

Provider Initial Client Contact Checklist

To be Given at Initial Contact:

- A Quick Guide to Mental Health Services Brochure
- Grievance and Appeal Procedures Brochure
- Grievance and Appeal Fill-In Form and Envelope
- Advance Directive Brochure
- County of San Diego Mental Health Plan – Notice of Privacy Practices
- County of San Diego – Guide to Medi-Cal Mental Health Services

To be Posted:

- Grievance and Appeal Poster(s)
- Limited English Proficiency Poster(s)

To be Out/Accessible at all Times (Without a Need to Ask):

- Grievance and Appeal Fill-In Form and Envelope
- Grievance and Appeal Procedures Brochure

Optional:

- Access and Crisis Line (ACL) Poster(s)
- Access and Crisis Line (ACL) Brochure(s)

Note: This form is to be used as a guide. For updated requirements, contact Provider Services at 1-800-798-2254, option 7 or County of San Diego Quality Improvement (QI) Department, 619-563-2788.