS staff person can work with you in most places where you are likely to need help with your problem behavior. This includes your home, foster home, group home, school, day treatment program, and other areas in the community.

Intensive Care Coordination

ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service.

ICC service components include assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the Child and Family Team (CFT) to ensure facilitation of a collaborative relationship among a child, their family, and involved child-serving systems.

CFT includes formal supports (such as the care coordinator, providers, and case managers from child-serving agencies), natural supports (such as family members, neighbors, friends, and clergy), and other individuals who work together to develop and implement the client plan and are responsible for supporting children and their families in attaining their goals. ICC also provides an ICC Coordinator who:

- Ensures that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, client-driven, and culturally and linguistically competent manner.
- Ensures that services and supports are guided by the needs of the child.
- Facilitates a collaborative relationship among the child, their family, and systems involved in providing services to them.
- Supports the parent/caregiver in meeting their child's needs.
- Helps establish the CFT and provides ongoing support.
- Organizes and matches care across providers and child serving systems to allow the child to be served in their community.

Intensive Home Based Services

IHBS are individualized, strength-based interventions designed to change or ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community, and improving the child/youth's family's ability to help the child/youth successfully function in the home and community.

IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the CFT in coordination with the family's overall service plan, which may include, but are not limited to assessment, plan development, therapy,

rehabilitation, and collateral. IHBS is provided to beneficiaries under 21 who are eligible for full scope Medi-Cal services and who meet medical necessity criteria for this service.

Therapeutic Foster Care

The TFC service model allows for the provision of short-term, intensive, trauma-informed, and individualized specialty mental health services for children up to age 21 who have complex emotional and behavioral needs. Services include plan development, rehabilitation, and collateral. In TFC, children are placed with trained, intensely supervised, and supported TFC parents.

ADVERSE BENEFIT DETERMINATIONS BY YOUR MHP

What Rights Do I Have if the MHP Denies the Services I Want or Think I Need?

If your MHP denies, limits, delays or ends services you want or believe you should get, you have the right to a Notice (called a "Notice of Adverse Benefit Determination") from the MHP. You also have a right to disagree with the decision by asking for a "grievance" or "appeal." The sections below discuss your right to a Notice and what to do if you disagree with your MHP's decision.

What Is an Adverse Benefit Determination?

An Adverse Benefit Determination is any of the following:

- If your MHP or one of its providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and denies your provider's request, or reduces the type or frequency of service. Most of the time you will receive a Notice of Adverse Benefit Determination before you receive the service, but sometimes the Notice of Adverse Benefit Determination will come after you already received the service, or while you are receiving the service. If you get a Notice of Adverse Benefit Determination after you have already received the service, you do not have to pay for the service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.

- If your MHP does not provide services to you based on the appointment time standards it is required to follow (refer to pages 13 and 23).
- If you file a grievance with the MHP and the MHP does not get back to you with a written decision on your grievance within 60 days.
- If you file an appeal with the MHP and the MHP does not get back to you with a written decision on your appeal within 30 days, or if you filed an expedited appeal, and did not receive a response within 72 hours.

What Is a Notice of Adverse Benefit Determination?

A Notice of Adverse Benefit Determination is a letter that your MHP will send you if it makes a decision to deny, limit, delay, or end services you and your provider believe you should get. A Notice of Adverse Benefit Determination is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the MHP's timeline standards for providing services.

What Will the Notice of Adverse Benefit Determination Tell Me?

The Notice of Adverse Benefit Determination will tell you:

- The decision your MHP made that affects you and your ability to get services
- The date the decision will take effect and the reason for the decision
- The state or federal rules the decision was based on
- Your rights if you do not agree with the MHP's decision
- How to file an appeal with the MHP
- How to request a State Hearing if you are not satisfied with the MHP's decision on your appeal
- How to request an expedited appeal or an expedited State Hearing
- How to get help filing an appeal or requesting a State Hearing

- How long you have to file an appeal or request a State Hearing
- If you are eligible to continue to receive services while you wait for an appeal or State Hearing decision
- When you have to file your appeal or State Hearing request if you want the services to continue

What Should I Do When I Get a Notice of Adverse Benefit Determination?

When you get a Notice of Adverse Benefit Determination, you should read all the information on the form carefully. If you don't understand the form, your MHP can help you. You may also ask another person to help you.

If the MHP tells you your services will end or get reduced and you disagree with the decision, you have the right to request an appeal of that decision. You can continue getting services until your appeal or State Hearing is decided. **You must request the continuation of services no later than 10 days after receiving a Notice of Adverse Benefit Determination or before the effective date of the change.**

THE PROBLEM RESOLUTION PROCESS: TO FILE A GRIEVANCE OR APPEAL

What If I Don't Get the Services I Want From My MHP?

Your MHP must have a process for you to work out a complaint or problem about any issue related to the specialty mental health services you want or are receiving. This is called the problem resolution process and it could involve:

1. **The Grievance Process**: an expression of unhappiness about anything regarding your specialty mental health services or the MHP.
2. **The Appeal Process**: the review of a decision (e.g., denial or changes to services) that was made about your specialty mental health services by the MHP or your provider.
3. **The State Hearing Process**: the process to request an administrative hearing before a state administrative law judge if the MHP denies your appeal.

Filing a grievance, appeal, or State Hearing will not count against you and will not impact the services you are receiving. Filing a grievance or appeal helps to get you the services you need and to solve any problems you have with your specialty mental health services. Grievances and appeals also help the MHP by giving them information they can use to improve services. When your grievance or appeal is complete, your MHP will notify you and others involved of the final outcome. When your State Hearing is decided, the State Hearing Office will notify you and others involved of the final outcome. You can learn more about each problem resolution process below.

Can I Get Help With Filing an Appeal, Grievance, or State Hearing?

Your MHP will help explain these processes to you and must help you file a grievance, an appeal, or to request a State Hearing. The MHP can also help you decide if you qualify for what's called an "expedited appeal" process, which means it will be reviewed

more quickly because your health and/or stability are at risk. You may also authorize another person to act on your behalf, including your specialty mental health provider.

If you would like help, call 1-800-507-3530

Can the State Help Me With My Problem/Questions?

You may contact the Department of Health Care Services, Office of the Ombudsman, Monday through Friday, 8 a.m. to 5 p.m. (excluding holidays), by phone at (888) 452-8609 or by e-mail at MMCDOmbudsmanOffice@dhcs.ca.gov. Please note: E-mail messages are not considered confidential. You should not include personal information in an e-mail message.

You may also get free legal help at your local legal aid office or other groups. You can also contact the California Department of Social Services (CDSS) to ask about your hearing rights by contacting their Public Inquiry and Response Unit by phone at (800) 952-5253 (for TTY, call (800) 952-8349).

THE GRIEVANCE PROCESS

What Is a Grievance?

A grievance is an expression of dissatisfaction about anything regarding your specialty mental health services that are not one of the problems covered by the appeal and State Hearing processes.

What Is the Grievance Process?

The grievance process is the MHP's process for reviewing your grievance or complaint about your services or the MHP.

A grievance can be made anytime orally or in writing, and making a grievance will not cause you to lose your rights or services. If you file a grievance, your provider will not get in trouble.

You can authorize another person, or your provider, to act on your behalf. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.

Any person who works for the MHP that decides the grievance must be qualified to make the decisions and not involved in any previous levels of review or decision-making.

When Can I File a Grievance?

You can file a grievance anytime with the MHP if you are unhappy with the specialty mental health services or have another concern regarding the MHP.

How Can I File a Grievance?

You may call your MHP to get help with a grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing. If you want to file your grievance in writing, the MHP will provide self-addressed envelopes at all provider sites for you to mail in your grievance. If you do not have a self-addressed envelope, you may mail your grievance directly to the address in the front of this handbook.

How Do I Know If the MHP Received My Grievance?

Your MHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The MHP must make a decision about your grievance within 60 calendar days from the date you filed your grievance. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if the MHP believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP believes it might be able to resolve your grievance if they have more time to get information from you or other people involved.

How Do I Know If the MHP Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the grievance decision on time, then the MHP will provide you with a Notice of Adverse Benefit Determination advising you of your right to request a State Hearing. Your MHP will provide you with a Notice of Adverse Benefit Determination on

the date the timeframe expires. You may call the MHP for more information if you do not receive a Notice of Adverse Benefit Determination.

Is There a Deadline to File a Grievance?

No, you may file a grievance at any time.

THE APPEAL PROCESS (STANDARD AND EXPEDITED)

Your MHP must allow you to request a review of certain decisions made by the MHP or your providers about your specialty mental health services. There are two ways you can request a review. One way is using the standard appeal process. The other way is by using the expedited appeal process. These two types of appeals are similar; however, there are specific requirements to qualify for an expedited appeal. The specific requirements are explained below.

What Is a Standard Appeal?

A standard appeal is a request for review of a decision made by the MHP or your provider that involves a denial or changes to services you think you need. If you request a standard appeal, the MHP may take up to 30 days to review it. If you think waiting 30 days will put your health at risk, you should ask for an “expedited appeal.”

The standard appeal process will:

- Allow you to file an appeal orally or in writing. If you submit your appeal orally, you must follow it up with a signed, written appeal. You can get help with writing the appeal. If you do not follow-up with a signed, written appeal, your appeal will not be resolved. However, the date that you submitted the oral appeal is the filing date.

- Ensure filing an appeal will not count against you or your provider in any way.

- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.

- Have your benefits continued upon request for an appeal within the required timeframe, which is 10 days from the date your Notice of Adverse Benefit Determination was mailed or personally given to you. You do not have to pay for continued services while the appeal is pending. However, if you do request continuation of the benefit, and the final decision of the appeal confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services provided while the appeal was pending.

- Ensure that the individuals making the decision on your appeal are qualified to do so and not involved in any previous level of review or decision-making.

- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process.

- Allow you to have a reasonable opportunity to present evidence and testimony and make legal and factual arguments, in person, or in writing.

- Allow you, your representative, or the legal representative of a deceased member's estate to be included as parties to the appeal.

- Let you know your appeal is being reviewed by sending you written confirmation.

- Inform you of your right to request a State Hearing, following the completion of the appeal process with the MHP.

When Can I File an Appeal?

You can file an appeal with your MHP in any of the following situations:

- The MHP or one of the contracted providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria.
- Your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and denies your provider's request, or changes the type or frequency of service.
- Your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- Your MHP doesn't provide services to you based on the timelines the MHP has set up.
- You don't think the MHP is providing services soon enough to meet your needs.
- Your grievance, appeal, or expedited appeal wasn't resolved in time.
- You and your provider do not agree on the specialty mental health services you need.

How Can I File an Appeal?

You may call your MHP to get help filling an appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your appeal. If you do not have a self-addressed envelope, you may mail your appeal directly to the address in the front of this handbook or you may submit your appeal by e-mail or fax to problemresoultion@countyofglenn.net or (530) 934-6592. Appeals can be filed orally or in writing. If you submit your appeal orally, you must follow it up with a signed written appeal.

How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process
- The date the appeal decision was made
- If the appeal is not resolved completely in your favor, the notice will also contain information regarding your right to a State Hearing and the procedure for filing a State Hearing

Is There a Deadline to File an Appeal?

You must file an appeal within 60 days of the date on the Notice of Adverse Benefit Determination. There are no deadlines for filing an appeal when you do not get a Notice of Adverse Benefit Determination, so you may file this type of appeal at any time.

When Will a Decision Be Made About My Appeal?

The MHP must decide on your appeal within 30 calendar days from when the MHP receives your request for the appeal. The timeframes for making a decision may be extended up to 14 calendar days if you request an extension, or if the MHP believes that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the MHP believes it might be able to approve your appeal if it has more time to get information from you or your provider.

What If I Can't Wait 30 Days for My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeal process.

What Is an Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeal process follows a similar process to the standard appeal process. However, you must show that waiting for a standard appeal could make your mental health condition worse. The expedited appeal process also follows different deadlines than the standard appeal. The MHP has 72 hours to review expedited appeals. You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If you think that waiting up to 30 days for a standard appeal decision will jeopardize your life, health, or ability to attain, maintain or regain maximum function, you may request an expedited resolution of an appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 72 hours after the MHP receives the appeal. The timeframes for making a decision may be extended by up to 14 calendar days if you request an extension, or if the MHP shows that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, the MHP must make reasonable efforts to give you prompt oral notice and will notify you in writing within two calendar days giving you the reason for the decision. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree

with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance.

Once your MHP resolves your request for an expedited appeal, the MHP will notify you and all affected parties orally and in writing.

THE STATE HEARING PROCESS

What Is a State Hearing?

A State Hearing is an independent review, conducted by an administrative law judge who works for the California Department of Social Services, to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

What Are My State Hearing Rights?

You have the right to:

- Have a hearing before an administrative law judge (also called a State Hearing)
- Be told about how to ask for a State Hearing
- Be told about the rules that govern representation at the State Hearing
- Have your benefits continued upon your request during the State Hearing process if you ask for a State Hearing within the required timeframes

When Can I File for a State Hearing?

You can file for a State Hearing in any of the following situations:

- You filed an appeal and received an appeal resolution letter telling you that your MHP denies your appeal request.
- Your grievance, appeal, or expedited appeal wasn't resolved in time.

How Do I Request a State Hearing?

You can request a State Hearing on-line at:
https://secure.dss.cahwnet.gov/shd/pubintake/cdss-request.aspx.

You can request a State Hearing or an expedited State Hearing by phone:
Call the State Hearings Division, toll free, at (800) 743-8525 or (855) 795-0634, or call the Public Inquiry and Response line, toll free, at (800) 952-5253 or TDD (800) 952-8349.

You can request a State Hearing in Writing:

Submit your request to the county welfare department at the address shown on the Notice of Adverse Benefit Determination, or by fax or mail to:

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

Or by Fax to (916) 651-5210 or (916) 651-2789.

Is There a Deadline to Ask for a State Hearing?

Yes, you only have 120 days to ask for a State Hearing. The 120 days start either the day after the MHP personally gives you its appeal decision notice, or the day after the postmark date of the MHP appeal decision notice.

If you didn't receive a Notice of Adverse Benefit Determination, you may file for a State Hearing at any time.

Can I Continue Services While I'm Waiting for a State Hearing Decision?

If you are currently receiving authorized services and you want to continue receiving the services while you wait for the State Hearing decision, you must ask for a State Hearing

within 10 days from the date of receiving the Notice of Adverse Benefit Determination, or before the date your MHP says services will be stopped or reduced. When you ask for a State Hearing, you must say that you want to keep getting services during the State Hearing process.

If you do request continuation of services, and the final decision of the State Hearing confirms the decision to reduce or discontinue the service you are receiving, you may be required to pay the cost of services provided while the State Hearing was pending.

When Will a Decision Be Made About My State Hearing Decision?

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer.

What If I Can't Wait 90 Days for My State Hearing Decision?

If you think waiting that long will be harmful to your health, you might be able to get an answer within three working days. Ask your doctor or mental health professional to write a letter for you. You can also write a letter yourself. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an "expedited hearing" and provide the letter with your request for a hearing.

The Department of Social Services, State Hearings Division, will review your request for an expedited State Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within three working days of the date your request is received by the State Hearings Division.

ADVANCE DIRECTIVE

What Is an Advance Directive?

You have the right to have an advance directive. An advance directive is written instruction about your health care that is recognized under California law. It includes information that states how you would like health care provided, or says what decisions you would like to be made, if or when you are unable to speak for yourself. You may sometimes hear an advance directive described as a living will or durable power of attorney.

California law defines an advance directive as either an oral or written individual health care instruction or a power of attorney (a written document giving someone permission to make decisions for you). All MHPs are required to have advance directive policies in place. Your MHP is required to provide written information on the MHP's advance directive policies and an explanation of state law, if asked for the information. If you would like to request the information, you should call your MHP for more information.

An advance directive is designed to allow people to have control over their own treatment, especially when they are unable to provide instructions about their own care. It is a legal document that allows people to say, in advance, what their wishes would be, if they become unable to make health care decisions. This may include such things as the right to accept or refuse medical treatment, surgery, or make other health care choices. In California, an advance directive consists of two parts:

- Your appointment of an agent (a person) making decisions about your health care; and
- Your individual health care instructions

You may get a form for an advance directive from your mental health plan or online. In California, you have the right to provide advance directive instructions to all of your health care providers. You also have the right to change or cancel your advance directive at any time.

If you have a question about California law regarding advance directive requirements, you may send a letter to:

California Department of Justice
Attn: Public Inquiry Unit,
P. O. Box 944255
Sacramento, CA 94244-2550

BENEFICIARY RIGHTS AND RESPONSIBILITIES

What Are My Rights as a Recipient of Specialty Mental Health Services?

As a person eligible for Medi-Cal, you have a right to receive medically necessary specialty mental health services from the MHP. When accessing these services, you have the right to:

- Be treated with personal respect and respect for your dignity and privacy.
- Receive information on available treatment choices and have them explained in a manner you can understand.
- Take part in decisions regarding your mental health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, punishment, or retaliation about the use of restraints and seclusion.
- Ask for and get a copy of your medical records, and request that they be changed or corrected, if needed.
- Get the information in this handbook about the services covered by the MHP, other obligations of the MHP, and your rights as described here. You also have the right to receive this information and other information provided to you by the MHP in a form that is easy to understand. This means, for example, that the MHP must make its written information available in the languages used by at least five percent or 3,000 of its MHP beneficiaries, whichever is less, and make oral interpreter services available free of charge for people who speak other languages. This also means that the MHP must provide different materials for people with special needs, such as people who are blind or have limited vision, or people who have trouble reading.

- Get specialty mental health services from an MHP that follows its contract with the state for availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services. The MHP is required to:
  - Employ or have written contracts with enough providers to make sure that all Medi-Cal eligible beneficiaries who qualify for specialty mental health services can receive them in a timely manner.
  - Cover medically necessary services out-of-network for you in a timely manner, if the MHP does not have an employee or contract provider who can deliver the services. “Out-of-network provider” means a provider who is not on the MHP’s list of providers. The MHP must make sure you do not pay anything extra for seeing an out-of-network provider.
  - Make sure providers are trained to deliver the specialty mental health services that the providers agree to cover.
  - Make sure that the specialty mental health services the MHP covers are enough in amount, length of time, and scope to meet the needs of Medi-Cal eligible beneficiaries. This includes making sure the MHP’s system for approving payment for services is based on medical necessity and makes sure the medical necessity criteria is fairly used.
  - Make sure that its providers do adequate assessments of people who may receive services and that they work with people who will receive services to put together a treatment plan that includes the goals for the treatment and services that will be given.
  - Provide for a second opinion from a qualified health care professional within the MHP’s network, or one outside the network, at no additional cost to you if you request it.
  - Coordinate the services it provides with services being provided to you through a Medi-Cal managed care health plan or with your primary care provider, if necessary, and make sure your privacy is protected as specified in federal rules on the privacy of health information.

- Provide timely access to care, including making services available 24 hours a day, seven days a week, when medically necessary to treat an emergency psychiatric condition or an urgent or crisis condition.
- Participate in the state's efforts to encourage the delivery of services in a culturally competent manner to all people, including those with limited English proficiency and varied cultural and ethnic backgrounds.

- Your MHP must make sure your treatment is not changed in a harmful way as a result of you expressing your rights. Your MHP is required to follow other applicable federal and state laws (such as: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act); Section 1557 of the Patient Protection and Affordable Care Act; as well as the rights described here.
- You may have additional rights under state laws about mental health treatment. If you wish to contact your county's Patients' Rights Advocate, you can do so by contacting:

  Marcy Reese
  240 N Villa Avenue
  Willows, CA 95988
  (530) 934-6582

What Are My Responsibilities as a Recipient of Specialty Mental Health Services?

As a recipient of specialty mental health services, it is your responsibility to:

- Carefully read this beneficiary handbook and other important informing materials from the MHP. These materials will help you understand which services are available and how to get treatment if you need.

- Attend your treatment as scheduled. You will have the best result if you follow your treatment plan. If you do need to miss an appointment, call your provider at least 24 hours in advance, and reschedule for another day and time.
- Always carry your Medi-Cal Benefits Identification Card (BIC) and a photo ID when you attend treatment.
- Let your provider know if you need an oral interpreter before your appointment.
- Tell your provider all your medical concerns in order for your treatment plan to be accurate. The more complete information that you share about your needs, the more successful your treatment will be.
- Make sure to ask your provider any questions that you have. It is very important you completely understand your treatment plan and any other information that you receive during treatment.
- Follow the treatment plan you and your provider have agreed upon.
- Contact the MHP if you have any questions about your services or if you have any problems with your provider that you are unable to resolve.
- Tell your provider and the MHP if you have any changes to your personal information. This includes your address, phone number, and any other medical information that may affect your ability to participate in treatment.
- Treat the staff who provide your treatment with respect and courtesy.
- If you suspect fraud or wrongdoing, report it:
    - The Department of Health Care Services asks that anyone suspecting Medi-Cal fraud, waste, or abuse to call the DHCS Medi-Cal Fraud Hotline at **1 (800) 822-6222**. If you feel this is an emergency, please call **911** for immediate assistance. The call is free and the caller may remain anonymous.
    - You may also report suspected fraud or abuse by e-mail to fraud@dhcs.ca.gov or use the online form at http://www.dhcs.ca.gov/individuals/Pages/StopMedi-CalFraud.aspx.