

# COUNTY OF SAN DIEGO

## Behavioral Health Services (The Plan)

If you have a concern about your mental health or substance use disorder services,  
***Help is available!***

As a client of the Plan, you have the right to receive quality behavioral health services and the right to voice concerns about any part of your treatment services.

### WAYS TO RESOLVE YOUR CONCERN:

1. The easiest and quickest way to handle an issue is to talk to your provider or the program manager.
2. If you are not satisfied with your treatment or medication, you can ask for a second opinion from another clinician at your treatment program or by calling the **Access and Crisis Line at 1-888-724-7240 (TTY: 711)**.
3. You can use the Plan's Beneficiary and Client Problem Resolution Process to:
  - a. File a grievance at any time if you are not satisfied 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 your services while you are waiting for an appeal decision.

Review the Grievance and Appeal Brochure (available at your treatment program) for more information and directions on how to file a grievance or appeal verbally by phone, in person, or in writing.

Grievance and Appeal forms with stamped envelopes are available at your treatment provider office.

### YOUR RIGHTS AS A CLIENT

- To be treated with respect and to receive treatment in the language that you prefer.
- To receive a second opinion on your treatment or medication.
- To choose someone to act on your behalf.
- To bring someone with you to meetings and hearings.
- To request help with filing a grievance or appeal from family, friends, or an advocate.
- To be free of discrimination or penalty because of filing the grievance/appeal.
- To have your privacy protected by law.

### RIGHT TO A STATE FAIR HEARING

If you are not satisfied with the results of the Plan's Appeal process, you have the right to ask for a State Fair Hearing within **120 days** of that appeal decision.

If you are a Medi-Cal beneficiary and have completed the Plan's Grievance and Appeal process, you have the right to ask for a State Fair Hearing about the denial, termination, or reduction of services within **120 days** of that action.

To keep your same benefits while your appeal is still in process, 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.

### THESE AGENCIES CAN HELP WITH YOUR CONCERNS

For **INPATIENT/RESIDENTIAL** services, call:  
**JFS Patient Advocacy**

619-282-1134 or 1-800-479-2233

For **OUTPATIENT** services call:  
**Consumer Center for Health Education & Advocacy (CCEA)**

1-877-734-3258