**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.

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| **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 |

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| * 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)
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| 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. 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)
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| 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** **or fax to 619-236-1953** |

