

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).

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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 the California Department of Health Care Services (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

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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).

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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

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

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Process and Form (BHD 406), available on our web site:

[**Sonoma County Member Informing Materials**](#),

and in the program office's lobby, or you can 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: 707-565-7895, Toll free: 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

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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 \(hhs.gov\)](http://www.hhs.gov/ocr/civilrights)

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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



NONDISCRIMINATION NOTICE

Discrimination is against the law. Sonoma County follows State and Federal civil rights laws. Sonoma County does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Sonoma County provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, braille, audio or accessible electronic formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Sonoma County between 8:00 a.m. - 5:00 p.m. by calling: 1-707-565-7895. Or, if you cannot hear or speak well, please call: 711, or 1-800-735-2929 (TTY). Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that Sonoma County has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with a Sonoma County Behavioral Health Division (BHD) Grievance Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact a Sonoma County BHD Grievance Coordinator between 8:00 a.m. - 5:00 p.m. by calling 707-565-7895. Or, if you cannot hear or speak well, please call: 711 or 1-800-735-2929 (TTY).
- In writing: Fill out a complaint form, or write a letter and send it to:
Sonoma County BHD Grievance Coordinator
2227 Capricorn Way
Santa Rosa, CA 95407-5419
- In person: Visit your doctor's office or Sonoma County BHD, and say you want to file a grievance.
- Electronically: Visit Sonoma County BHD website at: <https://sonomacounty.ca.gov/Health/Behavioral-Health/Medi-Cal-Informing-Materials/>

OFFICE OF CIVIL RIGHTS – CALIFORNIA **DEPARTMENT OF HEALTH CARE SERVICES**

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call: **916-440-7370**. If you cannot speak or hear well, please call: **711 (California State Relay)**.
- In writing: Fill out a complaint form or send a letter to:

Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

- Complaint forms are available at:
<https://www.dhcs.ca.gov/discrimination-grievance-procedures>
- Electronically: Send an email to:
[Civil Rights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call: **1-800-368-1019**.
If you cannot speak or hear well, please call:
TTY/TDD 1-800-537-7697.
- In writing: Fill out a complaint form or send a letter to:
**U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201**
- Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- Electronically: Visit the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

ATTENTION: If you need help in your language call 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-870-8786 or 1-707-565-6900 (TTY: 711). These services are free of charge.

العربية (Arabic)

يُرج الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ

1-800-870-8786 or 1-707-565-6900

(TTY:711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات

المكتوبة

بطريقة بريل والخط الكبري. اتصل بـ 1-800-870-8786 or 1-707-565-6900

(TTY: 711). هذه الخدمات مجانية .

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-870-8786 or 1-707-565-6900

(TTY: 711): Կան նաև օժանդակ միջոցներ ու

ծառայություններ հաշմանդամություն ունեցող անձանց

համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ

տպագրված նյութեր: Զանգահարեք 1-800-870-8786 or 1-

707-565-6900 (TTY: 711): Այդ ծառայություններն անվճար

են:

ខ្មែរ (Cambodian)

ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-870-8786 or 1-707-565-6900 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ

ដូចជាឯកសារសរសេរជាអក្សរធំ សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-870-8786 or 1-707-565-6900 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-870-8786 or 1-707-565-6900 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-870-8786 or 1-707-565-6900 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می خواهید به زبان خود کمک دریافت کنید، با 1-800-870-8786 or 1-707-565-6900 (TTY: 711) تماس بگیرید. کمک ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه های خط بریل و چاپ با حروف بزرگ، or 1-707-565-6900 نیز موجود است. با 1-800-870-8786 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-870-8786 or 1-707-565-6900 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-870-8786 or 1-707-565-6900] (TTY: 711) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)

CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-800-870-8786 or 1-707-565-6900 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-870-8786 or 1-707-565-6900 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-870-8786 or 1-707-565-6900 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-870-8786 or 1-707-565-6900 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-870-8786 or 1-707-565-6900 (TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-870-8786 or 1-707-565-6900 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiex longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-870-8786 or 1-707-565-6900 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-870-8786 or 1-707-565-6900 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-870-8786 or 1-707-565-6900 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-870-8786 or 1-707-565-6900 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-870-8786 or 1-707-565-6900 (TTY: 711) นอกจากนี้

ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ

สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ

ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่

กรุณาโทรศัพท์ไปที่หมายเลข 1-800-870-8786 or 1-707-565-6900 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้.

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-870-8786 or 1-707-565-6900 (TTY: 711). Các dịch vụ này đều miễn phí.