

Member Rights

Medi-Cal Mental Health Members Are Entitled To:

- Be treated with dignity, respect, and with due consideration for their privacy.
- Services provided in a safe environment.
- Request and receive oral interpretation services free of charge.
- Request a second opinion, or change their treatment provider.
- Participate in decisions regarding their health care, including the right to refuse treatment.
- Request and receive a copy of their medical records (costs may apply) and request an amendment or correction.
- Authorize a person to act on their behalf during the grievance, appeal, or State Fair Hearing process.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- File a grievance without retaliation (A grievance is an expression of dissatisfaction not involved in an adverse benefit determination).
- For Medi-Cal Members: the right to file an appeal, expedited appeal, or request a State Fair Hearing without retaliation.
- Receive information on available treatment options and alternatives (Provider Directory for Specialty Mental Health Services), presented in a manner appropriate to their condition and ability to understand.
- Receive services from the Sonoma County Mental Health Plan that follow the contract requirements of the State in the areas of availability of services, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

For assistance with issues regarding your rights, call: **The Patients' Rights Advocacy:**
1-707-565-4978 (Sonoma County) or email: sonomapra@mhaac.org

GRIEVANCES - APPEALS - EXPEDITED APPEALS

Members, their authorized representative, or their provider may file a grievance (at any time), an appeal, or an expedited appeal. Appeals and expedited appeals are explicitly for the review of a Notice of Adverse Benefit Determination (NOABD). An Expedited appeal is applicable when, per the member's or provider's request (on behalf of the member), the standard appeal resolution process could seriously jeopardize the member's mental health or the member's ability to attain, maintain, or regain maximum function. Please note that written consent is required when someone files an appeal on behalf of the member, and the appeal must be submitted within **60 calendar days** of the NOABD.

For Sonoma County Medi-Cal Members wanting more information and/or to file a grievance, appeal, or expedited appeal:

Grievances can be filed either orally or in writing. Either complete the Member Rights & Grievance/Appeal Process and Form (BHD 406), and mail it to the Grievance Coordinator, or call: (707) 565-7895, (800) 870-8786 (toll-free), or TTY/TDD: 711. BHD 406 can be found at your program office lobby, or you may request a copy from your provider, or on the Sonoma County Website: <https://sonomacounty.gov/health-and-human-services/health-services/divisions/behavioral-health/contractor-resources/medi-cal-informing-materials>

Members can expect to receive acknowledgement (in writing) of the grievance or appeal from the county within **5 calendar days** of receipt.

Mail to:

Sonoma County Behavioral Health Division
c/o Grievance Coordinator
2227 Capricorn Way
Santa Rosa, CA 95407-5419

You will be notified of the decision in writing:

- For a grievance - within **30 calendar days** of receipt
- For an appeal - within **30 calendar days** of receipt
- For an expedited appeal - within **72 hours** of receipt

STATE HEARINGS

As a Medi-Cal member, if you are dissatisfied with the County's decision regarding an appeal you have filed related to a Notice of Adverse Benefit Determination, you have the right to request a State Fair Hearing, which is an independent review conducted by the Department of Social Services.

You may request a state hearing in response to receiving a Notice of Appeal Resolution (NAR), concerning the outcome of a NOABD. Members have **120 calendar days** from the NAR date to request a state hearing. However, if Sonoma County Behavioral Health fails to adhere to the appeal notice and timing requirements, you are entitled to a State Fair Hearing.

If you file for a state hearing within **10 calendar days** of the receipt of a NOABD, under certain circumstances, your existing level of services may be maintained, pending the outcome of the hearing.

How to Request a Hearing or an Expedited Hearing by Phone:

Call the State Hearings Division toll free: 1-800-743-8525 For TDD users call: 1-800-952-8349

You can request a hearing ONLINE at: WWW.CDSS.CA.GOV