

# COUNTY OF SAN DIEGO

## Mental Health Plan (MHP)

**IF YOU HAVE A CONCERN WITH YOUR MENTAL HEALTH CARE**

***Help with problem resolution is here!***

As a client of the MHP, you have the right to receive services from a qualified mental health provider and to take an active part in your care. You have the right to express your concerns about any part of your care.

### **WAYS TO RESOLVE YOUR CONCERN:**

1. The easiest and quickest way to resolve a concern is to speak to your provider or the program manager.
2. If you are dissatisfied with your treatment or medication, you can get a second opinion about it from another clinician on your provider's staff or through the **Access and Crisis Line at 1-888-724-7240**.
3. You can use the MHP Beneficiary and Client Problem Resolution Process to help resolve your service concern:
  - a. File a grievance anytime if you are dissatisfied with services or feel your rights are being denied.
  - b. File an appeal within **60 days** if your services are terminated, reduced or denied.
  - c. File an expedited appeal, when the standard process could seriously jeopardize life, health, or ability to attain, maintain or regain maximum function.
  - d. Continue services while your appeal is pending a decision.

Take a copy of the Grievance and Appeal Brochure in this office to get more information and directions on how to file for each.

Grievances and appeals can be filed verbally by phone, in person or in writing.

See the Grievance and Appeal Forms, with envelopes, at every provider office.

## YOUR RIGHTS AS A CLIENT

- To be treated with dignity and respect in a language you can understand.
- To get a second opinion on your treatment or medication.
- To authorize someone to act on your behalf.
- To bring someone with you to meetings and hearings.
- To get assistance in filing from family, friends, or a Patient Advocate.
- To be free of discrimination or penalty because of filing the grievance/appeal.
- To have your confidentiality protected, by law.

### RIGHT TO A STATE FAIR HEARING

After you have used the MHP Appeal Process, you can request a State Fair Hearing within **120 days** of completing that process.

If you are a Medi-Cal beneficiary, you can request a State Fair Hearing about the denial, termination or reduction of services within **120 days** of that action of completing the MHP's Grievance and Appeal Process.

To keep the same benefits while your appeal is pending, you must file a request within **10 days** of receiving the notice of adverse benefit determination. (Aid Paid Pending)

You can call the Department of Social Services directly at 1-800-952-5253 OR call one of the agencies listed below.

<b>THESE AGENCIES CAN HELP WITH YOUR CONCERNS</b>	
For <b>INPATIENT and 24 HOUR</b> care, call: <b>JFS Patient Advocacy</b>  619-282-1134 or 1-800-479-2233	For <b>OUTPATIENT</b> care call: <b>Consumer Center for Health Education &amp; Advocacy (CCHEA)</b>  1-877-734-3258