**Mental Health Plan (MHP)**

**Beneficiary Material Order Form**

**This form is for hard copy requests only.**

All forms are available in electronic format on [www.optumsandiego.com](https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/orgpublicdocs.html).

Complete the form below by indicating the number of copies you would like to receive in the designated box for each threshold language.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name:** | | | | | | | |
| **Contact Name:** | | **Phone or Email:** | | | | | |
| **PLEASE CHECK:** | Inpatient or 24 hour care facility | Outpatient | | | | | |
| **County of San Diego MHP Beneficiary Informing Materials** | | **Specify the number of copies below** | | | | | |
| **English** | **Spanish** | **Vietnamese** | **Arabic** | **Tagalog** | **Farsi** |
| Access and Crisis Line Poster | |  |  |  |  |  |  |
| Limited English Proficiency (LEP) Poster | |  |  |  |  |  |  |
| Grievance and Appeal Poster | |  |  |  |  |  |  |
| Grievance and Appeal Brochure (Limit of 50 per request) | |  |  |  |  |  |  |
| Quick Guide to Mental Health Services for Adults, Older Adults, and Children Brochure (Limit of 50 per request) | |  |  |  |  |  |  |
| MHP’s (County Operated) Notice of Privacy Practices – **County Programs Only** | | Available in all threshold languages for printing at [www.optumsandiego.com](http://www.optumsandiego.com) (Beneficiary Tab) | | | | | |
| County of San Diego MHP Beneficiary Handbook | | |  | | --- | | * Beneficiary Handbooks are available for printing at [www.optumsandiego.com](http://www.optumsandiego.com) (Beneficiary Tab) * Beneficiaries may access the Beneficiary Handbook online at [www.optumsandiego.com](http://www.optumsandiego.com) (Consumers & Families Tab) | | | | | | |
| Client Grievance and Appeal Form | | Available in all threshold languages for printing at [www.optumsandiego.com](http://www.optumsandiego.com) (Beneficiary Tab) | | | | | |
| Self-Addressed Postage Paid Envelopes for Grievances or Appeals | | Contact the Patient Advocacy Agencies directly: **JFS for Inpatient/24 hour care facilities** at 619-282-1134 or **CCHEA for Outpatient Programs** at 877-734-3258, [619) 738-9806, or info@lassd.org](mailto:619)%20738-9806,%20or%20info@lassd.org). They will provide programs with postage paid self-addressed envelopes for clients to use to send in the Grievance and Appeal forms/materials. | | | | | |
| Advance Directive Brochure | | Available in all threshold languages for printing at [www.optumsandiego.com](http://www.optumsandiego.com) (Beneficiary Tab) | | | | | |
| Fee-For-Services Provider List | | The Fee-For Service Provider List is available in all threshold languages for printing at [www.optumsandiego.com](https://www.optumsandiego.com/content/SanDiego/sandiego/en/access---crisis-line/providerdirectory.html) (Access & Crisis Line Tab) | | | | | |
| Behavioral Health Services Provider Directory | | * BHS Provider Directory is available in English at [www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bhs\_services.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/bhs_services.html) * Directions on how to access the BHS Provider Directory in all threshold languages is available at [www.optumsandiego.com](http://www.optumsandiego.com) (Beneficiary Tab) | | | | | |
| Physicians Notice to Patients – California Regulation | | Available for printing at [www.optumsandiego.com](http://www.optumsandiego.com) (Beneficiary Tab) | | | | | |
| **Send all orders to** [**QIMatters.hhsa@sdcounty.ca.gov**](mailto:QIMatters.hhsa@sdcounty.ca.gov) **or fax to 619-236-1953** | | | | | | | |

