

SUBSTANCE USE DISORDER MEMBER RIGHTS

All Sonoma County licensed or certified Substance Use Disorder (SUD) recovery or treatment facilities are required to adopt, and make available to all members and prospective members, a member bill of rights that ensures that individuals receiving treatment for a SUD know they have the right to the following:

1. To be treated for the life-threatening, chronic disease of substance use disorder with honesty, respect, and dignity, including privacy in treatment and in care of personal needs.
2. To be informed by the treatment provider of all the aspects of treatment recommended to the member, including the option of no treatment, risks of treatment, and expected result or results.
3. To be treated by treatment providers with qualified staff.
4. To receive evidence-based treatment.
5. To be treated simultaneously for co-occurring behavioral health conditions, when medically appropriate and the treatment provider is authorized to treat co-occurring conditions.
6. To receive an individualized, outcome-driven treatment plan (or recovery plan or problem list, per CalAIM).
7. To remain in treatment for as long as the treatment provider is authorized to treat the member.
8. To receive support, education, and treatment for their families and loved ones if the treatment provider is authorized to provide these services.
9. To receive care in a treatment setting that is safe and ethical.
10. To be free from mental and physical abuse, exploitation, coercion, and physical restraint.
11. To be informed of these rights once enrolled, to receive treatment, as evidenced by written acknowledgment or by documentation by staff in the clinical record that a written copy of these rights were given.
12. To be informed by the treatment provider of the law regarding complaints, including, but not limited to, to be informed of the address and telephone number of DHCS.
13. To receive ethical care that covers and ensures full compliance with the requirements set forth in Chapter 5 (commencing with Section 10500) of Division 4 of Title 9 of the California Code of Regulations and the alcohol and other drug program certification standards adopted in accordance with Section 11830.1, if applicable.
14. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in federal regulations on the use of restraints and seclusion.
15. If the privacy rule, as set forth in 45 CFR parts 160 and 164, subparts A and E applies, request and receive a copy of their medical records, and request they be amended or corrected, as specified in 45 CFR §164.524 and 164.526.
16. Receive timely information regarding an adverse benefit determination, in writing, in accordance with 42 CFR §438.10.
17. Receive information on treatment options and alternatives, presented in a language and format that is easily understood.
18. Request free interpreter services.
19. Participate in decisions regarding your health care, including the right to refuse treatment.
20. File a grievance, appeal, expedited appeal, or request for a State Hearing without retaliation. (A Grievance is an expression of dissatisfaction not involved in an adverse benefit determination).
21. Authorize a person to act on your behalf during the grievance, appeal, or State Hearing processes.
22. Request a change of provider, a second opinion, or a change in level of care.

For assistance with issues regarding your rights, call:

The SUD Patient Rights Advocate at 1-707-565-4978

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GRIEVANCE–APPEAL–EXPEDITED APPEAL

Sonoma County members, their authorized representative, or their provider may file a grievance at any time, or an appeal or 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, written consent is required when having others file an appeal on behalf of the member and the appeal must be submitted within **60 calendar days** of the NOABD.

To file a grievance, appeal, or expedited appeal at any time, complete the Member Rights & Grievance/Appeal Process and Form (BHD 406), available on our web site:

[Sonoma County Member Informing Materials](#), in the program office's lobby or request a copy from your provider. Send the completed form to the Grievance Coordinator in the self-addressed envelope provided. You may also email, mail, or call in your grievance to the Sonoma County Grievance Coordinator using the contact information listed below.

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

You may file a discrimination grievance directly with Sonoma County, or you may file your discrimination grievance directly with the DHCS Office of Civil Rights, within **365 days** from the day the discrimination took place.

The SUD Grievance Coordinator contact information:

Phone 1-707-565-7895, 1-800-870-8786, TTY: 711

Or 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 SUD grievance or discrimination grievance within **30 calendar days** of receipt,
- For a SUD appeal within **30 calendar days** of receipt,
- For a SUD expedited appeal within **72 hours** of receipt.

The following is contact information for a discrimination grievance to be filed with the DHCS Office of Civil Rights and/or with the U.S. Health and Human Services Office of Civil Rights.

DHCS Office of Civil Rights
PO Box 997413 MS 0009
Sacramento, CA, 95899-7413 Phone: 1-916-440-7370
Email: CivilRights@DHCS.CA.gov

U.S. Health and Human Services Office of Civil Rights: Phone: 1-800-368-1019; TDD: 1-800-537-7697,
Email: OCRComplaint@hhs.gov,

Online portal: [U.S. Department of Health & Human Services - Office for Civil Rights \(hhs.gov\)](https://www.hhs.gov/office-for-civil-rights/)

STATE HEARING

As a Medi-Cal member, you have the right to request a State 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, or if the county fails to adhere to the appeal notice and timing requirements. The member has **120 calendar days** from the NAR date to request a State 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.

For assistance in requesting a State Hearing, call:

The State Hearing Division in Sacramento:

1-800-952-5253, TDD: 1-800-952-8349