

CLIENT RIGHTS

Medi-Cal mental health beneficiaries are entitled to:

- Be treated with dignity, respect and utmost consideration for privacy;
- Services provided in a safe environment;
- Request free interpreter services;
- Receive information on treatment options and alternatives, presented in a language and format that is easily understood;
- Request a change of provider, a second opinion, or change in level of care;
- Participate in decisions regarding your health care, including the right to refuse treatment;
- Request and receive a copy of your medical records (costs may apply), and ask that they be amended;
- Authorize a person to act on your behalf during the grievance, appeals or State Fair Hearing process;
- Be freedom from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation;
- File a grievance, appeal, expedited appeal, or a request for a State Fair Hearing without retaliation;

For assistance with issues regarding your rights, call:
The Patient Rights Advocate at 1-707-565-4978

GRIEVANCE – APPEAL – EXPEDITED APPEAL

Clients, or their authorized representative, may file a grievance, appeal or expedited appeal regarding dissatisfaction with services. **For Sonoma County Clients to file any of the above:** Complete the available Grievance/Appeal/Expedited Appeal form and send it to the Grievance Coordinator in the self-addressed envelope provided, or call:

**Grievance Coordinator at
(707) 565-7895 or (800) 870-8786 (toll-free)
TTY: 711**

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 FAIR HEARING

As a Medi-Cal client, you have the right to request a State Fair Hearing, an independent review conducted by the Department of Social Services. If you are dissatisfied with the County's decision to a grievance/appeal/expedited appeal or you have received a Notice of Adverse Benefit Determination (NOABD) and have exhausting the County's Grievance/Appeals/Expedited Appeal Process. However, if SCBH fails to adhere to Appeal notice and timing requirements, you are entitled to State Fair Hearing.

You may request a State Hearing in response to receiving a Notice of Appeal Resolution (NAR) concerning the outcome of a NOABD. The client 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 Fair Hearing, call
The State Hearing Division in Sacramento:
PHONE: 1-800-952-5253
TDD: 1-800-952-8349